



Māori Relationship Board Meeting

Date: Wednesday, 3 February 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
Lynlee Aitcheson-Johnson	Joanne Edwards
Charlie Lambert	

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.
 Rawinia Wilcox, Administration Coordinator, Māori Health
 Emma Foster, Executive Director, Planning, Funding & Performance

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Introductions/ Apologies	
3.	Whakawhanaungatanga	
4.	Interests Register	
5.	Minutes of Previous Meeting (2 December 2020)	
6.	Matters Arising – Review of Actions	
7.	MRB Workplan	
8.	MRB Chairs Report to Board – December 2020	
	Section 2: For Information / Discussion	
9.	Strategic Master Planning Report to MRB – Emma Foster	10.00
10.	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)
11.	Minutes of the Meeting – Nil	
12.	Karakia Whakamutunga (Closing) – followed by a light lunch	12.00

Our shared values and behaviours



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

Welcoming

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

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

Respectful

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

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

Kind

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

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

Helpful

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

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

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

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

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

Learning

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

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

Innovating

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

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

Appreciative

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

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

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

Listens

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

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

Communicates

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

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

Involves

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

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

Connects

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

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

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

Professional

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

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

Safe

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

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

Efficient

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

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

Speaks up

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

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

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Maori Relationship Board 3 February 2021 - Interest Register

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

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 2 DECEMBER 2020, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9:00AM**

- Present:** Ana Apatu (Chair)
Kerri Nuku
Hine Flood (via Zoom)
Trish Giddens
Joanne Edwards (to 9.15am)
- Apologies:** Shayne Walker (HBDHB Board Chair)
Chrissie Hape (Chief Executive, Ngāti Kahungunu Iwi Inc.)
Heather Skipworth
Dr Fiona Cram
Beverly Te Huia
Charlie Lambert
Lynlee Aitcheson-Johnson
- In Attendance:** Patrick Le Geyt (Interim Executive Director, Health Improvement & Equity)
Tanira Te Au (HBDHB Pouahurea)
Tiwana Aranui (HBDHB Kaumatua)
JB Heperi Smith (HBDHB Senior Cultural Advisor)
Andy Phillips (Chief Allied Health Profession Officer)
Rawinia Wilcox (Māori Health Service Administrator Coordinator)
Graeme Norton (Consumer Council Review Group Chair)
Emma Foster (Interim Executive Director Planning & Funding (Acting))
Robyn Richardson (Portfolio Manager, Planning and Funding)
Suzanne Parkinson (Portfolio Manager, Planning and Funding)

1. KARAKIA

Tiwana Aranui opened the meeting with a Karakia.

2. APOLOGIES

Apologies were received from Heather Skipworth, Joanne Edwards, Dr Fiona Cram, Beverly Te Huia, Charlie Lambert, 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 4 November 2020 were approved as a correct record of the meeting.

Moved: Trish Giddens

Seconded: Ana Apatu

6. MATTERS ARISING – REVIEW OF ACTIONS

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

- Item 3: **Oranga Tamariki**

It was noted that Māori are more likely to be uplifted. Members stated the urgency around completing this report. There are human rights that have been breached that must be addressed.

MRB members expressed the urgency that the HBDHB conducts the Maternity Services internal review and requested that a timeframe be brought back to MRB at their next meeting. **Action**

- Item 6: **COVID-19/Tihei Mauri Ora Review**

(a) A meeting of the COVID-19 subcommittee was held to discuss the COVID-19 review. The MRB Sub-Committee drafted recommendations to be included within the scope that will highlight how Māori were affected by COVID-19 for future learnings. Patrick Le Geyt is meeting with Ken Foote to further discuss this review.

(b) The Tihei Mauri Ora review is set to be completed by March/April 2021.

MRB members expressed the importance of having more diversity on the HBDHB Board, recommending a Pasifika representative.

7. MRB WORK PLAN

The MRB work plan was noted.

8. CHAIR'S REPORT

The MRB Chair's Report was taken as read.

9. CONSUMER COUNCIL REVIEW UPDATE

Graeme Norton (Consumer Council Review Group Chair) was welcomed. Graeme provided a verbal update on the current review of the Consumer Council.

Discussions noted:

Graeme outlined the review process and was at MRB to better understand and gain insight of Māori representation on Consumer Council.

Graeme requested MRB's advice on how MRB would like to collaborate with Consumer Council, how they can maintain a strong relationship, provide feedback on how this can look going forward.

Key messages noted:

- MRB expressed the need for Māori consumer voice to feature strongly within the Consumer Council. MRB emphasised the need for specific Māori voices and communities from local level be listened to and addressed. MRB understands that communities within the Hawke's Bay region require different support from one another. MRB would like a commitment from the HBDHB to listen and address Māori consumer voice
- MRB members emphasised the need for community representatives who have lived-experience to advocate on behalf of our communities such as; disability, mental health and addictions, gang whānau and rangitahi
- The Two-Tier Treaty Governance paper is a leading report that supports a new pathway for the Crown and Māori to work together collectively. It was recommended that Consumer Council adopt high level principles from this paper
- Wairoa has a template for a community partnership model. MRB members believe this would benefit other communities within the Hawke's Bay as this allows communities to make their own decisions around what would benefit those most.

10. TE ARA WHAKAWAIORA – HEALTH OF KAUMĀTUA – AGEING WELL IN HAWKE’S BAY – LONG TERM CONDITIONS

Emma Foster, Suzanne Parkinson and Robyn Richardson from Planning & Funding delivered a verbal presentation on the two submitted papers that form the Te Ara Whakawaiora (TAW) accountability framework. These papers were presented together as they directly link with one another.

Emma Foster and Suzanne Parkinson spoke on the Health of Kaumātua – Ageing Well in Hawke’s Bay report. The purpose of this report is to achieve health equity improvement for Kaumātua Māori and bring together the conclusion of the Ageing Well in Hawke’s Bay Board updates, with the first TAW action plan for Health of Kaumātua.

This report included five main long-term outcomes and objectives.

Outcomes:

1. HB Kaumātua live well and age well
2. HB Kaumātua have effective support during and following acute events
3. HB Kaumātua with high and complex needs have the appropriate support services
4. HB Kaumātua have a respectful end of life
5. HB has age, dementia, disability friendly health services and communities.

These outcomes align with: Whānau Ora Hāpori Ora, Kā Hikitia, Health Hawke’s Bay PHO/Hawke’s Bay DHB Annual Plan, Te Ara Whakawaiora report, Health Equity Framework cycle, NZ Health Ageing Strategy, Positive Ageing Strategy, NZ Framework for Dementia Care, NZ Carers Strategy and Action Plan and Palliative Care Action Plan.

Objectives:

1. Focus on reducing the inequality for Quintile 5, Māori and Pasifika Kaumātua for ED presentations and inpatient stays during the last thousand days of life
2. Improve system flow and shape ‘frail friendly’ services for Kaumātua
3. Integrated care teams to support managing Kaumātua with complex ageing and frailty in the community
4. Health of Kaumātua – Ageing Well in Hawke’s Bay annual dashboard to the board (November/December)
5. Hawke’s Bay to be known for its strong ages, dementia and disability friendly environments.

Both Emma and Robyn spoke to the Long-Term Conditions report. This report is a formal piece of work under the alliance of Te Pitau and is part of the Te Ara Whakawaiora accountability framework. The purpose of this report is to provide governance with an update on the health status of Hawke’s Bay adults aged 45-64 and outline the plan of action for the next 12 months. Hawke’s Bay DHB is taking a more coordinated approach to long term conditions and this report and work programme are the first tranche of this long-term conditions kaupapa, and delivers on this priority area for Hawke’s Bay.

This report includes six main objectives and five outcomes.

Objectives:

1. Improve connections throughout secondary care and across primary health care (clinical and social)
2. Services and access across people’s homes and whānau (real, phone, zoom)
3. Rapid access to support and expert advice when required
4. Planned wellness approach and goal setting in primary health care when assigned with one person
5. Increase knowledge of and menu of available services/programmes
6. Transform model of care for all areas of the LTC

Outcomes:

1. Decrease amenable mortality for Māori
2. Decrease ASH rates
3. Improved whānau satisfaction and quality of life
4. Health life expectancy – years of life lost
5. Decreased re-admissions.

These outcomes align with: Whānau Ora Hāpori Ora, Kā Hikitia, HHB/HBDHB Annual Plan, TAW Report and Health Equity Framework cycle.

Key messages discussed:

- The main health concerns for Kaumātua in the Hawke's Bay are cardiology, diabetes, respiratory and renal issues
- Members emphasised the importance of creating and maintaining a culturally safe environment and staff to ensure our Kaumātua are properly cared for. All Kaumātua should be able to access a service and receive top quality care
- Funding important health tools such as the 'Freestyle Libre Flash Glucose Monitoring System' (a device that sits in the subcutaneous tissue of the arm that continuously tests blood sugar levels) – this currently costs approximately \$115 every two weeks. These tools can help Kaumātua immensely and allow them to monitor themselves, in their homes
- The current priorities and processes are clinically driven and do not involve sufficient Kaumātua voice. Kaumātua should be in control of setting their priorities. Robyn Richardson advised that she spoke personally with Kaumātua to create objectives that would significantly benefit them.
- MRB members requested that the below statement be included as part of the "Problem Statements box" in both Appendices for Health of Kaumātua and Long-Term Conditions
Action

"The current system lacks cultural safety"

MRB requested Planning & Funding meet with Tanira Te Au (HBDHB Pouahurea) who attends the monthly Kaumātua day. This day provides Kaumātua a voice from the Māori Hawke's Bay community. **Action**

Older People and Wellbeing indicators to be included **Action**

Discussion noted:

- Cultural capital for Māori is hui and wananga. MRB emphasised the need for the HBDHB to build on and include cultural capital into our health system and engage in this when working with our whānau. These services are vital for our whānau as they are more likely to engage in hui and wananga.
- Cultural safety has a significant role for the Hawke's Bay DHB and to ensure that throughout the continuum of care, especially for our Kaumātua who are our most vulnerable population, the Hawke's Bay DHB has and maintains a culturally safe workforce. Our Kaumātua need to be able to easily access a service and receive good quality care. The current system lacks cultural safety.

Tiwana Aranui 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? <p>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.</p>	David Tipene-Leach Patrick Le Geyt	TBC TBC	TOR developed. David Tipene-Leach to engaged to undertake the review
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	April 2021	Te Ara Whakawaiaora - Mental Health (Mental Health and AOD National and Local Indicators) paper due April 2021
3.	06.05.20	COVID-19 Review <p>MRB members to draft an independent "Māori Led Covid-19 Recovery Review"</p> <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	March/ April 2021	Completion date for the review is anticipated for March/April 2021

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
4.	01.07.20	Ka Hikitia That the 'Managemyhealth' application be accessible to Māori located in Central Hawke's Bay.	Wayne Woolrich (HHB PHO)	Feb 2021	Update February 2021
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	Feb 2021	Verbal update
6.	04.11.20	NZ Health & Disability System Review MRB requested a leadership role to provide input into the review.	Patrick Le Geyt	TBA	Verbal update
7.	02.12.20	Te Ara Whakawaiora – Health Of Kaumātua – Ageing Well In Hawke's Bay – Long Term Conditions <ul style="list-style-type: none"> The below statement to be included as part of the "Problem Statements box" in both Appendices for Health of Kaumātua and Long-Term Conditions Planning & Funding to meet with Tanira Te Au (HBDHB Pouahurea) who attends the monthly Kaumātua day. This day provides Kaumātua a voice from the Māori Hawke's Bay community. Older People and Wellbeing indicators to be included 	Emma Foster	Feb 2021	COMPLETED

MRB Work Plan 2021	EMT Member	MRB Meeting Date
Strategic Model of Care	Emma Foster	3-Feb-21
Tihei Mauri Ora Review	Patrick Le Geyt	March / April 21
Recalibration on HBDHB Resources for 21/22 budget	Emma Foster	7-April-21
Maternity Cultural Responsiveness Review	Emma Foster	7-April-21
Te Ara Whakawaiaora - Mental Health (Mental Health and AOD National and Local Indicators)	Chris Ash / (David Warrington / Jill Garrett)	7-April-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

27/01/2021

	Māori Relationship Board (MRB)
	For the attention of: HBDHB Board
Document Owner:	Ana Apatu (MRB Chair)
Month:	December 2020
Consideration:	For Information
Recommendation: That HBDHB Board: 1. Note the content of this report.	

The Māori Relationship Board met on 2 December 2020. An overview of issues discussed at the meeting are provided below.

MATTERS ARISING

Oranga Tamariki

MRB members stated the urgency around completing this report and would like this to be a high priority. MRB members also expressed the urgency that the HBDHB conducts the Maternity Services internal review and requested that a timeframe be brought back to MRB at their next meeting. **Action**

COVID-19 / Tihei Mauri Ora Review

- A meeting of the COVID-19 subcommittee was held to discuss the COVID-19 review. The MRB Sub-Committee drafted recommendations to be included within the scope that will highlight how Māori were affected by COVID-19 for future learnings.
- MRB members look forward to receiving the Tihei Mauri Ora Review report which is due to be completed by March / April 2021.

MRB members expressed the importance of having more diversity on the HBDHB Board, recommending a Pasifika representative.

SECTION 2: FOR INFORMATION AND DISCUSSION

CONSUMER COUNCIL REVIEW UPDATE

Graeme Norton (Consumer Council Review Group Chair) was welcomed. Graeme provided a verbal update on the current review of the Consumer Council.

Discussions noted:

Graeme outlined the review process and was at MRB to better understand and gain insight of Māori representation on Consumer Council. Graeme requested MRB's advice on how MRB would like to collaborate with Consumer Council, how they can maintain a strong relationship and provide feedback on how this can look going forward.

Key messages noted:

- MRB expressed the need for Māori consumer voice to feature strongly within the Consumer Council. MRB emphasised the need for specific Māori voices and communities from local level be listened to and addressed. MRB understands that communities within the Hawke's Bay region require different support from one another. MRB would like a commitment from the HBDHB to listen and address Māori consumer voice

- MRB members emphasised the need for community representatives who have lived-experience to advocate on behalf of our communities such as; disability, mental health and addictions, gang whanau and rangitahi
- The Two-Tier Treaty Governance paper is a leading report that supports a new pathway for the Crown and Māori to work together collectively. It was recommended that Consumer Council adopt high level principles from this paper
- Wairoa has a template for a community partnership model. MRB members believe this would benefit other communities within the Hawke's Bay as this allows communities to make their own decisions around what would benefit those most.
- The Two-Tier Treaty Governance paper is a leading report that supports a new pathway for the Crown and Māori to work together collectively. It was recommended that Consumer Council adopt high level principles from this paper
- Wairoa has a template for a community partnership model. MRB members believe this would benefit other communities within the Hawke's Bay as this allows communities to make their own decisions around what would benefit those most

TE ARA WHAKAWAIORA – HEALTH OF KAUMĀTUA – AGEING WELL IN HAWKE'S BAY – LONG TERM CONDITIONS

Emma Foster, Suzanne Parkinson and Robyn Richardson from Planning & Funding delivered a verbal presentation on the two submitted papers that form the Te Ara Whakawaiora (TAW) accountability framework. The purpose of this report is to achieve health equity improvement for Kaumātua Māori and bring together the conclusion of the Ageing Well in Hawke's Bay Board updates, with the first TAW action plan for Health of Kaumātua.

Health of Kaumātua

The report noted five main long-term objectives:

1. Focus on reducing the inequality for Quintile 5, Māori and Pasifika Kaumātua for ED presentations and inpatient stays during the last thousand days of life
2. Improve system flow and shape 'frail friendly' services for Kaumātua
3. Integrated care teams to support managing Kaumātua with complex ageing and frailty in the community
4. Health of Kaumātua – Ageing Well in Hawke's Bay annual dashboard to the board (November/December)
5. Hawke's Bay to be known for its strong ages, dementia and disability friendly environments.

Long-Term Conditions

The purpose of this report is to provide governance with an update on the health status of Hawke's Bay adults aged 45-64 and outline the plan of action for the next 12 months. Hawke's Bay DHB is taking a more coordinated approach to long term conditions and the report and work programme are the first tranche of the long-term conditions kaupapa, and delivers on this priority area for Hawke's Bay.

Objectives noted:

1. Improve connections throughout secondary care and across primary health care (clinical and social)
2. Services and access across people's homes and whānau (real, phone, zoom)
3. Rapid access to support and expert advice when required
4. Planned wellness approach and goal setting in primary health care when assigned with one person
5. Increase knowledge of and menu of available services/programmes
6. Transform model of care for all areas of the LTC

Outcomes:

1. Decrease amenable mortality for Māori
2. Decrease ASH rates
3. Improved whānau satisfaction and quality of life
4. Health life expectancy – years of life lost
5. Decreased re-admissions.


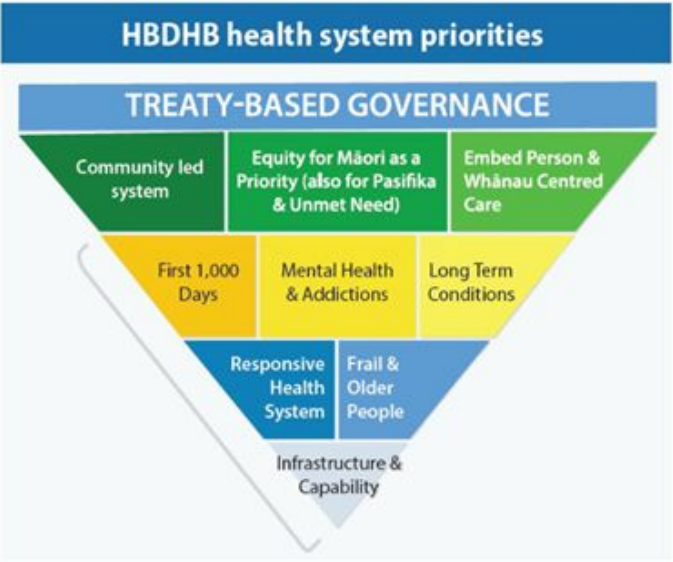
MRB advised:







- The main health concerns for Kaumātua in Hawke's Bay are cardiology, diabetes, respiratory and renal
- MRB members emphasised the importance of creating and maintaining a culturally safe environment and staff to ensure Kaumātua are well cared for noting that all Kaumātua should be able to access services and receive top quality care.
- Members also suggested reviewing funding of health tools that can assist Kaumatua immensely and allow them to monitor themselves in their own homes, such as the Freestyle Libre Flash Glucose Monitoring system
- The current priorities and processes are clinically driven and do not involve sufficient Kaumātua voice. Kaumātua should be in control of setting their priorities. Robyn Richardson advised that she spoke personally with Kaumātua to create objectives that would significantly benefit them
- MRB members requested that the below statement be included as part of the "Problem Statements box" in both Appendices for Health of Kaumatua and Long-Term Conditions **Action**

"The current system lacks cultural safety"

MRB requested Planning & Funding meet with Tanira Te Au (HBDHB Pouahurea) who attends the monthly Kaumātua day. This day provides Kaumātua a voice from the Māori Hawke's Bay community. **Action**

Older People and Wellbeing indicators to be included **Action**

	Strategic Master Planning Report to MRB
	For the attention of: Māori Relationship Board (MRB)
Document Owner	Emma Foster, Executive Director of Planning Funding & Performance
Month	February 2021
Purpose/Summary of the Aim of the Paper	For discussion and to provide direction on
Health Equity Framework	<p>The Equity Framework provides the foundation of how we do our business in Planning, Funding and Performance.</p> <p>Our strategic master planning process, including the model of care follow the equity framework process, keeping whānau and community knowledge, and what the data tells us, at the centre of agreeing our health issues, system issues, priority determinants and priorities.</p>
Principles of the Treaty of Waitangi that this report addresses	<p>Treaty based governance is the overarching principle for our HB health system priorities.</p>  <p>The planning processes for the strategic master planning process, including the strategic model of care are centred on the principles set out in the health system priorities and with Whānau Ora, Hāpori Ora principles which enable us to enact the Principles of the Tiriti o Waitangi, in the health context.</p>

	 1. Pūnaha Ārahi Hāpori Community-Led System  2. He Paearu Teitei Me Ōna Toitūtanga High Performing and Sustainable System  3. He Rauora Hōhou Tangata, Hōhou Whānau Embed Person and Whānau-Centred Care  4. Māori Mana Taurite Equity For Māori as a Priority; Also Equity For Pasifika and Those With Unmet Need  5. Ngā Kaimahi Tōtika Highly Skilled and Capable Workforce  6. Pūnaha Tōrire Digitally Enabled Health System
Risk Assessment	N/A
Financial/Legal Impact	Nil
Stakeholder Consultation and Impact	Throughout all of the processes set out below
Strategic Impact	The Strategic model of care is completing our “strategic thinking” phase of our planning process. The Strategic Master Planning leads us to our Long-Term Investment Plan, including workforce, Digital Enablement and Facilities.
Previous Consideration / Interdependent Papers	N/A
RECOMMENDATION: It is recommended that the Māori Relationship Board (MRB) 1. Discuss and provide direction on	

Strategic Master Planning

Hawke’s Bay District Health Board (HBDHB) developed its *Clinical Services Plan (CSP)* in 2018. In August 2019, the *Whānau Ora, Hāpori Ora, Hawke’s Bay Health Strategy*, was agreed by the Board.

Our vision and planning to date is aligned with the Health and Disability System Review 2020 and key recommendations from the Wai 2575 Inquiry.

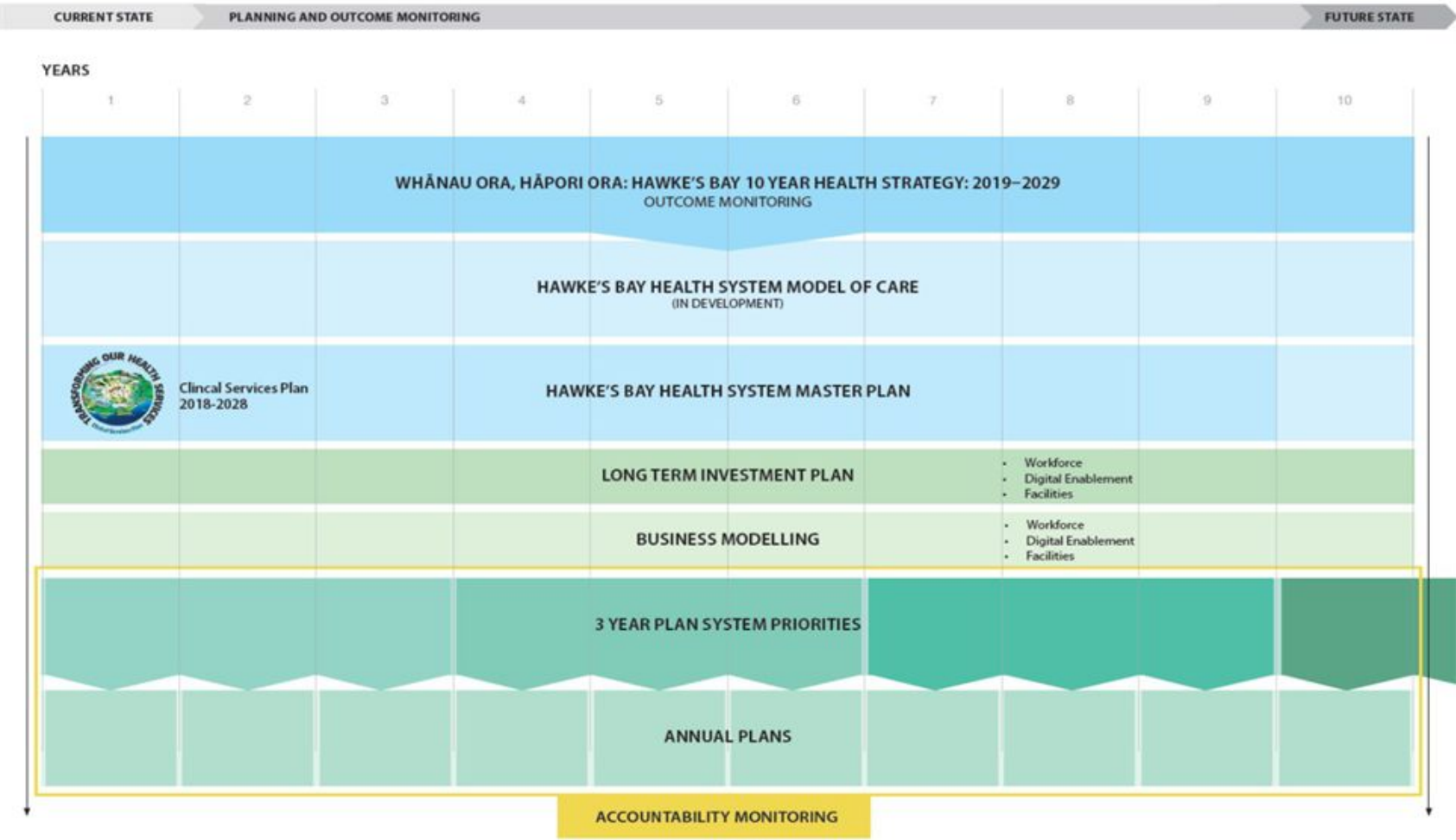
Long-term planning (or master planning) is one of four inter-related processes every agency should be doing (as per Te Tai Ōhanga, the Treasury guidelines):

- Strategic thinking develops the long term vision, goals and objectives to ground other planning in (*Whānau Ora, Hāpori Ora 2019-2029 and the strategic model of care*)

- Long term investment planning develops the rationale for, and pipeline of, long term investment needed to arrive at the agreed strategic intentions. (*CSP, Hawke's Bay system master planning*).
- Medium term planning develops a comprehensive and integrated short to medium term view of which annual work planning, decision making and performance monitoring can be grounded in. This is documented in a medium term plan where appropriate (*three-year System Priority Plan*).
- Annual planning develops the detailed work plan HBDHB intends to carry out over the coming period. This is documented in plans such as the *HBDHB Annual Plan*, and will all link to the overall health strategy *Whānau Ora, Hāpori Ora* and *Clinical Services Plan*.

Next steps in the development of the *HB system master plan*:

- Agree *HB health system strategic model of care* – what does our future state look like. Finalise in February 2021.
- Mapping the steps over the next 10 years> from current state to future state. This is a complex piece of work and considers the wider HB health system. It will be broken into more detail through the system priorities (First 1000 days, long term conditions, mental health and addictions and frail and older people).
- Complete the 10 year investment and infrastructure plan. This will describe our investment journey and map the relationship between demand, resources, services and benefits over the long term. Importantly this recognises investment choices have financial and service level implications that can affect agency baselines and performance expectations over the 10 year period.
- It will include what business models and partnerships are needed to implement the strategic intentions.



Strategic Model of Care

A presentation has been developed, and is attached at the end of this report to give you a snapshot of the progress that has been made toward creating the strategic model of care. The model of care has been developed using strategic HBDHB documents such as *Whānau Ora, Hāpori Ora (WOHO)*, the Clinical Services Plan, the People Plan and national strategies and learnings, such as the *Health and Disability System Review* and Wai 2575.

The intent is to provide clarity over what our future will look like and to firm up our vision, goals and objectives (as per WOHO), but with more detail. This sets the framework for our long-term investment planning and provides the rationale and pipeline of actions, investment and change needed to move us from our current to future state (ie: the HB health system master plan).

Note that this presentation provides the key elements and enablers with a brief headline attached to each. The model of care document itself will include more detail and reflect WOHO.

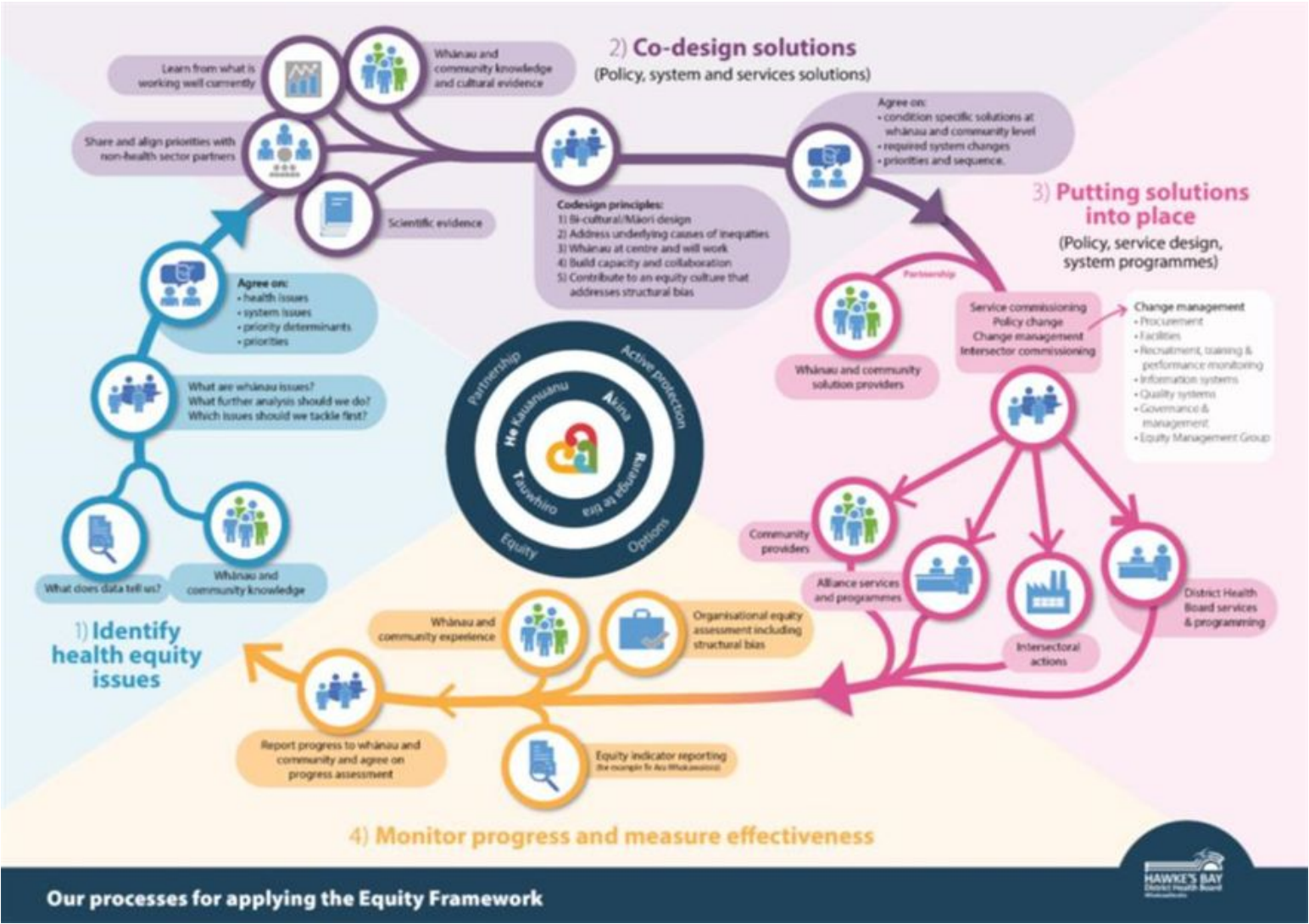
Strategic Model Of Care



■ Inputs

- Whānau ora Hāpori ora
- Clinical Services Plan
- People Plan
- Wai2575
- Health And Disability System Review







Elements



9

Maori Health & Equity



Person and whānau centred care



Smooth transition through the system



Aim



- Working with whānau, we will improve health outcomes and prioritise equity for Māori
- Whānau, people and patients are at the centre of all that we do. Whānau voice is strong, we co-design and co-deliver services.
- Whānau and patients will experience health care as a single system, with seamless transitions between services and settings including Tier 1 and 2 services. An integrated service delivery model will include local, regional and national care partners.



Elements



9

Localities and place based services



Enhanced Tier 1 Services (primary, community)



Healthy lifestyle and environment



Aim



- Work collaboratively with communities to build on existing assets and co-design services that are integrated and informed by whānau voice – recognising and respecting local unique identity and need.
- Develop our own local model that embeds kaupapa Maori practice and builds on the strengths of our iwi-lead philosophy. The health system is strongly oriented to care closer to home to improve overall health outcomes, reduce inequity and optimise investment in prevention, self-management and out of hospital models of care.
- A shift from an illness to a wellness approach, focusing on prevention and health promotion. We will work with our communities and whānau to achieve their fullest health potential, to live well and stay well in their own homes.



Enablers



9

Workforce



Integrated digitally enabled system



Fit for purpose facilities



Aim



- Our workforce has the capacity and capability to deliver on our model of care and meet future needs. Cultural competency and safety will be prioritised, and we will grow our Māori workforce.
- Modern digital and information services will support effective integrated information sharing, efficiency, safety and support innovative ways of working.
- Facilities are designed to support and implement models of care and appropriate services according to local, regional and national requirements.



Next Steps



- Development of the 10 year master plan (moving us from current state to future)
 - Review of the Clinical Services Plan
 - What have we achieved to date
 - What we need to do
 - Steps to get us from where we are to where we are going
 - Develop the 10 year investment and infrastructure plan
- Sub models of care
 - Service specific and localities based
 - Leads to service detail and supports transformation





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:

- 11. Minutes of Meeting - nil**
- 12. 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).