



## Māori Relationship Board Meeting

**Date:** Wednesday, 8 November 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)	Trish Giddens
Heather Skipworth (Deputy Chair)	Ana Apatu
George Mackey	Hine Flood
Na Raihania	Dr Fiona Cram
Kerri Nuku	Beverly Te Huia
Lynlee Aitcheson-Johnson	

**Apologies:**

Dr Fiona Cram  
Kevin Atkinson (Chair HBDHB Board)

**In Attendance:**

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



## Our vision

### HEALTHY HAWKE'S BAY

### TE HAUORA O TE MATAU-Ā-MĀUI

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

## Our values

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

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

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

**Ākina** – continuously improving everything we do



**PUBLIC MEETING**

Item	Section 1 : Routine	Time
1.	Karakia	9.00am
2.	Whakawhanaungatanga	
3.	Apologies	
4.	<a href="#">Interests Register</a>	
5.	<a href="#">Minutes of Previous Meeting</a>	
6.	<a href="#">Matters Arising - Review of Actions</a>	
7.	<a href="#">MRB Workplan 2017</a>	
8.	<a href="#">MRB Chair's Report</a>	
9.	<a href="#">Acting General Manager Māori Health Report</a>	
10.	<a href="#">Clinical Council Verbal Update</a> - Kerri Nuku	
	<b>Section 2: Presentations</b>	<b>9.30am</b>
11.	<a href="#">Surgical Expansion Project</a> – Rika Hentschel, Phillip Manoy, Anna Harland, Sud Rao	15-mins
12.	<a href="#">Matariki Regional Economic Development and Social Inclusion Strategies</a> – Shari Tidswell and Bill Murdoch	45-mins
	<b>Section 3: For Discussion/ Information</b>	<b>10.30am</b>
13.	<a href="#">Kōrero Mai Project (verbal)</a> - Patrick LeGeyt, Kate Rawstron and Robyn Richardson	20-mins
	<b>Section 4: For Discussion/ Decision</b>	<b>10.50am</b>
14.	<a href="#">Governance Reports and Presentations – Principles, Standards and Guidelines</a> – Ken Foote	15-mins
	<b>Section 5: For Information Only</b>	<b>11.15am</b>
15.	<a href="#">Best Start Health Eating &amp; Activity Plan Update</a>	5-mins
16.	<a href="#">Te Ara Whakawaiaora: Smoking</a> (national indicator)	5-mins
17.	<a href="#">Regional Tobacco Strategy for HB</a> - Update	5-mins
18.	<a href="#">HBDHB Non-Financial Exceptions Quarter 1 (July-Sept 2017) Full Report</a> – late paper	5-mins
	<b>Section 6: General Business</b>	<b>11.35am</b>
19.	<b>Section 7: <a href="#">Recommendation to Exclude the Public</a></b>	<b>11.45am</b>

**PUBLIC EXCLUDED**

Item	Section 8: Routine	Time
20.	<a href="#">Minutes of Previous Meeting</a>	5-mins
	Karakia Whakamutunga (Closing Prayer)	
	Light Lunch	<b>12.00pm</b>



## Māori Relationship Board Interest Register - 1 November 2017

4

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralea Tomoana	Iralea Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralea Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
Heather Skipworth	Active	Daughter of Tanira Te Au	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
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 Haruru/Tangitu 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 Tairarawhiti 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	Employed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Board member of Hauora Tairarawhiti	Relationship with Tairarawhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of 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 and may be contractual from time to time	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15
	Active	Chair, Health Promotion Forum (previously Deputy Chair from 12.08.15)	Relationship	No conflict	The Chair	12.08.15 04.08.16
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare and interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17

Maori Relationship Board 8 November 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
	Active	Adjunct Research Fellow, Women's Health Research Centre, University of Otago, Wellington	Health research involving data and/or participant recruitment from within HB DHB rohe.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Member Health HB Priority Population Health	TBC		The Chair	1.01.17
	Active	Committee Member, HB Foundation	TBC		The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation	TBC		The Chair	1.01.17
	Active	Trustee, Waipukurau Community Marae	TBC		The Chair	1.01.17
Beverley TeHuia			TBC		The Chair	
			TBC		The Chair	
			TBC		The Chair	

**MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING  
HELD ON WEDNESDAY, 11 OCTOBER 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)  
Na Raihania  
George Mackey  
Trish Giddens  
Lynlee Aitcheson-Johnson  
Kerri Nuku  
Ana Apatu  
Dr Fiona Cram  
Hine Flood  
Beverly Te Huia
- Apologies:** George Mackey  
Hine Flood  
Kerri Nuku
- Chrissie Hape (CEO, Ngāti Kahungunu Iwi Incorporated)  
Linda Dubbeldam (Manager, Innovation & Development, Te Oranga Hawke's Bay - Health Hawke's Bay)
- In Attendance:** Kevin Atkinson (Chair Hawke's Bay District Health Board)  
Peter Dunkerley (Board Member HBDHB)  
Dr Kevin Snee (CEO HBDHB)  
Tracee Te Huia (Executive Director of Strategy & Health Improvement HBDHB)  
Chris McKenna (Chief Nursing & Midwifery Officer)  
Chris Ash (Executive Director of Primary Care HBDHB)  
Matiu Eru (Pouahurea, Māori Health HBDHB)  
Patrick Le Geyt (Acting General Manager, Māori Health HBDHB)  
Wayne Woolrich General Manager of Te Oranga Hawke's Bay - Health Hawke's Bay (HHB)  
Members of the Māori Health Service  
Members of the Public
- Minute Taker:** Lana Bartlett (Interim MRB Administrator/ Acting EA ED SHI Directorate, HBDHB)

**SECTION 1: ROUTINE**

**1. KARAKIA**

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

**2. WHAKAWHĀNAUNGATANGA**

Ngahiwi Tomoana (MRB Chair) welcomed everyone to the meeting and gave a warm welcome to newly appointed MRB member, Beverly Te Huia. The Chair and MRB acknowledged Tatiana Cowan-Greening for her contribution throughout her time on MRB and the effort she put into Te Whiti ki te Uru and Maternity services particularly while on the Board. Ngahiwi made a heartfelt acknowledgement to the late Lewis Moeau, renowned leader in the Māori community who recently passed away.

**3. APOLOGIES**

Apologies were received from MRB members H Flood; G Mackey; and K Nuku.

In addition, F Cram gave her apology in advance for the November meeting.

**4. INTERESTS REGISTER**

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

## 5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 7 September 2017 were taken as read and confirmed as a correct record.

**Moved:** N Raihania

**Seconded:** L Aitcheson-Johnson

**CARRIED**

## 6. MATTERS ARISING FROM THE PREVIOUS MINUTES

The following matter was raised from the September minutes:

- N Raihania acknowledged Ngahiwi Tomoana for receiving the award 'Te Taniwha o Te Kīngitanga' by Kīngi Tūheitia Pōtatau Te Wherowhero VII in recognition of Ngahiwi's services to Ngāti Kahungunu, Takitimu waka and Te Mana Motuhake o te iwi Māori be noted in the minutes. *Ka mau te wehi e te Rangatira e Ngahiwi.*

## REVIEW OF ACTIONS

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

- Item 7: Chrissie Hape (CEO, Ngāti Kahungunu Iwi Incorporated) advised the Fluoride workshop that was to be held at Ngāti Kahungunu Iwi Incorporated (NKII) office this month had been postponed to 7 November 2017. L Aitcheson-Johnson proposed and MRB agreed for the workshop be held in February 2018 instead to coincide with a visit by Paul Connett (Ph.D.), Executive Director of the New York based Fluoride Action Network (FAN).
- Item 8: Since the passing of the late Richard Orzecki, former coordinating Chair of Te Whiti ki te Uru (TWktU), MRB should consider how to best support TWktU whether we take the strong leadership role or appoint someone to take leadership. MRB had appointed Ana Apatu to be our local representative as a proxy for the Chair should he not be able to attend.

## 7. MRB WORKPLAN 2017

The workplan as at October 2017 was taken as read.

## 8. MRB CHAIRS REPORT

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

N Tomoana tabled a paper he prepared, the Information Paper titled 'NUKA Kahungunu Delegation 2017' dated 11 October 2017. The MRB Chair provided a brief outline of the paper (refer to Appendix 1). The following matters were discussed:

- T Giddens requested that John Barry present to CHB Health Advisory Group to feedback the learnings from the NUKA trip.
- Coordinate a briefing meeting before departure to establish the objectives of the visit and plan how we plan to achieve our objectives
- Get our affairs into order prior to the visit i.e. karakia and waiata and purpose of travel
- Internships – doctor to doctor secondments to further build initial relationships and working partnerships to perform more in-depth work and take the learnings
- Wairoa, CHB and GPs we need a strong primary care contingent given the direction of travel
- Look at how we Kahungunu'ise' Nuka for Hawke's Bay
- Wairarapa is sending representatives, how do we work with Wairarapa DHB

F Cram provided a brief overview of her visit to Alaska, highlighting the following:

- 75 learning circles that brings the community together to tell their stories.
- Traditional healing is integral to their services. Staff are offered a 3-year training programme to become a healer as part of their mainstream training i.e. nurse, physician



- Owner-Customer relationship – health practitioners listen and care, and the environment supports this to occur.

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

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

The following matters were discussed:

### ***Science Academy Roll-out and Science Wānanga***

There will be more science programmes with the programme now included in the DHBs Diversity Plan. We want to widen the scope of this academy and look further afield. The key is to achieve 25% of youth interested in science in schools. It will mean we need to work with those schools that do not have science on their curriculum.

### ***Engaging Effectively with Māori (EEWM)***

The DHB provides a mandatory Treaty of Waitangi (TOW) online training. This training is offered to all new staff and is a one-off training. In addition, there are individual registration requirements. We need to have cognisance of the next steps on how staff are implementing the TOW principles into their daily practice. Dr James Graham, Senior Advisor Cultural Competency is developing the framework for EEWM that will include assessing the competency of staff. First draft will be provided to MRB early next year. The Acting GM Māori Health is looking at including three aspects into service plans; 1) Cultural competency targets 2) Māori workforce recruitment targets and 3) Activities eliminating inequities relevant to services.

### ***19 New Graduates for Nurse entry to Practice (NetP)***

Chris McKenna (Chief Nursing & Midwifery Officer) commented that two key appointments, Donna Foxall, Nurse Educator NetP and Ngaira Harker, Nursing Director Māori have and will make significant progress in nursing for the Māori patient and their whānau. In addition, the co-sponsorship of Aria Graham and the Nursing Directors, one who is of Māori descent and the other of Pacific heritage is focusing on improvement of Maori health. There is still some work needed in midwifery, we need to better support our Māori midwives. The recruitment of a Māori midwife leadership role is underway with Beverly Te Huia having been involved in the recruitment process. It is expected this role will assist to tackle the issues in birthing and transition for pēpi.

Ngahiwi Tomoana commended Chris McKenna (Chief Nursing & Midwifery Officer) for her contribution and efforts driving nursing and the recruitment of Māori nurses, and also for her courage challenging people whose practices discriminate Māori. The positive impacts of these appointments need to be captured as good news stories. One story told was on how a new nurse appointment led to that family being the first and only home owner in her family, and a security guard now able to purchase a decent car for the first time, demonstrates good outcomes for whānau. Dianne Wepa, Senior Clinical Workforce Coordinator has been tasked to collate these stories and present them back to MRB. Traci Tuimaseve has been contracted to assist with this work.

## 10. CLINICAL COUNCIL UPDATE

The interim MRB Administrator received an update from K Nuku via email and tabled on Kerri's behalf (refer to Appendix 2). The content of the report was noted. It was requested that Kerri clarify the last sentence "indicators are intending to measure (new line) which is beneficial to".

## SECTION 2: FOR DECISION

### 11. KA ARONUI KI TE KOUNGA / FOCUSED ON QUALITY (FINAL)

Kate Coley (Executive Director, People and Quality) was in attendance to present the report.

MRB **endorsed** Ka Aronui ki te Kounga/ Focused on Quality (Final) for publication **pending** MRBs recommended changes, as follows:

- Measuring success – work with MRB on what success will look like when Māori requirements are achieved and how to measure these requirements to ensure that what we are doing is supporting Māori wellness
- Structure of the report – use this opportunity to promote Our Values. Re-order the report to better profile Our Values.

Discussions included:

- Measuring success – the method for measuring and ensuring Taha Wairua (spiritual); Taha Māori requirements will be achieved and is unclear. These may include Te Reo, Taha Wairua, Taha Atua, Mana Tangata, whanaungatanga. There are a number of models to measure spirituality, as well as individual and whānau wellness
- Structure of the report – a missed opportunity to promote 'Our Values' and how we are partnering. The more we talk about how we are living 'Our Values' embodies people into 'Our Values' and in turn start to live by 'Our Values' too.
- Workforce Diversity on page 32 was discussed briefly. N Raihania feedback the statement referring to 'equitable to Hawke's Bay population' limits the opportunity for Māori to be employed as it sets a cap or ceiling on Māori employment. The 'hospital utilisation population' is the equity target rather than the Hawke's Bay population. It was clarified the 25% was not a cap or ceiling.

Kate Coley (Executive Director, People and Quality) will incorporate the comments of MRB and include into the document.

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

Kate provided a brief update on The Big Listen. Information collected from 1500 staff (target 2000) and 800 consumers (target 500) has been collated. Information will be analysed over the next two months. The Draft Feedback will be circulated to staff and consumers to get further feedback to see if we got it right. The Big Listen was not a one off but rather a platform to build on how we better engage with staff annually, community and patients around their experiences.

## **SECTION 3: FOR DISCUSSION**

### **12. IMPLEMENTING THE CONSUMER ENGAGEMENT STRATEGY**

Kate Coley (Executive Director, People and Quality) spoke briefly to the Implementing the Consumer Engagement Strategy taking the opportunity to put a pause on this paper to look at how we've gone through Clinical Services Planning and The Big Listen and how we use different techniques to better engage.

MRB **noted** both the contents of this paper and the Consumer Engagement Strategy endorsed by HB Health Consumer Council, *and* the matters yet to be resolved and proposed action plan. MRB also **supported** Kate's request to put this paper on hold until a further notice to allow Kate to investigate the findings of the CSP and The Big Listen, particularly the use of different techniques to better engage.

Most whānau will be resistant about sharing their story because the consumers feel their stories are not heard. Engaging with the right people is key to obtaining significant facts to form the full picture. For example, the story about the family home burnt down in Te Hauke discussed at the last meeting established that if services engaged with the right people a history of mental health would have been identified.

Kate Coley (Executive Director, People and Quality) will incorporate MRBs comments and include into the document.

### **13. CHECKLIST PRIOR TO PAPERS PRESENTING AT MRB**

Patrick Le Geyt (Acting General Manager, Māori Health) invited Ken Foote (Company Secretary) to talk about to the organisational reporting requirements. Ken spoke to an example paper from 2012 that talks about reporting responsibilities. The Board Overview was introduced in 2013 and provided a checklist of what the authors were required to report about. This overview highlights 'impacts to inequity'. The standards have slipped and we are now using different language.

MRB would like the current template and policy updated to include how the paper impacts Māori, have Māori been involved in the co-design, what are the inequities, and how does this address social complexity, plus identifies today's impacts. **Ken will circulate the policy and template to MRB once updated and then request approval by EMT ACTION**

## **SECTION 4: FOR INFORMATION**

### **14. CAPITAL PROJECTS / STRATEGIC PLAN FOR TOWER BLOCK AND ADMIN BUILDING**

Trent Faurey (Energy & Capital Projects Manager) provided presentation on the Capital Projects/ Strategic Plan for Tower Block and Admin Building.

## **SECTION 5: FOR DISCUSSION/ INFORMATION ONLY**

# **15. ESTABLISHING HEALTH AND SOCIAL CARE LOCALITIES UPDATE**

Chris Ash (Executive Director, Primary Care) provided a brief over of the paper stating that we are not quite there yet. A lot of work has been done in Wairoa to develop trust. There is a need to refresh the Localities Programme and develop the capabilities to ensure we can deliver to these communities and that we need to ensure we deliver the same amount of services.

# **16. IMPLEMENTING BOWEL SCREENING IN HAWKE'S BAY**

Chris also spoke briefly to the Implementing Bowel Screening in Hawke's Bay paper. N Raihania requested the statistics for Māori and non-Māori. **Chris to provide these statistics ACTION**

## **SECTION 6: GENERAL BUSINESS**

There being no further discussion, the MRB Chair accepted a motion to move into Public Excluded.

# **17. RESOLUTION TO EXCLUDE THE PUBLIC**

## **RESOLUTION**

That MRB exclude the public from the following item:

18. After Hours Implementation Presentation

**Moved:** N Raihania

**Seconded:** T Giddens

**Carried**

The public section of the MRB Meeting closed at 11.15am

Signed:

Chair

Date:

**Date of next meeting: 9.00am Wednesday, 8 November 2017**  
**Te Waiora (Boardroom), HBDHB Corporate Administration Building**

<b>CLINICAL COUNCIL REPORT TO MRR</b>
---------------------------------------

**APPENDIX 1**

Prepared by:	Kerri Nuku
Board Meeting:	October 2017

On the agenda for discussion

1. After Hours GP service

Currently there are multiple levels of service provisions in urgent care these include emergency services, urgent care, and unplanned care and out of hours GP care. All are provided at different places and across primary and secondary care. In addition to these provisions telephone triage services are contracted to external services. There is ongoing discussion about the successful of this approach and Clinical Council were to consider for discussion a new proposal.

2. Providing a view of patient journey

Clinical council were asked to consider the introduction of a “ quality dashboard “ , this would provide for quarterly reporting shared across the sector starting in December of this year. The dashboard is based on the Hauora Tairāwhiti model and cover reporting against the following areas

- Safety
- Patient experience
- Effectiveness
- Timely access
- Equity
- Efficiency

The dashboard ensures a standard reporting template, with a clear indicators of expectations from all service areas, clinical and non-clinical. I believe the dashboard is a positive step, however my caution is that there needs to be a clear definition of what each of these indicators are intending to measure

which is beneficial to

Prepared by Kerri Nuku

## APPENDIX 2



# INFORMATION PAPER

**Submitted by:** Ngahiwi Tomoana - Chairperson Māori Relationship Board

**Date:** 11 October 2017

**Subject:** NUKA Kahungunu Delegation 2017

Since the last intersectional health hui and the last MRB meeting as Chair of the Iwi and MRB I have held 10 hui from Dannevirke to Wairoa with various parties to accelerate the process of a Toiora-NUKA-Te Wheke model of care supported by learnings from the NUKA system of care. We have held various workshops in Hastings and in Wairoa in order to advance knowledge and acceptance that we need move more quickly together as a health community and as a site specific community.

It has been agreed in principle that the Kahungunu led health sector groups in partnership with the HBDHB will attend a conference in Alaska in November 27 – 4 December. This group will include members from the respective Taiwhenua, Māori Health Providers, HBDHB, Totara Health and the Iwi. This delegation will be able to witness first-hand the NUKA model of care as well as meet and greet the local Tangata whenua to forge a relationship with Ngāti Kahungunu whānau whānui and Inuit Peoples bringing together the 2 most distant tribes in the world. It will also support the growing special relationship between the HBDHB and the SCF.

The delegation's mission is to bring back ideas on how we effectively as Kahungunu and the HBDHB can develop a specific model based on the continued improvement of the clinical, cultural and community delivery systems which NUKA are renowned for. It is intended that we explore our own models of delivering health and then adapt a globally recognised model as well. The conference itself is two days but the intent is to stay an additional two or three extra days to get greater insight and knowledge of community, cultural and clinical cohesion required to support changes here.

The makeup of the party will be Na Raihania, Hine flood, and possibly Ana Apatu from MRB, Sarah Paku and Reremoana Houkamau and Dr Ron Jane from Wairoa, Mike George Kiri JB & Julie from the Taiwhenua o Heretaunga, Stacey Hape and Adele Berquist from Tamaki Nui a Rua Taiwhenua, and Chrissie and Hemi Wong from the Iwi. Emma Foster and Beverley Te Huia may also come funded by Totara Health. The DHB will fund Na, Hine, Sarah and Dr Jane. Kahungunu Executive will fund Reremoana. Taiwhenua o Heretaunga will fund their 5 representatives. Tamaki Nui a Rua will fund Stacey and Adele and Ngāti Kahungunu will fund Chrissie and Hemi.

This has been supported in principle by the DHB through the CEO Kevin Snee.

The delegation's equally important role is to create synergies amongst themselves and develop a stronger working relationship once back in the community. It is also a primary goal for Ngāti Kahungunu and the DHB to provide free health Care in our rohe over time beginning in Wairoa

hence the extreme importance of having a strong Wairoa contingent as part of the delegation. The ambition of the Iwi is to have free primary health Care in Wairoa for by July 2018 and this visit can only help realise this ambition.

The Iwi has called this delegation

*Ka tangi te titi*

*ka tangi te kaka*

*ka tangi hoki ahau.*

Which we translate in this instance as the call of the titi can be heard in it's annual pilgrimage from Aotearoa to Alaska and back again.

The call of the Kaka can be heard and stories of the most distant tribes recount their experiences in their own communities.

The call to bring the two most distant tribes together to create greater cohesion is my call.

*Kanohi ki Te kanohi*

*Pokohiwi ki Te pokohiwi*

Face to face

shoulder to shoulder

The delegation should meet before departure to whakawhanaungatanga, to learn waiata and to pick a delegation leader and tour facilitator.

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

Action No.	Date issue first entered	Action to be taken	By whom	Month	Status
1.	11 Oct 2017	<b>Checklist prior to papers presenting at MRB</b> Circulate the policy and template to MRB once updated and then request approval by EMT	Ken Foote	Nov 2017	<b>COMPLETE</b> 01/11/17 - Ken presenting paper at MRB meeting in November.
2.	11 Oct 2017	<b>IMPLEMENTING BOWEL SCREENING IN HAWKE'S BAY</b> Provide MRB the bowel screening statistics for Māori and non-Māori.	Chris Ash	Nov 2017	<b>COMPLETE</b> 11/10/17 - Email containing stats received and circulated to MRB on behalf of Chris Ash.
3.	7 Sept 2017	<b>Nuka Model Wānanga</b> Wānanga at a later date to put forward input into the Nuka Model process.	MRB	Nov 2017	<b>IN PROGRESS</b> Contingent travelling to SCF in November will inform model development going forward.
4.		<b>Metabolic (Bariatric) Surgery</b> Add Bariatric surgery to the indicator reporting dashboard.	Sharon Mason	Nov 2017	<b>COMPLETE</b> 31/10/17 - Bariatric volumes to be included in the elective reporting suite. In addition, discussing with Chris Ash and Leigh White to include in End of Life paper.
5.	9 Aug 2017	<b>Te Ara Whakawaiaora - 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 Intersectoral Forum.	Allison Stevenson / Simon Shaw	TBA	<b>IN PROGRESS</b> 09/10/17 – Mental health now a priority in the tripartite meetings with MSD Police and DHB and is included into the Social Inclusion Strategy. A work programme will be developed with three organisations in December. Discussions begun around mental health services being more closely aligned with GP practices and primary care.

Action No.	Date issue first entered	Action to be taken	By whom	Month	Status
6.	9 Aug 2017	<p><b>Te Ara Whakapiri Hawke's Bay (Last Days Of Life)</b></p> <p>6.1 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.</p> <p>6.2 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.</p> <p>6.3 Coordinate with Leigh to present the updated plan to Kaumatua in Wairoa for feedback.</p>	<p>Patrick LeGeyt / Sharon Mason</p> <p>Patrick LeGeyt</p> <p>Hine Flood</p>	<p>Nov 2017</p> <p>Nov 2017</p> <p>Nov 2017</p>	<p><b>IN PROGRESS</b></p> <p>31/10/17 - Meeting in November.</p> <p>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 the September Review of Actions, item 2.1.2.</p> <p><b>IN PROGRESS</b></p> <p>31/10/17 - Meeting confirmed for 07/11/17 with James and Laurie.</p> <p><b>IN PROGRESS</b></p> <p>Meeting being coordinated with Hine Flood in November.</p>
7.	12 July 2017	<p><b>Student Report</b></p> <p>Circulate research paper to MRB.</p>	Kerri Nuku	TBA	<p><b>IN PROGRESS</b></p> <p>Kerri will circulate once the paper is available for public distribution.</p>
8.	12 May 16	<p><b>Review form and function of MRB and Youth Representative</b></p> <p>NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.</p>	CEO NKII	Sept 2017	<p><b>NKII REVIEW ON HOLD</b></p> <p>09/08/17 - Chrissie Hape and Ngahiwi Tomoana will bring a paper to MRB in September for the Toiora Board.</p> <p>Verbal update by NKII in Nov</p>




**MĀORI RELATIONSHIP BOARD**  
**WORKPLAN NOVEMBER 2017- DECEMBER 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
DEC	NO MEETING FOR MRB IN DEC -- email papers below to MRB for feedback			
	The Big Listen Update	Kate Coley		
	Clinical Services Planning Presentation	Ken Foote/ Tracee TeHuia		
	Ngātahi Vulnerable Children's Worforkce Development – Progress Update since August report	Tracee TeHuia/ Bernice Gabrielle		

Date/ Month 2018	Performance Monitoring and for Information and Discussion	EMT Lead	Strategic / Decision Papers	EMT Lead
14 Feb	Quality Dashboard Quarterly Report	Kate Coley	Quality Annual Plan 2017/18 6- monthly Update	Kate Coley
	Te Ara Whakawaiaora - Access 0-4 / 45-65 yrs (local indicator)	Mark Peterson	People Strategy (draft)	Kate Coley
	HBDHB Non-Financial Exceptions Report Q2	Tracee Te Huia	Implementing the Consumer Engagement Strategy From Sept/Oct	Kate Coley
			Recognising Consumer Participation - Policy Amendment - July 17 now Feb 2018	Kate Coley
			Clinical Services Plan	Tracee Te Huia
7 Mar	HB Health Sector Leadership Forum			
14 Mar	Establishing Health and Social Care Localities in HB (Mar 18,Sept) 6monthly	Chris Ash	Oncology Model of Care (Moved Oct to Mar 18 by A Stevenson)	Sharon Mason Ken Foote
	Te Ara Whakawaiaora - Breastfeeding (National Indicator)	Chris McKenna	Review of MRB	
11 Apr	Te Ara Whakawaiaora - Did not Attend (local Indicator)	Sharon Mason		
9 May	HBDHB Non-Financial Exceptions Report Q3	Tracee Te Huia	Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-Nov18)	Tracee Te Huia
13 June	Consumer Experience Feedback Quarterly Report Q3 Jun18, Sept, Dec, Mar	Kate Coley	People Strategy Update (September, Feb, June)	Kate Coley
	Youth Health Strategy (board action June 17 for Update June 18 including Youth Consumer representative in attendance	Chris Ash		



	<b>Chairs Report</b>
	For the attention of: <b>Māori Relationship Board (MRB)</b>
Document Owner:	Ngahiwi Tomoana, Chair
Month:	November 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 October 2017 pertaining to Māori health.

**INTRODUCTION**

This month's report provides a brief overview of the CEOs Report regarding the resilience of staff to continue to deliver good quality patient care as the pressure continued from August and into the month of September due to the ongoing high amounts of sickness of patients and staff. I also provide a brief outline of 'The Big Listen' and Establishing Health and Social Care Localities in Hawke's Bay that was the main agenda item for the Board to consider in October.

**Chief Executive Officers (CEO) Report**

This month's ED6 performance deteriorated further. Patient flow through the hospital continued to be an issue and ED attendances increased due to continued patient and staff sickness. Staff continued to cope well again maintaining the delivery of good quality patient care. In October, there were signs of improvement.

We continued to deliver to our Elective Plan and our Numbers of Patients Waiting Longer than Four Months reduced significantly. Smoking Advice in Primary Care continues above target but there was no new data on Helping Smokers to Quit in Pregnancy. Faster Cancer Treatment remains close to target, although the problem of identifying the right number of people remains. Raising Healthy Kids data has not been updated by the Ministry.

The financial performance for September shows a \$60k unfavourable variance but overall for the first quarter this represents a \$75k favourable variance, with no contingency used to date. This is very good performance. But it is still early days.

**The Big Listen**

As you all know the work continues around 'The Big Listen' that ran from 25 September to 3 October. Over 1500 surveys were filled out by staff members and over 850 completed by consumers. While we surveyed consumers the main intention of this work was to focus on staff to better inform the development of the People Strategy due in February 2018. Currently work is underway by April Strategy to analyse and review all of the information and bring it back to the sector for further

feedback. The initial review will be shared with staff and consumers who engaged. At the end of November the final results of 'The Big Listen', with identified priorities for our staff will help us develop the plan on how we are going to support the improvement of the culture of the organisation and the staff. A new behavioural framework to support the embedding of our values, will also be developed and embedded. Fiona Cram and I met with the DHB to discuss next steps on the Korero mai project which will also help inform further DHB planning more particularly focused to consumers and whanau.

### **Establishing Health and Social Care Localities In Hawke's Bay**

The establishment of functioning health and social care localities is one of the critical clusters of projects within the DHB's Transform & Sustain programme.

The paper proposed for a stock-take and reinvigoration of the approach, following the transfer of the work stream to the new Executive Director of Primary Care, Chris Ash. This is particularly important as strong localities, with the ability to organise local service integration and effectively influence funding policy, will be central to the DHB's objective of increasing the proportion of system resource focused on community health and wellbeing.

The paper highlighted some positive work to date in Central Hawke's Bay and Wairoa localities, much of which has been founded on increasing trust and intersectoral relationship building. It also sets out the case for greater pace, and the need for support to establish this approach across all localities in Hawke's Bay.

 <b>HAWKE'S BAY</b> District Health Board Whakawāteatia	<b>General Manager Māori Health Report</b>
	For the attention of: <b>Māori Relationship Board (MRB)</b>
Document Owner:	Patrick Le Geyt, Acting General Manager Māori Health
Reviewed by:	N/a
Month:	November 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 October 2017.

**Ministry of Health (MOH) Report - District Health Boards Regional Uptake of Whānau Ora**

MOH recently conducted interviews with DHB Māori Health and Planning & Funding Managers regarding their relationships with Whānau Ora Commissioning Agencies and the providers contracted within their regions.

***Varied Engagement***

The interviews demonstrated that engagement with the three Whānau Ora Commissioning Agencies (Te Pou Matakana, Te Pūtahitanga or Pasifika Futures) varies across the country. The direct relationships the DHBs have tended to be a mixture of existing networks or relationships with members in the organisation or its Board. While there is no consistent pattern to the relationships or protocols for engagement, and direct contact has been limited, DHBs are keen to leverage off relationships or opportunities to connect better.

***Formal Relationships***

The South Island Māori General Managers Group have made attempts to formalise the relationship with Te Pūtahitanga, however the Board of Te Pūtahitanga suggested that the time was not right.

Auckland and Waitemata DHBs have been invited to join the Collective Impact Governance Group for Te Pou Matakana.

Canterbury DHB has partnered with Pasifika Futures since 2016 to co-design a health and wellbeing model and support the local provider.

***Strong Provider Relationships***

All DHBs reported that they have strong relationships with their local Māori and Pacific health providers including those that receive funding through a Whānau Ora Commissioning Agency. As

many of these providers are well established in their regions, the providers are typically involved with regional governance arrangements. A large proportion of the health providers are also involved in regional service planning and have regular meetings with the DHB.

### ***Commissioning Agency Visibility and Impact***

DHBs see value in working with the Commissioning Agencies, and/or continuing their attempts at joint funding or partnerships.

At present, however, DHBs are limited in their knowledge of what is being commissioned in their regions. Information on what the providers are doing with their navigators or 'Whānau Direct' funding is limited to disclosure by the providers and any overarching strategic or regional view is currently lacking.

DHBs would like to know more about their regional strategies of Commissioning Agencies and what they are prioritising. This would be beneficial if there was alignment of priorities between what the local providers are focusing on for their Whānau Ora contracts and the DHBs accountability to the Ministry. For example, MOH and the Iwi Leaders Forum prioritised five health areas for Whānau Ora (mental health, obesity, tobacco, asthma and oral health) as part of its contributing to implementing the Whānau Ora Outcomes Framework. But many regional Whānau Ora providers worked towards other priorities not aligned to the framework.

DHBs recommended the development of guidelines and mechanisms for co-investing with the Commissioning Agencies and Whānau Ora at an agency or DHB level, and increased usage of the Whānau Ora Outcomes Framework. DHBs also stressed that more could be achieved in coordinating programmes in the best interests of a region.

### **Paratyphoid Outbreak**

Māori Health supported the Population Health response to the paratyphoid outbreak. The first situation report 26 September 2017 announced nine cases of paratyphoid had been confirmed in Hawke's Bay and five suspected cases, one of which resided in Northland. A link had been identified to shellfish harvested non-commercially from Ahuriri Marina (Napier Harbour). Two cases reported eating mussels at a tangihanga (funeral) at Te Aranga Marae 30 August 2017 with a confirmed case who attended the tangihanga from Auckland. People who had attended a tangihanga at Tangoio marae from 11–14 September 2017 were also monitored. Others also at risk included households or other close contacts of the infected individuals i.e. living with, sharing food, household ablutions and intimate partners. Health-line reported no calls received regarding paratyphoid by 5.00pm, 25 September 2017.

Local hapū leaders placed a 'Rāhui' over Ahuriri Marina to restrict access or use of the areas and to protect local population's health. Signage was updated with bilingual signage. HBDHB continue to work with the Hawke's Bay Regional Council to ensure warning signage is prominent and distribution of messages disseminated widely. Local Councils, Post Settlement Governance Entities (PSGE's) and all Māori Health providers received updates and information concerning the outbreak. Warning notifications also included Gisborne and Wairarapa.

Māori Health engaged as a 'First Response Team' to facilitate advice, testing and medical treatment, as well as attended weekly briefing sessions with the Emergency Team held at Napier Health Centre. The Māori Health Operations Team Kaitakawaenga supported Population Health to engage with whānau and were well supported by Pasifika Navigators with the Pacific community. Māori Health were also supported by Te Taiwhenua o Heretaunga teams including monitoring and provision of nursing staff. TTOH also supported the tangata whenua (local people) by arranging signage and organising a Rāhui over the area. Matiu Eru, HBDHB Pouahurea and Dr Nick Jones, Public Health Medicine Specialist were interviewed by Māori Television.

There had been no 'new cases' reported that are not either related to probable cases that were already known to us or that meet the case definition. However ongoing monitoring is in place with the contamination source identified as the biggest concern. Publicity about the risks of consuming mussels gathered from the Ahuriri Marina area being a potential source, the Rāhui placed on the area and the public warning signage has assisted to deter shellfish gathering.

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

The Respiratory Working Group is progressing actions in the ASH 0 – 4 years Respiratory Care Pathways report (August, 2017). A main piece of work from the report is the development of a child respiratory care pathway. The development of this pathway, led by Māori Health with input from key stakeholders, will be developed over the coming months. Already minor changes have been implemented to improve the child respiratory pathway. For example, the flow of information from secondary to primary care following a presentation to Emergency Department (ED) has been improved. Importantly, the focus of the Working Group is to ensure processes work well for people, not vice versa, and to ensure a good child respiratory health outcome. A paper is being presented to the Executive Team in November.

### **Oral Health**

#### ***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, waitlist procedures and processes, and referral pathway information. Preliminary results indicate a number of areas where DHB systems and processes should work better for these children. These preliminary results will be discussed at the Equity <5 years Working Group meeting on 30 October 2017. The next stage of the review is to talk to whānau about their experience. These interviews will be undertaken in November 2017. A results paper will then be presented to the Executive Team.

#### ***Oranga Niho Hui***

A presentation to the Kaumatua Kahui on the impact of sugar on the oral health of tamariki Māori took place last month. Further hui with hospital and community groups are planned. The aim of these hui is to improve oral health literacy so kaimahi, whānau, and the community have knowledge and skills to talk about oranga niho, key oral health messages, signs for identifying tamariki that may need dental care, and the pathway for accessing and/or referring whānau to child oral health services. It's also an opportunity for the Equity <5 years Working Group to hear more about what's working or not for whānau. The presentation includes a focus on the oral health problems and what it looks like for our tamariki across the rohe, and the impact of sugar and fizzy drinks on child oral health.

### **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 comprising Māori, Pacific, community, and maternity met on 9 October 2017 to consider the tenders. The tender process is still in progress.

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

Māori Health is funding Well Child Tamariki Ora (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.

### **Engaging Effectively with Māori (EEWM)**

There have been three mandatory workshops this past month, with great participation and involvement by those workforce participants in addition to great feedback. Further workshops have been planned this month to take place in November including workshops for Nurse and Midwifery

Directors, and the next intake of 1<sup>st</sup> Year Health Officers. These workshops will be extra to the scheduled November EEWM mandatory training workshops.

### **Eastern Institute of Technology - Employment Expo and Community Update Day**

The EIT Student's Association in collaboration with EITs Career Service invited Tūruki to participate in an Employment Expo. The purpose of the event was to increase student awareness of employment opportunities in Hawke's Bay and to gain an understanding of the skills, values and attributes that an employer is seeking in a candidate. The Expo was also an opportunity to talk to students about what a candidate needs to include in a CV or be including on LinkedIn or other social media platforms that employers utilize.

Tūruki also participated in the EIT Hawke's Bay Community Update Day. The focus of the event included an update on qualifications that are being offered by EIT. Scholarships promoted included Te Ara o Tākitimu, Māori & Pasifika and Tūruki within Trades, Health and Fitness and Health Science.

### **Tūruki Scholarship Funding Round**

The Funding Round has opened for applicants seeking financial assistance towards tertiary study in 2018. Scholarships are targeted to Māori studying health-related qualifications. Priority qualifications for the current funding round include medicine, dentistry, health science, social work, physiotherapy and occupational therapy. Applications for nursing qualifications are funded by the Rapai Pohe Memorial Scholarship coordinated by EIT.

### **NZ Certificate (Level 4) and NZ Diploma (Level 5) in Whānau Ora**

Training Provider, Tipu Ora currently provide the Certificate and Diploma in Hauora Māori for Tūruki scholarship recipients. The noho-marae based programme will be replaced with the NZ Certificate and Diploma in Whānau Ora in 2018. Graduates of the Certificate will gain an understanding of the Whānau Ora framework and how this supports whānau aspirations. Graduates of the diploma will implement research strategies so that they can forecast issues impacting on Māori in terms of education, health, housing and social justice. Applications will open in December 2017 for commencement in February 2018.

### **HBDHB Clinical Research Committee**

Māori Health presented the 'Operations Research Priorities in Population Health' paper at the last HBDHB Clinical Research Committee meeting. The paper was well received with members noting the following:

- The DHB has a statutory responsibility to abolish health inequities and research and evaluation of its health interventions are key in promoting equity and deliver better health outcomes for Māori
- The HBDHB Clinical Research Committee advocates for a DHB research fund for population health implementation research
- The committee circulates the research priorities in the paper to those responsible for coordinating research funding within Hawke's Bay e.g. HBDHB Research, EIT and HBMRF and Otago University, to encourage and assist students and other investigators to take up research in these areas.

### ***Hawke's Bay Clinical Research Forum***

Dr Dianne Wepa, Senior Clinical Workforce Coordinator presented one of the findings from her recently completed PhD to the Hawke's Bay Clinical Research Forum. Implementing cultural literacy as part of health literacy is a key finding of the research. The focus of the presentation promoted cross cultural research and approximately 20 people attended the forum from HBDHB, EIT and Otago University. Other presenters included Dr Inez Awatere Walker, Senior Clinical Psychologist who presented 'Supporting mental health recovery for whāiora: the success stories of whāiora and non-Māori clinicians at HBDHB' and Bernice Gabrielle, Psychologist for Children, Adolescent and



Family Services who presented 'An analysis of the mechanisms of change in an intervention for caregivers in New Zealand: The Fostering Security Training Programme'.

**FSA DNA (ESPI Specialities) Reduction**

The DNA Kaitakawaenga returned an impressive FSA DNA rate of 7.8% for this month.

**Safe Sleep Programme**

Wahakura were the preferred choice for the month of September instead of Pēpi Pods with 48 Wahakura issued to mums and zero Pēpi pods issued.






## Clinical Council Verbal Update

10



 <b>HAWKE'S BAY</b> District Health Board Whakawāteatia	<b>Surgical Services Expansion Project</b> <b>Increasing Surgical Capacity</b>
	Detailed Business Case Briefing Paper For the attention of: <b>Māori Relationship Board</b>
Document Owner:	Sharon Mason
Document Author(s):	Project Working Group
Reviewed by:	The project's Clinical Advisory Group and Steering Group
Month:	November, 2017
Consideration:	For Endorsement

## RECOMMENDATIONS

### That the Māori Relationship Board:

1. **Note** that additional surgical capacity is required by 2020.
2. **Endorse** the expansion of in-house capacity by building and staffing an 8<sup>th</sup> operating theatre and wrap around services, and continued outsourcing (Option 5).
3. **Endorse** the investment of \$12 million for capital costs associated with expanding in-house capacity and to proceed to tender for these capital works.

## OVERVIEW

The Surgical Expansion Project is seeking approval from the Board to invest in the Perioperative Unit and supporting wrap around services to enable more surgery to be performed by 2020. This includes:

- re-furbishing the Perioperative Unit
- building an 8th operating theatre
- investing in wrap around services
- recruiting staff to deliver an increased workload

The Detailed Business Case (DBC) expands on the preferred way forward outlined in the Indicative Business Case (IBC) which was approved by the Board in March 2017. It does not seek to completely resolve surgical capacity issues in the longer term or suggest ways in which un-met need within the community might be met. Instead it offers a solution for keeping abreast with growth in surgical demand whilst HBDHB awaits the outcome of The Clinical Service Plan on which long term planning will be based.

## BACKGROUND

A concerted effort over the last four years has improved the output from the existing operating theatres where an additional 989 accumulative hours of elective surgery was achieved using existing resources, equating to an 11% improvement. This was gained through a combination of quality improvements geared at reducing late starts, improving turnaround times between patients, and ensuring vacant theatre sessions due to surgeon leave are regularly back filled by substitution. More recently opportunities for improvement have been less pronounced. This is evidenced by a levelling

off of in-house production and an increased reliance on outsourcing to achieve the annual production plan.

Modelling for this DBC suggests there will be continued growth in surgical demand across by acute and elective work underpinned by demographic changes. Acute activity stems from increasing requirements for surgery and the growing clinical complexity of these cases. For example, there have been an extra 337 hours of acute surgery provided over the last 3 years. This restricts the ability of the service to meet elective production which is driven by funding from the Ministry of Health based on their requirements and demographic changes. Combined, elective and acute demand will create a scenario where Hawke's Bay DHB (HBDHB) will have a shortfall of 2,721 funded theatre hours by 2019-20 (the Gap) which roughly equates to an additional 1,500 procedures over and above what is currently done in the existing 7 theatres.

### **Preferred Option**

The IBC outlined a long list of 6 options for how HBDHB could respond to the Gap in a way that can be further built upon once the outcomes of The Clinical Services Plan are known. These options were analysed, shortlisted, costed, and a preferred option identified (Option 5). The DBC revisited the same 6 options and re-evaluated them using revised population and scenario modelling and once again Option 5 came out as the preferred option.

The preferred option is made up of a combination of model of care changes, building internal capability and continued outsourcing with the majority of the Gap provided for through increasing internal capability. The foundation of the preferred option is investment in:

- The perioperative unit to enable it to cope with increasing volumes from an 8<sup>th</sup> theatre and giving consideration as to how these areas might work for up to 10 theatres. This includes pre and post-surgery areas, sterile services and theatre storage.
- Wrap-around services that support theatres also require investment to support increasing theatre production to enable them to cope with increasing volumes

These investments are a combination of additional staff and capital building works backed by model of care and business process changes. The 8<sup>th</sup> operating theatre is the final deliverable in this sequence of work to ensure the Perioperative Unit and wrap-around services are ready for the additional workload when the 8<sup>th</sup> theatre opens. These works will pave the way for future theatre expansion in the future at a later decision point.

### **Consumer Engagement**

The driving intention of this project is to work with and for our Hawke's Bay community to increase the number of surgeries provided whilst we await the findings and subsequent long term planning from The Clinical Services Plan. Ensuring we do this in a way that is supportive of how consumer's experience their surgical journey is crucial, for example changing models of care to enhance the revised layout of the Perioperative Unit in a way that is supportive of the consumers experience.


In order to inform the planning for this project consumers have been involved through an online survey posted on the HBDHB Facebook page, paper versions of the survey given to surgical patients and a consumer workshop where the proposed floor plans for the Perioperative Unit and Pre Admissions Clinics were discussed.

A lot of the feedback we have had from consumers on this project to date has been around how well we do or don't communicate with them and their whānau support throughout their surgical journey and therefore changes made to models of care and business processes will focus on improving this. Other feedback has centred around the way in which whānau support are included on the day of surgery such as providing a waiting area for them whilst their loved one is in theatre and private spaces in which whānau can have discussions with surgeons and other staff involved in their loved ones care.

Once the DBC has been approved and the Project moves in to phase 3 implementation, these changes to models of care, business processes and the intended building works will be worked through jointly with consumers and staff to enable the final design to best meet the needs of our Hawke's Bay community in the year 2020 whilst we await the outcomes of The Clinical Services Plan.





	<b>Matariki Regional Economic Development Strategy and Social Inclusion Strategy</b>
	For the attention of: <b>Māori Relationship Board, HB Clinical Council &amp; HB Health Consumer Council and HBDHB Board</b>
Document Owner:	Tracee Te Huia, ED Strategy, Health & Improvement
Document Author(s):	Shari Tidswell, Intersector Development Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For information

**RECOMMENDATION:**

**That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board**

**Notes** development of the strategies and actions to be delivered.

**OVERVIEW**

Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 and Social Inclusion Strategy 2017 set out detailed strategies and pathways to action the Matariki goal of "every household and every whānau is actively engaged in contributing to, and benefitting from, a thriving Hawke's Bay economy".

It was clearly identified in 2016 by both Iwi and hapū that to achieve this economic goal, all whānau and communities need to be socially included. Work on an aligned strategy to address the barriers to social inclusion for whānau and communities commenced in August 2016.

Matariki is a truly collaborative effort between iwi and hapū, the business sector, central government agencies, local authorities, community sector and social services. It has been designed in partnership as aspired for in Te Tiriti o Waitangi.

The development of each strategy draws on extensive consultation with a broad range of stakeholders. The Regional Economic Development Strategy (REDS) sought input from representatives in the business and the public sector, which included three wānanga held in Wairoa, Hastings and Masterton. The Social Inclusion Strategy sought input from; community, public, iwi and social services to draft the strategy gaining additional input from whānau and community in the development of the action plan. This included wānanga in Wairoa, Central Hawke's Bay, Hastings and Napier.

Working groups supporting the development of each document – Matariki REDS (Appendix One) and Matariki Social Inclusion Strategy (Appendix Two) – draw on a range of skills contributed by key stakeholders. Both strategies sought and received feedback and endorsement from the Matariki Board.

## **STRATEGY DEVELOPMENT PROCESS**

This is a Te Tiriti O Waitangi based process with clear steps to ensure partnership, protection and participation are reflected in the Strategies and the delivery. Final decision-making and endorsement is provided by the Governance Group for Matariki, which includes joint chairs (Māori and non-Māori) and representation from iwi and hapū. Māori have been an integral part of the development of both Strategies and have provided leadership in the Matariki REDS. As part of this process Iwi and hapū identified that social inclusion is integral for economic development.

The Governance Group endorsed the necessity for a Social Inclusion Strategy. The Intersectoral Leadership Group initiated a structured approach for the region's social wellbeing. Kevin Snee sponsored the Strategy with key DHB staff providing input and support in the Strategy's development. Hastings District Council provided the coordination for this work. Key to the Social Inclusion Strategy was the whānau and community voice. To achieve this, stakeholder and sector engagement was undertaken, followed by further community wānanga to provide opportunity for whānau and community input into the Strategy and action planning.

## **TIMELINE FOR MATARIKI REGIONAL ECONOMIC DEVELOPMENT AND SOCIAL INCLUSION**

Matariki REDS was originally initiated in April 2014 as a refresh of the REDS 2011. The refresh was led by a project team consisting of Business Hawke's Bay and representatives from the five local authorities. A board was formed with members drawn from the CEOs of the five local authorities, business (three), Ngati Kahungunu Iwi Incorporated (NKII), Te Taiwhenua O Heretaunga, HBDHB and EIT.

In August 2015 after extensive consultation (including 80 in-depth interviews and two innovation cafes) a draft strategy was completed. Further work was identified, including engagement with Māori. Central Government representatives from the Regional Economic Growth Programme (MBIE and MPI) then became involved as Hawke's Bay was identified as a key region for government economic development support.

In December 2015 consultation was held with Ngati Kahungunu Iwi Inc., Te Kei o Takitimu and Te Kahui Ohanga (TKO). The outcome was that Maori would participate as equal partners in the development of the strategy and actions plan via; Ngati Kahungunu Iwi Inc, Te Kei o Takitimu and Te Kahui Ohanga. This involved representatives from Te Kahui Ohanga, Te Puni Kokiri, NKII and MSD joining the project team. Te Kahui Ohanga also joined the Matariki Board and currently hold a co-chair position.

After further consultation through wānanga in February and March 2016, a final strategy and action plan acceptable to all partners was completed and Central Government officially launched Matariki REDS in July 2016.

In August 2016 the Intersectoral Leadership Group established a planning group to develop a Social Inclusion Strategy. The planning group members were drawn from the organisations participating in the Intersectoral Leadership Group plus Te Kahui Ohanga.

In September 2016 Haggerty and Associates were appointed to develop the Social Inclusion Strategy conducting a number of interviews with key stakeholder organisations throughout the region.

A draft strategy was presented to and confirmed by the Intersectoral Leadership Group Board in April 2017 and authorised ongoing development of the action plan.

Informed by the findings of the strategy report (from May to July 2017), further consultation took place to gain wider community input into the development of the action plan. This work was led by the planning group.

The Action Plan was completed in October 2017 and presented to the Matariki Board where it was duly endorsed.

The Matariki Board have requested a refresh of the Regional Economic Development Strategy and directed that work to integrate the two strategies and actions plans. Focus is on the integration of the two action plans and the development of a communications plan to inform key stakeholders and the community on the integrated strategy.

Concurrently, proposals are being considered on the appropriate representation for the Matariki Board to ensure that there is equal partnership and that both economic and social sectors are represented.

## CHALLENGES

### ***Identifying and agreeing on an effective governance structure***

The structure needs to reflect the Te Tiriti o Waitangi partnership aspirations, provide a voice for each of the diverse sectors involved and be able to deliver the guidance and decision-making needed to support and lead the strategies.

### ***Finding the resource and potentially increased capacity needed to deliver each strategy's actions***

Many of the actions require specialised skills, additional investment and/or staff resourcing to support implementation. Agencies involved in the project groups implementing actions are often stretching capacity to complete this work on top of business as usual.

### ***Monitoring and delivering 46 REDS and 10 Social Inclusion actions and the associated project groups effectively***

Ensuring that the Governance Group have a complete overview of all work being delivered, languishing actions need to be identified and supported ensuring the actions are resulting in change for people in Hawke's Bay with the greatest need.

### ***Māori partners have identified the need to combine the strategies to form one Matariki Strategy***

This has been supported by the Matariki Governance Group. This will require additional input to provide a framework which combines economic development and social inclusion; followed by integration of the REDS and Social Inclusion actions to ensure alignment and effective delivery.

### ***The Social Inclusion Strategy includes a focus on socially responsible employers, part of this is the "living wage" concept***

Concern has been raised by employers and some business leaders on employer's ability to cover this additional cost.

## STRATEGY FRAMEWORK AND ACTIONS

### ***Matariki Regional Economic Development***

The following 'Regional Economic Development Pillars' are used to achieve the goal of "every household and every whānau is actively engaged in contributing to, and benefiting from, a thriving Hawke's Bay economy":

- Improve pathways to and through employment
- Identify and support enterprises that want to grow
- Promote greater innovation, productivity and agility
- Become a beacon for inward investment, new business and skilled migrants
- Lead in the provision of resilient physical, community and business infrastructure
- Enhance visitor satisfaction and increase visitor spend

These pillars stand on a foundation of celebrating the world class lifestyle and environment available in Hawke's Bay and champion sustainability socially, economically and environmentally.

There are a total of 56 actions developed to support the pillars; each has a detailed project descriptor, project lead and project group working toward the Matariki goal. (Appendix One and Two). Current projects include Project 1,000 – which is working towards 1,000 young people gaining employment, Driver Licensing – increasing access to full licences and reducing ‘not being licenced’ as a barrier to employment. Projects updates are reported to the Governance Group via a project reporting tool. This tool provides transparency for all Matariki partners to review and monitor progress.

To measure economic progress from REDS the following indicators are used:

- Increase the median household income above the national average
- Accelerate jobs growth, in particular to create 5,000 new jobs in five years
- Raise to the top quartile of New Zealand regions in regional economic performance

## **MATARIKI SOCIAL INCLUSION**

The Social Inclusion Strategy has three themes which capture the consultation feedback, these are:

- Growing socially responsible employment and enterprise
- Preparing people for work
- Whānau, households and communities driving social inclusion

The messages received from whānau and community consultation were that; they must have a voice and be listened to when it comes to the delivery of social support services, there must be a fundamentally different approach taken to how social services are delivered and, participation and collaboration are fundamental to effect delivery of social services. Furthermore, the approach used must include co-design, collaboration and be whānau driven.

The ten actions will be developed into projects and detailed project briefs will provide guidance to project leads. Actions include

- review the way we deliver social services to include a whānau-lead approach
- establish a mechanism that supports a whānau/community voice in decisions that affect them
- plan for affordable and social housing
- support employers to be socially responsible and link career development through compulsory schooling to tertiary education and employment. (Appendix Two)

To move these actions forward, the action plan identifies interim leads who will identify project leads and stakeholders to support the project development and delivery.

Work is required to refresh the Matariki Regional Economic Development Strategy merging this with the Social Inclusion Strategy. This will reinforce the statement from Māori partners in Matariki – “there is no economic development without social inclusion”. The DHB will continue to provide leadership, contribute to the planning work and deliver actions.

## **CONCLUSION**

These strategies are effective tools to support collaboration across government services, social services, hapū, iwi, local government, education, employers and business which is required to shift the Hawke’s Bay to deliver a strong economic development and become a social inclusive region where all whānau can experience

## **NEXT STEPS**

1. HBDHB Board to endorse with feedback provided by MRB, Clinical Council and Consumer Council
2. Integrate relevant components of both strategies into the HBDHB Annual Plan
3. Socialise the strategies with HBDHB and Health Hawke's Bay PHO
4. Use the strategies to inform the new five year strategy for HBDHB
5. Assist the process to merge both strategies to one Strategy as agreed by the Regional CEO Group
6. Agree an intersector outcomes framework regionally

## Appendix One

# MATARIKI

## Hawke's Bay Regional Economic Development Strategy and Action Plan 2016

*'Every household and every whānau is actively  
engaged in, contributing to and benefiting from  
a thriving Hawke's Bay economy.'*







KO TE KAINGA, KO TE  
WHĀNAU TE PŪTAKE; HE  
TAU-UTUUTU TE HONONGA  
KO TE ŌHANGA O TE MATAU  
A MĀUI E PAKARI NEI.







## MATARIKI – TE WHETU HERI KAI

### *The appearance of Matariki is the sign for future prosperity*

The rise of Matariki in mid-June marks the Māori new year: a time for celebration, reflection and planning. If it rises clear and bold, then ‘He kaihaukai te tau’ we expect prosperity in that upcoming year. If it is dim and forgettable, ‘He tau nihoroa’, a lacklustre year with difficult conditions is in store.

Matariki means three things to this regional economic development strategy. It is its name, its conceptual framework, and the commitment by all partners for robust annual review and refinement. As Matariki has seven stars, the Matariki framework has seven points, each pivotal to maintaining the direction and integrity of the strategy for all the partners and stakeholders. Matariki is also key to ensuring that as a region we orientate ourselves towards the vision: ‘Every household and every whānau is actively engaged in, contributing to and benefiting from, a thriving Hawke’s Bay economy.’

#### Matariki Framework for Hawke's Bay Regional Economic Development

Partnership by co-design	Values and worldview underpinning the strategy and its actions are an expression of co-design, and the implementation and monitoring are an inclusive collaboration. A treaty principle.
Outcomes for every household and every whānau	All actions, initiatives and projects in the Action Plan must provide outcomes in line with the vision.
Build our people's capability	There must be an emphasis on developing our people alongside infrastructure, assets and businesses.
Equality	A treaty principle, this requires reflection on who the intended audience and beneficiaries are, and a commitment to that being inclusive and equitable.
Business Growth Agenda 2015 He kai kei aku ringa	Our regional actions are designed to be as consistent as possible with both national economic strategies.
Whai rawa	Optimising assets in a full, holistic and sustainable way.
Pōtikitanga	Developing an enterprise mindset. Driving the thinking that goes behind business growth.

## Ā-ROHE, Ā-KĀNOHI

### *A regional strategy making the most of Hawke's Bay and its people*

This document sets out the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 (REDS). We want this strategy to play a real part in economic growth in our region by offering practical guidance to councils, businesses, iwi, hapū, and other organisations and agencies.

Some of the strategy is about practical things that we can – or must – do to help growth. We have a lot of things going for us, and we have to make the most of them. Other parts of it are about the things we have to stop doing, whether it's conflicting interpretation of regulations or needless negativity, because they are getting in the way of growth. We have to be honest about the areas where we're holding people back, and deal to them. Both bits are important.

#### **He toa takitini – A strategy developed in partnership**

We're very proud that this strategy is, for the first time, a truly regional strategy, and that it has been designed in partnership, as aspired for in the principles of Te Tiriti o Waitangi. The strategy recognises the overarching frameworks of the Business Growth Agenda (2015) and its six growth areas and the Māori Economic Development Advisory Board's He Kai Kei Aku Ringa (2012) with its six goals.

This strategy involves the public sector at all levels and the private sector of all sizes. Māori partners were represented by Te Kāhui Ōhanga o Takitimu - a collective of Ngāti Kahungunu Iwi and Hapū post treaty settlement groups committed to driving economic development in Hawke's Bay. The strategy is focused on building from the whānau level to generate a healthier, wealthier, more inclusive and fulfilled population. It will only work if we all commit to supporting it and holding accountable the people who agree to deliver their parts of the process.

We need to acknowledge that numerous private, non-governmental and public organisations are already involved with economic development delivery in Hawke's Bay. If we are to achieve higher levels of economic performance and whānau success, their continued involvement in a way that recognises the role of each contributor is vital. So progressive networking between the different contributing organisations will be crucial.

#### **He aronga whānui: he whakamana i te tangata – A strategy that diversifies and empowers**

With this strategy, we want to make the most of Hawke's Bay's competitive advantages. We're looking to diversify the economic base of the region. We want to create lasting jobs for our people and to use our resources in a sustainable way.

To do these things, the strategy needs to be clear and succinct, and describe an approach that is workable and collaborative. That way we hope it will encourage buy-in from stakeholders and be something that our region's councils, businesses, iwi, hapū, and other organisations and agencies will use and embrace.

#### **Nā wai, mā wai? – Who worked on the strategy?**

A project management team worked on the strategy. They were guided by a governance group that included the Chief Executives of the local and regional councils and representatives from leading private sector, iwi, hapū, educational and health organisations in the region.

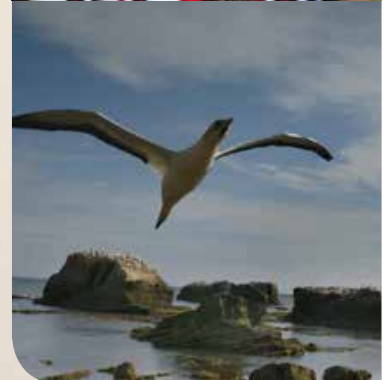
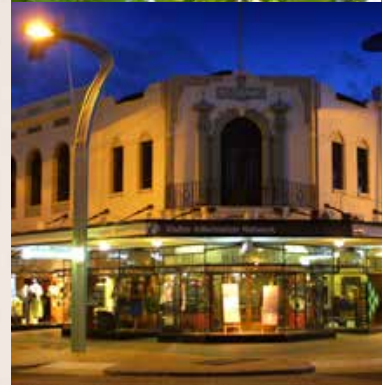
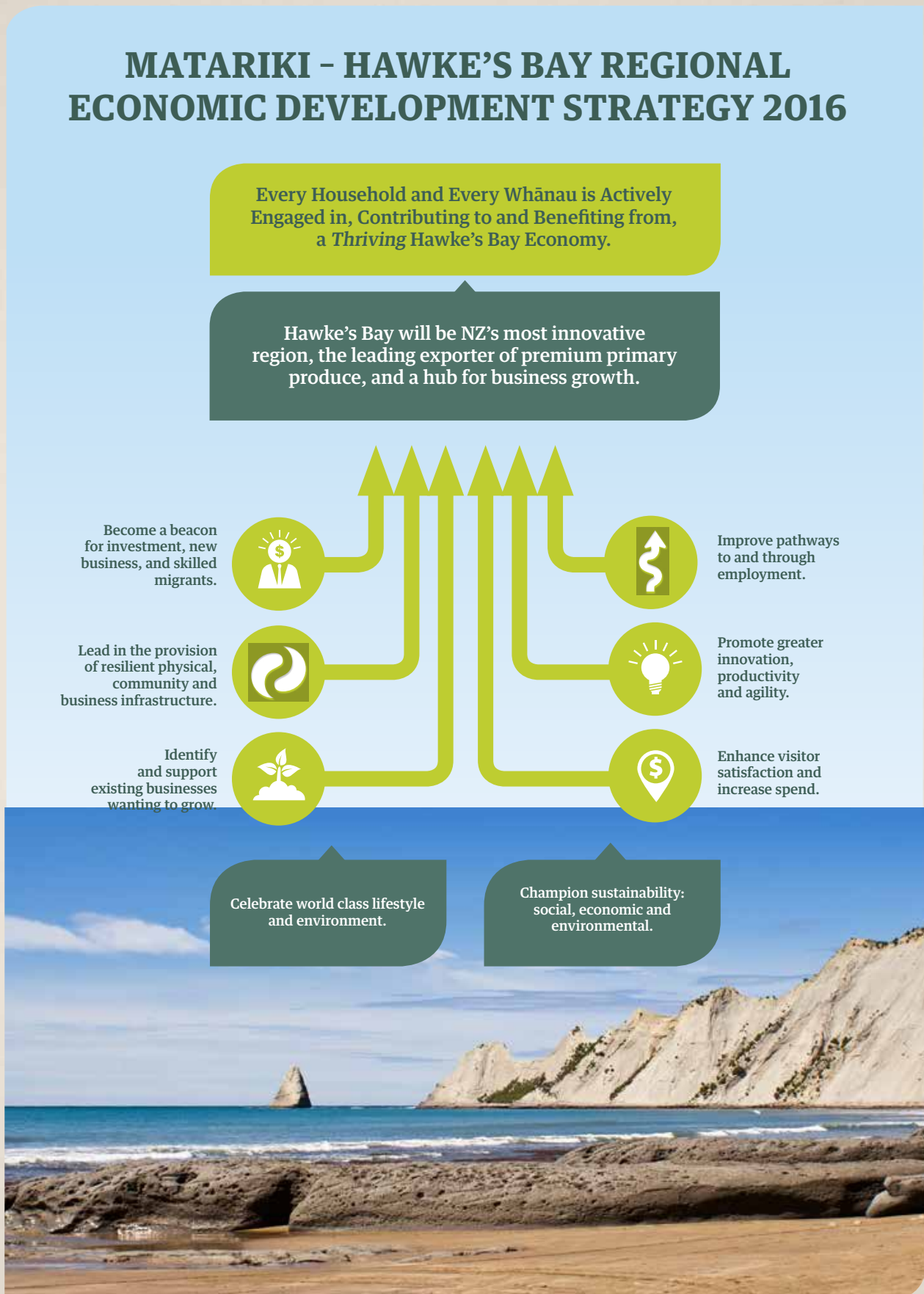


Figure 1: Hawke's Bay Economic Development Framework







## OUR VISION:

Every household and every whānau is actively engaged in, contributing to and benefiting from, a thriving Hawke's Bay economy.

We will do this by making Hawke's Bay NZ's most innovative region, the leading exporter of premium primary produce, and a hub for business growth.

### Strategic directions

- Improve pathways to and through employment
- Identify and support existing businesses wanting to grow
- Promote greater innovation, productivity and agility
- Become a beacon for investment, new business, and skilled migrants
- Lead in the provision of resilient physical, community, and business infrastructure
- Enhance visitor satisfaction and increase spend

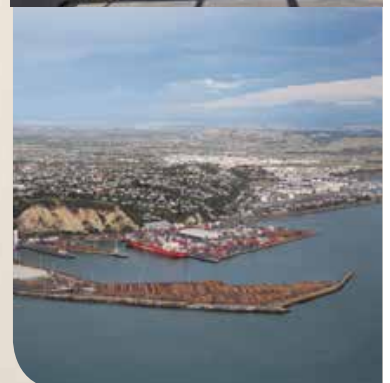
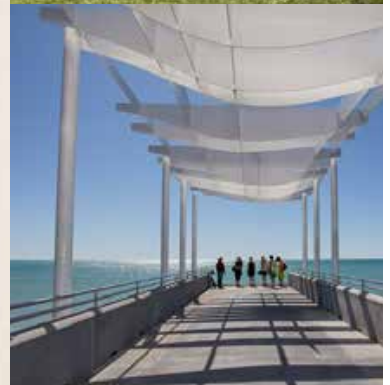
The above strategic directions will be viewed through the lens of 'enabling whānau success' and will collectively require coordinated execution at a regional level.

### Goals

- To increase the median household income above the national median, for equitable growth
- To accelerate job growth, in particular to create 5000 net jobs in five years
- To raise to the top quartile of New Zealand regions in regional economic growth and sustain that position long-term

### Objectives

- To have a Hawke's Bay-led, government-supported, investment in infrastructure
- To deliver consistent interpretation and communication of rules and regulations to improve the efficiency of regulatory processes across local government within the region
- To establish an enduring private/public economic development delivery model
- To leverage the region's natural advantages to optimise the export value of agribusiness and food and beverage manufacturing, further enhancing the premium positioning and value-add of Hawke's Bay produce
- To build upon and sustainably manage visitor growth
- To foster and support entrepreneurship
- To grow Māori participation in, and benefit from, economic development





## THE CONTEXT: THE HAWKE'S BAY ECONOMIC DEVELOPMENT FRAMEWORK

Figure 1 (page 6) shows the strategic economic development framework. The goal of building a more valuable and sustainable export-led economy through diversification is underpinned by six cross-cutting themes that are designed to enhance the economic prosperity of the region. The framework also recognises the region's world-class lifestyle, its environment and the importance of sustainability.

## THE CONTEXT: OVERVIEW OF OUR REGION

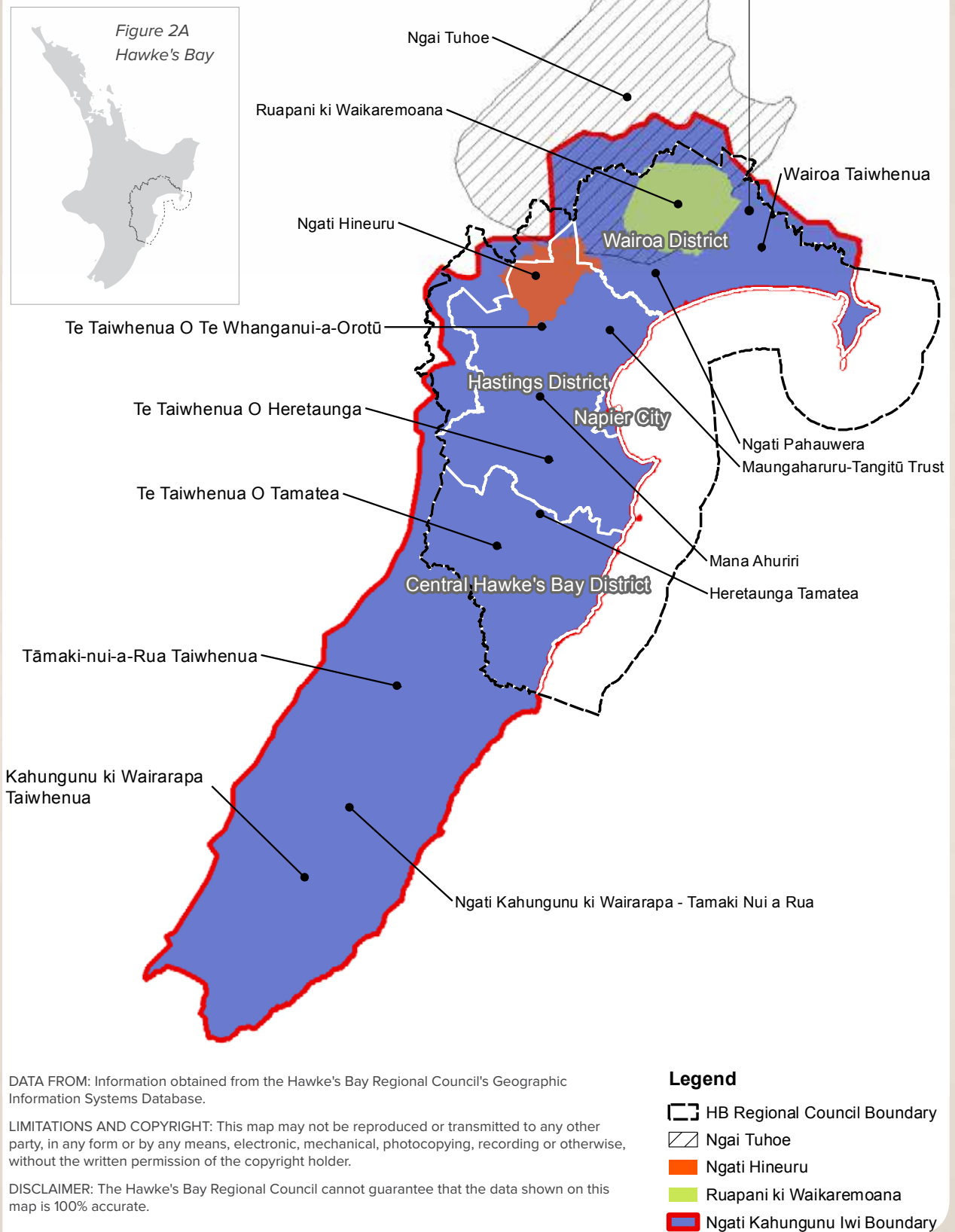
Hawke's Bay is a relatively specialised regional economy with a small, but stable, population. Economic growth is gathering pace – we have a lot of things happening. We still have much to do particularly for our high-needs communities and our children: a third of our children are growing up in poverty and nearly half of Māori under five are living in households that depend on benefits. It is critical that opportunities and benefits of a thriving Hawke's Bay economy be accessed equitably.

Our consultation process for preparing this strategy revealed a regional economy that is expanding and poised to expand further. But we also observed growing constraints and pressures that need urgent attention. The region has a good foundation. As well, potential developments are on the way that, if carried out, are likely to lead to major new opportunities. We also found evidence of rapidly emerging new business activity in a range of service sectors.

The Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 applies to the geographical areas of Central Hawke's Bay District, Hastings District, Napier City, Wairoa District and small parts of Rangitikei District and Taupō District. The boundary coincides with the Hawke's Bay Regional Council (see Figure 2A). The area of focus for Te Kāhui Ōhanga o Takitimu includes Hawke's Bay, but goes beyond its boundaries, spanning the full length of the Ngāti Kahungunu rohe Mai Paritū ki Turakirae, from North of Te Mahia to Southern Wairarapa and linking to other Takitimu waka iwi and into the Pacific. The map provides locations of the different Kahungunu entities, including post treaty settlement groups and taiwhenua (Figure 2).



Figure 2 Geographical Context for the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016







## OUR STRATEGIC DIRECTIONS

In the rest of this document we enlarge on each of the strategic directions for the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016:

- Improve pathways to and through employment
- Identify and support existing businesses wanting to grow
- Promote greater innovation, productivity and agility
- Become a beacon for investment, new business, and skilled migrants
- Lead in the provision of resilient physical, community, and business infrastructure
- Enhance visitor satisfaction and increase spend

## ACTION PLAN DEFINITIONS:

**'Lead'** The agency held accountable for, and the delivery of, the action.

**'Partner'** Enabler through co-design, participation in, and support of, the implementation of the action.

Abreviation	Full Title
BHB	Business Hawke's Bay
Callaghan	Callaghan Innovation
CHBDC	Central Hawkes Bay District Council
Councils	Local Territorial Authorities for Central Hawke's Bay, Hastings, Napier and Wairoa together with Hawke's Bay Regional Council
EIT	Eastern Institute of Technology
HBDHB	Hawke's Bay District Health Board
HBRC	Hawke's Bay Regional Council
HBT	Hawke's Bay Tourism
HDC	Hastings District Council
MBIE	Ministry of Business, Innovation and Employment
MPI	Ministry for Primary Industries
MSD	Ministry of Social Development
NCC	Napier City Council
NGO	Non-governmental organisation
NZTA	New Zealand Transport Agency

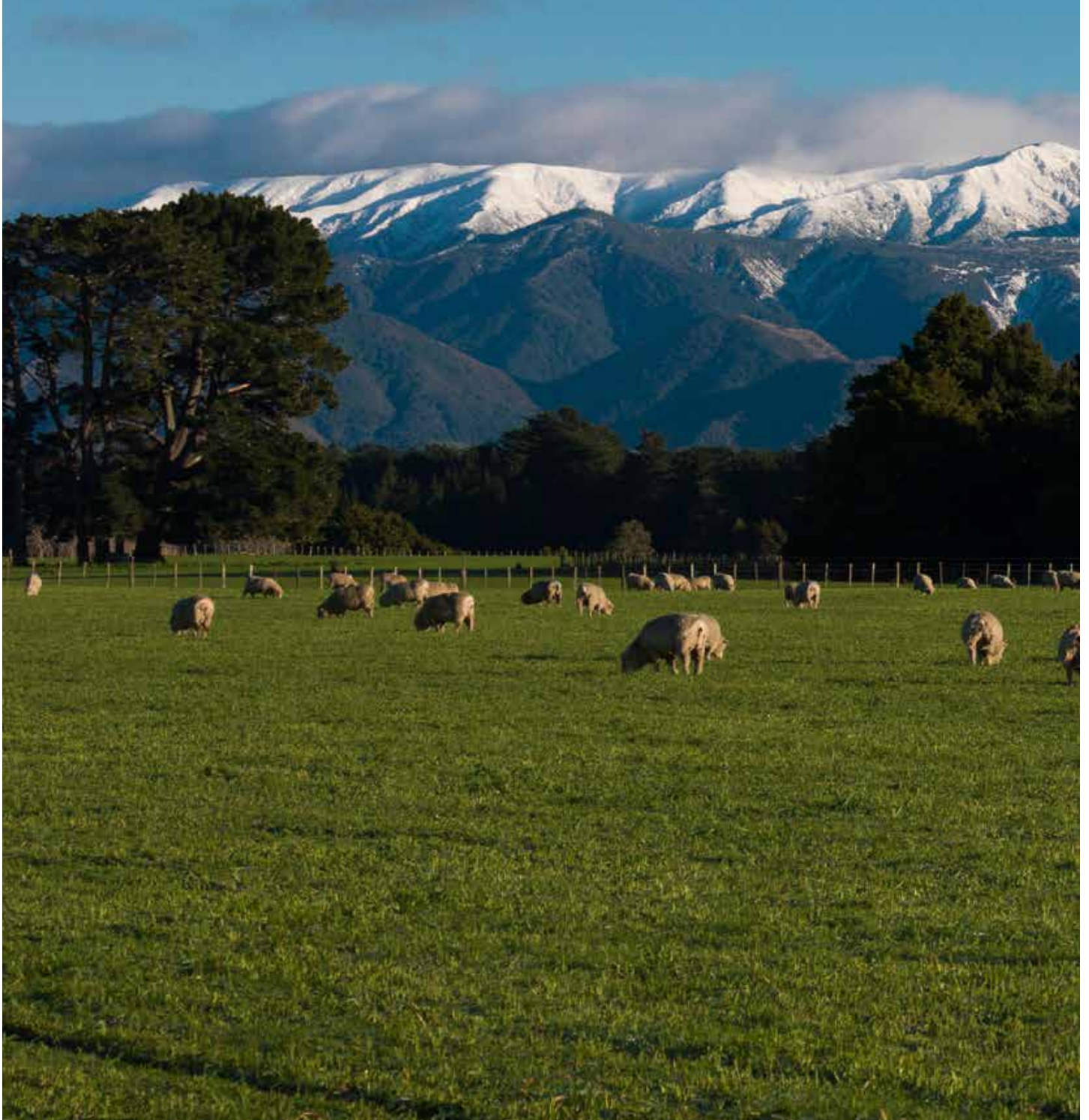
NZTE	New Zealand Trade and Enterprise
TEOs	Tertiary Education Organisations
TKO	Te Kāhui Ōhanga
TPK	Te Puni Kōkiri
WDC	Wairoa District Council

1. Strategic Framework			
Work Area	Actions	Lead Agency	Key Partners
1. Areas of Strategic Focus	1.1 Undertake a stocktake of the organisations involved in economic development in the region and recommend the regional economic development delivery model to give effect to this strategy.	REDS Governance Group	Councils, HBT, BHB, Iwi, Hapū, Government Agencies
	1.2 Investigate a business case to Government for Hawke's Bay to leverage a sustainable competitive differentiation for long-term advantage	HDC	Councils, BHB, Iwi, Hapū, Government Agencies, Private sector
	1.3 Develop research capability to support the work and provide the evidence base for REDS implementation	NCC	Councils, Waikato University
	1.4 Develop measures for monitoring the potential impact and ultimate success of the strategy against the vision, and the principles of the Treaty of Waitangi	REDS Project Team	Councils, BHB, Iwi, Hapū, Government Agencies, Private sector





WE WILL ACHIEVE OUR VISION BY MAKING  
HAWKE'S BAY THE MOST INNOVATIVE REGION  
IN NEW ZEALAND, THE LEADING EXPORTER  
OF PREMIUM PRIMARY PRODUCE, AND A HUB  
FOR BUSINESS GROWTH.









## ARA-RAU, HAUKŪ-NUI, HĀRO-O-TE-KĀHU

### Improve pathways to and through employment

We know that access to ongoing, regular paid employment is a significant driver of improved health and wellbeing for households and whānau, and that it reduces crime and violence. Creating and enhancing pathways into employment is not a 'nice to have' for Hawke's Bay – it's a 'must have'. Regionally we must take action to minimise any potentially negative effects of external economic changes.

'Pathways to and through employment' is a strategy that can contribute to developing local resilience. By creating an empowered, more highly skilled and option-rich Hawke's Bay population, we will be better equipped to deal with both future employment needs and changing market dynamics. To do this, we need to build clear pathways into, and subsequently through, employment.

We know that employment opportunities exist across all sectors currently and we need to be more creative to ensure that they are captured by local people. Globally and nationally we've had a history of shifting markets and changing economic policies that are outside our direct control but have had a significant impact on households and on whānau. Forestry, freezing works, and farming in particular have gone through fluctuations that have affected local people's ability to be self-determining and financially stable.

The lower-skilled and unskilled workers are the most vulnerable through such market upheavals, which emphasises the importance of education and training as a critical part of the pathway to sustainable employment. We also have a local dependency on seasonal labour – 30% of which is currently filled by imported labour – because we struggle to match available labour supply with work opportunities.

On top of this, the world is continuing to change at an increasing pace, driven by advances in technology and global connectedness, and we need to give our people the skills and knowledge to help them navigate this uncertainty.

### NGĀ HUARAHI WHAI RAWA – PATHWAYS TO EMPLOYMENT

When we refer to 'pathways to employment', we mean the need to train people to be work-ready, who can then be matched with 'employee-ready employers'. We're also talking about creating a skilled and resilient population that is equipped to thrive in an uncertain future.

Training, the first of these pathways, will require industry to lead and government agencies, schools, Eastern Institute of Technology (EIT) and other tertiary providers to respond in a coordinated way. A coordinated response to training will lead to an effective 'supply chain' that has benefits for all involved – but most importantly, for the person seeking employment.

How we incentivise and appropriately align these pathways will require changes in practice and government policy. We need to be prepared to build a defensible case for policy change and lobby to achieve it. We need to make sure that all pathways are supported by a youth-targeted programme to lift aspirations and help young people to see training as something normal. We also recognise the critical role of the household in making this programme successful.





By doing this, we will capture a greater proportion of the student cohort and reduce attrition. Furthermore, by fostering a ‘business creation’ mindset in the region’s classrooms, homes and workplaces, we will encourage greater productivity and utilisation and further support business growth. Bridging the equality divide in the region must be central to all attempts to drive economic development.

Much is already happening in this space, particularly in tackling those youth ‘Not in Education, Employment or Training’ (NEET). Programmes supported by the Ministry of Social Development (MSD) are delivered by Wairoa College (The Wairoa Young Achievers Trust), Te Kupenga Hauora – Ahuriri, Te Taiwhenua o Heretaunga and Central Health Limited. Youth Futures, which is supported by the Local Authorities and MSD, is also active. Project 1000 is a new initiative that will link local people on benefits to 1000 new jobs over 3 years. Government agencies will work closely with employers and training providers to support those people into employment opportunities in key growth areas such as horticulture, viticulture, manufacturing and improved alignment of local infrastructure projects. This is a significant step towards achievement of the strategy’s aspirational goal to create 5000 net jobs in five years.



We need to focus on greater regional coordination of activities by the different agencies involved. We need to focus on all people, including younger and older age groups. A region-wide assessment of all NEET providers is planned; this should be expanded to include all who should benefit from such support.

### NGĀ HUARAHI WHAI RAWA – PATHWAYS THROUGH EMPLOYMENT

When we talk about ‘pathways through employment’ we are talking about the need to foster a spirit of lifelong learning across our collective workforce, and to lift the capability of local businesses to support such an approach. To do this, we need to work closely with local businesses to understand the current issues that block local people from progressing through their careers. We also need to work with EIT and others to clarify the options available for improvement.

The Hawke’s Bay District Health Board (HBDHB) is the region’s largest single employer and a leader in using employment to address inequity. Their Turuki programme is about improving the capacity and capability of Māori in the workforce and improving the cultural competence of the whole organisation. Their target is to increase Māori in the HBDHB workforce by 10 percent a year. The focus is not only on recruitment – it’s also about developing and retaining staff.

Employees must also play their part, bringing a positive attitude to work and a great work ethic. Employers are looking for the basics: turning up for work each working day on time and having pride in your work.





## 2. Improve pathways to and through employment

Work Area	Actions	Lead Agency	Key Partners
<b>2. Improve pathways to and through employment</b>	2.1 Project 1000: This project will link local people on benefits to 1000 new jobs over 3 years. The jobs would come from across all industries but would be mainly in the horticulture, viticulture, and manufacturing sectors, and through improved alignment of local infrastructure projects. The jobs will be a mix of casual, permanent full-time and part-time positions.	MSD	Councils, Iwi, Hapū, BHB, Government Agencies, Napier Port, HBDHB
	2.2 Ensure that all major infrastructure development projects (ref action 3.0) are required to consult with and optimise employment opportunities for local people - contributes to Project 1000	MSD	Councils, Iwi, Hapū, Government Agencies, Napier Port, HBDHB
	2.3 Build on existing and create new school - industry - tertiary partnerships to develop vocational pathways for all Hawke's Bay students - contributes to Project 1000	MoE	Councils, Iwi, Hapū, EIT, TEOs, Private sector
Enablers	2.4 Increase the number of youth with drivers licenses (especially in areas outside of the main urban centres where access is restricted) to ensure more youth are eligible for employment - contributes to Project 1000	MSD	Councils, Iwi, Hapū, NZTA
	2.5 Engage rangatahi in regional economic development (including Māori and regional economic development forums) so they increase their participation to the regional economy - contributes to Project 1000	REDS project team	Councils, Iwi, Hapū
	2.6 Conduct a regional mapping project to identify what is happening in the provision of education and employment opportunities for youth	Youth Futures Trust	Iwi, Hapū, Government Agencies, NGOs



Enablers	2.7 Extend the regional mapping project to other age groups	Councils	Iwi, Hapū, NGOs
	2.8 Investigate the feasibility of a joint venture agricultural training hub in Hawke's Bay to maximise opportunities for the local workforce to access employment in agriculture - contributes to Project 1000	MPI	Iwi, Hapū, EIT, TEOs, Private sector
	2.9 Explore, design and deliver a future-focussed programme, including digital enablement and internet-based technologies to develop a resilient population who can thrive in an uncertain future - contributes to Project 1000	MBIE	Iwi, Hapū
	2.10 Undertake Agriculture and Horticulture feasibility studies to invest in Māori business growth, job creation and workforce development - contributes to Project 1000	Iwi, Hapū	Councils, BHB, MPI, TPK, Private Partnerships



TO BUILD HOUSEHOLD AND  
WHĀNAU JOBS AND PROSPERITY,  
IT'S CRITICAL THAT WE FIND MORE  
GROWTH ENTERPRISES, SUPPORT  
THEM BETTER, ENCOURAGE THEM  
TO GROW FASTER AND HELP THEM  
TO SUSTAIN THEIR GROWTH.







## WHAI RAWA

### Identify and support existing businesses wanting to grow

‘High growth’ businesses represent by far the greatest source of opportunity for regional jobs growth and higher median incomes. High growth businesses sustain their investment through innovation and continuous improvement. These businesses maintain steady growth over some years, either continuously or in stages. They have both the capability and the commitment to grow.

Identifying and supporting growing businesses is the so-called ‘sweet spot’ of economic development and the approach that is most likely able to deliver the employment outcomes we all desire.

We got the very clear message from participants engaged in the REDS process that the region needs to give priority to ‘growing our own’. It’s already happening across the region. Here’s what we found through the interview process:

- Hawke’s Bay has many high-growth firms
- They are located in all sectors
- They are growing especially in the ‘business to business’ (B2B) or outsourcing economy, which typically uses digital platforms to achieve new growth and scale quickly
- The normal path to growth is by acquiring customers all over New Zealand.

To build household and whānau jobs and prosperity, it’s critical that we find more growth enterprises, support them better, encourage them to grow faster and help them to sustain their growth. Encouraging growth among Hawke’s Bay enterprises is so important because of the realities of the present economy:

- Many young people are leaving and not returning, contributing to Hawke’s Bay’s ageing demographic profile
- Large and old firms worldwide are shedding jobs and Hawke’s Bay shows the same trends
- Larger cities will continue to dominate, and dominate in new ways while competition between regions will increase
- Disruption of existing businesses and business models is now a fact of life, and is accelerating. Competition is global.

No region is immune from these trends; and these trends are not reversible. The good news is that start-ups and high growth firms can be created anywhere, and in any sector.

Research on high-growth firms has established the following:

- While being a small proportion of all firms, high-growth firms create the greatest number of jobs



- High-growth enterprises are often under the radar, invisible to economic development agencies
- Key problems for high growth firms are: finding the right talent that can grow with the firm, securing non-debt capital to fund expansion, managing and growing capacity, implementing effective cost accounting practices, replicating successful geographic expansion
- Almost all high-growth firms face these same basic challenges, regardless of the firm's industry or location
- CEOs think they are alone in their struggles and have very few places to turn for peer advice or assistance
- Their biggest problem is the lack of supervisory and management talent.

This and other research will guide our new regional approaches. We are sure that encouraging more high growth businesses will give Hawke's Bay the greatest return on investments in regional development, and will lead to the greatest chance of creating more good jobs for household and whānau prosperity. We have got to do what we can to encourage growth.

### WHANAKETANGA – BUILDING ON WHAT WE ALREADY DO

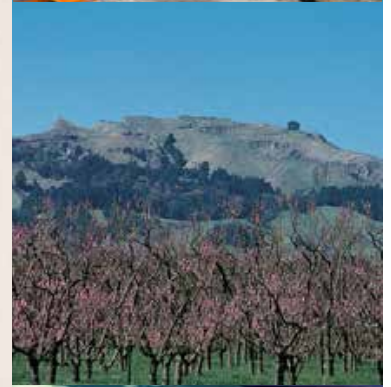
Hawke's Bay has numerous existing programmes and activities that encourage enterprise growth. However, we can do more to support local businesses that employ local staff.

One pioneering proposal is to get the key funders of significant capital projects (the councils, the District Health Board, Napier Port, and central government) to coordinate their projects over the next decade, and share the proposed programme with the local construction industry, EIT, ITOs and schools. This will mean that local companies can have the best chance to bid for the work, and employment opportunities are optimised for our people. Given that up to an estimated one billion dollars of capital spend is forecast for the next ten years, this exciting initiative will have a significant impact on employment prospects and career-development opportunities for the Hawke's Bay.

We will also work to foster a favourable local environment for business. We will especially find new ways of supporting those 'solopreneurs', who operate innovatively but at small scale, by encouraging networks and the outsourcing of core functions where these can be shown to make room for innovation.

The development of Business Hawke's Bay, and in particular the Hawke's Bay Business Hub, has created better access to services for businesses through a one-stop-shop model. The Hawke's Bay Business Hub has exceeded expectations with the co-location of multiple agencies involved in 'unleashing business potential' with client numbers increasing. It provides a shared space for collaboration. Just as with any venture, it is a process of continuous improvement and one of the opportunities lies in strengthening connections with Māori-led businesses that are also seeking to grow.

Other successful programmes and business advisory services have achieved considerable success, growing firm profits, increasing employment, and improvement in the capacity of management to drive growth. These include, for example:







- High Performance Work Initiative & Better by Lean (Callaghan Innovation)
- Regional Business Partners
- Private collaborative partners
- New Zealand Trade and Enterprise
- Te Puni Kōkiri
- The cluster of expertise located at Hawke's Bay Business Hub to support the growth of food and beverage businesses
- Business Mentors
- Institute of Directors
- Business Awards

### MAHI TAHI – HARMONISING THE WAY LOCAL AUTHORITIES APPROACH REGULATION

We need to find ways to standardise the approach taken to regulation across all the Councils in Hawke's Bay where practical and allowed by legislation. The way applicants and councils approach regulation has a big effect on the quality of experience for users in areas such as consenting and compliance monitoring.

Businesses consulted have told us that the requirement to make multiple applications for regulatory approvals to different local authorities can be time consuming, lead to project delays and add to the cost of doing business. Concerns have also been raised about the differing interpretations of legislation or approaches to regulating the same activity in different planning documents between the various councils.

Any new business setting up or expanding is likely to come across the requirements to comply with one or more pieces of legislation. For example, this could be through altering an existing building or building something new, in which case they need to comply with the Building Act (BA). Other laws also need to be complied with, such as the Sale and Supply of Alcohol Act, the Food Act for food preparation, Regional and District Plans formed under the Resource Management Act or the Hazardous Substances and New Organisms Act. Not all these pieces of legislation are administered by local councils, but the majority of them are.

Councils need to ensure that adequate industrial, commercial and residential land, as well as resilient network infrastructure, is provided for future generations. Councils are engaged in regional initiatives such as the Heretaunga Plains Urban Development Strategy and other Regional and District planning processes.

We need to foster a regulatory culture in our local authorities that is pragmatic and proportionate, and focused on outcomes, not process. We aspire to have user-friendly planning and consenting processes by applying and interpreting legal requirements consistently.

3. Identify and support existing businesses wanting to grow			
Work Area	Actions	Lead Agency	Key Partners
<b>3. Identify and support existing businesses wanting to grow</b>	3.1 Establish a coordinated approach to major infrastructure development projects over the next decade, and partner with industry and education sector to optimise local business growth	NCC	Councils, HBDHB, Napier Port, Construction Industry, Education Sector, MSD, Te Kāhui Ōhanga
	3.2 Explore the establishment of an incubator for small businesses incorporating a business accelerator programme linked to existing and potential new co-working spaces	BHB, NCC	Councils, Iwi, Hapū, Private Sector, Callaghan
	3.3 Establish accessible business growth services to firms across the Region	TPK, BHB	Councils, Iwi, Hapū, TPK
<b>Enablers</b>	3.4 Identify start-ups and high growth firms and identify barriers to growth and local capability	BHB	Regional Business Partners
	3.5 Explore an annual Hawke's Bay Investor Summit to target investor markets to attract embeddable investment in Hawke's Bay	BHB, NZTE	Iwi, Hapū, Councils
	3.6 Support the coordinated development of existing and emerging Māori business leadership to maintain and grow participation in the regional economy	Iwi, Hapū	Councils, TPK, Private Sector





## TĀNE-WHAKAPIRIPIRI

Lead in the provision of resilient physical, community, and business infrastructure

Significant investment lies ahead for the region. We need to deal with the consequences of historic patterns of development. Some of these have degraded environmental values and made us vulnerable to a changing climate and sea-level rise. We need some new infrastructure too, with opportunities to improve resilience and create new businesses and employment. At the same time it will make the region more attractive to visitors by both enhancing the visitor experience and supporting our region's export brand.

### LAND TRANSPORT

The Governance Group has assisted, in collaboration with the Regional Transport Committee and the Gisborne Governance Group, in identifying key road transport infrastructure priorities for the region, and has been liaising with the Government on this critical matter. Given our significant reliance on primary production, efficient transport of goods from the field to production facilities, and then to Napier Port and the wider North Island is seen as key to growing and maintaining the prosperity of Hawke's Bay business, and therefore the region as a whole.

We are working with central Government to develop an action plan for the Gisborne and Hawke's Bay regions. Both the Hawke's Bay and Gisborne Governance Groups agree that the first priority for the region is State Highway 2 between Opoiki and Napier and related access routes to Napier Port. The road link, in its current form, is a major impediment to economic development in the region. The East Coast Regional Economic Potential Study (2014) identifies this road as a key priority.

There is also an opportunity to improve the connections between Wairoa and Napier/Hastings and Gisborne. Forestry forecasts show that tonnages from the Wairoa area alone would result in an almost fourfold increase to the current tonnage. Increased tonnage would further stretch and expose the existing route vulnerabilities, which are in the Napier Port catchment. The route is important because of the range of products that are being transported in and out of Wairoa and the northern part of Hastings District. It will improve access to vital services and any upgrades will improve the safety of the route as well as access to smaller rural communities.

Aside from the SH2 improvements, other improvement initiatives are the Napier Port Access project and improvements to State Highway 38. The Napier Port Access project is a key regional initiative and this work is recognised in part by the programme business case being funded directly from Crown Funds. The programme business case provides a number of projects designed to ensure safe and strong freight connections exist to service current and future needs of traffic moving to and from Napier Port. The delivery of the initiatives coming from this plan will be critical to the future movement of freight and the surrounding communities.





Sealing State Highway 38 through to Lake Waikaremoana will open up this key natural asset and improve the safety of tourists travelling to the lake. It is noted that the Bay of Plenty is proposing the sealing of their end of SH38. An increased project to seal the full route between Wairoa and Rotorua would further enhance the tourism potential along this full route and provide some increased resilience between the East Coast and the Central North Island.

As outlined in the Hawke's Bay Transport Investment Priorities document completed and forwarded to ministers earlier this year, weight restrictions on bridges and increasing truck sizes (particularly HPMV) will restrict access to some pivotal routes. Without focus, monitoring, and funding applied to improving the bridges those restrictions will impact on economic development.

### TE HONONGA MATIHIKO – DIGITAL CONNECTIVITY

The digital economy is a critical component of the regional economic development strategy. We aim to create a safe, smart and connected region and to be a 'digital corridor' for our residents, businesses and visitors.

We'll be considering five initiatives:

- Broadband infrastructure enhancement across the region – in particular wi-fi nodes for all key community and tourism assets, including freedom camping areas, main road rest areas, community centres and halls, marae, council premises and tourism attractions such as cycle ways, using fixed radio broadband solutions
- Research into emerging digital technologies, new business models and opportunities for new collaborations in the region
- Community Connect – a programme to build digital skills and capacity across disparate regional communities, so as to open up digital possibilities to those currently denied reasonable access to fast and reliable broadband and 4G coverage
- Community resilience – a communications network designed to withstand adverse conditions and natural disasters that will serve the community and regional civil defence in times of emergency
- Employment Connect – a programme to connect our young people to jobs and to skills enhancement opportunities, using mobile applications and networks

Through these projects we want not just to enable access but to grow demand for broadband in the community. We also want to cultivate our growing digital skills base to create a platform for new start-ups and high-growth companies.

Broadband access issues are complex and vary considerably across the region. We need infrastructure and programs that will enable all our communities, localities and businesses to access the opportunities provided by connectivity.

Better broadband is already coming to Hawke's Bay through existing programmes and technologies. But not all areas are getting the benefits. And not all groups, businesses and communities realise just how transformative broadband is. We want to accelerate the process and in doing so to transform Hawke's Bay into a connected and networked twenty-first century economy and community.





OUR COMPETITIVE  
ADVANTAGE IS BUILT  
ON THE FOUNDATION  
OF FERTILE LAND, A  
QUALITY WATER SUPPLY,  
A FAVOURABLE CLIMATE  
AND THE ABILITY TO  
PRODUCE AND EXPORT  
WORLD LEADING  
QUALITY PRODUCTS.







## WAI ORA – WATER STORAGE AND ENVIRONMENTAL ENHANCEMENT

The Ruataniwha Water Storage Scheme (RWSS) is proposed to be operational in 2019 and full irrigation uptake of 26,000-27,000ha is currently considered achievable. The initial impacts of the project occur during construction and will continue over the entire period of farm conversion. It is estimated this phase will generate 5,400 job-years of work and increase GDP by \$490m. These impacts are anticipated to be spread over 12 years, but three quarters of the effects are estimated to occur in the first three years. Once the scheme is operating at full capacity, an annual GDP increase is estimated at \$380 million with potentially an extra 3,580 ongoing jobs for the region.

In addition to the RWSS, further opportunities exist for water storage in other catchments including Wairoa and Ngaruroro. These possibilities can help build on the momentum, skills, jobs and associated industries of RWSS to maximise the value the region derives from its freshwater resources.

Wetland enhancement projects, such as at Waitangi and Peka Peka, and cycle ways on flood control infrastructure, are examples of new visitor experiences arising from environmental management. By carefully managing the environmental effects of increased use of our land and water resources, we can have win–wins for both the economy and the environment.



4. Lead in the provision of resilient physical, community and business infrastructure			
Work Area	Actions	Lead Agency	Key Partners
<b>4. Lead in the provision of resilient physical, community and business infrastructure</b>	4.1 Improve access to the Port of Napier to increase regional economic performance	Regional Transport Committee	HBRC, Napier Port, NZTA
	4.2 Support the timely implementation of the key strategic initiatives in the Regional Land Transport Plan.	Regional Transport Committee	Councils, Iwi, Hapū, NZTA
	4.2.1 Support the combined approach with Tairāwhiti to achieve significant upgrades to SH2 between Napier and Opoitiki	Regional Transport Committee	Councils, Iwi, Hapū, NZTA
	4.3 Accelerate the deployment of Ultra Fast Broadband throughout the Region, in particular to rural communities and marae	Councils	Iwi, Hapū, MBIE
	4.4 Ensure regional and district plans take a coherent and consistent approach to regulating common activities	Councils	Private Sector
	4.5 Investigate a common approach to consenting and regulatory approval	Councils	Private Sector
	4.6 Identify land available to support new business growth by liaising with councils	Councils	Iwi, Hapū, Private Sector
<b>Enablers</b>	4.7 Explore opportunities arising from water storage schemes should they proceed, in order to promote increased regional productivity	HBRC	Councils, Iwi, Hapū, Private Sector, EIT, MPI







## PŌTIKITANGA

### Promote greater innovation, productivity and agility

We want to create more higher-value jobs through innovation, as good jobs will provide prosperity to our households and whānau. Innovation, agility and productivity are three key drivers of business success that we can influence in a globally connected and technology-enabled world. These success factors along with a commitment and drive to improving social determinant factors in the region will allow for a sustainable and exciting economy.

Pōtikitanga is the inherent value that comes from Māui Tikitiki a Taranga and his risk-embracing and adventurous exploits. Māori business growth in the Hawke's Bay has a growing number of success stories and is an area of immense potential with the right support. Preliminary consultation with whānau across the region highlighted this opportunity and its commercial potential.

We'll see more jobs created if our existing enterprises grow and new enterprises start up. This strategy reviews how we currently help our enterprises to prosper, and in particular whether we can do things better, differently or with greater resources.

To prosper, businesses must continue to meet market demand. They must drive value into their products and services, optimise their pricing, establish good relationships with customers and their supply chain partners, and make sure they focus on continuous improvement. A common saying is that business leaders need to work 'on' their businesses as well as 'in' their businesses. Support services are available to help.

Innovation will also be critical for many of our businesses to meet community and market expectations for their environmental performance. We need to ensure we are using our precious natural resources most productively and in doing so getting 'more from less'. The agility of our businesses to adapt in the face of global change is critical to long-term economic and social resilience.

## INNOVATION

Innovation is central to regional economic performance. It drives start-ups and high-growth firms and is critical for business to thrive. That is why nurturing innovation is so important to this strategy and why many of our planned actions will support innovation in Hawke's Bay.

Innovation is about 'marketable ideas' and about doing things better than anyone else. The sources of innovation are wide and varied. Innovation is not just the creation of patents, and is not just research and development, but includes the development of new products, processes, services, markets and business models. Our traditional strengths in premium primary production have been driven by innovation. Local firms right across the economy are now innovating in such diverse areas as robotics, new varieties of produce, business to business services, high tech and design.

Our task is to support the process of validating, developing and commercialising innovation.



## PRODUCTIVITY

Productivity means improvement. It means working smarter, increasing output, and getting the best out of our people and natural resources. Productivity is not just profitability, but increasing productivity will help drive returns to the business.

We see significant potential to lift the productivity of Hawke's Bay businesses and other institutions. Encouraging businesses to do things smarter is central to this strategy and to the prosperity of the region. A good local example is pipfruit. New Zealand produces on average 64 tonnes per hectare with a goal to increase this production to 160 tonnes per hectare. Our nearest competitor is Chile on 42 tonnes. This productivity gain has been achieved while maintaining world-leading quality standards.

The New Zealand apple industry is the leading apple industry in the world, a position achieved through innovation in new varieties, in on-orchard growing practices, in post-harvest technologies, and in sophisticated international marketing practices.

However, as we grow the local economy, we need to make sure that we do nothing that increases the biosecurity risk to the local primary sector.

## AGILITY

Agility is the capacity of firms to change course in response to changing market conditions. Agility requires a keen knowledge of markets, strategic sense, the capacity to work 'on' the business as well as 'in' the business and the courage to pivot towards new opportunities.

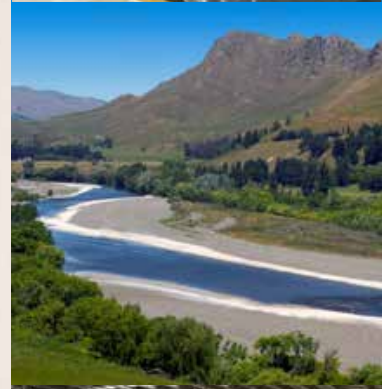
We aspire to support the development of 'agile' firms capable of operating in new or expanded markets, of adopting new technologies and changing their business as markets fail, prices collapse, customer preferences change, new competitors emerge, their businesses are disrupted, and so on.

## IMPROVING WHAT WE DO ALREADY

The region is well served with programmes that aim to enhance productivity. Examples of current initiatives include:

- High Performance Work Initiative (HPWI)
- Callaghan Innovation – the Better by Lean/Innovation Readiness approach
- Regional Business Partners Programme
- Chamber of Commerce
- Private sector-driven business services.

Our challenge is to do more and better, to eliminate duplication, to close gaps, to meet market demand and to do so cost-effectively. Our strategic intent as a region must be to help firms drive business improvements through:





- The wider marketing of our existing resources and programs
- Increased resources in areas where this is needed, to match the greater demand that will grow as a result of our greater marketing efforts
- Greater linking and leveraging of existing tools
- Introducing new programmes where needed
- Embedding a technology focus in our programmes
- Using existing tools in new ways or in new areas
- Stretching eligibility and making programs generally more flexible
- Making sure the cost to businesses of productivity, innovation readiness and other enhancement programmes is something they can afford, especially for start-ups.

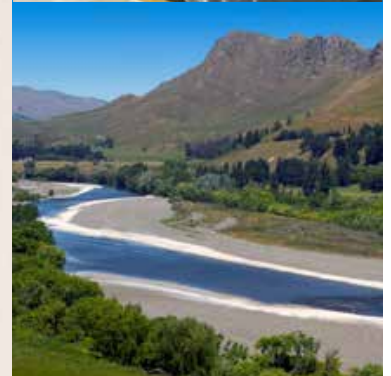
We could do more to further drive innovation, productivity and agility. For example, the start-up ecosystem needs much more effort and resourcing. We lack a business incubation system and business accelerator programmes for start-ups, and we plan to develop these for the region.

Government itself has an opportunity to be more innovative in how it supports industries and businesses. For example, in the trade policy area, such as opening market opportunities for NZ goods and services, much more could be gained by agencies such as MFAT, MPI and NZTE working more collaboratively and strategically with each other and with industries.

5. Promote greater innovation, productivity and agility			
Work Area	Actions	Lead Agency	Key Partners
<b>5. Promote greater innovation, productivity and agility</b>	5.1 Work in partnership with Iwi and Hapū to identify and support commercial opportunities and to support the innovative and entrepreneurial capacity of Māori	TKO	Councils, Iwi, Hapū, BHB, TPK, MBIE, MPI, Private Sector
	5.2 Establish a Regional Research Facility to provide an evidence-base and support decision-making to optimise regional assets through innovation-led productivity growth	BHB	Councils, Iwi, Hapū, Private Sector
	5.3 Support the expansion of the National Aquarium, including the development of marine research, to create high-skilled science-based employment	NCC	Councils, Universities, Private Sector



	5.4 Work with primary producers to ensure productivity gains deliver the improved environmental performance required for freshwater reform	HBRC	MPI, Private Sector
	5.5 Support natural resource users to identify and proactively manage business risks and opportunities arising from a changing climate	HBRC	MPI, Private Sector
<b>Enablers</b>	5.6 Ensure sustained funding for productivity and innovation development programmes to meet the needs of businesses in Hawke's Bay	Callaghan	Iwi, Hapū, BHB, MBIE, Private Sector
	5.7 Promote greater business agility and connectivity through better use of digital technology	BHB	Councils, Iwi, Hapū, NZTE, Private Sector
	5.8 Research the Hawke's Bay productivity gap so that causes can be identified and enable better targeting of support services	MBIE	Iwi, Hapū, BHB, EIT, Productivity Commission, Private Sector
	5.9 Conduct a regional natural-capital stocktake of primary sectoral productivity potential.	HBRC	Iwi, Hapū, MPI, Private Sector





## MATANGI RAU

Become a beacon for investment,  
new business, and skilled migrants

Attracting new resources to Hawke's Bay will be an important stimulant of economic growth in the region.

The benefits of attracting firms, investment and migrants to Hawke's Bay are:

- new jobs
- new links and expanded networks
- ideas for new market/product development
- new skills
- new capital investment
- enhancement of supply chains
- diversification of the productive base adding to sustainability.

Resources invested will range from financial capital from external investors looking for opportunities, to businesses seeking to capitalise on the natural and competitive advantages the region has to offer, through to people attracted by the lifestyle and opportunities offered to their families.

The region excels in, and is world-renowned for, its quality food production. Our exports account for 52.5% of the region's GDP compared to 30.7% for total New Zealand – tangible evidence of the value of Hawke's Bay to the nation's export-driven economy. Our competitive advantage is built on the foundation of fertile land, a quality water supply, a favourable climate and the ability to produce and export world leading quality products. Maintaining the quality of the natural resource base on which the region depends will be essential to attracting investment and securing the social license for businesses to grow value from the resource base.

Opportunities already exist for external investors to forge partnerships with local businesses looking to grow or by creating standalone new business ventures. As a region, we are looking to attract entrepreneurs who will maximise production throughout the value chain from primary production to the final packaged product, and then to further capitalise through their global value chains.

In addition to primary production, Hawke's Bay also has a thriving knowledge economy. The primary sector is a natural conduit for furthering applied agri-science research from the laboratory to practical application throughout the primary industry value chain. Our region is also the home for niche technology businesses, with high tech an expanding sector attracting entrepreneurs with the quality lifestyle and the work life balance offered.



Our economic diversity is aided by a strong business services sector. Low operating costs relative to the large cities and a quality labour supply are proving attractive for businesses establishing or relocating to Hawke's Bay to conduct business services. Well-connected communications, transport links, and low property costs add to the reasons for establishing business in Hawke's Bay.

The Hawke's Bay economy is on the upturn and the region is currently one of New Zealand's strongest performing economies. New Zealand and overseas investors are recognising the business opportunities this momentum is creating.

Recent examples of investment from outside investors include: Rocket Lab; Rockit Apples, and Kiwibank.

6. Become a beacon for investment, new business and migrants			
Work Area	Actions	Lead Agency	Key Partners
<b>6. Become a beacon for investment, new business and migrants</b>	6.1 Work with Rocket Lab to develop opportunities to leverage business attraction off their Te Mahia initiative	WDC	Iwi, Hapū, HBT, MBIE
<b>Enablers</b>	6.2 Develop a targeted regional strategy for the attraction of businesses, investment and migrants	Councils, BHB	Iwi, Hapū, NZTE, Private sector
	6.3 Undertake specific Food & Beverage global opportunity assessments in order to identify new market-led opportunities for Hawke's Bay businesses	BHB	Councils, Iwi, Hapū, MBIE, NZTE, Private sector
	6.4 Support the establishment of the food and beverage supply chain network based on goat and sheep dairy	BHB	Councils, Iwi, Hapū, MBIE, MPI, Private sector
	6.5 Develop an agribusiness programme to identify specific sector issues and opportunities for business development and growth	BHB	Councils, Iwi, Hapū, Private Sector







## KAHUNGUNU RINGA HORA

### Enhance visitor satisfaction and increase spend

We live in a region with great food, world-class wine, an incredible climate, warm community and a lush landscape with history and beauty. Our region is accessed by road and plane, and increasingly by ship. The number of cruise ship visits to the Port has more than doubled since the mid-2000s and is projected to bring 91,500 passengers directly into Hawke's Bay next year. An increase in air traffic by Air New Zealand and the arrival of Jetstar will make it even easier to arrive and enjoy Hawke's Bay.

Add to this picture Hawke's Bay's impressive and growing list of events, which includes Te Matatini 2017, Iron Māori, Art Deco, Horse of the Year, F.A.W.C.I, The Big Easy, Mission and Black Barn concerts, Air NZ Hawke's Bay Marathon and Tough Guy & Tough Girl.

During the research we came across the theme "One more night, one more coffee" to highlight the importance of every visitor's experience and contribution. When we do this well, Hawke's Bay will continue to grow as a premier visitor destination. The region has many of the things it needs to be a tourist mecca, but it still requires its people and its visitors to share this truth with the world. The work of Hawke's Bay Tourism as a key driver and delivery partner will help ensure our strong position in the visitor market, domestically and internationally.

Our visitors are organised into two groups, international and domestic (New Zealand-based) travellers, who bring different preferences and patterns. For the year ending March 2016 and based on conservative estimates, domestic travellers spent \$405m and international travellers spent \$135m. International visitors staying in commercial accommodation grew by 19.3% at year end March 2016.

The opportunity for international tourism to Hawke's Bay is in growing the important longer staying international markets of Australia, UK and USA but also providing tourism product that meets the need of the fast growing Chinese market. Domestic tourism provides the opportunity to build the visitor economy year-round therefore evening out the year so the industry can be sustainable. Attracting and hosting events and conferences play an important role in helping to balance visitor arrivals across the year. The biggest risk Hawke's Bay faces is that we do not have the infrastructure and tourism products to meet the needs of a growing visitor economy.

We can encourage sustainable visitor growth in number and spend by developing infrastructure with a focus on improving the visitor experience. Improved roading, greater digital connectivity, better facilities and other general development are all factors that will help.

We can see room for visitor-focused product development especially in diversifying our offerings. We can develop products and services that use our people's skills and talents and display our character. A significant opportunity here is developing Māori-centred tourism, with ventures that engage whānau and tell our story. The arrival of Rocket Lab at Te Mahia Peninsula provides a unique opportunity to build tourism products centred on 'space-launch tourism' while also allowing the natural beauty and the extensive history of the area to be showcased.

To further combine visitor attraction and our drive for a sustainable future, we are seeking government support to create a world-class aquarium that is research-based

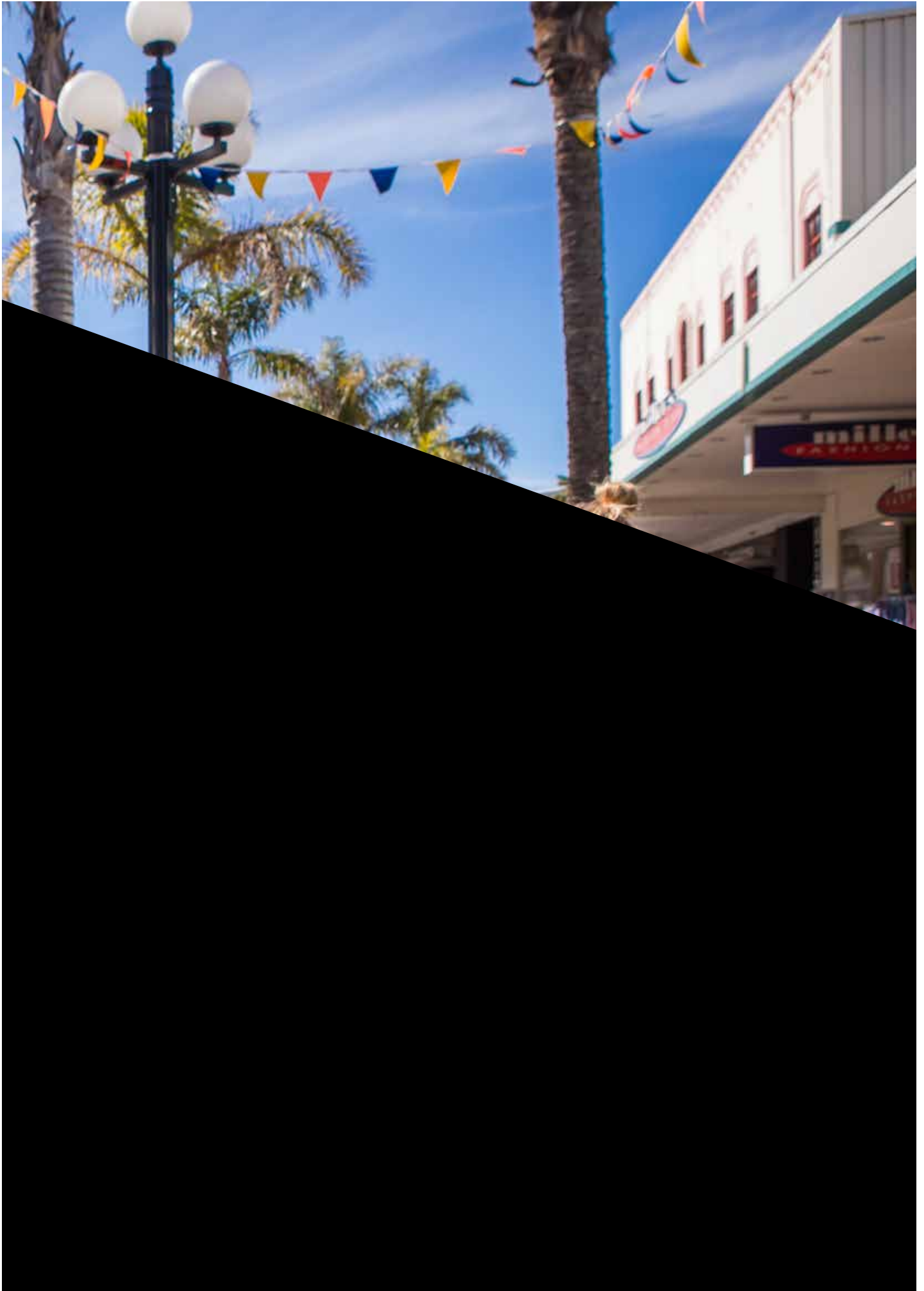


and conservation-focused. The project will be led by Napier City Council (NCC) who will work alongside Hawke's Bay Regional Council and Waikato University, with important roles played by the Department of Conservation, National Institute of Water and Atmospheric Research (NIWA), the Earthquake Commission (EQC), Massey University, GNS Science and the Zoo and Aquaria Association of Australasia. It is proposed that the new facility will be operational within two years of receiving funding support.

Enhance visitor satisfaction and increase spend			
Work Area	Actions	Lead Agency	Key Partners
<b>7. Enhance visitor satisfaction and increase spend</b>	7.1 Improve collaboration between organisations tasked with tourism product development and infrastructure spend and establish a coordinated approach to developing tourism products and a programme of initiatives in order to optimise visitor spend in Hawke's Bay	HBRC	Councils, Iwi, Hapū, BHB, HBT, MBIE
	7.2 Develop a Māori-centred tourism group to increase the experience, the spend and employment opportunities e.g. space launch tourism at Mahia Peninsula	Iwi, Hapū	Councils, HBT, MBIE, Private Sector
<b>Enablers</b>	7.3 Improve collaboration between the tourism industry and educational institutes to improve staff training	EIT	TEOs, Private Sector, HBT
	7.4 Support and resource continued collaboration between organisations responsible for events	HBT	Councils, Iwi, Hapū, MBIE
	7.5 Undertake a feasibility study for a Napier to Gisborne cycleway	HBT	Councils, MBIE



THE WORLD IS CONTINUING TO CHANGE AT AN INCREASING PACE, DRIVEN BY ADVANCES IN TECHNOLOGY AND GLOBAL CONNECTEDNESS. WE NEED TO GIVE OUR PEOPLE THE SKILLS AND KNOWLEDGE TO HELP THEM NAVIGATE THIS UNCERTAINTY.







New Zealand Government



## APPENDIX TWO



# Matariki

## Hawke's Bay Regional Social Inclusion Strategy

'Hawke's Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has opportunities that result in equity of outcomes'

This strategy was commissioned by 'LIFT Hawke's Bay: Making it Happen - Kia Tapa Tahī'<sup>1</sup> to support their vision:

*'Hawke's Bay is a vibrant, cohesive and diverse community, where every household and every whānau is actively engaged in, contributing to, and benefiting from, a thriving Hawke's Bay'*

---

<sup>1</sup> LIFT Hawke's Bay are a group of local leaders from Councils, Agencies and Community in the Hawke's Bay.

## MATARIKI - HAWKE'S BAY REGIONAL SOCIAL INCLUSION STRATEGY

*'Matariki - Hawke's Bay Regional Social Inclusion Strategy* is the partner strategy to *Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016*. It sets out a conscious and practical approach to social inclusion that benefits every household, whānau and community in Hawke's Bay.

Social inclusion is the ability of all individuals, households, whānau and communities to participate in the economic, social, cultural and political life of the community in which they live. This means people have access to some very basic but important things, including; enough income to sustain an ordinary life; a safe place to live; an education; the opportunity to develop skills that are valued; and services that support their health. Collectively these form the basis of the resources and opportunities to progress through life in a way that creates wellbeing for individuals, whānau, families, households and communities.

*Matariki - Hawke's Bay Regional Social Inclusion Strategy* supports the *Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016* Framework by focusing on achieving improved outcomes for every whānau and household through economic inclusion. Economic growth is fundamental to social inclusion, and social inclusion is a key contributor to economic growth. Economic inclusion will benefit everyone in the Hawke's Bay, including local business by increasing the number of households participating in the economy.

### OUR VISION

Hawke's Bay is a vibrant, cohesive, diverse and safe community, where every child is given the best start in life and everyone has opportunities that result in equitable outcomes.

### Strategic Directions

1. Growing Socially Responsible Employment and Enterprise
2. Preparing People for Work
3. Whānau, Households and Communities Driving Social Inclusion

### Goals

- All employers in Hawke's Bay implement policies for socially responsible employment.
- Hawke's Bay has more people in skilled employment, education or training.
- Hawke's Bay has proportionally fewer people in the more deprived sections of the population than the national average

### Outcomes

- To have more households with at least one person on a living wage
- To raise the percentage of employees in high skilled jobs to above that of total New Zealand
- To increase the number of youth in employment, education or training
- To reduce the number of children living in households dependent on a main benefit
- To remove barriers to and through education for at risk young people
- To increase the connection of learning pathways from early learning to school to tertiary options to work
- To grow community participation in decisions that impact their communities
- To reduce the negative impact of drug use on individuals and their whānau
- To reduce the rate of violence experienced by individuals and whānau
- To improve access for individuals and whānau to healthy, affordable and sustainable housing
- To reduce the rate of obesity
- To increase life expectancy for all and eliminate the gap between Māori and non-Māori

## Principles

**Partnership by co-design** - Values and worldview underpinning the strategy and its actions are an expression of co-design, and the implementation and monitoring are an inclusive collaboration. A treaty principle.

**Outcomes for every household and every whānau** - All actions, initiatives and projects in the Action Plan must provide outcomes in line with the vision.

**Build our people's capability** - There must be an emphasis on developing our people alongside infrastructure, assets and businesses.

**Equity** - A treaty principle, this requires reflection on who the intended audience and beneficiaries are and a commitment to that being inclusive and equitable.

**Whai rawa** - Optimising assets in a full, holistic and sustainable way.

**Pōtikitanga** - Developing an enterprise mind-set. Driving the thinking that goes behind business growth.

## 1. SOCIAL INCLUSION

Social inclusion is the ability of individuals, households and whānau to participate in their communities. Participation spans people's engagement in learning, working, social and cultural life, and having a voice in their community as described in Figure 1 below.



Figure 1: The four elements of Social inclusion

In order to participate, people need access to the resources, opportunities and capabilities that enable them to achieve the aspirations that matter to them, their households and whānau.

**Resources:** are the skills and assets necessary to participate including access to the 'essentials of life', including sufficient healthy food, safe and healthy housing, support for our children, physical health, social connection and safe communities to live in.<sup>2</sup>

**Opportunities:** mean that people are in an environment or have the social structures that enable them to make use of their capabilities and resources they have.

**Capability:** means people are able to utilise their resources and take up the available opportunities.<sup>3</sup>

The presence of resources, opportunities and capability can grow and support social inclusion. Conversely their absence will contribute to the accumulation of disadvantage and increasing exclusion.

<sup>2</sup> Wong, M., Saunders, P. 2012. Promoting Inclusion and Combating Deprivation: Recent Changes in Social Disadvantage in Australia. Social Policy Research Centre, University of New South Wales. Sydney.

<sup>3</sup> Based on the definition in a 2012 paper produced by the Australian Social Inclusion Board, "Social Inclusion in Australia: How is Australia Faring?"



## 2. WHY DO WE NEED A SOCIAL INCLUSION STRATEGY?

Societies and economies thrive when all individuals, whānau, households and communities have the resources to participate in their communities, buying goods and services and creating businesses. Increasing participation and improving income will have direct and indirect returns such as reduced crime, demand on the health service and reliance on benefits.

### **Participation is harder for some than others**

Social exclusion is often caused by a number of persistent, inter-generational factors that accumulate to exacerbate disadvantage. It can be the result of the actions of other people, organisations, institutions or geographic communities. Social exclusion does not simply reflect a person's history and current circumstances, but also impacts on their future.

In Hawke's Bay, as in communities across New Zealand, disadvantage is unevenly distributed amongst our communities. There are some major groups of people in Hawke's Bay who are excluded, for example Māori, the disabled, mentally ill, and those whose patterns have been set for generations.

### **Māori experience adverse health, social and economic outcomes:**

Māori experience inequity in health, justice, education, employment and housing outcomes. Māori social exclusion is based in colonization and has resulted in poverty and the loss of te ao Māori -culture, language and identity, the key building blocks for social inclusion. "Institutional racism can take place in policy making, funding decisions and service delivery. The results can be seen in the 7.3 year life expectancy gap between Māori and non-Māori."<sup>45</sup>

### **Households and whānau with low education outcomes and low income:**

These whānau and households are likely to have lower quality homes, poor health, low educational attainment, have a benefit as their main source of income, participate in and experience greater levels of crime; have greater levels of family violence and greater levels of mental illness and addiction.

### **People experiencing inter-generational social exclusion:**

People who experience inter-generational exclusion require the greatest levels of support and have the lowest levels of access to whānau and household resources to enter pathways into employment or enterprise.

### **Communities dominated by low incomes and fewer assets:**

Where communities have high concentrations of low-income and fewer assets they are more likely to have poorer outcomes for their population than other communities.

### **People with poor health, disability or mental illness:**

People who experience poor health, especially long term conditions or mental health, and those with a permanent disability are often excluded from society and experience significant levels of economic deprivation and poorer health.

**Engaging people experiencing these challenges and barriers to participate socially and economically will lead them to have better quality lives and wellbeing**

The economic and social exclusion experienced by these groups (mentioned above), can and will be addressed through the implementation of this Strategy and its actions.

<sup>4</sup> Aotearoa Public Health Association, *Position Statement on Institutional Racism*, 2013

<sup>5</sup> Note Hawke's Bay life expectancy gap is 8.2 years for Māori males and 7.7 years for Māori females (Health Equity in HB Update 2016)

### **The opportunity in Hawke's Bay**

In Hawke's Bay, economically, the picture is positive and for the first time, a truly regional strategy has been developed which involves the public sector at all levels and the private sector of all sizes to grow the Hawke's Bay Economy. *Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016* has a vision of every whānau and household actively engaged in, contributing to and benefiting from a thriving Hawke's Bay. The organisations and entities involved in developing *Matariki - Hawke's Bay Regional Economic Development Strategy and Action Plan 2016* have recognised that economic growth alone is insufficient to fully realise the benefits. Hawke's Bay needs to engage those whānau and households who are socially excluded for a more sustainable economy. This is known as inclusive economic growth.

Populations in the Hawke's Bay experience inequity in outcomes from education, health, justice and social services. Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Equity is a critically important aspect of creating social inclusion as it creates the sustainable environment in which people have the resources to participate in learning, working, local social and cultural life, and having a voice in their community.

A thriving society is where everyone is able to participate and make a significant contribution to achieving greater economic growth and productivity. Focusing on growing the skills of the local workforce will help ensure the future workforce and entrepreneurs have opportunities and the necessary skills to be successful. This will assist people to both contribute to, and experience the economic benefits for themselves, their whānau, their communities and the wider region.

### **Hawke's Bay Population Statistics**

- At birth, non-Māori males are expected to live 8.2 years longer than Māori males
- One in seven people in quintile 5 die before the age of 50 compared to one in 25 people in quintile 1
- 42% of Māori children aged 0-4 years are living in household's dependent on benefit income (compared to 15% of Pakeha children)
- 250 Hawke's Bay children are in the care of Oranga Tamariki (Vulnerable Children's Agency)
- 25.9% of young Māori are not currently in employment, education or training (compared to 9.1% of young Pakeha New Zealanders)
- 67% of Māori students and 72% of other students are at their expected reading levels meaning that 33% of Māori children who are below their expected reading levels when they leave school
- Hawke's Bay rates of violent crime continues to be higher than the New Zealand average and is twice the rate for New Zealand as a whole

**"BUSINESS CANNOT PROSPER IN SOCIETIES THAT FAIL"**

**Kofi Annan (Previous UN Secretary General)**

### 3. WORKING TOGETHER FOR SOCIAL INCLUSION

Social inclusion will be achieved through positive engagement with organisations and entities across Hawke's Bay.

*"Social inclusion is everybody's responsibility. Only where governments, communities and businesses work together can social inclusion be achieved."*

Key partners across the Hawke's Bay include:

- Iwi, Hapū, whānau and marae
- Clubs, and community organisations including churches
- Schools, ECE, tertiary institutions and workplaces
- NGOs and charities providing social services
- Local employers and business
- National or international employers and businesses
- District Health Board and primary care organisation
- Local councils, regional council
- Local offices of government agencies

#### Targeting excluded populations

Using the evidence of social and economic exclusion we have identified three approaches to considering populations:

ACTIVELY INCLUDE	TARGET	FOCUS EFFORT
As groups they are less likely to experience social inclusion and economic participation due to discrimination, racism, prejudice and disability factors.	These are the whānau and households who are economically and/or socially excluded who need to be the focus of these strategies. These households and whānau will have the greatest levels of poor wellbeing and social exclusion.	Those communities where economic exclusion is clustered due to lower incomes, fewer assets and lower levels of support from agencies and councils.
Communities and whānau that may be excluded: <ul style="list-style-type: none"> <li>• Māori</li> <li>• Pacific people</li> <li>• Those with mental illness and/or addiction</li> <li>• Those with disability</li> <li>• LGBTQ! – Rainbow communities</li> <li>• Pacific communities, refugees and immigrants</li> </ul>	Whānau and households that are excluded : <ul style="list-style-type: none"> <li>• Economically dependent on crime</li> <li>• Low income families</li> <li>• Those on main benefits</li> <li>• Low education levels</li> <li>• Parenting alone on low income</li> <li>• Youth who are NEET</li> <li>• Homeless and rough sleepers</li> <li>• Low income and engaged in justice or corrections</li> <li>• Older people without family and/or assets</li> <li>• Those experiencing violence at home</li> </ul>	Places, for example: <ul style="list-style-type: none"> <li>• Flaxmere</li> <li>• Wairoa</li> <li>• Raureka</li> <li>• Maraenui</li> <li>• Camberley</li> <li>• Isolated rural communities</li> </ul>

### **Māori Partnership and Te Tiriti o Waitangi**

The Crown and its agencies are obliged and committed to addressing issues of inequity for Māori as Treaty partners. This requires agencies to focus on delivering equity of outcomes for Māori individuals and whānau.

Māori social exclusion is rooted in colonisation and subsequent policy and service delivery which did not address colonisation or social exclusion. Māori will have the greatest impact on uplifting Māori wellbeing through leadership, design and implementation of initiatives, with enabling support from government and non-government agencies. Government agencies will work in partnership with, and enable Post Settlement Governance Entities (PSGEs) to identify the most effective ways to restore culture and identity, grow the Māori economy and eliminate the long standing, historical exclusion of Māori in Hawke's Bay.

As a Treaty partner, government agencies have responsibility and accountability for effective service delivery, for Māori and need to be transparent in this accountability to their Treaty partner. As such, government agencies need to measure and report on services effectiveness for Maori and ensure their activities are improving equity.

### **Inclusive economic growth**

As key partners, we will be targeting the excluded populations and striving for inclusive economic growth in Hawke's Bay. To achieve inclusive economic growth three things matter:

#### **1. Level of Income**

Evidence tells us that engagement in employment or enterprise that generates at least a 'Living Wage', even if it is by just one member of a household, can create wider improvements in wellbeing and opportunities for the whole whānau and household. A 'Living Wage' is the income necessary to provide workers and their families with the necessities of life. A 'Living Wage' will enable workers to live with dignity and to participate as active citizens in society. This is especially true for educational, health and future employment outcomes for children.

Households and whānau with a 'Living Wage' from quality employment or enterprise are more likely to experience:

- Better quality and more stable housing
- Safer children who experience less disadvantage
- Safe families and communities without violence
- Better physical health
- Better mental wellbeing
- Greater ability to leverage education, health and social service investment
- A life without the experience of the effects of crime or economically dependent on crime

Low income whānau and households are less likely to have the adequate resources, opportunities and capabilities for participation. The impact of low income is especially damaging as it flows on to future employment opportunities. This negatively effects health, social and employment outcomes perpetuating exclusion and inequality across generations. Low income can be addressed through education/training, greater access to employment and socially responsible employers.

#### **2. The quality of participation**

Whānau and households will not be assisted to thrive with tenuous employment, poor working conditions and lack of fulfilment. Education, social or healthcare services that consistently deliver poorer outcomes for some groups are not necessarily building the resources necessary to participate.

Ensuring the quality of employment and working to deliver equitable educational and health outcomes is central to the success of this Strategy. A focus on equity across the identified groups means attention can be focused on lifting the opportunities and outcomes for those groups of people who experience exclusion.

#### **4. Education and skills**

Success in education is a critical contributor to social outcomes and economic engagement across the life course. 'If we are serious about reducing inequalities, we must maintain our focus on improving educational outcomes across the socio-economic gradient.'<sup>6</sup>

---

<sup>6</sup> Marmot, M., 2010. Fair Society, Healthy Lives: The Marmot Review

## 4. DELIVERING THE VISION

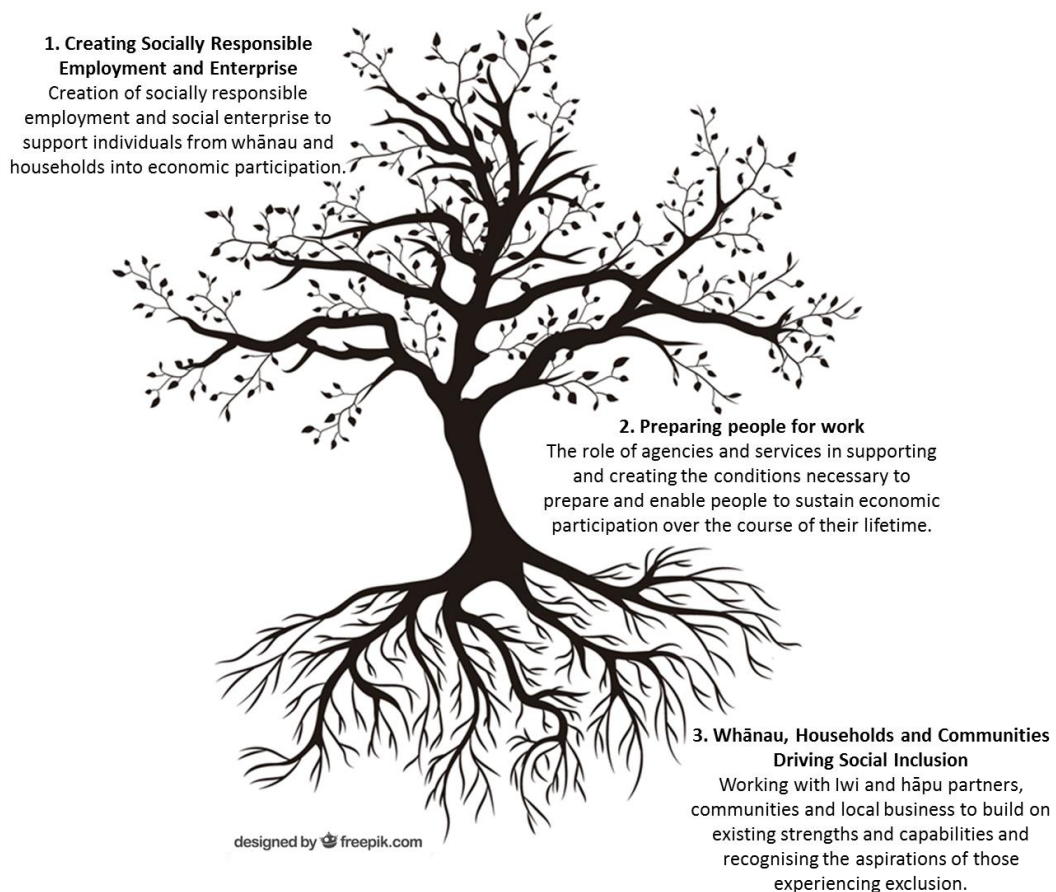
*Matariki - Hawke's Bay Regional Social Inclusion Strategy* proposes not just "more of the same", but a fundamentally different approach to addressing some of the most difficult issues that we face as a region. Tackling the hardest issues in our communities demands solutions not tried before; a far more collaborative approach; new partnerships across the community, and between the community and our Government and non-government agencies; structural change in our funding models; fresh prioritising; and the breaking down of silos and barriers to effect action.

Funders and service providers need to be accountable for effective and efficient services so this is not just about allocating new money or agencies running new programmes in traditional ways. Complex issues require co-created and co-funded solutions. Many agencies already do fine work in Hawke's Bay and we do not want to lose momentum on things that are already working. But we can do better and we must do better if we are to come anywhere near achieving this Strategy's ambitious goals and objectives.

We recognise that changing organisational behaviour and systems will be challenging, but doing more of the same will not help us achieve the social inclusion. We want Hawke's Bay to be known as the region for standout, innovative, joined-up thinking about how better to achieve engaged, inclusive, thriving communities.

The strategic directions outlined in this section are designed to outline areas where focussed new ways of working are most likely to improve everyone's ability to LEARN, WORK, ENGAGE and HAVE A VOICE.

Figure 2: Matariki - Hawke's Bay Regional Social Inclusion Strategy Strategic Directions





#### 4.1. GROWING SOCIALLY RESPONSIBLE EMPLOYMENT AND ENTERPRISE

An economy that creates greater household and whānau wealth will enable a greater array of opportunities to lead a flourishing life and support a thriving local economy.

There are two mechanisms to create quality employment that focuses on the economic inclusion of those people who are more likely to be excluded; they are socially responsible employment and social enterprise.

##### **Socially responsible employment**

Socially conscious employment is where a commercial business makes a conscious choice to employ people with the greatest need and who will benefit socially and economically from the opportunity to work. They often consider this as their corporate social responsibility. For many it is linked to the sustainability of their business and the community and economy in which they operate. They offer quality employment and ensure employees move beyond minimum wage entitlements. This may be through active support for skill development or a 'Living Wage' choice.

##### **Social enterprise**

Social enterprises are businesses created to further a social purpose in a financially sustainable way. They are usually small businesses that:

- Provide income generation opportunities for people who need support
- Are sustainable - where income from sales is reinvested in their mission. They do not depend on philanthropy and can sustain themselves over the long-term
- Are scalable and their models can be expanded or replicated to other communities to generate greater impact

The impact of social enterprise are increases in household income and assets and providing greater stability for families, prioritising the use of locally provided goods and services, improving health and education outcomes and reducing welfare dependence.

There is potential for social enterprise to be developed to contribute to social inclusion and economic participation as part of overall economic development and socially responsible employment.

#### 4.2. PREPARING PEOPLE FOR WORK

Government agencies and services have a role in supporting and creating the conditions necessary to prepare and enable people to sustain economic participation over the course of their lifetime.

Ara-rau, haukū-nui, hāro-o-te-kāhu in Matariki is focused on improving pathways to and through employment and getting people work ready and employers, employee ready. Preparing People for Work builds on this and places more emphasis on those that experience social exclusion. We need to equip people with the necessary skills for economic inclusion to avoid the poverty trap of welfare dependence, vulnerability to risk factors for social inclusions and improve their quality of life. Activity needs to target people who are out of work for reasons such as long term unemployment, poor skills, health problems or disabilities. Incorporating older people into economic activity will help address the challenges of our ageing population.

In this Strategy, work does not just encompass paid employment as many people who are socially excluded would benefit from being engaged in either employment, business, unpaid or voluntary work.

##### **Education and skills**

Education and skills are critical to people's ability to participate socially and economically. The Ministry of Education has a key role to play in this area and *Matariki - Hawke's Bay Regional Social Inclusion Strategy* is aligned with their long term plan to strengthen inclusion.

The graded relationship between socio-economic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health. If education (school and tertiary) significantly improves its performance for excluded populations, there will be an increased flow of skilled people entering our workplaces. Skills development should continue throughout the life course to ensure continued participation and development.

**Better health and social services**

The process of supporting employment is critical to success. Health and social services must support individuals, household and whānau to develop and maintain participation by rethinking how they deliver services. Turning up for work each day, on time, seems like a simple concept but for many it is not. Individuals, households and whānau need varying levels of support to ensure that:

- They are mentally and physically well
- They have adequate drug and alcohol addiction support
- Their specific disability needs are supported
- Their chronic conditions are being managed
- They are free from violence and dependence on crime
- They have access to adequate healthy food
- They have transport to and from their place of work
- Their dependents are cared for
- They have a healthy home to return to

**Transitioning to work**

For many people, entering or returning to the workforce can be difficult. Even with the relevant skills and health and social care services, some people do not have the knowledge of how to transition into the workforce. We need to ensure that young people, graduates, people returning from long term leave due to illness, trauma, parental leave, and imprisonment receive services to help in areas such as job applications, interviews, personal presentation, awareness of opportunities and self-confidence.

**4.3. WHĀNAU, HOUSEHOLDS AND COMMUNITIES DRIVING SOCIAL INCLUSION**

To achieve sustainable social inclusion, we need to focus on the development of the communities where people live, work and play. Identifying communities where social exclusion is clustered is key to this Strategy as it is within these communities the solutions and opportunities can be found and implemented.

*Wairoa is a community with significant potential as it invests in its local resources. Understanding the opportunities must be specific to the places where people live.*

Communities need to be enabled to recognise the aspirations of those experiencing exclusion and bring together peoples' goals, skills and resources with the relevant social services and other supports to achieve meaningful and enduring independence. There is a strong discourse that says that working with people, households and whānau strengths is not only useful, it is essential if we are going to support families to independence. This focus on resilience and capability over a lifetime is the focus of *Matariki - Hawke's Bay Regional Social Inclusion Strategy*.

For this to happen, a strong culture of autonomy and self-governance needs to be fostered within communities. All members of society must be given a voice and the ability to have input into decisions that affect them and their community. *Matariki - Hawke's Bay Regional Social Inclusion Strategy* seeks to actively engage education, health and social services to support individual communities to create healthy, safe, nurturing and sustainable environments for the greater well-being of their people.

*'When families and communities are working well they are places and spaces that generate healthy lifestyles, safety, creativity, innovation, trust and belonging. Families and communities that are caring, confident and resilient are the best buffer against exclusion''*

What does whānau, households and communities driving social inclusion look like?

<sup>7</sup> Adams, D. (Social Inclusion Commissioner). September 2009. A Social Inclusion Strategy for Tasmania.

## 5. ACTIONS DELIVERING THE SOCIAL INCLUSION THEMES

The actions for Matariki Hawke's Bay Regional Social Inclusion Strategy (2017) have been developed in consultation with key stakeholder groups, entities, agencies and individuals. The ten actions identified complement the Matariki Hawke's Bay Regional Economic Development Strategy 2016 Action Plan.

Three key messages from the consultation underpinning the ten actions.

- 1) Whānau, families and communities must have a voice and be listened to when it comes to the delivery of social support services.
- 2) There must be a fundamentally different approach taken to the delivery of social support and service delivery must be co-created, collaborative and whānau driven.
- 3) Participation and collaboration are fundamental to delivery.

There will be further opportunity for whānau and communities to participate as each action is developed into a project and delivered. Participation needs to be wide reaching and not limited to service providers and government agencies; whānau, communities, employer groups and employers need to be involved. This participation will develop the actions and potentially build on these.

The key themes of:

- growing social responsible employment and enterprise
- preparing people for work
- whānau, households and communities driving social inclusion

Are delivered via the actions below using a collaborative approach. These address the barriers to social inclusion and support those social excluded.

Each theme has actions, a lead agency and key partners detailed in the table below.

### Actions to enable whānau, households and communities to drive social inclusion

Theme	Action	Lead Agency	Key Partners
Growing social responsible employment and enterprise	Support the employment of people with challenges that may impact on their capacity to obtain or retain employment. Support will include, a tool-kit and guidance documents for socially responsible employment practises, and establishing community whānau-centric social support centres.	HBDHB	Iwi, Hapū, advocacy agencies, social service providers, employer groups, BHB, HBCoC, Corrections, MSD, HBDHB, MBIE human resources expertise, disability services.
	Engage with employers and employer groups to design, develop and advocate for socially responsible and innovative employment practises that support sustainable employment and retention of local labour.	Employer Group	MBEI, MSD, MPI, BHB, HBCoC, employer groups, employers, Iwi, Hapū, Corrections, Councils, youth services
Preparing people for work	Develop a framework for employers and training providers that identifies the future skills needs of employers and supports training providers to develop programmes to meet these needs. The framework will be informed by the MBEI/EIT research into future skills requirements for employment/industry.	EIT/MBEI	MSD, MPI, MoE, TEC, Schools, Principal Association, BHB, HBCoC, employers, employer groups, Iwi, Hapū, other tertiary education providers, youth services, Corrections, Councils.

Theme	Action	Lead Agency	Key Partners
Preparing people for work (cont'd)	Work with schools and Kahui Ako (Communities of Learning) to review and co-create career development and career pathways that are localised, responsive and future-facing for the needs of years 7 to 15 learners that need additional support.	Ministry of Education	Councils, government agencies, Iwi, Hapū, MSD, Kāhui Ako lead principals, Tertiary Education Commission, tertiary education providers, employer/industry groups.
Whānau, households and communities driving social inclusion	Develop a new sustainable operating system for government agencies and NGOs delivering of social support services. The operating system will be co-created, collaborative and whānau driven and; consider - funding, community need, delivery of services, and monitoring and evaluation measures.	Councils, Hāpu	Iwi, Hapū, HBDHB, Police, Te Puni Kōkiri, Corrections, Social Services Providers, Councils and Community Organisations
	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.	To be locally determined	Iwi, HBDHB, MSD, MoE, Oranga Tamariki, Police, Te Puni Kōkiri, Corrections, social services providers and community organisations
	Investigate and establish whānau-centric places connected to local communities, where people access a wide range of social support services for assisting preparation for and retention of employment. Places could include, digital, physical and mobile.	Oranga Tamariki, MSD, NGO	Iwi, Hapū, social service providers, community organisations, Councils, Corrections, Ministry of Education, Housing NZ, HBDHB, Health HB
	Review the Housing Coalition's membership and Terms of Reference to ensure that a strategic and comprehensive approach is taken to housing needs in the region. The approach will include: governance; quality and quantity; social, transitional and affordable housing.	Coalition Chairs	Housing Coalition members
	Undertake an analysis of social housing in the region, to inform a plan for the provision of sustainable, quality social housing, which meets demand. The analysis will include a quantitative study of current supply and projected demand, and an analysis of housing stock condition.	Coalition Chairs	Housing Coalition members
	Develop a plan that addresses issues affecting future supply and demand and considers innovative approaches to the provision of affordable housing. The plan will be informed by a review of the current supply and demand situation for affordable housing (owner occupied) in the region.	Coalition Chairs	Housing Coalition members







## **Kōrero Mai Project Verbal Update**



	<b>Governance Reports and Presentations</b> <b>- Principles, Standards and Guidelines</b>
	For the attention of: <b>Māori Relationship Board (MRB)</b>
Document Owner:	Ken Foote, Company Secretary
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For approval

## RECOMMENDATION

### That MRB:

1. Note and support the reintroduction of the proposed 'Principles, Standards and Guidelines' for the development of Governance Reports
2. In particular, notes and approves the requirement to address the impact of any report on reducing inequities/ disparities by including and recording specifically:
  - Key outcomes/impacts on vulnerable populations
  - Implications/outcomes arising from the application of a HEAT tool
3. Recommends that the Board adopt the proposed 'Principles, Standards and Guidelines' including the proposed 'Governance Report Overview'.

## BACKGROUND

In recent months, MRB have expressed concern about the quality of some of the reports coming to them for consideration, discussion and/ or approval.

On being advised of some 'Principles, Standards and Guidelines' issued in 2013 to address similar concerns at that time, MRB requested this to be updated. Such an update should address not only general quality concerns, but also specific requirements to ensure authors and reports:

- Have a checklist of issues to consider
- Highlight impact on inequity
- Use appropriate language
- Identify how Māori and others have been involved in co-design
- Address issues involving social complexity and impacts on vulnerable populations.

## UPDATED PRINCIPLES, STANDARDS AND GUIDELINES

The attached 'Principles, Standards and Guidelines' have been updated to address all the above concerns. While much of the document relate to qualitative issues, the Governance Report Overview focusses on content. The use of this Overview as both a checklist and a summary should provide a level of assurance that those issues of importance to governance, have been appropriately considered and included in the report.



# **GOVERNANCE REPORTS AND PRESENTATIONS**

## **PRINCIPLES STANDARDS AND GUIDELINES**

## Introduction

Board, MRB, PHLG, Clinical and Consumer Council members within the Hawke's Bay District Health Board (HBDHB) have responsibilities to give advice, make decisions, provide direction and generally provide assurance that HBDHB is performing well and meeting the goals objectives and obligations required of it. To do much of this they must rely on information and recommendations provided to them by management and senior clinical advisors through relevant reports and presentations. The quality and credibility of these, reports and presentations therefore, have the potential to significantly impact on the ability of these governance groups to effectively fulfill their responsibilities.

Recent experience has indicated that the quality of Reports and presentations needs to generally improve for the various governance groups to feel more confident about the advice they are receiving. Such improvement in the quality of reporting will be achieved through:

- Standards and Guidelines
  - The requirement to comply with the content standards, quality control measures and process guidelines set out in this report.
  - These standards and guidelines were first issued in March 2012, and have now been updated and refreshed to meet current requirements
- Governance Report Overview:
  - The requirement to complete a Governance Report Overview will provide a 'checklist' to ensure all relevant issues have been addressed in such reports.
- Training:
  - The identification and provision of relevant training

Given the potential implications of poor quality reporting, it needs to be noted that failure to comply with these standards, requirements and guidelines could result in a report or presentation being withdrawn from the agenda of a targeted meeting until the quality of the report or presentation is improved. It is the document owner and/or presenters personal responsibility to "get it right". Appropriate support assistance and advice is available if required.

*K Snee*  
CEO



## Table of Contents

<b>Introduction .....</b>	<b>2</b>
<b>1. Reports .....</b>	<b>4</b>
1.1 Define a Report .....	5
1.2 Good Reports Should Meet a Standard .....	5
1.3 Good Reports Require a Good Process .....	5
1.3.1 Identify the needs of your reader .....	5
1.3.2 Identify your purpose and desired outcome .....	5
1.3.3 Use a writing process .....	6
1.3.4 Collect and group your content .....	6
1.3.5 Use a logical structure .....	6
1.3.6 Use Plain English .....	7
1.3.7 Write easy to read sentences .....	7
1.3.8 Write clear recommendations .....	7
1.3.9 Check your report .....	8
1.4 Board Report Overview .....	8
<b>2. Quality Assurance Reports .....</b>	<b>9</b>
<b>3. Presentations .....</b>	<b>10</b>
3.1 Principles .....	10
3.1.1 Preparation .....	10
3.1.2 Power Point .....	10
3.1.3 Delivery .....	11
<b>4. Quality Assurance Presentations .....</b>	<b>11</b>
<b>APPENDIX A Governance Report Overview Template .....</b>	<b>13</b>

## 1.0 REPORTS

### 1.1 Define a Report

A report is a document that communicates information gathered from research or analysis.

#### Characteristics of Reports

Reports that work	Reports that don't work
<ul style="list-style-type: none"> <li>Focus on the reader</li> </ul>	<ul style="list-style-type: none"> <li>Are written from the writer's perspective</li> </ul>
<ul style="list-style-type: none"> <li>Have a clear purpose</li> </ul>	<ul style="list-style-type: none"> <li>Do not have a clear purpose</li> </ul>
<ul style="list-style-type: none"> <li>Include only relevant content</li> </ul>	<ul style="list-style-type: none"> <li>Are often simply a 'data dump'</li> </ul>
<ul style="list-style-type: none"> <li>Have an easy-to-follow, cohesive structure</li> </ul>	<ul style="list-style-type: none"> <li>Are muddled – findings, conclusions, and recommendations are mixed up</li> </ul>
<ul style="list-style-type: none"> <li>Build a logical argument</li> </ul>	<ul style="list-style-type: none"> <li>Have conclusions and recommendations that the evidence does not support</li> </ul>
<ul style="list-style-type: none"> <li>Clearly acknowledge conflicting information</li> </ul>	<ul style="list-style-type: none"> <li>Present only the information that supports preconceived ideas</li> </ul>
<ul style="list-style-type: none"> <li>Add value by analyzing and interpreting</li> </ul>	<ul style="list-style-type: none"> <li>Report only the data or events</li> </ul>
<ul style="list-style-type: none"> <li>Present information in a variety of ways</li> </ul>	<ul style="list-style-type: none"> <li>Contain too few tables, diagrams, graphs and lists</li> </ul>
<ul style="list-style-type: none"> <li>Have frequent and informative subheadings</li> </ul>	<ul style="list-style-type: none"> <li>Have infrequent and unhelpful headings and subheadings</li> </ul>
<ul style="list-style-type: none"> <li>Use precise, familiar words.</li> </ul>	<ul style="list-style-type: none"> <li>Use jargon and difficult words</li> </ul>

### 1.2 Good Reports Should Meet a Standard

The standard adopted by HBDHB for all reports is Write Limited's Plain English Standard ie.

#### The Standard

1. The purpose of the document is clear at the start.
2. The content supports the purpose of the document.
3. The order of the content is clear and logical.
4. The headings are informative and clearly signpost the main messages.
5. The paragraphs are mostly short and focus on one topic.
6. The sentences are mostly straight forward.
7. The words are precise and familiar.

- |  |
|--|
| 8. The tone supports the purpose of the document.                          |
| 9. The layout helps the reader absorb the messages quickly and accurately. |
| 10. The document is error free.  |

### 1.3 Good Reports Require a Good Process

The quality of any report will be significantly enhanced if a good, logical process is followed in structuring and writing it.

Guidelines for a Good Process include:

#### 1.3.1 Identify the needs of your reader:

For Governance reports, you will have a general profile of your readers. For example you will have some idea of the level of knowledge your readers already have of your subject matter, which may influence your use of technical terms and assumptions you make.

Your tone should reflect the governance role provided by the group ie. reasonably formal and respectful.

#### 1.3.2 Identify your purpose and desired outcome:

- You need to know exactly why you are writing your report, and what you want to achieve.

#### The purpose is why you are writing

<p>The purpose may be to:</p> <ul style="list-style-type: none"> <li>Propose or recommend</li> <li>Seek direction</li> <li>Respond to a request</li> <li>Alert to a problem</li> <li>Present findings</li> <li>Update – annually, 6-monthly, when needed</li> <li>Request data or information</li> </ul>
--

#### The outcome is what you want to achieve

<p>The outcome may be:</p> <ul style="list-style-type: none"> <li>A decision</li> <li>A course of action approved</li> <li>A matter clarified or explained</li> <li>An accurate record</li> <li>An informed meeting</li> <li>A satisfied board or committee.</li> </ul>
---

- Your purpose needs to be clearly stated up-front and where possible, reflected in the title of your report.

- Your outcomes should be reflected in your conclusions and/or recommendations.
- Your purpose and recommendations must match.

### **1.3.3 Use a writing process:**

- Think – consider purpose, outcome, main messages, structure, and language.
- Outline – use diagrams, mind maps, headings and bullets, whiteboard,
- Write – write quickly, don't edit as you go.
- Edit – check purpose, outcome, main messages, structure, language
- Proof read – check grammar, punctuation, spelling, consistency, accuracy.

### **1.3.4 Collect and group your content:**

Once you have identified your reader and your purpose, you need to:

- Collect your data
- Identify how much of the data you will need
- Group your data
- Place the groups into the best order for your reader and your desired outcome.

### **1.3.5 Use a Logical Structure:**

The structure of reports needs to be sufficiently flexible, depending on what the report is, what its purpose is and what the reader requires of it.

Most reports however will have eight sections.

- Cover / Title Page (Governance Report Format)
- Table of Contents
- Executive Summary
- Introduction
- Problem or Opportunity Definition
- Body or discussion
- Findings and conclusions
- Recommendations

Additional levels of detail and/or information used and referred to in the body of the report may be attached as Appendices if you believe the reader may wish to refer to this. Avoid overusing appendices however, where they do not actually add value to the report.

Make appropriate use of headings and “sub headings”. These should signal the content below so make sure they are informative and relevant.

### **1.3.6 Use Plain Language:**

Plain language focuses on the reader. A plain English document is easy for the intended reader to read, understand and recall.

The Plain English Campaign defines plain English as:

- information that conveys its meaning clearly and concisely to its intended audience with the necessary impact and appropriate tone of voice; and
- language that the reader can understand and act upon from a single reading.

When documents are written plainly, readers are more likely to:

- understand and act on the information; and
- see you as credible and sincere.

Plain English is not 'dumbing down' the language, over-simplifying the message, or creating a 'one-size-fits-all' style of writing.

It is about applying the principle of "Health Literacy" or making health easy to understand. This includes minimizing the use of acronyms and 'jargon' or ensuring explanations are provided to assist the reader.

### **1.3.7 Write Easy to Read Sentences:**

Keep your sentences relatively short and simple. Aim for an average of 15-20 words. Try to vary your sentence length within paragraphs to avoid a monotonous tone. Using transition words and phrases creates flow between your sentences.

Aim to:

- Keep to one main idea per sentence
- Put the main message first
- Keep subjects short
- Avoid interrupting the subject-verb connection.

### **1.3.8 Write Clear Recommendations**

Recommendations are your opinion of the course of action that should be followed. Recommendations must be supported by the information, evidence, and analysis within the body of the report. The fundamental rule is 'no surprises'. You cannot recommend what you haven't discussed in your report.

A good recommendation will make sense independently from the body of the report – it can be lifted untouched from your report, voted on at a meeting, and recorded with confidence.

In addition, good recommendations:

- Identify all the decisions needed;
- make clear what is being decided;
- sometimes include a benefit statement
- set out clear options, if necessary;
- give clear instructions on the next steps; and
- identify who is to do what, by when.

Remember to keep recommendations:

- separate from your conclusions;
- accurate in every detail;
- free from discussion;
- free from acronyms and abbreviations.



### **Make sure your purpose and recommendations match**

Always check that your purpose and recommendations match. If you include an action recommendation (agree, approve), then the purpose must make it clear to the reader that you are seeking a decision. (This paper seeks your approval for ...)

#### **1.3.9 Check your Report**

Check your report against the Standard. Only when you are satisfied that your report meets the standard and has addressed and met the needs of the reader, should you pass it on for quality assurance.

### **1.4 Governance Report Overview**

In addition to the above report development process, HBDHB Board have requested the reintroduction of a Governance Report Overview, to be included in Governance meeting agendas, immediately preceding any Governance Report. The purpose of this Overview Report is to immediately highlight to the Governance Groups:

- What the report is about;
- key background issues; including who has been involved / engaged;
- what the likely implications are;
- relevance of the report to priority areas of interest, particularly equity;
- the level and nature of engagement/consultation undertaken; and
- what the recommendations are.

A Template for this Governance Report Overview is attached as **Appendix A**. Guidelines for completing this Overview are:

- include only high level key points;
- maximize use of bullet points
- should not cover more than two pages;
- must directly reflect the report to which it relates; and the
- template must be used in full, unaltered (enter “nil” on “N/A” if any section does not apply).

For ‘minor’ or very short reports, this Governance Report Overview may be used in lieu of an Executive Summary in the report itself. Care will need to be taken when doing this however, to ensure that the report itself would still be able to “stand alone” once it was disconnected from the Governance Agenda, and the associated Overview.

The Overview template headings should be used as a checklist at the beginning of the report writing process, particularly when “identifying the needs of your reader”. Having done this, all the issues/sections in the Overview Report should be addressed (or at least referred to) in the report itself. Extracting and/or summarizing these points from the Report for insertion into the Overview should then be a very simple process.

The final check is to ensure that the “Recommendation” reflects the “Purpose”!

## **2.0 QUALITY ASSURANCE - Reports**

Despite our best endeavors, it is often difficult to be totally effective in constructively reviewing, editing and proofing our own work in preparing a report. The assistance of a PA or Team Secretary is often the first “independent” quality assurance step in the process as the document is constructed.

Beyond this, it is strongly recommended that Board reports are independently reviewed against the standards before submission to the Board Administrator for inclusion in any Agenda. This independent review needs to cover three key aspects of the report:

## **2.1 Content**

Does the content meet the needs of the reader, is it logical, clear, easy to read and does it support the purpose of the document.

## **2.2 Specialist Subject Information**

Is all specialist subject information accurate and any comment assumptions or deductions related to it supported by in house specialist subject “experts” eg., clinical/finance/Maori etc.

## **2.3 Layout, format and Language**

Does the report meet the appropriate standards and guidelines for layout, font size, headings, paragraphs, sentences, words etc., and is it free of errors?

Whilst it is possible for one person to review all three components; generally three separate people will need to be involved ie.

- **Content**

Normally a peer or senior manager who has some familiarity with the subject, but who has not been directly involved in the development of the report. It needs to be someone who can take a Board member perspective. The Company Secretary could provide this function, if required.

- **Specialist Subject Information**

The clinical leader, manager or senior team member of the specialist team are the obvious choices to conduct this part of the review.

- **Layout, format and Language**

An experienced EA, PA or Team Secretary would be best placed to provide input or assurance on these issues.

Once all comment, input or assurance is received and the report modified or confirmed as appropriate, the report can then be placed on the appropriate EMT, FRAC, MRB, PHLG, Clinical/Consumer Councils or Board Agenda (as appropriate) with some confidence.

### 3.0 PRESENTATIONS

Presentations to the Board, FRAC, MRB, PHLG or Councils will normally be:

- Presentation of a report or paper previously distributed.
- Presentation on a new topic, for which no information has been previously distributed.

The key features and difference with each of these are:

- **Presentation on a report or paper previously distributed:**
  - Very clear purpose – to introduce the report, highlight the key points, initiate discussion and clarify the desired outcome.
  - May assume the paper has been read by all attendees.
  - Focus only on the key points.
  - No new information to be included.
  - Ensure all information aligns exactly with the report.
  - Keep it short and succinct.
- **Presentation on a new topic**
  - Requires purpose to be clearly stated up front.
  - The content supports the purpose
  - The content is clear and logical
  - Requires a similar process to that for writing a report.
  - The conclusions are supported.
  - The recommendations are clearly laid out and are directly aligned to the purpose.

In addition to the differences in purpose and structure identified above, there are many styles of presentation available, and also a variety of visual aids. Despite these differences however, there are some general principles that can be applied to all presentations, particularly those where Power Point slides are used.

#### 3.1 Principles

##### 3.1.1 Preparation

- Be clear about the purpose
- Structure to suit the audience and the time allocated.
- Tell a story in a logical sequence
- Stick to the key concepts
- Strive for clarity
- Finish strongly
- Rehearse – know what you are talking about and how long it takes.

##### 3.1.2 Power Point

- Focus – using as few slides as possible
- Clarity and consistency – use clear simple visuals and contrast colours

- Use simple graphics where appropriate
- Keep text short – bullet points
- Use slides as prompts and highlights to talk to – not the whole story.
- Aim for impact and to maintain audience attention.
- Final slide = lasting thought
- Proof read to ensure accuracy

### **3.1.3 Delivery**

- Arrive early/set up/ensure technology is working.
- Provide handouts before starting
- Jump right in and get to the point
- Give your rehearsed opening statement – don't improvise at the last minute.
- Talk at a natural moderate rate of speech.
- Project your voice, speaking clearly and distinctly
- Be flexible to keep within the time allocated.
- Relax
- Show some enthusiasm
- Concisely summarise
- End with the summary statement or questions you have prepared.

## **4.0 QUALITY ASSURANCE - Presentations**

Presentations should follow a similar quality assurance process to reports, particularly checking on:


- Content
- Specialist Subject Information
- Layout, format and language

In addition, it is strongly recommended that all presentations be rehearsed/practiced in front of a peer/manager, for their comment or feedback, and also to assist with confidence.





### **Appendix A. Governance Report Overview Template**

 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Title of Paper</b></p> <p>For the attention of:  <b>HBDHB Board / Finance Risk and Audit Committee /  Māori Relationship Board / Pasifika Health Leadership  Group, Clinical or Consumer Council</b></p>						
<p><b>Document Owner:</b></p>	<p>Name, Designation</p>						
<p><b>Document Author(s):</b></p>	<p>Names, Designations</p>						
<p><b>Reviewed by:</b></p>	<p>Name / Group</p>						
<p><b>Month:</b></p>	<p>Month, Year</p>						
<p><b>Purpose</b></p>	<ul style="list-style-type: none"> <li>• Decision</li> <li>• Input/Discussion</li> <li>• Monitoring</li> <li>• Information</li> </ul>						
<p><b>Previous Consideration Discussions</b></p>	<ul style="list-style-type: none"> <li>• HBDHB Board</li> <li>• Finance Risk and Audit Committee</li> <li>• Māori Relationship Board / Pasifika Health Leadership Group/ Clinical Council / Consumer Council</li> </ul>						
<p><b>Summary</b></p>	<ul style="list-style-type: none"> <li>• Key Issues/Actions</li> </ul>						
<p><b>Contribution to Goals and Strategic Implications</b></p>	<ul style="list-style-type: none"> <li>• Improving quality, safety and experience of care</li> <li>• Improving Health and Equity for all populations</li> <li>• Improving Value from public health system resources</li> </ul>						
<p><b>Impact on Reducing Inequities/Disparities</b></p>	<ul style="list-style-type: none"> <li>• Key outcomes/impacts on vulnerable populations</li> <li>• Application of HEAT Tool – Implications / Outcomes</li> </ul>						
<p><b>Consumer Engagement</b></p>	<ul style="list-style-type: none"> <li>• Level of engagement undertaken</li> <li>• Summary of input / feedback / comments received</li> </ul>						
<p><b>Other Consultation /Involvement</b></p>	<ul style="list-style-type: none"> <li>• Who else was consulted / involved?</li> <li>• How was consultation undertaken and input incorporated?</li> </ul>						
<p><b>Financial/Budget Impact</b></p>	<ul style="list-style-type: none"> <li>• Capital</li> <li>• Operating Costs/Revenue</li> </ul>						
<p><b>Timing Issues</b></p>	<ul style="list-style-type: none"> <li>• Critical dates</li> <li>• Indicative timelines</li> </ul>						
<p><b>Announcements/ Communications</b></p>	<p>If any:</p> <table border="0"> <tr> <td>• Internal</td> <td>• Responsibility</td> </tr> <tr> <td>• Key Stakeholders</td> <td>• Mode/method</td> </tr> <tr> <td>• Community</td> <td>• Timing</td> </tr> </table>	• Internal	• Responsibility	• Key Stakeholders	• Mode/method	• Community	• Timing
• Internal	• Responsibility						
• Key Stakeholders	• Mode/method						
• Community	• Timing						

**RECOMMENDATION:**

It is recommended that the xxxxx:

1. X


2. x

or

• x

• x



	<b>Best Start: Healthy Eating and Activity Plan - Healthy Weight Strategy</b>
	For the attention of: <b>Māori Relationship Board, HB Clinical Council &amp; HB Health Consumer Council and HBDHB Board</b>
Document Owner:	Tracee Te Huia, ED Strategy, Health & Improvement
Document Author(s):	Shari Tidswell, Intersector Development Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For information

#### **RECOMMENDATION:**

**That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board**

- **Note** progress in the implementation of this Plan.

## **OVERVIEW**

In 2015 the Healthy Weight Strategy and in 2016 the Best Start: Healthy Eating and Activity Plan were endorsed by the HBDHB Board. These documents guide the HBDHB's work in increasing the number of healthy weight people, with a focus on children. Work is delivered across HBDHB and other sectors including primary care, councils, education, workplaces and Ngati Kahungunu Iwi Inc.

Childhood healthy weight is also being reported to the HBDHB Board via Te Ara Whakawaiaora performance programme and through the Raising Healthy Kids target. These reports share information and the Best Start Plan provides the direction and overview for all this work.

The Board requested six monthly progress reports. This report provides an overview of the progress and changes impacting the Plan's delivery.

## **REPORTING ON PROGRESS**

Below is a summary of the highlights for each of the Plan's four objectives. Appendix One provides further detail of the progress on the Plan's activities to date.

### **1) Increasing healthy eating and activity environment**

Information on the healthy weight environments survey has been shared with schools – children in urban areas are exposed to significant levels of advertising and access to unhealthy food in the vicinity of schools. Schools responding to our information requested all have “water only policies” and other healthy weight activities (including physical activity, lunch box policies, school vege gardens).

HBDHB have worked with Ngati Kahungunu Iwi Inc to deliver healthy weight environments at events, including Waitangi Day and Te Matatini, where vendors provided healthy food options and removed fizzy. The DHB provided water trucks to promote drinking water. Staff provided input into the development of healthy event resources now available on the DHB website.

**2) Develop and deliver prevention programmes**

The Healthy Conversation Tool has completed its trial and been evaluated. Overall, B4 School Check nurses and whānau really liked the resource and are benefiting from its use. There is a working group completing a refresh of the tool ready for distribution early in 2018. The evaluation identified the need for further resource and work has commenced on a portion size plate for children. This resource will support whānau engaging with a range of service including Hauora, primary care, community services and oral health.

The Maternal Green prescription is now operational in Wairoa and has an excellent referral rate, attendance and engagement. Hapū wāhine are feeding back positive impacts and how much they enjoy attending.

Work continues with early childhood services to identify and develop resources to support healthy weight environments and inform whānau. The early childhood services' feedback includes; increasing the link between health and early childhood education, more effective access to a range of health resources and resources that are designed for the setting i.e. notice boards, newsletter content, website content and that we have consistent messages.

**3) Intervention to support children to have healthy weight**

HBDHB has reached the Raising Healthy Kids target six months earlier than the target date, with 95% of children identified at a B4 School Check in the 98<sup>th</sup> percentile weight being referred to primary care assessment.

As a DHB with a comprehensive approach to childhood healthy weight we are able to increase support for referrals for lifestyle programmes from the B4 School Check programme. This enables us to support more whānau with overweight 2 and 3 year olds, providing earlier intervention.

**4) Provide leadership in healthy eating**

An intersector group has been established to provide leadership across key organisations influencing healthy weight environment and activity including; Ngati Kahungunu Iwi Inc, councils, Ministry of Education and EIT.

The DHB Healthy Eating Policy has been assessed by Auckland University against other DHBs and HBDHB are ranked third behind Waitemata and Auckland.

**CHANGING CONTEXT FOR CHILDHOOD HEALTHY WEIGHT**

Since the HBDHB endorsed the Plan in November 2015, MoH have:

- Released a "Childhood Obesity Plan"
- Required HBDHB to review the recently approved Healthy Eating Policy to comply with the national guidelines
- Set a Raising Healthy Kids target (1 July 2016)

This MoH direction aligns with or was planned for in the Best Start Plan. HBDHB has adapted to respond to priorities and to take advantage of opportunities.

HBDHB entered into a Memorandum of Understanding with the Hawke's Bay Community Fitness Centre Trust that was established in November 2016. The Trust sets out to establish a two stage development for a facility at the Regional Sports Park to provide community and elite athlete programmes. Alongside this will be research projects that look at early childhood and school programmes, as well as a longitudinal study.

Once again, this aligns with the Best Start Plan and requires ongoing coordination of activities in the schools programme. To achieve this, the DHB coordinated the team that are working closely with Sir Graeme Avery and others engaged with the Hawke's Bay Community Fitness Trust to come together to ensure good coordination of effort and resource.

This is well received by all organisations and well attended. Additional work has dropped out of this engagement for DHB however this is seen as positive because it enhances coordination. DHB is also engaged in the pre-pilot for Kimi Ora School.

## CONCLUSION

Overall, the team are on track with some adjustments made to respond to Ministry changes. There has been significant work completed and/or embedded as business as usual, i.e. Healthy First Food and breastfeeding support. New work has focused on MoH lead areas including; supporting the new Raising Healthy Kids target, water only policies in schools and the HBDHB Healthy Eating Policy.

New developments offer opportunities including new partnerships and potentially increased investment in healthy weight projects. MoH-led initiatives have increased the impact of this Plan's activities i.e. more schools with water only policies and a HBDHB policy with wider coverage.

## NEXT STEPS

1. Investigate steps to have greater levels of nutrition/dietician support/knowledge in the community.
2. Address the identified need for a nutrition and physical activity advice/resource for early childhood education. This will reinforce key messages whānau receive via maternity services, primary care, hauora, WellChild/Plunket and B4 School Checks.
3. Continue the work to develop a primary schools programme – working with community partners, MoE East Coast, Hawke's Bay Community Fitness Centre Trust and schools.
4. Continue work with councils to support healthy weight environments, investigate engagement with supermarkets to promote healthy eating choices, using the findings from the Auckland University healthy environment survey to support changes.



## Appendix One

## Objective 1: Increase healthy eating and activity environments

## Indicator 1a: Increase the number of schools with healthy eating policies

## Indicator 1b: Increase the number of settings including workplaces, churches and marae with healthy eating policy

## What the data shows

The data we have is improving, there is now policy information recorded in HealthScape showing an increase in school policies and data for the school environments has been collected with Auckland University (Informas).

Activity to deliver objective one				
	What	How	Progress	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>Work with settings to increase healthy eating including education, schools, workplaces, events, Pasifika churches, marae</li> <li>Support national messaging including sugar reduction i.e. Water Only</li> <li>Advocate for changes in marketing and council planning</li> </ul>	<ul style="list-style-type: none"> <li>Healthy eating policies which reduce sugar intake in 5 ECE centres, key community events increase healthy food choices, 4 Pasifika churches have a healthy eating approaches and guidelines for marae reviewed with Ngāti Kahungunu Iwi Incorporated</li> <li>Communication plan implemented for national and regional messages</li> <li>Supporting the implementation of programmes and plans i.e. i Way, Active Transport, Sport HB and Ngāti Kahungunu Iwi Incorporated plans</li> </ul>	<ul style="list-style-type: none"> <li>School water only policies reviewed by PHNs, all primary schools have policies and two secondary schools. Support is being developed for ECEs with MoH licensing staff. Four churches engaged, two are working toward reducing sugar. Hasting District Council is going water only.</li> <li>Water only messaging promoting in schools, under 5 Healthy Food messages</li> <li>DHB rep on Active Transport group, supporting Ngāti Kahungunu Iwi Inc. event to provide health messages.</li> </ul>	July 2017
<b>New actions</b>	<ul style="list-style-type: none"> <li>Support education settings to implement healthy eating and food literacy-early childhood, primary schools secondary schools,</li> <li>Establishing a base measure for monitoring</li> </ul>	<ul style="list-style-type: none"> <li>50% increase in schools with “water only” policy annually</li> <li>Decile 9/10 communities have a whānau co-designed programme delivered in primary schools, - trialled 2016, 5 new schools annually</li> </ul>	<ul style="list-style-type: none"> <li>Exceeded with all primary schools having a water only policy</li> <li>Project lead in place, workshop held</li> <li>Presented Healthy Weight Strategy to Hastings and Napier Council.</li> <li>Food Environment data collection complete</li> </ul>	Reported annually to 2020

Activity to deliver objective one				
	<ul style="list-style-type: none"> <li>Engage cross-sector groups to gain support and influence to increase healthy eating environments</li> <li>Investigate food security for children and their whānau identifying issues</li> </ul>	<ul style="list-style-type: none"> <li>All schools surveyed for status in healthy eating/water only policies</li> <li>Establish a group to influence changes in the environment across Hawke's Bay</li> <li>Partner with Auckland University to establish a baseline for the Hawke's Bay food environment and monitor annually</li> </ul>		

## Objective 2: Develop and deliver prevention programmes

### Indicator 2a: Rates of breastfeeding at 6 weeks increase

### Indicator 2b: Number of healthy weight children at 4 years remain stable or improves

#### What the data shows

- Child fully or exclusively breastfeeding at 6 weeks rates as 72% (Dec 2015) for total population, 66% Māori and 78% Pasifika (December 2015 Ministry of Health), these show slight increases
- 67.8% of Hawke's Bay four year olds are healthy weight, 62.7% Māori and 55.7% Pasifika (2016 Before School Check data, Health Hawke's Bay), this is 2016 data.

Actions and Stakeholders				
	What	How	Progress	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>• Implementing Maternal Nutrition Programme activities- breastfeeding support, healthy first foods</li> <li>• Supporting settings to implement healthy eating/sugar reduction programmes/policies</li> <li>• Supporting health promoting schools</li> </ul>	<ul style="list-style-type: none"> <li>• Breastfeeding support resources provided via Hauora</li> <li>• All Well Child/Tamariki Ora providers trained in Healthy First Foods</li> <li>• All schools, ECE, Well Child/Tamariki Ora Providers with health eating policies are provided with information resources and advice</li> <li>• Health Promoting Schools health promoters are up-skilled to implement healthy eating approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Complete</li> <li>• Complete</li> <li>• Information and resources shared</li> <li>• Meeting HPS coordinators, attended workshop with other providers</li> </ul>	July 2017
<b>Next actions</b>	<ul style="list-style-type: none"> <li>• Extend the Maternal Nutrition programme developing programmes in ECE and resources to support B4 School Check providers</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver training to LMCs, Well Child providers and B4 School Check nurses to increase skills to promote healthy eating- Healthy Conversation, Healthy First Foods, B4 School Check resources</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal Nutrition and Physical Activity programme being delivered in Wairoa – great response</li> <li>• Healthy Conversation workshops delivered for B4 School Check nurses and GPs.</li> </ul>	Reported annually until 2020

Actions and Stakeholders				
	<ul style="list-style-type: none"> <li>Supporting healthy pregnancies, via education and activity opportunities</li> <li>Support the development of whānau programme (building on existing successful programme)</li> <li>Develop food literacy resources including sugar reduction messages -deliver via programme and settings</li> <li>Support healthy eating programmes and approaches in schools</li> </ul>	<ul style="list-style-type: none"> <li>Contract and support local provider/s to deliver the maternal healthy eating activity programme</li> <li>Contract and support local provider/s to deliver whānau based programmes i.e. Active Families</li> <li>Deliver key messages for whānau with 2–3 year olds</li> <li>Develop food literacy resources for B4 School Check provider, promote Healthy First Food and heart foundation school resources</li> <li>Support the co-designed programme for deprivation 9/10 communities</li> </ul>	<ul style="list-style-type: none"> <li>Healthy conversation tool implemented and evaluated – this includes BE SMARTER whānau plan, B4 Schools Check nurses</li> <li>Active Families contracts in place and delivered by Iron Māori and Sport HB.</li> <li>Project manager appointed for school programme and working with Kimi Ora School.</li> <li>Working with early childhood to identify resources to support healthy weight messages for whānau and children – expert group set up and reviewed current resources.</li> </ul>	

### Objective 3: Intervention to support children to have healthy weight

**Indicator 3a: Increase referrals to programmes which support healthy lifestyles and whānau engagement for 4 year olds with a BMI in the 98<sup>th</sup> percentile**

**Indicator 3b: Increase food literacy training to targeted workforce including midwives, Well Child/Tamariki Ora, education workforces, social services and Before School Check practitioners.**

#### What the data shows

- 115 Hawke's Bay children were identified with BMI in the 98<sup>th</sup> percentile, of these, 77 were referred to a primary care follow and the remaining 32 delined. 92% were Māori, 93% other and 96% Pasifika received a referral to primary care. (2017 B4 School Check Clinical Data- Health Hawke's Bay)
- XX participants attended breastfeeding support training, 23 Well Child staff attended First Foods Trainer Workshops, 83 health professionals attended Gestational Diabetes updates (2015 HBDHB Maternal Nutrition Report to MoH) and 45 practice nurses attended CNE session on Raising Healthy Kids Target and whānau conversation tool/plan. XX early childhood teaching attended an information session

Activities and Stakeholders				
	What	How	Progress	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>• Screening including gestational diabetes, Well Child/Tamariki Ora and B4 School Checks</li> <li>• Whānau activity based programmes for under 5s</li> <li>• Paediatric dietetic referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor the screening and responding referrals</li> <li>• Fund Active Families under five and monitor implementation. Investigate extending to further providers</li> <li>• Monitor referrals and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring provided via HBDHB Board and MoH. Raising Health Kids target has been met.</li> <li>• Active Families under 5 is funded and DHB has received additional funding from MoH</li> <li>• Majority of referrals are to Active Families which has 80% of children increasing healthy eating and activity.</li> </ul>	July 2017 Māori Health Targets - 6 monthly to the Board
<b>New actions</b>	<ul style="list-style-type: none"> <li>• Support screening in maternal programme, Well Child/Tamariki Ora and B4 School Checks</li> </ul>	<ul style="list-style-type: none"> <li>• Support training for health professionals completing screening - maternal, Well Child/Tamariki Ora and B4 School Checks.</li> </ul>	<ul style="list-style-type: none"> <li>• Completed WellChild/Plunket Health First Foods training, B4 School Check Conversation Tool training</li> <li>• Active Families – delivered by Iron Māori and Sport HB</li> </ul>	Annually until 2020

Activities and Stakeholders				
	<ul style="list-style-type: none"> <li>• Provide whānau based programmes to support lifestyle changes which support healthy weight i.e. Active Families</li> <li>• Support referrals to programmes via a range of pathways</li> <li>• Develop a clinical pathway from well child/primary care to secondary services</li> <li>• Support child health workforce, to deliver healthy conversations</li> </ul>	<ul style="list-style-type: none"> <li>• Contract community providers to take referrals for whānau with an overweight child (3-12 years)</li> <li>• Clinical pathway developed with key stakeholders- whānau, parents, children and health professionals</li> <li>• Healthy Conversation training delivered</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical pathway for B4 School Check complete. Working with diabetes pathway</li> <li>• Delivered the Health Food conversation tool. Complete.</li> </ul>	



## Objective 4: Provide leadership in healthy eating

### Indicator 4a: Monitor the implementation of the HB DHB Healthy Eating policy

### Indicator 4b: Engage support from key partners


#### What the data shows

Hawke's Bay District Health Board policy has been updated and aligns with MoH guidelines and an implementation plan is in place, endorsed by EMT June 2016. Auckland University review of the policy has HBDHB ranked 3<sup>rd</sup> most effective policy for DHBs. Healthy Weight Strategy have been presented to the Intersectoral Forum, Napier and Hastings Councils, MoE East Coast, Priority Population Committee (Health HB) and internally across the DHB. Intersector Group has been established

Activities and Stakeholders				
	What	How	Progress	When
<b>Current activity</b>	<ul style="list-style-type: none"> <li>Share information, evidence and best practice and healthy weight data with key community partners</li> <li>Show leadership by establish the HBDHB Healthy Eating Policy and implementing the Healthy @ Work work plan</li> </ul>	<ul style="list-style-type: none"> <li>Regular updates provided via Maternal, Well Child/Tamariki Ora and B4 School Check forums. Regular meetings with community providers</li> <li>Review and monitor the HBDHB Healthy Eating Policy and support the implementation of the Health @ Work work plan</li> </ul>	<ul style="list-style-type: none"> <li>Strategy and Best Start Plan shared with - Sport HB, Mananui, Napier and Hastings Councils, HB Community Fitness Centre Trust, DHB staff and placed on DHB website. Communicaton Plan developed to increase awreness</li> <li>Policy complete</li> </ul>	July 2017
<b>New actions</b>	<ul style="list-style-type: none"> <li>Lead an equity focus by applying an equity lens to review this plan and delivered activity</li> <li>Lead messaging and delivery to reduce sugar intake</li> <li>Align HBDHB Healthy Eating Policy with national food and beverage guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Equity assessment written and finding used to refine this plan to improve response to equity</li> <li>Cross-sector activity includes a sugar reduction focus</li> <li>Framework/process implemented for cross-sector approach and inter-agency activity reported</li> </ul>	<ul style="list-style-type: none"> <li>All contracts have targets for Māori and Pasifika, resources are tested with Māori and Pasifika whānau and equity lens was applied to funding.</li> <li>Water only and healthy food has been delivered in event planning, Pasifika churches, workplaces and education.</li> <li>Shared Healthy Eating Strategy with Intersectoral Forum – Intrsector Group</li> </ul>	Ongoing until 2020

Activities and Stakeholders				
	<ul style="list-style-type: none"> <li>• Develop a process for a cross-sector approach to support healthy eating environments</li> <li>• Influence key service delivery stakeholders to maintain best practise and consistent messaging</li> <li>• Continue engagement with community particularly key influencers for Māori and Pasifika i.e. marae and church leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Hauora, general practice, LMCs, contracted community providers provide national messages consistently to whānau, community and their workplace</li> <li>• Key activities Waitangi Day celebrations - policy/guidance document development Ngāti Kahungunu Iwi Incorporated and engagement with Pasifika church leaders</li> </ul>	<p>establish and setting out leadership activities</p> <ul style="list-style-type: none"> <li>• Messaging is “water only” and promoting the MoH Nutrition Guidelines</li> <li>• We have worked with the Te Matatini steering group and delivered promoting water and healthy food choices (with a reduction in high fat, sugar and salt foods). The Healthy Events – Food guide material has been reviewed by Ngāti Kahungunu Iwi (events and comms staff), available on DHB webiste.</li> </ul>	



	<b>Te Ara Whakawaiaora – Smokefree</b>
	For the attention of: <b>Māori Relationship Board, HB Clinical Council &amp; HB Health Consumer Council and HBDHB Board</b>
Document Owner:	Tracee Te Huia, ED Strategy and Health Improvement
Document Author(s):	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	Monitoring

#### RECOMMENDATION

**That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board**

Note the contents of this report.

16

#### OVERVIEW

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

#### MĀORI HEALTH PLAN INDICATOR: Smokefree

- 95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking
- 90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months
- 90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking
- 90% of young pregnant Māori women are referred to cessation support
- 95% of pregnant Māori women who are smokefree at 2 weeks postnatal

#### WHY ARE THESE INDICATORS IMPORTANT?

Most smokers want to quit, and there are immediate and long-term health benefits for those who do. The risk of premature death from smoking decreases soon after someone quits smoking and continues to do so for at least 10 to 15 years. There are valuable interventions that can be routinely provided in both primary and secondary care.

These targets are designed to prompt doctors, nurses and other health professionals to routinely ask the people they see, whether they smoke. The health professional is then able to provide brief advice and to offer quit support to smokers. There is strong evidence that brief advice from a health professional is highly effective at encouraging people to try to quit smoking, and to stay smokefree. Research shows that one in every forty smokers will make a quit attempt simply as a result of receiving brief advice. In the Health Equity Report 2014/16, tobacco use was highlighted as the single biggest underlying cause of inequity of death rates and ill health in Hawke's Bay.

## CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THESE INDICATORS?

### ***95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking***

During the last year, health practitioners in the secondary care settings have continued to achieve the 95% target of all patients who smoke aged 15 years and over, are offered brief advice and help to stop smoking.

The Smokefree team provide ABC, Helping People Stop Smoking, Nicotine Replacement Therapy (NRT) educational support to clinical staff. It is important that patients who smoke within the hospital setting are:

- Charted NRT to manage their addiction; and
- Offered a referral for cessation and behavioural support on discharge

DHB coding staff monitor patient records for accuracy in smoking brief advice and cessation support documentation. The Smokefree team contact clinicians in breach of ABC & D (documentation). The number of breaches have decreased significantly during the last year as confidence in discussing ABC & D has increased.

The Smokefree Team are currently recruiting for a Smokefree Nurse Liaison, this position became vacant in August. This role is vital in supporting health professionals in hospital, general practices and community settings i.e. Royston Hospital. The role also provides behavioural and motivation support to patients in hospital and triage to Te Haa Matea (HB Stop Smoking Service including Te Taiwhenua o Heretaunga, Te Kupenga Hauora – Ahuriri and HBDHB).

### ***90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months***

		Target	Total	Māori	Pacific	Other	Non Maori
<b>2016/17</b>	<b>Q1</b>	90%	80.9%	79.8%	76.4%	82.6%	80.9%
	<b>Q2</b>	90%	87.4%	85.1%	82.2%	89.8%	87.4%
	<b>Q3</b>	90%	86.4%	83.9%	81.4%	89.1%	86.4%
	<b>Q4</b>	90%	91.0%	88.4%	87.1%	93.7%	91.0%

Health Hawke's Bay achieved 91% Smoking Brief Advice in the fourth quarter by:

- Working with the smokefree clinical champions in each practice.
- HBDHB provide funding to General Practices to focus on contacting patients to update their smoking status, offer smoking brief advice and cessation support
- Two Independent Registered Nurses (one funded by HBDHB and one contracted by the PHO) contact patients in the evenings and on the weekends on behalf of the practice
- Health Hawke's Bay have contracted Vensa Health (an independent health support company based in Auckland) to carry out text reminders for patients which will update patient smoking status.

Health Hawke's Bay had two practices that used "My Practice" as their patient management system. One practice was exceeding the 90% health target and the other one was struggling. Health Hawke's Bay worked with the latter to check how they were recording the information. It transpired that with "My Practice" you have to complete the cessation support section of the form for it to be counted. After sharing this with all practice staff, this practice also met and exceeded the 90% target.

Barriers to maintaining the 90% target over the next year are linked ability to contact patients:

- Disconnected numbers or wrong number or no phone
- Phone goes straight to voicemail
- Patient has moved overseas or transferred out to another practice

**90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking**

	Month (3 months to)	Target	Total	Māori
2013/14	Q1	90.0%	93.2%	0.0%
	Q2	90.0%	96.3%	94.3%
	Q3	90.0%	87.9%	85.4%
	Q4	90.0%	94.5%	95.2%
2014/15	Q1	90.0%	100.0%	100.0%
	Q2	90.0%	98.1%	100.0%
	Q3	90.0%	98.6%	97.9%
	Q4	90.0%	96.9%	95.2%
2015/16	Q1	90.0%	90.3%	87.7%
	Q2	90.0%	96.5%	95.2%
	Q3	90.0%	88.6%	86.2%
	Q4	90.0%	89.0%	81.1%
2016/17	Q1	90.0%	91.2%	88.4%
	Q2	90.0%	88.5%	78.8%
	Q3	90.0%	92.8%	95.2%
	Q4	90.0%	85.7%	81.6%

Many of the antenatal women we encounter, started smoking at a young age and are surrounded in their homes by family members who are not smokefree (generational dependence). The antenatal women are often experiencing a lot of stress and are reluctant to receive support to quit because for them, it helps them to cope. Many have tried in the past and have found it too hard and others are reluctant to use Nicotine Replacement Therapy (NRT) as they have either tried it and not liked it or heard of others experiences and are unwilling to try.

The Maternal and Child Health Smokefree Coordinator has met with the antenatal clinic midwives to discuss the Wāhine Hapū – Increasing Smokefree Pregnancy Programme, outlining the reasons why they should refer their pregnant women who smoke. Posters for the programme are now in the waiting and clinic rooms at the antenatal clinic.

The Maternal and Child Health Smokefree Coordinator has met with the maternity coders to discuss difficulty in capturing up-to-date statistics when they are playing catch-up with file coding and Midwives not completing the smokefree pathway form in its entirety. These two issues reflect the outcomes as shown in the data. Projects for the next six months include:

- Reviewing the maternity smokefree pathway and smokefree referral forms
- Surveying midwives
- Surveying pregnant women who smoke and decline the Increasing Smokefree Pregnancy Programme



### 90% of young pregnant Māori women are referred to cessation support

Total referrals 339	Other	NZ Māori	NZ European	Pacific Island
AN 244	1	183	57	3
PN 36	1	24	9	2
Whānau 59	2	37	16	4

Referrals are sent in from many sources including LMC, Doctors, antenatal clinic midwives, postnatal ward midwives, nurses, Te Haa Matea stop smoking practitioners and self-referrals via Te Haa Matea Facebook page. Choices Heretaunga is the main provider for maternal cessation support, followed by Te Haa Matea stop smoking practitioners and in the case of Wairoa, the DHB Smokefree Service Coordinator.

Of the 339 referrals received, 160 consented to be on the Wāhine Hapū – Increasing Smokefree Pregnancy Programme (49%). 69% identified as Māori and 29% as European. Many decline from the referral to the programme as there are numerous struggles with other issues e.g. alcohol, drug use, financial and relationship issues.

The Smokefree team are currently trialling two initiatives to increase the number of referral consenting to be on the Programme.

- Referral process change - the Smokefree Māori Support Worker makes the initial face-to-face contact with the hapū wāhine in her home, providing initial support and a 'warm' hand over to Choices Heretaunga. Previously a flax was sent to Choices- Heretaunga.
- At this first meeting the pregnant woman is given two packets of new-born nappies for engaging in the Wāhine Hapū, providing instant reward for their positive choice.

Once the pregnant woman has consented to joining the Wāhine Hapū programme, a referral is sent to the stop smoking practitioner to continue the motivational and behavioural support for the next twelve weeks.

The Maternal and Child Health Smokefree Coordinator met with general practice staff with the "Top Five for my Baby to Thrive" resource, to encourage general practices to help pregnant women find a midwife, check their smoking status and refer to the Wāhine Hapū programme.

The successes of the Wāhine Hapū – Increasing Smokefree Pregnancy Programme include:

- Reaching the target population
- Engaging women with smoking cessation and behavioural support
- 96% smokefree at 4 weeks
- 73% smokefree at 12 weeks
- Approximately 30 women and 20 whānau members per year becoming smokefree

### 95% of Māori women who are smokefree at 2 weeks post-natal

	Target	Total	Maori	Pacific	High Deprivation
Jul - Dec 14	86%	79.0%	58.0%	94.0%	68.0%
Jan - Jun 15	86%	79.0%	62.0%	96.0%	70.0%
Jul - Dec 15	86%	73.0%	53.0%	81.0%	64.0%
Jan - Jun 16	86%	79.9%	65.6%	97.7%	72.6%
Jul - Dec 16	86%	80.0%	65.6%	93.5%	70.4%

Of those pregnant women referred to cessation support and who are successful at becoming smokefree during their pregnancy, many will return to smoking after the birth of their baby. Smoking is often a coping mechanism for stress and many women are reluctant to stop. Smoking is seen as "a breather" that assists coping with family social complexities and it gives them time-out from their baby/children and partners and it creates a break from boredom. It offers comfort, it facilitates socialising with their friends and for those who are isolated, it is their friend<sup>1</sup>.

<sup>1</sup> Exploring why young Māori women smoke. Taking a new approach to understanding the experiences of people in our communities. 2017. Ministry of Health in collaboration with ThinkPlace.

## CHAMPION'S REPORT OF ACTIVITY THAT WILL OCCUR TO INCREASE PERFORMANCE OF THESE INDICATORS?

Te Haa Mātea (HB Stop Smoking Services) is a partnership between Te Taiwhenua o Heretaunga, Te Kupenga Hauora o Ahuriri, Choices Kahungunu Health Services and HBDHB. Te Haa Mātea's mission is to help whānau stop smoking and 'breathe easy'. HBDHB are contributing significantly to Te Haa Mātea outcomes by providing project management, cessation services in Wairoa and Central Hawke's Bay, providing cessation programmes for pregnant women, developing cessation programmes and providing support for workplaces.

HBDHB are leading the way in cessation initiatives:

- Te Haa Mātea Facebook page administered by the Smokefree Service. To date, the Facebook page has 441 likes, 445 regular followers, 60 video views with 928 post reaches. The Facebook page has opened the door to self-referrals to both the Wāhine Hapū and connected people to Smokefree Pregnancy Programme and Tame your Taniwha challenge.
- Tag the Taniwha – a card designed to engage with health services at Te Matatini Kapa Haka Festival held in February.
- Tame your Taniwha – an eight week, team of three stop smoking challenge. 22 teams are registered in the first competition 2<sup>nd</sup> October to 30<sup>th</sup> November. A second competition is scheduled for April / May 2018.

These events and activities have supported partnerships between the HBDHB Smokefree Service and; other DHB services, Te Haa Mātea, Kahungunu Executive, Hawke's Bay Smokefree Coalition, workplaces and our wider community to increase whānau quit attempts and smokefree status.

HBDHB provides leadership for the Hawke's Bay Smokefree Coalition which coordinates and delivers health promotion activity.

There has been an increase of interest in smokefree environments within workplaces. One initiative is - Quitline providing telephone support and the HBDHB providing face-to-face cessation support during work hours in workplaces. Workplace settings engaged include:

- Tumu Timbers
- Waipak Ltd
- Bostocks
- Heinz / Kraft
- Silver Fern Farms, CHB

## RECOMMENDATIONS FROM THE TARGET CHAMPION

We can achieve targets and the ultimate goal "Smokefree 2025" by working collaboratively and the programmes – Tame your Taniwha, Hapū Wāhine and joint events like Te Matatini, have provided an excellent pathway to strengthen the collaboration. We will continue to enhance existing collaboration and identify new opportunities.

Most of the indicators for this area are process indicators (measuring transactions or activity i.e. patients offered brief cessation advice) – the exception being the percentage of Māori women postnatal who are smokefree. The process indicators assume - inquiring about smokefree status and making referrals to cessation services will result in reductions in smoking rates. We must ensure that these process indicators are met and that a wide population health approach is being taken to reduce smoking rates in our priority groups.


There is good rationale for people to use e-cigarettes to help them stop smoking. E-cigarettes can provide nicotine, which is what people desire from smoking. Many of our whānau are making the switch from tobacco to 'vaping' and we need to support their nicotine replacement of choice. While the Ministry of Health are planning to change the law regulating e-cigarettes, this is not likely to happen until late 2018 for implementation in 2019. HBDHB need to be knowledgeable in the use of e-cigarettes to be effective stop smoking practitioners to our whānau who choose to 'vape'.

Smokefree service are investigating programmes to support young Māori wāhine to remain smokefree – this will focus on 15 to 18 years. We will prioritise Kura Kaupapa Māori schools and schools with high numbers of Māori wāhine.

Smokefree service are recruiting a Smokefree Stop Smoking Practitioner to deliver cessation support in workplaces, young Māori wāhine and cover Central Hawke's Bay. To increase coverage and support for whānau and communities.

## **CONCLUSION**

Achieving these targets continue to be challenging. Working collaboratively in all settings will help us achieve the Aotearoa Smokefree 2025 goal.

 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Regional Tobacco Strategy for Hawke's Bay, 2015–2020 update</b></p>
	<p>For the attention of:</p> <p><b>Māori Relationship Board, HB Clinical Council &amp; HB Health Consumer Council and HBDHB Board</b></p>
Document Owner:	Tracee Te Huia, ED Strategy and Health Improvement
Document Author(s):	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by:	Executive Management Team
Month:	November 2017
Consideration:	For information

**RECOMMENDATION:**

**That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board**

Note the contents of this report.

17

**OVERVIEW**

In November 2015 the Regional Tobacco Strategy for Hawke's Bay, 2015–2020 was endorsed by the HBDHB Board with a yearly report to be provided to the Board and Committees. This is the second annual update of the Strategy, providing highlights from the three objective in the Strategy.

**BACKGROUND**

The Health Equity Report 2014/16 identified tobacco use as the single biggest underlying cause of inequity of death rates and ill-health in Hawke's Bay<sup>1</sup>. Smoking is still more prevalent for Māori than any other ethnic group in New Zealand<sup>2</sup> and is more common in areas with a significant Māori population and in areas of deprivation. Pregnant women who are Māori or who live in a Quintile 5 area are five more times more likely to be smokers than non-Māori or women living in a Quintile 1 area<sup>3</sup>.

The Regional Tobacco Strategy for Hawke's Bay 2015-2020 goal is for communities in Hawke's Bay to be smokefree/auahi kore – with Hawke's Bay whānau enjoying a tobacco free life. The Strategy has a strong commitment to reducing the social and health inequities associated with tobacco use and has three objectives:

- Cessation – help people stop smoking
- Prevention – preventing smoking uptake by creating an environment where young people choose not to smoke
- Protection - creating smokefree environments

<sup>1</sup> McElnay C 2014. Health inEquity in Hawke's Bay. Hawke's Bay District Health Board.

<sup>2</sup> Ministry of Health. 2011. Māori Smoking and Tobacco Use 2011. Wellington. Ministry of Health.

<sup>3</sup> McElnay C 2016. Health Equity in Hawke's Bay. Hawke's Bay District Health Board

The main source of information on smoking rates comes from the NZ Census but this will not be updated until 2018. The Ministry of Health funded ASH (Action on Smoking and Health) year 10 tobacco use survey and we have preliminary results for 2015.

This survey is an annual questionnaire of approximately 30,000 students from across New Zealand. HBDHB also collect smoking data on pregnant women engaging with our services, this included over 90% of women giving birth. These sources provides valuable and robust insight into rates of smoking.

## **WHAT'S HAPPENED IN ONE YEAR?**

### ***OBJECTIVE 1: HELPING PEOPLE TO STOP SMOKING***

#### ***Te Haa Matea (Stop Smoking Services, Hawke's Bay)***

At the same time HBDHB adopted the Tobacco Strategy, the Ministry of Health formed 16 regional Stop Smoking Services and one national smokefree advocacy group (1 July 2016). Hawke's Bay established Te Haa Matea - Te Taiwhenua o Heretaunga (Lead), Te Kupenga Hauora o Ahuriri, Choices Kahungunu Health Services and HBDHB. Te Haa Matea's mission is to help whānau stop smoking and 'breathe easy'.

HBDHB are contributing significantly to Te Haa Matea outcomes by providing project management, cessation services in Wairoa and Central Hawke's Bay, providing cessation programmes for pregnant women, developing cessation programmes and providing support for workplaces. HBDHB also provides leadership for the Smokefree Coalition which coordinates and delivers health promotion activity.

HBDHB developed a simple referral process to Te Haa Matea. Based on a business card theme, the card offers an 0800 number for anyone wanting help to stop smoking. The 0800 number is transferred to the HBDHB Smokefree Service, who phone, complete an initial assessment and offer a face-to-face service with a stop smoking practitioner in their region. The flip side of the card offers behavioural support. The Te Haa Matea cards were widely distributed to Stop Smoking Practitioners, general practices, workplaces and health services.

HBDHB are leading the way in cessation initiatives:

- Tag your Taniwha - a card designed to engage with health services at Te Matatini Kapa Haka Festival held in February.
- Tame your Taniwha - an eight week, teams of 3 stop smoking challenge. 22 teams have registered in the first competition which kicked off on 2 October and will finish on 30 November. A second competition will take place in April finishing on 31 May (World Smokefree Day). This will be followed by an evaluation in June 2018.
- Te Haa Matea Facebook page administered by the Smokefree Service. To date, the Facebook page has 441 likes, 445 regular followers, 60 video views with 928 post reaches. The Facebook page has opened the door to self-referrals to both the Wāhine Hapū – Increasing Smokefree Pregnancy Programme and Tame your Taniwha.

HBDHB provided funding to general practices to focus on contacting patients to update their smoking status, offer smoking brief advice and cessation support. Te Haa Matea are able to provide clients Smoking Brief Advice and Cessation Support status to Health Hawke's Bay to update their patient records and Health Hawke's Bay are able to refer patients to Te Haa Matea for behavioural and motivation support.

#### ***Rates of Smoking for Māori Women Remain High***

Assisting women to stop smoking remains a priority. For Māori women giving birth this year, 44.2% were smokers (2017 data for women giving birth in HBDHB services). HBDHB have received the evaluation with a new range of resources to support Wāhine Hapū programme and we have added an incentive step to support greater engagement.

Smokefree are investigating programmes to support young Māori wāhine to remain smokefree – this will focus on 15 to 18 years. We will prioritise kura kaupapa Māori schools and schools with high numbers of Māori wāhine.

### **Smokefree Education, Training, Cessation Support**

The Smokefree Team continues to support, primary and secondary care clinicians by:

- Understanding Nicotine Replacement Therapy (NRT) medicines
- How to chart NRT for patients
- Confidence in NRT conversations and
- Completing the “Helping People Stop Smoking” Ministry of Health training

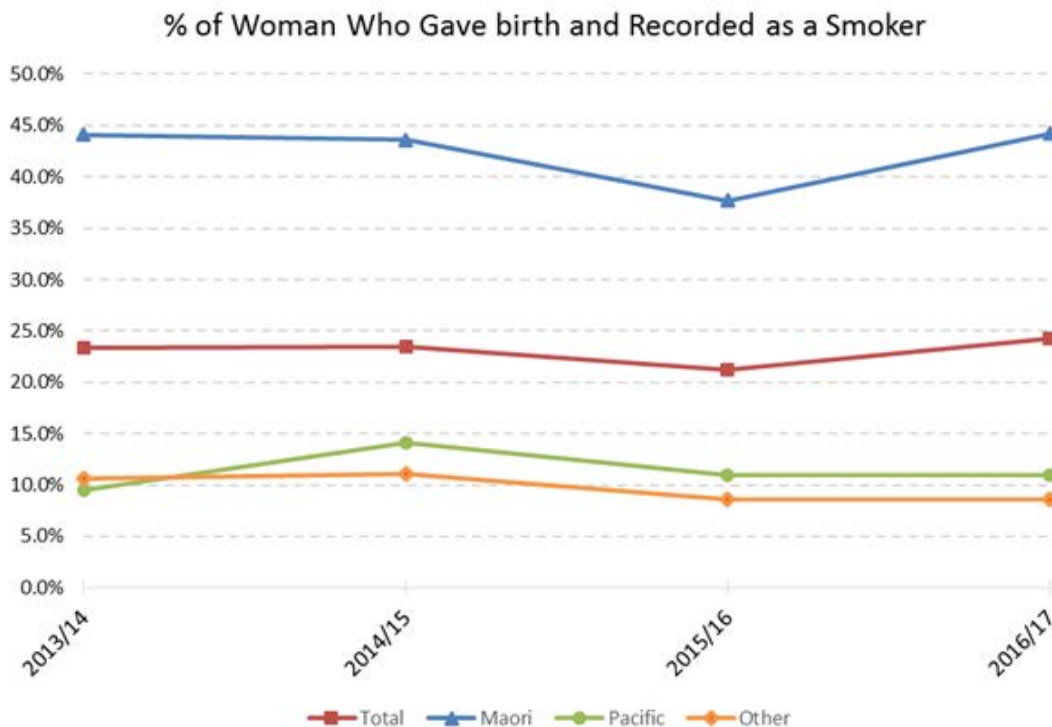
We have extended this to include presentations to Dental Association and pharmacists. We have had our first dentist complete cessation training.

### **Indicator 1a: Smoking prevalence (particularly Maori)**

No update on prevalence until 2018 NZ Census. Current data has smoking rates at 18% for non-Māori and 47.4% for Māori in Hawke's Bay. Please refer to the HB Tobacco Strategy for details.

### **Indicator 1b: Smoking prevalence in pregnant women (particularly Maori women)**

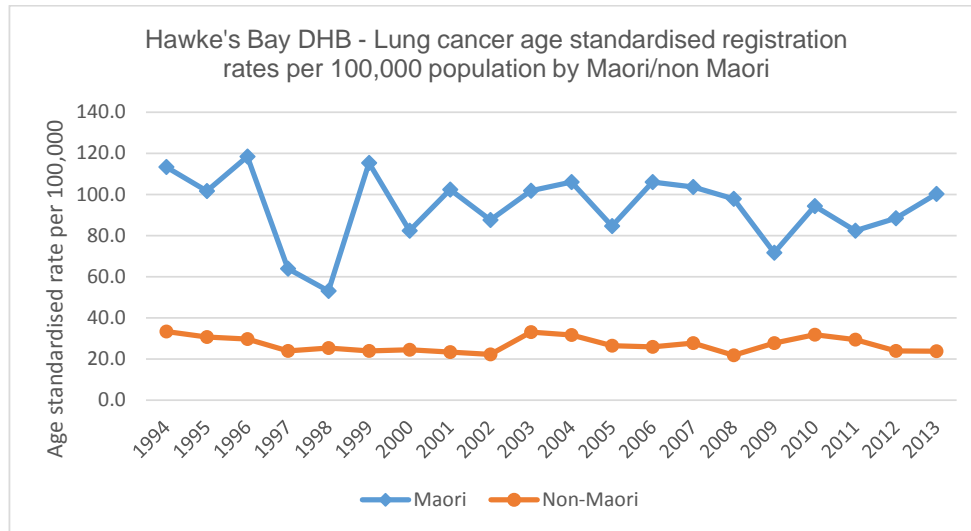
The data below provides a time series from 2007 to June 2017. Smoking rates for pregnant women have decreased from 2011 to 2016 with a significant reduction between 2015 to 2016 from 23.7% to 21%. There has been a rise in Māori women from 37.6% to 44.2% as births in Hawke's Bay have declined but the rates of births of Māori women have increased. Changes to ISPP, “Top 5 for my Baby to Thrive” promotion in general practice, greater engagement in healthy lifestyles programme (i.e. Maternal Nutrition), increases in the price of cigarettes again on 1 January 2018 and increased education/awareness will contribute to improving these rates.





### Indicator 1c: Lung Cancer Incidence

This information is not available at this time and will report on it at a later date.



### OBJECTIVE 2: PREVENTING SMOKING UPTAKE

Young people who smoke may acquire the habit and become addicted before reaching adulthood, making them less able to quit smoking and more likely to have a tobacco-related health problem.

Te Haa Matea provides smokefree clinics and education in workplace settings, trade training establishments and teen parent units to target young people. These include Tumu Timbers, Silver Fern Farms (CHB), Wit/Lighthouse, EIT Hawke's Bay, Trade and Commerce and both Teen Parent Schools. The Smokefree Team's Māori Support Worker is working with rangitahi as outlined above.

### Indicator 2a: Prevalence of Year 10 students who have never smoked (particularly Maori students)

The annual ASH survey is not available until 2018. The percentage of all Māori year 10 students across New Zealand who never smoked was 16.2% in 2000 increasing to 59.2% in 2015. In 2015, Hawke's Bay noted 73% of year 10s, 54.33% of Māori year 10s and 50.95% of Māori wāhine year 10s have never smoked.

This is a significant improvement. Anecdotally we are told that price increases were a major contributor with "family and friends not supplying young people due to the cost". This social supply remains the leading source of tobacco for this age group.

### Indicator 2b: Prevalence of Year 10 students living with one or more parent who smokes

This information is sourced from the NZ Census so will not be available until 2018.

### OBJECTIVE 3: CREATING SMOKEFREE ENVIRONMENTS

Hawke's Bay DHB continues to visit all retailers at least once a year to deliver reminders on the legislative requirements, encourage a smokefree policy and check compliance. Successive outbreaks have meant limited resource to complete this work, we hope to re-establish visits and compliance work over the next 12 months.

We have prosecuted a retailer in Central Hawkes Bay as a result of controlled purchase operations - this is the third such prosecution and has been referred to the Ministry of Health.

### ***Support Legislation and Policy Change for Smokefree Environment***

As a member of the HB Smokefree Coalition, HBDHB supported a coordinated submission to support pharmacists to dispense NRT and e-cigarettes – the aim is to influence law change to further discourage smoking and support cessation.

#### **Indicator 3a: Number of Tobacco Free Retailers**

Number of smokefree retailers remains static.

### **CONCLUSION**

- Cessation services (Te Haa Matea) is embedded.
- Programmes led by and contributed to by HBDHB, are seeing successes in supporting the reduction in smoking especially for Māori wāhine, workplace and high level of engagement in Wairoa.
- New rules for pharmacists have offered an opportunity to work with another primary care setting, which has the potential to access more smokers and increase cessation referral.





**HBDHB Non-Financial Exceptions  
Quarter 1 (July-Sept 2017)  
Full Report**

Late Paper





## **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:

#### **19. Minutes of the Public Excluded MRB Meeting held 11 October 2017**

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).



