Māori Relationship Board Meeting

Date:	**Wednesday, 13 February 2018**
Meeting:	**9.00am to Noon**
Venue:	**Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Board Members:

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

Apology:

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 (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.

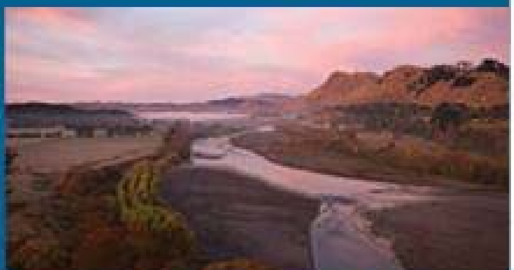
Our values

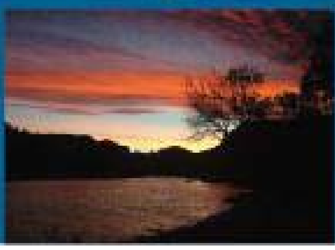
Tauwhiro – delivering high quality care to patients and consumers

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 (am)
1.	Karakia	9.00
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	5.0 Minutes of Previous Meeting 5.1 MRB's December Report to the HBDHB Board (provided for information)	9:40
6.	6.0 Matters Arising – Review of actions 6.1 Bowel Screening Workshop Feedback – Chris Ash	
7.	Workplan	
8.	Māori Relationship Board Chair's Verbal Update	
9.	Clinical Council Update (verbal) – Ana Apatu	
10.	Te Pītau Health Alliance Update (verbal) – Ana Apatu	-
	Section 2: For Information / Discussion	
11.	He Ngākau Aotea – George Mackey	10:15
12.	Presentation: Strategic Planning Update post CSP and pre Leadership Forum – Chris Ash, Kate Rawstron	10:35
13.	Leptospirosis Support – Ngaira Harker	10:50
14.	HBDHB Draft Disability Plan – Bernard TePaa, Chris Ash and Shari Tidswell	10:55
15.	HBDHB Alcohol Harm Reduction Strategy 2017-22 (six monthly update) – Rachel Eyre	11:15
16.	Ngātahi Project progress report end of year two - annual update – Russell Wills & Bernice Gabrielle	11:35
17.	**Section 3: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 4: Routine	Time (am)
18.	Minutes of the Previous Meetings (public excluded) 18.1 MRB's Board Report November 2018 (provided for information)	11:55
19.	Matters Arising - Review of Actions	
	Karakia Whakamutunga (Closing) – followed by light lunch	

NEXT MEETING:
Wednesday, 13 March 2019, Boardroom, HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Māori Relationship Board Interest Register - 10 October 2018

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
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 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	Niece, Albie Raihania attending on the NeSP program		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

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
	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
	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	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	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	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 5 DECEMBER 2019, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9:00AM

PUBLIC

Present:	Heather Skipworth (Chair) Ana Apatu Na Raihania Trish Giddens Beverly Te Huia Lynlee Aitcheson-Johnson
Apologies	Dr Fiona Cram, Ngahiwi Tomoana, Kerri Nuku, Hine Flood and George Mackey
In Attendance:	Peter Dunkerley (HBDHB Board Member) Patrick Le Geyt (General Manager, Māori Health HBDHB) Hawira Hape (Kaumatua) Tanira Te Au (Kaumātua Kuia) Lillian Ward, Project Manager Equity, Health Hawke's Bay Merryn Jones (Clinical Nurse Specialist Transplant) *until 11.20am* Nayda Heays (Registered Nurse) *from 10.45 until 11.20am* Andy Phillips (acting Executive Director HI and Equity) *until 9.45am* Helen Francis (HBDHB Board member) *arrived 10:00am* Wayne Woolrich *arrived 10.00am* Chris Ash (Executive Director Primary Care) *arrived around 10.15am*
Minutes:	Brenda Crene

KARAKIA

Hawira opened the meeting with a Karakia

INTRODUCTIONS

3. APOLOGIES

MRB member apologies are noted above.

Non-member apologies received included: Kevin Atkinson, (Chair HBDHB); Kevin Snee (CEO, HBDHB), Chrissie Hape, (CEO of Ngati Kahungunu), Tiwana Aranui (Kaumatua) and JB Heperi Smith (Senior Advisor Cultural Competency)

4. INTEREST REGISTER

No changes to the interest register were advised. 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 November 2018 were discussed.

Na Raihania queried whether he endorse the CSP, however several agreed this was correct.

The minutes were then approved as a correct record of the meeting.

Moved: **Trish Giddens**
Seconded: **Ana Apatu**
Carried

5.1 MRB'S NOVEMBER REPORT TO THE HBDHB BOARD

Provided for members information with no discussion.

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1 **HBDHB Performance Framework Exceptions Report Q4 noted solution required for Did not Attend:** Colin Hutchison has deferred this until the New Year.

Item 2 **Equity and Cultural Competency Recommendation 12 September:** Date to be advised by Kevin Snee for working group and workshop.

Item 3 **Bowel Screening:** Hold Wānanga with some members of MRB and experts in area to discuss current positon regarding equity.

A meeting invitation had been arranged by Chris Ash, **however now wish this to be extended to include ALL MRB members. Action**

Prior to this meeting members must submit questions to chris.ash@hbdhb.govt.nz

In discussion around Bowel Screening, MRB felt there were two points to note here. It is understood there were other high health issue areas for Māori (as presented to MRB on 10 October 2018, that the main causes of premature death in Māori were Ischaemic Heart disease and Lung Cancer). However they felt that those areas already receive adequate focus. In light of the response from the MoH, following lobbying by DHBs to lower the Bowel Screening age, MRB feel the need to ensure the issues are not rolled in to one but kept separate.

This was discussed further when Chris Ash joined the meeting with the following recommendation made to clarify intent.

RECOMMENDATION

That MRB request the HBDHB Board:

1. **Implement** bowel screening from the age of 50 years for Maori within the Hawke's Bay region.

Item 4 **Values Based Recruitment:** JP Heperi-Smith to provide presentation in February 2019

7. MRB WORK PLAN

The Work Plan was noted.

8. MRB CHAIR'S REPORT

A verbal update was provided by the Chair which included an overview of the

- Wairoa Demonstrator site: received a report and presentation to the HBDHB Board with simple language used. The recommendations were clear and concise and approval was provided for DHB staff to walk beside the people of Wairoa to improve health outcomes for the community.
- Community first, a bottom up approach. A Mauri Compass process is being used by the Wairoa Community Partnership Group (CPG) to ensure that all activity and proposals for change add value and worth to the purpose that *all whānau in Wairoa are thriving.*
- Primary Care Development Partnership Group has held three meetings to date. This newly formed Governance Group will likely be known as "Te Pītau" being the figurehead of a waka. Hawira had been involved from the outset and provided an overview, noting the head is forward and the arms are back indicating that the head/mind and thoughts are open as is the heart to the Kaupapa at hand (ie, open communication, relationships, transparency etc).

Action: Include PCDP or "Te Pītau" Alliance updates as a standing item on MRB agendas going forward.

- **He Ngakau Aotea** currently appears to be in a holding pattern with presentation to Taiwhenua yet to take place. Several MRB members offered assistance with no response.
- The Board had received a business case for **radiology equipment** which needs replacing to ensure IANZ accreditation. Outside funding will need to be sought and the programme will only proceed once this has been assured.
- The **Financial status** even with the savings programme the anticipated deficit is not improving.

Before we transform we need to unpick what has been in place for so long to move forward by disinvesting in some areas and reinvesting in the areas we need to.

MRB's response as they wish to ensure the needs of the people are paramount and that *"The HBDHB Board need to ensure a preventative Kaupapa focus for our people and that equity is the driving force for this DHB."*

Action: Schedule a presentation on MRB's workplan around prudent spending "Atawhai Matawhai"

Action: Schedule an update on the action plans resulting from the CSP.

9. GENERAL MANAGER MĀORI HEALTH REPORT

No report provided in December and Patrick advised he did not feel MRB require such a fully operational level report and explained his reasoning.

It was noted that MRB's focus has been on the TAW reports. A better way may be to receive "exceptions reporting with a focus on strategic issues" and not just targets".

10. CLINICAL COUNCIL VERBAL UPDATE

No update was provided this month.

SECTION 2: PRESENTATION

11. IT'S HARD TO ASK

Sheyne Te Hau (Kaitakawaenga) introduced the topic and expressed a great deal of appreciation to MRB for the exceptional work being done on behalf of Māori. He introduced Merryn Jones (Clinical Nurse Specialist, Renal Transplant) and Nayda Heays (Registered Nurse) who spoke to the report and provided a presentation.

The presentation was done for information purposes and to gauge support for hosting a half-day regional transplant Hui to upskill and inform health providers about transplant – in particular, ways in which we can help raise the rates of transplant for Māori.

Examining decision-making amongst end-stage renal disease patients considering asking friends and family for a kidney

In 2015 - 25 patients listed as eligible on HBDHB deceased donor list (DDL) - only 20 had living kidney donors being worked up. **Problem:** 20% of *transplant eligible* patients are potentially missing out on planned, matched living kidney donation.

In Hawkes Bay 69% of renal population identifies as Māori (ANZDATA 2014)

- **Merryn advised that 20 years ago we had a total of 6 renal patients.**
- **In 2018 we have 25 patients in two shifts - a massive increase.**

The Main focus going forward to open a dialogue with Māori i health providers about both "living" and "deceased" transplant and the better health outcomes a transplant delivers for eligible patients.

To develop/foster champions and advocates within Māori health providers in hospital, primary healthcare and community health agency settings.

The presentation provided raised lots of questions which Merryn and Nayda capably answered.

Kidney transplants:

2017/18 year: 13 transplants were conducted (included 5 deceased donors and 8 living donors) of the 13, one of the recipients was Māori

2018/19 YTD: 6 transplants with 2 of the recipients being Māori.

Key points summarised:

- Donors more often young, in good shape with a good heart may put themselves forward for transplant but anyone be fine if testing clarifies they are suitable.
- Self-belief is required to approach others seeking a donor.
- Psychological support for our culture – other indigenous cultures are doing this. It is perceived that Māori don't donate but they do.
- Currently there is a lack of understanding of circumstances when organs can be harvested.

- Need support to foster "transplant champions" within iwi groups as a voice for change.
- Staff within the renal unit need to be trained to offer support also. Stagger engagement training. Advised welcome to speak with JB Heperi-Smith on how to speak with the Renal Unit.
- If a person choses to be a potential donor – it does involve the whole whanau.
- It was noted that the Donor Compensation Act will provide 12 weeks on full pay.

MRB supported a proposed Hui as the best way forward to ignite discussions in the region:

Suitable venue: Local Marae (not on the DHB site)
Suggested Timing: Easter 2019

With presentations provided by ODNZ, a nephrologist, intensivist, ICU nurse, transplant coordinator, a recipient and a donor.

List of invitees: Sheyne Te Hau was currently working up this list.

Discussion about who to invite as a speaker(s): Dr Peta Sharples (as his wife received a kidney); and/or the kin of Jonah Lomu. Felt that having high profile speakers with the ability to change perceived attitudes and values around accepting a transplant.

Tanira Te Au would raise this at the "Kaumatua Day" a great avenue to communicate and advise of the need to develop trained champions within the community.

Action: **MRB request an opportunity to view the criteria for surgery by which those of Māori ethnicity need to fit within to receive positive health outcomes ie, to receive a kidney, receive bariatric surgery, a heart bypass, or other such surgical treatments.**

Suggested to start by speaking with Andre LeGeyt as he has undertaken a lot of work around criteria.

SECTION 3: FOR INFORMATION ONLY

12. A MUSCULAR SKELETAL SERVICE TO REDUCE HEALTH INEQUITIES IN HB

Chair, Heather Skipworth declared a conflict of interest and abstained from discussion.

Dr Andy Phillips spoke to the detail provided to MRB members. He advised that a number of people were sitting on surgery lists it was understood (through work undertaken) that those managed well in the community can alleviate the need for surgery longer term.

- The programme was designed to address muscular skeletal isues for Māori and Pasifika and quintile 5. Funding was from the MoH (through the previous Government) and that funding had now come to an end. This was taken to planning and funding at DHBs who are trying to work with other organisations locally as this is such a great initiative.
- HB stood out in the area of focus, compared to other parts of the country as we addressed inequities in main stream health. Other DHB programs excluded those who are in the most need of help.

To address health inequities we need to:
- Ensure that decisions about the allocation of resources are increasingly taken by communities
- Increase investment in prevention and screening programmes that reduce the burden of disease and ill health on our community
- Partner with communities, funders and providers to design quality health services and funding policies with the express purpose of achieving equity, holding ourselves accountable through public monitoring and evaluation
- Work across sectors to address determinants of health for individuals and communities with coordinated approaches, integrated funding streams, and shared accountability across agencies
- Use person and whānau centred care to share power authentically and champion self determination

Ana Apatu asked how we can move this forward as we do not want to drop this preventative programme that has been proven to work. Following discussion it was suggested the PCDP be approached for a view on this.

RECOMMENDATION

That MRB request the PCDP:

1. **Consider what role a Muscular Skeletal Service** to reduce Health Inequities in HB (which ran as a pilot funded by MoH), may have in primary care delivery as a preventative measure with an aim to reduce surgical procedures?

13. MĀORI RELATIONSHIP BOARD MEETING DATES FOR 2019

The dates were noted.

SECTION 5: RECOMMENDATION TO EXCLUDE THE PUBLIC

There being no further business, the Chair moved into the public excluded section at 11.30am for the following items

15. Minutes of Previous Meeting
16. Matters Arising – Review of Actions
17. Mini-Workshop NUKA
18. Workshop draft Equity Report

Moved **Lynlee Aitcheson-Johnson**
Seconded **Na Raihania**

Signed: ______________________________

Chair

Date: ______________________________

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board** 183
	For the attention of: **HBDHB Board**
Document Owner:	Heather Skipworth (Chair)
Document Author:	Brenda Crene
Month:	December 2018
Consideration:	For Information

RECOMMENDATION

That the Board

Note the contents of this report; and that the Māori Relationship Board:

1. **Received, discussed and provided feedback** on entitled "It's Hard to Ask" provided by Clinical Nurse Specialist Merryn Jones, and supported a Hui being held to promote discussion

2. **Discussed and provided feedback** on "A Musculoskeletal Service to Reduce Inequities in Hawke's Bay" with a resulting recommendation: that the Primary Care Development Parthership Governance Group:
   - **Consider** what role a Muscular Skeletal Service to reduce Health Inequities in HB (which ran as a pilot funded by MoH), may have in primary care delivery, as a preventative measure with an aim to reduce surgical procedures?

The Māori Relationship Boad met on 5 December 2018. An overview of matters discussed is provided below:

BOWEL SCREENING IN HAWKE'S BAY

In discussion around Bowel Screening, MRB felt there were two points to note here. It is understood there were other high health issue areas for Maori (as presented to MRB on 10 October 2018, that the main causes of premature death in Māori were Ischaemic Heart disease and Lung Cancer). However they felt that those areas already receive adequate focus. In light of the response from the MoH, following lobbying by DHBs to lower the Bowel Screening age for Māori, MRB feel the need to ensure the issues are not rolled in to one but kept separate.

This was discussed further when Chris Ash joined the meeting with the following recommendation made to clarify intent.

RECOMMENDATION

That MRB request the HBDHB Board:

1. **Implement** bowel screening from the age of 50 years for Maori within the Hawke's Bay region.

CHAIR'S REPORT

An update was provided to members on the recent Board meeting held on 28 November which included an update on the Wairoa Demonstrator site (including a brief overview of the Community partnership Group (CPG). An overview was provided around the likely new name for the Primary Care Development Parntership Group (PCDP) and it was agreed that this group should be included as a standard item on future MRB agendas.

PRESENTATION: IT'S HARD TO ASK

Merryn Jones (Clinical Nurse Specialist, Renal Transplant) and Nayda Heays (Registered Nurse) spoke to the report and provided a presentation.

The presentation was undertaken for information purposes and to gauge support for hosting a half-day regional transplant Hui to upskill and inform health providers about transplant – in particular, ways in which we can help raise the rates of transplant for Māori.

In Hawkes Bay 69% of the renal population identifies as Maori (ANZDATA 2014)

- 20 years ago we had a total of 6 renal patients.
- In 2018 we have 25 patients in two shifts

The Main focus now is to open a dialogue with Maori health providers about both "living" and "deceased" transplant donors and the better health outcomes a transplant delivers for eligible patients. To develop/foster champions and advocates within Maori health providers in hospital, primary healthcare and community health agency settings.

Kidney transplants:

2017/18 year: 13 transplants were conducted (included 5 deceased donors and 8 living donors) of the 13, one of the recipients was Maori.

2018/19 YTD: 6 transplants with 2 of the recipients being Māori.

MRB supported the proposed Hui as the best way forward to ignite discussion in the region. Suggested this be held on a local Marae in Easter 2019, with presentations provided by ODNZ, a nephrologist, intensivist, ICU nurse, transplant coordinator, a recipient and a donor.

It is felt that high profile speaker(s) would enthuse participants with the ability to change perceived attitudes and values around accepting a transplant. Other indigenous cultures are offering and receiving organs. It is perceived by many that Maori don't donate or receive .. but they do.

A MUSCULAR SKELETAL SERVICE TO REDUCE HEALTH INEQUITIES IN HB

Andy Phillips spoke to the programme which was designed to address muscular skeletal issues for Maori and Pasifika and quintile 5. Funding was from the MoH (through the previous Government) and that funding had now come to an end. This was taken to planning and funding at DHBs who are trying to work with other organisations locally as this is such a great initiative.

HB stood out in the area of focus, compared to other parts of the country as we addressed inequities in main stream health. Other DHB programs excluded those who are in the most need of help.

Ana Apatu asked how we can move this forward as we do not want to drop this preventative programme that has been proven to work. Following discussion it was suggested the PCDP be approached for a view on this.

RECOMMENDATION

That MRB request that the Board ask the PCDP to:

1. **Consider** what role a Muscular Skeletal Service to reduce Health Inequities in HB (which ran as a pilot funded by MoH), may have in primary care delivery as a preventative measure with an aim to reduce surgical procedures?

MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	8 Aug 18	**Ref: HBDHB Performance Framework Exceptions Report Q4** **Did not Attend:** Colin Huchinson advised he would come back with a response and breakdowns for a solution to curb DNAs (which lies with a number of providers), including looking further into highly automated IT solutions – with the ability for clients to respond. He will confer with the **Customer Focussed Booking Team**. Was to be provided Nov 2018	Colin Hutchison	Apr 19	Included on April workplan for all committees
2	10 Oct 18	**Equity and Cultural Competency Recommendation** to HBDHB Board 12 September. Board response follows - around process: 1 A Working Group will come together to study and focus on next year's planning; and 2 The DHB will set up a Workshop in the New Year (including MRB members and other representatives as required), the result of which will be clear actions and targets we can aim for.	Kevin Snee	Feb 19	
3	14 Nov 18 5 Dec 18 5 Dec 18 19 Dec 19	**Bowel Screening:** Hold a wānanga with a few members of MRB and experts in this area, to discuss the current position regarding **equity**. The meeting invitation will be extended to include ALL MRB members with questions to be submitted prior to chris.ash@hbdhb.govt.nz Bowel Screening recommendation to Board to lower age for Maori to 50 Years. HBDHB Board response to Recommendation from MRB	Chris Ash and Patrick LeGeyt	TBA	Workshop held 23 January 2019 For update refer page 2 of actions.
4	14 Nov 18	Overview of Philosophies in the development of recruitment of Māori **"Values Based Recruitment** Was on workplan for Feb 19.	JB Heperi-Smith	Mar 19	Now March 19, due to size of the Feb agenda.
6	5 Dec 18	Include **"Te Pitau" Alliance Updates** as standing item on MRB agendas going forward.	Admin	Feb 19	TePitau's next meeting follows MRB on 13 Feb.

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
7	5 Dec 18	Schedule **"Atawhai Matawhai"** on to MRB's workplan.	Andy Phillips	Mar 19	
8	5 Dec 18	**Clinical Services Plan** Schedule an update on the action plans resulting from the CSP.	Chris Ash	Feb 19	Refer to Item 12 on Feb 19 agenda.
9	5 Dec 18	**View the criteria for surgery which those of Māori ethnicity need to fit within to receive positive health outcomes** ie, to receive a kidney, bariatric surgery, or heat bypass etc. Commence the process by speaking with Andre LeGeyt as he has undertaken a lot of work around criteria.	Patrick LeGeyt	Feb 19	
10	5 Dec 18 19 Dec 18	**Muscular Skeletal Service to reduce Health Inequities in HB:** Ask the PCDP (now Te Pītau) to consider what role a Muscular Skeletal Service may have in primary care delivery as a preventative measure with an aim to reduce surgical procedures? Subsequently considered at 19 December HBDHB Board Meeting, following recepit of MRB's report to the Board.			HBDHB Board support provided however analysis to be undertaken by Chris Ash and Carriann Hall in the first instance. At this stage this has not been passed to Te Pītau for a view.

Status update for action 3 above: Bowel Screening

The Chair advised that the HBDHB Board were not in a position to support MRB's Bowel Screening recommendation. He requested management (and MoH) bring a paper together (including <u>all</u> aspects) for further consideration. Timeline to be ascertained and advised.

Chris Ash advised he was planning to hold a Workshop with MRB in the New Year. This took place on 23 January 2019.

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MRB Workplan as at 7 February 2019 (subject to change)	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19** (annual update)	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Alcohol Harm Reduction Strategy (6 monthly update) **Feb -** Aug	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
HBDHB Draft Disability Plan	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Bowel Screening Workshop feedback (email Patrick 24/1)	13-Feb-19				
Strategic Planning Update post CSP	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
People Plan Progress **Presentation**	13-Mar-19	13-Feb-19	11-Apr-19		19-Dec-18
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-**Mar**	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-**March**-May	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Philosophies in the development of recruitment of Māori	13-Mar-19				
Te Ara Whakawaiora - Improving First Specialist Appointment Access (previously did not attend) moved to April 19	10-Apr-19	10-Apr-19	11-Apr-19		27-Mar-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
Violence Intervention Programme Report Committees reviewed in July - EMT Nov - April19	10-Apr-19	10-Apr-19	11-Apr-19		24-Apr-19
MRB observer on Clinical Council (review in April 2019)	10-Apr-19				
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-**May**	8-May-19	8-May-19	9-May-19		29-May-19
HBDHB Performance Framework Exceptions Q3 Feb19 /**May**/Aug/Nov (Just in time for MRB Mtg then to EMT)	8-May-19				29-May-19
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, **Jun 19**)	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Annual Plan 2019/20 draft to the Board	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Alcohol Harm Reduction Strategy (6 monthly update) Feb **- Aug**	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/**Aug**/Nov (Just in time for MRB Mtg then to EMT)	14-Aug-19				28-Aug-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
HBDHB Performance Framework Exceptions Q1 Feb19 /May/Aug/**Nov** (Just in time for MRB Mtg then to EMT)	13-Nov-19				27-Nov-19
People Plan Progress Update Report (6 monthly - **Dec 19**, Jun)	11-Dec-19	11-Dec-19	12-Dec-19		18-Dec-19

MĀORI RELATIONSHIP BOARD
CHAIR’S REPORT

Verbal Update

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HB CLINICAL COUNCIL

Verbal Update

HAWKE'S BAY
District Health Board
Whakawāteatia

TE PĪTAU HEALTH ALLIANCE HB

Verbal update

HAWKE'S BAY
District Health Board
Whakawāteatia

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HE NGĀKAU AOTEA

George Mackey

STRATEGIC PLANNING UPDATE
POST CLINICAL SERVICES PLAN

Presentation

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HAWKE'S BAY District Health Board Whakawāteatia	**Leptospirosis Support**
	For the attention of: **Māori Relationship Board**
Document Owner	Patrick LeGeyt, GM Maori Health
Document Author(s)	Jackie Benschop, Lila Adhikari
Reviewed by	Ngaira Harker / JB Heperi
Month/Year	February 2019
Purpose	To support engagement processes Maori with Kahungunu Rohe in establishing connections to whanau impacted by leptospirosis
Previous Consideration Discussions	28th November meeting with Professor Jackie Benschop (Associate Professor/Co-Director – Molecular Epidemiology and Public Health Laboratory).
Summary	Requesting recommendations are supported within the report.
Contribution to Goals and Strategic Implications	Reduce inequity Maori (leptospirosis)
Impact on Reducing Inequities/Disparities	As Māori are over-represented in the leptospirosis notification intervention should improve Māori health outcomes, including reducing the approximate 1 in 3 patients who develop long-term symptoms – and the impacts on all aspects determinants
Consumer Engagement	As per project outline
Other Consultation /Involvement	Ngaira Harker, Nurse Director Māori Health; JB Heperi Senior Cultural Advisor; Dr Bridget Wilson (Public Health Registrar); Roya Ebrahimi (Population Health Advisory)
Financial/Budget Impact	Nil impact financial/budget Long term projection reduction in costs and long term disability Leptospirosis
Timing Issues	Support to commence consultation prior to connection and development engagement plan.
Announcements/ Communications	Leptospirosis forum planned July 2019 Massey University - Guest speaker from Hawkes Bay to be advised.

RECOMMENDATION

That the Māori Relationship Board

1. **Provide** support for current study within the rohe in relation to Leptospirosis
2. **Provide** guidance around long term engagement with Māori health and communities who are connecting with whānau to inform the importance and benefits of participating in the study;
3. **Identify** people and groups within the Māori community to support dissemination of information.
4. **Identify** speaker options for the Lepto Forum at Massey University in mid 2019

PURPOSE

The purpose of this report is to seek consultation with a view to long-term Māori engagement and enduring partnerships with Māori communities to support our current and subsequent studies into leptospirosis. This includes preliminary work in raising awareness, connecting with Whānau to inform the importance of participation, results dissemination and information on intervention strategies. Please read this document in conjunction with the letter sent to Ngaira Harker and JB Heperi-Smith (dated 30 Nov 2018).

BACKGROUND

Leptospirosis remains an unacceptable burden on New Zealanders particularly those living in rural communities and on Māori. Our research, across a diverse network of New Zealand stakeholders, is highlighting changes in leptospirosis epidemiology that suggest alternative and emerging pathways to infection are becoming important.

Leptospirosis is contracted by humans through direct or indirect contact with infected animal urine. Indirect sources include contact with flood water or other environmental sources such as mud or animal effluent. This study aims to understand risk factors associated with leptospirosis. Information on sources and pathways for infection previously not considered of importance in New Zealand, such as flooding and rodents, will be investigated further.

Māori are overrepresented in leptospirosis notification data being either the ethnic group with highest or second highest incidence e.g. in 2012 the highest incidence was in Māori (2.9 cases per 100,000). This may in part be due to Māori dominance in occupations most at risk from the disease - 34% of the meat industry workforce identified as Māori according to Primary Industry Training Orgainsations data report.

In Hawke's Bay leptospirosis notification data from 2007 to 2017, young Māori males predominated and they were largely infected with vaccine preventable strains. This is concerning as animal vaccines work very well to prevent the shedding of the bacteria when part of a comprehensive vaccination programme. Those that choose to vaccinate their animals or not (the farmers) may not necessarily be the ones developing the disease and this seems to be the case in Hawke's Bay. In a study we conducted on diagnostics for lepto in Wairoa in 2014-2015, 17 of 29 patients suspected of having lepto identified as Māori. Thus leptospirosis directly impacts the health and social well-being of Māori.

With the current study on the emerging sources and pathways for lepto, we genuinely seek deeper engagement with Māori than we have had in the past. We will conduct our study working with the Hawkes Bay DHB values of He kauanuanu, Ākina, Raranga te Tira, Tauwhiro .We hope to identify modifiable risk factors for lepto and work with communities to plan interventions to reduce the burden of this disease (improvement). Thus strong relationships (partnership) and long term follow up and engagement in communities is required. The study will also investigate the processes around access to ACC cover (care) and the reasons why people use measures to control leptospirosis such as the use of personal protective equipment and animal vaccinations.

As Māori are over-represented in the leptospirosis notification data our intervention should improve Māori health outcomes, including reducing the approximate 1 in 3 patients who develop long-term symptoms.

HAWKE'S BAY District Health Board Whakawāteatia	**HBDHB Draft Disability Plan**
	For the attention of: **Māori Relationship Board, HB Clinical Council; HB Health Consumer Council and HBDHB Board**
Document Owner	Chris Ash, Executive Director Primary Care Bernard Te Paa, Executive Director, Health Improvement & Equity
Document Author(s)	Shari Tidswell
Reviewed by	Executive Management Team Working Group members
Month/Year	February 2019
Purpose	Presenting the co-designed Disability Plan to HBDHB governance groups.
Previous Consideration Discussions	Responds to a paper presented by Consumer Council requesting a disability response for the Hawke's Bay DHB
Summary	The HBDHB Draft Disability Plan supports the HBDHB to implement the National Strategy. All government agencies are required to do this. It also supports the achievement of the HBDHB vision and work toward equity. People with disabilities experience barriers when accessing health services in a range of ways. Having a systematic approach to addressing and reducing these barriers is vital to achieving equity and improving health outcomes. The Plan provides a systematic approach through the delivery of actions. This Plan's actions are delivered via a key piece of HBDHB developing and existing work. This includes the; Clinical Services Plan, Person and Whānau Centered Care and the People Strategy. For this reason the Plan is aligned and integrated with the National Strategy and other plans, and HBDHB strategies and plans.
Contribution to Goals and Strategic Implications	Improving health and equity for all populations National Disability Strategy
Impact on Reducing Inequities/Disparities	People with disabilities experience considerable inequity. Disabled Pasifika people have low utilisation rates of disability services and Māori (Tangata Whaikahu) also experience a double set of barriers to accessing services. There is a need to ensure we are monitoring equity for people with a disability. This Plan will guide our investment to ensure equitable outcomes for people with disabilities.
Consumer Engagement	The Working Group included consumer representatives. The draft Plan was presented to the disability reference groups in Napier, Hastings, Central Hawke's Bay Wellbeing reference group and Wairoa IDEAL Services (based in Gisborne).

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Other Consultation /Involvement	Representatives from Clinical and Consumer Councils have been involved in the Working Group. The Working Group also sought input from Taranaki Disability Resource Centre.
Financial/Budget Impact	Potential cost for training and establishing a monitoring system. This should be business as usual work and will reduce cost associated with consumer complaints and late access to services.
Timing Issues	None
Announcements/ Communications	The Plan will be made available on the HBDHB website and shared with stakeholders.

RECOMMENDATION:

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

1. **Note** the contents of the Plan and Paper.
2. **Endorse** the Key Recommendations.

Hawke’s Bay District Health Board
Draft Disability Plan

Author(s):	Shari Tidswell
Designations:	Intersector Development Manager
Date:	February 2019

BACKGROUND

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To deliver effective services and achieve our Vision it is vital to ensure people with disabilities and their whānau are able to access and engage with services and do not experience inequities in health outcomes. The HBDHB is a lead provider and contractor of disability services in Hawke’s Bay and has a vision of “Excellent health services working in partnership to improve the health and wellbeing of our people and the reduction of health inequities within our community”.

Consumer Council championed the development of a Disability Plan in 2018. They identified a need:

- To have people with disabilities taken into account in our health system
- To have a Person and Whānau-Centred Care approach inclusive of people with disabilities
- For integration in the Clinical Services Plan implementation
- To be integral in achieving equity in health outcomes

For these reasons, this Plan does not sit in isolation and is linked to the National Disability Strategy, is aligned to key HBDHB Strategies and Plans (People and Capability Strategy and Clinical Services Plan) and is informed by Whaia Te Mārama and Faiva Ora Disability Plans.

The Plan’s actions will support HBDHB in delivering effective services and our vision for people with disabilities and their whānau. According to census data, 23% of the population have a disability with the highest rates in older populations – making people with disabilities a significant population engaging with health services. National data identifies that people with a disability experience significant unmet need, much of which is the result of access and attitude issues experienced in health services. People with disabilities also experience inequity in education, employment and justice outcomes.

Like other marginalised populations, people with disabilities and their whānau benefit from increased awareness of issues and a focused response to achieving equity. A plan increases awareness and provides the actions to be responsive and ultimately reduce inequity.

Plan Development Process

The following process was followed to develop this Plan:

- A paper was presented by Consumer Council requesting the development of a Disability Plan, endorsed by HBDHB Board
- A Working Group established with the first workshop held in March 2018
- A series of workshops and meetings to design and draft a plan held between April–November 2018
- A draft Plan was presented to community stakeholders (including people with disabilities) and feedback from HBDHB managers November–December 2018
- Response to feedback and re-drafting of the Plan – December 2018
- A Final Draft Plan was written and reviewed by the Working Group - January 2019

Co-design

The Working Group included people with disabilities, whānau of people with disabilities, local Council leads for disability plans and HBDHB staff (Planning and Commissioning Manager – Integration, NASC Manager, Consumer Experience Facilitators and Intersector Relationship Manager). This group processed the responses,, information and feedback to draft the Plan's content.

Disability consumer groups were engaged across the region via the Central Hawke's Bay Disability Reference Group, Hastings Disability Reference Group, Napier Disability Advisory Group and Ideal Services – Wairoa to provide feedback on the drafts of the Plan. Through feedback processes and representation, consumers and key stakeholders developed the Plan.

Plan Structure and Content (see Appendix One for the full Plan)

This Plan covers services and the work of HBDHB. The Working Group discussed a regional disability plan approach, however each local authority has its own plan and the Working Group determined that developing a HBDHB plan would place us in a better position to develop a regional plan in the future. The Working Group chose to use the definition for 'disability' provided by the Office for Disability Issues, as it informs the National Strategy and provides consistency with other disability plans. Whānau and caregivers have been included in the Plan due to the critical role they undertake in supporting people with a disability. This also aligns with the Person and Whānau Centered Model of Care.

Disability is defined as "something that happens when people with impairments face barriers in society; it is society that disables us not our impairments…" The Plan's vision was developed by the Working Group and aligns to the HBDHB's visions and the National Strategy's vision.

"People with a disability and their whānau engaging with HBDHB, experience no barriers, are involved in the decision making, and engaged in services design and development." The Plan's principles link to HBDHB Values and include:

People with disabilities in Hawke's Bay:

- Experience respectful, mana enhancing engagement with HBDHB services
- Have a clear voice for people with disabilities in planning, service development and the care they receive. "No decision about me without me"
- Clear process for feedback and responding to feedback

HBDHB has a commitment to:

- Addressing barriers; to be inclusive and responsive to people with disabilities, including Tanagata Whaikaha and disabled Pasifika people
- Changing attitudes by being consistently inclusive and responsive to people with disabilities and their whānau, including Tangata Whaikaha and disabled Pasifika people

The Plan's coverage includes; services and work of the HBDHB, people with disabilities and their whānau engaging with HBDHB services and whānau and caregivers supporting people with a disability.

The Plan describes key outcomes directly linked to the National Strategy and detailed actions. These actions support the delivery of the outcomes and includes monitoring steps. To commence monitoring, the HBDHB will be required to record 'impairment' in consumer/patient records. It is currently not possible to identify how many of our patients have a disability, nor do we systematically identify their needs to support effective access to HBDHB services.

Linkages to Other Strategies and Plan *(see diagram on page 3 of the Plan)*

As outlined above, this Plan is developed to align, deliver and link with a range of national and local documents that relate to supporting people with disabilities to access health services and achieve equity.

Monitoring and ongoing delivery
Critical to this Plan's effectiveness in achieving equity is monitoring engagement of people with disabilities. This will require recording impairment on a patient's record and where applicable, notes to support access. This can then be used to measure access, refine training and support HBDHB staff to ensure needs can be met and to measure equity in health outcomes.

Priority Actions for 2019/2020 Annual Plan
To commence the implementation, the Working Group have identified 10 actions from the Plan (noted below) to be delivered over the 2019/20 financial year. The remaining actions will be roll-out over the following five years. Reference the "Outcomes and Actions" section of the Plan.

Education and Employment and Economic Security – implemented under Matariki actions

Health and Wellbeing
1) Establish practice that ensures the rights of people with disabilities to have whānau/support people when engaging with HBDHB services.

Accessibility
1) Service design and improvement will include people with disability and their whānau.
2) Services will have feedback mechanisms that enable people with disabilities to provide feedback and this is responded to.
4) Ensure barriers that could result in people with disabilities not being able to engage, participate or utilise HBDHB services are removed or addressed.

Attitudes
1) HBDHB Core Values are evident in all interactions with people with disabilities and their whānau.
3) Develop a training programme in partnership with the disability community and HBDHB.

Choice and Control
2) Connect with a wide range of disability communities.

Leadership
1) Include actions in annual planning
2) Implement actions from this Plan
3) Report to disability communities and their whānau on the Plan's progress, health outcomes and engagement.

RECOMMENDATIONS

Key Recommendations	Description	Responsible	Timeframe
Appoint a lead from EMT	An EMT lead is identified who is able to champion the Plan's actions, provide reporting on implementation and equity	EMT	April 2019
Priority actions included in the 2019/20 annual planning	Key actions are incorporated into HBDHB Annual Plan at the HBDHB level and service level	HBDHB Planner	May 2019
Establish formal links with consumer representative groups	Ensure HBDHB membership on existing disability groups and develop a feedback loop	Consumer Experience Facilities	March 2019
Establish a reporting framework	Framework to measure plan delivery and impact for people with disabilities	HIED	June 2019
HBDHB Disability Plan endorsed by HBDHB governance groups	Plan endorsed by all HBDHB governance groups	HIED	March 2019

RECOMMENDATION:

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

1. **Note** the contents of the Plan and Paper.
2. **Endorse** the key recommendations.

HAWKE'S BAY DISTRICT HEALTH BOARD – DRAFT DISABILITY PLAN

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BACKGROUND

Consumer Council have championed this Disability Plan and the development was endorsed by the HBDHB Board in 2018. The HBDHB are a lead provider and funder of disability services and deliver health services for the whole population – including those with a disability. Supporting equitable outcomes for people with disabilities will contribute to the HBDHB's overall vision "Excellent health services working in partnership to improve the health and wellbeing of our people and the reduce health inequities within our community".

The development process was led by a working group made up of HBDHB Consumer Council representatives, HBDHB staff, local authority staff and community stakeholders to develop a disability plan for Hawkes' Bay DHB consumers, staff and services. To gain further input from the community, particularly people with disabilities and their whānau, a draft document was presented to community groups, HBDHB service managers and consumers to seek further input and feedback. This feedback has been incorporated into this Plan.

This Plan sits within the context of a national strategy and plans, local plans delivered by local authorities and HBDHB strategic documents. The Plan ensures actions are complementary, aligned or deliver the visions and outcomes of these documents. There is a focus on equity including by ethnicity and people with a disability - it is noted that people can experience inequity via both. To inform this plan, the working group used:

- National Disability Strategy
- HBDHB Core Values
- Draft Clinical Services Plan
- Whaia Te Mārama and Faiva Ora disability plans

The Plan aims to reduce the barriers experienced by people with disabilities when engaging with HBDHB services and staff. The Plan will focus the HBDHB on meeting the needs of people with disabilities by providing tangible actions and measures to monitor progress. The Plan uses principles informed by the HBDHB values, outcomes from the National Strategy and actions to enable the HBDHB to respond to the needs, reduce barriers for and engage effectively with people with a disability. The actions are also informed by the Clinical Services Plan, Health Equity Report (2018) Whaia Te Mārama and Faiva Ora Disability Plan – ensuring an equity approach and alignment with HBDHB's service delivery direction.

INTRODUCTION

The Plan is set out as follows:

- Background information including definitions, population and supporting documents
- Vision, principles and coverage. The principles align with the HBDHB Core Values and other key documents which will support equity. This provides a clear process to integrate the actions into HBDHB practice.
- Outcomes to deliver each action.

As a key service provider and employer in the Hawke's Bay, HBDHB supports social inclusion, equity in health outcomes, access to services and wellbeing of the Hawke's Bay community. HBDHB has a role in reducing the barriers and attitudes that contribute to those with an impairment being disabled. Having a planned systematic approach is vital in delivering these aspirations. To know what we are doing is making a difference for people with disabilities, we need to measure health outcomes for people with disabilities and monitor feedback.

We acknowledge the role whānau and caregivers have in supporting the wellbeing of people with disabilities and the Plan seeks to ensure their engagement by reducing barriers they may encounter, whilst maintaining the person with a disabilities right to privacy and safety.

BACKGROUND INFORMATION

Defining Disability
The National Strategy defines "disability" as "something that happens when people with impairments faces barriers in society; it is society that disables us not our impairments…" This has a similar meaning to "disability" as the International Convention – "…those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others…" (Article one)

Disability is defined by the Office for Disability Issues as:

> *"Disability is the outcome of the interaction between a person with impairment and the environment and attitudinal barrier he/she may face. Individuals have impairment; they may be physical, sensory, neurological, psychiatric, intellectual or other impairments." (Minister for Disability Issues, 2001).*

These definitions are consistent and are applied to this Plan. People with physical, mental, intellectual and sensory impairments make up the population target of the Plan. Their whānau and caregivers supporting them to achieve "normal lives" and their potential are also covered in the actions.

Population with Disabilities
Nationally 24 percent of the population identify as having a disability, a total of 1.1 million people (2013 data).

- The increase from the 2001 rate (20 percent) is partly explained by our ageing population.
- People aged 65 or over were much more likely to be disabled (59 percent) than adults under 65 years (21 percent) or children under 15 years (11 percent).
- Māori and Pacific people have higher-than-average disability rates, after adjusting for differences in ethnic population age profiles.
- For adults, physical limitations were the most common type of impairment. Eighteen percent of people aged 15 or over, 64 percent of disabled adults, were physically impaired.
- For children, learning difficulties were the most common impairment type. Six percent of all children, 52 percent of disabled children had difficulty learning.
- Just over half of all disabled people (53 percent) had more than one type of impairment.
- The most common cause of disability for adults was disease or illness (42 percent). For children, the most common cause was a condition that existed at birth (49 percent).[1]

Hawke's Bay data
Data was collated for Gisborne/ Hawke's Bay – people identifying with a disability is 23 percent of the population. The 23 percent breaksdown into the following types of impairment. The highest is mobility (13 percent), followed by hearing (9 percent), agility (7 percent) and psychological and learning (6 and 5 percent respectively).

[1] 2013 Disability Survey, June 2014, produced by the Government Statistician

Fifty-eight percent of people with a disability have multiple impairments. Disease and illness (42 percent) and then accidents (37 percent) are the highest causes. Using the 23 percent, the estimate for people with a disability in Hawke's Bay would mean approximately 34,770 people with disabilities (based on 151,179 total Hawke's Bay population 2013).

Documents that Inform this Plan

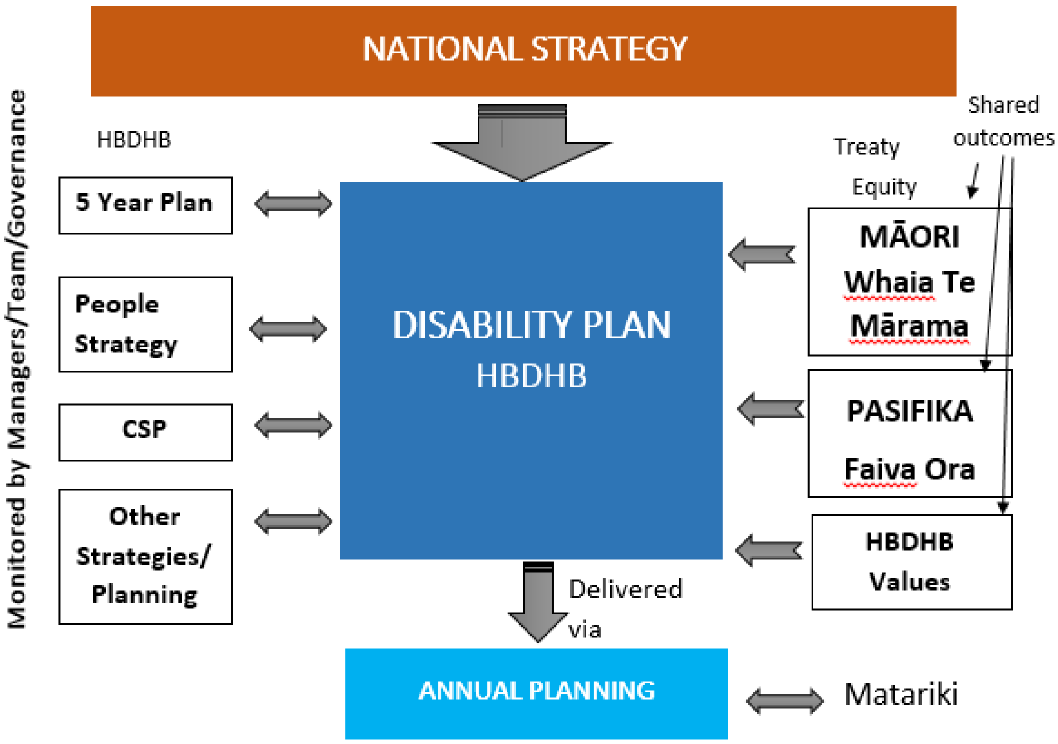
The Clinical Services Plan (CSP) [i] themes, Core Values and National Strategy are based on similar principles -Te Tiriti o Waitangi, ensuring whānau are involved in decision making, social investment and addressing unmet need. The Health Equity report illustrates the inherent differences in health outcomes for specific groups within our Hawkes Bay population.

This Plan uses the outcomes from National Strategy[ii]:

- Education
- Employment and economic security
- Health and wellbeing
- Right protection and justice
- Accessibility
- Attitudes
- Choice and control
- Leadership

Each of these actions have been developed to deliver an outcome. These actions have clear links to the CSP and HBDHB core values[iii]. In the table below the Actions are colour-coded to note the 'HBDHB value' being delivered via each action. Actions are also aligned to the Māori Disability Plan (Whaia Te Māraama)[iv] and Pasifika Disability Plan (Faiva Ora)[v] (Ministry of Health). This alignment supports an equity approach for the actions.

The diagram below illustrates how the informing documents, Plan and delivery of mechanisms relate to each other.



HAWKE'S BAY DISTRICT HEALTH BOARD – DISABILITY PLAN

VISION

People with a disability and their whānau engaging with Hawke's Bay District Health Board, experience no barriers, are involved in decision-making, and engaged in service design and development

PRINCIPALS

People with disabilities in Hawke's Bay:

- Experience respectful, mana enhancing engagement with HBDHB services
- Have a clear voice in planning, service development and the care they receive.
- Have a clear process for feedback and their feedback is responded to

Hawke's Bay District Health Board:

- Has a commitment to address barriers; being inclusive and responsive, including Tangata Whaikaha and disabled Pasifika people and their whānau
- Is committed to changing attitudes by being consistently inclusive and responsive to people with disabilities and their whānau, including Tangata Whaikaha and disabled Pasifika people
- Involves people with disability and their whānau in decision –making, development and design of services. "No decision about me without me".

COVERAGE

- Services and work of the Hawke's Bay District Health Board. This is wider than clinical services and includes, contracted services, service design, planning and governance functions.
- People with disabilities engaging with these services and work of the HBDHB and staff employed by HBDHB.
- Whānau and caregivers, where their engagement supports and maintains the safety of the person with a disability.

OUTCOMES:

EDUCATION

HBDHB supports education outcomes that ensure people with a disability are engaged in education, achieving and transitioning to further education and employment equitably with non-disabled people.
Linked to Matariki

EMPLOYMENT & ECONOMIC

HBDHB leads by example as a socially responsible employer and supports people with disabilities to engage in employment leading to financial security for all people with disabilities including Tangata. Whaikaha and Pasifika
Linked to People Plan and Matariki

HEALTH & WELLBEING

Delivering person and whānau-centered care that is responsive to the diversities of people with disabilities including Tangata Whaikaha and Pasifika.
Linked to Clinical Services Plan

RIGHTS PROTECTION & JUSTICE

Deliver equitable outcomes for all people with disabilities engaging with HBDHB services. Establish monitoring

ACCESSIBILITY

Services design and continuous improvement will meet the diverse needs of disabled people.

ATTITUDES

We have a workforce that demonstrates our core values in every encounter they have with a person with a disability and their whānau.

CHOICE & CONTROL

Support people with disabilities to make choices and have control over their health care and outcomes.
Linked to Clinical Services Plan

LEADERSHIP

Ensure that people with disabilities experience equitable health outcomes and are consistently engaged in decision-making.

OUTCOMES AND ACTIONS

Outcomes	Actions	Measures	Linked Documents	Reporting
EDUCATION HBDHB supports education outcomes that ensure people with a disability are engaged in education, achieving and transitioning to further education and employment equitably with non-disabled people.	1. Work with education providers including Kahui Ako (Communities of Learning) to review and co-create career development and career pathways that are localised, responsive and future-facing for all learners in Hawke's Bay including those requiring additional support to achieve sustainable employment	Measured via the Matariki outcomes and project tool	Matariki- Social Inclusion Strategy HBDHB Annual Plan	Board 6 monthly
EMPLOYMENT & ECONOMIC SECURITY HBDHB leads by example as a socially responsible employer and supports people with disabilities to engage in employment leading to financial security for all people with disabilities including Tangata. Whaikaha and Pasifika	1. Support the employment of people with challenges that may impact on their capacity to obtain or retain employment. (Social Inclusion) 2. Project 1,000: link local people on benefits to 1,000 new jobs (Regional Economic Development) 3. Ensure major infrastructure development projects consult with and optimize employment. (Regional Economic Development)	Measured via the Matariki outcomes and project tool	Matariki - Social Inclusion Strategy HBDHB Annual Plan	Board 6 monthly
HEALTH & WELLBEING Delivering person and whānau-centered care that is responsive to the diversities of people with disabilities	1. Establish practice that ensures the rights of all people with disabilities to bring whānau or support person when engaging with services. 2. Ensure the disability sector is provided with opportunities to participate in service and policy development.	Establish a baseline for the quality of service delivered to people with disabilities. Measure services on the level of delivery (using baseline measure), with Board monitoring via annual reporting.	Clinical Services Plan People and Capability Strategy HBDHB Annual Plan	

Outcomes	Actions	Measures	Linked Documents	Reporting
including Tangata Whaikaha and Pasifika. Additional activity will be delivered under the Clinical Services Plan and subsequent operational plans. There is also a link to the workforce training under the "Attitudes" outcome in this Plan	3. Increasing control for tangata whaikaha to choose the support they need and when, where and how this support occurs (self-determined). 4. Ensuring whānau are supported so that they are in the best position to support their whānau member with a disability. Including having their expectations met and achieving and maintaining mana and wellness. 5. In any service, the person is not only defined by their disability but also their other cultural, familial, linguistic and gender identities. 6. Transitions between services and to the community are easy and understood by people with a disability and their whānau.			
RIGHTS PROTECTION & JUSTICE Deliver equitable outcomes for all people with disabilities engaging with HBDHB services. Establish monitoring	1. Develop monitoring and measurement approaches that include outcomes for people with disabilities by ethnicity. 2. Implement "Accessibility" outcome and actions. 3. Contracted providers are supported to develop policy and practice that delivers equity outcomes for people with disabilities. 4. Monitor the implementation of the plan through management KPIs and reporting to governance	Measurement frameworks include measures for people with disabilities Manager performance plans have KPIs to improve or maintain equitable outcomes for people with disabilities. Contract review process includes support for providers i.e. to develop disability plans, policy and audits All reporting frameworks including outcomes for people with disabilities	HBDHB Annual Plan, including the IS work plan and	

Outcomes	Actions	Measures	Linked Documents	Reporting
Accessibility Services design and continuous improvement will meet the diverse needs of disabled people.	1. Service design and improvement will engage people with disabilities and their whānau from the beginning. 2. Services will have feedback mechanisms that enable disabled people to provide feedback and this is responded to. 3. Services ensure that disabled people and their whānau get a fair deal. 4. Ensure barriers that could result in disabled people not being able to engage, participate or utilise HBDHB services are removed or addressed. This could include; environment audits being part of standard practice, and/or national guidelines.	People with disabilities and their whānau are involved in service design and improvement. Feedback processes reviewed to ensure people with disabilities and their whānau are able to and are providing feedback. Audits are completed to monitor compliance.	Policies – Building/Facilities, Consumer Feedback, Disability Audit (to be developed)	
Attitudes We have a workforce that demonstrates our core values in every encounter they have with a person with a disability and their whānau.	1. HBDHB Core Values are evident in all interactions with disabled people and their whānau. 2. Establish mandatory disability training – linked to Values and Behaviour in context of disability. 3. Develop and deliver training programme in partnership with disability community. 4. Measures how embedded Values and Behaviours are via DHB systems (e.g. PDR, peer review). 5. Deliver feedback loops at every level using multiple systems (e.g. surveys, real time feedback) to inform training and staff practice.	Training agreed and set up in PAL$ annual performance plan. Training programme developed and feedback collated. Number and percentage of staff have completed training. Demonstrates evidence at application of training in PDR.	People and Capability Strategy	
Choice & Control Support people with disabilities to make choices and have control over their health care and outcomes.	1. Support accessible services by: • Developing peer support for people with a disability and their whānau to navigate services • Make information available and accessible – health literacy for every person with a disability.	Design and deliver a peer support navigation programme, in partnership with people with disabilities. Measure impact and effect of the programme.	Clinical Services Plan HBDHB Annual Plan	

Outcomes	Actions	Measures	Linked Documents	Reporting
	2. Connect with a wide range of disabled communities: • Via existing disability representative groups Hawke's Bay-wide • Clarifying and establish representative roles and their link with people with disabilities 3. All services actively seek feedback from people with a disability engaging with services. 4. People with a disability are consulted and actively involved in policy, planning, governance, service development and implementation via Intentional represented on forums.	Document connections made and the outcome of these connection with disabled community based groups. Audit feedback process to evaluate effect. Audit consultation and engagement with people with disabilities. Set targets for improvement		
LEADERSHIP Ensure that people with disabilities experience equitable health outcomes and are consistently engaged in decision-making.	1. Include actions in the annual plan. 2. Implement the actions for this Plan. 3. Report to disabled communities and their whānau on the Plan progress, health outcomes and engagement.	1. Reporting to communities and their whānau 2. Reporting to governance groups	Board work programme Annual Planning	

Key for Hawke's Bay District Health Board – core values (actions are coded by the Core Values colour below to indicate how this Plan delivers Core Values).

Tauwhiro (Care) Rāranga te tira (Partnership) He kauanuanu (Respect) Ākina (Improvement) i

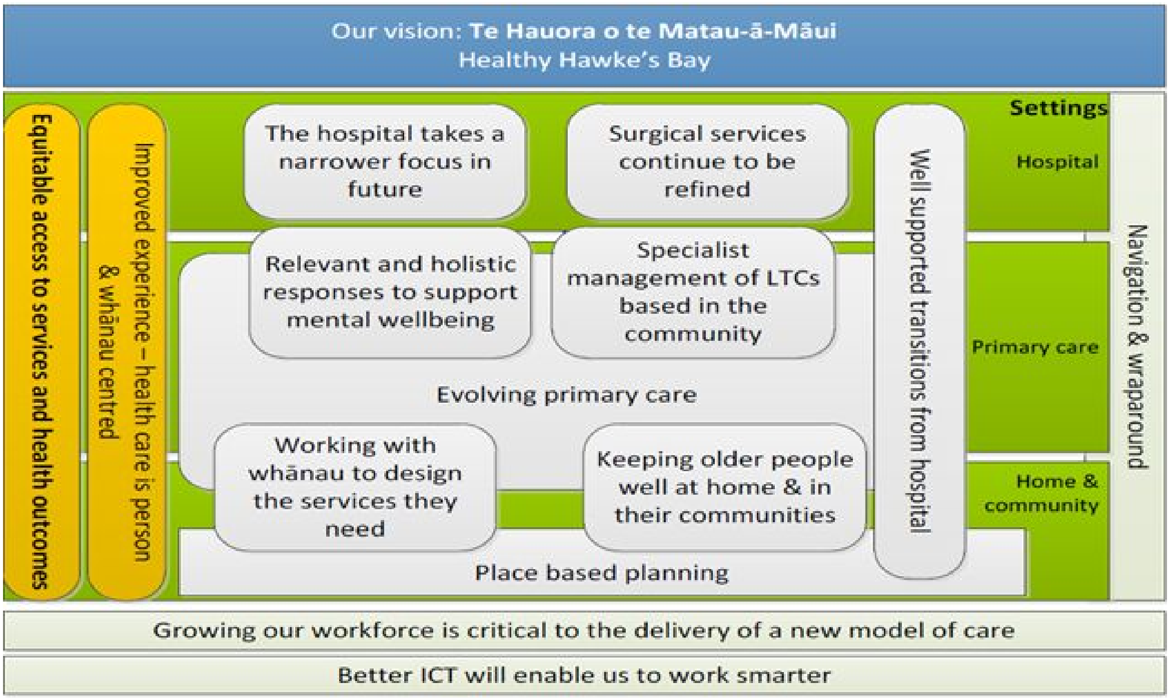
HBDHB Clinical Services Plan (Draft)
This Plan provides the direction for clinical services delivered by HBDHB for the next 10 years.

The key themes from the Clinical Services Plan are designed to address the overarching commitment to achieving equity. This included addressing the inequities and unmet need experienced by Māori, Pasifika peoples, **people with disabilities**, experiencing mental illness and those living in socio-economic deprivation. A new approach including "person and whānau centered system and building on pockets of excellence.

The CSP establishes a firm commitment to **prioritising and designing services to meet the needs of populations with the poorest health and social outcomes.** This means:

- Up-skilling of health professionals, with particular regard to cultural competence, mental health and addictions, wellness focus, family violence and poverty. The workforce reflects the population it serves
- Commissioning for equitable outcomes
- Multi-disciplinary and team-based approaches which more holistically consider and address health and social needs and aspirations for whānau
- Re-framing our approach to focus on wellness, preserving mana and building on existing strengths of whānau, communities, and population groups
- Whānau wellness models in addition to an expectation that core services will meet the needs of those with poorer outcomes
- A rights-based approach to health meeting our responsibilities under Te Tiriti o Waitangi
- Incorporating the guiding principles of the Nuka System of Carewhilst giving primacy to Māori indigenous thinking, values and solutions.

http://www.ourhealthhb.nz/news-and-events/clinical-services-plan-transforming-our-health-services/



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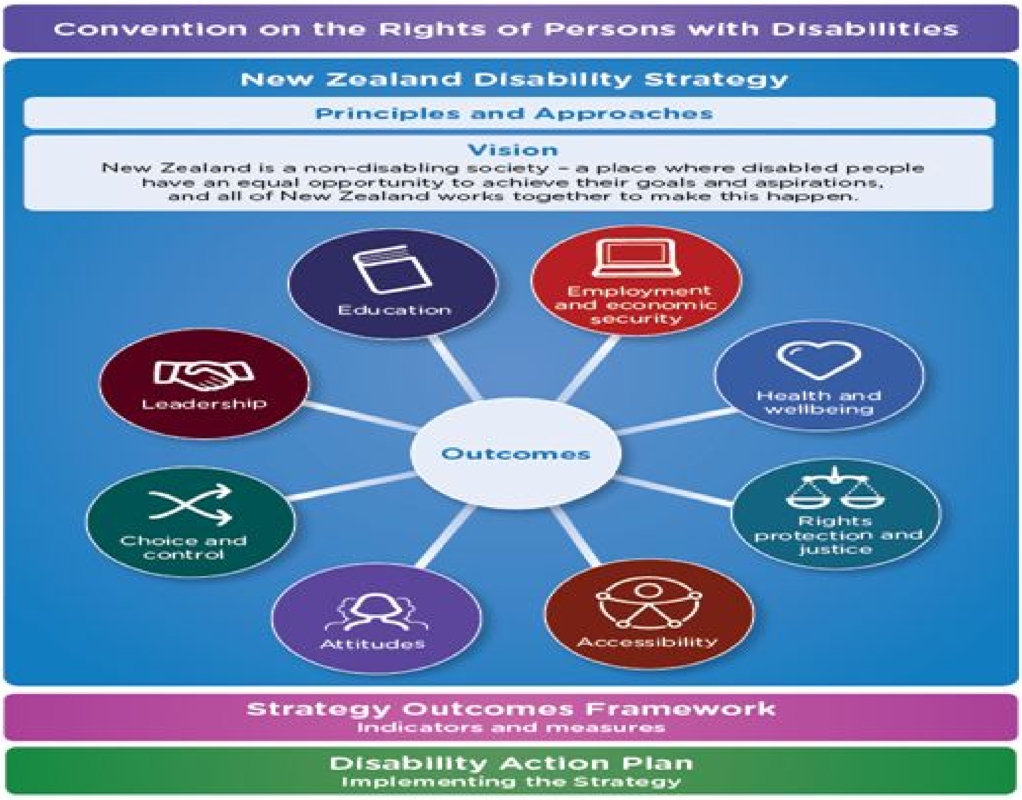
ii **National Disability Strategy 2016 - 2026**[ii]
The Strategy includes principles used to guide this Plan – Te Tiriti o Waitangi, Convention on Rights of the Person with Disabilities, and ensures disabled people are involved in decision-making that impacts them. With the following approaches - whole of life (long term approach) to social investment and specific and mainstream supports and services (twin-track approach).

The National Strategy is designed to guide the work of government agencies on disability issues. The Working Group were clear that this document provides the strategic direction for the HBDHB. This Plan is designed to implement this Strategy.



iii

HBDHB Values
The HBDHB has a commitment to living our values in the workplace and in the community. The best outcomes for patients and staff can be achieved if we all work together with the same values. These valueswe show commitment to and demonstrate the behaviours of the health sector are:

- Tauwhiro (delivering high quality care to patients and consumers)
- Raranga 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)

These values are at the core of ensuring people with disabilities are experiencing effective engagement with our health services. Including having equitable health outcomes, experience no barriers to accessing services and are participating in the development and design of our health services.
https://ourhub.hawkesbay.health.nz/our-place/our-values/

iv

Whāia Te Ao Mārama (Māori Disability Action Plan)[iv]

Introduces the term tangata whaikaha to describe a Māori person with a disability – whaikaha meaning to have ability and be enabled. This Plan also aligns with the vision and outcomes from the New Zealand Disability Strategy. There are six goals:

1) Participate in the development of health and disability services
2) Have control over their disability support
3) Participate in Te Ao Māori
4) Participate in their community
5) Receive disability support services that are responsive to Te Ao Māori
6) Have informed and responsive communities.

These also align with our HBDHB Values. Our Plan acknowledges the need to have equity outcomes and that currently tangata whaikaha experience barriers in health services in HB both as a person with disability and as Māori. Finally this Plan acknowledges our commitment as a DHB to the Treaty of Waitangi.

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v

Faiva Ora, National Pasifika Disability Plan[v]

This notes a clear under representation of Pasifika disabled people engaging with disability services and the plan is focused on the services delivered by the healthy sector for people with disabilities. The vision is "Pasifika disabled people and their families are supported to live the lives they choose." This plan is informed by New Zealand Disability Strategy, New Zealand Health Strategy and Pacific Health Strategy and the United Nations Convention on the Rights of Persons with Disabilities.

Faiva Ora has the following principals which guide the planned actions:

- Self-determination
- Beginning early
- Person and family centred
- Ordinary life outcomes
- Equity
- Enhancing Pasifika cultural identity
- Easy to use
- Building relationships

Faiva Ora focuses on services delivered in the health sector, for this Pland that is further refined to services delivered by HBDHB. Both Plans share outcomes relating to equity, access (easy use) and person and family centered.

HAWKE'S BAY District Health Board Whakawāteatia	**HBDHB Alcohol Harm Reduction Strategy 2017-22 Progress Report**
	For the attention of: **Māori Relationship Board, HB Clinical Council, HB Health Consumer Council and the HBDHB Board**
Document Owner	Bernard Te Paa, Executive Director Health Improvement & Equity
Document Author(s)	Rachel Eyre, Medical Officer of Health Rebecca Peterson, Acting Team Leader/Population Health Advisor
Reviewed by	Chris Ash, Chair Alcohol Harm Reduction Steering Group; Alcohol Harm Reduction Steering Group; Laurie Te Nahu, Health Gains Advisor ; Rowan Manhire-Heath, Population Health Advisor and the Executive Management Team
Month/Year	February 2019
Purpose	The Board requested six monthly progress reports to Clinical Council. This report provides an overview of progress and changes impacting on the HBDHB Alcohol Harm Reduction Strategy.
Previous Consideration Discussions	Alcohol harm reduction position statement (Nov 2016), steering group establishment and strategic framework and priorities were endorsed in September 2017.
Summary	*Work delivered under the Alcohol Harm Reduction Strategy involves a range of activities (Refer to Appendix One) :* • *addressing the drivers of alcohol use* • *shifting attitudes towards alcohol* • *limiting availability and exposure* • *providing appropriate and accessible health service response to alcohol harms* *Whilst health services response to alcohol harm, particularly alcohol screening and brief intervention (SBI) was identified as a priority, progress has been slow. Population Health have achieved a number of successes in relation to intersectoral action and community engagement detailed in this report.*
Contribution to Goals and Strategic Implications	This work contributes to the following: Hawke's Bay DHB Alcohol Harm Reduction Strategy 2017-2022 Joint Alcohol Strategy (2017) across Napier City and Hastings District Councils – HBDHB is a key stakeholder Improving health equity – note: Māori experience more harm from alcohol overall than non-Māori. Evidenced by higher hospitalisations wholly attributable to alcohol. System Level Measure/HBDHB Annual Plan (2018-19) - Youth are healthy, safe and supported; ED alcohol presentations for 10-24 year olds. Clinical Services Plan - primary and community care future vision encompasses relevant and holistic approaches to mental wellbeing including addiction issues.

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	Social inclusion /REDS/ Matariki – to reduce the negative impact of drug use on individuals and their whanau /reduce the rate of violence experienced by individuals and whānau.
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity for Māori and Pasifika using targeted (e.g. social supply to youth project in Wairoa) and universal approaches with greater proportional impact on the most vulnerable (e.g. reducing availability / 'alcohol and schools don't mix' initiative, monitoring licence applications, supporting community to oppose licences in high deprivation areas). Equity measures / tools will be applied to individual initiatives and programmes as they are planned and implemented.
Consumer Engagement	Steering Group membership includes Consumer Council and Youth Council members.
Other Consultation /Involvement	Steering Group membership includes provider services – Medical, Community Women and Children, Maternity, Mental Health, Primary Care Directorate, Health Improvement & Equity Directorate including Public Health, Māori and Pacific health leadership and youth representation. Hawke's Bay DHB and Health Hawke's Bay designed an Alcohol Screening & Brief Intervention Survey disseminated widely to health services and general practice. Results were shared with the Steering Group and will inform next steps. Community mobilisation project (see "shift attitudes to alcohol" section).
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

It is recommended that MRB, Clinical Council, Consumer Council and the HBDHB Board:

1. **Note** the substantial activity led by population health.
2. **Note** the new landscape to obtain buy-in from Clinical Services using a broad based social harm reduction approach, especially for screening and brief intervention.
3. **Approve** the next steps.

HAWKE'S BAY
District Health Board
Whakawāteatia

HBDHB Alcohol Harm Reduction Strategy 2017-22 | Progress Report

Author(s): **Designation:**	Rachel Eyre, Medical Officer of Health Rebecca Peterson, Acting Team Leader/Population Health Advisor
Date:	**February 2019**

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OVERVIEW
A Position Statement on reducing alcohol-related harm was adopted by the HBDHB Board in November 2016. In September 2017 the Board endorsed the alcohol harm strategic framework (refer to Appendix One) and priorities and supported the establishment of a steering group reporting to Clinical Council. The strategy informs a broad programme of work including public health regulatory functions under the Sale and Supply of Alcohol Act 2012, intersector activities, work in key settings e.g. schools, sports clubs and community led initiatives e.g. social supply. The Steering Group agreed to focus initially on reviewing and improving the health service response to alcohol-related harm in the form of screening and brief advice (SBI)[1]. Due to competing pressures, limited resourcing and capacity for clinical leadership this component of the programme of work has not progressed.

System-wide solutions are currently being sought to resolve how alcohol harms can best be addressed by our DHB, alongside a number of other 'social harm' issues, which may have more political traction and community/stakeholder resonance. This should be balanced against the need to maintain focus on alcohol related impacts on the community.

REPORTING ON PROGRESS
Below is a summary of the highlights for each of the Plan's four objectives on the activities to date. Refer to Appendix Two for a summary on the progress on implementation of the Alcohol Harm Reduction Strategy.

1) Address underlying drivers of alcohol use
Population Health and Māori Health (Health Improvement & Equity Directorate) advocate for strong policy levers to reduce alcohol-related harm through the writing of submissions that target Central and Local Government. The following submissions have been completed over the past year

- Joint Alcohol Strategy (Napier City and Hastings District Councils)
- Energy Labelling of Alcohol Beverages
- Sale & Supply of Alcohol (Renewal of Licences Amendment Bill (No 2)
- Tax Working Group on 'The future of tax'
- Mental Health & Addictions Inquiry

The interim outcome for the Tax Working Group is yet to be confirmed, with recommendations made to include reviewing the rate structure of alcohol excise with the intention of rationalising and simplifying it. This will continue to require public health input.

[1] SBI has proven to be an effective prevention intervention, particularly in primary care. It is demonstrated to be effective for young people, men, pregnant women and general populations. It has also shown to be cost effective in the ED. (full references available on request)

The Mental Health & Addictions Inquiry report has delivered strong recommendations regarding alcohol reform; most importantly for Government to take a bolder approach to the sale and supply of alcohol. Reference has been made to the recommendations laid out in the New Zealand Law Commission's report in 2010, including to:

- Increase the price of alcohol through excise tax increase
- Regulate promotions that encourage increased consumption or purchase of alcohol
- Regulate alcohol advertising and sponsorship
- Increase the purchase age of alcohol to 20 years
- Reduce availability, such as the hours that licenced premised are open or the proliferation of outlets.

Internally, Population Health have made recommendations to the current HBDHB's Drug and Alcohol Free Policy (2014) including provision of alcohol at the Hawke's Bay Health Awards. Additional to this, the DHB Communications team were also provided with feedback on the proposed questions within the HB Health Awards survey. The outcome was to allow alcohol to be sold at the event but no longer provided free.

2) Shift attitudes towards alcohol

Community mobilisation workshops have been delivered to a range of community leaders with the aim of increasing knowledge and understanding of the Sale and Supply of Alcohol Act 2012, targeting Māori and high deprivation communities, informing them on how they can have more say. Following this, the HBDHB population and public health staff designed an Alcohol Networks e-newsletter that has an extensive distribution list, keeping the audience abreast of opportunities, hot topics and research findings.

Public Health staff have requested Hastings District Council to make licence applications more visible to communities by asking for placement of these on their website and further work of this nature is planned e.g. designing an alcohol harm reduction advocacy toolkit for community. This is in response to a Hawke's Bay community survey data gathered in 2015, indicating people wanted fewer bottle stores, more alcohol free events and entertainment and shorter alcohol outlet hours. Another joint activity across Population Health, Māori Health and the Child Development Services included a presentation to Kahui Kaumatua on alcohol licensing and availability.

3) Limit availability and everyday exposure

Alcohol and schools don't mix: Young people and under age exposure literature review was presented and endorsed by HBDHB Board in May 2018. The intent was to provide evidence on exposure to alcohol and harms to young people and share data around special licence applications made by schools over the past few years. The proposed outcome of the project was to work more closely with the education sector to advance a whole of school approach to alcohol. The target is to have no schools applying for alcohol special licences for fundraising events where minors are present.

Subsequently, the Population Health alcohol team has developed and publicised widely the *Healthy Events and Fundraising Guide* and planned and delivered a comprehensive 'Alcohol and Schools Don't Mix' Communication and Risk Management Plan. The success of the latter piece of work was strong clinical leadership, an evidence base, tools to support schools and encourage effective communication.

The 'Alcohol and Schools Don't Mix' report and a subsequent school special licence opposition (Port Ahuriri School Food and Music Festival) received significant media attention and provided an opportunity for our DHB to show leadership nationally. We received national support from the Health Promotion Agency, Ministry of Health and the current Children's Commissioner. Dr Russell Wills was our front-line champion who was interviewed extensively in the media. The DHB continues to work with the Child Health Team, Ministry of Education and Ministry of Health to support alcohol-free schools. A presentation on alcohol and young people was made to the Secondary Schools Principals Association. Preliminary data suggests a high proportion of schools in Hawke's Bay have now developed an alcohol policy.

Reducing the availability of, and exposure to alcohol in our highest needs communities, is a core activity for the Population Health alcohol team. A recent example of this work is the Medical Officer of Health's opposition to a new off-licence store in a high deprivation suburb of Hastings (Akina, Parkvale). Opposing such a licence application requires comprehensive research and data analysis and working with the community to ensure their views are heard. The decision has been to allow this particular off-licence with an expectation of closer monitoring by Police. This decision is now being appealed by the Medical Officer of Health to the Alcohol Regulatory Licensing Authority.

The 'One for One' host responsibility campaign (encouraging one non-alcoholic drink/preferably water for every alcoholic beverage) has been successfully transitioned to a more sustainable model. The Hawke's Bay Hawks Basketball Club and Church Road Winery have both shown leadership by using promotional material (flags, bar mats, poster, and hand sanitisers) during season events. The Hawks also instituted an 'alcohol-free family zone'. In addition, the Napier City and Hastings District Councils' Joint Alcohol Strategy Reference Group (of which the DHB are a key member) are currently progressing a project to create branding to promote an increase in 'alcohol-free events' and 'alcohol-free family zones' at events. This project is funded by the Health Promotion Agency's 'Community Action on Alcohol Partnership Fund'.

Discussions have occurred at CEO level across local government and with local MPs, Police, HBDHB executives and Medical Officer of Health raising concerns around the ineffectiveness of the current legislation, especially in regards to the Local Alcohol Policy process at minimising alcohol-related harm. All four of our territorial authorities have Local Alcohol Policies with variable status. Concerns have also been raised identifying mechanisms to increase quality data collection and community voice and to influence legislative change e.g. increasing excise tax and reducing marketing (especially via digital media targeting young people). A Private Members Bill is currently being drafted that would dispense with the LAP appeal process.

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The tri-agencies (Police, Councils, Health) are holding discussions on how the licensing process is working and how we engage more effectively to reduce alcohol related harm through our joint agency working. A Joint Agency Protocol / Memorandum of Understanding is being considered.

4) Providing appropriate and accessible health services

To raise awareness, engage health services and identify workforce needs regarding alcohol screening and brief intervention, the Steering Group requested we administer a health sector wide screening and brief intervention survey. We partnered with Health Hawke's Bay to design a survey and disseminated this via Survey Monkey across health services and general practices (maternity and the child development service were excluded as they were surveyed in 2017). Findings endorsed the level of concern regarding alcohol harm from health services, with over 72.5% either very or extremely concerned about alcohol related harm. Refer to appendix three for detailed findings.

General practice (Health Hawke's Bay) screening & brief intervention

Health Hawke's Bay are working to review and update alcohol screening and brief intervention patient dashboard. Discussions are underway on adapting the Whanganui PHO's dashboard, revising resources, tools and referral pathways. Testing with initial practices will occur before wider rollout.

Workforce development

The Health Promotion Agency (HPA) are in discussion with the Ministry of Health and Matua Rāki to review how best to provide screening and brief intervention information and training to the health sector. This work will involve a review of what is currently available, what is missing and what could be better packaged for delivery at a local or national level. There will be an opportunity for HBDHB to act as a pilot site, informing and testing the design of this information including content and format. An integrated approach that achieves consistent messaging about alcohol and other drug harms and how to minimise these harms for whānau is essential.

Integration

It has been proposed that we facilitate alcohol screening and brief intervention across clinical services. The context is that we are facing competing health service and resource pressures, with strategic perspectives to take an integrated “social harm reduction” approach to address a range of harms such as alcohol and other drugs, family violence, suicide prevention and smoke free. The conversation was raised at the Steering Group in November 2018 and there was general support for an integrated approach. Further discussions will be required to understand the implications of an integrated approach, in particular, the impact this may have on implementation of the HBDHB Alcohol Harm Reduction Strategy.

To explore integration as well as continue to implement the strategy, we propose to take opportunities at both the management and operational level to join across other harm prevention initiatives, with a view to develop an integrated, whānau centred approach. This will result in regular meetings between coordinators to explore through joint planning, agreed shared measures/outcomes and initiatives, linking key messages and workforce opportunities. This will require discussion as to which groups are best brought together and what the synergies might be and how the various interest groups will be represented. We will need to understand what mix of topic-specialist and strategic expertise will be required, what level of mandate and decision making around use of resource/commissioning. Clarity will be required to understand how any changes to structure will enable more effective and efficient use of resources at all levels to optimise health gain. Overall management of this work will continue to be overseen by the Executive Director, Heath Improvement and Equity.

The opportunity to connect with local place based initiatives will allow more community development approaches that are positive and asset based and which are meaningful to the communities who are most affected. At the same time there may be merit in forming an overarching group to consider an integrated approach to screening (e.g. for domestic violence, depression, alcohol and tobacco use).

In addition, the need for our collective leadership, advocacy for policy change and systems change are essential to make real progress, aside from identifying service solutions. The wider political context is important across a number of commercial determinants of health through the marketisation of alcohol, tobacco and unhealthy food, driving our current increase in long term conditions.

Leadership

At a local level, there are two key areas for our DHB to lead and influence. Firstly, there is evidence based public health/population preventive initiatives that in essence support the policy changes advocated by the Law Commission. Secondly, there is the more bio-medical early intervention and treatment related aspects, such as improving access to screening, brief intervention and treatment options to cater from mild through moderate to serious addiction issues.

Health professionals need to have an increased awareness of alcohol harms as a health issue so that they can support both areas. For the second, health professionals need to be comfortable to have the conversation about alcohol as a normal part of patient and whānau interaction, akin to the smoking question and brief advice introduced over 20 years ago. Professional development, screening tools and referral pathways need to be developed to support a better co-ordinated early intervention approach, resource for which will need to be sourced. It is noted that smoking cessation has had significant funding attached, while alcohol SBI is still under-resourced.

By investing in both population prevention strategies and early intervention for individuals there is the opportunity to reduce the costs to our DHB (conservative estimate of $3 million in 2016 due to bed days only from wholly attributable conditions and not injuries). This allows us to prevent hospitalisations due to the 200+ acute and chronic conditions related to alcohol. A significant benefit from reducing alcohol harms is to reduce the social costs and misery to families and whānau caused by inappropriate alcohol consumption, enabling safer communities for all.

(Note: Harms from alcohol outweigh all other drugs and harms to others outweighs harm to self[2] and Berl economist Ganesh Nana has estimated that alcohol harm costs the country $7.85 billion a year, including factors such as unemployment, the labour market, the costs on the court and health systems and road crashes[3]). Working more closely with Police in particular will strengthen what we do for community gain and currently we are exploring how we can improve our sharing of data.

WIDER CONTEXT

Consideration is now being given by EMT members to consolidate work across a number of areas within the wider context of social harm, whilst ensuring that the work on alcohol harm is not side-lined. Recent results have identified alcohol as the leading cause of health loss (from death and disability) in New Zealand adults, age 15-49 years. It is estimated that approximately half of serious violent crimes are related to alcohol and it is well known that alcohol is a risk factor for suicide through either acute intoxication or through the effects of heavy chronic use, especially among young men. Recent results from the NZ Health Survey demonstrate that Hawke's Bay hazardous drinking levels are still significantly higher than nationally (one in four adults, compared to one in five in New Zealand as a whole) and amongst the highest in the country.

It is also highly important to note the Treaty of Waitangi WAI 2575 Health Services Outcomes Kaupapa Inquiry[4] claim is currently progressing through the Waitangi Tribunal. Stage two will address alcohol or *waipiro* (alcohol was referred to as 'stink water' by Māori) as a key factor driving social, health and economic inequities between Māori and non-Māori. The claim cites a breach of the Treaty of Waitangi as a result of the Crown's failure to enact the recommendations made by the Law Commission report in 2010. In particular, increasing the price of alcohol, raising the drinking age to 20 and restricting alcohol advertising and sponsorship. The claimants objected to the Government failing to ensure the Sale and Supply of Alcohol Act was consistent with the Treaty of Waitangi. This hearing is expected to begin from mid-2019.

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NEXT STEPS

1. The Steering Group and programme manager to continue to maintain focus on reducing alcohol harms, while discussing and developing a perspective to broaden its focus to include a range of harms.
2. Continue to progress with Health Hawke's Bay screening and brief intervention programme.
3. DHB leadership to support the continuation of the Alcohol Harms Steering Group (or its equivalent) to oversee progress on Alcohol Harm Reduction Strategy implementation including its structural position within the organisation.
4. Seek input from the Clinical Council and governance groups on how best to implement SBI and achieve health services engagement.
5. Continue to prioritise the target populations as identified within the Strategy (children and young people, pregnant women, Māori, Pacific, high deprivation populations).

[2] King, L., Nutt, D., & Phillips, L. (2010) *Drug Harms in the UK: a multicriteria decision analysis.* The Lancet, Volume 376, 1558-65.
[3] https://www.radionz.co.nz/news/national/364192/higher-alcohol-tax-needed-to-reduce-harm-economist
[4] https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/

RECOMMENDATION

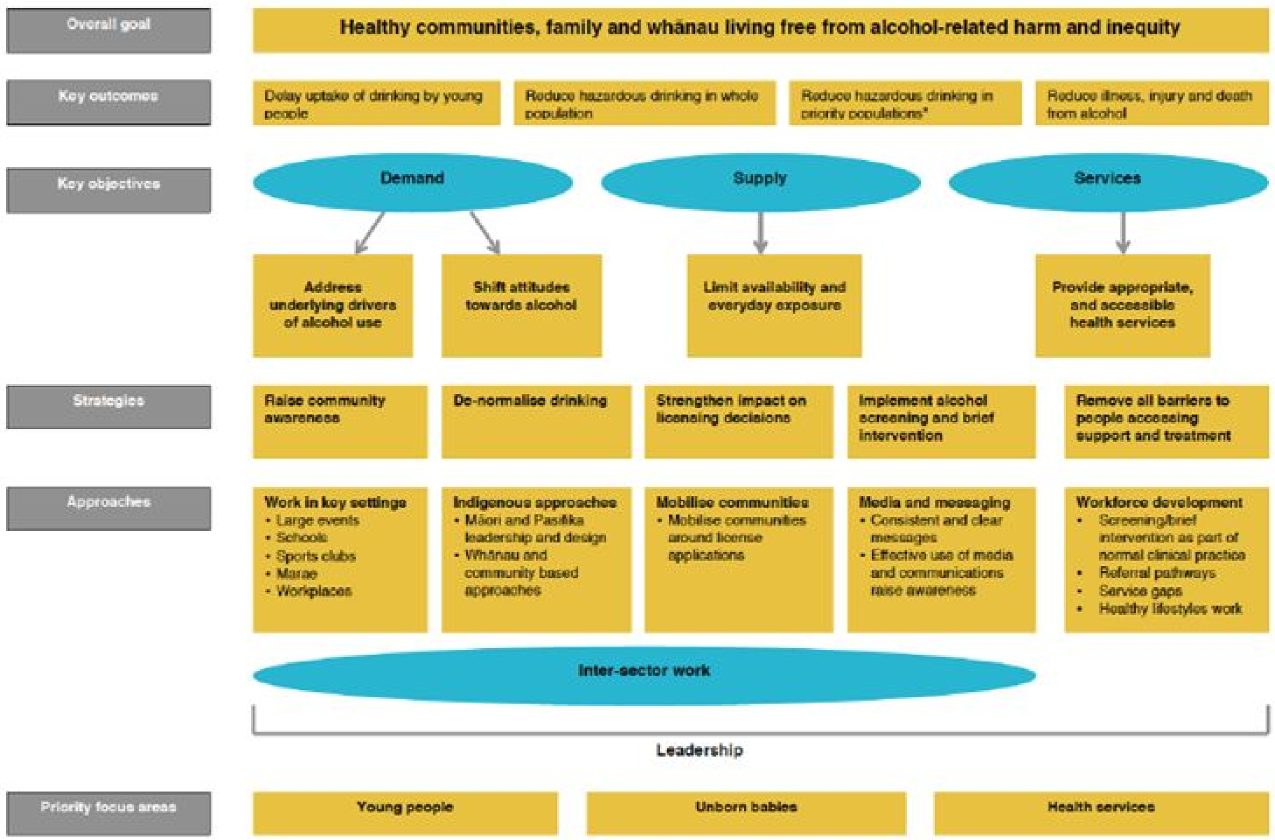
It is recommended that MRB, Clinical Council, Consumer Council and the HBDHB Board:

1. **Note** the substantial activity led by population health.
2. **Note** the new landscape to obtain buy-in from Clinical Services using a broad based social harm reduction approach, especially for screening and brief intervention.
3. **Approve** the next steps.

ATTACHMENTS

- Appendix One: Hawke's Bay District Health Board Alcohol Harm Reduction Strategy 2017-2022
- Appendix Two: Alcohol Harm Reduction Strategy Progress Report Summary Table
- Appendix Three: The place of Alcohol in Schools: Alcohol & Young People Report and Communications Plan (available on request)
- Appendix Four: Hawke's Bay Alcohol Screening & Brief Intervention Survey 2018 Findings (available on request)

Appendix One: HBDHB Alcohol Harm Reduction Strategic Framework and Timeline



* Priority populations: Young people, Māori, Pasifika, Pregnant women

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HBDHB Alcohol Harm Reduction Timeline 2016- 2019

Activity	**Date**
"First" DHB alcohol strategy planning workshop with key DHB alcohol stakeholders (subsequently referred to as 'Alcohol Advisory Group')	4 Feb 2016
Second meeting of Alcohol Advisory Group	21 March 2016
Production of video clip to support Position Statement https://vimeo.com/174437689	April-June 2016
Dr Paul Quigley presented to HBDHB Grand Round on screening and brief intervention in the Wellington Emergency Department	May 2016
Professor Jennie Connor and Doug Selman visit to Hawke's Bay on causal relationship between alcohol and cancer	Aug 2016
Presentations to DHB committees (two rounds) including Issues/Discussion paper followed by a draft Position Paper	June-Sept 2016
Fetal Alcohol Awareness Day - awareness raising by HBDHB	Sept 2016
DHB Board adopts Position Statement	Nov 2016
Alcohol Advisory Group reconvened to oversee stakeholder engagement process and strategy development	2 May 2017
Stakeholder engagement process	May/June 2017
Alcohol Advisory Group meeting to review results of stakeholder engagement process	7 June 2017
Stakeholder workshop – stakeholder engagement results and draft strategic framework presented	5 July 2017
Strategy to DHB Committees and Board for approval	July/Sept-2017
Steering Group formed	December 2017

Appendix Two: Alcohol Harm Reduction Strategy Progress Report Summary Table

OBJECTIVE 1: ADDRESS UNDERLYING DRIVERS OF ALCOHOL USE (POLICY, LEGISLATION)		
Progress	**Activity**	**Progress**
	• Submissions focused on policy reform e.g. alcohol advertising, sponsorship and taxation • HBDHB Alcohol & Drug Policy review • HDC alcohol licence applications notification on website	• 5 alcohol specific submissions completed • Policy control group received feedback *Led by Health Improvement & Equity Directorate*
Planned	• HBRC removal of alcohol advertising from public buses and support positive messaging • Ethics of association policy for the DHB to demonstrate leadership • Submit on private Members Bill removing LAP appeal rights (if drawn)	*To be led by Health Improvement & Equity Directorate (primarily Population Health)*

OBJECTIVE 2: SHIFT ATTITUDES TOWARDS ALCOHOL (COMMUNITY INITIATIVES)		
	Activity	**Progress**
Progress	• Mobilising communities project – workshops for communities to learn about the licensing process • Alcohol networks e-newsletter • Social supply community action project *Te Wairoa He Hāpori Haumaru*	• 12 workshops held with range of agencies and/or groups • 4 newsletters, distribution list • Rangatahi programme, whānau hui, alcohol free events e.g. Wairoa Sports awards, Wairoa A& P show *Led by Health Improvement & Equity Directorate (primarily Population Health)*
Planned	• Community Advocacy Guidelines • Māori wardens project • Samoan Rugby Club initiative • *Te Wairoa He Hāpori Haumaru* Whānau champions project planning • *Pre-testie bestie* localisation campaign	*To be led by Health Improvement & Equity Directorate*

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Objective 3: Limit availability and everyday exposure (Settings e.g. schools, events…)		
	Activity	**Progress**
Progress	• Alcohol and schools don't' mix: young people and under age exposure report and presentations including to Secondary School Principals • Port Ahuriri School special licence opposition • Bottle-O new licence opposition • One for One host responsibility campaign at large and small events • Data and public health expertise provided for all territorial authorities developing and negotiating Local Alcohol Policies (LAP) • CEO discussions across territorial authorities, police, MP's, HBDHB executives and Medical Officer of Health regarding the ineffectiveness of the LAP process in limiting harms of alcohol	• Endorsed by Board; Communication & Risk Management Plan • Schools fundraiser guide • National support from Health Promotion Agency, Ministry of Education, Ministry of Health, Children's commissioner, Primary Principals Association (HB) Chair • One for One collateral accessible and promoted as part of the host responsibility licensing process • Wairoa District Council LAP in draft; Central HB LAP approved; Hastings and Napier LAP appealed, negotiations underway *Led by Health Improvement & Equity Directorate (primarily Population Health)*
Planned	• Alcohol free events project (Joint Alcohol Strategy Project- NCC / HDC)	*To be led by Health Improvement & Equity Directorate (primarily Population Health)*

Objective 4: Providing appropriate and accessible health services		
	Activity	**Progress**
Progress	• Steering Group formed, Terms of Reference agreed priority to focus on health services response to alcohol harm reduction • Screening & brief intervention survey • Health Hawke's Bay refreshing dashboard for general practice screening and brief advice • Working with Maternity services to review the Alcohol & pregnancy *"top 5 for my baby to thrive'* messaging to include zero alcohol	• 5 meetings since Dec 2017. Inconsistent chair / leadership during this time • Survey findings shared with Steering Group, inform future activity • Updated messaging, to be socialized *Led by Health Improvement & Equity Directorate (primarily Population Health)*
Planned	• Primary care screening & brief intervention workforce development plan – delivered in the community • Communication plan to ensure consistent messaging across health services • Alcohol Activation Wall 'ease up on the drink' campaign • Potential for health practitioner awareness raising campaign such as Dry July, Sober October	*To be led by Health Hawke's Bay* *To be led by Health Improvement & Equity Directorate (primarily Population Health)* *To be led in partnership between Health Improvement & Equity Directorate (primarily Population Health) & Emergency Department* *To be led by People and Quality with Health Improvement & Equity Directorate support*

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HAWKE'S BAY District Health Board Whakawāteatia	**Ngātahi Project – progress report, end of year two** For the attention of: **Māori Relationship Board, HB Clinical Council, HB Health Consumer Council and the HBDHB Board**
Document Owner	Kate Coley, Executive Director People and Quality
Document Author	Dr Russell Wills, Paediatrician, Medical Director, Quality Improvement and Patient Safety, Project Sponsor
Reviewed by	Executive Management Team; & Bernice Gabriel, Project Manager
Month/Year	January/ February 2019
Purpose	For information/ noting only
Previous Consideration Discussions	Previously discussed at EMT, MRB, Clinical and Consumer Councils and Board, who supported the project.
Summary	The Ngātahi Project has met nearly all milestones for year two and we are on track to deliver all remaining requirements by May. <u>How we will change practice</u> The three work streams (Mental Health and Addictions (MH&A), Trauma-Informed Practice (TIP) and Engaging Effectively with Maori (EEWM)), have agreed on the same approach to upskilling practitioners, namely: • Online learning for core knowledge, followed by • One-day wānanga to model and practice new skills, followed by • Wānanga Ita – peer coaching groups meeting regularly to embed the new skills into practice. <u>Mental Health and Addictions</u> • Partnered with Werry Whāraurau to develop online learning for MH&A and TIP. • Finalised, delivered and evaluated first three one-day wānanga in Mental Health and Addictions (MH&A) to 40 practitioners. • Evaluation demonstrates strong support for the kaupapa Māori (pōwhiri poutama) approach to assessment and formulation, and that the six Ngātahi pou were effectively integrated into teaching. • Formed six wānanga ita, who continue to meet regularly to embed the new MH&A skills into practice <u>Trauma-informed practice (self-care)</u> • TIP (self-care) online module is written and will be reviewed by local leaders in January. • Russell and Bernice will write the one-day wānanga for leaders and for practitioners.

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	Engaging Effectively with Māori
	• Agreed that the Mauri Ora online learning is appropriate for our needs for EEWM core knowledge content
	• Agreed to contract out writing/ co-constructing the one-day wānanga. One tender received, met contractor Thursday 17th January. Due diligence in progress at time of writing.
	
	CAFS
	• Continued peer coaching at CAFS to embed new competencies learnt in 2017, included practitioners from other services in 2018.
	• Agreed to not begin new training until current competencies are embedded.
	• Mechanisms are in place to ensure newly appointed staff obtain core skills through the Auckland University postgrad paper and in-house training.
	    o Turnover has affected many vulnerable children's services in the past two years, of which CAFS is one. Most staff move within HB to other services, in particular to private practice and other community mental health teams (CAFS) and to Oranga Tamariki (NGOs), so their skills are not lost to the sector. This reinforces the value of skills that are transportable between services, which is a Ngātahi goal.
	
	Evaluation
	• EIT (Professors Kay Morris-Matthews and David Tipene-Leach) appointed as evaluators. First report received. The evaluators recommend the evaluation focuses on the immediate outcomes of the programme (staff wellbeing and practice change). We will not report on population-level outcomes as it will not be possible to demonstrate cause-and-effect relationship between the programme and outcomes, because population-level outcomes (referrals to Oranga Tamariki, substantiations, children in care, % receiving NCEA L2, etc) vary from year to year due to multiple, constantly changing, inter-related influences on outcomes and we do not have a comparison group. Report available on request.
	• First paper for publication accepted by *Policy Quarterly*, for publication February 2019.
	
	Funding
	• Project costs secured until completion end of 2019.
	
	Objectives for 2019
	• Write, deliver and evaluate 24 more one-day wānanga
	    o Trauma-Informed Practice (self-care)
	        ▪ 4 to leaders
	        ▪ 7 to practitioners
	    o Engaging Effectively with Maori – 8
	    o Mental Health and Addictions 4 more

	• Launch website and online registration system • Assess likely ongoing running costs for Ngātahi to become business as usual • Final report assessing impact of programme due early 2020. • Further papers, publications and presentations.
Contribution to Goals and Strategic Implications	Contributes to HBDHB Statement of Intent 2015-19 (p8, Fig 3): Working with Others; People better protected from harm; Health issues and risks detected early; Longer, healthier and independent lives; High quality, timely and accessible services; Sustainability. Contributes to NZ Health Strategy 2016 goals: Closer to Home; Value and High Performance; One Team; Smart System.
Impact on Reducing Inequities/Disparities	70% of vulnerable children are Māori so this project has been created with tamariki and whānau Māori at the fore: early and regular consultation with Māori providers and leaders, specific domain on Working Effectively with Māori (WEWM), co-constructed with Māori service leaders; cultural *and* clinical competency in teaching and learning; EEWM work stream to have oversight of other work streams.
Consumer Engagement	Early consultation with caregivers of children and young people in care and with care-experienced young people, facilitated by MVCOT. Strong support for the competencies and process, no additional competencies identified.
Other Consultation /Involvement	MRB, Māori providers, facilitated by HBDHB Māori Health Unit. Support for project, helpful advice regarding tikanga, added several additional competencies to the EEWM domain, EEWM work stream has oversight of other domains to ensure cultural competency.
Financial/Budget Impact	Y1 $250,000 Y2 $232,500 Y3 $212,500
Timing Issues	Wānanga: • TIP (self-care) will be written in time for first wānanga April 11th. • EEWM will be co-constructed by contractor, Ngāti Kahungunu iwi representatives and Ngātahi team. Due date dependent on negotiations. Final evaluation report due early 2020
Announcements/ Communications	Outcomes from evaluation will be shared: Internally — Project Sponsor Dr Wills Key Stakeholders — Meetings, conferences, papers Community — Through HBDHB communications team

RECOMMENDATION:

It is recommended that MRB, Clinical Council, Consumer Council and the HBDHB Board:

1. **Note** the progress of the Ngātahi Project in the second year.

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Ngātahi Project
Progress report - end of year two

Author:	**Dr Russell Wills**
Designation:	**Paediatrician, Medical Director, Quality Improvement and Patient Safety, Project Sponsor**
Date:	**26 January 2019**

SUMMARY

The Ngātahi Project is about Hawke's Bay health, education and social services (the "vulnerable children's workforce") working together as one to deliver excellent care and interventions to vulnerable children and their families.

In the first year of the project (2017) we:

- partnered with iwi and kaupapa Māori providers, and established the tikanga for the programme
- engaged with, and mapped the skills and learning needs of 441 professionals from the vulnerable children's workforce
- agreed the three priority training areas for 2018 and 2019
- established three work streams to develop, implement and monitor training and development programmes in these three priority areas to improve the confidence and competence of the vulnerable children's workforce, and improve collaboration
- completed an independent research programme of interviews with a representative group of managers and practitioners, which provides assurance on the current direction, lessons learnt and important pointers for the following two years of the programme.

In the second year of the project (2018):

- The three work streams (Mental Health and Addictions (MH&A), Trauma-Informed Practice (TIP) and Engaging Effectively with Maori (EEWM)), have agreed on the same approach to upskilling practitioners, namely:
    - Online learning for core knowledge
    - One-day wānanga to model and practice new skills
    - Wānanga Ita/ Learning Circles – peer coaching groups meeting regularly to embed the new skills into practice.
- We finalised, delivered and evaluated first three one-day wānanga in Mental Health and Addictions (MH&A) to 40 practitioners.
- We formed six wānanga ita, who continue to meet regularly to embed the new MH&A skills into practice.

- We partnered with Werry Whāraurau to develop online learning form MH&A and TIP.
    - MH&A reviewed by local leaders, is appropriate for use and completed by most practitioners who attended the M&A wānanga
    - TIP (self-care) module written and will be reviewed by local leaders in January
- The EEWM work stream agreed that the Mauri Ora online learning is appropriate for our needs for EEWM core knowledge content
- We agreed to contract out writing the EEWM wānanga, ran an EOI process and met a prospective provider. At the time of writing due diligence is underway before appointing the provider.
- Our evaluation of the three wānanga demonstrates strong support for the kaupapa Māori (pōwhiri poutama) approach to assessment and formulation, and that the six Ngātahi pou were effectively integrated into teaching.
- We have scheduled 24 wānanga across all three work streams for 2019
- We continued peer coaching at CAFS to embed new competencies learnt in 2017, included practitioners from other services this year
- EIT (Professors Kay Morris-Matthews and David Tipene-Leach) were appointed as evaluators for the second phase and their first report was received in January.
- Project costs secured for years 2-3
- Our first paper for publication accepted by *Policy Quarterly*, for publication February 2019.

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Our Objectives for 2019 are:

- Complete and deliver a further 24 one-day wānanga
    - Trauma-Informed Practice (self-care) wānanga
        - 4 to leaders
        - 7 to practitioners
    - Engaging Effectively with Maori – 8
    - Mental Health and Addictions 4 more
- Form 48 more wānanga ita – we believe these will become the “engine room” for practice change
- Launch the Ngātahi website and online registration system
- Assess likely ongoing running costs for Ngātahi to become business as usual and formulate a business case to funders for that
- Final report assessing impact of programme is due early 2020.

We are a step nearer to our vision of better collaboration between disciplines and sectors, sharing of effective practices, development of a common language and improved workforce capacity.

This briefing paper describes the context and progress to date.

BACKGROUND

In 2015 an expert panel reviewed Child, Youth and Family. There were a number of reasons that the care and protection system failed vulnerable children and their families[1] and recommendations were made to address these issues. Children of parents with mental illness, addictions and in violent relationships ("vulnerable children") are at high risk of poor health, education and social outcomes. Māori are highly over-represented among these families/ whānau and both the previous and current Governments accepted all of the Panel's recommendations.

A new programme was created to reform the way these families are supported, including:

- changes to legislation and accountabilities of Ministry Chief Executives
- dissolution of Child, Youth and Family and creation of the Ministry for Vulnerable Children Oranga Tamariki
- implementation of multi-agency Children's Teams in ten sites
- additional funding and changes to expectations and monitoring of all agencies with a part to play in supporting such families. See Appendix Two for a roadmap of these changes.

There are now many reports[2],[3],[4],[5] that recommend a focus on additional knowledge and skills ("competencies") for practitioners working with vulnerable families. These competencies include the ability to identify vulnerable whānau and families, assess both strengths and risks, formulate an assessment, design and implement a plan with families, and work collaboratively with the agencies involved.

The Ministry of Social Development Children's Action Plan Directorate therefore began a programme of work to develop a *Vulnerable Children's Core Competency Framework*, in partnership with sector leaders from education, health and social services. Hawkes Bay is piloting the Ngātahi Project, leveraging the draft Vulnerable Children's Core Competency Framework.

PURPOSE

The Ngātahi Project aims to assess the skills and development needs of health, education and social service professionals in Hawke's Bay who are working predominantly or exclusively with vulnerable children and families. Over a three year period Ngātahi and its partners will design, implement and evaluate a workforce development plan to support practitioners. By improving practitioners' competencies, including their ability to practice collaboratively and share information, in conjunction with the structural changes above, outcomes for vulnerable children and their families should improve.

PROGRESS in 2017 (year one)

Funding was obtained in 2016 from the Hawke's Bay District Health Board (HBDHB), Ministry of Social Development and Lloyd Morrison Foundation to progress the project. Dr Bernice Gabriel, a senior psychologist at the HBDHB Child, Adolescent and Family Service (CAFS) was appointed as project manager in March 2017. Additional funding was secured from the Royston Health Trust in 2017. The funding is sufficient to see the project through to completion at the end of 2019, when, depending on the findings of the current evaluation, a business case will be prepared to take the project to a business-as-usual programme.

HBDHB CAFS
CAFS' staff completed their competency assessment against the Ngātahi framework and the Real Skills Plus CAMHS competency framework early in 2017[6]. Five training sessions have been completed to date:

- Assessment & Formulation
- Attachment & Trauma
- Emotional Regulation/Dialectical Behaviour Therapy[*]
- Acceptance & Commitment Therapy[†]
- Family Therapy supervision.

Trainers were asked to give particular thought to integrating clinical and cultural competence, prioritise examples of practice with Māori tamariki and whānau and advise on subsequent activities to support CAFS' staff to integrate the new competencies into everyday practice.

Peer review groups continue to meet regularly to review cases and are the primary mechanism to integrate the new competencies into everyday practice.

At this point we have agreed to defer further training until we are confident that the new competencies are embedded into practice. CAFS is also working through how to provide the previous training to several new staff before progressing to further training.

Wider vulnerable children's workforce
In 2017 leaders from health, education and social services, kaupapa Māori, mainstream, Government and NGO services met and agreed the competencies each sector required of its staff. Four hundred and forty one staff from 27 agencies were surveyed and asked to identify the competencies they did not need (N/A), already had (Y), needed and partially had (P) or needed and did not yet have (N).

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Three priorities for development were agreed:

- Engaging effectively with Māori (EEWM)
- Mental health and addictions (MH&A)
- Trauma-informed care (TIP) – initially focusing on developing resilience skills in the workforce (see research findings below).

Professors Kay Morris-Matthews and David Tipene-Leach (Eastern Institute of Technology) are contracted to provide the evaluation. Key themes from staff interviews included:

- High levels of engagement of managers and staff:
- The value of clinical leadership
- High levels of practitioner stress: High levels of stress, burnout and fatigue were noted in many interviews. Self-care competencies were identified as a high need by many staff, which was a gap in the competency framework.

A detailed research report was completed in January 2018 and is available on request.

PROGRESS IN 2018 (year two)

Sector leaders joined or nominated staff to join one or more of the three work streams (EEWM, MH&S and TIP). Work streams were empowered to recommend what will be taught, how and by whom, follow-up activities to embed the new competencies into practice and how each competency should be assessed. The EEWM work stream has supported the other two work streams to advise on the cultural competency aspects of the training.

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[*] Designed as a treatment for people experiencing chronic suicidal thoughts as a symptom of borderline personality, DBT is used to treat people who experience a range of chronic or severe mental health issues, including self-harm, eating and food issues, addiction, and posttraumatic stress, and borderline personality.
[†] ACT is an evidence-based approach for young people experiencing anxiety, depression and/or addiction.

We estimate 800 registrations (40 one-day wānanga) to meet the current demand for these three areas of competency. We delivered three pilot wānanga in 2018 and have scheduled 24 more for 2019. This is 50% of the target.

Mental Health and Addictions

- Partnered with Werry Whāraurau to develop online learning for MH&A and TIP.
- Finalised, delivered and evaluated first three one-day wānanga in Mental Health and Addictions (MH&A) to 40 practitioners.
- Evaluation demonstrates strong support for the kaupapa Māori (pōwhiri poutama) approach to assessment and formulation, and that the six Ngātahi pou were effectively integrated into teaching.
- Formed six wānanga ita, who continue to meet regularly to embed the new MH&A skills into practice.

Trauma-informed practice (self-care)

- TIP (self-care) module written and will be reviewed by local leaders in January
- Russell and Bernice will write the one-day wānanga for leaders and for practitioners
- First wānanga scheduled for April.

Engaging Effectively with Māori

- Agreed that the Mauri Ora online learning is appropriate for our needs for EEWM core knowledge content
- Agreed to contract out writing/ co-constructing the one-day wānanga. One tender received, met contractor Thursday 17th January. Due diligence is underway.

CAFS

- Continued peer coaching at CAFS to embed new competencies learnt in 2017, included practitioners from other services this year
- Agreed to not begin new training until current competencies are embedded
- Working through how to ensure newly-appointed staff also receive the above core training.

Evaluation

- EIT (Professors Kay Morris-Matthews and David Tipene-Leach) appointed as evaluators. First report received.
- Project costs secured for years 2-3
- First paper for publication accepted by *Policy Quarterly*, for publication February 2019.

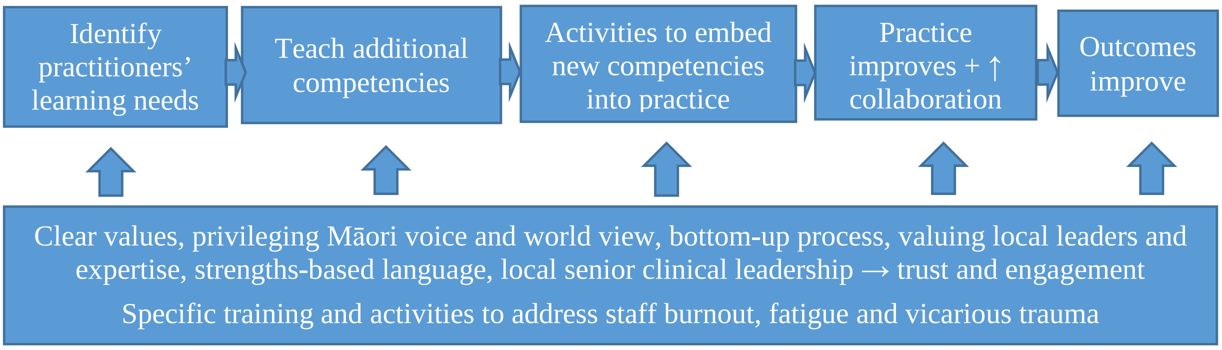
Objectives for 2019

- Complete and deliver 24 more one-day wānanga
  - Trauma-Informed Practice (self-care) wānanga
    - 4 to leaders
    - 7 to practitioners
  - Engaging Effectively with Maori – 8
  - Mental Health and Addictions 4 more
- Launch website and online registration system
- Assess likely ongoing running costs for Ngātahi to become business as usual
- Final report assessing impact of programme due early 2020.
- Further papers, publications and presentations.

Why does this matter?

Hawke's Bay is the first region to undertake workforce development across the vulnerable children's workforce at this scale so we have agreed to undertake the programme in partnership with the Ministry for Children Oranga Tamariki and share the lessons we learn with all relevant ministries and other regions. The original proposal has been discussed with and is supported by leaders in MCOT, MSD, HBDHB, Special Education and NGO social services in HB working with vulnerable children, who have a well-established history of collaborative working. We believe that this project could become a template for development of the vulnerable children's workforce nationally.

Our theory of change is essentially:



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Measures and indicators

Outcome sought	**Demonstrated by**
Engagement	Research interviews year one with practitioners and managers
Practitioners' learning needs identified	Survey Monkey results Research interviews year one with practitioners and managers
Competencies taught	Number of attendees at training, number of trainings provided Evidence of programme delivery with fidelity Pre-post self-report of competence and confidence
New competencies embedded into practice	Description of activities and attendance at these Manager report of initial practice change with examples
Practice improved	Manager report of practice change with examples Practitioner self-report of competence and confidence New evidence-based programmes delivered, description, attendance Direct observation by evaluators
Collaboration improved	Manager report of improved collaboration with examples Practitioner self-report of improved collaboration with examples Direct observation by evaluators Reports from collaborative bodies (e.g., FVIARS, Strengthening Families, High and Complex Needs Interagency Management Group, Maternal Wellbeing Programme, Intensive Wraparound Service)
Reduced staff burnout, fatigue & vicarious trauma	Practitioner self-report HR indicators, e.g. recruitment, retention, turnover Direct observation by and feedback to evaluators
Improved outcomes for children and families	Client direct feedback within services Direct observation by and client feedback to evaluators

All outcomes to be assessed by independent researchers contracted to Ngātahi Programme. All outcomes dis-aggregated by ethnicity.

ASSUMPTIONS

- Children will continue to be a Government priority, Ministers will commit resource and require ongoing collaboration of agencies for children.
- Relationships and buy-in will continue from:
  - Ministries
  - Local executives
  - Practice leaders and agency managers
  - Practitioners
  - Families, whānau, rangatahi and tamariki
  - Other stakeholders, e.g., trades unions, registration and disciplinary bodies.

RISKS and MITIGATIONS

Risk	Mitigation
If agency leaders do not contribute their agency's time and skills to work streams this risks losing the mandate for that training.	At the hui on 6th November a clear message was given that it is important to engage or will not be able to influence the training. It was also made clear that all contributions are welcome
If work stream members do not agree on the content and implementation approach by the deadline this will impact negatively on the project timeline.	The work stream chairs will be supported to facilitate work stream well, value all contributions and look at best practice evidence. If no agreement in work stream this will be escalated to the governance group.
If non-Maori organisations and practitioners use kaupapa Maori approaches or methodology inappropriately, this could mean culturally inappropriate engagement with Maori whanau	Raise the issues with one, more or all of the following as required: HBDHB Maori Health and kaumatua; iwi mandated representatives on the work streams and steering group; kaupapa Maori evaluators. Co-construct workshops with tuakana from kaupapa Maori agencies.
If we do not manage, train and support the facilitator pool, the fidelity and continuity of the training programmes may be compromised	Facilitators to attend training programme prior to facilitating, new facilitators are paired with expert facilitators, project manager spends time with facilitators to discuss the training if needed, facilitators have handbook they can refer to, and facilitators debrief after each training. It is planned that facilitators will meet at least twice a year to discuss the training and any revisions.
If we do not implement processes around practitioner turnover in participating agencies, the competency mapping and training aspects of the project are not sustainable	Develop excel-based competency framework mapping for new staff to complete and managers to identify their learning needs, ensure new staff are given the opportunity to attend training programmes that are available to meet their learning needs.
If we do not implement processes around manager turnover in participating agencies, the continuity of the project is compromised.	Liaise with new managers to socialise them to the project as soon as possible.

BUDGET HBDHB Ngātahi Project Financials				
Activity	**FTE**	**Amount 2018**	**Amount 2019**	**Why this is important**
Senior clinical leadership	0.5 FTE	$55,000	$55,000	Clinical leadership is required to engage managers and staff in the learning programme, identify, recruit and brief the trainer, support managers and staff to arrange peer review groups, and support the evaluation.
Event management	0.5 FTE	$27,500 ($55k pro rata)	$27,500 ($55k pro rata)	Experience in the first year suggested that we needed event management capacity for the following: website design; online registration, tracking and reporting attendance and feedback; venue hire, IT, catering and certificates. The HBDHB EDC team is a multidisciplinary team with considerable experience in the above tasks.
External trainers		$50,000	$50,000	We would take a train-the-trainers approach with external trainers but a small budget will be required to bring in external trainers initially and for follow-up peer review.
Evaluation To be sought from HBDHB Transform and Sustain Fund		$80,000	$80,000	Ngātahi is a pilot project that, if successful, is likely to be taken up nationally. There is therefore a strong obligation to ensure the programme is evaluated independently and thoroughly, so clear documentation of lessons learnt and areas to improve are essential. Measures and indicators for 2018 and 2019 are noted above. The budget for 2017 was $80,000. We estimate that a credible evaluation could be expected for $80,000/year in 2018 and 2019.
Training costs		$20,000	$0	See table below re training costs
TOTAL COST		**$232,500**	**$212,500**	

Costs to participating services				
Activity	**FTE**	**Amount 2018**	**Amount 2019**	**Why this is important**
Training costs		$0	Contribution per agency to be determined	There will be costs for venue hire, IT, photocopying, catering and certificates. We will ask services, whenever possible, to donate venues for training and staff to bring their own lunch. Work streams will be asked, wherever possible, to identify local leaders to deliver training and support ongoing activities such as peer review. While this a cost to services (time spent training is time not spent in practice), reciprocity occurs because these services also gain from their staff attending training provided by others, and improving their practice.

RECOMMENDATION

That the MRB, Clinical Council, Consumer Council and the HBDHB Board:

- **Note** the progress of the Ngātahi Project in the second year.

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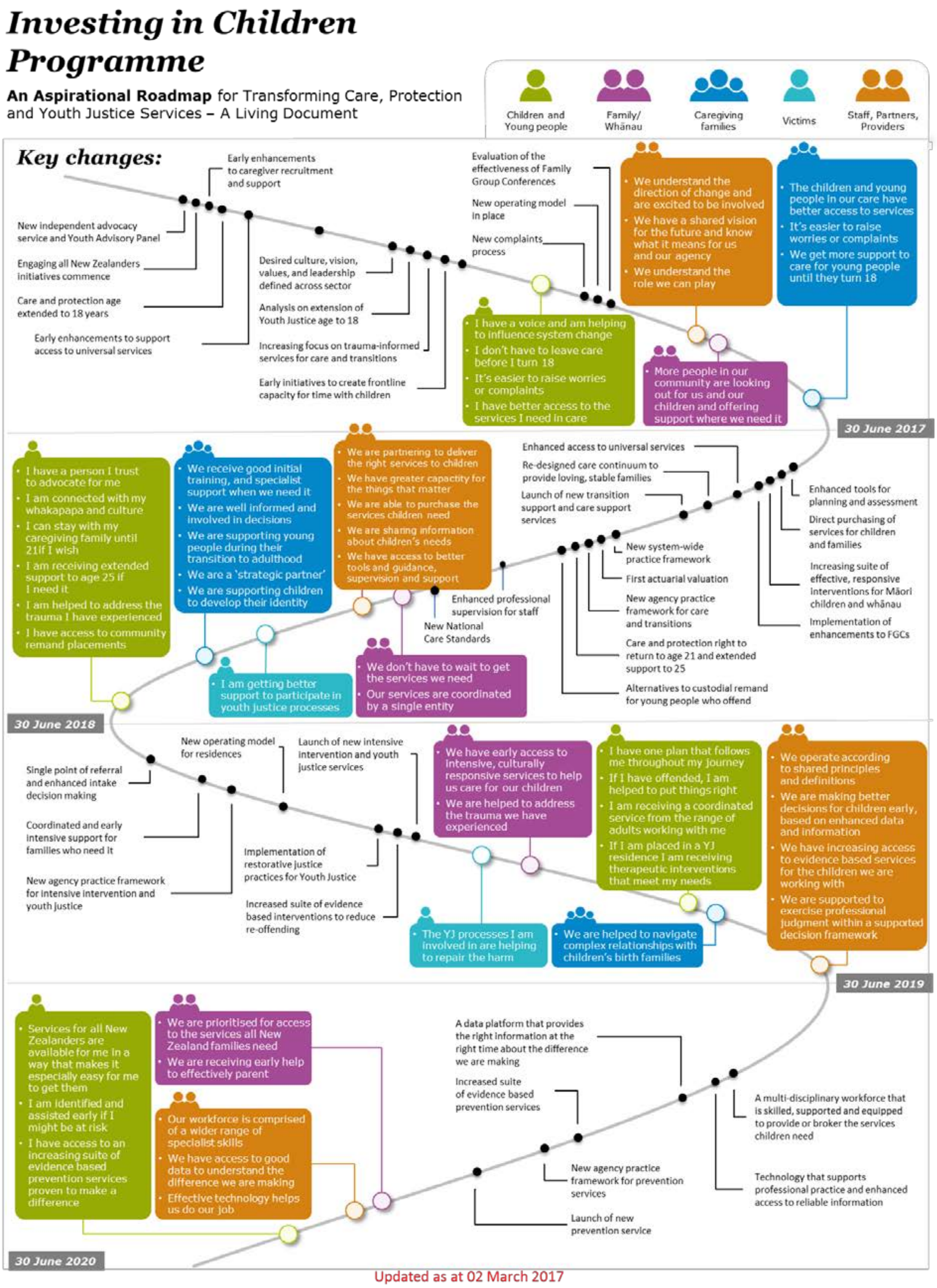
Appendix 1: Agencies/Services Participating in the Ngātahi Project

1 HBDHB – Child Development Service (CDS)
2 HBDHB - Child, Adolescent & Family Service (CAFS)
3 HBDHB – Family Violence & Child Protection Programme
4 HBDHB – NASC
5 HBDHB - Public Health Nurses
6 HBDHB – Te Ara Manapou (Parenting & Pregnancy Service)
7 Te Kupenga Hauora
8 Roopu a Iwi
9 NZ Police
10 Youth Horizons
11 Ministry of Education
12 Birthright HB Child & Family Care
13 Napier Family Centre
14 Ikaroa Rangatahi
15 Ministry for Vulnerable Children Oranga Tamariki (Napier)
16 Awhina Whanau Services
17 Open Home Foundation
18 Resource Teachers- Learning & Behaviour (RTLB)
19 Ministry for Vulnerable Children Oranga Tamariki (Hastings)
20 Directions Youth Health Service
21 Dove Hawkes Bay
22 Family Works
23 Te Taiwhenua o Heretaunga (Mental Health, Tamariki Ora, Family Start)
24 Plunket
25 Wellstop
26 Explore
27 Women's Refuge

Appendix 2: Investing in Children Aspirational Roadmap

http://www.msd.govt.nz/about-msd-and-our-work/



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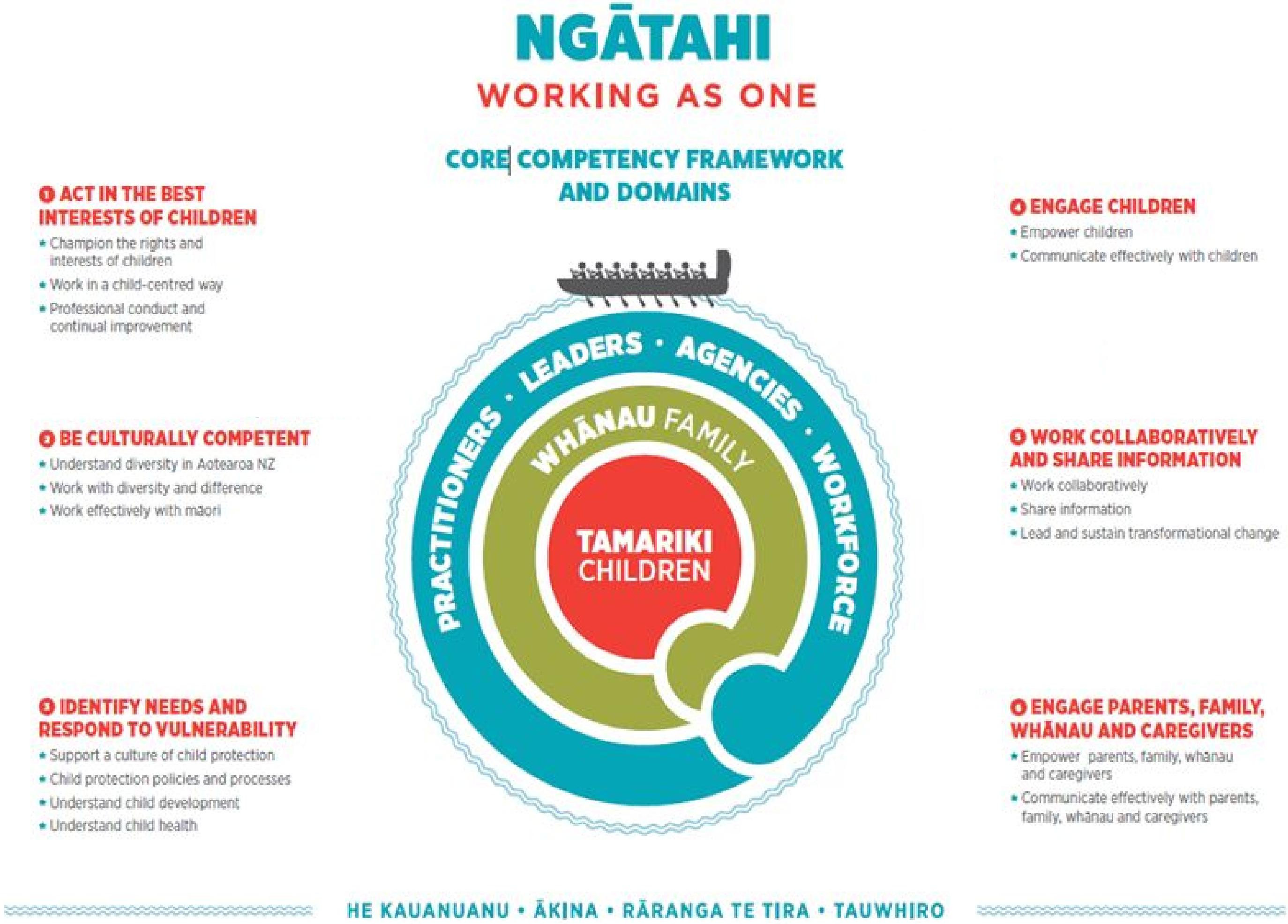
Appendix 3: Core Competency Framework Summary



[1] https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-children/investing-in-children-report.pdf
[2] Office of the Children's Commissioner. Final report on the investigation into the death of Riri-o-te-Rangi (James) Whakaruru. Wellington, Office of the Children's Commissioner, 2000
[3] Office of the Children's Commissioner. Report of the Investigation Into the Deaths of Saliel Jalessa Aplin and Olympia Maria Aplin. Wellington, Office of the Children's Commissioner, 2003
[4] Laming Lord. The Victoria Climbie Enquiry. London, HMSO, 2003. http://vcf-uk.org/wp-content/uploads/2010/07/laming-report.pdf
[5] Smith Mel. Report to the Hon. Paula Bennett Minister for Social Development and Employment. Following an Enquiry Into the Serious Abuse of a Nine Year Old Girl and Other Matters Relating to Welfare, Safety and Protection of Children in New Zealand. Wellington, Ministry of Social Development, 2011. http://www.beehive.govt.nz/sites/all/files/Smith_report.pdf
[6] http://www.werryworkforce.org/real-skills-plus-camhs

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Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

18. Minutes of Previous Meeting

18.1 MRB's December Report to the Board

19. Matters Arising – Review Actions

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).