



## Māori Relationship Board Meeting

**Date:** Wednesday, 11 October 2017

**Meeting:** 9.00am to 12.00pm

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

**Board Members:**

Ngahiwi Tomoana (Chair)  
Heather Skipworth (Deputy Chair)  
Hine Flood  
George Mackey  
Na Raihania  
Kerri Nuku

Lynlee Aitcheson-Johnson  
Trish Giddens  
Ana Apatu  
Dr Fiona Cram  
Beverly Te Huia

**Apology:**

Hine Flood

**In Attendance:**

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



## Our vision

### HEALTHY HAWKE'S BAY

### TE HAUORA O TE MATAU-Ā-MĀUI

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

## Our values

**Tauwhiro** – delivering high quality care to patients and consumers

**Rāranga te tira** – working together in partnership across the community

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

**Ākina** – continuously improving everything we do



**PUBLIC MEETING**

<b>Item</b>	<b>Section 1 : Routine</b>	<b>Time</b>
1.	Karakia	<b>9.00am</b>
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2017	
8.	MRB Chair's Report	
9.	Acting General Manager Māori Health Report	
10.	Clinical Council Verbal Update - Kerri Nuku	
	<b>Section 2: For Decision</b>	<b>9.30am</b>
11.	Ka Aronui Ki Te Kounga / Focussed on Quality (final) – Kate Coley	20-mins
	<b>Section 3: For Discussion</b>	<b>9.50am</b>
12.	Implementing the Consumer Engagement Strategy – Kate Coley	20-mins
13.	Checklist prior to papers presenting at MRB – Patrick LeGeyt	20-mins
	<b>Section 4: For Information</b>	<b>10.30am</b>
14.	Capital Projects / Strategic Plan for Tower Block and Admin Building – Trent Fairey	15-mins
	<b>Section 5: For Discussion/ Information only (no presenters)</b>	<b>10.45am</b>
15.	Establishing Health and Social Care Localities Update	5-mins
16.	Implementing Bowel Screening in Hawke's Bay	5-mins
	<b>Section 6: General Business</b>	<b>11.00am</b>
17.	<b>Section 7: Recommendation to Exclude the Public</b>	<b>11.15am</b>

**PUBLIC EXCLUDED**

<b>Item</b>	<b>Section 8: Presentation</b>	<b>Time</b>
18.	After Hours Implementation Presentation	20-mins
	Karakia Whakamutunga (Closing Prayer)	
	Light Lunch	<b>12.00pm</b>



## Māori Relationship Board Interest Register - 30 August 2017

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumata - 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
Tatiana Cowan-Greening	Active	Husband, Parris Greening, Service Manager of Te Kupenga Hauora (TKH)	Contracted health provider of HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	19.03.14
	Active	Director Te Pou Matakana	Whanau Ora Commissioning Agency	No conflict	The Chair	27.03.17
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 Tairāwhiti 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	Employee as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Board member of Hauora Tairāwhiti	Relationship with Tairāwhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Assistant Director Governor, Rotary District 9930		No conflict	The Chair	15.04.15
	Active	Member of the Lotteries Board		No conflict	The Chair	15.04.15

Maori Relationship Board 11 October 2017 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed /rebranded "Wharariki Trust" advised 30-8-17	Relationship and may be contractual from time to time	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15
	Active	Chair, Health Promotion Forum (previously Deputy Chair from 12.08.15)	Relationship	No conflict	The Chair	12.08.15 04.08.16
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare and interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17
	Active	Adjunct Research Fellow, Women's Health Research Centre, University of Otago, Wellington	Health research involving data and/or participant recruitment from within HB DHB rohe.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17

**MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING  
HELD ON THURSDAY, 07 SEPTEMBER 2017, IN TE WAIORA MEETING ROOM,  
DISTRICT HEALTH BOARD (DHB) ADMINISTRATION BUILDING, MCLEOD STREET,  
HASTINGS COMMENCING AT 9.00AM**

- Members:** Ngahiwi Tomoana (Chair)  
Heather Skipworth (Deputy Chair)  
Dr Fiona Cram  
Hine Flood  
Na Raihania  
Lynlee Aitcheson-Johnson  
Kerri Nuku
- Apologies:** Ana Apatu  
George Mackey  
Tatiana Cowan-Greening  
Trish Giddens
- Dr Kevin Snee (CEO HBDHB)  
Kevin Atkinson (Chair Hawke's Bay District Health Board)  
Tracee Te Huia (Executive Director of Strategy & Health Improvement HBDHB)  
Chrissie Hape (Iwi/CYF Partnership Advisor, Ngāti Kahungunu Iwi Incorporated)
- In Attendance:** Chris Ash (Executive Director of Primary Care HBDHB)  
Chris McKenna (Chief Nursing & Midwifery Officer)  
Graeme Norton (Chair of HB Clinical Council)  
Matiu Eru (Pouahurea, Māori Health HBDHB)  
Patrick Le Geyt (Acting General Manager, Māori Health HBDHB)  
Peter Dunkerley (Board Member HBDHB)  
Tim Evans (Executive Director of Corporate Services HBDHB)  
Wayne Woolrich General Manager of Te Oranga Hawke's Bay - Health Hawke's Bay (HHB)  
Members of the Māori Health Service  
Members of the Public
- Minute Taker:** Amy Martin (MRB Administration Coordinator, Māori Health HBDHB)

**SECTION 1: ROUTINE**

**1. KARAKIA**

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

**2. WHAKAWHĀNAUNGATANGA**

The MRB Chair welcomed everyone to the meeting and specially acknowledged and welcomed Executive Management Team (EMT) members in attendance today, Chris Ash (Executive Director of Primary Care), Tim Evans (Executive Director of Corporate Services) who was in attendance on behalf of Tracee Te Huia (Executive Director of Strategy & Health Improvement Directorate), and Wayne Woolrich (General Manager of Health Hawke's Bay - Te Oranga Hawke's Bay).

**HB Health Sector Leadership Forum**

The HB Health Sector Leadership Forum, held on the Wednesday, 6 September 2017 was discussed at length. The three topics of the day were the Clinical Services Plan, The Big Listen and the Nuka Model. MRB expressed disappointment that the agenda and facilitator did not allow the flexibility for whakawhanaungatanga to occur or sufficient time for feedback.

### ***Nuka Model***

MRB strongly agreed there needs to be Māori leadership in the planning and implementation of the Nuka Model. To ensure the Nuka system of care would work within the Hawkes Bay context, MRB strongly emphasised the need for Māori leadership and support in the localised design and application. MRB suggested combining Te Wheke, Toiora and Nuka to develop a model for change in this health care system. Renaming of the Nuka model to Toiora was also suggested.

### ***The Big Listen***

MRB suggested the survey focusses more on 'what can we do for you', rather than 'how are we doing'. It lacks the ability to engage culturally because of the exclusion of questions pertaining to Māori values such as spiritual, emotional and environmental consideration, Māori imagery and te reo Māori.

MRB to hold a wānanga at a later date to put forward input into the Nuka Model process **ACTION:**  
**MRB led by NKII**

### **Merger of Te Taiwhenua o Heretaunga and Central Health Ltd**

MRB acknowledged the merger of Te Taiwhenua o Heretaunga (TTOH) and Central Health and applauded the high Māori workforce representation. It was thought that around 99% Māori were employed in to TTOH.

### **3. APOLOGIES**

Apologies were received from MRB members A Apatu; G Mackey; T Cowan-Greening and T Giddens.

In addition, the following apologies were received from Dr Kevin Snee (CEO HBDHB), Kevin Atkinson (Chair HBDHB Board), Tracee Te Huia (Executive Director SHID) and Chrissie Hape (General Manager, Ngāti Kahungunu Iwi Incorporated).

### **4. INTERESTS REGISTER**

No MRB members declared any additional conflict of interest to the register or with today's agenda items.

### **5. MINUTES OF THE PREVIOUS MEETING**

The minutes of the MRB Board meeting held 9 August 2017 were taken as read and confirmed as a correct record.

Moved: N Raihania

Seconded: F Cram

**CARRIED**

### **6. MATTERS ARISING FROM THE PREVIOUS MINUTES**

There were no matters arising from the August minutes.

### **REVIEW OF ACTIONS**

The Action and Progress List as at September 2017 was taken as read. The following actions were discussed.

### ***Fluoridation Wānanga by NKII***

The Fluoridation presentation / wānanga initiated by L Aitcheson-Johnson is scheduled for 8.00am on 10 October at the Ngāti Kahungunu Iwi Incorporated (NKII) office.



***Māori Representatives in the Workforce***

At the April MRB meeting, MRB requested the Māori workforce target be lifted to 25 percent over the next five years. For the purposes of MRB, MRB would like to receive reports reporting accordingly against that target of 25 percent.

***Terminology***

MRB suggested MRB influence the language and terminology being used by the health sector. Terms such as 'vulnerable children' should be rephrased to *oranga tamariki*.

**7. MRB WORKPLAN 2017**

The workplan as at September 2017 was taken as read.

**8. MRB CHAIRS REPORT**

The Chairs Report for September 2017 was taken as read and the contents noted.

**9. GENERAL MANAGER (GM) MĀORI HEALTH REPORT**

The GM Māori Health report for August 2017 was taken as read and the contents noted.

The following matters were discussed and information advised:

***Pregnancy and Parenting Information and Education Programme REP***

The Pregnancy and Parenting wellness programme is a model designed for young *wāhine*. The current rates for *wāhine* attending antenatal services are extremely low. Ensuring the right person leads this programme is pivotal.

**10. CLINICAL COUNCIL UPDATE**

There was no update presented at this meeting as K Nuku was unavailable to attend the Clinical Council meeting.

**SECTION 2: FOR DISCUSSION****11. METABOLIC (BARIATRIC) SURGERY - IN THE CONTEXT OF A HEALTHY WEIGHT STRATEGY FOR ADULTS**

Jill Garrett (Manager, Strategic Services Primary Care) and Paul Malan (Manager, Strategic Service Integration), were in attendance to present the report.

Jill noted to MRB the recommendation has altered as the recommendation has been moved to operational and currently working on operational issues. However, Strategic Services wanted to bring this back to MRB as an update. Jill advised MRB this pathway has a psychology support component and lifestyle changes post-surgery are identified to ensure long term success. It was further confirmed the administration glitch from Capital & Coast DHB referrals and communications to GPs has been resolved. **ACTION: Add Bariatric Surgery to the indicator reporting dashboard, Sharon Mason.**

MRB **noted** the contents of the report and was supportive of the work being undertaken.

**12. POSITION ON REDUCING ALCOHOL RELATED HARM – PROGRESS REPORT**

Nick Jones (Acting Clinical Director, Strategy & Health Improvement Directorate), Rebecca Peterson (Acting Team Leader Population Health Advisor) and Rowan Manhire-Heath (Population Health Advisor) were in attendance to present the progress report. Apologies were received from Dr Rachel Eyre (Public Health Medicine Specialist).

The contents of the report were noted and MRB was very supportive of the work that needs to be undertaken. MRB suggest the steering group attain youth group representation and Māori representation and reiterated this focus must be on wellbeing.

It was noted to MRB this proposal requires clinical support and moving forward to align our workforce and our teams. This program of work will take place over a 12 month period.

MRB **supported** the establishment of a Steering Group with wide DHB representation. MRB **endorsed** the Strategic Framework and Priorities to be considered and accepted by the HBDHB Board at the September meeting.

### **SECTION 3: PRESENTATION**

#### **13. WAIOHA PRIMARY BIRTHING UNIT BENEFITS REALISATION**

Jules Arthur (Midwifery Director), Chris McKenna (Chief Nursing & Midwifery Officer), Claire Caddie (Service Director, Community, Woman and Child) and Roisin van Onselen (Clinical Midwife Manager) were in attendance to present the Waioha Primary Birthing Unit Benefits Realisation.

The contents of the presentation were noted and MRB and was very supportive of the work being undertaken.

MRB were informed in 2015 that 43% of babies born were Māori. For the past three years there has been a continued focus on cultural responsiveness. 94% of staff have completed Engaging Effectively with Māori, Treaty of Waitangi training and many involved in Tikanga training. There is a national shortage of Māori midwives graduating and statistics show a large portion of Māori training as midwives do not complete the training. MRB were advised HBDHB currently have five midwives who identify as Māori.

Jules Arthur has prioritised and partnered with Māori Health Services. Jules is in the process of recruiting a consultant to assist recruiting and remodelling Māori midwives in HBDHB.

### **SECTION 4: FOR INFORMATION ONLY**

#### **14. TE ARA WHAKAWAIORA: HEALTHY WEIGHT (NATIONAL INDICATOR)**

Shari Tidswell (Intersector Development Manager) was in attendance to present the report.

MRB were advised EMT recommended adding an outcome to investigate the opportunity for children 6-8 years old. As well as supporting children identified at 4 years old, potentially monitoring weight and height.

The contents of the presentation was noted by MRB who was supportive of the work being undertaken. Also, MRB supported the EMT recommendation.

### **SECTION 5: GENERAL BUSINESS**

MRB discussed the format of papers presented and submitted to MRB. MRB agreed that consideration needs to be made to develop a checklist to ensure report writers consider and focus on:

1. How the paper impacts Māori,
2. Have Māori been involved in the co-design,
3. What are the inequities,
4. How does this address social complexity?

MRB endorsed checklist recommendations prior to papers presenting at MRB to be an agenda item for the October MRB meeting. The checklist recommendation will be passed to the Board.

The meeting was closed by Matiu Eru (Pouahurea, Māori Health HBDHB) with Karakia at 12.00pm.

Signed:

\_\_\_\_\_  
Chair

Date:

\_\_\_\_\_  
**Date of next meeting: 9.00am Wednesday 11 October 2017**  
**Te Waiora (Boardroom), HBDHB Corporate Administration Building**



**MĀORI RELATIONSHIP BOARD**  
**Matters Arising – Review of Actions**

Action No.	Date issue first entered	Action to be taken	By whom	Month	Status
1.	7 Sept 2017	<b>Nuka Model Wānanga</b> MRB wānanga at a later date to put forward input into the Nuka Model process.	MRB	TBA	<b>IN PROGRESS</b>
2.		<b>Metabolic (Bariatric) Surgery</b> Add Bariatric surgery to the indicator reporting dashboard.	Sharon Mason	Nov 2017	
3.	9 Aug 2017	<b>Te Ara Whakawaiora - Mental Health (National And Local Indicators)</b> Mental Health Services to develop proposal, including whānau and community groups, to have greater input into whole of sector approaches, i.e. the Intersectorial Forum.	Allison Stevenson / Simon Shaw	TBA	<b>IN PROGRESS</b>
4.	9 Aug 2017	<b>Te Ara Whakapiri Hawke's Bay (Last Days Of Life)</b> 3.1 Support Leigh to make amendments to the care plan with reflection of Māori, including spiritual aspects to support whānau beliefs and empowering staff around spiritual values.  4.2 Align Dr James Graham (Senior Advisor Cultural Competency) and Laurie Te Nahu (Programme Administrator) to work with Leigh White to ensure this plan is appropriate.  4.3 Coordinate with Leigh to present the updated plan to Kaumatua in Wairoa for feedback.	Patrick LeGeyt / Sharon Mason  Patrick LeGeyt  Hine Flood	Nov 2017  Nov 2017  Nov 2017	<b>IN PROGRESS</b> 28/08/17 Leigh White (Portfolio Manager, Long Term Conditions) advised the development team met and discussed the issues raised at MRB. Please refer to Item 2.1.2. on page 3.  <b>IN PROGRESS</b> 28/08/17 Leigh White is on annual leave returning 30/10/17.  <b>IN PROGRESS</b> 28/08/17 Leigh White is on annual leave returning 30/10/17 and will coordinate with Hine on her return.
5.	12 July 2017	<b>Student Report</b> Circulate research paper to MRB.	Kerri Nuku	TBA	<b>IN PROGRESS</b> Kerri will circulate once the paper is available for public distribution.
6.	10 May 2017	<b>Upgrade Plan</b> Present the upgrade plan of the Tower Block and reconfiguration of Level 2 Corporate Administration Building.	Trent Fairey	Oct 2017	<b>COMPLETE</b> Agenda item for today's meeting

7.	8 Feb 2017	<b>Fluoridation</b> Coordinate an independent workshop/wānanga with MRB to discuss the impacts of Fluoridation on populations and any recommendations to be brought back to a formal MRB meeting.	L Aitcheson-Johnson/ Chrissie Hape	Nov 2017	<b>COMPLETE</b>  04/10/17 Workshop scheduled for 10 Oct 2017 now deferred to 7 Nov 2017.  07/09/17 Presentation is booked for 10 Oct starting with breakfast at 8am at NKII.
8.	14 Sep 2016	<b>HBDHBs MRB hosting the next Te Whiti ki te Uru:</b> 8.1 Develop the agenda and discussions  8.2 Agree future MRB representation to TWKTU.	NKII	2 Oct 2017	<b>REMOVE ACTION Meeting Cancelled</b>  09/08/17 Tatiana will remain MRB representative until a replacement is appointed.
9.	12 May 16	<b>Review form and function of MRB and Youth Representative</b> NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	CEO NKII	Sept 2017	<b>NKII REVIEW ON HOLD</b>  09/08/17 Chrissie Hape and Ngahiwi Tomoana will bring a paper to MRB in September for the Toiora Board.


**MĀORI RELATIONSHIP BOARD**  
**WORKPLAN OCTOBER 2017- DEC 2017**

**NOTE:** The workplan is a working document therefore is subject to change.

Date/ Month 2017	Performance Monitoring and for Information and Discussion	EMT Lead	Strategic / Decision Papers	EMT Lead
<b>11 Oct</b>	Establishing Health and Social Care Localities Update	Chris Ash	Implementing Bowel Screening in Hawke's Bay	Chris Ash
	Ka Aronui Ki Te Kounga / Focussed on Quality (final)	Kate Coley	After Hours Implementation Presentation	Wayne Woolrich
<b>8 Nov</b>	Te Ara Whakawaiora: Smoking (national indicator)	Tracee TeHuia	Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-Nov18)	Tracee TeHuia
	Te Ara Whakawaiora: Culturally Competent Workforce (local indicator) July to Oct	Tracee TeHuia	Social Inclusion	Tracee TeHuia
	Tobacco Annual Update against Plan	Tracee TeHuia	People Strategy Update	Kate Coley
	Pacifica Health Plan Q1 July-Sept Dashboard	Tracee TeHuia		
	Building a Diverse Workforce and Engaging Effectively with Māori	Kate Coley		
<b>DEC</b>	<b>NO MEETING FOR MRB IN DEC -- email papers below to MRB for feedback</b>			
	The Big Listen Update	Kate Coley		
	Clinical Services Plan Presentation (first draft)	Tracee TeHuia		
	Ngātahi Vulnerable Children's Workforce Development – Progress Update since August report	Tracee TeHuia		





	<b>Chairs Report</b>
	For the attention of: <b>Māori Relationship Board (MRB)</b>
Document Owner:	Ngahiwi Tomoana, Chair
Month:	October 2017
Consideration:	For Information

**Recommendation****That MRB**

Note the content of this report.

**PURPOSE**

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the Board meeting held in September 2017 pertaining to Māori health.

**INTRODUCTION**

This month's report contains a brief overview of the CEOs Report about the effects of winter on the performance of our health system during the month of August. There was a lot of sickness within the community and amongst our staff this winter. Although this placed a degree of pressure on our health services, we coped reasonably well. The performance of our health system during quarter four received acknowledgement from the Hon. Jonathan Coleman, Minister of Health and congratulations from Target Champions. This month we farewell long standing board member Tatiana Cowan-Greening and welcome Beverley Te Huia, newly appointed MRB member.

**Chief Executive Officers (CEO) Report**

For the month of August, performance was varied:

- Patient Flow was challenged by high Emergency Department (ED) attendances due to illness and staff sickness. This continued into September
- Patients Waiting for First Specialist Appointments and for Surgery waited longer than four months. This has steadily increased since July as a consequence of the pressure the hospital has been under. Steps are in place to ensure these figures reduce over the next three months
- Helping Smokers Quit in Pregnancy has also been challenging over the past couple of months. Investigations into the primary cause is underway.

There was some good news, but in other areas:

- Faster Cancer Treatment (FCT) got close to target, even though there was concern that the numbers identified are less than ideal
- Raising Healthy Kids now exceeds the target at 98%
- Immunisation reached the health target again.

Financial performance is again better than plan with \$44k favourable for the month and \$135k favourable for the year, with no contingency used to date.

### **Position on Reducing Alcohol Related Harm**

Clinical Council accepted the progress report; supported the mandate for the establishment of a steering group with wide DHB representation; endorsed the strategic framework and priorities and; and agreed to the proposal that it adopts the clinical governance role. The Position on Reducing Alcohol Related Harm was also accepted and endorsed by Consumer Council. The Board adopted the recommendations unchanged.

### **Ministry of Health Quarter 4 Results**

The Minister of Health, Hon. Jonathan Coleman acknowledged the DHB for their performance during the fourth quarter. The following performances were highlighted:

- Shorter Stays in ED - Karen Evison, Acting Target Champion commented "that the DHB should be commended for taking its commitment to improving Patient Flow across the system seriously"
- Improved Access to Elective Surgery – the local target had been achieved but this was not realised until quarter four. In fact, the DHB achieved 1 percent more than planned delivering 7467 elective surgeries for the year, which is 93 discharges
- Increased Immunisation - we continue to be one of the top DHBs for consistently performing at high levels to deliver the infant immunisation health target. We reached 95 percent for over all coverage **and** averaged 95 percent across the 2016/17 year
- Better Help for Smokers to Quit – we not only increased the target result substantially but we also achieved the health target
- Raising Healthy Kids - for the first time we achieved the Raising Healthy Kids health target.
- Faster Cancer Treatment (FCT) - there was improved performance in FCT health target

The Ministry also highlighted areas of improvement, and emphasised the importance for DHBs and PHOs to continue to implement processes that ensure sustainability of the health target. They also provided an update on the changes to the FCT target as of 2017/18 that has been increased from 85 percent to 90 percent from July 2017 including technical adjustments to the target definition to allow for appropriate delays, and introduced the following two new health-led Better Public Service Targets that are now in place:

#### ***Result 2 Healthy Mums and Babies:***

'By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups'.

#### ***Result 3 Keeping Kids Healthy:***

'By 2021, a 25% reduction in the rate of hospitalisations for avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019'.

Delivery of these targets will require support from across the wider social sector, but the DHBs will have a significant role to play.

### **Replacement of Māori Relationship Board Member**


The Board supported the appointment of Beverley Te Huia to replace Tatiana Greening-Cowan.

So today, as we farewell one fair maiden we also welcome another. Beverley has been a noticeable figure in midwifery services within the community as a midwife for over 15 years, as well as the head of Kahungunu Health services (Choices) and the Chair of Ngā Maia, the professional body of Māori midwives. Beverley featured in the article 'Hawke's Bays Rising Stars: 40 under 40' published by Bay Buzz in 2016 about people under 40 that are making a difference in our community. The article listed Beverley's achievements such as two post-graduate diplomas, a licenced pilot and a New Zealand representative of beach handball. In 2003, Beverly completed her first marathon then in 2008 she completed an Iron Man. Two years later, Beverly completed her first ultramarathon over a seven-day journey running 250km in 67-hours across the Sahara Desert in 2011.



On a personal note, I would like to sincerely thank Tatiana for her contribution over the past six years. Tatiana was first appointed in 2011 and has helped shape the services to improve and accelerate Māori health throughout the Kahungunu region as a member of the MRB, and at a national level as the MRB representative for Te Whiti ki te Uru, the Central Region MRB. ***Ngā mihi rā mō ngā rā kei mua i tō aroaro ehoa***



	<b>General Manager Māori Health Report</b>
	For the attention of: <b>Māori Relationship Board (MRB)</b>
Document Owner:	Patrick LeGeyt, Acting General Manager Māori Health
Reviewed by:	N/a
Month:	October 2017
Consideration:	For Information

**RECOMMENDATION****That MRB:**

Note the contents of this report.

**PURPOSE**

The purpose of this report is to update the MRB on the implementation progress of the Māori Health Services for the month of September 2017.

**ASH 0–4 years Respiratory Care Pathways**

The Respiratory Working Group is addressing recommendations made in the ASH 0 – 4 years Respiratory Care Pathways Report (August, 2017). A main findings of the review report were that there is no clear pathway for children with respiratory illnesses, and current processes, systems, services are not tailored to children. A number of actions are being progressed to address these barriers, including:

- The development of a child respiratory care pathway with clear systems and processes across secondary and primary care settings
- Paediatric respiratory training and education, with a focus on respiratory health literacy
- Development of a process to ensure every child is referred to the Healthy Homes programme
- A clear pathway to Well Child Tamariki Ora (WCTO) Providers with appropriate follow-up
- Expanding contracted services to include children (currently only funding adult respiratory services).

Equity and cultural responsiveness are paramount as the Working Group progress this work. A key activity planned for the near future is an education training day for relevant secondary and primary care practitioners and providers. The training will provide a platform to introduce the new child respiratory care pathway, equity of access to respiratory care, and paediatric respiratory training. As part of this training, we have also invited Bernadette Jones and Dr Tristram Ingham, lead researchers in Māori respiratory illness from the University of Otago, to present their research on Māori and respiratory health literacy.

**ASH 0–4 years Dental Pathways**

An investigation of the care pathway for 'Tamariki 0–4 years Admitted to Hospital for a Dental Procedure under General Anaesthetic (GA)' is in progress. Activity to date has involved identifying,

collating, and analysing GA dental data, and documenting the referral care pathway. The 2017 data is showing a significant over-representation of Tamariki Māori undergoing a GA dental procedure making up more than two thirds of cases. The audit will help identify where and when these tamariki came into the dental system, their care pathway, and what happened after they had their procedure. Importantly, the whānau interviews will also reveal the barriers and facilitators of access for whānau to community and secondary oral health services, how they felt about the experience, and where they think improvements could be made.

### **Pregnancy and Parenting Information and Education Programme RFP**

The HBDHB Pregnancy and Parenting Information and Education Programme tender closed on 14 September 2017. A panel is scheduled to meet to review the tenders on 9 October 2017. The panel includes Māori, Pacific, community, and maternity representation. It is important to HBDHB that tender applicants be able to clearly demonstrate how the programme will:

- Prioritise the needs of Māori, Pacific, and vulnerable whānau/families
- Be culturally responsive, and take into account Māori models of health and well-being
- Build key partnerships with health and social community based services
- Align with the Ministry of Health's National Service Specifications.

### **Well Child Tamariki Ora Provider – Oral Health Support Contract**

Māori Health is funding WCTO Providers to improve access to oral health education and services. WCTO are an essential link to whānau providing core health checks and support in the home. The contract provides for an added focus on oral health education at the core health checks, and where necessary, facilitate access to the community oral health service.

An Oral Health Training Workshop was held 25 August 2017 with the WCTO teams from Te Taiwhenua o Heretaunga, Kahungunu Executive, and Plunket. Feedback from participants was very positive with the majority rating the workshop as excellent. Bringing the WCTO Provider sector together was also noted as a high point, with support for combined education sessions in the future. Māori Health is attending the Community Oral Health Service Seminar on 30 October 2017 to discuss the WCTO Oral Health Support Contract and activities to strengthen linkages between the services to better meet the oral health needs of Tamariki and their whānau.

Currently, Te Taiwhenua o Heretaunga and Kahungunu Executive receive a limited amount of oral health supplies annually from Colgate-Palmolive. These supplies are inadequate to cover the number of Tamariki seen at core checks, and inappropriate as they do not cater for young Tamariki under 2-years. Māori Health is in discussions with the Ministry of Health and Colgate-Palmolive to improve the number and range of supplies.

### **Operations Research Priorities in Population Health**

Māori Health was scheduled to present the 'Operations Research Priorities in Population Health' paper to the HBDHB Clinical Research Committee in August. The committee was not able to meet therefore the presentation was rescheduled to October.

### **Cultural Competency Framework**

Hui and conversations, 'kanohi ki te kanohi' with communities and the DHB continues to build on and shape thinking that will frame 'Te Kura Nui' - a HBDHB Cultural Competency Framework (CCF). 'Te Kura Nui' encompasses kaupapa relative and/or relevant to Kahungunu knowledge, values and cultural traditions. This framework, grounded in Ngāti Kahungunu, will be cognisant of consumer and whānau aspirations, but also relative to the organisation's 'Core Values' and to multi-layered professional contexts that comprise the HBDHB workforce.

## Engaging Effectively with Māori (EEM)

There have been four mandatory workshops in the month of September. Three workshops were based onsite in Hastings and one in Wairoa with great, positive feedback that is being utilised to assist in the review and delivery process of EEM.

One of the three hospital based workshops was geared specifically for SMOs after a meeting between Dr John Gommans (Chief Medical Officer) and the Acting GM Māori Health to get more SMOs and RMOs to participate in the mandatory training. While there was a small attendance of six, it was a very worthwhile workshop with great interaction, discussion and feedback, in particular the following from Michael Park, the Head of Department Intensive Care Services:

*"Kia ora James, whakawhetai ki a koutou, been singing your praises so hopefully more people will come. If I can help in any way please ask. Mike."*

## Embedding Equity in Health

Māori Health has had the opportunity to deliver equity training with the Health Hawke's Bay (HHB) Leadership Team, and The Doctors - Hastings. A further training is planned with HHBs Priority Population Advisory Committee (PPC) on 31 October 2017.

## 19 New Graduates for Nursing entry to Practice



In September, the Māori Health Service had the privilege of leading the Pōwhiri (welcome) into the organisation for the 19 new graduates before commencing their Nursing entry to Practice (NetP) programme. 47% (9) of the graduates strongly acknowledged their Māori ancestry. Several of the graduates were recipients of either the Tūruki (Māori Workforce) or Rapai Pohe Scholarships.

## Tūruki Māori Workforce Development

### Science Academy Roll-out

Hastings Intermediate's Science Academy provides a hub for other Intermediate-aged students to participate in science-related activities. Heretaunga Intermediate was the first school to engage with the hub. Discussions are in progress with Flaxmere schools to participate in 2018. Napier Intermediate have indicated an interest in the programme with the goal of providing a hub modelled on Hastings Intermediate.

### Muriwaihou – Haukunui 'Water is a taonga' Science Wānanga

The 5<sup>th</sup> Science Wānanga for Ngāti Kahungunu ki Heretaunga rohe was successfully delivered at Waipatu Marae from the 6-8 September 2017, in partnership with Otago University, Te Taiwhenua o Heretaunga and supported by the Dodd Walls Centre and Tūruki (Māori Workforce) HBDHB.

'Muriwaihou Haukunui-Water is a Taonga' was the theme with the overarching theme via three science projects:

1. Physics - using light to measure concentration in water
2. Ecology - measuring water quality by identifying invertebrates
3. Pharmacology - using fruit peels and sea monkeys to remove heavy metals from water.

A total of 58 Māori students from eight schools and Kura attend the wānanga. The schools and Kura included Hastings Girls High; Hastings Intermediate; Hukarere Girls' College; Te Aka Whaikura; Te Aute Boys' College; Bridge Pa School; Te Kura Kaupapa Māori o Ngāti Kahungunu ki Heretaunga and Te Kura Kaupapa Māori o Te Wānanga Whare Tapere o Takitimu.

Both Rangatahi and Teachers were asked to complete an evaluation survey. In terms of outcomes from rangatahi, the following feedback was received when asked "How has the wānanga changed your thinking about sciences?":

- We need to keep our rivers clean for generations to come
- Seeing what the chemicals can do, knowing what happens in our water
- It made me see that we can make a difference even if we don't do science as a job
- How science people want to help the health and wellbeing of Aotearoa
- It's made me realise the many opportunities you get within science
- It has opened my mind to think outside the box
- Made me more confident in science at school and made me learn more but I don't want to be a scientist

The teachers provided the following feedback when asked "How has the wānanga changed your thinking about teaching science?":

- Important to have content – why we are learning something also reinforced the importance of hands on tasks love the themes linked to our community
- We now have more students engaged now making the teaching easier
- I think the wānanga are so valuable for our akonga to learn within this environment than a school environment
- Made it fun interesting and relevant to our community kei hapai ake ēnei tauira
- Ehara au i te Kaiako pūtaiao, hei o mua whakanui ake nga aronga kei hapai ake enei tauira
- It made me think about designing a unit to do school wide at our Kura

Marei Apatu, Te Kaihautu of Te Taiwhenua o Heretunga acknowledged the HBDHB and Tūruki for their continued support. This programme is keeping Rangatahi in sciences at school.

### ***Launch of Patient Journey Careers' Video: Te Aute College***

In September, Tūruki supported the development and launch of a careers' video promoting Māori health professionals in partnership with Te Aute College. The video focused on a student and their patient journey. The participants included a doctor, radiographer, registered nurse, student nurse, student occupational therapist, physiotherapist, health promoter, orderly, St John's ambulance driver and paramedic. The launch included participants discussing their health careers with students. The St John's participant received the most interest as he provided an ambulance for students to engage in practical demonstrations.

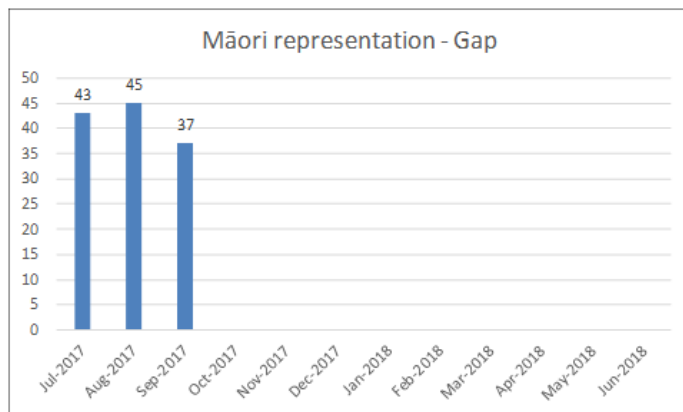




Pictured above is Dr Dianne Wepa (Senior Clinical Workforce Development Coordinator) and the Te Aute College students involved in the production of the video. Click the link to view the video <https://vimeo.com/questmedia/kia-ora-hauora-central-2016/page/1>

### Māori Staff Gap to 30 September 2017

The 2017/18 year target has yet to be set but as an interim measure we have assumed a 10% increase on the actual for 2016/17. This would make the target for 2017/18 as 15.68% while the actual to 30 September 2017 is 14.52% meaning we have a gap to this interim target of 37 positions.

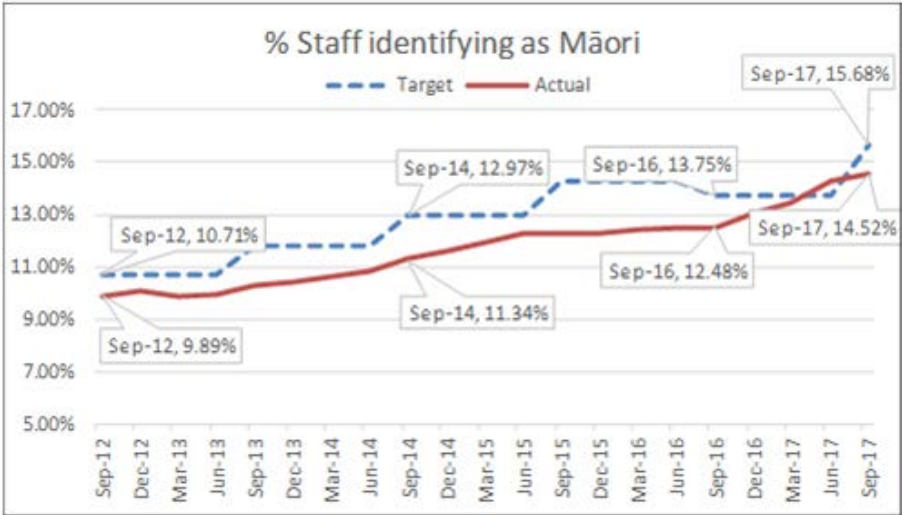


By occupational group this 37 is made up of:

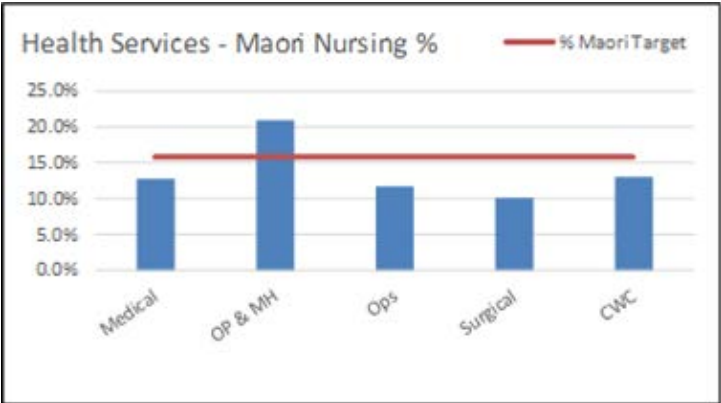
31	Medical staff
43	Nursing staff
8	Allied Health Staff
(31)	Support staff
(14)	Management & Admin staff

Below is a comparison over the last 5 years.

	Headcount		Positions	
	Number	%	Number	%
Sep-12	249	9.94%	270	9.89%
Sep-17	417	14.81%	459	14.52%



The graph below demonstrates the Māori staff percentages in Health Services Nursing and the gap to the DHB interim target.






## **Clinical Council Verbal Update**

**Kerri Nuku**

**10**



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Ka Aronui Ki Te Kounga</b> <b>Focussed on Quality</b> <b>Our Quality Picture 2017 (FINAL Quality Accounts)</b></p>
	<p>For the attention of: <b>Māori Relationship Board, HB Clinical Council &amp; HB Health Consumer Council and HBDHB Board</b></p>
Document Owner:	Kate Coley, Director Quality Improvement & Patient Safety
Reviewed by:	Executive Management Team
Month:	October 2017
Consideration:	For endorsement

## RECOMMENDATION

**That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board:**  
Endorse Ka aronui ki te kounga - Focussed on Quality for publication

## OVERVIEW

The publication of the annual Quality Accounts was initiated in 2013, following the Health Quality & Safety Commissions (HQSC) guidance publication in July 2012 and the MOH's request that Quality Accounts should be produced annually. Since that time HB health sector has published four sets of accounts detailing our performance against both national and local quality and safety indicators.

The Quality Accounts are annual reports to the public from DHBs about the quality of services they deliver. As they are aimed at our community the aim is to keep them as short as possible, be visual, simple to read and understand, using photo's, images, stories, quotes, and examples to enhance the results and achievements.

The guiding principles are:-

- Accountability and transparency
- Meaningful and relevant whole of system outcomes
- Continuous quality improvement

## FEEDBACK ON HB QUALITY ACCOUNTS 2016

Last year a working group was established to support the development and review of the Quality accounts publication for our community. It was a huge undertaking and presented multiple challenges. The link to last year's accounts as follows:

<http://www.ourhealthhb.nz/assets/Publications/Our-Quality-Picture-2016-sml2.pdf>

Previously the HQSC has reviewed all Quality Accounts providing annual feedback individually to DHB's and across New Zealand. From 2016, HQSC no longer provide feedback.

In 2016 around 400 publications and accompanying advertising posters were distributed across the community – to GP practises, health centres, public libraries, and community groups. The accounts

were advertised in local newspapers and available on ourhealth website. It has been difficult to quantify the level of readership. Feedback from the community was limited.

The feedback from stakeholders and community that we did receive resulted in the recommendation to have a smaller, more concise document this year with increased focus on the quality improvements that have come about from community feedback and consumer engagement. A 'you said, we did' type format. Also, less emphasis on improvements and quality initiatives within services (which perpetuates the idea of working in silos) with increased emphasis on improvements as a result of working together across the sector; in particular more content from Primary care.

The publication has been developed and compiled in consultation with a cross sector steering group and through guidance provided by EMT, Consumer Council, Clinical Council and MRB.



11.1

# KA ARONUI KI TE KOUNGA

## FOCUSSED ON QUALITY

### OUR QUALITY PICTURE 2017

Kia ora and welcome to the fifth edition of "Our Quality picture". This is a snapshot of how the health system is working to meet the needs of the Hawke's Bay community. People should be at the centre of health care and inside we focus on what we have done in the last year in response to feedback from our consumers and community.

We also recognise that providing healthcare is not without risks and sometimes people can be unintentionally harmed while undergoing care. Our aim is to reduce this harm and inside we outline our progress in this area, and how we measure up nationally against patient safety priorities and national health targets.

Kate Coley, Executive Director of People and Quality

## *Te hauora o te Matau-ā-Māui: Healthy Hawke's Bay*

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



**HE KAUANUANU RESPECT**  
**ĀKINA IMPROVEMENT**  
**RARANGATE TIRA PARTNERSHIP**  
**TAUWHIRO CARE**

**HE KAUANUANU RESPECT**  
Showing **respect** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

**RARANGA TE TIRA PARTNERSHIP**  
Working together in **partnership** across the community. This means I will work with you and your whānau on what matters to you.

**ĀKINA IMPROVEMENT**  
Continuous **improvement** in everything we do. This means that I actively seek to improve my service.

**TAUWHIRO CARE**  
Delivering high quality **care** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.



# Our Quality Commitment

Our commitment and pledge to you is:

That as individuals, and as a health sector, we continually improve the safety and quality of health care for all

To ensure that we have a blame free culture that embraces consumer involvement

That we put the patient at the centre of everything we do and focus on continuous improvement

That we ensure all of our teams are well supported and have the skills to deliver high quality and safe patient care, every time.

11.1

## Ko ā koutou whakahokinga kōrero Your feedback

We welcome and appreciate receiving feedback. To improve our services we need to hear your story. Whether compliments, comments, questions or suggestions, complaints or a mixture, your feedback is valuable. It helps us see where we are performing well and where we could improve.

You can give feedback in a number of ways:

- email us: [feedback@hbdhb.govt.nz](mailto:feedback@hbdhb.govt.nz)

- complete an online feedback form: [www.ourhealthhb.nz](http://www.ourhealthhb.nz)
- Phone us: 0800 000 443
- complete a freepost feedback form which may be given to you when you visit, or which can be found in many areas across the DHB's sites.

You may receive a phone call or receive a request to complete a survey based on your experience. It is your choice to take part or not.

## Improving how we communicate with you

**“He did not tell us what he was going to do. He went ahead without informing us or including us in the decision.”**

It is not uncommon for you to tell us, as health professionals, that we could do better at listening to what you have to say, understanding what is most important to you and including you and your whānau in decisions about your care and treatment.

To support our staff in improving communication with consumers we started a training programme in March 2017 called “relationship centred practice” which has so far been delivered to over one hundred Allied Health Professionals (Physiotherapists, Occupational Therapists, Dental Therapists, etc.). Online learning modules and face to face training workshops were developed with consumer involvement.

The training is a sustainable, skills based training package which is aimed at providing health professionals with practical methods and strategies to improve their interactions with consumers and their whānau. This includes working in partnership, finding out what is important, what really matters to the consumer in terms of healthcare, and working together to come up with solutions.

This mana enhancing practice clearly puts the consumer and their whānau at the centre of their own healthcare - working in collaboration, building on strengths and being well supported to achieve the goals that are important in the context of their lives. It is focussed on improving the connection and quality of interactions with consumers who in turn get greater engagement and better health outcomes.

We have plans to roll this out to other health professionals in the hospital and community in 2017/18.

**Staff have found this training valuable and it has allowed them to reflect on and improve their practise.**

**“I am much more aware of focusing on what the families want, how important it is to them and changing my approach to empower them more”.**

**“The facilitator delivered the message effectively and simply and made me see how vital whakawhānaungatanga is, with every patient I see”.**

## Making healthcare easy to understand

Making sure health care is easy for people to find, understand and use so that they can look after their health and wellness, is a key priority for the health system.

To do this we are committed to changing the way we deliver health care to the people of Hawke's Bay. We have taken the first step by setting principles around how we provide information such as pamphlets and letters, as well as how our health professionals talk to you about your health and wellness. This work began in 2015, through a range of online education programs for doctors and nurses working in the community.

The next step is to make sure everyone working in the sector is aware of the importance of making healthcare easy to understand. This involves working alongside our services and health professionals to help them make the changes that are needed to ensure this happens.

Ultimately, we want to make it as easy as possible for people to find the correct information or get to the right healthcare services, so they understand how they are best to take care of themselves.

Achieving this will take time, but people will progressively notice a difference in the way they receive information and healthcare services in Hawke's Bay.

To make this easier, we need the help of our consumers to tell us how we are doing throughout this journey and where we need to make improvements and changes. Feel free to email us at [feedback@hbdhb.govt.nz](mailto:feedback@hbdhb.govt.nz) with your thoughts.

This will go a long way in making sure healthcare is easy to understand to help you be well, get well and stay well.

## Go Well Travel plan



We know that prior to March 2017 our community were having real trouble finding car parking at Hawke's Bay Hospital – whether coming to an outpatient appointment, or visiting loved ones. In 2016 a lack of car parks was one of our top complaint themes.

**“trying to find parking can take up to 30 minutes. I ended up missing my appointment”.**

**“I had an appointment for my moko at 9am. I couldn't find a park. When I did find one we were 50 minutes late for his appointment...”**

Feedback like this was not unusual. Missing an appointment is inconvenient for our patients, impacts negatively on their overall experience of care and doesn't allow us to best manage our time and resources.

We listened to you. The introduction of paid car parking in March 2017 and the promotion of alternative modes of transport has eased congestion. Patient and visitor parks are now freely available with about 30 spaces available at any given time. It is working well with plenty of positive feedback from people who are grateful to be able to easily find a park and this means a better overall experience, people attending appointments on time and less stress.

**“I have used the car park twice this week for appointments, it was so nice to just be able to drive straight in and park without having to drive around endlessly. I was more than happy to pay the \$1 each time for such an easy stress free arrival”.**

Tom Wihapi (pictured below), is our friendly parking officer overseeing the paid parking scheme. Tom averages 15km per day on the job and is only too happy to help visitors and patients with parking queries, lost car keys or machine issues.



**“It has been going very smoothly, people are very understanding of the pay scheme and visitors especially are only too happy to be able to find a car parking space.”**

As well as paid car parking, we have also worked with GoBay to bring you other transport options. Outpatients are making the most of the free bus transport option, with 519 trips to attend their appointments at the hospital or Napier Health in May alone. That's a staggering 122% increase on May last year!

Tom (pictured right) says he enjoys catching the bus to his hospital appointments.

If you have an upcoming outpatient appointment at the hospital or Napier Health, you too can jump on the GoBay network for free, together with a support person. Simply show your appointment letter or text reminder to the bus driver and you'll be on your way!



**“It's completely hassle free, it's an easy way of getting across from Napier and I don't need to rely on anyone else.”**

## You asked, we did

The following articles are examples of some of the things you told us through your feedback and what we are doing about it.

### Youth Consumer Council

The Hawke's Bay Health system has its own youth consumer council (YCC). The first of its kind in the country!

The formation of YCC was recommended as part of the youth health strategy that was finalised in July 2016. The development of this involved lots of consultation with health system staff, community groups and youth in Hawke's Bay.

We learned that youth partnerships, leadership and collaboration across the health system was really important. YCC was initiated in late 2016 to help make this happen!

Aged between 12 and 24, the members of YCC ensure the youth voice is heard. They will also help the health system with ideas and concepts so it can be better connected with young people.

Charged with getting out and about, the council also meets with individuals in the community, other organisations and established youth groups so they can be well informed about what motivates young people to be proactive about their health. By engaging with youth face to face and interacting in different forums YCC were able to confirm their three priorities:

- Teen Suicide Awareness
- Drug and Alcohol culture
- Mental Health

Dallas Adams, Chair of YCC and member Kylarni Tamaiva-Eria attend the monthly Hawke's Bay Health Consumer Council meetings. Whilst they found it intimidating at first they have now made positive connections and feel confident they have a platform to voice youth opinion and influence decision making in the health system. "They encourage us to have a say and that makes us feel valued" says Dallas.

#### Did you know?

**There are 19,300 15-24 year olds in Hawke's Bay. This is 12% of the total population.**

**Around 2,019 (11%) youth live in rural areas and 15,984 live in urban areas (based on 2013 census)**

YCC member Deveraux Short-Henare has enjoyed learning about the health system and how in his role he can influence changes to better meet the needs of youth. "I accepted the nomination because I honestly believe that youth need to be represented and have a say on what a 'youth' health system looks like and I think this group can enable that to happen". Deveraux and fellow member Tremayne Kotuhi recently represented YCC at Festival for the Future 2017. Hundreds of young innovators and influencers all gathered in Auckland to connect, explore issues, be inspired, and build ideas and skills to create the future. Tremayne came back motivated with new connections and ideas to test in Hawke's Bay.

The council has its own Facebook page, HB Youth Consumer Council, where you can keep up-to-date with what they are up to.

**Youth Consumer Council L to R: Dallas Adam (Chair), Kela Franklin, Tremayne Kotuhi, Turua Hudson, Kelly Thomson, Breeze Taurima, Kylarni Tamaiva-Eria, ???????**





## Improving Outcomes for Māori

Māori don't experience the same health status as non-Māori and the health system is strongly focussed on improving health outcomes for Māori. We have a number of programmes underway to achieve this.

**Te Ara Whakawaiora** (the pathway to improved wellness), is a focussed Māori health improvement programme and one of the ways we are addressing Māori health concerns. It aims to gain traction, greater visibility and accelerate progress towards areas of health concern. There are a range of quality improvement initiatives including mental health, heart and diabetes care, oral health, healthy weight for children and workforce development.

### Child Health improvement

In 2016/17 we have made some great gains in improving the health of our Māori children. For children under 5 years of age preventable hospitalisations has dropped by over 12%, dental conditions decreased by 8% and 94% of all 8 month old children were immunised. In 2017/18, our focus will be on reducing avoidable hospitalisations for respiratory and dental conditions, improving breastfeeding rates and access to dental treatment services as well as antenatal education programmes.

### Cultural competency

We acknowledge the ethnic diversity of our community and value the cultural competency of our staff to effectively deliver health care services that meet our community's social, cultural, and linguistic needs. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of health disparities.

In 2016/17 bilingual signage in Māori and English were introduced and over 80 percent of our staff received training on cultural competence and cross-cultural issues. We aim to have 100 percent trained by 2017/2018. The introduction of the Ngātahi Workforce Development Programme in 2017/2018 will also ensure those organisations and staff working with high need Māori whānau and children will undergo intensive cultural competency training.

### Workforce diversity

We value an ethnically diverse workforce. We aim to ensure our staff and organisation reflect the community which we serve and the growing Māori population. In 2016/2017 the Maori workforce has grown to 14.3% and we aim to increase this year on year until it is equitable with the Hawke's Bay population. A focussed Maori workforce development strategy (Turuki) has provided 38 tertiary scholarships to students studying towards health related careers and administered 162 Health Workforce NZ education grants for entry level health qualifications. In 2018 a focussed diversity workforce strategy is being developed for implementation.

### Mobility Action Programme

A new exciting initiative we are introducing in 2017/18 is the Mobility Action Programme (MAP). MAP is a community based programme of care for people with a range of musculoskeletal conditions involving physiotherapy, exercise and self management programmes to be delivered across Hawke's Bay. Consumers gain benefit from improved pain management, mobility and enjoyment of life.

11.1



## Staff profile

Wairoa's Rural Nurse Specialist Nerys Williams is relishing the opportunity to make a difference in people's lives by helping them in whatever way she can. Her experiences, she says, have reinforced the importance of her role in keeping people out of hospital and delivering care in the home for rural patients.

Wairoa people are benefitting by having the opportunity to reduce travel to Hastings for procedures that can be provided by Nerys in their own home.

One experience, in particular, has had a positive impact on Nerys and listening to her recount the story of two sons who cared for their terminally ill father is touching.

"It was their Dad's dying wish to return to his papakāinga (original home)," says Nerys, who was determined to try and make that happen. With Nerys' training, the sons were able to inject medication into their Dads muscle over a period of four to five days, being fully responsible for the drug application, and providing constant attention to their Dad in the comfort of their home.

**"The training was robust and this was supported by phone calls and daily visits by me to ensure the sons and wider whānau were supported well," said Nerys.**

"Just as important was coordinating the wider support network including district nurses, occupational therapists and Cranford Hospice and I am proud of how well everyone pulled together to do their respective jobs with very short notice."



## Improving Pacific Health

Hawke's Bay District Health Board (HBDHB) is committed to improving Pacific Health and has recently developed a Pacific Health Team to work across the DHB and within the Pacific community.

Talalelei Taufale is the Pacific Health Development Manager. Talalelei coordinates, supports and influences work within the health system ensuring quality improvements are inclusive of Pacific perspectives and approaches.

Amataga luli is the Pacific Health Promoter. Amataga connects and builds rapport with the different Pacific community groups to support and empower them to identify and prioritise their health and wellbeing.

Silia Momoisea and Paul Faleono are the Pacific Health Navigators, they work closely with Pacific families and consumers in the community. They support Pacific families through the health system.

In August our diverse Pacific communities gathered together to focus on growing our Pacific health workforce and improving the quality of care and access to services by Pacific people in Hawke's Bay. The Nuanua Pacific Social Gathering also included speakers from our Pacific health workforce - the result? some great discussion, information sharing and laughter!



Developed Pacific Health Action Plan.



November-Employed Pacific Health Development Manager to implement PHAP.



Pasifika Health Navigation Services Contracted to work with Pacific families.

Pasifika Health Leadership Group Established.



Nuanua Pasifika Health Workforce Group established.

Pacific Navigator role establish in Totara Health



December Pasifika Health Navigation Service Contract concludes



Pacific Health Team established- Pacific health Development Manager, Pacific Health Promoter, x2 Pacific health Navigators

## Gastro Outbreak

In August 2016 Havelock North was affected by an unprecedented event in New Zealand as the town's water supply became contaminated with campylobacter, affecting over 5000 people with illness.

During the crisis the health community responded really well. The incredible work happening in primary care played a huge role in keeping people out of hospital.

Dr Peter Culham is a General Practitioner at Te Mata Peak Practice in Havelock North and was rostered on to work the weekend of 13 and 14 August (when more people were presenting with the onset of illness)

"Whilst the team at Te Mata Peak Practice were aware of increasing gastroenteritis cases, thought to be Norovirus, the district health board and Hastings District Council through media and social media statements released on Friday night made us aware we were in for something more. On the Friday night we were also called by the district health board's Emergency Manager who told us they thought there was a high chance the outbreak was likely to be Campylobacter."

**"It became apparent very early on Saturday morning the outbreak was worsening. I called in extra staff and we made the early decision to try and manage the epidemic via telephone consultation".**

Saturday 13 August was described by Peter as a very long and busy day. Not only was he and his team managing Campylobacter cases, but also other illnesses, as well as attending and managing the death of a patient. The DHB instituted its critical incident management structure. District Nurses were moved into retirement villages which was very helpful, and the Te Mata Peak Practice team knew they needed to do things differently to cope with the numbers of sick people.

"We improved our processes further on Sunday. We arranged afterhours telehealth support via Auckland and had extra GPs working as well as increased administration and nursing support. Our doctors and nurses provided a telephone assessment service as well as traditional face-to-face consultations. IV fluid therapy was administered on site, in homes and residential care facilities which kept people out of hospital, by the district nurses."

On the Monday Peter said the entire team, minus those who were unwell themselves, were back on deck and focussed on assessing as many affected patients as possible. This was achieved by "deferring non-urgent work and making the most of telephone consultations." Te Mata Peak Practice was well supported by Health Hawke's Bay (The Primary Health Organisation). "They provided a clinical pharmacist and additional registered nurses to make proactive phone calls to check in on those vulnerable and at-risk people in the community; for example the elderly, diabetics (people with diabetes), and people with other medical conditions."

The incredible staff working in Te Mata Peak Practice and those that came to support them worked long into the week. Whilst numbers peaked on the Wednesday, staff were still seeing lots of patients through to the Friday night. Thankfully Peter was able to take a break over the weekend.

## Innovations

Extensive use of telephone consultations helping us to assess large numbers of people, while enabling us to have face-to-face visits with the patients we were most concerned about.

Use of registered nurses to contact at risk patients via telephone. Those unaffected by the gastro outbreak were appreciative of the contact. Those affected were offered advice, telephone support or face-to-face consultations as required, to help them manage the illness with their co-existing conditions.

The DHB decision to send District Nurses into the residential care villages was another great idea.

Throughout this incident there was constant communication with the district health board and Health Hawke's Bay (PHO).

**"I was very proud of our team. Everyone pulled their weight and worked very hard. I believe we collaborated well with Health Hawke's Bay and the DHB. From this event we made a number of innovations which benefited our community"**







## #whānau

We have 10,000 vulnerable families living in our region. #whānau was developed out of a need and desire to provide whānau with a health care service that is “real”. One that is focussed on whānau, increases their access to health services and ultimately reduces inequalities in our community.

#whānau is a collaboration between General Practice Totara Health and Choices, a Maori Health Provider of 22 years. Together they have built a foundation on relationships and trust. They have identified what their strengths and limitations are and are working together to “fill the gaps” and make a difference in their community.

#whānau supports 50 vulnerable low income Māori whānau in Hastings and Flaxmere to reach their health ambitions. The #whānau team involves kaiawhina (support workers), midwives, nurses, GP’s, pharmacists, nutritionists and physiotherapists.

The Kaiawhina work with whānau to develop whānau led goals and aspirations and support them to better understand their health conditions. We know that some whānau who suffer from diabetes and cancer rate their personal health as excellent. This shows that some whānau do not understand their health conditions or accept their chronic health issues as normal because other whānau members suffer or suffered from the same thing. With greater understanding, whānau realise the urgency in their care and are more appreciative of the services the #whānau team can bring to them.

This has been a very successful programme. The 50 whānau selected have achieved 100% health targets every year for the



past four years!





"It was much easier when she came along. Having health care made it easier to deal with other things".

"It got me a job... I've never worked before. I'm like, far, I've missed out on all this".

"There were all these services out there but I didn't know how to access them and then [the Kaiawhina] showed up and I was like "thank you".

"I didn't know what to say so she came with me. I feel comfortable now making appointments".

"My number one was smoking. I said "I really want to quit smoking" and I no longer want to smoke. I've always tried on my own and always fail and I just didn't go and get help...".

The #whānau team are proud of their results but equally excited about the future.

They are continually improving and their work so far has taught them that they need to develop more roles and innovative tools.

They are building a new education program and their new #whānau app is intended to bring health and "other services" into the home with ease.

One Kaiawhina tells us...

"Because I have a team of experts around me, like Doctors, Nurses, Navigators, I can help whānau better. I can get support from any of them at any time. They know what I do and I know what they do. We keep in touch through the whānau files."

"Some of my whānau need a lot of help and support and so I help them. I can be at WINZ office all day helping them fill out forms. I have helped over 5 whānau get into homes and get fire places. There is a lot of poverty out there and two or three families will live together to help buy food and pay rent."

"Some of my whānau haven't been to see a doctor in years, even though they have diabetes or other chronic illness. One of my whānau, a mum of five has cancer. She hasn't been back to her doctor for over a year. I helped her come back and engage with clinicians again."

"Most of my families just don't understand how their health matters. Some just accept that having diabetes or asthma is a part of their lives, as they have always lived with it."

"I have a lot of grandparents who are looking after their mokos. I help take them to the doctor and see our School Nurse to follow up. Whatever it takes, no matter how long it's what we do."

"It feels good to be able to walk in the door and take care of whatever it is they need. Before the program, I would only want to help with the cervical smears and then come back the next day to find children that needed immunisation. That isn't a good health care service."

"Now I provide what is needed to the entire whanau. That's #WHĀNAU!"



## 2016 Hawke's Bay Health Awards

Teams across the health system celebrated at the Hawke's Bay Health Awards in November 2016 at the The Opera House Plaza Hastings. This was a night to recognise the collaboration and innovation taking place across our region as well as witness some new initiatives changing the landscape for future health developments.

The engAGE ORBIT team from Hawke's Bay DHB not only won the Excellence in Service Improvement Award but also took out the Supreme Award. This was in recognition of their move to a seven day allied health service which, since November 2015, has allowed the ORBIT team to see over 800 extra patients who would not otherwise have been seen. This change is likely a contributing factor to the decrease in the rate of conversion from ED presentation to hospital admission for over 65s compared to the same period for the previous year. While the number of ED presentations for over 65s has increased, the number being admitted to hospital has decreased.



# Ngā whāinga hauora ā-motu

## National health targets

## KEY:

- ↑ Improved our performance against the health target.
- ↓ Our performance against the health target has declined
- Our performance against the health target has stayed the same.

HEALTH TARGET	TARGET	OUR RESULT (2016/17)	TREND (since last year)	COMMENT
Shorter stays in Emergency Department (ED)	95%	Not achieved 93.9%	↑	Despite continued growth in people presenting to ED we have improved on last year's performance, achieving the 95% target in two quarters. We have seen a marked improvement especially for those patients who don't need to be admitted to hospital. Around 98% are assessed and treated in ED and go home within five hours. Our next challenge is improving the flow of acute patients from ED into the hospital. The FLOW program of work is starting to address some of the core issues that will help improve patient flow across the hospital.
Improved access to elective surgery	100%	Exceeded 101.3%	–	This year we achieved our elective health target, as well as the orthopaedic joint and general surgery targets. This was despite the extraordinary pressures of the Havelock North Campylobacter outbreak and two Resident Medical Officer (RMO) strikes, which saw considerable reshuffling and rescheduling of elective surgery lists. We will continue to improve access to elective surgery for our community, by creating extra theatre space through projects; such as Endoscopy and Gastroenterology building and service move, which will free up space to allow more elective surgery capacity, as well as improving patient FLOW through the hospital.
Faster Cancer Treatment	85%	Not achieved 69.3%	↑	Since January 2017 there has been a strong focus on reducing the time taken from referral to treatment for cancer. The aim has been to improve outcomes and experience for people with cancer. By working in partnership with clinical teams in Hawke's Bay and those in major centres who treat people from our community the time taken to gain treatment has significantly reduced. An action plan has been developed by the clinical teams and we are confident that there will be further improvement over the coming months.
Increased immunisation	95%	Achieved	↑	Hawke's Bay continues to be a top performer in achieving the immunisation health targets.
Better help for smokers to quit (Primary Care)	90%	Exceeded 91%	↑	Health Hawke's Bay have been supporting their general practices with independent nurses contacting patients to update their smoking status and offer brief advice and cessation (stop smoking) support. Health Hawke's Bay have started to engage with workplaces to offer smoke-free support and are also in the process of organising some community events.
Raising healthy Kids* *Quarter 4 result only	95%	Exceeded 95%	N/A	The Ministry target expects that by December 2017, 95% of all obese children (98th percentile of weight) identified via a B4 School Check will be offered a referral to a health professional for clinical assessment and whānau -based nutrition, activity and lifestyle interventions. Hawke's Bay DHB currently sits at 96%. HBDHB has prioritised childhood healthy weight. This includes work supporting the national target - developing resources to support whānau with healthy eating and physical activity lifestyles, establishing an effective referral process and supporting primary care with tools.

11.1



## National Patient Safety Priorities

The Health Quality and Safety Commission (HQSC) is driving improvement in the safety and quality of NZ healthcare through its quality improvement programme.

The key role of HQSC is to publish information and set targets (called quality and safety markers) to improve the quality of Health care in New Zealand.

The quality and safety markers help HQSC evaluate the success of their programmes and if the desired results are achieved. The targets help Hawke's Bay DHB monitor how we compare with other DHB's and challenge ourselves to do better.

Quality and safety markers monitor a set of care indicators which cover Falls, Healthcare associated infections, Safe Surgery and Medication Safety.

For more information look at the website [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

We know we are getting better in these care indicator areas because our results in the January to March 2017 quarter tells us that Hawke's Bay, compared to other DHB's, are in the top areas for three out of the five priorities. We are working hard to improve the fourth area which is the safer surgery marker and fifth area Medication safety programme.



Staff and visitors participating in a Tai Chi taster class lead by Sport Hawke's Bay.

The safer surgery marker was introduced recently and it measures levels of teamwork and communication around the paperless surgical safety checklist. We know staff are doing it – we just need to get better at proving it.

Our 2017 Falls Campaign across the whole region focussed on improving balance and strength, we had a great month working with other providers and we ended up being recognised nationally for our work. This is something everyone can do to help themselves. As we age it is harder to keep our balance and keep strong in our legs, but there are a lot of community programmes to help. Staff and visitors tried Tai Chi this year – thanks to Sport Hawke's Bay. Look at their website for a list of programmes [www.sporthb.net.nz](http://www.sporthb.net.nz).

Other national programmes which are coordinated by HQSC and which Hawke's Bay DHB are undertaking improvement work include:

- Recognising Deteriorating Patients - Getting better at identifying when someone is getting sicker while in hospital and having a plan to help them faster;
- Medication Management - Helping people who are in pain and need strong medication to help them, which sometimes means they get constipated – i.e. you can't have a 'poo' as often as you would normally, this is a problem so we are doing some things to stop this e.g. making sure if strong medication is needed, medicine to make you poo is also given.
- National Patient Experience Survey (in hospital) - this has been running for three years now and the feedback informs national improvement campaigns. The four domains all hospitals are measured on and HBDHB scores as follows: communication (85%), coordination (85%), partnership (85%) and physical and emotional needs (88%). HQSC are now working with the Primary Health Organisation in Hawke's Bay to roll out a patient experience survey in General Practice.



## National Patient Safety Priorities **In hospital**

✓  
**93%**

**Falls prevention 1:** Target 90%

✓  
**94%**

**Falls prevention 2:** An increase from 86% last year. Target 90%

✓  
**89%**

**Hand hygiene:** Target 70% - Top DHB well done.

✓  
**100%**

**Surgical site infection 1:**  
Antibiotic administration 100%

✓  
**98%**

**Surgical site infections 2:**  
right antibiotic and dose 98%  
(nationally approved sometimes people require something different).

**Medication Safety:** Hawke's Bay is not yet one of the DHBs doing this project - but there is work happening to help us to get ready for when it's our turn to get involved. eg: improved technology

**11.1**

## Let's Talk - Patient Safety Week

Patient Safety is top of mind every day in healthcare. "Let's Talk" was the theme at Hawke's Bay Hospital during Patient Safety Week in November 2016 when we highlighted better communication between patients, whānau and health professionals. We had displays to highlight the Let's Talk campaign making sure we got the attention of staff, patients and visitors to the hospital and our "what matters to you" whiteboards reinforced that whānau/family matters most.

Patient Safety Week is a Health Quality and Safety Commission initiative which we embrace every year. The theme for 2017 will be medication safety. This topic has been chosen because the patient experience survey question "Did a member of staff tell you about medication side effects to watch for when you went home?" consistently gets one of the lowest scores across all 20 DHB's in New Zealand.



CEO Dr Kevin Snee checks out a display alongside Jane Bailey, Patient Safety Advisor and Jeanette Rendle, Consumer Engagement Manager.

### How to keep yourself safe when in hospital – here are our top tips:

- **Talk** with your doctor and nurse and tell them what you know about your illness or injury.
- **Ask** questions to help you understand your treatment – why you are having it, the choices, what will happen and the risks and benefits.
- **Clean** your hands often to help stop infection, and ask your visitors to clean their hands.
- **Keep** a list of and learn the names of the medicines you are taking, the reasons you are taking them and when and how to take them.
- **Ask** for the results of any tests you have and what happens next.
- **Get** to know your ward and make sure the call bell is always within easy reach.
- **Before** leaving hospital, ask what you and your family/whānau need to do at home.



## Hand Hygiene

Hand hygiene is recognised worldwide as the single most effective way to prevent the spread of infection and improve the quality and safety of patients in our care. The 5 moments for Hand Hygiene is a programme developed by the World Health Organisation (WHO), and implemented across all New Zealand district health boards (DHBs).

HBDHB continues to achieve a high level of compliance with the 5 moments for Hand Hygiene when compared to other NZ DHBs. The quarter ending March 2017, HBDHB achieved a compliance rate of 88.7%, the highest in NZ.

On 5 May, HBDHB celebrated World Hand Hygiene Day. Wall displays across the hospital were created by enthusiastic staff members, an information board was created in the main entrance, and a competition 'guess the hands' was run that created a sense of fun and engagement with staff, patients, and visitors.



It was also a time to celebrate and thank the Hand Hygiene champions within the hospital for their passion and dedication to the programme and ultimately the positive impact it has on patient safety.



## Adverse events

Adverse Events are events which have resulted in serious harm to patients. This harm may have led to significant additional treatment, have been life threatening or led to a major loss of function or unexpected death.

Adverse events are uncommon but taken seriously. For each event we conduct a formal review which follows the patient's journey through the hospitals systems and processes.

What we learn from these reviews is important and we recognise that each event provides an opportunity to improve the care we provide.

### Adverse events 2016/17

Clinical process – 12

Medication – 2

Fall – 8

### Learning from Adverse Events

Several reviews at HBDHB have led to significant improvements on the front line, examples are:

- the appointment of more senior doctors
- reducing delays to reach definitive diagnosis
- education opportunities
- improvements to the transfer of care (handover from one health professional to another, or to a caregiver) – communication information gathering tools have been developed.

**“[we] would like to thank you for investigating [his] death and providing a clear report. My primary intention was to ensure any lessons that could be learnt from this tragedy would possibly prevent others having to experience this and to that end we were heartened to see the changes in DHB operating procedures.**

**...the family was happy to see that our concerns were taken seriously by the depth and openness of the DHB report and the remedial actions that have since been implemented”.**

### Future Focus

The organisation has invested in a new integrated risk management system which is intended to be rolled out in 2017/18. This brings new capabilities and allows the DHB to better monitor and manage its associated risks. The DHB hopes to bring the primary care sector on board with the system in 2018/19.

All adverse events are reported to the Health Quality and Safety Commission (HQSC). The commission is supporting DHB's to further improve their processes around event reviews. A strong focus for 2017/18 will be on more consistent consumer involvement in reporting, reviewing and learning from adverse events. The involved consumer and / or their whānau will be offered the opportunity to share their story as part of the review process.

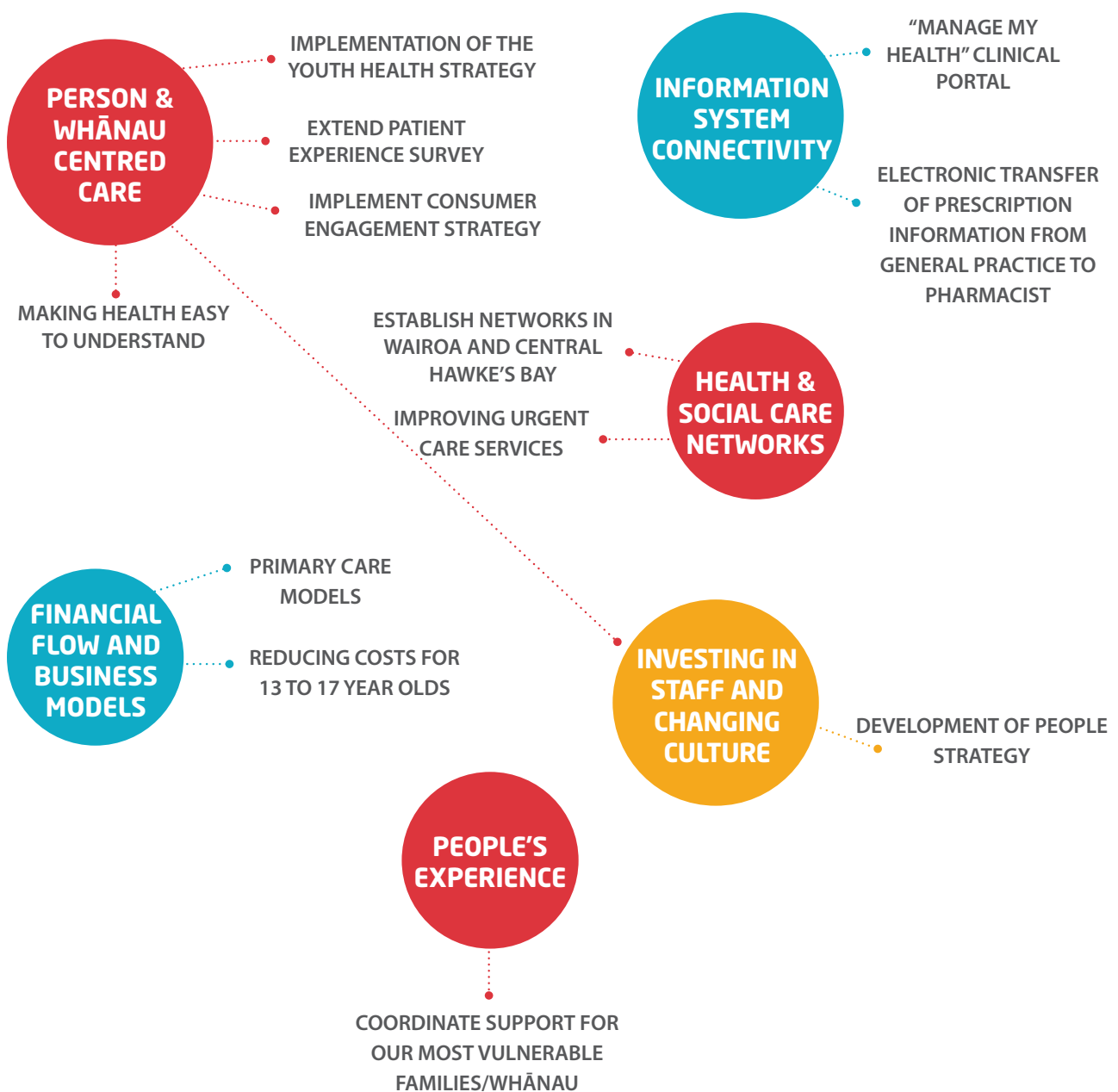


# TŌ TĀTOU ARONGA MŌ ĀPŌPŌ

## OUR FUTURE FOCUS

With the refresh of the New Zealand Health Strategy, we will be working to ensure that: **All New Zealanders live well, stay well, get well in a system that is people powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system.**

We have reviewed our 5 year strategy Transform and Sustain which aligns to the New Zealand Health Strategy. We will support the elimination of inequity and prepare our health services for more numbers of younger Māori and growing numbers of older people and people with chronic conditions. Over the next two years we will identify further projects to respond to the changes in our population. We have included examples under each theme. To meet the needs of the Hawke's Bay population we need to continue to improve what we do.





# I MŌHIO RĀNEI KOE IA RĀ... DID YOU KNOW THAT EVERY DAY...



**1**  
fragile babies  
will be cared for  
in the special  
care baby unit



**1**  
person will be  
admitted to CHB  
Hospital



**2**  
people will be  
admitted to Wairoa  
Hospital



**3**  
new referrals are  
managed by child  
development  
service



**4**  
children will  
receive one of  
their vaccinations



**6**  
babies will be born



**21**  
people will get  
their free annual  
diabetes check



**32**  
women will have a  
mammogram and a  
further 29 a cervical  
smear test



**47**  
operations will be  
completed in one  
of Hawke's Bay  
Hospital's theatres



**48**  
people will  
attend a clinic  
appointment at  
Napier Health



**90**  
people will be  
admitted to  
Hawke's Bay  
Hospital



**124**  
People present  
to HB Emergency  
Department



**152**  
visits will be  
made by district  
nurses and home  
service nurses



**184**  
visits/appointments  
will be made to  
support people with  
mental health issues



**194**  
children will be  
seen for their free  
dental health check



**1,446**  
people will see  
their family  
doctor




**4,743**  
prescriptions will  
be filled out



**5,831**  
laboratory tests will  
be completed

11.1



	<b>Implementing the Consumer Engagement Strategy</b>
	For the attention of: <b>Māori Relationship Board (MRB) and HBDHB Board (in October)</b>
Document Owner/Author:	Kate Coley, Executive Director People & Quality
Document Author	Jeanette Rendle, Consumer Engagement Manager
Reviewed by:	Executive Management Team & HB Clinical Council (in September)
Month:	October 2017
Consideration:	For Endorsement

## RECOMMENDATION

**That HB Clinical Council (Sept), MRB and HBDHB Board (Oct)**

1. Note the contents of this paper and the Consumer Engagement Strategy endorsed by HB Health Consumer Council
2. Note the matters yet to be resolved and proposed action plan
3. Endorse this Strategy to go to Board via Clinical Council and MRB.

## PURPOSE

The purpose of this paper is to present the final draft of the Consumer Engagement Strategy, to highlight the matters yet to be resolved and to outline the proposed action plan which will support effective implementation of the strategy. The Strategy was endorsed by HB Health Consumer Council in May 2017 and has since incorporated feedback received from EMT.

## OVERVIEW

It is our ultimate aim to create a culture which puts people at the centre of everything that we do, and one that is respectful of, and responsive to the needs, preferences, and values of our community. Consumer engagement is one enabler of a people centred culture.

The attached consumer engagement strategy has been developed as a key piece of work alongside others to:

- Achieve culture change.
- Strengthen and embed consumer participation at all levels in the health sector
- Ensure consumers are active partners in how we design, deliver and improve services
- Drive improvements - experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement.

This is not a standalone strategy. To be effective, consumer engagement should be seen as a “way of working” and part of our ‘culture’. It should be linked to other organisational plans and build on existing skills and the work we are already doing. The strategy supports the Hawke’s Bay Health

Sector vision of *“Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community”*.

## **MATTERS TO BE RESOLVED**

To ensure a systematic approach to working with the people of Hawke's Bay is developed and implemented the following questions will need thorough consideration and to be practically worked through:

- How will we develop success measures?

The collection of consumer feedback over time is in itself a measure of increasing engagement. At a systems level measuring success will mean looking at all areas in which consumers have been involved. To measure how well engagement is being embedded we could consider building it in to performance reviews, regularly review the diversity of consumer representatives and publicly report quality initiatives that have involved consumers.

- How will we recognise consumer participation and engagement?
- Will there be a budget for consumer engagement and where does it sit?

Based on the assumption that we value and wish to encourage consumer, whānau and community input and participation in our work, a discussion paper has been written to work through how we might recognise consumer participation and the budget required to do so. This is being considered by consumers and management.

A review of our current narrow policy ('Payment of Fees and Expenses' (HBDHB/OPM/108) and/or the establishment of an organisation wide policy that incentivises and acknowledges the desired level of engagement and balances the expectations of both consumers and the organisation is required. This needs to be mindful of the financial constraints within the system, be realistic, sustainable and easy to understand and apply.

This should include tangible and intangible recognition of participation as well as investment in training and support. Tangible recognition may include koha/gifts, refreshments, reimbursements, payments and fees. Intangible recognition may include consideration of timing/place of meeting, sincere and valued acknowledgment of contribution. Processes need to be developed to support the implementation of this.

- What information systems are required to support this work?

Currently there is not one electronic source of the truth when it comes to understanding the depth of existing engagement initiatives and information, communications and databases to support engagement work. This will need to be linked up to reduce duplication and waste.

- Based on the assumption that everyone has a part to play in consumer engagement, who will be specifically responsible for what?

For consumer engagement to be effective, clear roles and responsibilities need to be clearly defined. Partnership roles should be well thought through and support will be required from leaders and champions within the system. Consideration will need to be given to how we resource and support administration and coordination of consumer representatives and engagement activities.

## WHAT IS REQUIRED?

We recognise that across the Hawke's Bay health sector there are a number of examples where consumer engagement is already occurring however there is also a lack of guidance, practical resources and tools to support effective engagement. A systematic approach needs to be developed and implemented to support engagement being effortless and part of business as usual. Consistent processes, policies and guidelines for engagement need to be developed.

Six key work stream themes have been identified. The following proposed action plan provides more detail around the streams of work that need to be developed and considered to embed and practically support the implementation of the consumer engagement strategy.

1. Culture change
2. Roles and responsibilities
3. Consumer Engagement Framework
4. Consumer Leadership
5. Consumer Feedback
6. Working in Partnership

A Consumer Engagement Strategy Implementation project has been confirmed as part of the Our People, One Team work stream under the Transform and Sustain programme. A project initiation meeting took place on 29 May to set the scope and direction at a high level. This has since informed some changes to the proposed action plan below (in red).

## CONSUMER ENGAGEMENT ACTION PLAN (draft)

	Work streams	Proposed timeframes	
		Start	End
1.	<b>Culture Change</b> Position the consumer engagement strategy within the people strategy, with the aim of shifting culture.		
2.	<b>Roles and Responsibilities</b> <ul style="list-style-type: none"> <li>Identify leaders, champions and partners in the system</li> <li>Clearly define roles and responsibilities for everyone that plays a part in consumer engagement</li> <li>Consider how we resource and support administration and coordination of consumer representative and engagement activities</li> </ul>	ongoing	
3.	<b>Consumer Engagement Framework</b> Support the consumer voice to be a formal part of any planning or redesign process through developing guidelines and resources to embed consumer engagement activities into current and future work. This may include: <ul style="list-style-type: none"> <li>Consumer Engagement toolkit including processes, policies, decision tree and flowchart</li> <li>Guidelines for engagement within projects</li> <li>Training and education to support staff and build capability in co-design</li> </ul>	May 2017	

	<ul style="list-style-type: none"> <li>Recognition of consumer participation (out of project but a dependency)</li> <li>Coordination with Māori Health Service to ensure greater representation of Māori consumers</li> <li>Development of service and system success measures</li> </ul>		
4.	<p><b>Consumer Leadership</b></p> <p>Empower consumer leadership through developing consumer representative selection, orientation and training guidelines for staff</p> <p>Build and strengthen existing relationships and structures within the sector, such as clinical committees and cross sector quality forums. For example:</p> <ul style="list-style-type: none"> <li>Guidelines for engaging with consumer council</li> <li>Clinical governance committee structure (i.e.: patient experience committee)</li> <li>Develop subgroups of consumer council</li> <li>Database of available consumer representatives and community groups</li> </ul>	May 2017	June 2018
5.	<p><b>Consumer Feedback</b></p> <p>Improve the process of gathering and monitoring consumer feedback (Limitations and challenges around capturing, measuring and reporting on patient experience will be addressed in a separate project and linked to System Level Measures)</p> <ul style="list-style-type: none"> <li>Ensure clear ownership and accountability</li> <li>Share stories, outcomes and recommendations for improvement purposes.</li> <li>Reporting calendar – from Services through to Board</li> <li>Consumer Feedback process redesign</li> <li>Implementation of new feedback system</li> <li>Further develop patient experience survey to include outpatient areas</li> <li>Online community engagement platform (post project – phase 2)</li> </ul>	ongoing	
6.	<p><b>Working in Partnership (BAU, out of scope of project)</b></p> <ul style="list-style-type: none"> <li>Work with the Health Quality and Safety Commission (HQSC) to implement consumer engagement programmes e.g.: patient safety week, patient experience week</li> <li>Continue involvement in the HQSC sponsored National collective of Consumer Councils</li> </ul>	ongoing	

**ATTACHMENT** Consumer Engagement Strategy.

## CONSUMER ENGAGEMENT STRATEGY

### EXECUTIVE SUMMARY

Consumer engagement refers to the wide range of approaches in which consumers are involved in the planning, service delivery and evaluation of healthcare. Done well, it contributes to fostering a culture of person and whānau centred care. It supports active, ongoing partnership and communication that benefits consumers, staff and will ultimately transform the system.

We recognise that across the Hawke's Bay health sector there are a number of examples where consumer engagement is already occurring. This is particularly strong at governance level and in some areas of direct care and service development. However, in other cases this is not always structured or consistent. There is confusion as to when, how and at what stage we should be engaging with consumers, which consumers to approach, how to connect with those who aren't engaging with services and how we recognise the contribution of consumers. There is currently a lack of guidance, practical resources and tools to support effective engagement.

Hawke's Bay is a great place to live, but not everyone has the same opportunity to be healthy. Inequities exist within our health system and in our wider society. Māori don't experience the same health status as non-Māori and improving health outcomes for Māori is a key focus. This will only be achieved through targeted efforts to engage and partner with Māori and disadvantaged communities in new and innovative ways. This will help us to understand the opportunities for improvement through the consumers eyes; ensuring that any change we make reflects the needs of the community we serve.

This strategy is not a detailed work plan. It provides direction for the future and a framework for making decisions. It provides guidance around types and levels of engagement and the benefits of engaging. The goal being that consumer engagement at all levels is an embedded way of working and a driver for achievement of the 'Triple Aim'.

This is not a standalone strategy. To be effective, consumer engagement should be seen as a "way of working" and part of our 'culture', rather than additional work on top of an already demanding workload. It should be linked to other organisational plans and build on existing skills and the work we are already doing. Effective consumer engagement supports the Hawke's Bay Health Sector vision of *"Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community"*.

### PURPOSE

The goal of this strategy is to strengthen and embed consumer participation at all levels in the health sector and at every step along the way, ensuring consumers are active partners in their own care and how we design, deliver and improve services. It is a driver for improving experience of care, quality and safety of care, health outcomes and best value. The strategy

also exists to build knowledge and educate health sector staff about the value of consumer engagement.

Ultimately, our aim is to create a person and whānau centred culture which puts our people at the centre of everything that we do, and one that is respectful of, and responsive to their needs, preference, and values. The health system has developed in a way that has encouraged passivity in consumers, where they present with problems for clinicians to fix. Increasingly there has been a recognition of the need to shift from traditional interactions to collaborative partnerships where consumers play an active role in improving their own health and systems and services by making them more aligned to their needs. Consumer engagement is one enabler of a person and whānau centred culture and this strategy exists alongside others to achieve culture change.

## **WHAT IS CONSUMER ENGAGEMENT?**

Consumer engagement refers to the wide range of strategies in which consumers are involved in the planning, service delivery and evaluation of healthcare. It can be at an individual, service, governance or community level.

*Consumer* refers to people and their families / whānau / caregivers / personal support persons, who have had personal experiences in the health and disability system. The term also includes those who might use services in the future and members of the public generally, given they are the targeted recipients of health promotion and public health messaging and services.

## **BACKGROUND**

The Hawke's Bay Health Consumer Council was established to provide a strong voice for the community and consumers on health service planning and delivery. In partnership with Hawke's Bay Clinical Council they initiated a quality improvement and safety framework with priorities identified to support consumer engagement. In partnership, the vision and plan for consumer engagement was discussed and developed as one piece of a multi layered approach to shifting our culture. The establishment of the People and Quality Directorate further cements the overarching focus of shifting organisational culture to be person and whānau centred. Further detail on the background can be read in Appendix 1.

### **Legislative background**

The Code of Health and Disability Services Consumers' rights and Te Tiriti o Waitangi underpin consumer engagement in New Zealand. Te Tiriti o Waitangi describes the principles of partnership, participation and protection. The New Zealand Health and Disability Act (2000) upholds these principles and specifically addresses the need to provide mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services, which are at the heart of consumer engagement.



## Health Quality and Safety Commission

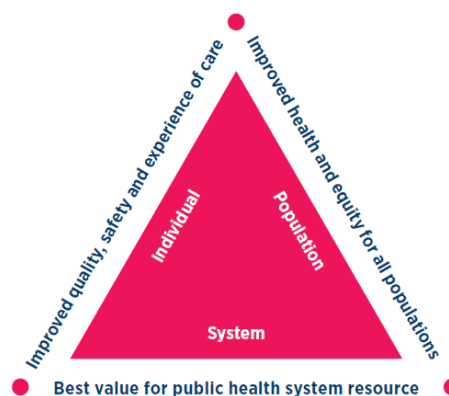
The Health Quality and Safety Commission takes a leadership role in building consumer partnerships in healthcare. They provide examples of best practise and work with health provider organisations and consumers to build recognition of the benefits of consumer engagement. They have developed “Engaging with Consumers: A guide for district health boards” and provide tools and support for effective engagement.

## WHY ENGAGE WITH CONSUMERS?

Consumer engagement done well fosters a culture of person and whānau centred care. It supports active, ongoing partnership and communication that will benefit consumers, staff and ultimately transform the system.

There is evidence to support the benefits of engaging with consumers. These include improvements, such as more responsive services, improved clinical quality outcomes, and improved patient experience. In addition, safer care, less waste, reduced length of stay, lower costs, better consumer and health provider satisfaction and staff retention.

Consumer Engagement supports the New Zealand Triple Aim framework (right) for quality improvement at individual, population and system levels. One of its aims is improved health and equity for all populations. Hawke’s Bay is a great place to live, but not everyone has the same opportunity to be healthy. Health inequities exist in some parts of our community. Successful consumer engagement will focus on how to be effective within this broader context. Consumers that are disadvantaged or not accessing services are an important group of people to engage with and will require different and innovative approaches.



Without proactive consumer engagement, the drive for change is usually either motivated through system failures (eg adverse events) or from external advocacy to improve the quality and safety of care. Waiting until there is a problem creates avoidable costs for consumers (physical, psychological and economic) and organisations (review processes, staff morale and more expensive treatments).

## HOW DO WE ENGAGE?

Engaging with consumers can and should happen at different levels depending on the situation, and as early as possible. How we engage will be determined by the purpose, timeframes and level of impact of different projects, initiatives or programmes of work. Many will require multiple engagement methods at multiple levels.

### Principles of engagement

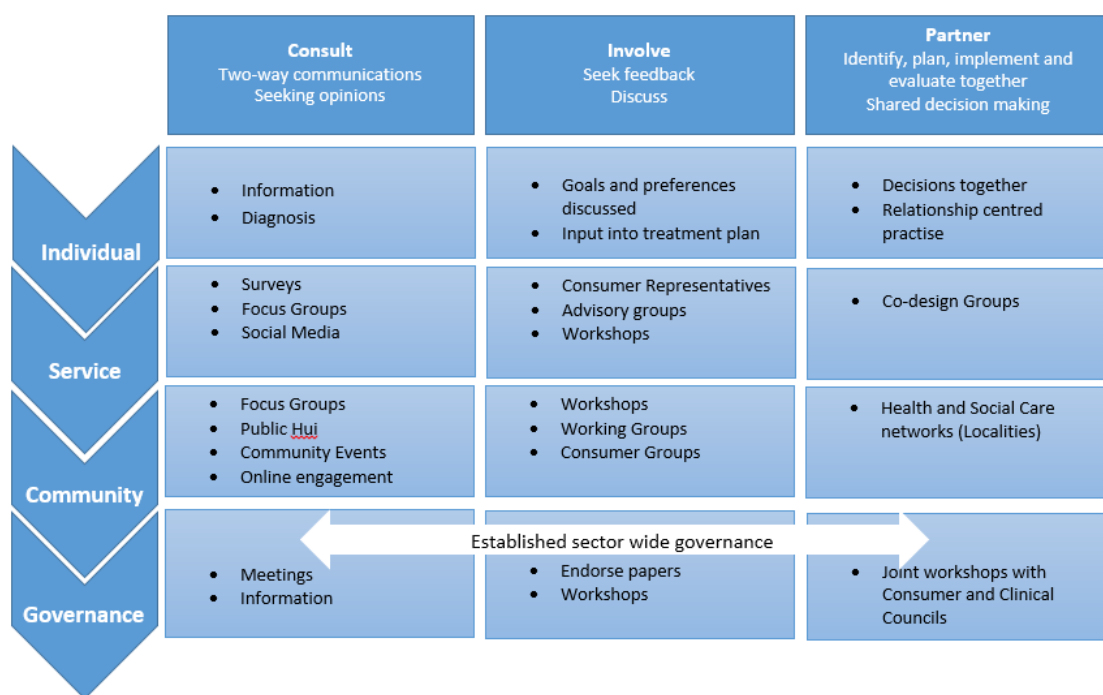
The following five principles have been developed based on the Health Quality and Safety commissions consumer engagement work and Hawke's Bays shared values of He kauuanu/Respect, Ākina/Improvement, Rāranga te tira/Partnership and Tauwhiro/Care.

1. **Being open and honest** - Consumer engagement is more successful when all parties involved are mutually respectful, listen actively and have the confidence to participate in full and frank conversations.
2. **Providing support** - Support for consumer engagement means being welcoming when meeting consumers, valuing their expertise, and acknowledging and taking consumer viewpoints seriously.
3. **Being real** - Consumers and providers know when we are simply going through the motions of consulting with consumers. Consumer engagement needs to be genuine. All parties should know the purpose of why engagement is taking place and real possibilities for change and improvement.
4. **Person and whānau focus** - All consumer engagement needs to keep the focus on person and whānau centred care. It is important that providers and staff are supported to maintain their focus on person/family/whānau as a core aspect of care.
5. **Easy to understand** - Making sure healthcare is easy for people to find, understand and use is a foundation stone of consumer engagement. It is the responsibility of providers to support better understanding for consumers.

### Levels of engagement

Individual engagement includes consulting, involving and partnering with individuals in shared decision making about their own health. Put another way – “*'my say' in decisions about my own care and treatment*”. This is covered in more detail within the work being undertaken in the health literacy project, engaging effectively with Māori, and relationship centred practice training.

Collective engagement includes consulting, involving and partnering with individuals or groups of consumers at a service, community or governance level. Put another way – “*'my' or 'our say' in decisions about planning, design and delivery of services*”.



**Levels of Consumer Engagement**

It is easy to see and value the role of consumers at an individual level – engaging in and contributing to decisions about their own care, or that of loved ones. However, the case is also strong for involvement of consumers at more collective levels, to ensure that our organisation and health sector is person and whānau centred. Consumer participation extends beyond attending meetings.

As seen in the previous diagram, consumers can be engaged collectively in various ways, at multiple levels including:

- As equal partners when redesigning services through co-design groups
- As members of committees, advisory and governance groups
- Through workshops, working groups, steering groups, focus groups and public hui's
- Through consumer experience surveys and feedback mechanisms (complaints and compliments)
- Involvement in consumer interviews, consumer stories, patient journey mapping

## WHAT DOES SUCCESS LOOK LIKE?

For the implementation of the consumer engagement strategy to be effective it requires a health sector that is genuinely committed to putting the consumer at the centre of health care.

Measures of success might include:

- A strong governance structure including sub groups of consumer council, where consumers and clinicians work together in partnership

- Increased consumer representation on clinical committees, transform and sustain projects and quality improvement forums
- Services confident to solve problems, develop new services and improve existing services in partnership with consumers and whānau (co-design)
- Increased engagement with Māori communities and consumers
- Improved quality, safety and experience of care

## **LINKS TO OTHER STRATEGIES**

It is important to acknowledge other strategies and frameworks that link to the implementation of this strategy:

- The Quality Improvement and Safety framework “working in Partnership for Quality Healthcare in Hawke’s Bay” (2013) outlines priorities that support consumer engagement in Hawke’s Bay.
- People and Whānau at the centre and services developed around their needs is a core principle of Hawke’s Bay Health System – Transform and Sustain 2013 – 2018
- Youth involvement is a core principle of The Youth Health Strategy 2016 – 2019 in building health system resiliency through youth participation in governance, leadership, design and delivery of work.
- The Mai Māori health strategy focuses on engaging better with whānau and responding to the needs of Māori in the way they prefer services and care.
- The Pasifika Health Action Plan 2014 – 2018 supports a collaborative approach with pacific communities.
- Significant consumer input will be required to make a ‘health literate sector’ a reality.
- The People Strategy will address the development of a culture for the health sector that will need to include respecting and communicating effectively with consumers
- The development of Health and Social Care Localities includes significant requirements to consult with and engage local communities in decision making.

## **SUMMARY**

The solutions to challenges in the health care sector won’t come from doing business as usual. They will come from fostering a person and whānau centred culture and building equal and sustainable partnerships with consumers who care about improving the health and wellbeing of our people and reducing inequities within our community. Effective consumer engagement that is embedded in our “way of working” and part of our ‘culture’ will benefit consumers, staff and will ultimately transform the system.

## APPENDIX 1

### Background to Consumer Engagement in Hawke's Bay

**2013** – The Hawke's Bay Health Consumer Council was established to provide a strong voice for the community and consumers on health service planning and delivery.

**2013** - Hawke's Bay Clinical Council, in partnership with the Hawke's Bay Health Consumer Council initiated a quality improvement and safety framework: Working in Partnership for Quality Healthcare in Hawke's Bay. The document divided quality improvement and safety into four areas to provide a focus for our work and help us identify opportunities for improvement. These domains and the priorities within them support consumer engagement in Hawke's Bay.

**2014** - To realise the objectives and direction outlined in the Quality Improvement and Safety Framework it was identified that change was required in the way services to support this framework were structured. This led to the development of the Quality Improvement and Patient Safety Service and the new role of Consumer Engagement Manager, appointed in July 2015.

**2015** - Partners in Care: Consumer Engagement – a case for change was presented to Clinical and Consumer Councils for feedback and consideration. Workshops were held and the vision and plan for consumer engagement discussed. This was further developed where Consumer Engagement was identified as one piece of a multi layered approach to shifting our culture to being people centred - putting consumers and their whānau at the centre of everything we do.

**2017** - The establishment of the People & Quality Directorate through the merger of the Human Resource and Quality Improvement and Patient Safety Services in February 2017 further cements the overarching focus of shifting organisational culture to be people centred.





**For Discussion:**

**Checklist prior to papers presenting at MRB**

**Patrick LeGeyt**

**13**








**For Information:**

**Capital Projects / Strategic Plan for Tower Block  
and Admin Building**

**Trent Fairey**

**14**



	<b>Update on Establishing Health and Social Care Localities in HB</b>
	For the attention of: <b>Māori Relationship Board (MRB), HB Clinical Council, HB Health Consumer Council &amp; HBDHB Board</b>
Document Owner/Author:	Chris Ash – ED Primary Care
Document Author	Jill Garret (Change Leader Central HB) and Te Pare Meihana (Change Leader Wairoa)
Reviewed by:	Executive Management Team
Month:	October 2017
Consideration:	For Endorsement

#### RECOMMENDATION

##### That MRB, Clinical and Consumer Council

- Note the contents of this paper

## PROGRESS TO DATE ON LOCALITY DEVELOPMENT

### Commencement of Executive Director – Primary Care

Chris Ash has commenced in the Executive Director role and the management of the localities work has been transitioned across from Tracee Te Huia, Director of Strategy and Health Improvement.

Over the next 3 months, Chris will be reviewing the existing position of the Health & Social Care Localities programme, and defining a framework within which the DHB will structure and resource its partnership with local communities.

The goals of the revitalized programme will include supporting and enabling the development of new, integrated care and support service delivery arrangements that:

- Better reflect local population identities, aspirations and health models (including structured support for the skills, expertise and potential already resident in those communities)
- Improve access by delivering the right care (from the right professional), in the right place, at the right time
- Target efforts to tackle inequities in health outcomes, particularly as they impact the local populations
- Develop a wider set of skills and integrated working within multidisciplinary and intersectoral teams, with a focus on moving to strengths-based approaches and fostering greater personal responsibility for individual and whānau wellness

## Matariki – Hawke’s Bay Regional Social Inclusion Strategy (SIS) and Regional Economic Development Strategy (REDS)<sup>1</sup>

The Matariki steering group and wider stakeholder network has developed (in draft) 10 action points.

Figure 1.0 – Draft Action 2.1 relates directly to the work underway in localities.

<b>Lead Organisation</b>	Councils and Hapu	<b>Ref</b>	SI 2.1
<b>Other Organisations</b>	Iwi, HBDHB, MSD, Oranga Tamariki, Police, TPK, Corrections, Social Services Providers and Community Organisations		
<b>RGP action</b>	Establish representative groups in locations across Hawke's Bay to enable the local community and whānau to have a voice and leadership in social and economic development. The groups will represent key local stakeholders, who may not be directly connected to Matariki REDS/ILG and; have the capacity and authority to represent their community in communication with Matariki REDS/ILG. (Linked to 1 and 3)		

<b>Introduction – to tell decision makers what they will need to decide</b>
Communities across the region want to have a say in their economic and social development. An example is a recently established group is the Wairoa Community Partnership Group, created so that key local stakeholder groups can collaborate and have cohesion around responses to be developed in Wairoa. Similar groups can be established in other areas. The areas could be large e.g. Central Hawke’s Bay or smaller clustered areas based on deprivation e.g. Flaxmere, Camberley, and Maraenui. This is consistent with the Social Inclusion Strategy identifying communities for targeted support and members of the community directly contributing to outcomes.

It is proposed that there is a merge of the two Matariki strategies but at this stage those discussions are in abeyance.

The change leaders of CHB and Wairoa localities have been intermittently included in the forum that oversee and contribute to the development of Matariki SIS. In their current capacity, they are finding themselves able to contribute positively to the development of locality governance structures, and to lead and influence the direction and pace of change. The change leaders involvement in all aspects of the social inclusion strategy and the wider REDs development is key to ensuring linkages are made between operational realities and strategic direction with the locality space. Ensuring continuity of their involvement and influence should be a priority of the DHB and will make a substantial contribution to future success.

### Programme Governance CHB

Representation on the health liaison group, formed in July 2016, now includes a full complement of health providers within the rohe<sup>2</sup>; GP, Council, MRB, Consumer Council, Aged Care, Māori Health Provider, Nursing, Clinical Nurse Manager, Pharmacy and independent health providers.

The maturity of the group has developed over time from a focus on operational activities to one of influence and change at a governance level. Early conversations are now being had in relation to the value of this group merging with the wider social leadership group that is also functioning in CHB. The group’s representation included senior management level from MoE, MSD<sup>3</sup>, tertiary education providers, senior leaders within council and the wider social sector. As required justice, fire and police are also included.

<sup>1</sup> REDS – Regional Economic Development Strategy

<sup>2</sup> Rohe – Te Reo for designated area or region

<sup>3</sup> Ministry of Education, Ministry of Social Development

Both groups are requesting higher level data to inform priority areas whereas in the past it had been prioritised based on reactive responses to need.

The change leader is working towards the merger of these two groups in the next 8 months in readiness for the 2018-19 financial year and the development of a 3 year strategy for the locality.

With reference to the collective impact model and the five levels of relationships, the CHB locality is transitioning from cooperation to coordination, (level 3). It is anticipated by end of 2018/19 the locality will be operating at Level 4.

Figure 1.2 – Collective Impact – progressions to effective collaboration

## The Five Levels of Collaboration

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

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

## Locality Governance Wairoa

There has been significant progress made in Wairoa towards establishing an effective governance model that has the buy in from local leaders and government agencies. Initially the Change Leader brought together a Health and Social Care locality group that was a combination of agency leads and local individuals who had a passion for this development however further community discussions led to the Wairoa District Council introducing a community partnerships committee model that has provided the mechanism to develop a united leadership group that has assumed the responsibility to oversee and govern agreed priorities of health, social need, education and training, employment and housing.

This committee is now in place with an approved Terms of Reference and membership of local leaders and government agency decision makers. The committee is chaired by the Mayor.

It is intended that the health and social care locality plan will become one of the work streams of a wider program of action for Wairoa. The Change Leader has a lead role in supporting the Mayor and the committee to manage the community relationships and the development of the work programme.

This development is also being informed by the progress being made by Manaaki Tairawhiti – one of the three place based social investment initiatives that is underway. The Change Leader represents Wairoa at this forum and there are positive linkages, influence and learnings from the journey that Tairawhiti is undertaking towards becoming a Social Investment Board.

## ACTIVITIES AND PROGRESS IN EACH LOCALITY

### ➤ CENTRAL HAWKE'S BAY (CHB)

The three areas within the strategic plan that are the current focus are;

- Reducing barriers to access
- Establishing and maintaining effective communication lines
- Strengthening trust between providers

#### **Reducing barriers to access:**

Through the influence of the Rural Alliance, uptake of funded programs offered by the PHO are now being accessed by the Tukituki Medical. The programs are aimed at the high need, high deprivation populations and include SIA funded programs, High Needs Enrolment, and Whānau Wellness.

The clinical nurse manager of CHB Health Center has created pathways for transitioning care from Hastings Hospital to the health center on identification of CHB inpatients with a level of acuity able to be managed. Evidence continues to be gathered to monitor; bed utilisation rates, average length of stay with metric analysis against readmission rates. This will contribute to the 'Saving 4000 bed days target and the System Level Measure – Using Health Resources Effectively.

#### **Establishing and maintaining effective communication lines:**

Signage and communication has been a priority for the health liaison group from inception. October 3<sup>rd</sup> is the launch date for the; distribution of magnets and flyers that outline for the consumer how to access urgent and emergency care relevant to CHB residents. In addition signage has been erected within Waipawa and Waipukurau. All of the material aligns to the DHB Choose Well Strategy.

This project has required significant coordination to achieve agreement and buy in of the health providers. It has served the purpose of illustrating the importance of establishing and maintaining effective communication and relationships between the extensive health network as the foundation for future and more significant work.

The Social Leadership forum of CHB is also using the launch for the material above to trial a survey that will be used to evaluate the responsiveness of social services within CHB. This is the beginnings of the work that is coming together for both groups as indicated above under strategic leadership.

Figure 1.0 – Magnets to be distributed to every household in CHB (n=5000)



Live Well in CHB is the brand that the Health Liaison group is using to identify the work that they are leading. In conjunction with the CHB District Council it was decided that this branding aligns with the council's strategy of "Thrive in CHB".

### **Strengthening trust between providers:**

The increased membership- representation on the Health Liaison Group, the consistent attendance of meetings, the interest in new projects and the multi-agency involvement in those projects are all testament to the trust and confidence that is building between the providers within CHB (health and the wider social sector).

### **Projects currently being scoped:**

- Extension of the engAGE program to include CHB – a meeting was held between the Health Liaison group and the engAGE team to discuss the work that needs to be done to replicate the program within CHB, utilising existing resources and services that are working well and augmentation of services that are currently not available.
- Creation of an LMC Hub in CHB – the Health Liaison group met with Jules Arthur to discuss the option of creating a hub serviced by local midwives and support workers for the benefit of the population of CHB.
- Both the Health Liaison group and the CHB Social Leadership forum are currently gathering data around the prevalence and influence of methamphetamine on the community of CHB. The intention is to scope a community based response supported by multi agencies.
- Population health and work place wellness – the population health team is working on a response to creating a 'large employer' workplace wellness strategy for CHB. Initial work is underway with Silver Fern Farms, in partnership with Worksafe NZ and ACC.
- Increased utilisation of Telehealth (VC- access to outpatient and specialist input) for the residents of CHB is being looked at by the DHB IT team for both CHB and Wairoa. The use of Telehealth and virtual clinics as a mechanism for outreach provision of GP services is being scoped as part innovation within the CHB Rural Alliance - annual plan.

### **➤ WAIROA**

One of Wairoa's strongest assets is its people and the tikanga that underpins the fabric of Māori whānau and the community. The future success of any health and social transformation will need to include a strategy that encompasses the utilization of tikanga principles and values. In 2016 five Wairoa health leaders attended the NUKA training at the DHB. This group intends to utilize the learnings and experience taken from this indigenous development to support the shape and design of a tikanga based model of health care for Wairoa.

### **Integration activities**

Ongoing activities are progressing across the General Practice Alliance network. February 2018 will see all three practices co-located on the Wairoa Health Centre site providing more opportunity for integration and consistency to occur.

Queen Street Practice, Kahungunu Executive and Te Whare Maire o Tapuwae are undertaking a "20 families" project to support the development of a one team approach to care. The cohort of patients will be those identified through general practice as pre-diabetic and a whānau led plan will be developed with each patient and their whānau, utilizing the clinical, health promotion and whānau ora skills and resources across the three providers. It is intended that the evaluation of this project will support further integrated practice across the wider health system.

A nursing review is in initial stages of planning as secondary, primary and community services are interested in further developing the rural health nursing model that enables strengthened nursing leadership in the pathways of care. This will provides further opportunity in the design of achieving a well-coordinated and one system of health care.



A co-design process is underway to develop a model for Health of Older Persons which will include introducing a variation of the Engage model into Wairoa. Key stakeholders in this process includes the Wairoa Health Centre, DHB strategic services, EngAGE, Glengarry BUPA, Aged Concern, Kahungunu Executive, Cranford Hospice and a local group of consumers and whānau.

### **Collaboration**

The E Tu Wairoa (family violence intervention network) is making good headway with embedding the E Tu Whānau leadership model and values and have been chosen as one of the 3 communities to be involved in a national evaluation of our development and progress.

The integrated Clinical Governance committee is overseeing a major research study- He Korowai Manaaki – A Wrap Around Approach that is being undertaken by the Women's Health Research Centre University of Otago and continues to build its profile for clinical leadership in Wairoa and Hawkes Bay.

The Change Leader is working with Oranga Tamariki, Police and the DHB to establish a single triage system for referrals where there are family harm and care and protection issues. This is being modelled on a system that is already established in Tairāwhiti with a view to utilizing the privacy framework and data sharing protocols.

### **Recommendations**


The work in both of the localities is progressing well, each are well placed to embed the initiatives that are currently underway and those being scoped. It is timely that the following recommendations are addressed:

- Creating natural synergies between district and locality specific strategic direction.
- Creating formal mechanisms that link REDS<sup>4</sup> and SIS<sup>5</sup> with the locality work of the DHB through the roles of the change leaders
- Resourcing the coordination and administration of the work underway within each locality to free up the change leaders to operate strategically.

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<sup>4</sup> Regional Economic Development Strategy

<sup>5</sup> Social Inclusion Strategy

	<b>Implementing the National Bowel Screening Programme in Hawke's Bay</b>
	For the attention of: <b>Māori Relationship Board, HB Clinical Council, HB Health Consumer Council &amp; HBDHB Board</b>
Document Owner: Document Author:	Chris Ash, Executive Director of Primary Care Paul Malan, Strategic Service Manager
Reviewed by:	Dr. Alan Wright, Chair, Hawke's Bay Bowel Screening Programme Advisory Group and Executive Management Team
Month:	September 2017
Consideration:	For Information

## RECOMMENDATION

**Maori Relationship Board, HB Clinical Council, HB Health Consumer Council & HBDHB Board:**

Note the contents of this report.

## OVERVIEW

The establishment of a National Bowel Screening Programme (NBSP) has been considered in New Zealand for a number of years. Budget 2016 provided funding to begin implementation of the NBSP. This will cover the design, planning and set-up phases. Additional funding has also been set aside for work that will support the IT needed for a national programme<sup>1</sup>. Over the next year, the Hawke's Bay health sector will implement the NBSP locally. This paper is preliminary advice to governance committees about the anticipated process and timelines.

## BACKGROUND

A screening pilot was launched in 2011 in Waitemata DHB, and subsequent evaluations were carried out to confirm the New Zealand approach. Waitemata DHB are now providing support and 'national coordination' functions as the national programme is being established. It is expected that a national coordination centre will be established by 2018 to manage and send screening invitations and coordinate the processing, analysis and management of completed bowel screening test results.

Hawke's Bay (HB) will need to be ready for commencement of the programme in October 2018, with systems and processes. This will coincide with completion of the new gastroenterology unit at Hawke's Bay Regional Hospital (Soldiers Memorial). New systems and processes will be in place to deliver more colonoscopies, provide clinical leadership, ensure patients are notified of results, ensure workforce capability matches requirements, provide quality assurance, maintain an equity focus and to understand and plan for the impact on surgical services, primary care and community services.

<sup>1</sup> Ministry of Health: National Bowel Screening

New Zealand has one of the highest bowel cancer rates in the world. Bowel cancer is the second most common cause of cancer death in New Zealand after lung cancer. The screening programme aims to detect cancers earlier so as to provide better options for early and minimally-invasive treatments.

## **TIMELINE**

An advisory group, with wide stakeholder representation (Appendix 1), has been set up to guide the implementation. There will be two main “phases”:

**Phase 1 – September 2017 to February 2018:** Contribute local (Hawke’s Bay) content to a business case for the Ministers of Finance and Health, who will approve the funding for the programme in Hawke’s Bay.

**Phase 2 – February 2018 to November 2018:** Planning and establishment to implement the NBSP in Hawke’s Bay. This phase includes establishing the systems and processes, completing production planning, engaging with all stakeholders, communicating with the community, integrating and testing all systems to ensure a smooth implementation, and linking in with the relevant national and regional entities.

The Advisory Group will register a project for the completion of Phase 1 and 2. Go-live is expected to be in October 2018.

## **FURTHER INFORMATION**

For further information about the National Bowel Screening Programme please visit the Ministry of Health website at: [www.health.govt.nz](http://www.health.govt.nz)

## **ATTACHMENTS**

- Appendix 1: Hawke’s Bay Bowel Screening Programme Advisory Group

## **HAWKE'S BAY BOWEL SCREENING PROGRAMME ADVISORY GROUP**

As at 14<sup>th</sup> September, 2017

The Advisory Group will be comprised of representatives of impacted services:

- General Practice (Alan Wright)
- Clinical Director, Gastroenterology (Malcom Arnold)
- Executive Leadership (Andrew Phillips)
- Executive Director Quality and Risk (Kate Coley)
- Chief Information Officer (Anne Speden)
- Acting Head of Strategic Services (Paul Malan)
- Nursing Director (Chris McKenna)
- HHB PHO representative (TBA)
- General Practice Nurse (TBA)
- Manager of Population Health (Jenny Cawston)
- Manager of Medical Directorate (Paula Jones)
- Manager of Surgical Directorate (Rika Hentschel)
- Manager of Community Directorate (Claire Caddie)
- Manager of Cancer Services (Mandy Robertson)
- Maori representation (Patrick LeGeyt)
- Pacific representation (Talalelei Taufale)
- Pharmacy and Laboratory Portfolio Manager (Di Vicary)
- Administration support (TBA)

The Advisory Group may co-opt other members from time to time as required, to address gaps in knowledge and/or expertise, and to contribute to deliberations on specific agenda items. Advisory membership may not be delegated in the event of a member's absence. If a member is absent from three consecutive meetings that member can be removed and another can be elected/appointed in their place.





## **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. After Hours Implementation Presentation**

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).







## **AFTER HOURS IMPLEMENTATION**

### Presentation

