



## Māori Relationship Board Meeting

**Date:** Wednesday, 11 September 2019

**Meeting:** 9.00am to Noon

**Venue:** Kahureremoana Room, Mihiroa Marae  
Omahu Road, Hastings

**Board Members:**

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

**Apology:**

**In Attendance:**

Member of the Hawke's Bay District Health Board (HBDHB) Board

Members of the Executive Management Team

General Manager Māori Health

Member of Hawke's Bay Consumer Council

Member of Hawke's Bay Clinical Council

Member of Ngāti Kahungunu Iwi Inc.

Member of Health Hawke's Bay Ltd (PHO)

Members of the Māori Health Service

Members of the Public

**PUBLIC MEETING**

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Introductions/ Apologies	
3.	Whakawhanaungatanga	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising – Review of actions	
7.	MRB Workplan	
8.	Māori Relationship Board Chair's update with August report to Board	
9.	Clinical Council Update (verbal)	
10.	Te Pitau Health Alliance Update	
	<b>Section 2: For Information / Discussion</b>	
11.	Rangatahi Redesign Working Group update – Bernard Te Paa	10.00
12.	Matariki HB Regional Development Strategy and Social Inclusion Strategy update – Bernard Te Paa/Shari Tidswell	10.20
13.	<b>Section 4: Recommendation to Exclude the Public</b> Under Clause 32, New Zealand Public Health & Disability Act 2000	

**PUBLIC EXCLUDED**

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

**NEXT MEETING:**

**VENUE CHANGE**

Wednesday, 9 October 2019

Kahureremoana Room

Mihiroa Marae

Omahu Road, Hastings

# Our shared values and behaviours



## 1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

### Welcoming

- ✓ Is polite, welcoming, friendly, smiles, introduce self
- ✓ Acknowledges people, makes eye contact, smiles

- ✗ Is closed, cold, makes people feel a nuisance
- ✗ Ignore people, doesn't look up, rolls their eyes

### Respectful

- ✓ Values people as individuals; is culturally aware / safe
- ✓ Respects and protects privacy and dignity

- ✗ Lacks respect or discriminates against people
- ✗ Lacks privacy, gossips, talks behind other people's backs

### Kind

- ✓ Shows kindness, empathy and compassion for others
- ✓ Enhances people's mana

- ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies
- ✗ Is abrupt, belittling, or creates stress and anxiety

### Helpful

- ✓ Attentive to people's needs, will go the extra mile
- ✓ Reliable, keeps their promises; advocates for others

- ✗ Unhelpful, begrudging, lazy, 'not my job' attitude
- ✗ Doesn't keep promises, unresponsive

## 1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

### Positive

- ✓ Has a positive attitude, optimistic, happy
- ✓ Encourages and enables others; looks for solutions

- ✗ Grumpy, moaning, moody, has a negative attitude
- ✗ Complains but doesn't act to change things

### Learning

- ✓ Always learning and developing themselves or others
- ✓ Seeks out training and development; 'growth mindset'

- ✗ Not interested in learning or development; apathy
- ✗ "Fixed mindset, 'that's just how I am', OK with just OK

### Innovating

- ✓ Always looking for better ways to do things
- ✓ Is curious and courageous, embracing change

- ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done

### Appreciative

- ✓ Shares and celebrates success and achievements
- ✓ Says 'thank you', recognises people's contributions

- ✗ Nit picks, criticises, undermines or passes blame
- ✗ Makes people feel undervalued or inadequate

## 1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

### Listens

- ✓ Listens to people, hears and values their views
- ✓ Takes time to answer questions and to clarify

- ✗ 'Tells', dictates to others and dismisses their views
- ✗ Judgmental, assumes, ignores people's views

### Communicates

- ✓ Explains clearly in ways people can understand
- ✓ Shares information, is open, honest and transparent

- ✗ Uses language / jargon people don't understand
- ✗ Leaves people in the dark

### Involves

- ✓ Involves colleagues, partners, patients and whanau
- ✓ Trusts people; helps people play an active part

- ✗ Excludes people, withholds info, micromanages
- ✗ Makes people feel excluded or isolated

### Connects

- ✓ Pro-actively joins up services, teams, communities
- ✓ Builds understanding and teamwork

- ✗ Promotes or maintains silo-working
- ✗ 'Us and them' attitude, shows favouritism

## 1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

### Professional

- ✓ Calm, patient, reassuring, makes people feel safe
- ✓ Has high standards, takes responsibility, is accountable

- ✗ Rushes, 'too busy', looks / sounds unprofessional
- ✗ Unrealistic expectations, takes on too much

### Safe

- ✓ Consistently follows agreed safe practice
- ✓ Knows the safest care is supporting people to stay well

- ✗ Inconsistent practice, slow to follow latest evidence
- ✗ Not thinking about health of our whole community

### Efficient

- ✓ Makes best use of resources and time
- ✓ Respects the value of other people's time, prompt

- ✗ Not interested in effective user of resources
- ✗ Keeps people waiting unnecessarily, often late

### Speaks up

- ✓ Seeks out, welcomes and give feedback to others
- ✓ Speaks up whenever they have a concern

- ✗ Rejects feedback from others, give a 'telling off'
- ✗ 'Walks past' safety concerns or poor behaviour

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## Māori Relationship Board Interest Register - August 2019

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The HBDHB Chair	28.03.18
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumtua - 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
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 Tairarwhiti 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	Mother in law, Jenny McQueen, Chaplain at Te Matau a Maui		No conflict	The Chair	14.02.18
	Active	Board member of Hauora Tairarwhiti	Relationship with Tairarwhiti 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 Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractual from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust (ADHT)	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare an interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17

## Maori Relationship Board 11 September 2019 - 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 HBDHB.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
	Active	Director and Shareholder of Katoa Limited	An indigenous research organisation that undertakes research and work for organisations by Maori for Maori.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	11.04.18
	Active	Evaluator for Ministry of Health innovation projects	Implementaion projects such as: TToH & Te Taitimu Trust	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	14.08.19
	Active	Contract being negotiated with the Ministry of Health for Research work in relation to WAI 2575.  Contract with Ministry finalised for research work in relation to WAI2575.	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	13.06.18  13.09.18
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Trustee, Te Matua a Maui Trust		Will declare intertest prior to any discussions relating to specific topics	The Chair	19.08.19
	Active	Member Heath HB Priority Population Health	Health Advisors	Will declare intertest prior to any discussions relating to specific topics	The Chair	1.01.17
	Active	Committee Member, HB Foundation		No conflict	The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation		No conflict	The Chair	1.01.17
Beverley TeHuia	Active	Trustee and employee of Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Peppi, Cervical and Breast screening, # Whanau and smokefree pregnant wahine.	Will not take part in discussions about current tenders that Kahungunu Health services are involved with and are currently contracted with.	The Chair	7.11.17
	Active	Employee of Totara Health	GP Practice providing heath services	Will declare intertest prior to any discussions relating to specific topics	The Chair	7.11.17
	Active	Member of the Priority Population Committee (PPC)	Health Advisors		The Chair	7.11.17
	Active	Nga Maia O Aotearoa Chair person	The current Chair of Maori Midwives organisation of New Zealand. Providing Cultural Competency to all Midwives and child birth organiser in New Zealand. DHB employed and independent.	Will not take part in discussions about cultural training required of maternity services	The Chair	7.11.17
	Active	Iwi Rep on Te Matua a Maui Health Trust		Will not discuss or take part of discussions where this trust is or interest.	The Chair	28.05.18
	Active	Te Pitau Board Member		Will not discuss or take part of discussions where this trust is or interest.	The Chair	15.07.19
	Active	NGO Council Chair		Will not discuss or take part of discussions where this trust is or interest.	The Chair	15.07.19
	Active	Claimant of Treaty Health Claim currently with the Tribunal; WAI #2575	Yet to be heard by the Waitangi Tribunal as of May 2018	Unlikely to be a conflict	The Chair	28.05.18

**MINUTES OF THE MĀORI RELATIONSHIP BOARD  
HELD ON WEDNESDAY 14 AUGUST 2019 IN THE KAHUREREMOANA ROOM,  
MIHIROA MARAE, OMAHU ROAD, HASTINGS  
AT 9.00AM**

**PUBLIC**

**Present:** Heather Skipworth (Chair)  
Ana Apatu  
Hine Flood  
Na Raihania  
Trish Giddens  
Dr Fiona Cram  
Beverly Te Huia

**Apologies** Ngahiwi Tomoana, Kerri Nuku, Lynlee Aitcheson-Johnson

**In Attendance:** Craig Climo, (Interim CEO HBDHB)  
Peter Dunkerley (HBDHB Board Member)  
Chrissie Hape (CEO Ngati Kahungunu)  
Patrick Le Geyt (General Manager, Māori Health HBDHB)  
Chris Ash (Executive Director Primary Care)  
Wayne Woolrich (CEO Health Hawke's Bay)  
Tiwana Aranui (Kaumatua)  
Hawira Hape (Kaumatua)  
Tanira Te Au (Kaumātua Kuia)  
JB Heperi Smith (Senior Advisor Cultural Competency)  
Andre le Geyt (Project Manager Equity, Health Hawke's Bay)  
Rachel Ritchie (Chair of Consumer Council)  
Nick Jones (Nick Jones, Clinical Director for Health Improvement & Equity)  
Members of the public

**Minutes:** Jacqui Sanders-Jones, Board Administrator

**KARAKIA**

Hawira Hape opened the meeting with a Karakia

**INTRODUCTIONS**

Interim CEO, Craig Climo was warmly welcomed to the group and introductions followed.

**APOLOGIES**

Ngahiwi Tomoana, Kerri Nuku, Lynlee Aitcheson-Johnson

**4. INTEREST REGISTER**

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

## 5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the MRB meeting held on Wednesday 10 July 2019 were approved as a correct record of the meeting, and was noted as being a really good, thorough discussion.

Moved: **Ana Apatu**  
Seconded: **Beverley Te Huia**  
Carried

## 6. MATTERS ARISING FROM PREVIOUS MINUTES

- Item 1 Top Ten Health Priorities for Māori:** Agenda item 12.0 *Identify Health Equity Issues*
- Item 2 Three Waters Quality:** September & October Workplan
- Item 3 Matariki Regional Development Strategy & Social Inclusion Strategy update:** September Workplan
- Item 4 New MRB member appointed:** In progress, with a particular focus on Rangatahi member
- Item 5 Mauri compass used in agenda setting:** COMPLETE
- Item 6 After Hours Care Service update:** Sept Workplan
- Item 7 Evaluation Summary for MAP initiative:** March 2020 Workplan
- Item 8 CEO recruitment:** Removed from agenda for discussion at public excluded Hui

## 7. MRB WORK PLAN

The Work Plan was noted and there was member suggestion of more relevant topic discussion rather than purely operational issues.

Workplan suggestions included:

-Criteria for waiting lists should be reviewed to ensure equity addressed.

**ACTION: Recirculate paper on bariatric surgery criteria**

-Report on Wairoa from a community perspective should be presented quarterly to MRB

**ACTION: Add 'report on Wairoa community' to Workplan on a quarterly basis from Primary Care team. Next report due November 2019**

## 8. MRB CHAIR'S REPORT

A verbal update was provided by the Deputy Chair.

Chair raised previous CEO proposal of EMT review, which included the removal of GM Maori Health. Chair felt this was a breach by HBDHB of their Treaty obligations and would have a direct effect on connections and representation of iwi.

CEO responded that this particular proposed review of EMT had not been implemented. Consideration of 'the role of EMT' is for discussion in the next few weeks and CEO will update MRB as to outcomes. CEO fully takes on board comments from MRB.

CEO NKII emphasised the importance of having representation at EMT in accordance with MoU between NGKII and HBDHB.

Additional comments were taken from members:



Values-Based Recruitment was brought up for discussion, including the importance of the protection and care of Maori and Tikanga Maori in the workplace, which is felt should be added as a priority within the DHB recruitment and retention strategy.

Exit interviews are voluntary and currently poorly attended by Maori staff leaving the organisation, meaning that the total picture of underlying cause of resignation is not fully known.

**Chair will ensure that the above concerns are captured with the Chair's MRB report to Board for August.**

There is a target of 14.9% Maori workforce for HBDHB, with the actual currently at 11%. Challenges lies in increasing the number of Maori employed coupled with applying good retention practices. It is encouraging that more than 50% of Maori interviewed then go onto be employed by HBDHB. There is a need to review the gap between shortlisting of candidates and those who get offered an interview.

CEO echoed concerns over the number of Maori employed by DHB and the types of roles they are filling. For example, there are noticeably low numbers of Maori in Allied Health. HBDHB need to describe the workforce that we *want* and then drive towards this.

Leadership roles also need to be developed with Maori staff and look at ways to 'lift them up' and support into the positions.

Consumers need to be considered in how the workforce looks. Consumers want staff treating them with cultural appropriateness and respect. Member highlighted need to ensure that recruitment strategies reflected the hospital patient population, remembering that these are the service users.

Brief discussion followed on use of whanau care and recognising the value and importance of involving whanau in the health of patients in hospital.

## 9. CLINICAL COUNCIL VERBAL UPDATE

No report received.

## 10. TE PITAU HEALTH ALLIANCE GOVERNANCE GROUP UPDATE

Functions of Te Pitau Health Alliance Group and core purpose with key critical questions, was discussed with reference back to the original Terms of Reference.

Trying to set up the Service Level Measures has caused some ripples amongst the clinical community. This will be a journey for the alliance in Hawke's Bay. There are three flagship programmes for change, which have a need for different voices around the table and taking different perspectives into account.

Member raised concern at the lack of Maori workforce to carry out the work being funded, and recognising there are low number of Maori providers in the communities in which the programmes are being pushed into.

The work of MRB to date has ensured that the right focus is identified and that the consequential right actions are in place for the next stage of the Health Strategy; the Implementation Phase. Recognising and enabling iwi partnership with the strategy will be an importance requirement.

### Recommendation

#### That the MRB:

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

#### Adopted

## SECTION 2: FOR DECISION

## 11. HB HEALTH STRATEGY APPROVAL

Chris Ash, Executive Director of Primary Care acknowledged the valuable input from MRB into producing this final version of the HB Health Strategy and is now requiring final approval from committee to take this document to Board.

Member felt strongly there was need for accountability from HBDHB to be echoed within this document. Felt that there is nothing in this strategy which holds the DHB accountable for achieving equity. Actions to implement the KPIs should be reflected.

Response was given in that the Equity Framework leads on from the HB Health Strategy and the Implementation Plan will be a rolling document which will address the accountability issue identified.

The implementation plan will be co-designed and community-led, developed in close partnership with communities.

**ACTION: Hawira Hape, Kaumatua, requested to have final review of document before 'going to print'. This was agreed by members of MRB and the Executive Director Primary Care.**

### RESOLUTION

That MRB:

- **Endorse** the new HB Health Strategy – Whanau Ora, Hāpori Ora
- **Note** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board.
- **Note** the intention to develop supporting 'summary' materials and library of related information.

Moved: Na Raihania

Seconded: Trish Giddens

**Carried**

## 12. IDENTIFY HEALTH EQUITY ISSUES

Bernard Te Paa, Executive Director Health Improvement & Equity (HIE) introduced Nick Jones, Clinical Director for Health Improvement & Equity, to talk further on the top ten health issues for Maori.

This piece of work will require support from government agencies and community care providers. By applying this proposed Workplan, the next ten years should show benefit to Māori health by seeing the halving of the life expectancy gap between Maori and Non-Maori.

Data and feedback from consumers has shown that community want family violence and family harm to be the focus for improving Māori health.

A good discussion was held between members on the current top ten causes of mortality in Maori men and women and the wider systemic influences and social determinants on whanau health.

It was noted there is a difference between adding years to life and improving quality of life.

Early engagement with Maori was felt to be a key aspect of working towards improving Maori health especially within the community, and intervention before whanau present at hospital.

Member felt paper lacked whanau/hapu/iwi involvement in its development and not strong enough in identifying means to address closing the mortality gap. Felt the paper was lacking in trust factors within the Maori community and that accountability needs to be assigned, with suggestion of Equity KPIs for engaged partnerships.

Response from HIE team that 'accountability' already lies within clinical systems of healthcare and the language used is specific to suggest this. However, it was agreed this will be reviewed by the HIE team.

Members felt the language was very much a medical model and it was suggested to include Maori language to translate what was being conveyed.

Chair commented that the 'writer' who translates must be kaupapa Maori. Important to look at those things which have the greatest effect on the population we serve, build in better whanau engagement and establish intersectoral partners with taking the work forward.

Discussion continued on the importance of involving whanau and having whānau voice recognised in the framework. A brief discussion then followed on reports to MRB, the outcomes following and the language used within these reports.

#### RESOLUTION

It is recommended that the **Māori Relationship Board**:

1. **Note** the contents of this report.
2. **Approve** and provide feedback on the proposed work plan.

Moved: **Ana Apatu**

Seconded: **Fiona Cram**

**Carried**

#### 13. CEO Recruitment and Expectations

Discussion will take place at public excluded Hui.

#### SECTION 3: FOR INFORMATION/ DISCUSSION

#### 14. WAI2575 TREATY HEALTH CLAIM, Stage One- Primary Care

Patrick Le Geyt, General Manager, Māori Health provided presentation update on this Treaty health claim.

#### 15. ALCOHOL HARM REDUCTION STRATEGY UPDATE

Bernard Te Paa, Executive Director for Health Improvement & Equity (HIE) provided report on the work of the Alcohol Harm Reduction Strategy team, indicating that there had been a lot of work on challenging the issuing of new licences, especially in areas of deprivation. Unfortunately, in the past two years, all of the challenges to new licence applications had been unsuccessful and in some cases had led to further appeals, which were also unsuccessful. This has identified a flaw in the process and HBDHB will work with Hastings District Council in regards to a national review of the licencing process being taken forward. The HIE team will continue to update MRB as to progress of this national review.

It was noted that although costly, the HBDHB should continue to challenge new applications for licences as HBDHB hold weight and influence in the decision-making process.

Discussion followed on the recent Flaxmere bottle shop application, which the DHB worked with the local community to oppose, and although the challenge was unsuccessful, community-friendly conditions were applied to the relicence, which included improved frontage to the shop and better lighting.

This highlights the importance and influence of community engagement. The Alcohol Harm Reduction Strategy Group are keen to work with MRB to mobilise the Maori communities to ensure their influence is effective.

Chair noted that it is the DHBs responsibility to serve the community and will ensure this is included in the report to Board.

#### RECOMMENDATION

That the MRB:

1. **Note** the contents of the report
2. **Note** the challenges and opportunities

**3. Recommend** the HBDHB Supports community voice in regards to Alcohol Harm Reduction

**Adopted**

**16. Final draft Annual Plan**

Request received from member to circulate the final draft of HBDHB Annual Plan which has been submitted to the Ministry of Health for approval; these documents will be sent out with the minutes.

**RECOMMENDATION**

It is recommended that the Committee:

1. **Note** the report

**Adopted**

**17. PERFORMANCE FRAMEWORK – removed from August agenda & to be presented in September.**

**18. SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC**

The Chair moved that the public be excluded from the following parts of the meeting:

19. Minutes of Previous Meeting
20. Matters Arising – Review of Actions

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

There being no further business, the public section of the meeting closed at 12.24pm

**Signed:**

\_\_\_\_\_  
**Chair**

**Date:**

\_\_\_\_\_

**MAORI RELATIONSHIP BOARD MEETING  
MATTERS ARISING (Public)**

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	13 March 19	<b>Three Waters Quality (known as Pandora Pond water quality)</b> <ul style="list-style-type: none"> <li>a) Nick Jones to provide quarterly <b>updates</b> to MRB in regard to the water quality, specifically at Wairoa River</li> <li>b) Report back on 'Whats Going Down our Sinks' - our DHB</li> <li>c) Review Cultrual impact and invite iwi to next quarterly meeting for wider collaborative discussion</li> </ul>	Nick Jones & Wairoa Council rep  Bernard Te Paa/Nick Jones  Patrick Le Geyt	October 2019  Sept 2019  October 2019	Workplan October 19  Verbal response will be provided  Workplan October 19
2	13 March 19	<b>Matariki Regional Development Strategy &amp; Social Inclusion Strategy update</b>  Who are the employers ans what are the numbers going from work experience to sustained employment.  Project outcomes to be brought back to MRB	Bernard Te Paa/Shari Tidswell	Sept 19	Workplan Sept 19 (as part of six month update)
3	8 May 19	<b>Following resignation of G Mackey, new MRB member is to be appointed</b> – recommendation to be a rangatahi (young person)	Company Secretary	June 19	In progress – awaiting response from iwi. There is a focus on recruitment of Rangatahi into this role.
4	8 May 19	<b>After Hours Care Service update</b>  Presentation and paper to be brought back to MRB for a more in depth collaborative discussion with better clarity provided on what is exactly required from committee.	Chris Ash/Jill Garrett/Peter Satterthwaite		Workplan for Sept MRB
5	12.06.19	<b>Evaluation Summary for MAP initiative</b>  To be brought to MRB for reporting	Patrick le Geyt	March 2020	Workplan for March 2020
7	14.08.19	<b>Criteria for Surgery</b>  Resend Bariatric surgery criteria information	Patrick le Geyt	August	To be sent out with Sept papers <i>Matters Arising</i>
8	14.08.19	<b>Wairoa Community</b>  Quarterly report on Wairoa and their community health	Chris Ash	Nov 19 and quarterly	Workplan Nov 19
9	14.08.19	<b>HB Health Strategy</b>  Hawira Hape, Kaumatua to have final review of document before 'going to print'	Chris Ash	Sept 19	Complete



## Appendix to Matters Arising

**From:** Patrick Le Geyt

**Sent:** Tuesday, 5 March 2019 15:09

**To:** na.raihania@xtra.co.nz; 'Heather Skipworth'; hineflood@gmail.com; ana@wharariki.org; Trish Giddens; 'George Mackey'; Lynlee Aitcheson; Kerri.Nuku@nzno.org.nz; ngahiwi@kahungunu.iwi.nz

**Subject:** Criteria for Bariatric Surgery

Kia ora everyone

I said I would email you the criteria regarding bariatric surgery:

Access criteria include:

- Weight less than 160kg and BMI less than 55.
- BMI greater than 35 with medical co-morbidities e.g. diabetes, sleep apnoea, hypertension, hypercholesterolemia, infertility, arthritis.
- Stable adult life pattern and strong social supports.
- Absence of substance including nicotine.
- Willingness to accept lifelong medical surveillance.

Information including referral form can be found here:

<https://www.healthpoint.co.nz/public/general-surgery/central-region-metabolic-and-bariatric-service/>

In 2015/16, 5 of the 7 people (71.42%) who received surgery were non-Maori, non-Pacific; 2 were Maori (28.57%) and none were Pacific. Andrea should be able to provide ethnicity breakdown.

Here are some projections, and based on prevalence rates experienced nationally in 2014/15 and applied to the 2017 HB population, 6,851 people have Class III Obesity and are eligible for and would benefit from bariatric surgery. Whether it is a preferred option for these people is another matter.

*Table 1: Hawke's Bay population 15+ years classified as having Class III Obesity*

Estimated total number Class III Obesity (15+)				6,851
	Maori	Pacific	Asian	Other
Hawke's Bay	2798	833	60	3944
Prevalence – number of cases present in a particular population at a given time	10%	30.1%	1.1%	4.4%

## Appendix to Matters Arising

### Of interest:


- To meet the projected demand (6,851 people with Class III obesity) at current service levels (7 surgeries per annum), it would take 978 years and cost \$89,692,800 (6,851 people @ \$12,800.00 per procedure).
- In December 2017 and again in Oct 2018, the HBDHB endocrinology service reported between 50 and 60 whānau on the waitlist for bariatric surgery (90% referrals are from GPs). These numbers equate to between 0.72% and 0.87% of those projected to have Class III obesity.
- The Swedish Obesity Study – the first long-term (20yrs), prospective, controlled trial on the effects of bariatric surgery on the incidence of specific diseases found that: compared with usual care, bariatric surgery was associated with a long-term reduction in overall mortality and decreased incidences of diabetes, myocardial infarction, stroke and cancer



Maori Relationship Board 11 September 2019 - Workplan

GOVERNANCE WORKPLAN PAPERS									
Updated: 27 August 2019									
MRB MEETING 11 SEPTEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-Mar	E	Bernard TePaa	Shari Tidswell	27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Rangatahi Redesign Working group update		Patrick LeGeyt	Rebecca Adams		11-Sep-19				
MRB MEETING 10 OCTOBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Pandora Pond water quality quarterly update Oct) (MRB only)		Bernard Te Paa	Nick Jones		10-Oct-19				
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Chris Ash/Wyane Woolrich	Jill Garrett		9-Oct-19	11-Sep-19	12-Sep-19		25-Sep-19
Te Ara Whakawaiora - Access Rates 45 -64 years (local indicators) ADULT HEALTH		Chris Ash	Kate Rawstron	1-Oct-19	10-Oct-19				30-Oct-19
MRB MEETING 13 NOVEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Wairoa Community Health report to MRB only (quarterly Nov 19/March 20/June 20/Sept 20)		Chris Ash	Emma Foster		13-Nov-19				
MRB MEETING 11 DECEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
VIP/Family Harm report		Bernard Te Paa	Patrick le Geyt	3-Dec-19	11-Dec-19				18-Dec-19
MRB MEETINGS 2020	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug		Bernard TePaa	Rachel Eyre	28-Jan-20	12-Feb-20	12-Feb-20	13-Feb-20		26-Feb-20
MAP initiative evaluation summary		Patrick LeGeyt			11-Mar-20				
Wairoa Community Health report to MRB only (quarterly Nov 19/March 20/June 20/Sept 20)		Chris Ash	Emma Foster		11-Mar-20				
Ngatahi Vulnerable Children's Workforce Development - annual progress Feb 20 (annual update)		John Burns	Russell / Bernice Gabriel	24-Mar-20	8-Apr-20	8-Apr-20	9-Apr-20		26-Feb-20



	<b>Māori Relationship Board (MRB)</b>
	For the attention of: <b>HBDHB Board</b>
Document Owner:	Heather Skipworth (Chair)
Reviewed by:	Not applicable
Month:	August 2019
Consideration:	For Information

MRB met on 14 August 2019. An overview of issues discussed and recommendations at the meeting are provided below.

#### PEOPLE STRATEGY

In relation to the MRB Chair report, MRB members discussed values based recruitment and the need to provide a protective and culturally safe environment. MRB were concerned with the high level of Māori staff turnover and had yet to obtain a clear picture around the reasons behind the high staff turnover. They thought this needs to be developed as a HR metric and included as priority for the recruitment and retention part of the People Strategy.

MRB also discussed the Māori workforce target and the challenges of increasing that to match local population and service utilisation percentages. They were encouraged by the data that demonstrates that over 50% of Māori candidates that were interviewed were hired. MRB suggested that more analysis by HR needs to be undertaken to understand the reasons why Māori candidates were not being shortlisted more often given the recent national DHB CEO recommendation that all Māori applicants that meet employment criteria are offered an interview.

#### HBDHB HEALTH STRATEGY

Chris Ash, Executive Director, Primary Health, presented on the final draft of the HBDHB Health Strategy. He thanked MRB for input into the strategy and for recognising He Ngakau Aotea as a key input. MRB stressed the importance of DHB accountability against the activities within the strategy and these need to be documented either within the strategy or any accompanying approaches such as the implementation plan.

#### RESOLUTION

That MRB:

- **Endorse** the new HB Health Strategy – Whanau Ora, Hāpori Ora
- **Note** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board.
- **Note** the intention to develop supporting 'summary' materials and library of related information.

Moved: Na Raihania

Seconded: Trish Giddens

**Carried**

## IDENTIFY MĀORI HEALTH EQUITY ISSUES

Bernard Te Paa, Executive Director, Health Improvement & Equity and Dr Nick Jones, Public Health Specialist, Health Improvement & Equity presented a paper on the top ten leading causes of amenable mortality for Māori. The main clinical drivers of amenable mortality were presented as a possible starting point of focus for achieving health equity for Māori. The equity framework also establishes the need to look at consumer and whānau experience concerning their health priorities.

MRB provided feedback on the recommended approach suggesting wellbeing approaches are not just about adding years to life but also improving the quality of life. Health system engagement with whānau was pointed out as a key determinant towards health improvement followed by early intervention. Cultural competency of providers was critical to establish trust and confidence.

### RESOLUTION

It is recommended that the **Māori Relationship Board**:

1. **Note** the contents of this report.
2. **Approve** and provide feedback on the proposed work plan.

Moved: **Ana Apatu**

Seconded: **Fiona Cram**

**Carried**

## ALCOHOL HARM REDUCTION STRATEGY UPDATE

Bernard Te Paa, Executive Director, Health Improvement & Equity presented on a report detailed within the workplan, detailing the work done in challenging liquor licence renewals with high deprivation communities. MRB supported the role of HBDHB in limiting the availability of liquor licences and stressed the importance of community engagement and support within their approaches.

### RECOMMENDATION

That the MRB:

1. **Note** the contents of the report
2. **Note** the challenges and opportunities
3. **Recommend** the HBDHB Supports community voice in regards to Alcohol Harm Reduction


**Adopted**



## **Clinical Council Update**

(Verbal)



	<b>Te Pūtau Health Alliance Governance Group</b>
	For the attention of: <b>HBDHB and Health Hawke's Bay Ltd Boards</b>
<b>Document Owner:</b>	Bayden Barber, Chair
<b>Author:</b>	Chris Ash, Executive Director of Primary Care
<b>Month:</b>	August, 2019
<b>Consideration:</b>	For Information

<b>Recommendation</b> <b>That the Boards:</b> 1. <b>Note</b> the contents of this report.
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The Health Alliance Governance Group met on Wednesday 15 August 2019. Significant issues discussed and agreed, including Resolutions, are noted below.

#### Appointment of Member

Following the resignation of Dr Helen Francis as a member of the Te Pūtau Health Alliance (Hawke's Bay) Governance Board, new member Heather Skipworth was welcomed. Hine Flood has assumed the role of Deputy Chair.

#### Review of Alliance Shadow Year

It was agreed that a strategy session for Te Pūtau should follow soon after governance election and appointment processes, and that this should include a comprehensive review of the Terms of Reference. This will allow for issues raised during the shadow year to be addressed, including the extent of clinical representation around the Governance Group.

#### End of Life Care Redesign Update

Following the closure of expressions of interest, Janine Jensen presented a recommendation to the Governance Group concerning the membership of the Service Level Alliance (SLA) Leadership Team for End of Life care. The recommendation was framed in the context of feedback from around the sector. Proposed members of the Leadership Team covered a wide range of experiential and professional backgrounds, with half of members having a clinical background and half of members from Māori and/or Pasifika backgrounds.

<b>Resolution</b> <b>Te Pūtau Health Alliance (Hawke's Bay) Governance Group members:</b> 1. <b>Approved</b> the recommended End of Life Care Service Level Alliance Leadership Team members, with one condition to be met prior to final confirmation.
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### **Hawke's Bay Health Strategy "Whānau Ora, Hāpori Ora"**

#### **Resolution**

##### **Te Pūtau Health Alliance (Hawke's Bay) Governance Group members:**

1. **Endorsed** the new Hawke's Bay Health Strategy - Whānau Ora, Hāpori Ora
2. **Noted** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board
3. **Noted** the intention to develop supporting 'summary' materials and library of related information.

#### **Health Services and Outcomes Inquiry WAI 2575 – Stage One Report, Primary Care**

An overview presentation was received which covered background of the Waitangi Tribunal; types of Inquiries; Health services and outcomes inquiry WAI 2575; stage one scope; stage one findings and the recommendations.

#### **Hawke's Bay Health Equity Framework**

A final draft of the report was received, overviewing the process and next steps.

#### **Health Hawke's Bay Flexible Funding Pool**


The review, conducted by KPMG, will be used as a platform for Health Hawke's Bay to consider its wider scope and function in delivering health system improvement. Workshops will be set up in late August, early September. This in conjunction with implementing a communications and engagement plan (currently underway); and establish a best practice programme and investment logic.

Te Pūtau Governance Group members agreed that the Flexible Funding is a crucial lever for the Alliance to make change.

#### **Primary Care Symposium**

A Primary Care Symposium is planned for the end of August 2019, at the Napier Conference Centre.



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Rangatahi Redesign</b></p>
	<p>For the attention of: <b>Māori Relationship Board</b></p>
<p><b>Document Owner</b></p>	<p>Charrissa Keenan, Programme Manager Māori Health</p>
<p><b>Document Author(s)</b></p>	<p>Rebecca Adams, Health Gains Advisor, Māori Health</p>
<p><b>Reviewed by</b></p>	<p>Patrick Le Geyt, General Manager Māori Health and Rangatahi Redesign Working Group Members</p>
<p><b>Month/Year</b></p>	<p>September 2019</p>
<p><b>Purpose</b></p>	<p>Update on the Rangatahi Services Redesign</p>
<p><b>Previous Consideration Discussions</b></p>	<p>Te Pītau, June 2019</p> <p><b>Te Pītau Governance Group members:</b></p> <ol style="list-style-type: none"> <li>1. <b>agreed</b> to the need to redesign rangatahi service delivery in Hawke's Bay to remove the existing equity gaps</li> <li>2. <b>agreed</b> that any future model should be informed by kaupapa Māori models of service design and delivery, and using the success factors of the Tō Waha initiative and focussing on the obligations under the Treaty of Waitangi</li> <li>3. <b>agreed</b> that regular reporting on progress and monitoring of performance should be through a rangatahi Service Level Alliance to the Te Pītau Governance Group.</li> </ol>
<p><b>Summary</b></p>	<p>This report provides an update on the Rangatahi Redesign project. The Hawke's Bay Rangatahi Redesign project aims to design a model of care for rangatahi in Hawke's Bay that is kaupapa Māori, rangatahi centric, and wellbeing focused.</p>
<p><b>Contribution to Goals and Strategic Implications</b></p>	<p>This project seeks to remove equity gaps identified in the Health Equity Report (2018), the HBDHB Youth Health Strategy (2016 to 2019), and the Clinical Services Plan (2018).</p>
<p><b>Impact on Removing Inequities/Disparities</b></p>	<p>The success of the project will be measured by a reduction in health disparities between rangatahi Māori / Pacific and other rangatahi. This will be enabled by changes in attitudes, beliefs, and behaviours of the sector practitioners (clinical and non-clinical), which will lead to the wider health sector implementing and embedding systems and practices that will achieve equitable outcomes for rangatahi.</p>
<p><b>Consumer Engagement</b></p>	<p>Three project groups have been developed, a rangatahi roopu, an internal HBDHB / HB working group, and a stakeholder group. The rangatahi roopu will be at the forefront leading this kaupapa, with support and advice from the working and stakeholder groups.</p>
<p><b>Other Consultation /Involvement</b></p>	<p>Our rangatahi will lead us in this regard, accessing other rangatahi who bring alternative perspectives where they are unable to participate in our core group, and liaise with other already established youth groups in the community.</p>

<b>Financial/Budget Impact</b>	Within existing envelope currently, may need to consider other funding avenues once model is delivered and bottom up costing has been completed.
<b>Timing Issues</b>	A model is due to be presented to Te Pītau in December 2019.
<b>Announcements/Communications</b>	Not applicable at this stage.
<p><b>RECOMMENDATION:</b></p> <p>It is recommended that the HBDHB Board, HB Clinical Council, HB Health Consumer Council, Māori Relationship Board and/or Pasifika Health Leadership Group:</p> <ol style="list-style-type: none"> <li><b>1. endorse</b> the kaupapa plan</li> <li><b>2. agree</b> with the purpose, values, approach, rangatahi, working and stakeholder groups, and timeline of the project</li> </ol>	



## KAUPAPA PLAN

### Hawke's Bay Rangatahi Redesign July 2019

#### Purpose

The purpose of the Hawke's Bay Rangatahi Redesign is to design a model of care for rangatahi in Hawke's Bay that is kaupapa Māori, rangatahi centric, and wellbeing focused.

#### Rationale

The Health Equity Report (2018) identified the following significant areas of unmet need and inequity for rangatahi in Hawke's Bay:

- Large equity gaps exist across most STIs, with young Māori (male and female) most vulnerable to undetected and untreated STIs.
- Suicide is a major cause of premature, avoidable death in Hawke's Bay, especially for Māori.
- Suicide is the second highest cause of years of life lost (YLL) for Māori and Pacific people. Māori suicide rates appear to have increased.
- Past and national patterns show that 15-24 year olds drink the most hazardously, fewer Māori drink alcohol than non-Māori (Pacific and Asian also lower) but Māori experience more harm overall than non-Māori.
- In 2016/17, Māori under 18 year olds were almost four times more likely to have a pregnancy than NZ European/Other.
- One in three Māori school leavers do not have an NCEA Level 2 qualification or equivalent, compared with one in four Pacific leavers and one in seven NZ European leavers.
- Capturing those aged 15 years and older (including adults), psychological distress was found to be highest for Māori and Pacific people and Māori are 2.5 times more likely to be admitted to mental health inpatient services than non-Māori.

#### Strategic Context

Te Pītau have reviewed the Health Equity Report (2018), the HBDHB Youth Health Strategy (2016 to 2019), and the Clinical Services Plan (2018). In consideration of these strategic documents and identified inequities, Te Pītau have identified that rangatahi services require transformational change to remove equity gaps and has recommended the establishment of a Service Level Alliance to provide long term leadership for the development and provision of wellbeing services for young people. In addition, the Board of the Hawke's Bay District Health Board have adopted the core goal of 'Equity for Māori as a priority; also, equity for Pasifika and those with unmet need'.

Out of this, Māori Health, in partnership with the Primary Care Directorate, will be leading the project to capture the rangatahi voice and working with rangatahi and key stakeholders to propose a preferred rangatahi centric solution.

#### Te Tiriti o Waitangi

The Treaty of Waitangi sets out the Crown's responsibilities and obligations of the Crown to protect the health of tangata whenua. In this context, it is about rangatahi having equitable health outcomes, and opportunities to thrive within whanau, and society. This project also aligns with HBDHB's strategic vision for everyone in Hawke's Bay to be healthy by delivering '*excellent health services working in*

*partnership to improve the health and well-being of our people and to reduce health inequities in our community' (HBDHB, 2017).*

### **Rangatahi Māori Health and Wellbeing**

The project will make a difference to rangatahi by:

Health outcomes:

- Improved health outcomes for rangatahi Māori and Pacific in Hawke's Bay,
- A reduction of inequities prevalent in rangatahi health,

Equity of care:

- Rangatahi Māori and Pacific are participating in health and well-being services, and
- Rangatahi making informed decisions about their health and well-being.

### **Success of the Project**

The success of the project will be measured by a reduction in health disparities between rangatahi Māori / Pacific and other rangatahi. This will be enabled by changes in attitudes, beliefs, and behaviors of the sector practitioners (clinical and non-clinical), which will lead to the wider health sector implementing and embedding systems and practices that will achieve equitable outcomes for rangatahi.

### **Strategic Oversight**

Te Pītau Health Alliance, led by the Te Pītau Governance Group is an agreement between Hawke's Bay District Health Board and Health Hawke's Bay, with the purpose of improving health outcomes for our populations. Te Pītau Health Alliance will provide strategic oversight and have overall responsibility for the project.

### **Kaupapa Māori Approach**

This project will be conducted using a Kaupapa Māori approach. A kaupapa Māori approach ensures Māori are able to engage in dialogue to set new directions for priorities, principles, policies, practices, and programmes for, by, and with Māori (Smith, 1999). The approach will be informed by tikanga Māori, and led by strong and healthy relationships with rangatira and Māori advisors built on mutual trust, respect, reciprocity and whanaungatanga. As Durie stated: Māori health development is essentially about Māori defining their own priorities for health and then weaving a course to realise their collective aspirations (Durie 1994).

Linda Smith (1999:120) lists seven Kaupapa Māori practices that will guide this mahi:

- aroha ki te tangata (a respect for people)
- kanohi kitea (the seen face; that is, present yourself to people face to face)
- titiro, whakarongo ... korero pea (look, listen ... maybe speak)
- manaaki ki te tangata (share and host people, be generous)
- kia tupato (be cautious)
- kaua e takahia te mana o te tangata (do not trample over the mana of the people)
- kaua e mahaki (do not flaunt your knowledge).

### Project Scope

There are two funding streams that support rangatahi service delivery that are in scope for this redesign which total \$415,000 per annum. Dependent on rangatahi feedback and guidance, it is possible that other funding streams may also be considered for the redesign.

### Project Teams

Māori Health will develop three project groups, one as a HBDHB / HB working group, one for stakeholders, and one for rangatahi (14-24). The rangatahi groups will be at the forefront leading this kaupapa, with support and advice from the working and stakeholder groups.



### Kaumātua

The project will be guided and overseen by Kaumātua Hawira Hape, Tiwana Aranui and Tanira Te Au. Specific cultural support will be sought to ensure HBDHB values are upheld including: He Kauanuanu, Ākina, Raranga Te Tira and Tauwhiro.

### Working Group Membership

The Working group will provide expert advice around the technical aspects of the project. The group will assist with ensuring equity is at the forefront of the analysis, planning, implementation and review of health services to influence health system changes. Key activities will involve providing information and secretariat support to the rangatahi group, reviewing current youth strategies and services, contributing to an analysis of gaps and barriers in service provision, advising on the health priorities for rangatahi and reviewing proposed activities. The Working Group will work closely with the Rangatahi Redesign group to ensure a by, for, and with rangatahi approach.

Representing	Role	Name
Rangatahi	Rangatahi Coordinator	Summahr Wainohu
Rangatahi	Rangatahi Coordinator	Beige Smith
Māori Health	Health Gains Advisor	Rebecca Adams
Māori Health	Programme Manager	Charrissa Keenan
Population Health	Health Improvement and Equity Advisor	Rowan Manhire-Heath
Pacific Health	Pacific Health Promoter	Amataga Iuli
Primary Care	Planning and Commissioning Manager	Marie Beattie

Primary Care	Deputy Director	Emma Foster
Health Hawke's Bay	General Manager Māori Health	Andre le Geyt
Health Hawke's Bay	Shared Services Support	Veronica Shearsby
Clinical	Public Health Nurse	Diane Huriwai
Clinical	Primary Care Nurse	Panu Te Whaiti
Clinical	General Practice	Vicki Shaw

### Rangatahi Group Membership

The role of the Rangatahi Groups is to provide expert advice and guidance to the working group and stakeholder group on matters about rangatahi experiences, challenges, and aspirations to inform the design process.

Membership of the Group will include:

- Rangatahi Māori
- Pacific youth
- Rangatahi living with disabilities
- Rangatahi with mental health challenges
- Rangatahi who are not in formal education
- Rangatahi with pēpi
- Rangatahi who identify with the LGBTQIA+ community

### Stakeholder Group Membership

The role of the Stakeholder Group is to support a sector wide approach to improving the health and well-being of rangatahi. Health and non-health representatives with a vested interest in supporting rangatahi aspirations will look to strategically align and explore opportunities for a cross sector approach to improve youth well-being.

Membership of the Group includes:

Name	Representing	Name	Representing
Kirsten Mullany	CAYAD	Kerry Gilbert	HBDHB Suicide Prevention
Matua Marino	CHB / Education	Antonio Fasso	HBDHB Wairoa
Christine Renata	CHBDC	Andre le Geyt	HHB
Beverly Te Huia	Choices - KHS	Trish Freer	HHB
Mere Timu	Choices - KHS	Veronica Shearsby	HHB
Niki Ormsby	Choices - KHS	Sonya Harwood	HHB
Rose Kupa	Choices - KHS	Lee Grace	Iron Māori
Mahinaarangi Bartlett	Consumer	Kelli Wallace	Kahungunu Executive
Becca Williams	Totara Health	Aria Graham	Māori health researcher
Billy Harris	Totara Health	Richard Roscoe	MOE

Stacey Tito	Totara Health	Sandra Kersey	MOE
Vicki Shaw	Totara Health	Tawehi Munro	MOE
Howard Dickson	Totara Health	Cherreen Exeter	MOE
Panu Te Whaiti	Totara Health	Vivienne Mulligan	MOE
Mema Faioso	Dove HB	Mark Swinburne	MSD
Michelle Robinson	Dove HB	Jessica Wilson	Napier City Council
Clare Buckley	EIT	JB Heperi-Smith	Ngāti Kahungunu Iwi
Diane Ennor	EIT	Melissa White	Oranga Tamariki
Hannah Smith	EIT	Jackson Waerea	Patu / Physical Fitness
Kathryn Lee	EIT	Levi Armstrong	Patu / Physical Fitness
Kay Morris	EIT	Jason Evans	Police
Nicola Fryer	EIT	Susan Robinson	Police
Penny O'Conner	EIT	Phil Rowden	Police, Iwi Liaison
Rachel Forrest	EIT	Terry Fleming	Population Health Expert
Rachel Forrest	EIT	Lois Dawson-Mikaere	Public Health Nurse
Rhys Thurston	EIT	Beige Smith	Rangatahi
Sandra Fleming	EIT	Summahr Wainohu	Rangatahi
Tiara Williams	EIT	Junior Armstrong	Sport Hawke's Bay
Dr Beth McElrea	General Practice	Sue Smith	Sport Hawke's Bay
Justine McIntyre	General Practice	Janet Te Whata	Te Kupenga Hauora
Kelly Munro	General Practice	Makita Edmonds	Te Kupenga Hauora
Angela Hughes	HDC	Nancy Taane	Te Kupenga Hauora
Paddy Steffert	HDC	Tessa Robin	Te Kupenga Hauora
Pip Dixon	HDC	Lisa Pohatu	Te Puni Kōkiri
Sasha Wilson	HDC	Haeata Climie	TToH
Liz Read	HBDHB Child Health	Hana Hunga Hunga	TToH
Diane Koti	HBDHB Haumaru Whanau	Helen Gosman	TToH
Charrissa Keenan	HBDHB Māori Health	Jamie Harley	TToH
Rebecca Adams	HBDHB Māori Health	Rachel Pere	TToH
Shirley Lammas	HBDHB Mental Health	Ruth Faafuata	TToH
Amataga Iuli	HBDHB Pacific Health	P.T 'Ofa	TToH
Talalelei Taufale	HBDHB Pacific Health	Narelle Huata	Te Wānanga Whare Tapere o Takitimu
Rowan Manhire-Heath	HBDHB Public Health	Aaron Megchelse	Tertiary Education Comm
Emma Foster	HBDHB Primary Care	Kitea Tipuna	WDC
Marie Beattie	HBDHB Primary Care	Oha Manuel	WellStop
Diane Huriwai	HBDHB Public Health Nurse		

**Project Timeframes and Actions**

The Rangatahi Redesign Stakeholder Group and Rangatahi Groups are expected to hold their initial meetings in August 2019. Monthly meetings will commence, with recommendations for change expected by December 2019. This will enable commissioning and contracting arrangements to be carried out and in place by July 2020.

<b>Timeframe</b>	<b>Action</b>	<b>Status</b>
July	Develop Kaupapa Plan	Completed
	Develop TOR for rangatahi and stakeholder groups	Completed
	Meet with Kaumatua	Completed
	Establish Rangatahi Coordinators	Completed
	Establish working group	Completed
	Establish stakeholder membership	Completed
August	Hold first Rangatahi Group – establish how/when/where Rangatahi want to continue with project	Completed
	Hold first Rangatahi Redesign Stakeholder Group meeting	Completed
	21 <sup>st</sup> August – update to Te Pītau Support Group	Completed
September	Hold Rangatahi Group – problem and benefit workshop	
	Hold Rangatahi Group – presentations from stakeholders on Rangatahi mahi	
	Hold second Rangatahi Redesign Stakeholder Group meeting	
	11 <sup>th</sup> September – update to Te Pītau Governance Group	
October	Hold Rangatahi Group	
	Hold third Rangatahi Redesign Stakeholder Group meeting	
November	Hold Rangatahi Group – finalisation of proposed model and gain final sign-off	
	Hold fourth Rangatahi Redesign Stakeholder Group meeting	
December	Present proposed model to Te Pītau	



### **References**

Durie M. 1994. Whaiora: Māori health development. Auckland: Oxford University Press.

Smith, L.T. (1999) Decolonising Methodologies: Research and Indigenous Peoples, Zed Books, New York, and Otago University Press, Dunedin.

# Rangatahi Redesign

Timeline

Stakeholders

Working group

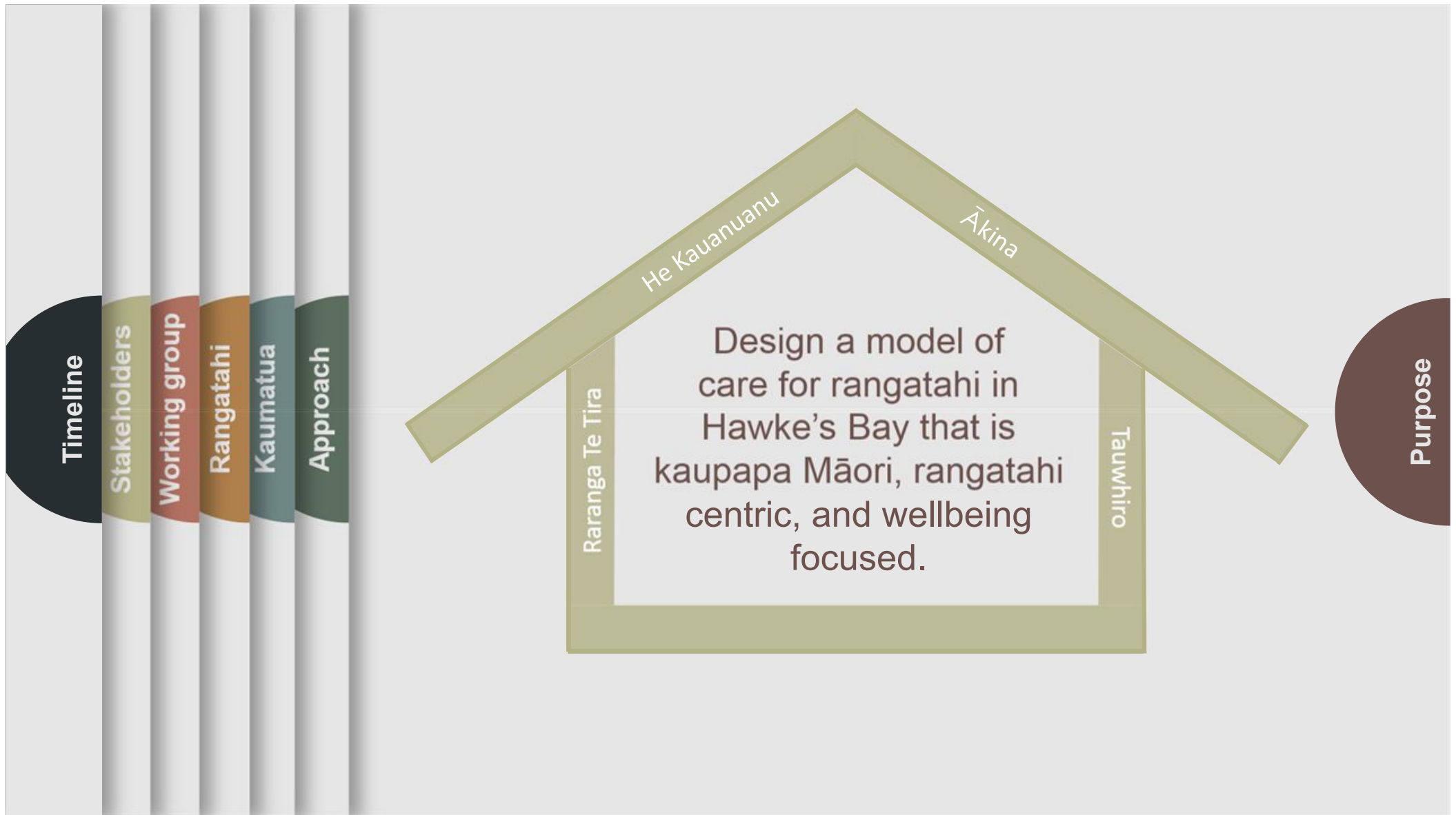
Rangatahi

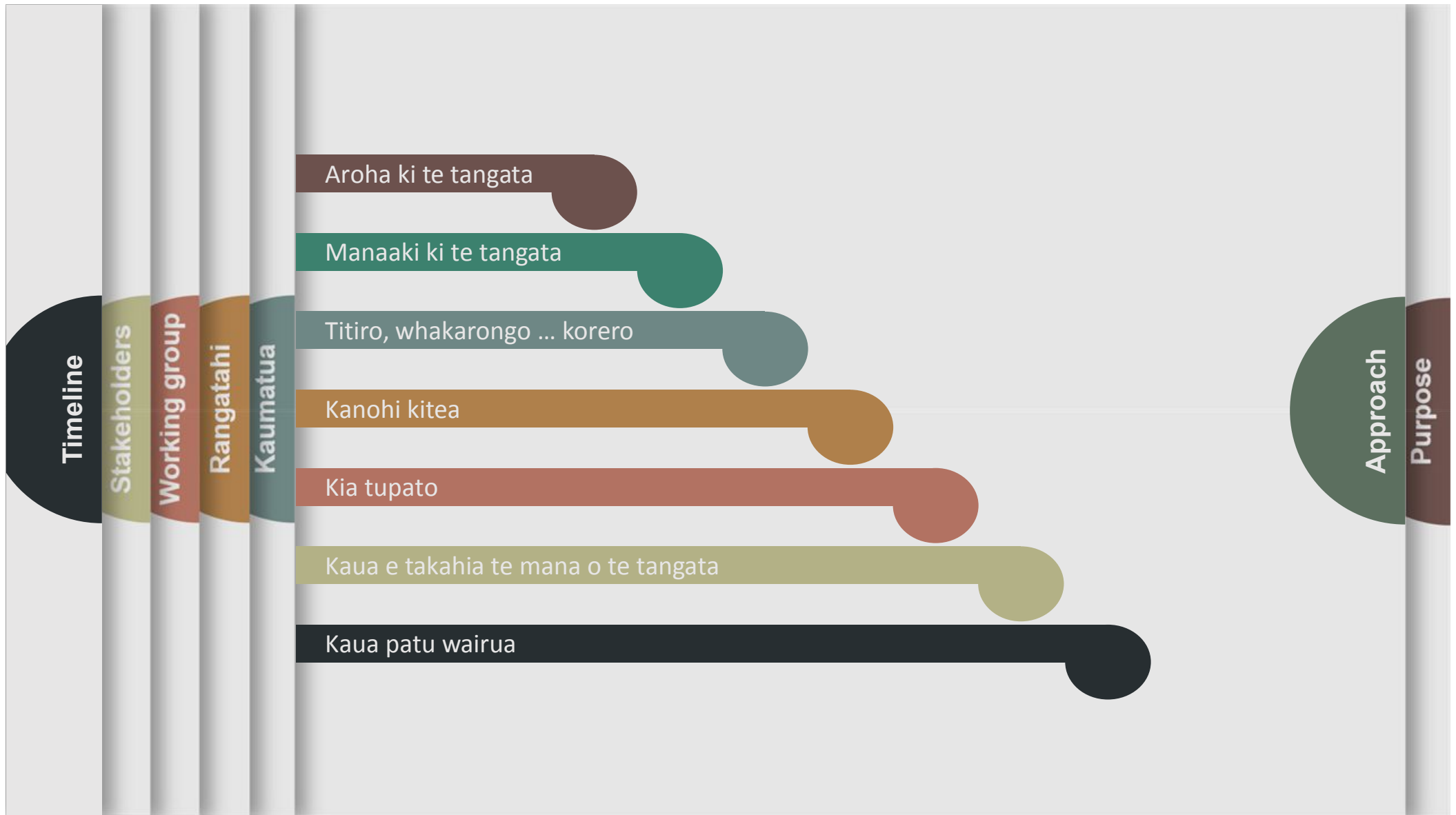
Kaumātua

Approach

Purpose











# Beige Smith

Rangatahi Leader  
HBDHB

Ngati Kahungunu



# Summahr Wainohu

Rangatahi Leader  
HBDHB

# Ngati Kahungunu

## Timeline

## Stakeholders

## Working group

# Rangatahi

## Kaumtua

## Approach

## Purpose

Timeline

Stakeholders

Working group



Rangatahi Roopu

Monday 05 August 2019

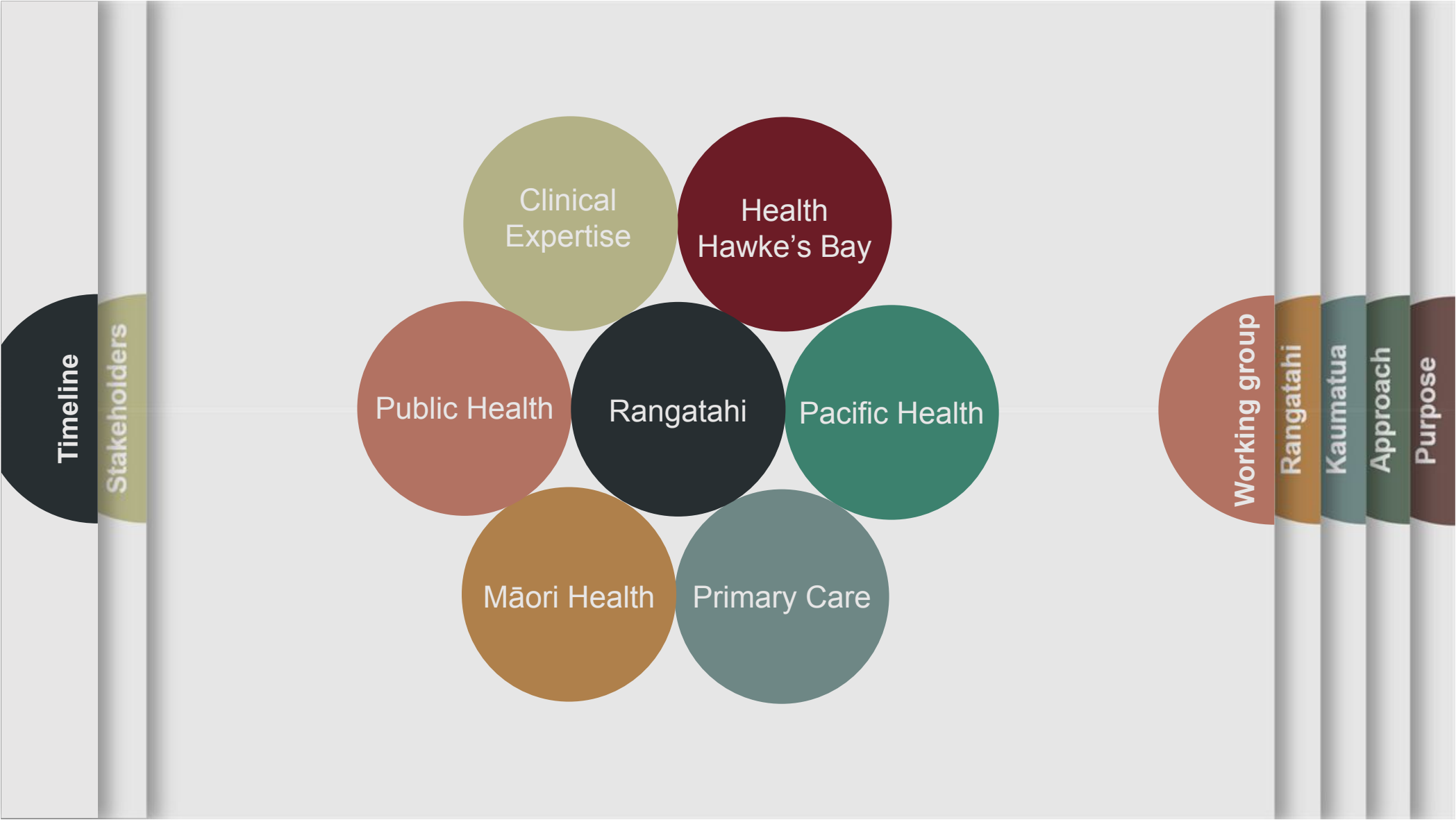
Rangatahi

Kaumatua

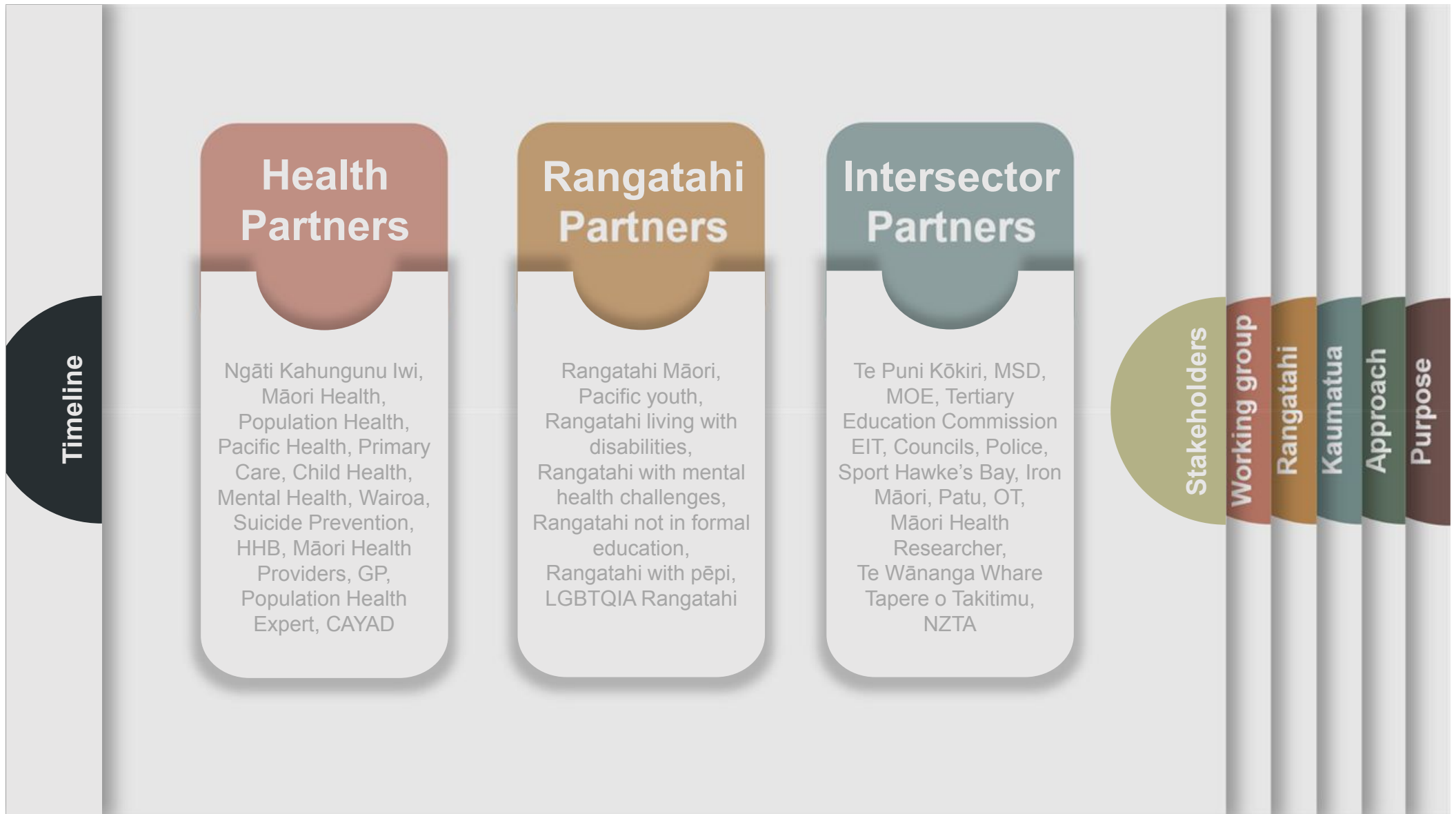
Approach

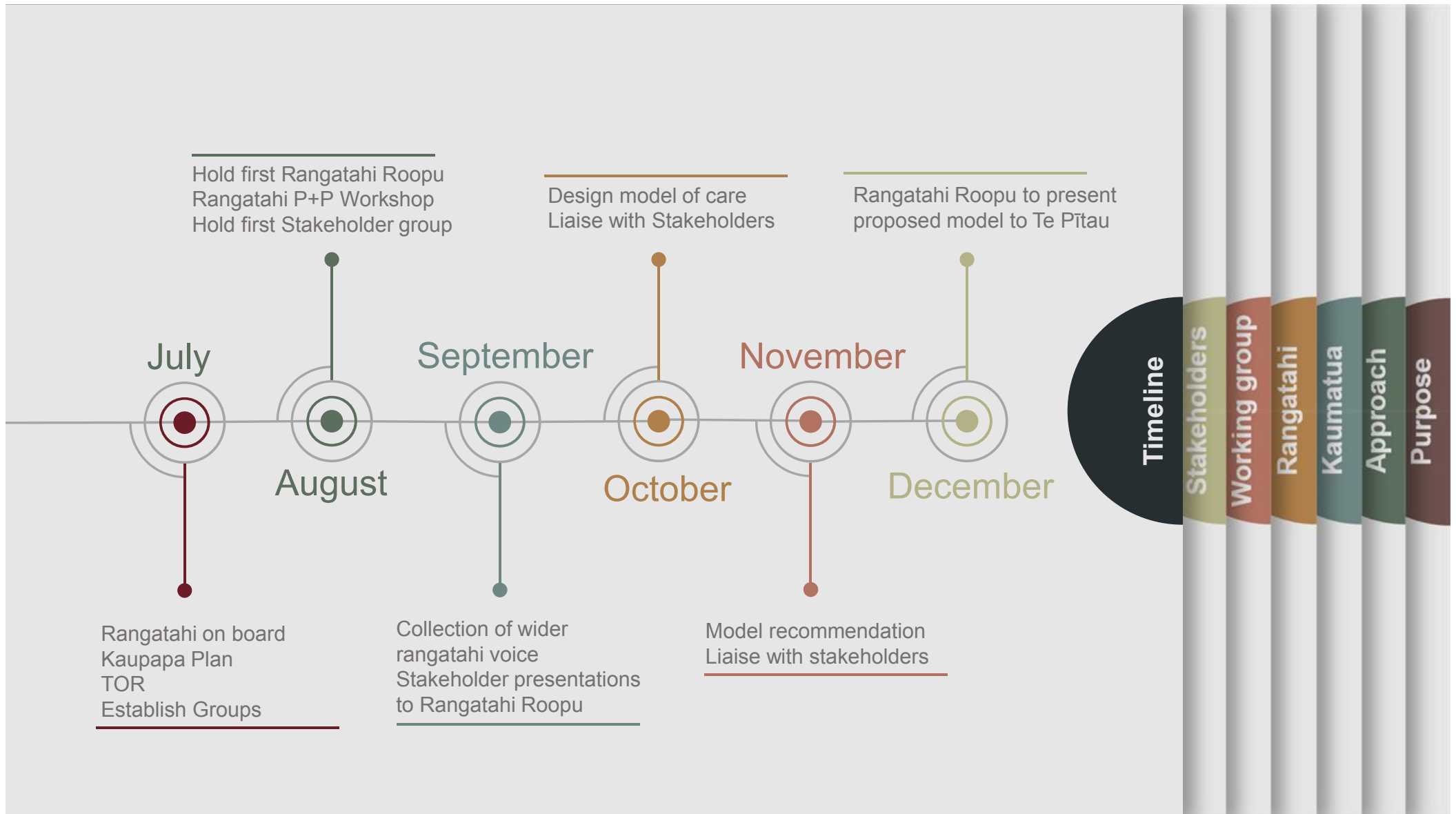
Purpose


11









	<b>Matariki HB Regional Economic Development and Social Inclusion Strategy</b>
	For the attention of: <b>Māori Relationship Board</b>
Document Owner:	Bernard Te Paa, Executive Director, Health Improvement & Equity
Document Author:	Henry Heke, Head of Intersector and Special Project Shari Tidswell, Intersector Development Manager
Month:	September 2019
Consideration:	For Information
<b>RECOMMENDATION</b> <b>That the Māori Relationship Board:</b> 1. <b>Notes</b> the contents of this report	

## OVERVIEW

Matariki combines a regional strategic approach for economic development and social inclusion by utilising a Treaty partnership and intersectoral delivery through projects which deliver planned actions. Matariki supports the economic vision:

*“Every household and every whānau has activity engaged in, contributing to and benefiting from a thriving Hawke’s Bay economy.”*

and the social inclusion 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 the opportunities that result in equity of outcomes.”*

Underpinning the visions is an understanding that regional economic growth and supporting equitable opportunities for individuals, whānau and community go hand in hand.

This report provides an update on progress for the Matariki Development Strategies (<https://www.hbreds.nz/>) and the HBDHB’s contribution to these. In the last six months, Matariki partners have focused on:

- Reviewing the Actions
- Re-establishing meeting protocols
- Completed the Provincial Growth Fund application and launch
- Continuing to support the current projects

This paper also responds to the Māori Relationship Board’s request for information on youth employment by providing data on youth employment outcomes.

## ACTIONS REVIEW

The appointment of a Matariki Programme Coordinator at the beginning of the year provided the resource to complete the actions review. HBDHB reviewed the current actions for potential impact on equity. We noted the specific actions for Māori development as a strength and recommended developing an equity framework monitor as progress toward equity.

The proposed new structure has five pillars (previously there were 7).

- 1) Whānau wellbeing
- 2) Employment, skill and capacity
- 3) Resilient infrastructure
- 4) Economic gardening
- 5) Promoting Hawke's Bay

There are 19 actions which is a significant reduction, achieved by removing completed actions and combining closely associated actions. There is a placeholder for health – “responding to the Equity Report”.

HBDHB have provided the following feedback:

- Support the new structure for the actions – this reduces the pillars from seven to five
- Agree with the reduction in actions - we note that socially responsible employers and reducing barriers to employment are now implied rather than stated
- The action for the “responding to the Health Equity Report” placeholder, should include the Equity Report recommendation - “invest in whānau ora approaches to community needs”<sup>1</sup>
- To gain health equity outcomes there is also potential for intersector support to reduce smoking, increase healthy eating and address family violence

## CURRENT ACTIONS

The HBDHB leads or partner to:

### **Regional Economic Development**

- Partner - Project 1,000 (placing 1,000 youth into work)  
*HBDHB are on the working group for Rangatahi Mā Kia Eke which supports youth with health and disability issues to gain work experience and employment. We have developed relationships with our recruitment team and Work and Income.*
- Partner - coordinating infrastructure  
*Facilitated workshops for the infrastructure leads and partners, to support the actions review process. Contributed our planned infrastructure project to the infrastructure stocktake, for the employment pipeline planning.*

### **Social Inclusion**

- Lead agency – Socially Responsible Employers  
*There has been work to link employers to socially responsible employer resources and practice. HBDHB have been working with a range of employers to be Healthy Workplaces.*
- Partner – Housing

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<sup>1</sup> HBDHB Health Equity Report 2018. <http://www.ourhealthhb.nz/news-and-events/latest-news/hawkes-bay-dhb-releases-third-health-equity-report/>

*HBDHB has stepped down as chair and Hastings District Council have picked this up. HBDHB are no longer co-lead for this action. HBDHB contributed to the proposal to the Ministry of Housing and Urban Design led by Hastings District Council. This will support healthy homes.*

- Partner– Whānau centric places connected to the community  
*This links to the place-based activity HBDHB is engaged in – including Camberley, Ahuriri and Wairoa. Government has signalled whānau responsiveness as a priority for a number of government agencies which will support further work towards this action.*
- Partner – Develop a new sustainable operating system  
*This also aligns to the place-based work with community driven service design and funding system e.g. Wairoa.*

## YOUTH EMPLOYMENT OUTCOMES

The following data responds to the question raised by the Māori Relationship Board who requested data on youth employment. The data is from Rangatahi Mā Kia Eke – work experience leading to employment or training for youth with health and disability issues and benefit dependence. In the 12 month period 1 January to 31 December 2018, Ministry of Social Development were funded for 50 places with the follow outcomes:

- 44 youth had work placement contracts
- 28 completed their placement (with 6 still on placement)
- 45% are in employment (11% in training and 14% are still on placement)
- 34% are Māori and Pasifika

The youth not able to move to a placement contract and those not completing placement (10) were provided with other support and are able to re-enter the programme at a later time. The advisory group are currently working on an evaluation with EIT.

This is an intensive support programme that provides benefits to youth and community/not for profit organisations.

## GENERAL BUSINESS

The Terms of Reference and attendees were reviewed and refreshed. This has provided clarity and supports Business Hawke's Bay in effectively administering both the Executive and Governance groups.

The Hawke's Bay Provincial Growth Fund launch occurred on 10 June at the HB Community Fitness Trust, Hastings. This supports local business development and employment through improved infrastructure, business innovation and growth.

## CONCLUSION

The review of Matariki actions has allowed for updating, increasing the health focus and streamlining. We support the direction as it responds to Board feedback including there are too many actions and the need to maintain whānau/community input. The proposed review is to be endorsed by Executive and Governance groups.

The introduction of the Provincial Growth Fund has taken the focus for the 12 month up to June and with the funding now in place there is a renewed focus on updating the actions and delivering projects.

HBDHB continues to be involved in the delivery of actions via projects, and providing governance and management for the Strategy. HBDHB has a key role in ensuring social and economic development remains as key partners to achieve growth in Hawke's Bay; with equity a key feature of Matariki delivery.



## **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:

- 14. Minutes of Previous Meeting (public excluded)**
- 15. Matters Arising – Review Actions (public excluded)**

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).

