



## Māori Relationship Board Meeting

**Date:** Wednesday, 14 August 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 July report to Board	
9.	Clinical Council Update (verbal)	
10.	Te Pitau Health Alliance Update	
	<b>Section 2: For Discussion &amp; Decision</b>	
11.	HB Health Strategy approval – Chris Ash	9.45
12.	Identifying Health Equity Issues (Top Ten Health Priorities for Maori) – Bernard Te Paa	9.55
13.	CEO Recruitment – expectations & recommendations from MRB	10.25
	<b>Section 3: For Information</b>	
14.	WAI 2575 Treaty Health Claim, Stage One Primary Care (presentation) Patrick le Geyt	10.50
15.	Alcohol Harm Reduction Strategy update – Bernard Te Paa	11.15
16.	Annual Plan 19/20 – available on request	11.25
17.	HBDHB Performance Framework Exceptions Q4 – Chris Ash	11.30
18.	<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)
19.	Minutes of the Previous Meetings (public excluded)	11.45
20.	Matters Arising - Review of Actions - nil	
	Karakia Whakamutunga (Closing) – followed by light lunch	

### NEXT MEETING:

### VENUE CHANGE

Wednesday, 14 August 2019  
 Kahureremoana Room  
 Mihiroa Marae  
 Omaha 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 use 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 - 3 July 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 HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	Treasurer for Ikaroa Rawhiti Maori Party Electorate		No conflict	The Chair	04.07.17
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairāwhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	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 Tairāwhiti	Relationship with Tairāwhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
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
	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

## Maori Relationship Board 14 August 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	Contract being negotiated with the Ministry of Health for Research work in relation to WAI 2575.  Contract with Ministry finalised for research work in relation to WAI2575.	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	13.06.18  13.09.18
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Member 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 Papi, 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 health 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 10 JULY 2019, IN THE KAHUREREMOANA ROOM,  
MIHIROA MARAE, OMAHU ROAD, HASTINGS  
AT 9.00AM**

**PUBLIC**

<b>Present:</b>	Heather Skipworth (Chair) Ana Apatu Hine Flood Na Raihania Trish Giddens Dr Fiona Cram Kerri Nuku Beverly Te Huia
<b>Apologies</b>	Ngahiwi Tomoana, Lynlee Aitcheson-Johnson
<b>In Attendance:</b>	Kevin Snee, CEO Peter Dunkerley (HBDHB Board Member) Patrick Le Geyt (General Manager, Māori Health HBDHB) Hawira Hape (Kaumatua) Tiwana Aranui (Kaumātua) Tanira Te Au (Kaumātua Kuia) JB Heperi Smith (Senior Advisor Cultural Competency) Andre le Geyt, Health Hawke's Bay Graeme Norton, member of public
<b>Minutes:</b>	Jacqui Sanders-Jones, Board Administrator

**KARAKIA**

Hawira Aranui opened the meeting with a Karakia

**INTRODUCTIONS**

**APOLOGIES**

Apologies noted from Ngahiwi Tomoana and Lynlee Aitcheson-Johnson

**3. PANDORA POND water quality**

Nick Jones, Clinical Director for Health Improvement & Equity introduced representatives from Napier City Council for their quarterly update on water quality in Pandora Pond/Ahuriri Estuary;

- Anna Marie Smith, Principal Scientist and Recreational water quality programme lead
- Karen Burton, Scientist for Water Quality programme and
- Cameron Burton, Manager Environmental Solutions.

A brief history of Pandora Pond and explained that this programme of work was covering gastro, respiratory and skin perspective only; health issues caused purely from faecal contamination in the estuary.

Pandora is fairly unique in that this water is a mix of fresh and sea water with the two most commonly measured indicator bacteria being E.coli (freshwater) and Enterococci (marine waters). Currently the water quality sits at 90% compliance C Grade. It is unknown as to why there has been a drop in grading since 2010. Data suggests that E.coli levels are increasing with Enterococci trending down (with exception of last summer 18/19).

Faecal source tracking results have indicated birds are the main source of faecal contaminant during dry weather and from cows during wet weather. Napier Council is working with farmers to set up fencing and increase plantings to assist with prevention of faecal matter from stock entering the water through surface run off. However in regards to the avian faecal source, this is more difficult in prevention as the wetlands are developed to encourage local and rare breeding of birds.

It was also noted that food sources from the Estuary are monitored regularly for safety levels.

Napier Council acknowledged that there have been unacceptable levels of contamination in Pandora Pond. (Unacceptable risk levels were clarified in this case as meaning a 2% illness rate (2 in every 100 people)).

There are 12 projects being introduced over the next 10 years, all committed to cleaning up the storm water discharges into the Pandora estuary with a resource of \$20.6m available. A map of areas showing where the storm water comes through from and who owns the different land areas was discussed with committee. Legacy contaminants are also contributors to pollution of the waterways. Napier Council note collaborative responsibility for their approach to addressing this whole of catchment issue and work with industries to learn how to treat the different types of contaminants and prevention of these entering the water systems. Every industrial site in Pandora has been approached and agreed to make a difference and work with the council in regards to their discharge.

The Storm water Quality Education Campaign has been successful in highlighting the contamination issues to local industries and wider into the community.

It was suggested that Napier Council should collaborate with iwi on educating communities and that cultural indicators affected due to the pollution should also be considered. Co-design and co-leadership is required to ensure the correct messaging gets to the communities affected.

The role of HBDHB was raised and that by monitoring 'What's going down our sinks' would assist with our contribution to this programme of improving water quality. **Nick Jones to investigate further and to provide report on 'what's going down our sinks' within our DHB and report back to Board in September. ACTION.**

**Wairoa River was stated by Napier Council as being an unsafe recreation area and at unacceptable risk levels of contaminants. Further information on the water quality of Wairoa river was requested and Nick Jones to bring back to MRB in October as part of the quarterly update. ACTION.**

#### **4. Whakawhanaungatanga**

#### **5. INTEREST REGISTER**

Beverley Te Huia provided changes to her interests and this will be updated in the register.

#### **6. CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the MRB meeting held on 12 June 2019 were approved as a correct record of the meeting.

**Moved:** Ana Apatu

**Seconded:** Trish Giddens

**Carried.**



## 7. MATTERS ARISING FROM PREVIOUS MINUTES

**Item 1 Ten top health priorities for Māori:** August Workplan

**Item 2 Three Waters Quality (known as Pandora Pond water quality):** agenda item. However for next quarterly update (October) include collaboration with iwi. Wider discussion can then take place and collaborate on solutions which consider the long term.

**ACTION:** Review cultural impact and bring to table for discussion. Patrick Le Geyt

**Item 3 Matariki Regional Development Strategy& Social Inclusion Strategy update:** Workplan Sept 19

**Item 4 Following resignation of G Mackey, new MRB member is to be appointed:** Ongoing

**Item 5: Use of Mauri compass for agenda:** Ongoing for Chair and GM Maori Health

**Item 6: After Hours Care Service update:** Workplan for Sept 19

**Item 7: Te Ara Whakawaiaora – Child Health Indicators combined report** agenda item July 2019. Complete

**Item 8: Evaluation Summary for MAP initiative:** Workplan March 2020

**Item 9: Moving Equity Forward:** Complete

**Item 10: HB Health Strategy Hui:** Complete

**Item 11: Equity Framework:** Complete

## 8. MRB WORK PLAN

The Work Plan was noted.

## 9. MRB CHAIR'S REPORT & June MRB Report to Board

Equity recommendations were accepted at Board and felt this to be great progress.

Health Economist expertise and engagement is in progress and investigation into appropriate resourcing has been suggested by Board.

## 10. CLINICAL COUNCIL VERBAL UPDATE

MRB observer Ana Apatu, provided a brief summary noting the particular issue of SMOs feeling strongly that our health system is under pressure and struggling to cope.

## 11. TE PITAU HEALTH ALLIANCE GOVERNANCE GROUP UPDATE

Hine Flood provided an update on the Te Pitau Health Alliance Governance Group meeting held 13 June 2019. Redesign for Rangatahi paper was brought to committee, thus ensuring involvement of Maori Health in this redesign of service and enabling Te Pitau to identify where any vulnerabilities lie within the document.

In regards to this redesign of service, member comments included:

- the suggestion of exploratory session with the Mahi A Atua programme to ensure Mauri models of care in this sector
- treaty obligations should be referenced within the KPIs
- performance measures to be clarified in regards to the SLA
- 

Members felt it important that Primary Care are involved and connections made so that services do not become siloed.

Te Pitau Health Alliance Governance Group are meeting today with particular focus on refreshing Te Pitau's Workplan and reviewing the ToR for the group.

## SECTION 2: INFORMATION/DISCUSSION

### 12. TE ARA WHAKAWAIORA : Cultural responsiveness

Andy Phillips, Hospital Commissioner and Champion for Equity in Outpatient Care noted that Kate Coly sent apologies and spoke to the paper which addresses Cultural Responsiveness as part of the Te Ara Whakawaiora programme, with particular reference to Culturally Competent Workforce and DNA First Specialist Appointments.

- Culturally Competent workforce includes being a culturally responsive employer for Maori staff. In regards to recruitment, it was felt that there is need to look at progressive pathways for Maori coming into the workforce at entry level and see greater representation in executive positions, represented at Board. Important that Maori cultural values are embraced.

Noted that there is a high rate of Maori staff resigning especially in Nursing and query raised as to exit interviews being utilised to identify why this is happening.

How are we retaining Maori staff? Should there be an element included in job description which encompasses the agreement of having Maori values recognised with in their position. There should be equity on staff recruiting and be having iwi representation at recruitment stages, that staff member is not only then recruited by just the DHB but by Māori.

There was brief conversation recognising the great work and assistance provided by Health Care Assistants.

Agreement that there needs to be a treaty compliant recruitment process e.g. that iwi are informed when a high level position becomes available. Values Based recruitment was discussed with JB Heperi-Smith leading discussion and highlighting that the most appropriate people need to be sat at the recruitment table. Noted that HBDHB is a leading example for DHBs in their Values based recruitment process. There was agreement that our DHB workforce should be reflecting the population it serves.

Conversation followed on competency of non-Maori who are caring for Maori and what cultural competency really look like for a patient at HBDHB.

The HBDHB needs to recognise cultural uniqueness for Maori staff and really work on what a well-supported Maori workforce looks like. Celebrating the culture is vitally important in order to make retention of Maori staff a success.

- DNA First Specialist Appointment is a piece of work which is about capturing the hearts and minds of patients. It is our responsibility as a DHB to ensure our people can attend appointments and services. Language of document has been reviewed recognising that 'DNA' implies blame and should be removed. Kaitakawaenga support service has proven a success to raising attendance rates and there is currently review around our appointment-making processes to be more user friendly, i.e. text messaging.

It is recognised that each service will have different specific requirements to assist patients with attending outpatients appointments and this project is engaging with IS to ensure we are finding the best ways to work towards people's needs.

#### RECOMMENDATION

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

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

**Adopted.**

**SECTION 3: FOR DISCUSSION****13. HB STRATEGY WORKSHOP**

Chris Ash, Executive Director of Primary Care and Bernard Te Paa, Executive Director of Health Improvement and Equity, supported by Hayley Turner, Corporate Portfolio Manager, led a workshop on the updates to the HB Health Strategy and any comments and feedback were recorded for inclusion into a final draft document of the HB Health Strategy which will be presented to MRB in August for final approval.

**GENERAL BUSINESS**

The Chair acknowledged CEO, Kevin Snee and appreciated his support of adopting South Central Foundation's NUKA concept.

Conflict declared for Kevin Snee as CEO for following discussion:

Recruitment process for new CEO was discussed.

- Felt that strong recommendations from MRB to Board should be considered in the process.
- Noted that current board can develop a brief on characteristics required but cannot make decision on candidate
- Viewed as an opportunity for MRB to really be involved in the future CEO recruitment process.
- Suggestion that a small working group of MRB members form to work up a rationale with recommendations.
- **ACTION: Discuss further at MRB in AUGUST in readiness for Board presentation in August.**

**14. SECTION 5: RECOMMENDATION TO EXCLUDE THE PUBLIC**

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

15. Minutes of Previous Meeting
16. Matters Arising – Review of Actions
17. MRB Chairs update with June report to Board (public excluded)

**Moved: Ana Apatu**

**Seconded: Hine Flood**

**Carried**

There being no further business, the public section of the meeting closed at 12.22pm

**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 Mar 19	<b>There are ten top health priorities for Māori</b> and 3-4 actions against each priority will be developed, that will result in the health outcomes in those areas. Bernard to follow this up and report to MRB on progress.	Bernard Te Paa	April 19	August Workplan
2	13 March 19	<b>Three Waters Quality (known as Pandora Pond water quality)</b> a) Nick Jones to provide quarterly <b>updates</b> to MRB in regard to the water quality, specifically at Wairoa River b) Report on 'Whats Going Down our Sinks' - our DHB c) Review Cultural impact and invite iwi to next quarterly meeting for wider collaborative discussion	Nick Jones & Wairoa Council rep  Nick Jones  Patrick Le Geyt	October 2019  Sept 2019  October 2019	Workplan October 19  Workplan September 19  Workplan October 19
3	13 March 19	<b>Matariki Regional Development Strategy &amp; Social Inclusion Strategy update</b>  Who are the employers and 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)
4	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
5	8 May 19	<b>Use of Mauri Compass to construct agenda for next MRB meeting</b>	Deputy Chair and Patrick le Geyt	July 19	In progress
6	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
8	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
9	11.07.19	<b>CEO recruitment</b>  Discussion at MRB August as to expectations of new CEO and formation of recommendations to Board	Chair	August 2019	Workplan for August MRB




Maori Relationship Board 14 August 2019 - Workplan

GOVERNANCE WORKPLAN PAPERS									
Updated: 6 August 2019									
MRB MEETING 14 AUGUST 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
Alcohol Harm Reduction Strategy (6 monthly update) Feb - Aug		Bernard TePaa	Rachel Eyre	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20		Chris Ash	Robyn Richardson	6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/Aug/Nov (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	13-Aug-19	14-Aug-19				28-Aug-19
CEO Recruitment - discussion and recommendations					14-Aug-19				
Top Ten Health Priorities for Maori		Bernard TePaa			14-Aug-19				
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
WAI 2575 Treaty Health Claim – Stage One Primary Care		Patrick LeGeyt		6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
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
Whats Going Down our Sinks report on HBDHB contribution to water quality		Bernard TePaa	Nick Jones		11-Sep-19				
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-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)			Nick Jones		10-Oct-19				
Te Ara Whakawaiaora - 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
HBDHB Performance Framework Exceptions Q1 Feb19 /May/Aug/Nov	E	Chris Ash	Peter McKenzie	12-Nov-19	13-Nov-19				27-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





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

MRB met on 10 July 2019. An overview of issues discussed and recommendations at the meeting are provided below.

#### **TE WHANGANUI A OROTU – PANDORA POND: WATER QUALITY PRESENTATION**

MRB received two presentations from representatives of Napier City Council and HB Regional Council regarding water quality in Pandora Pond/Ahuriri Estuary and health issues caused purely from faecal contamination in the estuary.

The estuary is a unique water way in that this water is a mix of fresh and sea water with the two most commonly measured indicator bacteria being E.coli (freshwater) and Enterococci (marine waters). Faecal source tracking results have indicated birds are the main source of faecal contaminant during dry weather and from cows during wet weather.

Napier Council is working with farmers to set up fencing and increase plantings to assist with prevention of faecal matter from stock entering the water through surface run off. However in regards to the avian faecal source, this is more difficult in prevention as the wetlands are developed to encourage local and rare breeding of birds.

It was also noted that food sources from the Estuary are monitored regularly for safety levels. Napier Council acknowledged that there have been unacceptable levels of contamination in Pandora Pond. (Unacceptable risk levels were clarified in this case as meaning a 2% illness rate).

There are 12 projects being introduced over the next 10 years, all committed to cleaning up the storm water discharges into the Pandora estuary with a resource of \$20.6m available.

Napier City Council note collaborative responsibility for their approach to addressing this whole of catchment issue and work with industries to learn how to treat the different types of contaminants and prevention of these entering the water systems. Every industrial site in Pandora has been approached and agreed to make a difference and work with the council in regards to their discharge.

MRB suggested that Napier Council should collaborate with iwi on educating communities and that cultural indicators affected due to the pollution should also be considered. Co-design and co-leadership is required to ensure the correct messaging gets to the communities affected.

The role of HBDHB was raised and that by monitoring 'What's going down our sinks' would assist with our contribution to this programme of improving water quality. Dr Nick Jones was asked to investigate further and provide a report in September on what DHB discharges are going into HB waterways.

Wairoa river was also highlighted as unsafe for recreational with unacceptable levels of contaminants. Dr Nick Jones was also asked to report back to MRB in October on the water quality of the Wairoa river

## TE ARA WHAKAWAIORA – CULTURAL RESPONSIVENESS

Dr Andy Phillips, Hospital Commissioner and Champion for Equity in Outpatient Care and Patrick LeGeyt, General Manager Māori Health, in Kate Coley's absence due to illness, spoke to the Te Ara Whakawaiora Cultural Responsiveness report, with particular reference to Culturally Competent Workforce and DNA First Specialist Appointments.

MRB were particularly interested in HBDHB being a culturally responsive employer for Maori staff and that it was important that Maori cultural values are embraced by all. The HBDHB needs to recognise cultural uniqueness for Maori staff and really work on what a well-supported Maori workforce looks like. Celebrating the culture is vitally important in order to make retention of Maori staff a success.

In regards to recruitment, there was agreement that HBDHB workforce should be reflecting the population it serves. MRB felt that there is need to look at progressive pathways for Maori coming into the workforce at entry level and see greater representation in executive and leadership positions.

MRB were concerned with the high rate of Maori staff resignations, especially in Nursing, and query raised as to whether exit interviews were being utilised to identify why this is happening.

Values based recruitment was discussed with JB Heperi-Smith, Senior Advisor Cultural Competency, leading discussion and highlighting that the most appropriate people need to be sat at the recruitment table. MRB acknowledged that HBDHB is a leading example for DHBs in their values based recruitment process.

In relation to DNA First Specialist Appointment, Dr Andy Phillips supported that it is the DHB's responsibility to ensure consumers attend appointments and services. He recognised that 'DNA' implies blame and should be removed. Kaitakawaenga support service has proven a success to raising attendance rates and there is currently review around our appointment-making processes to be more user friendly, i.e. text messaging. It is recognised that each service will have different specific requirements to assist patients with attending outpatients appointments and this project is engaging with IS to ensure we are finding the best ways to work towards people's needs.

### RECOMMENDATION

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

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

**Adopted.**

## HBDHB HEALTH STRATEGY

Chris Ash, Executive Director of Primary Care and Bernard Te Paa, Executive Director of Health Improvement and Equity, supported by Hayley Turner, Corporate Portfolio Manager, led a workshop on the updates to the HB Health Strategy and any comments and feedback were recorded for inclusion into a final draft document of the HB Health Strategy which will be presented to MRB in August for final approval.

## CEO RECRUITMENT


Recruitment process for new CEO was discussed. MRB expressed their desire to be involved in the recruitment of the future CEO. They would be holding further discussions and will be making some strong criteria recommendations for the Board in August.



## **Clinical Council Update**

(Verbal)



	<b>Te Pītau 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>	July, 2019
<b>Consideration:</b>	For Information

<b>Recommendation</b> <b>That the Boards:</b> <b>1. Note</b> the contents of this report.
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The Health Alliance Governance Group met on Wednesday 10 July 2019.

Significant issues discussed and agreed, including Resolutions, are noted below.

#### **Resignation of Deputy Chair**

Resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board.

Ken Foote (Company Secretary) to arrange for the HBDHB Board to appoint a replacement for Helen at their July 2019 Board meeting. The three DHB members will then recommend to the DHB Board who shall be appointed as the Deputy Chair.

#### **Communications Plan**

Support Group members advised the non-appointment to date of a Senior Communications Advisor to date will have ramifications on the Hawke's Bay Health Strategy.

#### **System Level Measure (SLM) Improvement Plan 2019/20**

Robyn Richardson (Principal Planner) advised on MoH feedback received post SLM Improvement Plan submission (and approval) at the June 2019 Te Pītau Governance Group meeting.

Two specific amendments to the Plan were noted, as follows:

- a. Healthy Start - milestone: *increase number of Māori babies living in smokefree homes*
- b. Person Centred Care - Patient Experience Survey (via People & Quality Directorate) milestone: *decrease the number of patients answering no to "did a member of staff tell you about medication side-effects to watch for when you went home?"*

#### End of Life Care Redesign Update

##### Resolution

##### Te P?tau Health Alliance (Hawke's Bay) Governance Group members:

1. **Noted** the contents of this report and appendices, and provided their feedback
2. **Agreed** a further update should be provided at the Te P?tau Governance Group meeting on 14/08/19 (via the Te P?tau Support Group) to review and approve recommendations for End of Life Care Service Level Alliance (EoLC SLA) membership.

Road shows are being held throughout July 2019 to raise awareness of EoLC, generate SLA Expressions of Interests (Eols) and encourage participation from whānau and community, either as potential SLA members or focus group.

#### Mental Health & Addiction Services Redesign Update

##### Resolution

##### Te P?tau Health Alliance (Hawke's Bay) Governance Group members:

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

Governance Group members received a high level view of the value of community-based contracts across age groups, and key contract portfolio groupings. A life course schematic of NGO MH&A services for Hawke's Bay was also provided via a visual map of community-based services across age group and key groupings.

#### Primary Care Workforce Development Fund

Karyn Bousfield (Nurse Director Primary Care) to be invited to attend the September 2019 Governance Group to discuss apportionment of the Fund.




## HB HEALTH STRATEGY APPROVAL

Late Paper

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 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Identify Health Equity Issues – What does the data tell us?</b></p>
	<p>For the attention of: <b>Māori Relationship Board</b></p>
<p><b>Document Owner</b></p>	<p>Bernard Te Paa, Executive Director Health Improvement &amp; Equity</p>
<p><b>Document Author(s)</b></p>	<p>Bridget Wilson, Public Health Registrar, HIE</p>
<p><b>Reviewed by</b></p>	<p>Patrick Le Geyt, General Manager Māori health, HIE Nicholas Jones, Clinical Director, HIE Lisa Jones, Business Intelligence Strategic Advisor</p>
<p><b>Month/Year</b></p>	<p>August, 2019</p>
<p><b>Purpose</b></p>	<p>For Decision This report provides MRB with information about the first phase in a project to identify Māori health equity issues which aims to gather the relevant scientific evidence on effective interventions to reduce the life expectancy gap between Māori and Non-Māori.</p>
<p><b>Previous Consideration Discussions</b></p>	<p>This paper is in response to discussions that arose at previous MRB meetings related to the Health Equity Report and the need to clarify the top ten health priorities for Māori.</p>
<p><b>Summary</b></p>	<p>The Health Equity Report highlighted the significant gap in life expectancy between Māori and Non-Māori. The HB Strategy has committed to halving this gap over the next 10 years.</p> <p>He Ngakau Aotea and the Health Equity Framework both highlight the need for a new approach to reducing inequities for Māori. This involves utilising strong scientific evidence, but always with whānau and communities in the centre to ensure that evidence is being used to help build whānau wellbeing aspirations.</p> <p>This project aims to investigate and summarise the current scientific evidence base on effective interventions to reduce the life expectancy gap between Māori and Non-Māori.</p> <p>Priority areas for action will be identified across the domains of policy, inter-sector, primary healthcare and secondary care services.</p> <p>Once complete, this work can be used as a starting point to co-design effective local solutions targeted towards reducing avoidable Māori deaths.</p> <p>The key questions you may wish to consider when reviewing this paper are:</p> <ul style="list-style-type: none"> <li>• Have we got the focus right?</li> <li>• Should we be placing more emphasis on quality of life?</li> <li>• Should we focus on building the evidence base around wellbeing interventions that will improve the prevention and management of chronic conditions more generally?</li> </ul>

<b>Contribution to Goals and Strategic Implications</b>	This work aligns with: He Ngakau Aotea, HB Strategy, Clinical Services Plan and the Health Equity Report.
<b>Impact on Reducing Inequities/Disparities</b>	This project is explicitly focused on improving Māori Health. It will support the wider organisation to reduce the inequities in life expectancy between Māori and non-Māori.
<b>Consumer Engagement</b>	No specific consumer engagement has occurred related to this project, however it should be considered in parallel with the Whānau Voice project proposal and He Ngakau Aotea
<b>Other Consultation /Involvement</b>	Nil
<b>Financial/Budget Impact</b>	This project, in conjunction with the Whānau Voice project should inform future investment decisions.
<b>Timing Issues</b>	This work is to be prioritised within the next 6 months.
<b>Announcements/ Communications</b>	A communications plan to disseminate the results of this work to key internal and external stakeholders will be developed.
<b>RECOMMENDATION:</b> It is recommended that the Māori Relationship Board: <ol style="list-style-type: none"> <li>1. <b>Note</b> the contents of this report.</li> <li>2. <b>Approve</b> and provide feedback on the proposed work plan.</li> </ol>	



## Identify Health Equity Issues – What does the data tell us? – Work plan proposal

<b>Author:</b>	<b>Bridget Wilson</b>
<b>Designation:</b>	<b>Public Health Registrar, Health Improvement &amp; Equity</b>
<b>Date:</b>	<b>August 2019</b>

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### PURPOSE

This paper outlines proposed work that will be undertaken by the Health Improvement and Equity directorate (HIE) to investigate and summarise the current scientific evidence base on effective interventions to reduce the life expectancy gap between Māori and Non-Māori.

Questions that you might like to consider when reviewing this paper:

- Have we got the focus right?
- What would whānau knowledge and experience tell us about these data specific health equity priority areas?
- Should we be placing more emphasis on quality of life?
- Should we focus on building the evidence base around wellbeing interventions that will improve the prevention and management of chronic conditions more generally?

### BACKGROUND

In Te Matau a Māui/Hawke's Bay, the gap in life expectancy between Māori and non-Māori is 8.2 years for males and 7.7 years for females. This is a direct breach of article III of Te Tiriti o Waitangi/The Treaty of Waitangi which guarantees equal health to Māori.

The Health Equity Report linked this gap in life expectancy to a loss of cultural capital for Māori; with many kaumātua, koroua and kuia not surviving long enough to play their role in ensuring the continuation of traditional Māori knowledge and culture.

This project aims to gather scientific evidence on how to reduce avoidable deaths among Māori. Avoidable deaths are all those that occur before the age of 75 years that could have been prevented either through action on the social determinants of health or through the provision of effective healthcare.

### RATIONALE

The mandate for this piece of work sits in a number of key strategic documents including He Ngakau Aotea, the Clinical Services Plan, and the HB Health strategy which has committed to halving the life expectancy gap between Māori and non-Māori within 10 years.

He Ngakau Aotea recognises that a new approach is needed to achieve health equity for Māori. This paper commits to move beyond describing the equity gap. Instead, it is focused on building knowledge of the solutions and interventions that are likely to be effective to improve wellbeing.

Clearly this work is only one part of the picture, the Health Equity Framework highlights the need for equity based solutions to be co-designed to ensure they successfully deliver benefits for the communities that need them the most. This involves merging together scientific evidence, programme evaluation, and whānau and community knowledge.

### METHODOLOGY

Table 1 shows the “top 10” causes of avoidable mortality for Māori identified in the Health Equity Report. Figure 1 shows in general terms the theoretical pathways that culminate in these avoidable deaths.

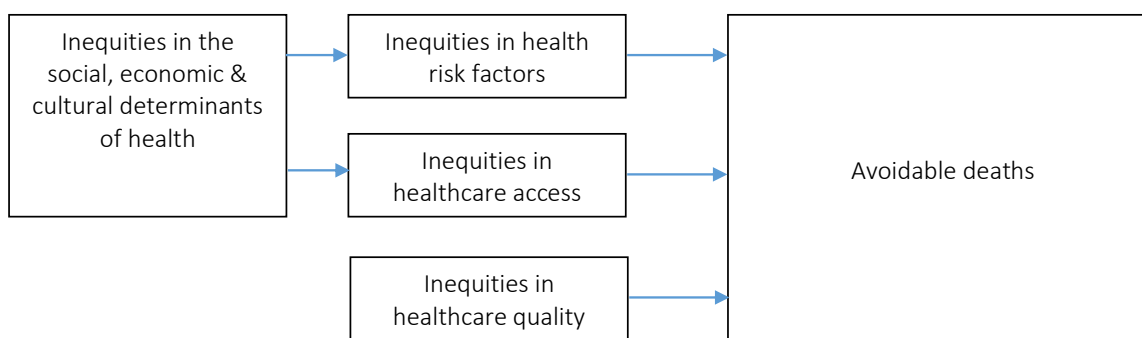
Table 1: Top ten causes of avoidable mortality for Maori by gender

Māori Men			Māori Women		
Avoidable condition	Number of deaths annually	% of avoidable deaths	Avoidable condition	Number of deaths annually	% of avoidable deaths
Ischaemic heart disease	87	28.7%	Lung cancer	51	24.6%
Lung cancer	35	11.6%	Ischaemic heart disease	35	16.9%
Road traffic injuries	27	8.9%	Breast cancer	16	7.7%
Suicide & self-inflicted injuries	23	7.6%	Suicide & self-inflicted injuries	15	7.2%
Diabetes	21	6.9%	COPD	13	6.3%
Complications of perinatal period (Late pregnancy and the newborn period)	13	4.3%	Cerebrovascular disease	12	5.8%
COPD	11	3.6%	Diabetes	10	4.8%
Cerebrovascular disease	10	3.3%	Aortic aneurysm	6	2.9%
Colorectal cancer	9	3.0%	Rheumatic & other valvular heart disease	6	2.9%
Nephritis & nephrosis (Kidney disease)	9	3.0%	Colorectal cancer	5	2.4%

A review of the scientific literature will be undertaken, focused around these “top 10” causes of avoidable mortality and identify the cause-specific inequities in the following areas:

- Health care quality
- Health care access
- Health risk factors
- Inequities in the social, economic and cultural determinants of health

Figure 1: Pathways that result in avoidable deaths



Once these pathways have been identified a review of interventions designed to address inequities in each of these areas will be undertaken. Evidence-informed interventions will be presented at the levels of:

- Policy
- Intersector action
- Primary healthcare
- Secondary care services.

Priority action areas will be identified, with importance given to those interventions that are likely to have “scale and impact” – for instance, interventions that act on a single determinant or area of inequity but successfully reduce avoidable mortality from multiple causes will be prioritized. Consideration will also be given to the timeframes over which interventions are likely to be effective. For instance, reductions in smoking prevalence may take many years to show an impact on avoidable deaths from lung cancer so would be complemented by solutions that might improve detection and early treatment in the short term.

While our starting point is avoidable deaths, we aim to take a broad and strengths-based approach. This means including a focus on interventions that build whānau and community capacity rather focusing solely on interventions that address “risky behaviour”.

## CONCLUSION

This project will identify priority areas for action to reduce avoidable mortality amongst Māori. This is not the whole picture, rather it is a starting point. Whānau and community knowledge is then needed to effectively co-design local solutions taking into account current best scientific evidence.

### RECOMMENDATION:

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.





## **CEO RECRUITMENT & EXPECTATIONS**

### Discussion







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

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# Waitangi Tribunal

Set up by the Treaty of Waitangi Act 1975  
Waitangi Tribunal is a permanent commission of inquiry  
It makes recommendations on claims to the Crown (Government)



## What is a 'Treaty Claim'?

Claims are allegations that the Crown has breached the Treaty of Waitangi by particular actions, inactions, laws, or policies and that Māori have suffered prejudice (harmful effects) as a result.

## Treaty Claims Process

Once the Tribunal issues its report, claimants and the Crown will consider their response.





# Types of Inquiries

## Historical Claims

relate to matters that occurred before 21 September 1992

## District Inquiries

designed to hear the range of claims (mostly historical) brought by Māori from particular areas in a single inquiry

## Kaupapa (Thematic) Claims

not specific to any district; they deal with nationally significant issues affecting Māori as a whole

## Contemporary Claims

relate to matters that occurred on or after 21 September 1992 and commonly focus on specific issues and local areas





## Health Services and Outcomes Inquiry - WAI 2575

Health Services and Outcomes Inquiry WAI 2575 is a grouping of 200 claims that specify eligible health-related grievances in their statements of claim (no cut-off date to lodge claims).

Three staged approach:

Stage one: primary health care and system issues (Oct-Dec 2018)

Stage two: mental health (including suicide and self-harm); disabilities; alcohol, tobacco and substance abuse (July 2019)

Stage three: remaining national significant issues and eligible historical issues





## WAI 2575 - Stage One Scope

1. How the primary care system has been legislated, administered, funded and monitored by the Crown since the passing of the New Zealand Public Health & Disability Act 2000 (NZPHDA 2000)
2. Whether persistent inequitable health outcomes suffered by Māori are a Treaty breach

Systemic issues in primary care

- Dates from the NZPHDA 2000

Focused on Treaty compliance of:

- The legislative and policy framework
- Primary health care funding
- Accountability
- Treaty partnership arrangements in primary care





## WAI 2575 - Stage One Findings

1. The legislative, strategy and policy framework fails to consistently state a commitment to achieving equity for Māori
2. The Treaty clause in the NZPHD Act is a reductionist effort and fails to afford Māori control of health decision-making in relation to design and delivery
3. DHB governance arrangements do not reflect Treaty partnerships
4. The Crown did not design the primary health care system in partnership with Māori
5. Māori primary care organisations were underfunded from outset
6. \$220 billion health investment since 2000 has seen very little measurable improvement of Māori health outcomes
7. The Crown does not collect sufficient data and does not use the data it does collect effectively to improve Māori health status
8. The Crown is aware of it's failures and has failed to adequately remedy them





## WAI 2575 - Stage One Findings

Prof Peter Crampton, Public Health, University of Otago

- *“our system fails in its core function of meeting the basic health needs of those most in need”*

Ashley Bloomfield – Director- General of Ministry of Health

- The overall performance of DHBs was *“largely not good enough”*
- *“...racism at a range of levels does determine access to experience of and outcomes in the health care system”*

Waitangi Tribunal

- *“Māori relationship boards... we found scant evidence of an accurate reflection of the principle of partnership”*
- *“being given the opportunity to merely add commentary to the margins is not consistent with the principle of partnership...”*





## WAI 2575 - Stage One Findings

Keriana Brooking, MOH

- *"No [DHB] annual plan has ever been rejected because of issues in their reporting or planning relating to reducing Māori health disparities"*

Simon Royal, National Hauora Coalition

- *"ineffective accountability and monitoring of health entities fosters the prevalence of institutional bias and racism in the health system"*

Janet McLean, GM Māori, BOPDHB, 2001-2016

- *"It would be fair to say that Māori inequalities has been normalised in DHBs"*

Waitangi Tribunal

- *"...the depth of inequity suffered by Māori... mean that the Crown's failures are very serious"*
- The Crown *"cannot continue to evade its obligations... the health inequities experienced by Māori compel an urgent, and thorough, intervention"*







# WAI 2575 - Stage One Interim Recommendations

## Two overarching recommendations:

1. That the legislative and policy framework recognises and provides for the Treaty of Waitangi and its principles.
  - Amend NZPHD Act to include a new Treaty clause and adopt appropriate Treaty principles
2. The Crown commits itself and the health sector to achieve equitable health outcomes for Māori.
  - Amend section 3(1)(b) of the NZPHD Act





## WAI 2575 - Stage One Interim Recommendations

### Structural Reform:

The Crown commit to exploring the concept of a stand-alone Māori Primary Health Authority

### Funding:

Crown and claimants agree to a methodology to assess underfunding of Māori primary care organisations

### Accountability Arrangements:

Crown to review and strengthen accountability mechanisms

### Data:

Crown to review and redesign arrangements for monitoring of MOH by external agencies

### Performance:

Crown to acknowledge overall failure of legislative and policy framework to improve Māori health outcomes





## WAI 2575 - Stage One Recommendations

The Tribunal identified the following Treaty principles as particularly applicable to this Inquiry:

- the guarantee of tino rangatiratanga in the design, delivery and monitoring of primary care system
- the principle of equity:
  - Crown to commit to achieving equitable health outcomes for Māori
- the principle of active protection:
  - Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori
- the principle of partnership:
  - Crown and Māori to work in partnership in governance, design, delivery and monitoring
- the principle of options:
  - Crown to provide for and properly resource kaupapa Māori primary health care services.

Crown also has an obligation to ensure all primary care services are provided in a culturally appropriate way



**HE KAUANUANU RESPECT**  
**ĀKINA IMPROVEMENT**  
**RARANGATETIRA PARTNERSHIP**  
**TAUWHIRO CARE**





## **ALCOHOL HARM REDUCTION STRATEGY UPDATE**

**Late paper**





**FINAL Draft Hawke's Bay District Health Board Annual Plan – PART A, Part B, Population Health Annual Plan, SLM Improvement Plan 2019/20**

<b>Author:</b>	Kate Rawstron, Robyn Richardson
<b>Designation:</b>	Head of Planning & Strategic Projects, Principal Planner
<b>Date:</b>	7/8/19
<b>RECOMMENDATION:</b> It is recommended that the Committee: 1. <b>Note</b> the above	

**OVERVIEW**

The purpose of this paper is to inform MRB, Clinical and Consumer Councils that HBDHB Annual Plan has been submitted to the Ministry of Health for approval. The Board has approved these documents.

**Activity to date:**

- Hawke's Bay District Health Board (HBDHB) Annual Plan (Part A) Final Draft was approved by the Board in July
- HBDHB Annual Plan (Part B) Final Draft was submitted and approved by the Board in June (brought forward to meet legislative requirements)
- HBDHB SLM Improvement Plan as approved by Te Pitau has been approved by the Ministry
- HBDHB Population Health Annual Plan has also been approved by the Ministry

To view these documents please contact Robyn Richardson, Principal Planner  
robyn.richardson@hbdhb.govt.nz







## **HBDHB PERFORMANCE FRAMEWORK EXCEPTIONS Q4**

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 Previous Meeting (public excluded)**
- 20. 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).

