



Māori Relationship Board Meeting

Date: Wednesday, 5 May 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, Executive Director Māori Health
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.
Members of the Executive Leadership Team
Penny Rongotoa, System Lead-Hospital - Planning, Funding & Performance
Karyn Bousfield-Black, Clinical Lead - Planning, Funding & Performance
Marie Beattie, System Lead - Planning, Funding & Performance
Charrissa Keenan, Programme Manager-Māori Health
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 (7 April 2021)	
6.	Matters Arising – Review of Actions	
7.	MRB Workplan	
	Section 2: For Information / Discussion	
8.	Health System Priorities: Child Health – A plan for action to improve equitable child health outcomes – Emma Foster, Executive Director Planning, Funding & Performance	10.00
9.	Health and Disability System Reforms (discussion)	10.30
	Section 3: Standing Management Papers	
10.	Māori Relationship Board Report	10.50
	Section 4: Recommendation to Exclude the Public Under Clause 32, New Zealand Public Health & Disability Act 2000	

Public Excluded Agenda

	Section 5: Routine	Time (am)
11.	Minutes of Previous Meeting (7 April 2021)	11.00
12.	Matters Arising – Review of Actions	
	Section 6: For Information / Discussion	
13.	Unplanned/Acute Care Demand Plan (draft) – Emma Foster, Executive Director Planning, Funding & Performance	11.10
	Section 7: Standing Management Papers	
14.	Māori Relationship Board Report	
	Section 8: Noting Papers	
15.	COVID-19 Vaccine and Immunisation Programme Rollout Progress Report – Verbal update	
	Section 9: MRB Members Only	
16.	HBDHB Transition Plan from Māori Relationship Board to Treaty Partnership Board	11.40
	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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Maori Relationship Board 5 May 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	Kaumtua - 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	Whakariki 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 Pei, 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 5 May 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 7 APRIL 2021, HELD IN TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS AND VIA
ZOOM AT 9:00AM**

Present: Ana Apatu (Chair)
Hine Flood
Trish Giddens
Dr Fiona Cram
Beverly Te Huia
Kerri Nuku
Charlie Lambert

Apologies: Shayne Walker (HBDHB Board Chair)
Joanne Edwards
Heather Skipworth

In Attendance: Patrick Le Geyt (Interim Executive Director, Health Improvement & Equity)
JB Heperi-Smith (HBDHB Senior Cultural Advisor)
Dr Nicholas Jones (Clinical Director, Health Improvement & Equity)
Tiwana Aranui (HBDHB Kaumātua)
Talalelei Taufale (HBDHB Pacific Health Manager)
Henry Heke (General Manager Māori, Hawke's Bay PHO)
Rawinia Wilcox (Māori Health Service Administrator Coordinator)

1. KARAKIA

Tiwana Aranui opened the meeting with a Karakia.

2. APOLOGIES

Apologies were received from Shayne Walker, Heather Skipworth and Joanne Edwards.

3. WHAKAWHANAUNGATANGA

4. REGISTER OF INTEREST

No changes were noted.

5. MINUTES OF PREVIOUS MEETING

Due to time constraints this item was not discussed.

6. MATTERS ARISING – REVIEW OF ACTIONS

Due to time constraints this item was not discussed.

7. MRB WORKPLAN

Due to time constraints this item was not discussed.

SECTION 2: FOR INFORMATION / DISCUSSION

8. NGĀKAU ORA, LEADING WITH HeĀRT

JB Heperi-Smith, (HBDHB Senior Cultural Advisor), and Talalelei Taufale, (HBDHB Pacific Health Manager), presented Ngākau Ora, Leading with HeĀRT. Ngākau Ora, designed by JB Heperi-Smith aims to create quality relationships underpinned by the HBDHB core values – **HeĀRT: Hekauanuanu, Ākina, Rāranga te tira, Tauwhiro.**

Ngākau Ora, Leading with HeĀRT was launched on the 21st and 22nd February 2021, supported by Keriana Brooking, (HBDHB CEO), Ngahiwi Taumoana, (Chair Ngāti Kahungunu Iwi Incorporated), Anne McLeod (HBDHB Director of Allied Health), Charrissa Keenan (Programme Manager Māori Health), David Warrington (Director Mental Health & Addictions), Linda St George (Nurse Educator), Frances Oliver (Professional Lead, Psychology), Jane O’Kane (Occupational Health) and Talalelei Taufale (Pacific Health Manager).

Ngākau Ora is a two-day programme for all HBDHB employees with the goal of supporting and developing staff to work in partnership with whānau, communities, health professionals and colleagues. Developing and maintaining true partnership is essential for transformational change; eliminating institutional racism, addressing inequity, supporting cultural change, honouring true partnership with Iwi and engaging effectively with whānau and community. This programme is for all existing HBDHB staff and new staff during orientation. Ngākau Ora utilises evidence-based research along with indigenous knowledge and tikanga.

Day one focus: <ul style="list-style-type: none"> • Ngā uaratnga HBDHB values • Whakawhanaungatanga Respectful Relationships • Engaging Pasifika • Relational Styles 	Day two focus: <ul style="list-style-type: none"> • Equity • Mental Models and Unconscious Bias • Relationship Centred Practice • Self-care and Health Care
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Key discussions noted:

- Members acknowledged this is a starting point for deconstructing institutional racism within the health system.
- Members reinforced existing professional standards whereby all HBDHB staff are expected to provide care that is culturally safe.
- Members asked what ongoing support is being offered to staff who have attended Ngākau Ora and reflect on their practice in an unsupported challenging environment. JB discussed how staff are offered support and cultural supervision.
- Members suggested a wānanga be held among DHB employees who have completed this programme to share with one another what worked and what didn’t.
- Consumer feedback will be developed as one way of measuring the impact of Ngākau ora.
- MRB felt that HBDHB Board members should participate in Ngākau Ora, including Executive Leadership Team and those who have authority over staff and resources.
- There will be an evaluation of Ngākau Ora to measure the effectiveness of this programme.

Action:

- Members requested a wānanga to be held with Kerri Nuku, Fiona Cram and others (yet to be identified) to discuss and create a small review committee to process feedback from whānau, discuss workforce cultural safety and ensure whānau voice is being heard.

9. WATER QUALITY AND PUBLIC HEALTH

Dr Nicholas Jones (Clinical Director, Health Improvement & Equity) provided MRB with a presentation titled ‘Update on Water and Public Health’. Clinical Council had also raised their concerns around water quality. Legally, HBDHB has a requirement to regularly investigate, assess and monitor the health status of its resident population, and any factors that the DHB believes may adversely affect the health status of that population and to promote the reduction of adverse social and environmental effects on the health of communities.

The health issues that our community face due to contaminated drinking or swimming water may be at an increased risk of illness from microbiological and toxic matter (e.g. bacteria, protozoa, virus, parasites, harmful algae and anthropogenic). This also affects our food sources, both wild and farmed, and has major impacts on Waiwhakaika and Waiariki.

Dr Jones informed MRB members on recent submissions the HBDHB has made:

- TANK includes Ahuriri, Ngaruroro, Tutaekuri
- Action for Healthy Waterways is a national policy statement review
- Taumata Arowai Bill is the drinking water regulator bill
- Water Services Bill. This bill will seek out the new rules for drinking water in New Zealand
- Silver Fern Farms are applying for a consent renewal which HBDHB are submitting feedback to.

Upcoming submissions:

- Three Waters Review which includes storm water, drinking water and the application of new entities
- A review of the National Environmental Standard for Sources of Human Drinking Water
- Small Communities Technical Advisory Group \$30 million fund

Key discussions noted:

- Members expressed their concern surrounding increasing undiagnosed and unknown water-related health conditions. There is currently no routine testing for water quality available, however, there is an annual survey that will shortly be underway where all the water suppliers provide all the testing they have completed. This is an opportunity for an update on the current status of water quality in the Hawke's Bay.

Members thanked Dr Jones for his work and support with local Iwi regarding water issues and sharing of the submissions.

SECTION 3: STANDING MANAGEMENT PAPERS

10. MĀORI RELATIONSHIP BOARD REPORT

Due to time constraints this item was not discussed.

SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Māori Relationship Board:

Exclude the public from the following items:

11. Minutes of Previous Meeting (3 March 2021)
12. Matters Arising – Review of Actions
13. Māori Relationship Board Report (public excluded)
14. Governance Committee Terms of Reference Review
15. Hawke's Bay DHB Position Statement on Institutional Racism
16. COVID-19 Vaccine and Immunisation Programme Rollout Progress Report

Carried

The public section of the Māori Relationship Board meeting concluded at 12.45pm

Signed:

Chair

Date:

MĀORI RELATIONSHIP BOARD MEETING - MATTERS ARISING TO BE UPDATED


Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1.	12.02.20	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? 	Chris Ash	Aug 2021	Completion date is anticipated for August 2021 - David Tipene-Leach and DHB Chief Operating Officer engaged on this project
	02.06.20	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.	Patrick Le Geyt / Emma Foster	Aug 2021	A ToR and scope has been developed.
2.	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 whānau privacy and rights are to form part of the review 	Ana Apatu/ Patrick Le Geyt	TBC	Verbal update at May meeting
	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. TMO review to identify a permanent role for a Māori emergency response team 	Patrick Le Geyt	April / May 2021	Verbal update at May meeting
3.	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 	Henry Heke (HHB PHO)	March 2021	

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
		<ul style="list-style-type: none"> 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 			
4.	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	May 2021	Due to the Government announcement of the Health and Disability System Review on 21/04/21 this is no longer required.
5.	Mar 21	Te Ara Whakawaiaora – Mental Health (Mental Health And Aod National & Local Indicators) MRB requested a presentation that covers all Mental Health & Addictions Services with the latest investment in primary care.	David Warrington	TBC	Timeframe to be advised
6.		Ngākau Ora, Leading With HeĀrt Members requested a wānanga be held that will discuss and create a small review committee to process feedback from whānau, discuss workforce cultural safety and ensure whānau voice is being heard	Chair	TBC	



Māori Relationship Board Work Plan 2021

Item	Presenter	MRB Meeting Date
Acute Demand Model	Emma Foster	May-21
Tihei Mauri Ora Review update	Patrick Le Geyt/ Aria Graham	June-21
Maternity Uplift Internal Review	Chris Ash	TBA
Māori Led COVID-19 Recovery Review	Patrick Le Geyt	TBA
Residential Care update	TBA	TBA
Presentation that covers all Mental Health & Addictions Services with the latest investment in primary care	David Warrington	TBA
Maternity Cultural Responsiveness Review	Emma Foster	TBA

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	<p>Health System Priorities:</p> <p>Child Health – A plan for action to improve equitable child health outcomes</p>
	<p>For the attention of: HBDHB Board & Māori Relationship Board</p>
Document Owner	Emma Foster, Executive Director Planning, Funding & Performance
Date	4 May 2021
Authored By	Marie Beattie, System Lead Planning, Funding & Performance Charrissa Keenan, Programme Manager, Māori Health
Contributors	Tracy Ashworth, Team Leader - Health Improvement and Equity Helen August, Nurse Practitioner - Child Health Team Saele Tanielu, Community Support Worker – Child Health Team Public Health
Purpose	<p>The purpose of this report is to provide the Board with an update on progress of child health initiatives, and the health status of Hawke's Bay children aged 0 – 4 years. In addition, an outline of the plan of action for the previous and next 12 months is attached. (see Appendix A & B).</p> <p>HBDHB is taking a more coordinated approach to Child Health, and this report and work programme is the first tranche of the Child Health kaupapa, and delivers on the Government's priority 'First 1000 days'.</p> <p>This report is also submitted as part of the Te Ara Whakawaiora (TAW) accountability framework for achieving health equity improvement for tamariki Māori.</p>
Health Equity Framework	<p>The Equity Framework provides the foundation of how we do our business in Planning, Funding & Performance.</p> <p>Our strategic model of care and annual plan 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 and priority determinants.</p>
Principles of the Treaty of Waitangi that this report addresses	This programme is designed utilising the principles of Te Tiriti o Waitangi.
Risk Assessment	<p>This report covers five risk areas:</p> <ul style="list-style-type: none"> Equity of Outcomes – This report takes into consideration the equity agenda for HBDHB, and indirectly impacts on population health outcomes.

	<ul style="list-style-type: none"> • Consumer engagement – This report holds whānau and person-centred care at the centre, and the processes and systems of development will be following the equity framework. • National priorities – System transformation and master planning as a whole will be informed by HB Health system priorities, whanau voice and national priorities. • Workforce – Workforce planning is a core part of the planning process. • Financial sustainability – Health system planning, including system transformation will support the organisation to move towards financial sustainability.
Financial/Legal Impact	Nil at this stage
Previous Consideration/Discussions	TAW Child Health annual report 2020
<p>RECOMMENDATION:</p> <p>That the HBDHB Board and Māori Relationship Board:</p> <ol style="list-style-type: none"> 1. Note the contents of this report 2. Note plan of action to improve equitable child health outcomes for the next 12 months. 	

EXECUTIVE SUMMARY

HBDHB is taking a more coordinated approach to Child Health. This will result in greater collaboration and accountability across the whole health system to plan, develop, and implement child health services and programmes. It will also enable us to monitor progress to improved health outcomes for Māori and Pacific children and their whānau.

Our commitment to sharing the vision and partnership with Ngāti Kahungunu and Matariki, Hawke's Bay Regional Development Strategy has had minimal success over the last year. We need to concentrate our efforts to ensure they are informed and partnered with us on the journey and sharing the vision of better outcomes for our tamariki Māori and their whānau.

More recently, the relationship with Kohanga Reo has been re-established. This will have a positive bearing on our mahi and the wellbeing of our tamariki. Previously access by health services to our 0-4 tamariki in these centres has been limited. Re-establishing of relationships and a shared desire for wellbeing of our tamariki and their whānau needs to be prioritised.

This report and work programme is the first tranche of the Child Health kaupapa and delivers on the Government's priority 'First 1000 days'.

Key highlights to date:

- A Child Health Alliance has been formed to lead child health as a cohesive kaupapa. The Group comprises Planning, Funding & Performance, Māori Health, Population Health, Children, Women and Communities, Pacific Health, and Health Hawke's Bay and the voice of our whānau and community.

- Child Health Indicators have been reviewed and revised to better track child health equity improvement.
- Whānau voice activities have been carried out in a number of areas and informed change.
- New investment funding was secured that enabled our First 1000 Days investment plan for 2020/21 to be realised. This is now in the implementation phase and prioritises equity for tamariki Māori.

INTRODUCTION – THE INEQUITIES

Overall Hawke's Bay tamariki 0-4 year olds Ambulatory Sensitive Hospitalisation (ASH) rates have trended downwards in the last 12 months. The Covid-19 period has impacted ASH results for a large proportion of the year. The lockdown and subsequent consequences of the pandemic saw less access by our whānau to services for a number of reasons. Many stayed home out of fear and anxiety and primary care changed the way they conducted their business as usual and became harder to access for our whānau. Whilst Māori 0-4 year old ASH rates have improved this year and the equity gap has narrowed between Māori and other, Māori and Pacific rates remain above national ASH rates.

Māori tamariki make up 51% of all 0-4 year ASH hospitalisations. Respiratory conditions make up 49% of all ASH hospitalisations and this is the same proportion for Māori tamariki. There have been less ASH events across all respiratory conditions in the last 12 months. It is thought that this decline could be associated with the Covid-19 lockdown. Therefore, it is too early to determine the impact of our respiratory programme investment. Over time it is expected a clearer picture will emerge.

ASH conditions ranked by the largest inequity between Māori and Other are:

Condition	RR
Dental	2.6
Asthma	2.2
Lower Respiratory Infections	2.1
Pneumonia	2.1
Cellulitis	1.6

ASH conditions ranked by the largest inequity between Pacific and Other are:

Condition	RR
Lower Respiratory Infections	7.2
Pneumonia	4.3
Asthma	3.6
Dental	3.3
Upper and ENT Respiratory Infections	2.7

The Māori breastfeeding rate at six weeks has not improved over the past three years and is currently 60%. The Pacific breastfeeding rate at six weeks is 63%. The breastfeeding rate for Other has declined from 82% to 76%, presenting a 16% inequity gap for Māori. The overall breastfeeding rate for Hawke's Bay is 69%, below the national target of 75%.

WHĀNAU VOICE AND CO-DESIGN

The collection of the whānau voice continues to inform the development, codesign and implementation of services. Most recently in collecting the voice of our community they have described their hospital and primary care experience. The theme emerging from our whānau voice is that they receive a better experience at the hospital in comparison to primary care.

Their voice supports us in refining our services in a way that is responsive to what our community are telling us, whilst driving quality improvement for our māmā, pēpi, and whānau.

Pacific ASH Fanau voice

Community participants were selected from their history of visiting the Emergency Department (ED) over the period 1 June 2018 to 1 June 2019. Seeking to capture the voice of Pasifika, a group of thirteen were invited to feedback on their experience.

Summary

Pacific caregivers surveyed appeared to easily identify early symptoms when a child starts to get unwell and can manage self-care and home remedies. Caregivers understand when to seek professional care and do so through primary care or the ED. Overall most caregivers report good experience during their hospital stay. However, some spoke of the difficulty of understanding clinicians/staff and the need to address language barriers. Caregivers expressed better experience at hospital (ED and ward) than primary care in terms of appointment accessibility and responsive staff.

Results showed that caregivers were easily able to identify when their child became unwell. Most believing that environments such as colder weather (getting sick more) poor home conditions (mould, overcrowding) and attendance at Early Childcare/Preschool centres (picking up more illnesses) were at the heart of what makes most tamariki unwell.

Summarised below are some of the voices from their respective interactions:-

Hospital Experience - ED

- *“Overall most mums were happy with staff care, the nurses and doctors were friendly and helpful, and were quick to respond urgently to their sick child”*
- *“take my concerns more seriously. They understand me. They believe me”*
- *“Nurse took one look at him, straight into her arms to treat him urgently”*
- *“lots of nurses asking heaps of questions, talking to each other, but not really listening “*

Access to Primary Care

There was clear frustration from most caregivers about access issues to primary care, not being able to get a same day appointment, being told to call back next day, or given an appointment later in the week or even the following week. There were inconsistencies with services where some were able to access walk-in services and others told they need to book for that:

- *“too many doctors, changing appointments, mucking me around, I was one minute late and told to re-book, but waiting times can be up to one hour. Always fully booked. Told to call back next day same issue. End up taking to ED.”*
- *“it’s frustrating after three to four days trying to manage fever at home no improvement, hanging on by a thread, then you finally take them to City Medical and they treat you like you’re overreacting. Nurse says ‘it’s a long wait do you think it’s urgent?’ then you see the GP who says ‘I don’t know what’s wrong’. It’s hard because it’s the only place you get into and then you have people like this who work there.”*

Whanake te Kura

The programme provides free information, education, and support to pregnant women and expectant fathers/partners of new babies. The programme has a focus on meeting the needs of Māori, first time parents, young parents and other high need groups.

- *“Some words to describe my experience [of the programme]: connection, safe, honest, tino rangatiratanga, manaakitanga, ahurutanga, aroha, tika, pono’ (Māmā A; 2020).”*
- *“[I changed] my attitude on coming to these classes. I never wanted to waste my weekend sitting in a class - however, I thoroughly enjoyed the time” (Māmā B: 2020).*
- *“[I changed my decision] formula feeding to breastfeeding (Māmā C: 2020).”*

Breastfeeding

Regular review of the breastfeeding support service shows positive uptake and experiences of māmā Māori. Delivered by Plunket, the programme consistently reaches a participation rate of 70% Māori, 19% Other, and 11% Pacific.

- *“...the consistency in encouragement and support to continue to breastfeed has been invaluable at times when I was exhausted and it all seemed so hard. My daughter is now four months old and I am so grateful to say that we are now fully breastfeeding, with no bottles...” (Māmā A: Dec, 2020).*
- *“I like that you have time to sit and listen to what I want and support me with what I decide...” (Māmā B: Oct 2020).*

Whānau voice activity	Result/Action	Status
Pacific fanau voice	Greater focus on Pacific response Expansion of ASH hospital – community programme, inclusive of Pacific fanau	In Progress
Breastfeeding Support – whānau feedback	Expansion of Breastfeeding Support Service to include zero to six weeks and antenatal	Complete
Whanake te Kura	Promotional campaign to increase Māori uptake Target wāhine hapū living in rural areas	In progress

2020/21 INVESTMENT PRIORITIES

Using the Health Equity Framework a First 1000 Days investment plan for 2020/21 (‘the Plan’) has been developed. New funding has supported the planning and prioritisation of this mahi and summarised below:

- Equity for tamariki Māori
- Activities where whānau have told us there are deficiencies in current service provision
- Models that are culturally and clinically effective, safe, and responsive.

Noted in the Plan are additional commissioning activities being undertaken across the organisation and Health Hawke’s Bay.

Child Health Investment priorities for 2020/21	
New investment priorities	<ol style="list-style-type: none"> 1. Māori Maternal Health programme in Napier, planned for 21/22 year (F1D) – on track. 2. Pilot funding for a marae based māmā programme ‘Mamia’ – completed (MH) 3. Post-natal breastfeeding support service - completed (F1D) 4. Tō Waha – oral health packages for hapū wāhine and young māmā (MH) – completed
Enhanced investment	<ol style="list-style-type: none"> 1. Respiratory support programme targeting tamariki Māori – expanded to include Skin conditions and Dental (F1D) – on track 2. Tūai Kopū – support programme for māmā Māori with high needs- continuing and expansion of the programme (F1D) - completed 3. MUR respiratory support programme for whānau in pharmacy setting (HHB) – Due for completion June 2021
Key:	F1D – First 1000 Days MH – Māori Health HHB – Health Hawke’s Bay

MONITOR PROGRESS AND MEASURE EFFECTIVENESS

The Child Health Alliance Group will track, monitor, and report on child health activities. Progress on key activities completed to date are summarised below:

Tō Waha

HBDHB has invested in a new model of oral health care for hapū māmā. Delivered by Te Taiwhenua o Heretaunga (TToH) and under the umbrella of Tō Waha, the service provides free dental packages to māmā and hapū wāhine and a member of their whānau. Up to 800 oral health packages will be delivered across Wairoa, Napier, Hastings, and Central Hawke’s Bay each year. Intrinsic to the Tō Waha approach is the focus on oral health prevention, promotion, and integration of primary care, to encourage a shift away from acute to more holistic and long-term health outcomes. The service will be evaluated within the 2021/22 years.

Well Child Tamariki Ora (WCTO) – clinical supervision and support

There is no apparent consistent approach to clinical support and supervision for DHB contracted WCTO providers in the Central Region. In response to providers shared experience over COVID-19, HBDHB is leading a project to explore WCTO clinical supervision/support infrastructure identifying strengths and opportunities, in partnership with WCTO providers. All Central Region DHBs have agreed to support this project. Surveys with 40 WCTO kaiāwhina, nurses, and team leaders have been completed. A workshop will be held on 19 May 2021 where the Central Region WCTO providers will discuss their survey findings and make recommendations to improve supervision and support structures. A final report will be presented to the Central Region DHB Child and Youth Portfolio Managers in July 2021.

Maternal Mental Health – workforce development

Te Ara Manapou brought to the First 1000 Days Alliance Group in 2020 a proposal describing a programme of work that looked to increase mental health knowledge and capacity in responses among those interacting with our hapū māmā their pēpi, tamariki and whānau. As a consequence HBDHB has invested in a training programme for one year with an expectation knowledge across the sector will increase, with positive outcomes for our hapū māmā their pēpe, tamariki and whānau. In addition to the upskilling over the next year a sustainable resource is being developed that will be utilised past the implementation phase of this mahi.

CHAT- Childbirth Afterthoughts

HBDHB has provided additional resource to this programme over the next year also.

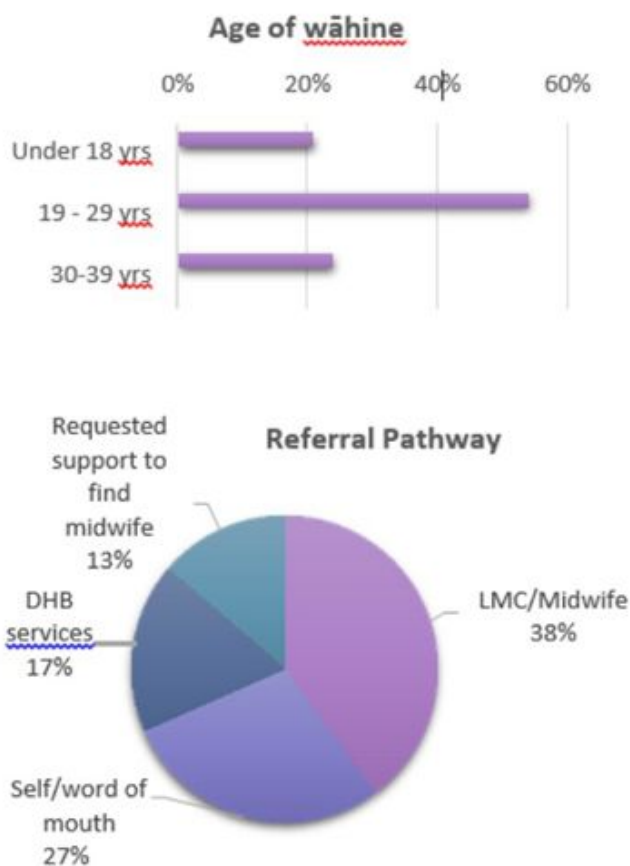
This is a midwifery-led initiative addressing the emotional distress of māmā who experience an unexpected birth event. This may be after a birth perceived as traumatic in her current post-natal period or demonstrating mild to moderate anxiety related to her previous birth story in a subsequent pregnancy.

TŪAI KOPŪ

Tu meaning “the act of” and the ai meaning “creation” and Kopū meaning the womb.

Tūai Kōpu was conceptualised in 2019 and commenced in March 2020. The programme is a coordinated, centralised referral service delivering quality care and support to wāhine hapū, including advocating for and linking whānau with internal and external service to provide for clinical and non-clinical health impacting needs. The service uses a whānau centric model of care to achieve health equity for Māori and Pasifika wāhine and whānau. The service is well utilised and we are currently recruiting to expand the service, we provide with the addition of a social worker and Kaitakawaenga.

Between March to December 2020 there were 55 Referrals to Tūai Kopū, of which 45 were Māori, 3 Pacific and 7 NZE. There was an 87% conversion of referrals to enrolment rate, while 13% were supported to find or change midwife during pregnancy.



There are some gaps in our whānau voice information, and we need to know the changes we have made are having the intended positive impact for whānau. The following activities listed below will be prioritised over the coming year to inform further planning, improvements, and potential investment:

1. Investigate the experiences and respond to barriers to access care for tamariki and their whānau presenting to hospital for an ASH reason
2. Ongoing quality improvement and expansion of Tūai Kopū
3. Evaluation of Kaupapa Māori Maternal Health Programme in Wairoa
4. Feedback on the tamariki respiratory/skin and dental mahi -ASH
5. Engagement with whānau living in Napier to inform design of a Kaupapa Māori Maternal Health Programme for Napier
6. Feedback on the implementation of the Maternal Mental Health workforce development programme.
7. programme.

Indicator	Measure	Target for 2020/21	Current 2021 Achievement
Reduce the difference between Māori and other rate for ASH zero to four - SLM	Reduce acute admissions of ASH – General Anaesthetic (GA) dental, skin conditions, respiratory	Māori ≤8205 Per 100,000	5638(Achieved)
First 1000 Days	Access to care		
	Women registered their pregnancy in first trimester	80%	Q1 43.% Q2 37% Q3 29.4%
	Well Child Tamariki Ora Core Check one before 50 days	90%	62%
	Well Child Tamariki Ora Checks one to five turning age one	80%	58%
	% of Newborns enrolled in General Practice by six weeks	≥55%	54%
	% of Newborns enrolled in General Practice by three months	≥85%	64.4%
	Breastfeeding		
	% of infants exclusively or fully breastfed at six weeks	75%	60% (Sept/20)
	% of infants exclusively or fully breastfed at three months	≥ 70%	44%
	Smokefree		
	Babies living in smokefree homes at six weeks postnatal	Maori 68%	31.4%
	Oral health		
	% of eligible pre-school enrolment in DHB-funded oral health services	> 95%Yr1 > 95%Yr2	77% (Māori) 85% (Pacific) 108% (Other)
	% of children who are caries free at age five	> 62%Yr1 > 62%Yr2	43%(Māori) 39.3 (Pacific) 73.5 (Other)

			60% Total
	On time completed visits at age two years	Baseline only	82% (Māori) 83% (Pacific) 92% (Other)
	Number of tamariki NOT seen at ages one, two, three	Baseline only	Age 1 51% (Māori) 42% (Pacific) 41% (Other) Age 2 17% (Māori) 17% (Pacific) 8% (Other) Age 3 5.5% (Māori) 8% (Pacific) 2% (Other)

ATTACHMENTS

Appendix A - Work Programme: First 1000 days - August 2020

Appendix B - Work Programme: First 1000 Days - April 2021

Work Programme: First 1000 days- August 2020

Problem Statement

Māmā, pēpi, and tamariki Māori and Pasifika experience disproportionate rates of illness, and have poorer health outcomes than non-Māori-non-Pacific. Existing health service delivery is fragmented, is not whānau centric, and has not been effective in its response to deliver and monitor child health inequity.

Objectives

- ▲ Develop the first 1000 days component of the Child Health Framework
- ▲ To embed a systematic approach to gather and respond to whānau voice
- ▲ To embed a continuous quality improvement approach to ensure contracts and services are achieving equity results
- ▲ Align First 1000 days objectives with our Intersector partners
- ▲ Increased access to health and social services

Outcomes

- ▲ Improvement in equitable Māori and Pacific Maternal and Child Health outcomes
- ▲ Reduction in ASH 0-4 rates
- ▲ A First 1000 days system that is equitable, cohesive, a culturally and clinically safe and responsive.
- ▲ System and services that reflect and are responsive to whānau voice
- ▲ Thriving whānau

Aligned Outcomes

- Whānau ora Hāpori Ora
- Kā Hikitia
- Matariki Action Plan - Pou 1
- Annual Plan – HHB/HBDHB
- Te Ara Whakawaiaora Report
- Health Equity Framework cycle

Scope

In Scope

- CWC – Maternity, Child Development Unit, SUBU, Paediatrics, Newborn H & V, Child Health Team, Community Oral Health Service
- Mental Health & Addictions
- PHO
- General Practice
- Primary Care - newborn enrolment, engagement with GP
- Population Health – Immunisation, Smokefree, Health Promotion, Harmaru whānau, Tūai Kopū
- Māori Health - WCTO – breastfeeding, oral health, SUDI, MH provider contracts

Out of Scope

- TOP service
- Referred Services
- COVID recovery funding

Risks and Dependencies

1	Maternity system complexity – siloing of services
2	Success dependent on alignment with wider child and whānau programmes of work
3	Data quality and comprehensive view
4	Workforce capacity, capability, and composition
5	WCTO, Section 88 Reviews
6	Maternal and Child health research developments
7	Sexual Health & Rangatahi Redesign
8	Maintaining collaboration with sector partners

Step	Deliverable	Timeframe	Lead	Accountable
1	Share First 1000 days deliverables and outcome measures with Intersector partners via He Ngakau Aotea and Matariki plans to identify shared visions and responsibilities (completed)	August 2020	Pop Health	HIE
2	Desktop review/map of all services/contracts in age band – annual planning/SLM (deferred)	1 October 2020	P&F, Māori Health, Pop Health	P&F
3	Complete child health/outcomes framework (completed)	1 October 2020	P&F, Māori Health	P&F
4	Maternity Services Review completed (extended to November 2021)	31 December 2020	P&F, Māori Health	P&F
5	Implementation of Maternity Services review recommendations (deferred to 2021/11)	30 June 2021	P&F, Māori Health	P&F
6	Invest in ASH 0-4 Respiratory/Skin role (on track)	1 June 2021	P&F, Māori Health	P&F
7	Implementation of post-natal breastfeeding support service (completed)	30 June 2021	Māori Health	P&F
8	Implementation of Tuai Kōpu evaluation recommendations (completed)	1 October 2020	Pop Health	P & F
9	Support development and delivery of a marae based māmā support programme (completed)	1 November 2020	Māori Health	HIE
10	Investigate WCTO Clinical leadership (on track)	30 June 2021	Māori Health	HIE
11	Carry out a localities investigation assessment of māmā and pēpi needs (deferred)	1 November 2020	P&F	P&F

Work Programme: First 1000 days - APRIL 2021

Problem Statement

Māmā, pēpi, and tamariki Māori and Pasifika experience disproportionate rates of illness, and have poorer health outcomes than non-Māori-non-Pacific. Existing health service delivery is fragmented, is not whānau centric, and has not been effective in its response to deliver and monitor child health inequity.

Objectives

- ▲ Develop the first 1000 days component of the Child Health Framework
- ▲ To intentionally gather and respond to whānau voice
- ▲ To embed a continuous quality improvement approach to ensure contracts and services are achieving equity results
- ▲ Align First 1000 days objectives with our Intersector partners
- ▲ Increased access to health and social services

Outcomes

- ▲ Improvement in equitable Māori and Pacific Maternal and Child Health outcomes
- ▲ Reduction in ASH 0-4 rates
- ▲ A First 1000 days system that is equitable, cohesive, a culturally and clinically safe and responsive.
- ▲ System and services that reflect and are responsive to whānau voice
- ▲ Thriving whānau

Aligned Outcomes

- Whānau ora Hāpori Ora
- Kā Hikitia
- Matariki Action Plan - Pou 1
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- Te Ara Whakawaiaora Report
- Health Equity Framework cycle

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- CWC – Maternity, Child Development Unit, SUBU, Paediatrics, Newborn H & V, Child Health Team, Community Oral Health Service
- Mental Health & Addictions
 - Maternity Mental Health
- PHO
- General Practice
- Primary Care - newborn enrolment, engagement with GP
- Population Health – Immunisation, Smokefree, Health Promotion, Harmaru whānau, Tuai Kopu
- Māori Health - WCTO – breastfeeding, oral health, SUDI, MH provider contracts

Out of Scope

- TOP service
- Referred Services
- COVID recovery funding


Risks and Dependencies

1	Complexity of Maternity Service delivery
2	Success dependent on alignment with wider child and whānau programmes of work
3	Data quality and comprehensive view
4	Workforce capacity, capability, and composition
5	WCTO, Section 88 Reviews
6	Maternal and Child health research developments
7	Sexual Health & Rangatahi Redesign
8	Maintaining collaboration with sector partners

Step	Deliverable	Timeframe	Lead	Accountable
1.	Complete Maternity Services Cultural Responsiveness Review	Final report: 30/11/21	P&F, Māori Health	PF&P
2.	Develop process to implement Maternity Services Cultural Services Review: recommendations	December 2021	P&F, Māori Health	PF&P
3.	Implement ASH 0-4 whānau model of care in community setting	June 2021	P&F, Māori Health Liz, Talalelei, Charrissa	PF&P
4.	Deliver Tūai Kopū programme and monitor programme for targeted early engagement	June 2021	Population Health Tracy Ashworth	PF&P
5.	Explore kaupapa Māori model health/education programme co-location	June 2021	Māori Health	PF&P
6.	Investigate implementation of the findings of the WCTO review/clinical leadership	September 2021	Māori Health Panu Te Whaiti Charrissa Keenan	Māori Health
7.	NEW action: WFD maternal mental health	June 2021	Māori Health Charrissa Keenan Marie Beattie	Māori Health
8.	Evaluate the To Waha programme implementation	June 2022	Charrissa Keenan	Māori Health



HEALTH AND DISABILITY SYSTEM REFORMS (Discussion)

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

The Māori Relationship Board met on 7 April 2021. An overview of issues discussed at the meeting are provided below.

FOR INFORMATION AND DISCUSSION

NGĀKAU ORA, LEADING WITH HeĀRT

JB Heperi-Smith, (HBDHB Senior Cultural Advisor), and Talalelei Taufale, (HBDHB Pacific Health Manager), presented Ngākau Ora, Leading with HeĀRT. Ngākau Ora, designed by JB Heperi-Smith with support from HBDHB and Ngati Kahungunu Iwi Inc. aims to create quality relationships underpinned by the HBDHB core values – **HeĀRT: Hekauanuanu, Ākina, Rāranga te tira, Tauwhiro**. This is a two-day programme for all HBDHB existing and new employees with the goal of supporting and developing staff to work in partnership with whānau, communities, health professionals and colleagues.

Members acknowledged this is a starting point for deconstructing institutional racism within the health system but reinforced existing professional standards whereby all HBDHB staff are expected to provide care that is culturally safe.

Members requested a wānanga be held that will discuss and create a small review committee to process feedback from whānau, discuss workforce cultural safety and ensure whānau voice is being heard. **Action**

WATER QUALITY AND PUBLIC HEALTH

Dr Nicholas Jones (Clinical Director, Health Improvement & Equity) provided MRB with a presentation titled 'Update on Water and Public Health'. Clinical Council had also raised their concerns around water quality. Legally, HBDHB has a requirement to regularly investigate, assess and monitor the health status of its resident population, and any factors that the DHB believes may adversely affect the health status of that population and to promote the reduction of adverse social and environmental effects on the health of communities.

Dr Jones spoke to some recently completed submissions such as; TANK, Actions for Healthy Waterways etc and upcoming submissions including the Three Waters Review and others.

Members expressed their concern surrounding increasing undiagnosed and unknown water-related health conditions. There is currently no routine testing for water quality available, however, there is an annual survey that will shortly be underway where all the water suppliers provide all the testing they have completed. This is an opportunity for an update on the current status of water quality in the Hawke's Bay.

Members thanked Dr Jones for his work and support with local Iwi regarding water issues and sharing of the submissions.



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 – 7 April 2021**
12. **Matters Arising – Review Actions**
13. **Unplanned/Acute Care Demand Plan (draft)**
14. **Māori Relationship Board Report**
15. **COVID-19 Vaccine and Immunisation Programme Rollout Progress Report**
16. **Members Only - HBDHB Transition Plan from Māori Relationship Board to Treaty Partnership Board**

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).