



Māori Relationship Board Meeting

Date: Wednesday, 3 March 2021

Meeting: 9.00am – 12.00pm

Venue: Te Waiora Meeting Room, DHB Corporate Office,
Omahu Road, Hastings

Board Members:

Ana Apatu (Chair)	Trish Giddens
Shayne Walker	Hine Flood
Heather Skipworth	Dr Fiona Cram
Kerri Nuku	Beverly Te Huia
Charlie Lambert	Joanne Edwards

Apology:

In Attendance:

Patrick Le Geyt, Interim Executive Director, Health Improvement & Equity

Tiwana Aranui, HBDHB Kaumātua

Hawira Hape, HBDHB Kaumātua

Tanira Te Au, HBDHB Pouahurea

JB Heperi-Smith, Senior Advisor, Cultural Competency

Chrissie Hape, Chief Executive, Ngāti Kahungunu Iwi Inc.

Henry Heke, HHB PHO Representative

Claire Caddie, Service Director, Community, Women & Children

Wietske Cloo, Deputy Service Director, Community, Women & Children

Emma Foster, Executive Director, Planning, Funding & Performance

David Warrington, Service Director, Mental Health

Jill Garrett, System Lead, Mental Health & Addictions

Ngaira Harker, Nurse Director, Māori Health

Andrea Jopling, Project Management, COVID-19 Vaccination

Rawinia Wilcox, Administration Coordinator, Māori Health

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Introductions/ Apologies	
3.	Whakawhanaungatanga	
4.	Interests Register	
5.	Minutes of Previous Meeting (3 February 2021)	
6.	Matters Arising – Review of Actions	
7.	MRB Workplan	
8.	MRB Chair’s Report to Board – February 2021	
	Section 2: For Information / Discussion	
9.	Wairoa Dental – Wietske Cloo & Claire Caddie	10.00
10.	Te Ara Whakawaiora – Mental Health (Mental Health and AOD National and Local Indicators) – David Warrington & Jill Garrett	10.15
11.	Ngākau Ora presentation – JB Heperi-Smith	10.45
12.	Manage My Health presentation – Henry Heke	11.15
13.	COVID Vaccination Roll Out – Ngaira Harker, Andrea Jopling, Patrick Le Geyt & JB Heperi-Smith	11.30
14.	Section 3: Recommendation to Exclude the Public Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED AGENDA

	Section 4: Routine	Time (am)
15.	Minutes of the Meeting – Nil	
16.	Karakia Whakamutunga (Closing) – followed by a light lunch	12.00 PM

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 RARANGA TE 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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Karakia

Hei Aratākina te Hui (to start)

<p>E lo i runga i te Rangi Whakarongo mai titiro iho mai E lo i runga i te Waitai, i te Wai Moana, i te Wai Maori Whakapiri mai whakatata mai E lo i runga i a Papatuānuku Nau mai haere mai Nōu e lo te aō nei Whakatakina te mauri ki runga ki tēna taura ki tēna tauira Kia eke tārewa tu ki te Rangi Haumie Hui E tāiki e.</p>	<p>The waters of life connect us to all nations of this world. Sharing skills of one another and an understanding that throughout the hui we are courageous in our decisions that set and implement decisions.</p>
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Karakia whakamutunga (to finish) Unuhia

<p>Unuhia, unuhia te uru tapu nui o Tāne Kia wātea, kia māmā te ngākau, te wairua, Te tinana, te hinengaro i te ara takatū. Koia rā e rongo, whakairia ki runga Kia wātea, kia wātea, āe rā, kua wātea!</p>	<p>Release, release the sacred knowledge of Tāne To clear and to relieve the heart, the spirit, The body and the mind of the bustling path. Tis Rongo that suspends it up above To be cleared of obstructions, yes, tis cleared.</p>
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Māori Relationship Board Interest Register - October 2020

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumātua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestyle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Deputy Chair 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	03.06.20
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
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	Deputy Mayor 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	05.08.20
	Active	Member, Wairoa Community Partnership Governance Group	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/funding in Wairoa and the Chair decides on appropriate mitigation action.	The Chair	05.08.20
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 Katoka 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 Health 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	Member of the Priority Population Committee (PPC)	Health Advisors		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

Maori Relationship Board 3 March 2021 - 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	Te Pitau Board Member		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
Shayne Walker	Active	Bank of New Zealand	Employer. BNZ provides banking services to HBDHB.	Potential conflict. Will abstain from all decisions related to financial banking services.		08.01.20
	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	Company Secretary	08.01.20
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	Company Secretary	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria University	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20

**MINUTES OF THE MĀORI RELATIONSHIP BOARD
HELD ON WEDNESDAY 3 FEBRUARY 2021, IN THE TE WAIORA BOARD ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9:00AM**

Present: Ana Apatu (Chair)
Hine Flood
Trish Giddens
Heather Skipworth (to 10.30am)
Dr Fiona Cram
Beverly Te Huia
Charlie Lambert

Apologies: Shayne Walker (HBDHB Board Chair)
Kerri Nuku
Joanne Edwards
Chrissie Hape (Chief Executive, Ngāti Kahungunu Iwi Inc.)

In Attendance: Keriana Brooking (Chief Executive Officer, Hawkes Bay DHB)
Patrick Le Geyt (Interim Executive Director, Health Improvement & Equity)
JB Heperi-Smith (HBDHB Senior Cultural Advisor)
Emma Foster (Executive Director Planning, Funding & Performance)
Rawinia Wilcox (Māori Health Service Administrator Coordinator)
Henry Heke (General Manager Māori, Hawke's Bay PHO)
Hawke's Bay PHO members

1. KARAKIA

JB Heperi Smith opened the meeting with a Karakia.

2. APOLOGIES

Apologies were received from Kerri Nuku, Joanne Edwards, Shayne Walker and Chrissie Hape.

3. WHAKAWHANAUNGATANGA

4. REGISTER OF INTEREST

No changes to the Interest Register.

5. MINUTES OF PREVIOUS MEETING

The minutes of the MRB meeting held on 2 December 2020 were approved as a correct record of the meeting.

Moved: Ana Apatu

Seconded: Trish Giddens

6. MATTERS ARISING – REVIEW OF ACTIONS

Status updates for all actions were noted together with the following comments:

- **Item 1: Maternity Uplift Internal Review**

Patrick Le Geyt and Beverly Te Huia provided members with an update on the Maternity Uplift Internal Reviews. The review has been split into two separate parts:

1. The Uplift Internal Review - David Tipene-Leach will be looking into this and will provide learnings from this review once completed.
2. Cultural Review of the HBDHB Maternity Services - The HBDHB Māori Health and Planning, Performance & Funding team are working together on this review. A workshop was held at Mamia, Waipatu Marae for this advisory group.

A term of reference and scope has been developed. Beverley Te Huia commented that the findings from this cultural review should influence the way we work across the DHB workplace. This will also assist our Māori staff with maintaining their mana in the workplace. The estimated completion date for this programme of work is August 2021.

- **Item 2: Methamphetamine / Mental Health & Addictions Review**

This review will be included in the Te Ara Whakawaiora – Mental Health (Mental Health and AOD National and Local Indicators) paper due in April 2021.

Patrick Le Geyt updated members on the Community Well-Being Projects. These projects are community-led and focussed on supporting whānau with methamphetamine addictions. A meeting was held with these groups, Keriana Brooking and Patrick Le Geyt in December 2020. This meeting focussed on their needs and how the HBDHB can support them, particularly in the workforce development and clinical leadership space as these groups have approximately six projects running throughout the Hawke's Bay. Members questioned the alignment of these five entities and queried the sustainability of these projects. Members agreed that having community-led programmes assist communities and whānau to build resilience. To ensure these programmes remain sustainable, it was suggested that the DHB could play a role to support these groups such as providing workforce development and clinical support.

- **Item 3: Tīhei Mauri Ora**

Members requested that the TMO review identify a permanent role for a Māori emergency response team as Māori communities have not been prioritised in climate emergencies. MRB look forward to receiving these reviews.

Henry Heke informed members that TMO was involved in the recent Napier flood event. A member questioned the activation of engaging TMO. Henry explained that he and several members of TMO were contacted the night before the flood event, these members then held a zoom Hui to determine what resources communities needed. The Iwi functions as a liaison role between government agencies and the activation of TMO.

- **Item 4: Ka Hikitia / Primary Care Action – Central Hawkes Bay**

Henry Heke updated MRB on Manage my Health in Central Hawke's Bay. Manage my Health is in Waipawa, however, the TukiTuki Medical Centre which is made up of three practice GPs, have not adopted this. Two of the GPs are planning to retire shortly and the other GP is considering the application. The PHO will engage with the TukiTuki Medical Centre to ensure they adopt this application. There are approximately 3000 whānau in Central Hawke's Bay who are unable to enrol with a GP practice. Currently, whānau from Central Hawke's Bay have to travel to Hastings for GP appointments. There is opportunity to be gained by ensuring Central Hawke's Bay general practice works in partnership with Taiwhenua Heretaunga staff.

Keriana Brooking challenged Māori Health to identify what primary health care system will work best with our whānau e.g. community drop in centres within Māori communities that are available at any time. This is an opportunity to transform services to better serve our whānau.

Actions

MRB requested that the PHO prioritise Manage my Health in Central Hawke's Bay and navigate this space to enable whānau to have access to these services.

Members requested that a Manage my Health hui be held at the March MRB meeting.

Members requested that Item 4 title change to: Primary Care Action – Central Hawkes Bay.

- **Item 5: Pātaka Korero**

Members requested an update on Pātaka Korero for the March meeting. **Action**

The Chair updated members on a discussion that was held at the HBDHB Board meeting that a national data sovereignty plan is being developed. Members emphasised the need for this to be

passed on to all Iwi throughout Aotearoa so that Māori have control over their own data and how it can be used.

UPDATES:

Patrick Le Geyt provided MRB with an update on the PSGE groups and the Treaty Governance Board.

Treaty Governance Board update:

- There have been two meetings held with the Post Settlement Group Entity members, one for Governance and one for Managers. Governance members requested that MRB be involved in the development of this partnership.
- Patrick communicated that the Treaty Partnership Board is an opportunity to demonstrate Te Titiri o Waitangi. Patrick informed MRB that this new board wants the input of MRB's knowledge and expressed their confidence in the way things are going. The Treaty Partnership Board acknowledged and expressed their appreciation for MRB
- MRB will be operable for a further 6-12 months and during this time the Treaty Governance Board would like to develop this journey together.

PHO update:

- Henry Heke from Health Hawke's Bay PHO introduced his team.
- Henry informed MRB that the PHO CEO has resigned and a new role has been advertised. Henry advised there are currently 19 job vacancies within the PHO and a cultural responsiveness curriculum is being developed
- Henry acknowledged that the PHO has plenty of work to complete with 27 practices in primary care

7. MRB WORK PLAN

The MRB work plan was discussed. It was noted that Cancer has been included in Long Term Conditions. Members raised their concern on the quality of water for Māori communities. Members requested that water quality be added to the work plan with an update from Dr Nicholas Jones. **Action**

Hine Flood informed members that Wairoa currently has no dentists and emphasised the need for this to be treated as an emergency and would like an update at the March meeting. **Action**

8. CHAIR'S REPORT

The MRB Chair's Report was taken as read.

9. STRATEGIC MODEL OF CARE

Emma Foster (Executive Director Planning, Funding & Performance) was welcomed and congratulated by MRB for her successful appointment to the Executive Director of Planning, Funding & Performance. Emma provided a verbal update on the Strategic Master Planning Report. She informed members that two papers had been merged into one due to time constraints. Emma noted the DHB had a requirement to construct a strategic direction which was developed through Whānau Ora, Hāpori Ora, approximately two years ago. There is a requirement to merge this into a ten-year Model of Care plan. This model incorporates a vast range of matters, including the Master Plan (infrastructure, facilities, workforce, business modelling etc).

Discussion noted:

- Emma stated that the annual plan should be thought through in a three year cycle. There is urgency around the master planning due to health outcomes as identified. Emma emphasised the need for new models to be developed within the DHB to further support our staff and community needs
- Ministry of Health funding has enabled us to look at developing a culturally competent NASC (Needs Assessment and Service Coordination) service and has created a position to facilitate the development of the Master Plan.

Key messages noted:

- Members highlighted whānau should not have to change in order to receive quality health care, the system should change to better suit whānau needs. A member recommended that Dr Jess Berenson-Shaw as someone who has experience in transformational change across the health sector and would be invaluable to support this programme of work
- Members expressed that Māori need to be present throughout the planning process. MRB supports Emma's work and recommends having a Māori co-facilitator to ensure that a cultural lens is present throughout strategic planning

MRB and Planning, Funding & Performance support the development of strategic planning

Action

- Patrick Le Geyt and Rawinia Wilcox to set up communication with Emma Foster and Keriana Brooking to get this development underway.

JB Heperi-Smith closed the meeting with a karakia.

There being no further business, the public section of the meeting closed at 12.00pm.

Signed:

Chair

Date:

MĀORI RELATIONSHIP BOARD MEETING - MATTERS ARISING

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1.	12.02.20 02.06.20	Maternity Uplift Internal Review <ul style="list-style-type: none"> What has been the DHB's response to various enquiries and their own internal enquiry? What changes have been made internally to improve the maternal service experience for whānau? Cultural Review of the HBDHB Maternity Services Members to plan and discuss undertaking a review of Maternity Services in response to the ongoing incidents involving and concerns from māmā and their whanau.	David Tipene-Leach Patrick Le Geyt / Emma Foster	TBC Aug 2021	Completion date is anticipated for August 2021 - David Tipene-Leach engaged to undertake the review A ToR and scope has been developed.
2.	12.02.20	Methamphetamine / Mental Health & Addictions Review <ul style="list-style-type: none"> There is a significant impact to Māori whānau and communities - how is this being addressed? How are the Ministry of Health and Hawke's Bay District Health Board responding to the highlighted issues? 	Jill Garrett	March 2021	Te Ara Whakawaiaora - Mental Health (Mental Health and AOD National and Local Indicators) paper due March 2021
3.	06.05.20	COVID-19 Review MRB members to draft an independent "Māori Led Covid-19 Recovery Review" <ul style="list-style-type: none"> MRB would like COVID-19 testing to be increased in rural areas MRB declared that the COVID-19 Review requires further scoping to incorporate Māori voice to identify factors that both benefitted and disadvantaged Māori MRB Chair proposed MRB design the scope for a Review with a timeframe for completion of three to four weeks. It was agreed this is an urgent matter. The scope needs to include; cultural, social and clinical impacts. A sub-committee of; Ana Apatu, Beverly Te Huia, Kerri Nuku and JB Heperi-Smith was proposed. Breach of whanau privacy and rights to form part of the review 	Ana Apatu/ Patrick Le Geyt		On-going
	02.06.20	Tihei Mauri Ora <ul style="list-style-type: none"> Members requested an evaluation of the progress from the work accomplished to identify what negative impacts may have occurred if TMO had not been established. Broader evaluation that considers the protection and wellbeing of the champions in the community, and expand on what Tiers 2 and 3 may look like. 	Henry Heke/ Patrick Le Geyt	April / May 2021	Aria Graham invited to April MRB to provide an update on the TMO review

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
		<ul style="list-style-type: none"> TMO review to identify a permanent role for a Māori emergency response team 			
4.	01.07.20	Primary Care Action – Central Hawke’s Bay <ul style="list-style-type: none"> That the ‘Managemyhealth’ application be accessible to Māori located in Central Hawke’s Bay MRB requested that the PHO prioritise Manage my Health in Central Hawke’s Bay and navigate this space to enable whānau to have access to these services Members requested that a Manage my Health hui be held at the March MRB meeting 	Henry Heke (HHB PHO)	March 2021	Manage my Health Presentation for MRB at March Meeting
5.	07.10.20	Pātaka Korero <ul style="list-style-type: none"> Advise MRB on the location of the cloud and any impacts of Māori sovereignty and data to ensure whānau voice is protected Analysis of unintended consequences, potential reach within the community and set timeframes Inform Iwi, PSGE of Pātaka Korero and shared partnership around whānau voice This model will be tabled at Consumer Council’s November meeting Establish a governance group to provide oversight 	Charrissa Keenan/ Justin Nguma/ Aaron Turpin	March 2021	March update provided below
6.	04.11.20	NZ Health & Disability System Review <ul style="list-style-type: none"> MRB requested a leadership role to provide input into the review. 	Andy Phillips	April 2021	Invitation to attend MRB to present
7.	03.02.21	Strategic Model of Care <ul style="list-style-type: none"> MRB and Planning, Funding & Performance support the development of strategic planning. Patrick Le Geyt and Rawinia Wilcox to set up communication with Emma Foster and Keriana Brooking to get this development underway 	Patrick Le Geyt / Emma Foster	April 2021	Completed

Pātaka Korero

Charrissa Keenan, Programme Manager, Maori Health advised there has been significant progress on the registration process including trialling the documents and process. Digital Enablement are engaged and a design brief has been completed for the knowledge bank. The Communication Team are developing a communications plan to support the roll out across HBDHB. Considerations for ensuring information is aggregated and non-identifiable are being embedded and a process for exploring how equity information is shared back with Māori communities will be explored.

Māori Relationship Board Work Plan 2021




7

Item	EMT Member	MRB Meeting Date
Ngākau Ora	JB Heperi-Smith	3-March-21
COVID Vaccination Roll Out	Ngaira Harker / Andrea Jopling / JB Heperi-Smith / Patrick Le Geyt	Monthly updates
Te Ara Whakawaiora - Mental Health (Mental Health and AOD National and Local Indicators)	Chris Ash / (David Warrington / Jill Garrett)	3-March-21
Manage My Health	Henry Heke (GM Maori Health) Health Hawke's Bay PHO	3-March-21
Wairoa Dental	Wietske, Claire, Emma	3-March-21
Tihei Mauri Ora Review update	Patrick Le Geyt/ Aria Graham	7-April-21
Water Quality	Nick Jones	7-April-21
Recalibration on HBDHB Resources for 21/22 budget	Emma Foster	7-April-21

23/02/2021

Maternity Cultural Responsiveness Review	Emma Foster	7-April-21
NZ Health & Disability Review	Andrew Phillips	5-May-21
Acute Demand Model	Emma Foster	5-May-21
Maternity Uplift Internal Review	Patrick Le Geyt	TBA
Māori Led Covid-19 Recovery Review	Patrick Le Geyt	TBA

	Māori Relationship Board (MRB)
	For the attention of: HBDHB Board
Document Owner:	Ana Apatu (MRB Chair)
Month:	March 2021
Consideration:	For Information
Recommendation: That HBDHB Board: 1. Note the content of this report.	

The Māori Relationship Board met on 3 February 2021. An overview of issues discussed at the meeting are provided below.

MATTERS ARISING

- 1. Maternity Uplift Internal Review** – members were advised that the Review had been split into two parts; (1) Uplift Internal Review and (2) Cultural Review of the HBDHB Maternity Services. Beverley Te Hui commented that the findings from the cultural review should influence the way we work across the DHB workplace. This will also assist our Māori staff with maintaining their mana in the workplace. The estimated completion date for this programme of work is August 2021.
- 2. Methamphetamine & Mental Health & Addictions** – A meeting was held with the five project leads from Provincial Growth Fund to discuss how best to support this programme. MRB suggested that for these programmes to remain sustainable, the DHB could play a role to support these groups such as providing workforce development and clinical support.
- 3. COVID-19 Review / TMO Review** - Updates were requested for the MRB March meeting. Members requested the TMO Review identify a permanent role for a Māori emergency response team as Māori communities have not been prioritised in climate emergencies.
- 4. Primary Care Action** – Henry Heke updated MRB on the Manage my Health in Central Hawke's Bay. The PHO will engage with the TukiTuki Medical Centre to ensure they adopt this application. There are approximately 3000 whānau in Central Hawke's Bay who are unable to enrol with a GP practice. Currently, whānau from Central Hawke's Bay have to travel to Hastings for GP appointments. There is opportunity to be gained by ensuring Central Hawke's Bay practice works in partnership with Taiwhenua Heretaunga staff.

Keriana Brooking challenged Māori Health to identify what primary health care system will work best with our whānau e.g. community drop in centres within Māori communities that are available at any time. This is an opportunity to transform services to better serve our whānau.

Other briefings provided to MRB noted:

- Treaty Governance Board update** – Two meetings have been held with the Post Settlement Group Entity members, one for Governance and one for Managers. Governance members requested that MRB be involved in the development of this partnership. Patrick communicated that the Treaty Partnership Board is an opportunity to demonstrate Te Tiriti o Waitangi. Patrick informed MRB that this new board wants the input of MRB's knowledge and expressed their confidence in the way things are going. The Treaty Partnership Board acknowledged and expressed their appreciation for MRB. MRB will be operable for a further 6-12 months and during this time the Treaty Governance Board would like to develop this journey together.

- **PHO Update** – Henry Heke from Health Hawke's Bay PHO introduced his team. Henry informed MRB that the PHO CEO has resigned and a new role has been advertised. Henry advised there are currently 19 job vacancies within the PHO and a cultural responsiveness curriculum is being developed. Henry acknowledged that the PHO has plenty of work to complete with 27 practices in primary care.

MRB WORK PLAN

Two items were added to the work plan:

- 1) Water quality concerns for Māori communities
- 2) Lack of dentists available in Wairoa.

SECTION 2: FOR INFORMATION AND DISCUSSION

STRATEGIC MODEL OF CARE

Emma Foster (Executive Director Planning, Funding & Performance) was welcomed and congratulated by MRB for her successful appointment to the Executive Director of Planning, Funding & Performance. Emma provided a verbal update on the Strategic Master Planning Report. Emma noted the DHB had a requirement to construct a strategic direction which was developed through Whānau Ora, Hāpori Ora, approximately two years ago. There is a requirement to merge this into a ten-year Model of Care plan. This model incorporates a vast range of matters, including the Master Plan (infrastructure, facilities, workforce, business modelling etc).

Key messages noted:

- Members highlighted whānau should not have to change in order to receive quality health care, the system should change to better suit whānau needs. A member recommended that Dr Jess Berenson-Shaw as someone who has experience in transformational change across the health sector and would be invaluable to support this programme of work.
- Members expressed that Māori need to be present throughout the planning process. MRB supports Emma's work and recommends having a Māori co-facilitator to ensure that a cultural lens is present throughout strategic planning.


MRB and Planning, Funding & Performance support the development of strategic planning.



WAIROA DENTAL

(Verbal)

Governance Report Overview

	Te Ara Whakawaiaora – Mental Health and Addictions
	For the attention of: Executive Leadership Team; Māori Relationships Board, HB Clinical Council, HB Consumer Council and HBDHB Board
Document Owner	Emma Foster, Executive Director, Funding and Planning
Champion(s)	Chris Ash, Executive Director of Provider Services David Warrington, Service Director, Mental Health & Addictions
Document Author(s)	David Warrington, Service Director, Mental Health & Addictions Peta Rowden, Nurse Director, Mental Health & Addictions Anoek Dechering, Clinical Director, Mental Health & Addictions Jill Garrett, Planning and Funding
Reviewed by	Patrick Le Geyt, General Manager, Maori Health, Te Puni Matawhānui Charrissa Keenan, Programme Manager, Māori Health
Month/Year	February 2021
Purpose	To provide the Executive Leadership Team (ELT) and governance groups with a progress update on the Mental Health and Addiction Service priorities, indicators, and achievement of equity targets.
Previous Consideration Discussions	Reported annually
Summary	The Mental Health and Addiction (MH&AS) Directorate's focus is on: <ul style="list-style-type: none"> Minimising Restrictive Care (HQSC QI Programme) <ul style="list-style-type: none"> Reducing the number of Maori subject to an indefinite compulsory treatment order (Section 29) of the Mental Health Act (1992). Seclusion Improving discharge and transition plan for children, youth, and adults Shorter waiting times for non-urgent referrals (youth)
Contribution to Goals and Strategic Implications	<p>Mental Health and Addictions Priorities – whole of system</p> <p>Mental Health and Addictions inpatient services continue to experience a protracted period of time when occupancy exceeds 100% which impacts on the flow of clients through the acute service. This transforms the service in to a long stay chronic unit requiring services to provide acute care, sub-acute care, chronic care and older persons care. It is recognised locally, regionally and nationally that access to services across the whole Mental Health and Addictions spectrum is limited in both scope, diversity and capability to manage demand. This can be broken down into services required to meet the needs of five distinct whaiora groups. The table (Appendix 1) outlines the activities that the DHB is undertaking to meet demand.</p> <p>These priorities are:</p>

	<ul style="list-style-type: none"> • Re-commissioning a Personality Disorder Service (locally or regionally) • New Crisis Model • Long stay whaiora with high and complex needs requiring long-term accommodation and support. • Sub-acute step down inclusive of extended programs of rehabilitation for regional whaiora returning home. <p>Organisational priorities include:</p> <ul style="list-style-type: none"> • Health Equity report – to work toward a responsive and equitable health system and services. • Clinical Services Plan – whaiora and whanau centred approach, Kaupapa Māori specific approaches. • HBDHB expectation - Equitable health outcomes for Māori.
Impact on Reducing Inequities/Disparities	<p>All priorities (stated above) will assist achieving equity for Maori in all aspects of health and wellbeing.</p> <p>The directorate continues to follow and apply the HBDHB Equity Framework to all activities being reviewed and revised</p>
Consumer Engagement	<p>The Partnership Advisory Group (PAG) are involved in service development and quality improvement initiatives to ensure that consumer voice is heard at all levels. The DHB Consumer Advisor and PAG Family advisor are also fully engaged with quality improvement work.</p>
Other Consultation /Involvement	<ul style="list-style-type: none"> • Mental Health and Addiction Staff • Kaitakawaenga • Police Liaison Clinical Nurse Specialist • Director of Area Mental Health Service (DAMHS) • NGO network of providers
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable
<p>RECOMMENDATION:</p> <p>It is recommended that the HBDHB Board, HB Clinical Council, HB Health Consumer Council, Māori Relationship Board:</p> <ol style="list-style-type: none"> 1. Note the content of the report. 2. Support activities to address performance. 3. Agree to review indicators at next report period when new indicators will be proposed. 	



MENTAL HEALTH & ADDICTIONS

OVERVIEW

Te Ara Whakawaiora (TAW) is a report drawn from the Māori Health Plan and is reported on quarterly by champions to ensure improvements are made and sustained. This report focuses on key actions being taken to improve Mental Health and Addiction Services for Māori.

The indicators included in this report are an ongoing priority focus for the Mental Health and Addiction Directorate, which contribute to improving the health outcomes for Māori in Hawke's Bay. These include:

- **Indicator 1:** Rate of Section 29 Compulsory Treatment Orders ($\leq 81.5\%$)
- **Indicator 2:** Reduction in the use of seclusion
- **Indicator 3:** Improving mental health using wellness and transition (discharge) planning.
 - Follow up within 7 days of discharge,
 - 95% of clients discharged will have a quality transition or wellness plan.
- **Indicator 4:** Shorter waits for non-urgent mental health and addiction services (0-19 years)
 - Mental Health: seen within 3 weeks ($>80\%$); seen within 8 weeks ($>95\%$)
 - Addictions: seen within 3 weeks ($>80\%$); seen within 8 weeks ($>95\%$)

WHY ARE THESE INDICATORS IMPORTANT?

Inequality in Outcomes in Mental Health Status for Māori, along with several other indicators, this data shows continuing and persistent inequity in quality of care for Maori. This is evidenced by:

- Māori have higher rates of access to Mental Health Services than non-Māori.
- Māori have higher rates of use of Section 29 compared to non-Māori on average.
- Estimated twelve-month prevalence of schizophrenia for Māori (0.97%) is significantly higher than for non-Māori (0.32%). See **
- Hospitalisation rate and readmission rate is higher for Māori

COVID STATEMENT

Mental Health Services continue to experience high demand and complexity which is reflected nationally and regionally because of the impact of COVID 19. This experience of the local services has been highlighted at regional and national level with additional support being worked through to address demand.

INDICATOR ONE:

RATE OF SECTION 29 COMPULSORY TREATMENT ORDERS (<81.5%)

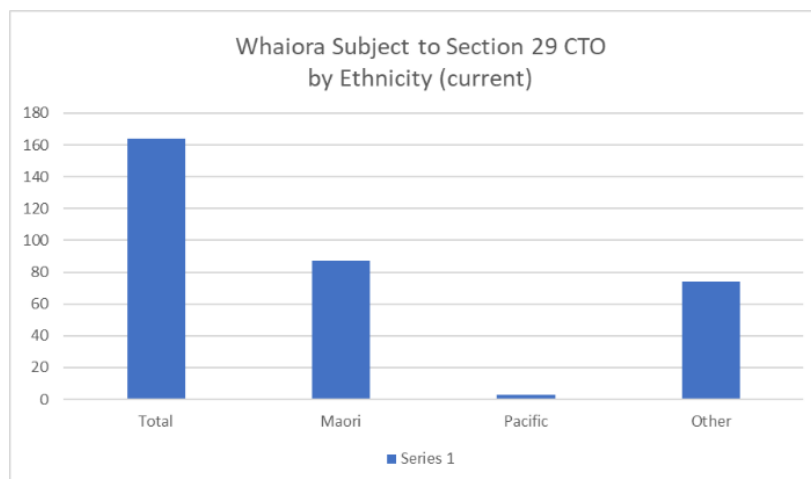
Performance Status: **Off Track**

Graph 1.0 - Rate of section 29 Compulsory Treatment Order



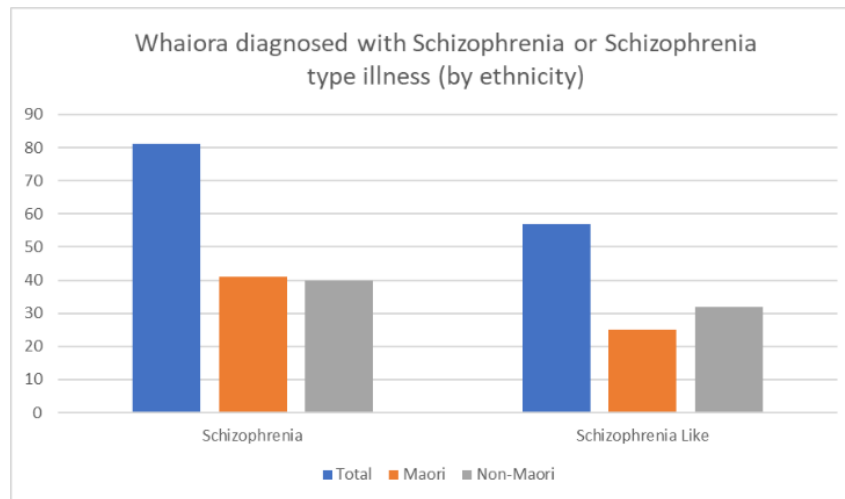
Graph 1.1 - Hawke's Bay Actual number of people

Subject to Section 29 Compulsory Treatment Order (Dec 2019 – Dec 2020)



Graph 1.2 – Hawke’s Bay number of people

Subject to Section 29 Compulsory Treatment Order who are diagnosed with Schizophrenia or Schizophrenia-like illness.



Note: On average Māori have 3 - 4 times higher rates of use of Section 29 compared to non-Māori. This is evidenced above. Broadly, with regard to the prognosis in treatment of schizophrenia, there are two key factors which impact significantly, including: (a) longer duration of untreated psychosis and (b) higher functional impairment.

Assertive services, especially at initial onset of psychosis, which support functional gain are crucial to generating positive outcomes. Responsiveness requires clear understanding of who is impacted and of the socioeconomic issues that increase vulnerability. Better understanding helps to increase collaboration with external agencies, including cultural and social agencies, to provide a more holistic, integrated and comprehensive response.

**** With the** estimated twelve-month prevalence of schizophrenia for Māori (0.97%) being significantly higher than for non-Māori (0.32%) it is of interest to note that a snapshot of the data as of January 2021 shows a total of 164 individuals on a CTO. This is made up of 87 individuals who identify as Maori and 77 individuals who identify as non-Maori.

The total number of those under S29 CTO, 84% of have a diagnosis of Schizophrenia or Schizophrenia type illness. The data also shows that 76% of Maori under a CTO have a diagnosis of Schizophrenia or Schizophrenia type illness and for non-Maori this is 94%.

Current Activity to Address Performance:

- Hawke’s Bay DHB is supporting a research project, to be conducted by one of our psychiatry trainees, Dr Arahia Kirikiri, that will investigate the experiences of Maori tangata whaiora who are subject to Compulsory Treatment Orders (MH(CAT)Act 1992) and their whānau, and the barriers preventing them from receiving treatment on a voluntary basis.
- The aim is to recruit a purposive sample of 5 to 10 subjects whom she will interview in a semi-structured way with a view to investigating the research questions.
- The material gathered will be analysed thematically and Dr Kirikiri will put the results and conclusions into the format of a publishable scholarly paper.
- The intention is that the research would be made available to the DHB to assist with clinician training and service design. Dr Kirikiri has received indicative approval from Te Taiwhenua O Heretaunga Maori

health services and Wahanga Hauora Maori Health Services of the Hawkes Bay District Health Board; once this has been formalized, she will submit an application for ethical approval.

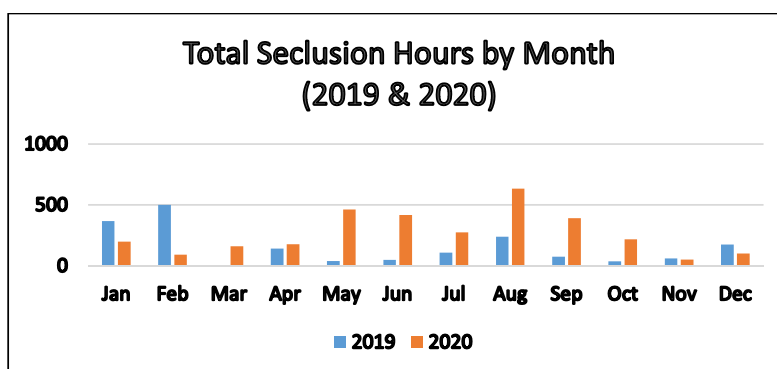
Dr Kirikiri, who (Te Whānau-ā-Apanui) is being supported by representatives of the local iwi in this research. She has described the design of the study as acknowledging the importance of Kaupapa Maori principles of Tino Rangatiratanga (self-determination), Taonga Tuku Iho (cultural aspiration), Ako Maori (culturally preferred pedagogy), Kia piki ake I nga raruraru o te kainga (socio-economic mediation), whanau (extended family structure), kaupapa (collective philosophy), te tiriti o waitanga (Treaty of Waitangi), and Ata (growing respectful relationships).

Recommendations

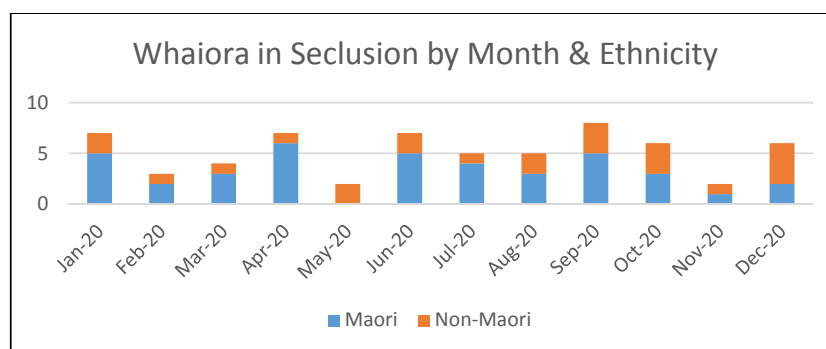
- Improve the quality of mental health services, including reducing the rate of Māori under community treatment orders
 - Monitor Compulsory Treatment Orders (CTOs) by ethnicity and continue with actions which have contributed to a decrease in CTOs for Māori.
 - Partner with police; education of nurses and key workers to support whānau to understand legal issues and the process of CTO courts.
 - Explore written material which is used to explain these processes to whānau in other centres, with a view to using locally, if appropriate
 - Recruit to Maori Specific role to DLT to assist and advise on achieving equity.
- Re-establish the CTO review meetings
 - Formulate a Terms of reference to ensure purpose and appropriate membership.
 - Set meetings.
 - Engagement with DAMHS and District Inspector
- Staff to attend mandatory and MH specific training to assist in appropriate engagement / approaches with consumers / whanau (focus on least restrictive models of care)
 - Engaging Effectively with Maori training
 - Sensory modulation
 - De-escalation and Breakaway (community / NGO)
 - Trauma informed care
 - Safe Practice Effective Communication (inpatient / security)

INDICATOR TWO:
REDUCE THE USE OF SECLUSION
 Performance Status: **Off Track**

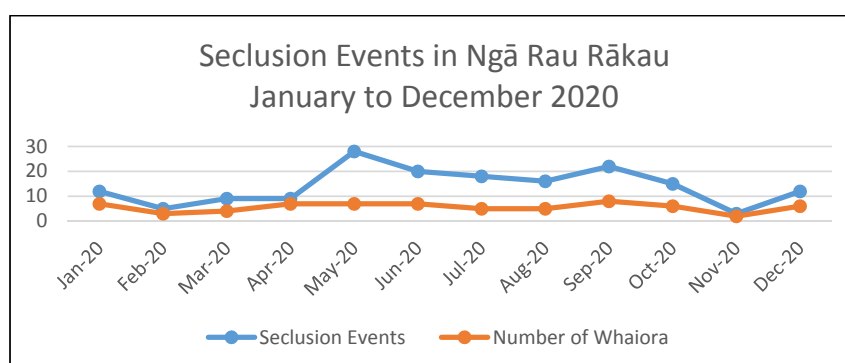
Graph 2.0 – HBDHB Total Seclusion hours by Month (Jan 20 – Dec 20) – Total Population



Graph 2.1 – HBDHB Seclusion hours by Month (Jan 20 – Dec 20) – Māori vs Non-Māori Population



Graph 2.2 – HBDHB Seclusion Events by Month (Jan 20 – Dec 20) – Māori vs Non-Māori Population



Note: In 2018, the service embarked on the “Zero Seclusion by 2020” programme under the guidance of the Health Quality Safety Commission (HQSC). Whilst the aim for “zero” seclusion was the aim of the programme, the Hawke’s Bay project team opted to focus on equity for Māori; specifically, to reduce seclusion on admission for Māori to Ngā Rau Rākau. In 2019, we successfully achieved our goal through training, listening to the voice of whaiaora, their whanau, MHAS staff and other stakeholders (e.g. Police). The aim for MHAS was to have less than 804 hours of seclusion per year. Following a successful year in 2019, 2020 showed an increase in seclusion hours from 1798 to 3187 hours. In the 2020 Calendar year, there was a total of 169 seclusion events involving 59 whaiaora. Of the total events, 98 of those involved 37 whaiaora identifying as Maori.

Current Activity to address Performance

The DHB continues Focus on this indicator by:

- Improving systems and processes within Ngā Rau Rākau
- Improving relationships and collaboration with NGO partners and other stakeholders to improve flow
- Appointment of Nurse Educator in ED
- Clinical Nurse Specialist within the Police Liaison service

New activity being developed (using the HBDHB Equity Framework) – Annual plan activities

- Development of Crisis Hub (working across sectors to respond to whanau in crisis)
- Increasing capacity within the police liaison service – (peer support workforce)
- Appointment of Kaiwhakataki Hinengaro Māori

Recommendations:

- Continue the work already in train as listed above.

INDICATOR THREE:

IMPROVING MENTAL HEALTH USING WELLNESS AND TRANSITION (DISCHARGE) PLANNING

a) Follow up post discharge: contact within 7 days of discharge.

Performance Status:

The table below illustrates **improved rates** of follow up post discharge for Māori. By December 2020, the follow up rate was higher for Māori than other. Activity around this indicator has been prioritised within the annual plan. It relates to close monitoring following discharge of clients into the community setting. This work is carried out by both DHB Community Mental Health and Te Taihenua Community Mental Health teams.

Table 3.0 – Contact 7 days post discharge date

	Maori					Pacific					Other					Not Stated			
	Overnight discharges		Contact within 7 days after discharge date		No Contact within 7 days after discharge date		Overnight discharges		Contact within 7 days after discharge date		No Contact within 7 days after discharge date		Overnight discharges		Contact within 7 days after discharge date		No Contact within 7 days after discharge date		
	Total	Number	%	Number	%	Total	Number	%	Number	%	Total	Number	%	Number	%		Total		
Jun-20	21	17	81.0%	4	19.0%	2	2	100.0%	0	0.0%	20	17	85.0%	3	15.0%	0			
Jul-20	16	15	93.8%	1	6.3%	1	1	100.0%	0	0.0%	21	17	81.0%	4	19.0%	0			
Aug-20	18	12	66.7%	6	33.3%	0	0	NA	0	NA	23	20	87.0%	3	13.0%	0			
Sep-20	17	15	88.2%	2	11.8%	0	0	NA	0	NA	20	15	75.0%	5	25.0%	0			
Oct-20	21	16	76.2%	5	23.8%	1	1	100.0%	0	0.0%	15	9	60.0%	6	40.0%	0			
Nov-20	23	9	39.1%	14	60.9%	0	0	NA	0	NA	10	7	70.0%	3	30.0%	0			
Dec-20	18	14	77.8%	4	22.2%	0	0	NA	0	NA	16	10	62.5%	6	37.5%	0			

b) 95% Target for each of the following

- Clients Discharged from Inpatient services will have a quality transition or wellness plan
- Clients discharged from community services will have a quality transition or wellness plan
- Audited files will meet good practice standards

Performance Status:

The percentage of whaiora with a plan does not meet the target.

The standard of plans meets target in 2:3 indicators

Table 3.1 – Clients discharged from Inpatient services with transition / discharge plan (Target 95%)

	Clients with a transition (discharge) plan	Audited plans of an acceptable standard
Q2	72.5%	85%
Q4	72.7%	83.3%

Table 3.2 – Clients discharged from Community teams with transition (discharge) plan (Target 95%)

	Clients with a transition (discharge) plan	Audited plans of an acceptable standard
Q2	77.9%	94%
Q4	79.9%	98.3%

Table 3.3 – Clients Open to the services for greater than 12 months with wellness plan (Target 95%)

	Clients with a transition (discharge) plan	Audited plans of an acceptable standard
Q2	77.9%	94%
Q4	79.9%	98.3%

Note: In 2020, the reporting of this indicator changed. The reporting now includes all whaiora open to community teams (children, youth, and adults). Currently ethnicity data is not available for this indicator, however the DHB is working with MoH to gain ethnicity data for this indicator.

Current Activity to address performance:

This indicator now forms part of the annual plan activities with actions identified to improve performance. Early analysis of barriers to success that are being addressed are;

- Adherence to data entry guidelines to ensure quality and consistency of capture
- Individual team performance monitoring

Recommendation:

- Continue to ensure this indicator has a focus within the annual plan activities

INDICATOR FOUR
Shorter waits for non-urgent mental health and addiction services – (0-19yrs)

a) **Mental Health (Provider Arm):** seen within 3 weeks (>80%); seen within 8 weeks (>95%)

Performance Status: The service is performing within 5% of target

Table 4.0 - % People seen (Provider Arm)

	% of people seen within 3 weeks of referral (80% Target)	% of people seen within 8 weeks of referral (95% Target)
Q4	77.7%	92.1%
Q1	75%	90.5%
Q2	78.2%	92.8%

Mental Health Provider Arm									
<3 weeks					<8 weeks				
Target	Total	Maori	Pacific	Other	Target	Total	Maori	Pacific	Other
80.0%	78.2%	78.5%	78.9%	77.9%	95%	92.8%	92.0%	94.7%	93.4%

b) **Addictions Service:** seen within 3 weeks (>80%); seen within 8 weeks (>95%)

Performance Status: Areas of under-performance identified.

Table 4.1 - % People seen (Addictions Services)

	% of people seen within 3 weeks of referral (80% Target)	% of people seen within 8 weeks of referral (95% Target)
Q4	78%	94%
Q1	82%	90%
Q2	76%	83%

Provider Arm & NGO (Alcohol and Drug)									
<3 weeks					<8 weeks				
Target	Total	Maori	Pacific	Other	Target	Total	Maori	Pacific	Other
80.0%	76.7%	68.4%	0.0%	90.9%	95%	83.3%	73.7%	0.0%	100.0%

Note: CAFS team have been under considerable pressure with increased demand on services and vacancies that have been numerous and difficult to fill. A review of the CAFS service was highlighted as a recommendation in the last report. The Terms of Reference has been finalised and the reviewers have been selected. A date for the review is set for mid-May and will be completed by July 2021.

Current Activity to Address Performance:

This indicator now forms part of the annual plan activities with actions identified to improve performance. Early analysis of barriers to success that are being addressed are:

- Trial new system of referral pathways – identified in Q2 2021-22
- Address Access issues that create barriers to engagement
 - Telephone contact with the family is occurring shortly after referral to introduce the service and to ensure the proposed appointment time works for the family.
 - Cultural support is available to the team. At referral, families who may benefit from support are identified by the Kaitakawaenga, and their role in engagement facilitated.
 - CAFS are seeking to engage with young people in settings familiar to the young person (i.e. at schools, at other agencies where the young person or family already have relationships).
- Respond to findings from CAFS review
- Implement recruitment plan

Recommendations:

- Continue to ensure this indicator has a focus within the annual plan activities

Recommendations from the Champion

(Taken from current activities to address performance)

Indicator	Key Recommendations	Responsible	Timeframe
Indicator 1	<ul style="list-style-type: none"> Re-establish CTO review meetings Staff attendance of mandatory and MH specific Training Support the continuation of activities within the HQSC-Quality Improvement Initiative as listed under current activity to address performance. 	Anoek Dechering Peta Rowden Dr Kirikiri Dr Greg Young Robert Walker	March 2021/ Ongoing Current / Ongoing Dec 2021
Indicator 2	<ul style="list-style-type: none"> Stand up the Police Liaison Peer support workforce & Crisis Peer support workforce Appoint Kaiwhakahaere Hinengaro Māori Development / implement the Crisis Hub Model 	David Warrington Peta Rowden Anoek Dechering Jill Garrett	May 2021 June 2021 Dec 2021
Indicator 3	<ul style="list-style-type: none"> Improve data entry quality and compliance Use data findings to improve follow up processes 	Community Mental Health Leads: Liam Jackson Di Cowan Rob Armstrong (TToH)	Quarterly revision
Indicator 4	<ul style="list-style-type: none"> Implement recruitment plan Trial new referral Pathways Use findings from CAFs review to identify service improvements 	Tafadzwa Mavhunga David Warrington Peta Rowden Anoek Dechering Raes	March 2021 March 2021 July 2021

APPENDIX 1

Table 1.0 Update on mitigation strategies

Whaiora Group		Progress to date
<i>Whaiora requiring specialised, secure services at regional service level</i>		Regional working group formed December 2020 based off the TAS review of regional provision of mental health and addictions specialised services. Francis Group appointed to complete review. Initial meetings started with regional portfolio managers
<i>Whānau in Crisis¹</i>		DHB partnering with, TToH, Police, MSD, to provide services to meet the needs of whanau in crisis and includes a residential component.
<i>Long stay clients with high and complex needs requiring long-term accommodation and support</i>		Intersector group established to find solutions to this client cohort- DHB-MSD-Kainga Ora Strengthen internal process to facilitate discharge planning.
		Increase bed capacity within NGO sector
		Bed allocation prioritisation system to timely discharge: - Inpatient - MHAS- disability + home based clients.
		Older Persons Mental Health: - Review current service provision allocation to directorate
	Scoping	Increase clinical capacity within NGO sector and the capability to manage higher levels of complexity
		Repurchase an IDF share Personality Disorder Speciality Service – estimated at \$45,000 p.a.
<i>Sub-acute step down inclusive of extended programs of rehabilitation for regional clients returning home</i>		Review and revise current provision of Respite services (planned adult and acute youth respite)
	Scoping	Partner with ACC-DSS-DHB to establish a dedicated therapy-based facility to meet the needs of this cohort of clients'
		POC to support bespoke solutions for individual clients
	22-25	Long-term rehab facility: Step down from regional services Step down from acute inpatient services
In addition: <ul style="list-style-type: none"> • Tranche 1:3 implemented of the Integrated Primary Mental Health and Addictions Service • Extension of Kaupapa Maori Community based MH&A services (inclusive of Wairoa) 		



NGĀKAU ORA


(Presentation)



MANAGE MY HEALTH

(Presentation)

12

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLL-OUT PROGRESS REPORT FEBRUARY 2021</p> <p>For the attention of: Māori Relationship Board</p>
<p>Document Owner</p>	<p>Chris McKenna - Chief Nursing and Midwifery Officer (Lead Sponsor)</p> <p>Patrick Le Geyt – Acting Executive Director, Health Improvement & Equity (Co-Sponsor)</p>
<p>Document Author(s)</p>	<p>Ngaira Harker – Nurse Director Māori Health (COVID-19 Operational Lead)</p>
<p>Date</p>	<p>March 2021</p>
<p>Purpose/Summary of the Aim of the Paper</p>	<p>Monthly update COVID-19 Vaccine roll-out Hawkes Bay District Health Board</p>
<p>Health Equity Framework</p> <ul style="list-style-type: none"> • Make health equity a strategic priority • Develop structure and processes to support health equity work • Address the multiple determinants of health • Eliminate institutional racism • Partner with community organisations 	<p>The COVID Vaccination Programme overarching equity for Māori is a priority as well as Pacific and high needs populations groups.</p> <p>This will require specific actions to meet the needs of these identified groups, resourcing and implementing those actions, and monitoring and tracking the results for the identified groups.</p>
<p>Principles of the Treaty of Waitangi that this report addresses:</p> <ul style="list-style-type: none"> • Tino Rangatiratanga: Providing for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services. • Equity: Being committed to achieving equitable health outcomes for Māori. • Active Protection: Acting to the fullest extent practicable to achieve equitable health outcomes for Māori • Options: Providing for and properly resourcing kaupapa Māori health and disability services. • Partnership: Working in partnership with Māori in the governance, design, delivery and monitoring of health and disability services 	<p>Te Tiriti o Waitangi and equity are the overarching principles of the immunisation strategy. These principles are integrated across the pillars and enablers of the strategy.</p> <p>We are partnering with respective Iwi, Māori Relationship Boards, Māori providers and communities to develop, design, implement, and monitor the vaccination programme.</p>
<p>Risk Assessment</p>	<p>In line with Ministry of Health's COVID-19 Risk Register.</p>

Financial/Legal Impact	A funding model is being developed by MOH.
Stakeholder Consultation and Impact	Ongoing - in line with COVID-19 Strategy.
Strategic Impact	May have some impact on workforce requirements.
Previous Consideration / Interdependent Papers	N/A
<p>RECOMMENDATION: <i>It is recommended that the Māori Relationship Board:</i></p> <ol style="list-style-type: none"> 1. Note the COVID-19 Vaccination and Immunisation progress report. 	

EXECUTIVE SUMMARY

This report outlines the monthly progress to date for the COVID-19 Vaccination Immunisation programme.

BACKGROUND

A COVID vaccination project structure for Tier 1 has been completed and sits under the CIMS structure. The Tier 1 project structure mirrors the programme structure outlined by the Ministry of Health. Chris McKenna, Chief Nursing Officer is Senior Responsible Owner for the programme with support from Patrick Le Geyt, Acting Executive Director Health Improvement & Equity. There is oversight from a governance group with responsibility for the overall delivery of the programme. Programme management is provided by Nurse Director Ngaira Harker and Andrea Jopling was onboarded as Project Lead in early February.

The COVID-19 Vaccination roll-out for Tier 1 of the national programme commenced 20 February 2021. This is in line with the scheduled range of the Tier 1 MOH 15-day national roll-out plan (Appendix A). HBDHB COVID-19 Tier 1 vaccination roll-out dates are confirmed.

HAWKE'S BAY TIER 1 COVID-19 VACCINATION SCHEDULE – BORDER WORKERS

Tier 1a

We have worked closely in planning for port with Iwi representatives. JB Heperi-Smith met with Hawke's Bay harbour leaders to discuss their respective roles in the COVID vaccination roll-out. Harbour leaders were appreciative of support and guidance within a cultural context. Kaumatua will be onsite at the Port to open and lead proceedings to support the vaccination roll-out.

Border workers at the Port of Napier are confirmed to commence vaccination. The COVID-19 vaccination roll-out at the Port of Napier will continue over two weeks from commencement to completion of all port border worker vaccinations. The second Pfizer vaccination will be delivered on site in 21 days as per guidelines.

The development and planning for this event is in partnership with the Napier Port Management and The Doctors Napier (the lead provider for Port of Napier). Consultation with port leaders and workers to support and prepare for the roll-out has been ongoing pre-event, and will continue throughout the vaccine event and post-event.

The Tier 1a vaccination delivery dates for airport workers and health protection officers are to be confirmed by The Doctors Napier, Hastings Health Centre and Napier Health Centre. These providers will be delivering on-site.

Tier 1b

Households of border worker's vaccine roll-out will commence following confirmation of the number of family members in the household. This data is to be collated at the border worker's vaccination sites. This approach is in line with the national operational guidelines re: vaccinating household contacts (See Table 1)

TABLE 1: VACCINATION SITES TIER 1

Site	Target Group	Site Lead	Estimated number to vaccinate
Port of Napier	For eligible port staff, customs staff and port contractor employees	Andrea Halpin, The Doctors Napier	250- 270
The Doctors Napier	Skyline Aviation staff, border worker household contacts, health protection officers	Andrea Halpin, The Doctors Napier	50, plus household contacts to be confirmed
Hastings Health Centre	Small number of airline staff, some border worker household contacts	Andrew Lesperance, Hastings Health Centre	TBC

VACCINATION WORKFORCE DEVELOPMENT

Training requirements to meet the vaccination schedule are in progress. Online training for Tier 1 vaccinator and administrator workforce has commenced and is scheduled to be completed by 26 February. Fiona Jackson, Team Leader Immunisation is leading management of workforce requirements.

Access to training has been impacted by delays in employment of an IMAC representative for Hawke's Bay DHB and the regional IMAC representative for the region to support and advise on vaccination workforce development. Despite this delay, we have confirmed the vaccination workforce is ready to support Tier 1 roll-out. It is important to acknowledge and thank the

- commitment from the public health nurses to complete online requirements prior to the 2 March vaccination delivery date. This has required additional training outside of work hours
- HBDHB Immunisation team who have completed over the last week vaccinator assessment at the Napier Health Centre to authorise vaccination certification for the Napier Health Centre nursing team

A workforce plan to support delivery for Tier 2 (frontline workers) and Tier 3 roll-out is in development. A priority is to ensure workforce models meet the needs for capacity and capability across the region.

MOH Tier 1 OPERATIONAL GUIDELINES

Guiding the delivery of HBDHB Tier 1 COVID-19 roll-out are the MOH Tier 1 operational guidelines. This document provides guidance to establish and manage a COVID-19 vaccination site, including guidelines for the vaccination workforce. This document is designed to assist District Health Boards (DHBs) and providers maintain public safety and ensure consistent and equitable COVID-19 vaccination practices are in place across New Zealand. It provides a comprehensive checklist to ensure we are prepared and meet requirements to support successful delivery. The guidelines have provided added assurance in newly created clinics and in supporting consistency for providers.

COMMUNICATION

- Tier 1 communication to border worker and whānau of border workers has been developed and distributed by the Ministry of Health recently to DHBs. This has been in response to DHBs requesting more targeted information to support requests from border workers and leaders about the Pfizer vaccine and the immunisation process. Additional communication requests and a communication plan for our rohe is now in development
- A Q&A session for border workers at the port is scheduled for 23 February. This will be filmed to support future use

MĀORI ENGAGEMENT

- Tuesday 16 February - Patrick Le Geyt, Ngaira Harker and JB Heperi-Smith held a hui with Ngāti Kahungunu Iwi Inc. (NKII) Board in relation to COVID readiness throughout the rohe of Ngāti Kahungunu. NKII board members were very receptive with working alongside the HBDHB COVID-19 Vaccination roll-out plan. For Ngāti Kahungunu, the COVID-19 vaccination roll-out is a significant time for Iwi and New Zealanders. NKII will provide the necessary support and manaakitanga to celebrate the first roll-out of the vaccine in the Hawke's Bay. The iwi support the tier approach for the vaccination roll-out with emphasis and focus on our whānau pounamu (vulnerable whānau) with Kaumātua being priority
- Thursday 18 February - JB Heperi-Smith, Andrea Jopling, Dr Nick Jones, Ngaira Harker and Fiona Jackson met with Hawke's Bay harbour leaders to discuss their respective roles in the COVID vaccination roll-out. Harbour leaders were appreciative, providing guidance within cultural context of their Māori and Pasifika workforce
- Friday 19 February - Patrick Le Geyt sent a communication email to all Māori providers in HBDHB region to inform of the COVID-19 Vaccination roll-out plan.
- Friday 19 February - Harbour Board co-lead David Pons and the Harbour Board Cultural Advisor Te Kaha Hawaikirangi to further support in planning for the Q&A meeting next Thursday 25 February. A general consensus that support for Māori and Pasifika would need to be culturally-led to ensure a positive outcome for vaccinations was agreed. Post this Q&A, a plan for the Iwi engagement for the port workers first vaccination day will be developed

NEXT STEPS

We will update the Board on any potential risks and/or delays in detail that may impact on our ability to deliver and support COVID-19 vaccination roll-out in Hawke's Bay.

RECOMMENDATIONS

That the Māori Relationship Board note the COVID-19 Vaccination and Immunisation roll-out progress report.

Appendix A: DHB 15 day roll-out plan



Below provides a 15 day view for rolling out the Pfizer vaccine to Phase 1a cohort: Border, MIQ / MIF workforce. It lists the DHB's where Border and MIQ facilities are located, day in the cycle they will commence and approximate population numbers to be vaccinated over the period.

Day 1: Auckland, Counties Manukau, Waitemata; **Day 3:** Capital & Coast; **Day 5:** Canterbury; **Day 7:** Waikato, Lakes; **Day 9:** Remaining Tier 1a DHB's (9).

This 15 day plan will see 9.6% of available vaccines utilised.

DHB	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Auckland	3 MIQ facilities, 1 Border – Port. 2,520 to be vaccinated														
Counties Manukau	2 MIQ facilities, 1 Border – Airport. 3,360 to be vaccinated														
Waitemata	2 Border – Ports. 160 to be vaccinated														
Capital & Coast			2 MIQ facilities, 1 Border – Port, 1 Border – Airport. 775 to be vaccinated												
Canterbury					6 MIQ facilities, 1 Border – Airport, 1 Border – Port. 2,090 to be vaccinated										
Waikato							1 MIQ facility, 1 Border – Port. 325 to be vaccinated								
Lakes							1 MIQ facility. 270 to be vaccinated								
Bay of Plenty									1 Border – Port. 455 to be vaccinated						
Hawkes Bay									1 Border – Port. 210 to be vaccinated						
Nelson Marlborough									3 Border – Ports. 360 to be vaccinated						
Northland									1 Border – Port. 140 to be vaccinated						
South Canterbury									1 Border – Port. 140 to be vaccinated						
Southern									2 Border – Ports. 335 to be vaccinated						
Tairāwhiti									1 Border – Port. 100 to be vaccinated						
Taranaki									1 Border – Port. 100 to be vaccinated						



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 Meeting - nil**
- 15. Matters Arising – Review Actions - nil**

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).