Māori Relationship Board Meeting

Date:	**Wednesday, 12 April 2017**
Meeting:	**9.00am to 11.00am**
Venue:	**Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Board Members:

Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
George Mackey
Na Raihania
Des Ratima
Kerri Nuku
Lynlee Aitcheson-Johnson
Trish Giddens
Tatiana Cowan-Greening (Teleconference)
Hine Flood
Ana Apatu

Apologies:

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 Public Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public

Our vision

HEALTHY HAWKE'S BAY

TE HAUORA O TE MATAU-Ā-MĀUI

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

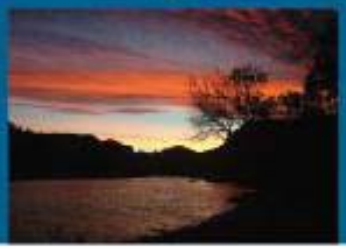
Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

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

Ākina – continuously improving everything we do



PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	**9.00am**
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2017	
8.	MRB Chair's Report	
9.	General Manager Māori Health Report	
10.	Clinical Council Verbal Update (Kerri Nuku)	
	Section 2 – For Discussion	**10.00am**
11.	Health & Social Care Localities Update (Tracee Te Huia, Jill Garrett, Te Pare Meihana)	30-mins
	Section 3 – For Information (No presenter)	
12.	Te Ara Whakawaiora: Cardiovascular (national indicator)	10-mins
	Section 4: General Business	
13.	Karakia Whakamutunga (Closing)	
	Light Lunch	**11.00pm**

Māori Relationship Board Interest Register - 27 March 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	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
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 [married 12 May 2016] now 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	Chair of Te Whare Whanau Purotu Inc.	Maori Womens Refuge	No conflict	The Chair	22.12.15
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	wahine co-Chair for Ikaroa Rawhiti Electorate for the Maori Party	Political role	No conflict	The Chair	14.07.16
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairawhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Board member of Hauora Tairawhiti	Relationship with Tairawhiti may have contractural issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
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 12 April 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
Des Ratima	Active	Chair Takitumu Maori District Council	Maori Community Development Act 192	No conflict	The Chair	Dec 13
	Active	Chair Ahuriri District Heatlh Trust	Maori health post settlement equity group	Potential Conflict if contractural arrangements in place	The Chair	Dec 13
	Active	Chair Whakatu Kohanga Reo	Early Childhood	No conflict	The Chair	Dec 13
	Active	Chair Wanautahi Charitable Trust	Community Trust	No conflict	The Chair	Dec 13
	Active	Deputy Chair Maori Wardens NZ Maori Council	Maori Community issues	No conflict	The Chair	Dec 13
	Active	Chair of the Kaupapa Maori Committee	Maori Community Issues	No conflict	The Chair	Dec 13
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective)	Relationship and and may be contractural 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

MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING HELD ON WEDNESDAY, 8 FEBRUARY 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) Ana Apatu Des Ratima Diana Kirton George Mackey Helen Francis Kerri Nuku Lynlee Aitcheson-Johnson Na Raihania Tatiana Cowan-Greening (teleconference) Trish Giddens
Apologies:	Ngahiwi Tomoana (arriving late at 10.30am) Helen Francis Dr Kevin Snee (CEO HBDHB) Dr Adele Whyte (CEO Ngāti Kahungunu Iwi Incorporated) Patrick Le Geyt (Programme Manager Māori Health)
In Attendance:	Chrissie Hape (Iwi/CYF Partnership Advisor, Ngāti Kahungunu Iwi Incorporated) Deborah Baird (Acting Manager Innovation and Development and Acting CEO, Health Hawke's Bay PHO) Matiu Eru (Pouahurea, Māori Health HBDHB) Tracee Te Huia (General Manager, Māori Health HBDHB) Hine Flood (newly appointed HBDHB Board member)
Minute Taker:	Amy Martin (MRB Administrator, Māori Health HBDHB)

SECTION 1: ROUTINE

1. KARAKIA

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

2. WHAKAWHĀNAUNGATANGA

H Skipworth (Acting Chair) welcomed members and guests to the meeting. All attendees briefly introduced themselves and their personal goals for 2017.

N Raihania apologised as he is expecting a phone call during the meeting which he will need to take. Na also made mention that the recent HBDHB Corporate Change Proposal lacked Māori content and identification for Māori.

D Ratima joined the meeting at 9.07am
T Giddens joined the meeting at 9.27am

3. APOLOGIES

Apologies were received from H Francis. And apologies from N Tomoana who was (arriving late at 10.30am).

Dr Kevin Snee (CEO HBDHB), Dr Adele Whyte (CEO NKII), and Patrick Le Geyt (Programme Manager Māori Health HBDHB) apologies were also received.

4. INTERESTS REGISTER

T Cowan-Greening declared her membership as a Board Member for Te Pou Matakana - Whānau Ora Commissioning Agency. N Raihania also declared he has an interest and will email the details to Brenda Crene (Board Administrator).

H Skipworth (Acting Chair) declared a conflict of interest with agenda item, Mobility Action Plan.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 09 November 2016 were taken as read and confirmed as a correct record.

Moved: N Raihania
Seconded: A Apatu
CARRIED

6. MATTERS ARISING FROM THE PREVIOUS MINUTES – REVIEW OF ACTIONS

The following matters from the November minutes were discussed:

Bariatric Surgery Investigation Report

Report deferred due to the lack of evidence per capita. The paper will be delivered when there is data to measure, however there is work in progress with Public Health in discussion as to how to get these numbers to calculate per population.

There was a general discussion and consensus that post-surgery needs to be sustainable for the patient, and evidentially the private health system, in contrast to a follow up system within the public health sector, provides follow up appointments and procedures, up to 12 months post-surgery.

MRB recommend that a follow-up action plan for post-surgery to be implemented.

Fluoridation

L Aitcheson-Johnson spoke about her email regarding neurotoxicity. At this point there is no fluoride in our water, and in the meantime the evidence is being reviewed. MRB appreciated the effort and contribution from L Aitcheson-Johnson on this matter.

MRB agreed and endorsed an independent workshop/wānanga with members, to discuss the impacts of fluoridation on populations. The Wānanga is to be coordinated by L Aitcheson-Johnson and any recommendations be bought back to a formal MRB meeting. The purpose of the workshop/wānanga is to ensure information collected is clear and able to be communicated effectively to the wider community such as council and parents. **ACTION L Aitcheson-Johnson to coordinate the workshop/wānanga.**

Circulate L Aitcheson-Johnson email discussed above to MRB **ACTION MRB Administrator**

Alcohol Harm Reduction Position Statement

GM Māori Health confirms a copy of the Position Statement will be sent out to MRB. **ACTION GM Māori Health**

Palliative in Hawke's Bay

It was confirmed that feedback from MRB meetings is provided to the respective governance groups and councils. Follow up that feedback from November 2016 meeting and discussion was given. **ACTION T Giddens**

REVIEW OF ACTIONS

The Action and Progress List as at November 2016 was taken as read.

7. MRB WORKPLAN 2016

The MRB Workplan January – June 2017 was taken as read. MRB members should attend the Leadership Forum on 15 March.

8. MRB CHAIR'S REPORT

The Chair's Report for the November and December 2016 period was taken as read and the contents noted.

Moved: N Raihania
Seconded: T Giddens
CARRIED

9. GENERAL MANAGER (GM) MĀORI HEALTH REPORT

The GM Māori Health report for the November and December 2016 period was taken as read and the contents noted.

The following matters were discussed and information advised:

New Appointments to the Māori Health Team

Dr James Graham and Ngaira Harker will be starting in March.

Annual Māori Health Plan (AMHP)

The Ministry of Health provided advice to DHBs for planning this year. Annual Māori Health Plans will now be embedded into Annual Plans (AP). The plan is to be a more robust and high level plan that demonstrates how DHBs will prioritise inequity.

This is not a new process for the HBDHB as we have had integrated plans for the previous three years. This has worked well in terms of leadership by whole of sector on Māori health improvement. MRBs expectation is that the DHB will report all indicators within the AP by ethnicity and any inequity is highlighted. In addition, MRB recommend Te Ara Whakawaiora continues as a programme across the whole of the AP.

MRB **supported** the AMHP and the changes for an integrated plan on the proviso that Māori Health monitoring is not lost in wider reporting. It is expected that all annual plan indicators be reported by ethnicity to allow monitoring for inequity.

ASH Rates for 45-65 Year Olds

There is a need for recommendations in the ASH rates for 45-65 year olds, this will be coordinated by Patrick Le Geyt (Programme Manager Māori Health) and his team, although the issues need to be owned by everyone we will continue to drive implementation and monitoring systems.

Recently Released Illicit Drugs Report

The latest drug report by every high needs district confirms that the number one illicit drug is 'P'. Question about a detox programme available for people still using and how do we better support the whānau who are looking after those who are addicted were raised. Tracee Te Huia (General

Manager Māori Health) is developing a presentation for a hui with the police next week for the AP, with the emphasis of something less hospital but more community based. It is a big kaupapa and if we want to make a submission then we need to look at having this ready in May 2017.

Breastfeeding Redesign

Concern was raised over the new breastfeeding redesign as it looks as though it is a mainstream programme and is there a kaupapa approach. Māori Health Leadership team are currently working on this.

SECTION 3: FOR DISCUSSION / DECISIONS

10 ORTHOPAEDIC REVIEW - PHASE 2 DRAFT

Dr Andy Phillips (Chief Allied Health Professions Officer) was in attendance to present the Orthopaedic Review, Phase 2 Musculoskeletal and Orthopaedic Service Redesign, highlighting the three Redesign Goals, Community Care including Mobility Action Programme (MAP), Primary Care and Secondary Care.

MRB was supportive of the work being undertaken by the group but reiterated the importance of the following:

- That pain management be given priority
- Māori men are provided the support needed to give an accurate report on their health status (often minimised due to their pride)
- That rural community's coverage needs to be considered in programmes such as the Mobility Action Programme.
- In addition, the potential impact of wage earners no longer being able to work and the impacts on the social aspects and living conditions of whanau was raised.

In consideration of the above, MRB recommended that an ethnicity and equity rating for assessment for surgery be included into the assessment tool.

MRB noted the contents of the presentation and **endorsed** the recommendation in consideration that an ethnicity and equity rating for assessment for surgery be included into the assessment tool.

Moved: D Ratima
Seconded: A Apatu
CARRIED

11 TE ARA WHAKAWAIORA: ACCESS (LOCAL INDICATOR)

Jill Garrett (Strategic Services Manager Primary Care), Nicky Skerman (Population Health Strategist) and Tracy Ashworth (Maternal Child and Youth Portfolio Advisor), were in attendance to discuss the Te Ara Whakawaiora: Access (local indicator), providing an overview of the report, highlighting the following points:

- The ASH rates for 45-64 year age group for heart disease, skin infections, respiratory infections and diabetes,
- The ASH rates for 0-4 year age group for dental, cellulitis and asthma.

MRB was concerned at the lack of recommendations for 45-64 year olds given the poor performance against this indicator. While the report was a good one describing the problem it didn't highlight how the problem would be tackled.

MRB **recommend** that the ASH team formulate better recommendations that improves the performance of the indicator and send these to MRB. **ACTION**

SECTION 4 – FOR INFORMATION (NO PRESENTERS)

12 ANNUAL MĀORI HEALTH PLAN Q2 FULL REPORT AND NON-FINANCIAL EXCEPTIONS REPORT

MRB thought that the rating of non performing indicators against other DHBs using the Trendly tool was innovative and engaging. The discussion about Te Ara Whakawaiora was highlighted stating that with the integrating of plans it was important that the non-performance report through TAW must continue. Having leadership and champions on these indicators aids governance groups to better understand the issues and in turn supports better outcomes. Discussion about top priorities for MRB for the next annual plan 2017/18 were: Obesity for all ages including children, Mental Health and Addiction services, ASH 45-64 year olds, Oral Health for children and Increasing Māori staff numbers in DHB.

13 MRB REVIEW – UPDATE FROM NKII CHAIR

MRB are under review and currently considering a Governance Board structure that sits under NKII and works in partnership with Local Authority and Government Agencies. The composition of the Board could be a collaboration of 50/50 Iwi representatives and industry CEOs. The objective of the Board is to set the directive for strong and vibrant whānau in Kahungunu and to monitor outcomes. With input and support by the Taumata of Kahungunu, this development will take between six to 12 months. It is expected that once the Terms of Reference is set for this Board (Toiora) that DHB will then decide on whether there is a role for MRB in the future.

MRB **supported** the review and the progress to date by Ngāti Kahungunu Iwi Inc (NKII), the Taumata and Post Settlement Group Entities (PSGE).

SECTION 5: GENERAL BUSINESS

There were no items for General Business.

The meeting was closed by Matiu Eru (Pouahurea Māori Health HBDHB) with Karakia at 12.15pm

Signed: _____

Chair

Date: _____

Date of next meeting: 9.00am Wednesday 12 April 2017
Te Waiora (Boardroom), HBDHB Corporate Administration Building

MĀORI RELATIONSHIP BOARD
Matters Arising – Review of Actions

Feb MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at March 2017
08/02/17	**1. Fluoridation** Coordinate an independent workshop/wānanga with MRB to discuss the impacts of Fluoridation on populations and any recommendations to be bought back to a formal MRB meeting. Email Fluoridation report to MRB.	L Aitcheson-Johnson MRB Administrator	April 2017 Mar 2017	**IN PROGRESS** **COMPLETE** Emailed to MRB 06/04/17
	2. Palliative in Hawke's Bay Follow up that feedback from November 2016 meeting and discussion was given.	T Giddens	April 2017	**IN PROGRESS**
	3. Te Ara Whakawaiora: Access (Local Indicator) ASH report to formulate better recommendations that improves the performance of the indicator.	Strategic Services Manager Primary Care	April 2017	Deferred to May meeting.
	4. Alcohol Harm Reduction Position Statement To be sent to MRB.	GM Māori Health	April 2017	**COMPLETE** Emailed to MRB 06/04/17

Sept MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at March 2017
14/09/16	**5. MRB hosting the next Te Whiti ki te Uru:** a) Develop the agenda and discussions b) Consider future MRB representation to the Māori Caucus.	MRB	Nov 2016	Hawke's Bay is scheduled to host the TWkTU meeting 2 October 2017.

June MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at March 2017
08/06/16	**1. Health Equity Update 2016** ***NZ Territorial Authorities Statistics Gap in Years between Māori and non-Māori Life Expectancy by Gender and Region 2012-14*** MRB were interested in the reasons for the longer life expectancy of Māori in the Canterbury region and requested that Dr McElnay conduct further research to provide an update on the findings	Acting DPH/ HE	Oct 2016	**IN PROGRESS** Acting DPH/ HE will now follow-up with this action.

May MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at March 2017
12/05/16	**1. Review form and function of MRB and Youth Representative** NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	CEO NKII	Sept 2016	**IN PROGRESS** NKII developed TOR, update to be provided by the NKII Chair at the April 17 meeting.
	2. Bariatric Surgery Investigation Request for an investigation of the evidence to rationalise the increase of surgeries per annum.	Strategic Services Manager	Oct 2016	**DEFERRED** Rescheduled to May 2017.

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MĀORI RELATIONSHIP BOARD

WORKPLAN FEBRUARY - NOVEMBER 2017

(as per the HB Detailed Workplan dated 6 April 2017)

NOTE: This workplan is still in draft therefore is subject to change.

Date/ Month 2017	Performance Monitoring and for Information and Discussion	EMT Lead	Strategic / Decision Papers	EMT Lead
12 Apr	Te Ara Whakawaiora: Cardiovascular (national indicator) Health and Social Care Localities Update	John Gommans Tracee Te Huia		
Date/ Month 2017	**Performance Monitoring and for Information and Discussion**	**EMT Lead**	**Strategic / Decision Papers**	**EMT Lead**
10 May	Annual Māori Health Plan Q3 Jan-Mar 2017 Te Ara Whakawaiora Priorities and Reporting Schedule 2017-2018 HBDHB Non-Financial Exceptions Report Q3 plus MOH Dashboard (Email out after meeting)	Tracee Te Huia Tracee Te Huia Tracee Te Huia	Weight L:oss for Adults at Risk of Obesity Final Draft Annual Plan 2017 Best Start Healthy Eating & Activity Plan update (For Information) People Strategy 2016-2021 (First Draft Public Excluded) Values & Culture (Business Case) Legislative Compliance Health Literacy Update (For Information)	Tracee Te Huia Tracee Te Huia Tracee Te Huia Kate Coley Kate Coley Kate Coley Kate Coley
Date/ Month 2017	**Performance Monitoring and for Information and Discussion**	**EMT Lead**	**Strategic / Decision Papers**	**EMT Lead**
14 Jun	Te Ara Whakawaiora: Oral Health (national indicator) Consumer Experience Feedback Q4 Report	Robin Whyman Kate Coley	Youth Health Strategy (For Information) Social Inclusion (to Committees)	Tracee Te Huia Tracee Te Huia
	Te Whiti Ki Te Uru Meeting – 7 June 2017, Hutt Valley DHB			
Date/ Month 2017	**Performance Monitoring and for Information and Discussion**	**EMT Lead**	**Strategic / Decision Papers**	**EMT Lead**
14 Jul	Quality Accounts Draft	Kate Coley		
Date/ Month 2017	**Performance Monitoring and for Information and Discussion**	**EMT Lead**	**Strategic / Decision Papers**	**EMT Lead**
9 Aug	HBDHB Non-Financial Exceptions Report Q3 plus MOH Dashboard (Email out after meeting)	Tracee Te Huia	People Strategy 2016-2021 FINAL	Kate Coley
6 SEPT	***Hawke's Bay Health Leadership Forum, 8.30-3.00pm, East Pier, Napier***			
SEPT	**NO MEETING FOR MRB IN SEPT – email papers below to MRB for feedback**			
	Quality Accounts Final Consumer Experience Feedback Q4 Report	Kate Coley Kate Coley	Orthopaedic Review Phase 3 DRAFT	Andy Phillips

Date/ Month 2017	Performance Monitoring and for Information and Discussion	EMT Lead	Strategic / Decision Papers	EMT Lead
	TAW Healthy Weight Strategy (National Indicator) TO BE CONFIRMED	Tracee Te Huia		
Date/ Month 2017	**Performance Monitoring and for Information and Discussion**	**EMT Lead**	**Strategic / Decision Papers**	**EMT Lead**
11 Oct	Health and Social Care Localities Update People Strategy 2016-2021	Tracee Te Huia Kate Coley		
Date/ Month 2017	**Performance Monitoring and for Information and Discussion**	**EMT Lead**	**Strategic / Decision Papers**	**EMT Lead**
8 Nov	Te Ara Whakawaiora: Smoking (national indicator) TO BE CONFIRMED Tobacco Annual Update against Plan HBDHB Non-Financial Exceptions Report Q1 Plus MoH dashbaord	Tracee Te Huia Tracee Te Huia Tracee Te Huia		
DEC	**NO MEETING FOR MRB IN DEC - – email papers below to MRB for feedback**			
	Tranform and Sustain Strategic Dashboard	Tracee Te Huia		

HAWKE'S BAY District Health Board Whakawāteatia	**Chair's Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Ngahiwi Tomoana, Chair
Month:	April 2017
Consideration:	For Information

8

RECOMMENDATION

That the Māori Relationship Board
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 February and March 2017 pertaining to Māori health.

INTRODUCTION

I provide an overview of the Chief Executive Officers (CEO) reports for February and March including:

- Human Resources Key Performance Indicators
- HBDHB Non-Financial Exceptions Report Quarter 2
- Te Ara Whakawaiora Access: Ambulatory Sensitive Hospitalisation Rates 0-4 and 45-64 Years and Breastfeeding (national indicator)
- Faster Cancer Treatment Target
- Annual Māori Plan Quarter 2
- Streamlining of DHB Annual Planning
- Suicide Prevention Project Update
- Living within Our Means
- Long Term Conditions/Care Closer To Home
- Working across Government
- Shorter Stays in Ed
- Improved Access to Elective Surgery
- Raising Healthy Kids Target
- Hawke's Bay Palliative Care Strategy

Human Resources Key Performance Indicators

There is progress in Māori representation in the workforce with staffing at 13.02 percent against the 2016/17 target of 13.75 percent. The gap to our target sits at 22, as at February 2017. The DHB are currently developing a mechanism to ensure all Māori staff who resign from the organisation will be offered the opportunity to meet with their respective senior manager e.g. COO, GM Māori Health,

to discuss any issues or concerns that they might have. Ultimately identifying ways to provide support to enable the DHB to retain these individuals.

HBDHB Non-Financial Exceptions Report Quarter 2

Performance needs to be improved as falling short on the percentages of identified diabetics (particularly Māori diabetics) who have their blood sugar levels under control.

Te Ara Whakawaiora: Access - Ambulatory Sensitive Hospitalisation (ASH) Rates 0-4 and 45-64 Years

ASH rates report for 0-4 age group displays the DHB is doing well, nationally and overall ASH rates, sitting well below the national average, and that of the equity gap between Māori and non-Māori rates, which is small and narrowing over time.

However the 45-64 age group rates are above average. The equity gap for chronic obstructive pulmonary disease and congestive heart failure, in particular, are very concerning and will need to be considered how these can be addressed. Recommendations were presented and it was decided that the ASH rates report is to be separated into two reports. The revision of the report for 45-64 years will come back at a future date.

Te Ara Whakawaiora: Breastfeeding (National Indicator)

Breastfeeding is a HBDHB key priority for improved infant and national outcomes and initiatives. Breastfeeding rates for Māori mothers have not increased, confirmed the need to work on new initiatives to meet the needs of Māori mothers and their whānau.

Faster Cancer Treatment Target (FCT)

There is strong commitment to improve the outcomes of people with cancer. Initiatives to ensure that the new target (effective July 2017) of 90 percent of patients receive their first cancer treatment within 62 days include:

1. Continuous case management of individual patients
2. Executive-led weekly meetings to resolve issues
3. Utilising electronic information system tools recently developed to give visibility across the DHB
4. Showing all patients on the 62 day pathway
5. A staff member dedicated to support tracking working across tumour stream teams.

Internal professional standards have been put in place to improve timely diagnostics and management and are being closely managed at executive level. This includes CT reporting within 10 days, multi-disciplinary management team decision within 28 days and triaging turnaround times within 72 hours.

There is strong commitment from clinical leads and tumour stream teams in secondary care, with engagement from Primary Care, to ensure best practice is delivered. There is continuous improvement of clinical and management processes supported by improvement advisors and the Chief Information Officer. The FCT monthly target was 80 percent in January 2017 and 64.1 percent (rolling six month target to December 2016). It is expect the HBDHB will reach the 90 percent target by June 2017.

Annual Māori Plan Quarter 2

HBDHB's Annual Māori Health Plan 2016-2017 quarter two report show a continuation of good performance of Cancer Screening (Cervical Screening), Immunisations (8 weeks), ASH Rates (0-4 year olds), PHO enrolment and Access to Alcohol and Other Drugs (AOD) services (0-19 year olds) The HBDHB are place within the top five of New Zealand DHBs for these priority indicators.

Improvements reported in Mental Health Compulsory Treatment Orders, down from 183.9 per 100,000 population to 179.9, Child Obesity where 44 percent of Māori Children with BMI in 98th

percentile at B4SC were referred to a health professional for nutritional advice (up 18 percent) and Māori Workforce grew 0.5 percent from quarter one to 13.0 percent in quarter two. Areas of concern include Acute Hospitalisations for Rheumatic Fever, increasing from 4.82 in quarter one to 7.3 in quarter two, ASH Rates for 45-64 year age groups went up 15 percent from 196 percent to 211.3 percent and Cultural Competency Training of Medical staff, although a 25.6 percent increase in 2015/16, decreased from 39.9 percent in quarter one to 37.7 percent in quarter two.

Streamlining of DHB Annual Planning

The Minister's expectations to streamline annual plans for DHBs is underway and the Minister's priorities clearly set out. HBDHB has had three years' experience aligning the Annual Māori Health Plan with the Annual Plan, and are using the learnings to achieve this expectation. Bottom-up service planning is almost complete and will feed into strategic planning, with the first draft of the Annual Plan due to the Ministry in March. A Clinical Services Plan is due for completion in 2017/18 which will also move into the strategic planning. The Minister's expectation for DHBs considering longer term Strategic Plans, i.e. 10 year horizon, will be built into the Transform and Sustain programme in due course. All priorities set by the Minister for next year are expected to have an equity focus.

Suicide Prevention Project Update

The six month project investigating Coroner Carla na Nagara's recommendations of four youth suicides in Flaxmere, ended on 31 December 2016 and a full report including recommendations, was submitted to the Governance Group, Transform and Sustain Committee and Executive Management Team.

The recommendations were included to increase the role of the suicide prevention coordinator to full-time and to start implementation of the report's findings. The project reiterated the connections between suicides and social determinants such as low income, education and mental health issues and the impact of childhood adversity or trauma, increasing the risks by four to twelve-fold for suicide, addictions and depression. The suicide prevention role will link closely with evolving work on the social inclusion strategy currently being developed by the Hawke's Bay intersectoral group.

Living within Our Means

The DHB have established a medium term (three year) financial strategy from this year, committing to an average $3 million per year surplus. A disciplined and planned approach to efficiency savings, and the potential of associated investment in local infrastructure, have reinforced and motivated the commitment of the local health sector to delivering the end result. Making a planned surplus is part of our positive narrative for local investment and local service change.

This year the two RMO strikes and the campylobacter outbreak in Hawke's Bay are challenging our ability to fully deliver planned surplus. Even so, our proportionate surplus is likely to be the largest of any District Health Board in New Zealand.

Long Term Conditions/Care Closer To Home

Long term conditions are the most significant cause of death and disease. Hawke's Bay is above the national prevalence, (1 in 6 out of 11 chronic disease risk factors for adults aged 15 years and over). The financial burden of this is 15 percent of the total health spend. Currently 81 percent of funds related with long term conditions is spent on acute management and rehabilitation services, with only 19 percent on early intervention and prevention.

The DHB's Transform and Sustain Strategy is aligned with the New Zealand Health Strategy designed to reducing the burden on hospital services by providing care "closer to home" with a focus on patient-centred care ("people-powered"), promoting wellness and reducing the effects of illness ("smart system – one team"). To this, a Long Term Conditions Framework has been developed to integrate physical and mental health care.

In delivering the Transform and Sustain Strategy, the DHB is producing innovative models of care with excellent patient outcomes. This includes the spine clinic run by Advanced Practice Physiotherapists to resolve chronic back pain and disability that is providing excellent patient outcomes and resulting in 85 percent of patients not required to see an Orthopaedic Surgeon. The nurse-led respiratory clinic has proved a reduction in the emergency department admissions, decreased in-patient admissions and a greater compliance to treatment. This service delivers increased ownership of their condition by clients, and an active contribution to improve health and well-being within a health professional-patient-whānau-community partnership. In addition, the Pulmonary Rehabilitation service provides programmes in Napier, Hastings and rural, collaboratively working with primary and community care organisations.

A nurse-led clinic for people with macular degeneration performs avastin intravitreal injections and saved 408 appointments with an Ophthalmologist during 2016. Other nurse-led ophthalmology initiatives established include virtual retinal screening, nurse-led glaucoma clinics and post-operative cataract clinics.

The Skin Pilot Programme provides nurse assessments and prescribing, to free- up access for treatment for this disadvantaged group. Using innovation funding, this programme is being rolled out to promote healthy skin messages to Early Childhood Centres/Te Kōhanga Reo/School aged children, whānau and key stakeholders. The intention is to see less children admitted to hospital for skin infections.

Our Diabetes Nurse Specialists are now working in corporation with General Practice to reduce referral to specialist services. This has delivered a reduction in First Specialist Assessments (FSAs) of 26 percent since 2010 with follow-up appointments decreasing by 10 percent. The majority of insulin initiations are now completed in primary care by practice nurses with support from Clinical Nurse Specialists, who are also prescribers.

Working across Government

The DHB has been a member of the inter-agency group LIFT since the commencement in 2014. The group has engaged all four local authorities, Hawke's Bay Regional Council, Iwi and Government agencies in Hawke's Bay. Its focus has been on developing Hawke's Bay's Regional Economic Development Strategy, signed off in 2016. By April the group is expected to approve the Social Inclusion Strategy with agreed accountabilities.

HBDHB has progressed to establish a joint work programme with the Ministry of Social Development focusing on areas of priority, particularly for vulnerable families. The DHB have recently replicated this initiative with Police. The initial meeting between the DHB and Post Treaty Settlement Groups (Te Kei o Takitimu) was held in January with progress made on relationship building and better understanding the needs of Hapū. The DHB's expectation is to meet frequently to jointly establish a work programme. All of these efforts are being captured in the Annual Plan for monitoring purposes into 2017-18.

Shorter Stays in Ed

There is continual focus to improve the experience and outcome of people with acute illness presenting to ED. Improved SMO and Registered Nurse staffing in the department has enabled effective decision making for ED presentations, and fast track processes have been reviewed.

The DHB has introduced a programme called "FLOW" to improve patient journeys and ensure patients receive more timely care. The aim is to give patients back valuable time by reducing the unnecessary time they spend in hospital. The programme has four key focus areas under development for improving overall hospital coordination and flow, with key activities including improvements to the Acute Assessment Unit model of care, criteria-based ward discharge plans and effective processes for managing acute presentations of patients with frailty. The establishment of a Surgical Assessment Unit is being planned. The appointment of an Integrated Operations Centre

Manager will reinforce the focus on managing flow across the hospital and have a strong connection with the Primary and Community Sector.

There is commitment to improved integration with Primary Care. Planned actions include rotation of General Practitioners (GPs) through ED following the success of this during the recent RMO strike. This will improve relationships between GPs, SMOs, practice nurses, and ED Nurse Practitioners. The Allied Health response team (Orbit) provides a seven day service to ED across extended hours; this innovative team facilitates discharges from ED, prevents admissions into hospital and works in close partnership with St John's to enable patients to be managed effectively in their own home. Quarter two has seen the shorter stays target reach 94.7 percent. The HBDHB expect to reach 95 percent for the remaining two quarters through to June 2017.

The DHB was visited by the Ministry of Health's ED Target Champion, Angela Pitchford, who recognised many excellent initiatives currently in place and the critical need to address the medical department's model of care to improve flow.

Improved Access to Elective Surgery

Thorough service and production planning is under way to put in place the surgical capacity required to deliver contracted elective surgery to the Hawke's Bay population within the coming year. There is a commitment to ensure that the service delivers high quality care, is efficient and cost effective. Elective services will be delivered through local, regional and national purchasing strategies including strengthening relationships with local private providers. There will be continual emphasis on ensuring that all surgical specialties meet the national standard intervention rate.

Raising Healthy Kids Target

There is a commitment to improve HBDHB's target results. The results have been low due to how the data was recorded in the B4 Schools database, as processes were not completely in place until September 2016. The DHB are confident that we will see an increase in these results in quarter three. The DHB is also confident there are strong pathways for the referral of children identified as obese back to their GP and referrals onto the active families programme when there is parental consent. As at 7 February 2017, the Ministry of Health data shows HBDHB at 75 percent and heading towards 80 percent for quarter three. HBDHB was visited by target champion Professor Hayden McRobbie in February, who was happy with the progress.

Hawke's Bay Palliative Care Strategy

The Palliative Care Strategic Plan has been developed and overseen by an integrated clinical governance steering group. *Live well, stay well, die well* details this vision and identifies six priorities which are all linked to measureable outcomes.

HAWKE'S BAY District Health Board Whakawāteatia	**General Manager Māori Health Report**
	For the attention of: **Māori Relationship Board (MRB)**
Document Owner:	Patrick LeGeyt, Acting General Manager (GM) Māori Health
Month:	April 2017
Consideration:	For Information

RECOMMENDATION

That the Māori Relationship Board

Note the content of this report.

PURPOSE

The purpose of this report is to update MRB on implementation progress of the Māori Annual Plan objectives for February and March 2017.

INTRODUCTION

This month's report provides a brief update on the following matters:

- Appointment of Executive Director of Strategy and Health Improvement
- Appointment of Senior Advisor Cultural Competency
- Annual Plan 2017-18 Update
- 2016-17 Annual Māori Health Plan Quarter 2 Performance Highlights
- Tūruki Māori Workforce Development - Scholarships
- Māori Staff Gap 31 March 2017
- Post Settlement Group Entities
- Ahuriri District Health Trust
- Mobility Action Programme
- Community Breastfeeding Support Request For Proposal
- Ante Natal Programme Development
- Rheumatic Fever - Raising Awareness
- Sexual and Reproductive Health
- Contraception Issues
- International Conference Fetal Alcohol Spectrum Disorder
- Choose Water Hawke's Bay

Appointment of Executive Director Strategy and Health Improvement

On behalf of the Māori Health Service I would like to congratulate Tracee again for her appointment to the role of Executive Director of Strategy and Health Improvement. I would also like to congratulate our CEO Kevin Snee on a great selection. As Kevin stated in his notice to the organisation, "Tracee brings with her a history, and in-depth knowledge, of working across multiple organisations to improve the health and wellbeing of the Hawke's Bay population. Her focus has been on the most deprived communities and this knowledge will bring huge benefits to the work she will be responsible for in this new role. During her time as the General Manager of Māori Health she has successfully led innovative and transformational change that has seen Māori staffing increase at a higher rate than any other district health board and developed a Memorandum of Understanding with local iwi which has strengthened the DHBs relationship with Iwi and Māori. More recently Tracee has led the refresh of Transform and Sustain, one of the largest programmes for the district health board, and designed the framework for the development of the Health and Social Care Localities – the strategy for reorganising primary and community social and health care in Hawke's Bay. In her new role Tracee will be particularly responsible for DHB's planning, project management office, Māori and Pacific Island health and population health, while working with a range of sectors and organisations including local government, central government and local Iwi to improve the health of our population and address inequity".

I am sure you will join us in congratulating Tracee and provide continued support for her in the new role.

Appointment of Senior Advisor Cultural Competency Māori Health

In February 2017, Dr James Graham officially joined the organisation as the Senior Advisor Cultural Competency for Māori Health following an extensive career in the education sector as a Senior Lecturer in the Master of Teaching and Learning Programme in the School of Teacher Education, Te Rāngai Ako me te Hauora - College of Education, Health and Human Development, University of Canterbury. James has a background in Māori education with experience working across Initial Teacher Education Programmes between 1997 and 2012 at Te Kupenga o Te Mātauranga - Massey University College of Education and Te Kura Māori - Victoria University of Wellington including both undergraduate and postgraduate programmes.

In recent times, Dr Graham was responsible for leading Māori educational development across Ngāti Kahungunu as the Pouhāpai Mātauranga at Ngāti Kahungunu Iwi Incorporated for four years. His role included working with the Ministry of Education forging partnerships and agreements, working with the centres, schools, secondary schools and tertiary institutions to support iwi and Māori educational aspirations, being a spokesperson for iwi educational issues and meeting with Ngāti Kahungunu stakeholders including whānau, ECE providers, schools, Government agencies, tertiary institutions and other iwi / Māori and non-Māori organisations (Large Natural Groupings and Non-Government Organisations) on iwi and Māori educational issues.

James has been involved with working groups, both nationally and regionally, that joined together to strategise on the education strategy that supports *Ka Hikitia - Accelerating Success,* the Māori education strategy. He has also led or participated in national hui and initiatives centring on iwi, Māori, Pasifika and all learners including Youth Guarantee and Vocational Pathways, NCEA and the Whānau, Whānau Education Action Planning, Ngā Kaikōkiri Mātauranga, Positive Behaviour for Learning, Huakina Mai and Strengthening Early Learning Opportunities in Early Childhood Education.

Annual Plan 2017-18 Update

Māori Health have been heavily involved in the development of the HBDHB Annual Plan 2017-18 through attending most planning sessions between the DHB and Health Hawke's Bay PHO (HHB PHO) services, and have provided direct input and critique of action plans submitted.

2016-17 Annual Māori Health Plan Quarter 2 Performance Highlights

Achievements

1. Access to referral services for alcohol and other drugs for 0-19 year old Māori within 3 weeks has slightly decreased from 81.6% in Q1 to 80.5% in Q2, but still tracking positively above the expected target of ≥ 80%.

Areas of progress

1. Immunization rates for 8 months old Māori for Q2 has remained unchanged from 94.6% in Q1, tracking positively towards the expected target of ≥ 95%. This rate lowers the disparity gap between Māori and non- Māori from 2.1% in Q1 to 1.8 in Q2.

2. The number of Māori enrolled with HHB PHO increased slightly from 96.6% in Q1 to 96.8% in Q2 and trending positively towards the target of ≥ 100%. This brings the disparity gap between Māori and non- Māori for Q2 to less than 1%. Currently HBDHB ranks 4th among all DHBs in the country for Māori PHO enrolments

3. The ASH rates for Māori 0-4 year old group has dropped from 91.7% in Q1 to 84.9% in Q2 and trending positively towards the expected rate of ≤ 83%. This lowers the disparity gap between Māori and non- Māori from 11.4% in Q1 to 7.1% in Q2. HBDHB ranks 3rd among the best DHBs in the country for ASH rates among the 0-4 year olds.

4. Cervical screening for 25-69 year old Māori women for Q2 is 72.8% up slightly from 72.7% in Q1 with a disparity gap of 6% between Māori and non- Māori compared to 5% recorded in Q1. Nonetheless, this indicator continues to trend positively towards the target of ≥80% putting HBDHB ahead of all other DHBs in the country.

5. Māori Workforce grew by less than 1% from 12.5% in Q1 to 13% in Q2 trending towards the expected target of 13.8% or 22 employees to the target of 409 Māori staff.

6. Access to referral services for alcohol and other drugs for 0-19 year old Māori within 8 weeks has increased slightly from 91.7% in Q1 to 93.6% in Q2, tracking positively towards the expected target of ≥ 95%. This lowers the disparity gap between Māori and non- Māori from 1.1% in Q1 to 1% in Q2.

Challenges

1. Acute hospitalization for Rheumatic Fever has steadily remained at 7.3% from Q1 and tracking more than 20% away from the expected target of ≤1.5.

2. Māori under Mental Health Act compulsory treatment orders (CTO) has decreased from 183.9 per 100,000 population in Quarter 1 to 179.9 per 100,000 population in Q2. However, the indicator is tracking behind the target of ≤ 81.5 with a disparity gap of 117.8.between Māori and non- Māori in Q2 compared to 94.2 in Q1.

3. ASH rates for Māori 45-64 years went up slightly to 211.3% in Q2 from 196% in Q1 trailing behind the target of ≤ 123% with a significant disparity gap of 101.3% between Māori and non- Māori.

4. Breast screening for 50-69 Māori women dropped from 67.1% in Q1 to 64.7% in Q2 tracking positively towards the target of ≥ 70%. This rate presents a disparity gap of about 11% between Māori and non- Māori compared to 7.4% in Q1.

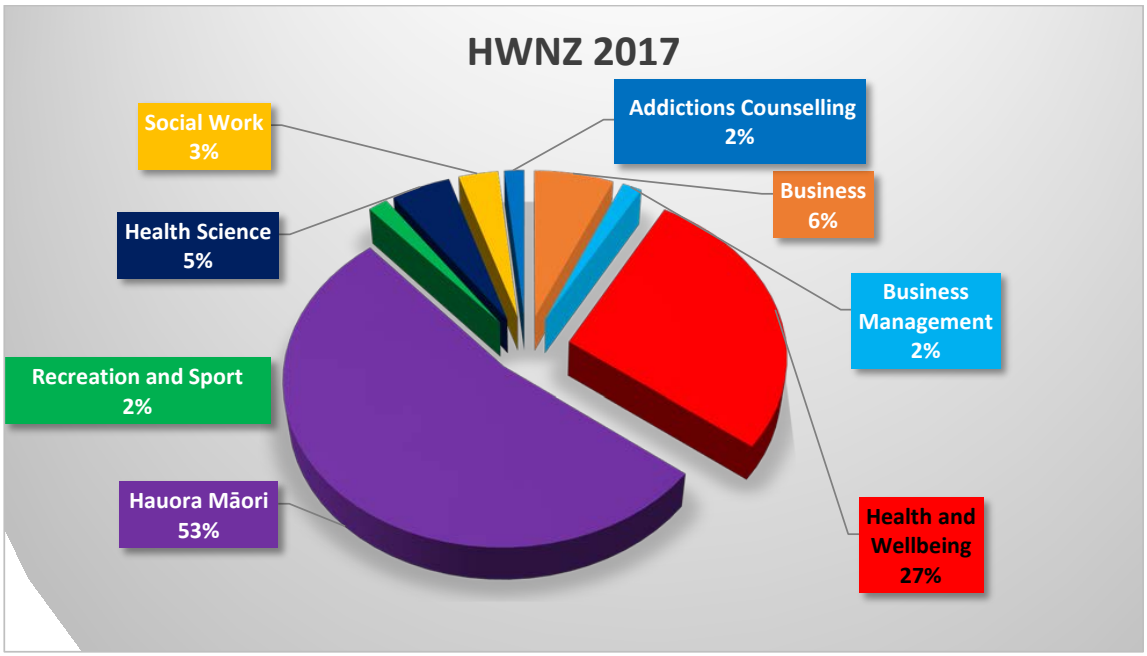
5. The Māori staff cultural competency training shows some slight increase from 78.8% in Q2 to 80.7% in Q2. While the numbers of staff training across professions went up

slightly across the service, the number of staff training among the medical staff dropped by 2.2% from 39.9% to 37.7% in Q2.

National ranking by Trendly.

Tūruki Māori Workforce Development Scholarships

63 applications were received for Health Workforce New Zealand (HWNZ) scholarships. These scholarships are targeted at Māori wanting to work within the non-regulated workforce i.e. administration and support workers roles. A breakdown of each category is demonstrated in the pie graph below and also contained in Graph 1: HWNZ Scholarships Applications February 2017.



Graph 1: HWNZ Scholarship Applications February 2017

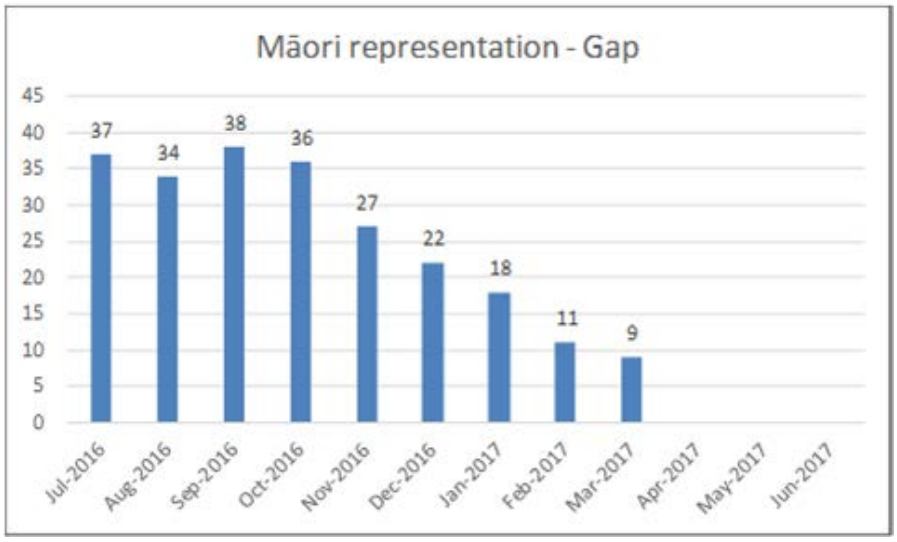
Cert in Health Science	13
Cert in Social Work	2
Cert in Recreation & Sport	1
Cert in Hauora Māori	20
Diploma in Hauora Māori	13
Cert in Addictions	1
Cert in Health & Wellbeing	17
Cert Business	5
Public Health Management	1

Online Database

An online database has been implemented for Tūruki, HWNZ and Programme Incubator. The database allows for approved HBDHB administrators and support staff based at EIT to provide real time information on students and school students. The first phase of implementation involved creating profiles of HWNZ funded students with Tūruki and Programme Incubator students in March and April.

Māori Staff Gap 31 March 2017

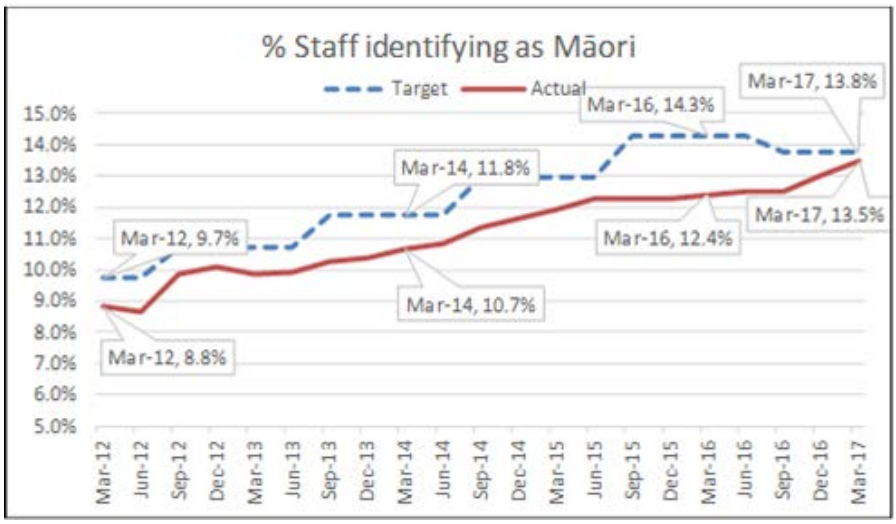
The 2016-17 year target is 13.75% while the actual at 31 March 2017 is 13.46%. The gap to our target is now sitting at 9.



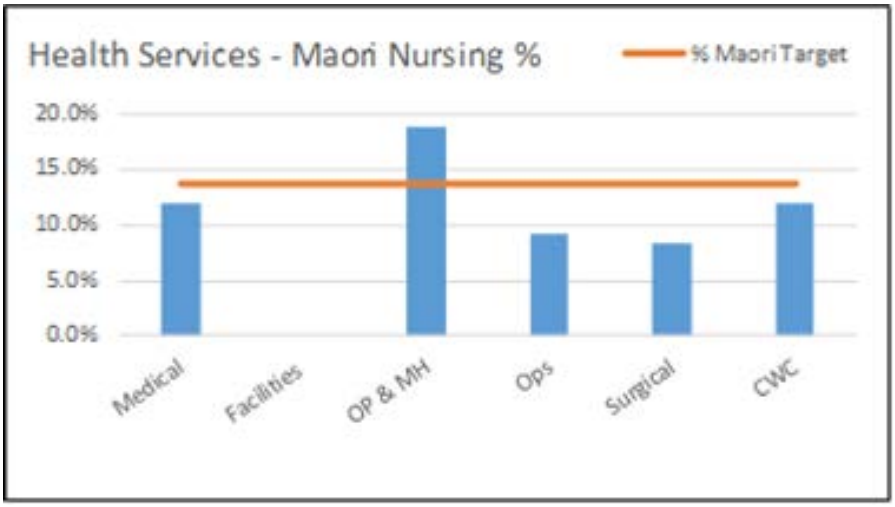
This gap of 9 is made up of:

27	Medical staff
33	Nursing staff
3	Allied Health Staff
(29)	Support staff
(25)	Management & Admin staff

	Headcount		Positions	
	Number	%	Number	%
Mar-12	223	8.9%	239	8.8%
Mar-17	382	13.9%	412	13.5%



The Māori staff percentages in Health Services Nursing and the gap to the DHB target are illustrated in the following bar graph.



Post Settlement Group Entities

A briefing paper was developed by Māori Health for the CEO and Chairman of the HBDHB regarding the Post Settlement Group Entities (PSGE) within close proximity of HBDHB region. The paper summarised the DHB responsibilities to work with Māori, identifies the PSGE within the HBDHB region and discusses their potential expectations in post settlement relationships with the Crown agencies. Furthermore, the paper included a more in-depth reference paper outlining settlement packages of redress framework summarising all relating treaty claims within Ngāti Kahungunu. It identifies the claimants and geographical details, the total registered members, the quantum in $NZ, the background and nature of the redress, and a description of the PSGE.

The HBDHB met with a group of PSGEs at the Ngāti Kahungunu Iwi Inc. office on 30 January 2017. The purpose of the meeting was to discuss common strategies and where planning could be aligned. The discussion and response was positive with all parties agreeing to reflect on the meeting, continue to meet, and return with strategic activities to work together on.

Māori Health supported by the Business Intelligence team has begun a scope up of the population data sets for each PSGE with a view to provide PSGE Hospital and Primary Care utilisation by hapu cluster. This may provide a snapshot of health status that PSGEs may want HBDHB to continue to monitor.

Ahuriri District Health Trust

Māori Health and the Ahuriri District Health Trust (ADHT) Project Manager have been working together attempting to meet both parties obligations related to the original Deed of Settlement (DOS). The DOS outlines the DHBs responsibilities to work with ADHT and ensure they provide business cases for oral health services and health and social integration services. The process had been slow in that ADHT had not submitted business cases to the expected standard.

Māori Health met with the ADHT Project Manager and two board members on the 26 January 2017 where it was announced the Ministry of Health (MOH) was directly funding ADHT the remaining settlements funds with no obligation to meet the original obligations to develop the health service business cases. ADHT intend on developing the Maraenui Medical Centre and operating ADHT as a health business arm of Mana Ahuriri. ADHT have made significant progress in redesigning, refurbishing and building a new medical centre on the Maraenui Medical Centre site.

A meeting was planned for 20 February 2017 between ADHT governance and HBDHB Board Chair, CEO HBDHB and Māori Health to discuss the MOH settlement and any ongoing relationship with HBDHB.

Mobility Action Programme

A steering committee has been formed to guide the design, implementation and monitoring of the Mobility Action Programme (MAP) service. Contract specifications have been completed for Iron Māori, Physiotherapists and HHB PHO. An information sharing day was planned for 15 February 2017 where DHB and providers will present and share information concerning their sections of the MAP Programme. It is anticipated that the MAP Programme will begin in March 2017.

Community Breastfeeding Support Request for Proposal

HBDHB issued a Request for Proposal (RFP) in November last year with a final submission deadline for proposals on 16 December 2016, with a service start date of 1 July 2017. HBDHB has received six (6) submissions to the Community Breastfeeding Support RFP. All six (6) RFP submissions were of high caliber with two coming from outside the HBDHB region.

An evaluation panel convened on 31 January 2017 to evaluate the proposals and identify a preferred provider. Two preferred providers were identified and the unsuccessful providers notified. HBDHB are in negotiations with the two providers moving towards a 1 July 2017 start date for the new service.

Ante Natal Programme Development

Māori Health are currently investigating HBDHB funded ante-natal education programmes. The purpose of the review is to provide advice to improve the participation of pregnant Māori women and their whānau in ante-natal education programmes. A draft report was developed in February 2017 and is being included in considerations for any model redesign.

Rheumatic Fever - Raising Awareness

To raise the awareness about Rheumatic Fever (RF) Māori Health have been involved in improving activities. A key contribution has involved increasing opportunities to engage Māori whānau, who have had or whose lives have been affected by RF. Three Māori providers have been asked to develop community engagement plans in Wairoa, Napier and Hastings. A strength of this approach is 'whānau sharing their experiences and kōrero with other whānau'. The intention is for the DHB health professionals to work in a supportive way alongside whānau in the community. Future activities will look at how whānau can be involved in HBDHB raising awareness activities.

Sexual and Reproductive Health

As part of the annual planning process, discussion about appropriate activities for addressing unintended teenage pregnancies have taken place. The MOH released a Sexual and Reproductive Health Action Plan 2016 – 2026, and has identified health equity as one of the main objectives, and of the ten priority areas, two relate directly to Māori, these are; Māori and Pacific approaches, and Enabling Parents and Whānau. The Sexual Health Clinical Governance Group met in March to discuss these priority areas. There is enormous scope to improve rangatahi Māori sexual and reproductive health and well-being. Significant inequalities and inequities in access to sexual health care exist. For example, data indicates only 6% of Māori rangatahi tāne access sexual health services, therefore, a significant number of rangatahi tāne are not having their health needs met. Māori Health intend to be part of the kōrero to inform the HBDHBs direction in this work.

Contraception Issues

A recent review of local HHB PHO data has revealed a high number (73%) of jadelle removals (contraception implants). The national rate for jadelle removals is 12%. We have led discussions wtih HHB PHO, Directions Youth Health Service, and the DHB Sexual Health Service to explain and explore the reasons for this rate. Directions Youth Health Service are reporting a removal rate of about 40%. Anectotally it appears irregular bleeding is a main reason for these removals. Two thirds

of these young women were Māori. The HHB PHO data does not report reasons for removal, and the HBDHB Sexual Health Services are reportedly not experiencing a high trend. It is proposed to discuss this issue at the next Sexual Health Clinical Governance Hui that was held in March, and possibly the Youth Council as a topic for discussion and advice. The role of health literacy and gathering qualitative data about the experiences of young Māori women and why they are getting the device removed are also being discussed.

International Conference Fetal Alcohol Spectrum Disorder

The Children's Development Services (CDS) and Māori Health co-presented their research findings on FASD within the DHB at the 7th International Conference on Fetal Alcohol Spectrum Disorder (FASD) – Integrating Research, Policy and Promising Practice Around the World in Vancouver Canada 1-4 March 2017. Co-presenters included Dr Kate Robertshaw (Paediatrician), Andi Crawford (Clinical Psychologist) and Laurie Te Nahu (Programme Administration Officer). This advanced level conference continues to bring together experts from multiple disciplines to share international research. Conference themes range from prevention, to diagnosis and interventions across the lifespan.

The HBDHB CDS assesses and works with a number of children affected by FASD. Current referral data suggests Māori are over-represented in this client group. Māori Health have been integral in providing support to CDS staff and together established a Taumata Rangahau (Memorandum of Understanding) to become research partners with Andi Crawford on her Doctoral Research Programme.

This research is the basis of a 90-minute workshop *"Developing Collaboration Between Clinical and Indigenous Frameworks in FASD Practice to Address Current Inequalities in Service Provision.* Laurie Te Nahu will present an Indigenous Māori world view. Presenting at this conference will highlight the great work we are doing in the CDS in conjunction with Māori Health, in addition to gaining knowledge from other professionals from around the world.

Choose Water Hawke's Bay

In March, Choose Water Hawke's Bay (HB) and representatives from the DHB (Māori Health and Population Health) presented to the Hastings District Council on the impacts of sugar, and in particular fizzy drinks, on the oranga niho of our tamariki. As a result of our presentation and advice, the Council agreed, in principle, to adopt a sugar free policy for all Council buildings, and all Council events.

The Council also moved to work with the DHB and Choose Water HB to develop this policy. This is a fantastic result for our tamariki, who have very limited rights when it comes to the influence of the sugar/fizzy industry. It's great to see our Council showing leadership on this issue. Councillor Jacoby Poulain played a crucial role in this process. Of interest, the Council also agreed to consult with Napier Council to adopt a policy.

What does this mean for our whānau? An example is the newly built community centre in Flaxmere, that currently has vending machines containing fizzy drinks, will have the fizzy drinks removed and replaced with water.

ACTING GENERAL MANAGER MĀORI HEALTH
Patrick LeGeyt

OURHEALTH HAWKE'S BAY Whakawateatia	**Update on Establishing Health and Social Care Localities in Hawke's Bay**
	For the attention of: **Māori Relationship Board, HB Clinical Council and HB Health Consumer Council**
Document Owner:	Tracee Te Huia (Executive Director of Strategy and Health Improvement)
Document Author:	Jill Garrett (Primary Care Strategic Services Manager)
Reviewed by:	Paul Malan (Acting General Strategic Services Manager); Te Pare Meihana (Change Leader Wairoa Locality) and Executive Management Team
Month:	April 2017
Consideration:	For Information

RECOMMENDATION

That the Māori Relationship Board, Clinical and Consumer Councils:

1. Note the contents of this report.

PROGRESS TO DATE ON LOCALITY DEVELOPMENT

Work is underway to establish Health and Social Care Localities in Central Hawke's Bay and Wairoa. The work in both localities is progressing well, and each are well placed to embed the initiatives that are currently underway and those being scoped. The Change Leadership roles are proving effective in growing the locality stakeholder membership, trust in the processes that are being followed and building effective relationships across the sector providers, both in health and the wider social sector.

Each locality has worked within a co-design, consumer driven approach. Projects have begun that address priority areas identified within health needs assessment, equity reporting and consumer consultation findings.

The range of initiatives are diverse within each of the localities. Where appropriate, direct links are made to contributing to existing DHB initiatives that are focused on rationalising the use of resources.

The benefits of attending the NUKA training in November last year is evident in the momentum that is growing within each of the localities. The confidence in where the process can lead and the autonomy of design is intrinsic to the NUKA model.

Strategic Leadership Established

In both Wairoa and Central Hawke's Bay, a DHB-sponsored Change Leader role has been established and they have the confidence of their multiple and diverse stakeholder groups.

The Change Leaders have worked within existing networks to establish and or strengthen provider networks, which have included both the health sector and wider social and local government agencies.

Confidence in their abilities in relationship management, project management and as change agents who can effectively manage the challenges that the locality work presents, is evident in the progress to date that has been made in each locality.

Activities and Progress in each Locality:

CENTRAL HAWKE'S BAY (CHB)

The Strategic Plan developed by the CHB Health Liaison Group (HLG) has provided a good foundation for prioritising ideas that present to the group on health reform for the area. The four areas aligns current work to the following mission statements of the locality:

- Reducing barriers to access
- Establishing and maintaining effective communication lines
- Facilitating a dynamic workforce
- Strengthening trust between providers

Locality strength continues to grow through the trust that is building amongst the local providers and HLG members. The HLG are working under a collective impact model (see Appendix 1 for an overview). Assessment against the model illustrates strength in Governance and Infrastructure. More work needs to be done in Community Involvement and Evaluation and Improvement before they can be confident in moving towards phase 2 – impact and action.

The HLG are working towards developing principles, similar to those of NUKA that reinforce the branding logo of "Living Well in CHB". The focus will be building an expectation of what wellness looks like at home, in the workplace, in the community and recovering and managing your own health in times of acute illness

CHB initiatives currently underway are:

- Contributions to 'Saving 4000 bed days'**:** the Change Leader is brokering the process by which transitioning of care to CHB is activated based on agreed levels of acuity. The model is proactive rather than only activated when Hastings Hospital is in crisis. Evidence is being gathered to monitor bed utilisation rates as well as looking ahead to readmission rates. The thinking behind this is patients managed closer to home will have:
    - increased confidence in self-management;
    - fewer acute episodes; and
    - lower readmission rates.

- CHB Workforce Wellness Package. This involves working with Silver Fern Farms, Workforce NZ, The DHB Health Promotion team and Central Health to design and implement a wellness package of care that would reinforce "Living Well in Central Hawke's Bay" brand. It would be informed by successful work place models currently in operation in other large employers in the wider Hawke's Bay district.

- Communication and signage using the DHB "Choose Well" branding. Currently the Change Leader is working through issues specific to the locality. Adequate signage has been a request of the community for some time in relation to access to urgent care and after hours care.

- Broadening the membership of the Health Liaison Group. Membership now includes representation from the GPs of Tukituki Medical. Pharmacy have also signaled interest in being part of the group. Current membership includes: Local Government – Deputy Mayor, Consumer Council, MRB, Māori Health Provider, CHB Health Centre Operations Manager, Mayoral leadership forum, Aged Residential Care, CHB Māori Iwi representative, Nursing leadership, PHO and DHB.

CHB initiatives currently being scoped;

- A whānau wellness model, focusing on 10 whānau to demonstrate how to improve health collaboration and connected care across providers (moving towards a whānau ora approach

and the eventual utilisation/support of shared care record)

- Using ideas from the NUKA model to improve consumer voice in the design and evaluation of current service provision, "Consumer Circles" are being set up to provide context on current issues brought to the attention of the HLG. The first was palliative care. The second will be access to primary care.

WAIROA

The Locality Leadership team is formed and has a wide membership representative of the community approach to this development. The structure of the locality framework includes information and design teams' in the following;

- Consumer/whanau – are involved as partners in co-design processes using a NUKA system approach. Wairoa stakeholders who attended the NUKA training agreed to the benefits adopting this system of change to support the development of the locality as the way forward to improving health and social outcomes for the community.
- Clinical Governance – responsible for developing and monitoring implementation of clinical pathways of care
- Whānau Oranga – responsible for establishing an integrated model for addressing social issues within whānau using the Tairawhiti children's team Director as an advisor to the process.
- Pakeke – responsible for ensuring any design processes include marae, hapū and iwi, provide tikanga oversight to the developments.
- Rangatahi – responsible for concept testing any design changes from a rangatahi perspective. Feed in to the developments and oversee decision making processes to ensure the rangatahi voice has been heard.
- Integration staffing forums – will be provided with regular communications and ability to support work streams and provide feedback to any developments as they are occurring.

Wairoa activities currently underway are:

- An initial co-design workshop to understand the collective journey towards improving community and whānau outcomes in Wairoa has been held. Outcomes of the day included a vision statement and set of values and a draft set of community outcomes linked to the health and social care aspects for the Wairoa community. Next steps to be confirmed.
- A proposal to create a single general practice is currently being considered by the DHB and if this is approved will provide a new beginning for primary care in Wairoa. A single practice provides a platform to address many of the challenges smaller practices currently face and the Model of Care will be further explored as a priority project of the locality work streams.
- The Change Leader is currently working with Kahungunu Executive on three main areas – integration opportunities internally and across its three business units, implementation of a single point of entry for Whānau Ora, organisational culture development and contracts and reporting review.
- Wairoa continues to build on local integration and collaborative activities as well as progress more strategic developments under the Health and Social Care framework.

The locality has progressed the following:

- The co-location of services on the Health Centre site. Including Māori healing services and other natural therapies.
- A close working relationship between the three general practices and the two year general practice alliance contract with Health Hawkes Bay.
- The inter-sectoral E Tu Wairoa Family Violence Network.
- Establishing professional roles that work across primary care and interface with secondary care

e.g. Rural Nurse Specialist, Clinical Pharmacy Facilitator and Social Worker

- Planning to align district nursing with primary care
- Integrated diabetes management between primary and community services
- Integrated Clinical Governance committee.

Wairoa initiatives currently being scoped:

- Links have been made with the asset mapping process undertaken by Victoria University for Ngati Pahauwera
- Review of the Health Needs Assessment Report and aligning its recommendations with the strategic plan of the locality
- A briefing paper and business model to be prepared for EMT/Board re scoping of the single general practice model that has been reworked.
- Relationships forged with Social Investment Initiatives - Tairawhiti Children's Team and MSD Leadership

EMERGING CHALLENGES

The work in both of the localities is progressing well, and each are well placed to embed the initiatives that are currently underway and those being scoped. Some emerging challenges include:

- Creating natural synergies between district wide and local strategies without compromising the principles and objectives of both. i.e formal mechanisms that link REDS[1] and SIS[2] with the Change Leaders in each locality.
- The role of the Change Leaders in intrinsically linking and influencing strategic plans and models at a district level without compromising individual strategies being developed at a local level.
- CHB have chosen Collective Impact (see Appendix 1) as its change methodology, however Wairoa will have different priorities. No one methodology should be used to drive the strategy of each locality. The selection and inclusion of what fits each will be key in maintaining local ownership of the process whilst achieving district wide outcomes.
- Building the confidence in the process requires dedicated resource. This is currently being identified as projects are developed. Formalising the process of resource allocation will be required in the future through new investment.
- "Back bone functions" (planning, contracting, analysis, reporting, etc.) are needed to support the work as it develops. Establishment of these functions will assist in avoiding duplication of resources, however a degree of autonomy is needed to create local ownership of outcomes.
- The quality assurance and research and development functions that will need to be in place to ensure best practice must be supported throughout the locality development and sustained over time.

[1] Regional Economic Development Strategy

[2] Social Inclusion Strategy

STRATEGIC DEVELOPMENT OF HAWKES BAY LOCALITIES:

In looking beyond CHB and Wairoa, three key questions have emerged that will require significant discussion and resolution before the wider strategy is developed and implemented further. These questions are:

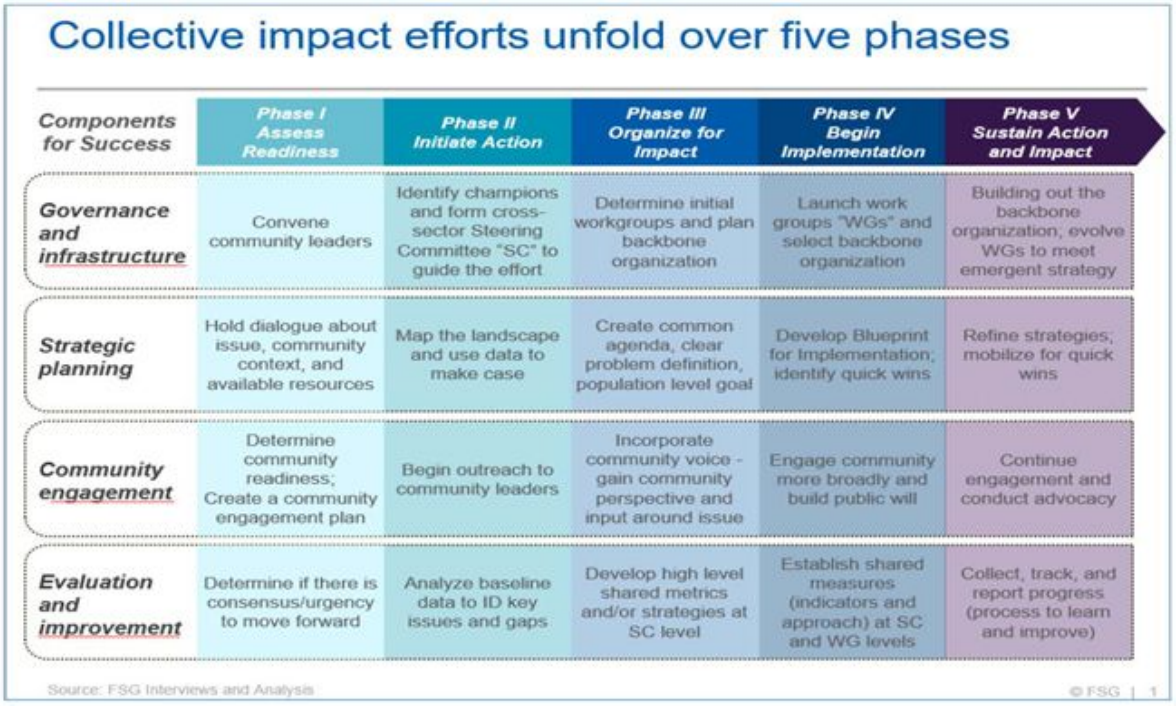
- Is health best placed to act as the lead agency in the development of health and social care localities?
- What are the mechanisms that will ensure the success of the locality work both district wide and locally?
- What form will research and development take and how will it be supported?

Answers to these questions will only be obtained through working with our community partners and other agencies in a collaborative way, and by identifying and implementing resources and processes that will enable the desired outcomes to be achieved. Answering them will also require a style of leadership that encourages bold thinking, tough conversations and experimentation. Evaluation and quality assurance will need to reflect this by looking for the planned and unplanned outcomes of the locality work. A balance therefore will need to be reached in identifying outcomes (success indicators) that both reassure and challenge the work that is being done in this space.

APPENDIX 1: THE COLLECTIVE IMPACT MODEL

The roles and responsibilities that fall out of a collective impact model – to support the work on the ground are outlined in diagram 1.0 below.

Diagram 1.0 – The Four Tiers of Collective Impact



At varying stages throughout both the locality development and the development of individual projects within each locality differing levels of input from a variety of roles will be required.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Report from the Target Champion for Cardiovascular Disease**
	For the attention of: **Maori Relationship Board, HB Clinical Council and HB Health Consumer Council**
Document Owner:	John Gommans, Chief Medical Officer
Document Author(s):	Paula Jones (Service Director) and Gay Brown (CNM Cardiology Services)
Reviewed by:	Health Service Leadership Team & Executive Management Team
Month:	April, 2017
Consideration:	For Information

RECOMMENDATION

That MRB, Clinical and Consumer Councils:

Note the contents of this report.

OVERVIEW

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

Priority	Indicator	Measure	Champion	Reporting Month
Cardiovascular	• Total number (%) of all ACS patients where door to cath time is between -2 to 3 days of admission. • Total number (%) with complete data on ACS forms	70% of high risk >95% of ACS patients	John Gommans	April 2016

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

WHY IS THIS INDICATOR IMPORTANT?

Acute coronary syndromes are an important cause of mortality and morbidity in patients admitted to hospital, which can be modified by appropriate and prompt intervention including urgent angiography (within 3 days) for those identified as at high risk.

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

REGISTRY DATA COLLECTION INDICATOR

Regional Data – up to Quarter 2, 2016/17

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

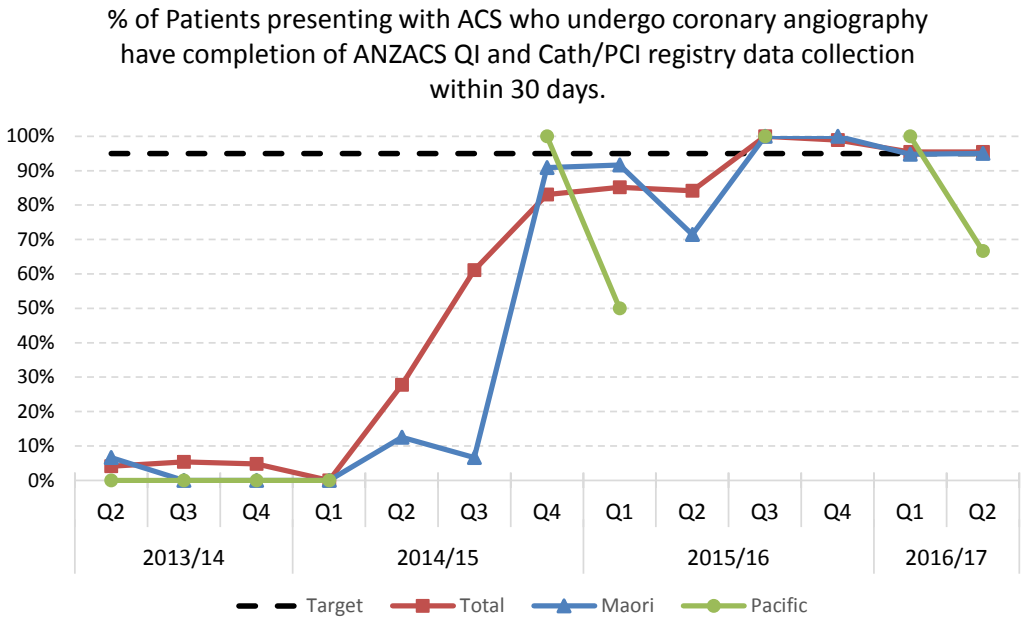
Registry Completion Quarterly Report - Jan 2017

Central Region DHBs

Period *	Central Region DHB Performance							Regional Performance				National Performance
	CAPITAL AND COAST	HAWKES BAY	HUTT VALLEY	MID CENTRAL	NELSON MARLBOROUGH	WAIRARAPA	WHANGANUI	Northern	Midland	Central	Southern	
2015/2016 Q1 (Jun 2015 - Aug 2015)	68/68 (100.0%)	74/74 (100.0%)	47/47 (100.0%)	66/68 (97.1%)	64/66 (97.0%)	16/16 (100.0%)	21/21 (100.0%)	708/727 (97.4%)	407/414 (98.3%)	356/360 (98.9%)	497/542 (91.7%)	1968/2043 (96.3%)
2015/2016 Q2 (Sep 2015 - Nov 2015)	82/83 (98.8%)	83/83 (100.0%)	52/52 (100.0%)	52/53 (98.1%)	59/69 (85.5%)	16/16 (100.0%)	24/24 (100.0%)	691/712 (97.1%)	394/399 (98.7%)	368/380 (96.8%)	533/543 (98.2%)	1986/2034 (97.6%)
2015/2016 Q3 (Dec 2015 - Feb 2016)	75/75 (100.0%)	82/82 (100.0%)	43/43 (100.0%)	81/81 (100.0%)	66/66 (100.0%)	15/15 (100.0%)	33/33 (100.0%)	735/751 (97.9%)	427/436 (97.9%)	395/395 (100.0%)	495/500 (99.0%)	2052/2082 (98.6%)
2015/2016 Q4 (Mar 2016 - May 2016)	104/105 (99.0%)	88/89 (98.9%)	40/40 (100.0%)	61/61 (100.0%)	44/44 (100.0%)	23/23 (100.0%)	22/22 (100.0%)	703/732 (96.0%)	434/442 (98.2%)	382/384 (99.5%)	518/531 (97.6%)	2037/2089 (97.5%)
2016/2017 Q1 (Jun 2016 - Aug 2016)	82/82 (100.0%)	84/88 (95.5%)	52/53 (98.1%)	70/72 (97.2%)	60/65 (92.3%)	15/15 (100.0%)	32/33 (97.0%)	749/776 (96.5%)	475/492 (96.5%)	395/408 (96.8%)	471/483 (97.5%)	2090/2159 (96.8%)
2016/2017 Q2 (Sep 2016 - Nov 2016)	102/103 (99.0%)	84/88 (95.5%)	46/46 (100.0%)	78/78 (100.0%)	43/55 (78.2%)	22/22 (100.0%)	30/31 (96.8%)	603/719 (83.9%)	413/538 (76.8%)	405/423 (95.7%)	513/562 (91.3%)	1934/2242 (86.3%)

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

Hawke's Bay Data – by ethnicity, up to Quarter 2, 2016/17



Hawke's Bay Data – by ethnicity, for Quarter 3 (Dec 2016 - Feb 2017)

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

	Maori	Pacific	Indian	Asian	Eur/Oth
Hawke's Bay	12/12 (100.0%)	2/2 (100.0%)	0/0 (100.0%)	0/0 (100.0%)	60/60 (100.0%)

Summary

There has been significant improvement since interventions to address this target were first put in place in 2015. Satisfactory performance against the indicator has been sustained for the last year with Hawke's Bay meeting the >95% target for Maori and the total population for five consecuitive quarters.

ACCESS TO ANGIOGRAMS INDICATOR

Regional Data – up to Quarter 2, 2016/17

% of all patients with high risk ACS Who Receive an Angiogram within 3 days of Admission (data upto Quarter 2 20016/17).

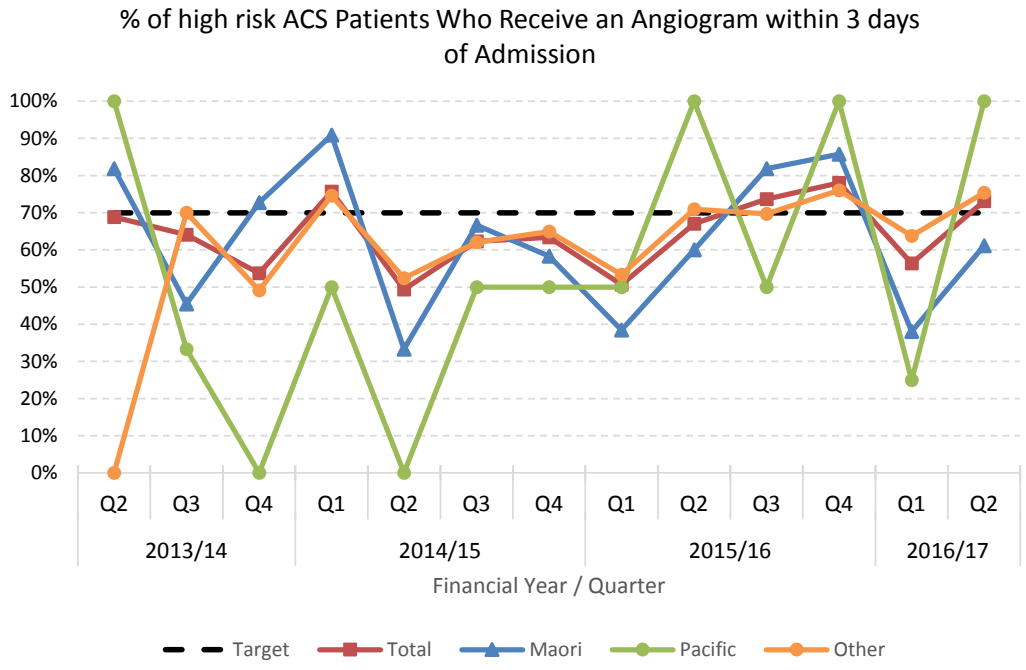
Door to Cath < 3-Days Quarterly KPI Report by DHB - Jan 2017

Central Region DHBs

Period	Central Region DHB Performance							Regional Performance				National Performance
	CAPITAL AND COAST	HAWKES BAY	HUTT VALLEY	MID CENTRAL	NELSON MARLBOROUGH	WAIRARAPA	WHANGANUI	Northern	Midland	Central	Southern	
2015/2016 Q1 (Jul 2015 - Sep 2015)	65/73 (89.0%)	38/76 (50.0%)	41/51 (80.4%)	52/69 (75.4%)	59/67 (88.1%)	11/19 (57.9%)	13/21 (61.9%)	557/707 (78.8%)	272/408 (66.7%)	279/376 (74.2%)	472/557 (84.7%)	1580/2048 (77.1%)
2015/2016 Q2 (Oct 2015 - Dec 2015)	76/83 (91.6%)	57/85 (67.1%)	32/50 (64.0%)	46/58 (79.3%)	62/68 (91.2%)	11/13 (84.6%)	14/27 (51.9%)	628/767 (81.9%)	284/435 (65.3%)	298/384 (77.6%)	440/513 (85.8%)	1650/2099 (78.6%)
2015/2016 Q3 (Jan 2016 - Mar 2016)	78/86 (90.7%)	56/79 (70.9%)	41/43 (95.3%)	58/78 (74.4%)	54/58 (93.1%)	18/21 (85.7%)	23/32 (71.9%)	577/727 (79.4%)	324/457 (70.9%)	328/397 (82.6%)	451/530 (85.1%)	1680/2111 (79.6%)
2015/2016 Q4 (Apr 2016 - Jun 2016)	88/98 (89.8%)	71/91 (78.0%)	38/46 (82.6%)	49/59 (83.1%)	42/43 (97.7%)	16/21 (76.2%)	22/30 (73.3%)	560/725 (77.2%)	321/435 (73.8%)	326/388 (84.0%)	417/504 (82.7%)	1624/2052 (79.1%)
2016/2017 Q1 (Jul 2016 - Sep 2016)	82/87 (94.3%)	53/94 (56.4%)	33/46 (71.7%)	56/78 (71.8%)	72/73 (98.6%)	13/17 (76.5%)	16/28 (57.1%)	601/800 (75.1%)	385/497 (77.5%)	325/423 (76.8%)	456/526 (86.7%)	1767/2246 (78.7%)
2016/2017 Q2 (Oct 2016 - Dec 2016)	94/105 (89.5%)	68/93 (73.1%)	34/39 (87.2%)	59/80 (73.8%)	56/58 (96.6%)	18/23 (78.3%)	15/25 (60.0%)	551/701 (78.6%)	402/536 (75.0%)	344/423 (81.3%)	432/497 (86.9%)	1729/2157 (80.2%)

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

Hawke's Bay Data – by ethnicity, up to Quarter 2, 2016/17



Hawke's Bay Data – by ethnicity, for Quarter 3 (Dec 2016 - Feb 2017)

% of patients with high risk ACS who receive an angiogram within 3 days of admission

Total	Maori	Pacific	Indian	Asian	Eur/Oth
68/93 (73%)	11/18 (61.1%)	2/2 (100%)	1/1 (100.0%)	0/0 (0.0%)	54/72 (75%)

Summary

While Hawke's Bay met the overall >70% target for the total population in the second and third quarters of 2016-2017, consistently maintaining compliance and across all ethnic groups is challenging as many of these interventions (about two thirds) are delivered by specialist services based at Wellington Hospital with associated delays for patients admitted to Hawke's Bay Hospital regarding transport and access to regional beds.

For Maori, in the 2016-2017 year, progress is being made with improvement from 40% in Quarter 1 to 61% in Quarter 3, which is still below the 70% target. Due to small numbers there is also wide variation in the results of the non-European ethnicity groups. For Maori in quarter 3, just two cases would have resulted in a >10% improvement in result and achievement of the target.

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

Regarding the Registry Data Collection Indicator; Hawke's Bay has continued its satisfactory performance against this indicator for the last year, consistently meeting the >95% target for both Maori and the total population. The actions that were instituted two years ago will continue and ensure that we sustain this.

Regarding the Access to Angiograms Indicator; Hawke's Bay has struggled to consistently meet this target for both Maori and the total population. Many of these interventions (about two thirds) are delivered by specialist services based at Wellington Hospital with associated delays regarding transport and access to regional beds for Hawke's Bay patients.

Strategies already in place to improve local compliance include an additional local angiography list (now three times per week) and improved communication between CCDHB and HBDHB to support timely transfers of patients. In addition locum Cardiologists have been and will continue to be employed to complete additional angiography sessions.

In 2016 the Regional Cardiology Network membership was revised to include representation from Central Region DHB Service Managers to aid regional planning focus on improving compliance and reinforce the importance of Wellington supporting access from the provincial centres.

For the longer term solution, the Regional Cardiology Network has recommended to the regional CEOs that consideration be given to the implementation of an Interventional Angiography Service on site in Hawke's Bay within 3-4 years. Local provision of this service would remove the current delays awaiting transport to or beds in Wellington.

RECOMMENDATIONS FROM TARGET CHAMPION

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

Key Recommendations	Description	Responsible	Timeframe
Access to specialist tertiary service angiography services will be actively monitored.	Delays with transport and/or access to Cardiology Services in Wellington will be actively monitored and escalated to senior management if/when impacting on patient care.	Gay Brown CNS Cardiology	Ongoing
A strategic assessment of options for provision of interventional cardiology services to people of Hawke's Bay be done.	That HBDHB under-takes a strategic assessment of options for provision of interventional cardiology services to the people of Hawke's Bay, including the possibility of implementing an on site service at Hawke's Bay Hospital within 3-4 years in line with the regional cardiac network's recommendation and the DHBs Clinical Services Plan to be developed in the coming year.	EMT	2019

CONCLUSION

There has been a positive and sustained result for the data collection indicator. Challenges remain in meeting the access to angiograms indicator that require ongoing local and regional actions in the short term pending a definitive long-term solution including possible local provision of this service within 3-4 years.