



## Māori Relationship Board Meeting

**Date:** Wednesday, 7 April 2021

**Meeting:** 9.00am – 12.00pm

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

**Board Members:**

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

**Apology:**

**In Attendance:**

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

Tiwana Aranui, HBDHB Kaumātua

Hawira Hape, HBDHB Kaumātua

Tanira Te Au, HBDHB Pouahurea

JB Heperi-Smith, Senior Advisor, Cultural Competency

Chrissie Hape, Chief Executive, Ngāti Kahungunu Iwi Inc.

Members of the Executive Leadership Team

Nicholas Jones, Clinical Director, Health Improvement & Equity

Emma Foster, Executive Director, Planning, Funding & Performance

Rawinia Wilcox, Administration Coordinator, Māori Health

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Introductions/ Apologies	
3.	Whakawhanaungatanga	
4.	<a href="#">Interests Register</a>	
5.	<a href="#">Minutes of Previous Meeting (3 March 2021)</a>	
6.	<a href="#">Matters Arising – Review of Actions</a>	
7.	<a href="#">MRB Workplan</a>	
	<b>Section 2: For Information / Discussion</b>	
8.	<a href="#">Ngākau Ora Presentation - JB Heperi-Smith</a>	10.00
9.	<a href="#">Water Quality Presentation – Nick Jones</a>	10.30
	<b>Section 3: Standing Management Papers</b>	
10.	<a href="#">Māori Relationship Board Report</a>	11.00
	<b>Section 4: Recommendation to Exclude the Public Under Clause 32, New Zealand Public Health &amp; Disability Act 2000</b>	

**Public Excluded Agenda**

	Section 5: Routine	Time (am)
11.	<a href="#">Minutes of Previous Meeting (3 March 2021)</a>	11.05
12.	<a href="#">Matters Arising – Review of Actions</a>	
	<b>Section 6: Standing Management Papers</b>	
13.	<a href="#">Māori Relationship Board Report (public excluded)</a>	
	<b>Section 7: For Information / Decision</b>	
14.	<a href="#">Governance Committee Terms of Reference Review</a>	11.15
	<b>Section 8: Noting Papers</b>	
15.	<a href="#">Hawke's Bay DHB Position Statement on Institutional Racism</a>	
16.	<a href="#">COVID-19 Vaccine and Immunisation Programme Rollout Progress Report</a>	
	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 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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## Karakia

### Hei Aratākina te Hui (to start)

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

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

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumata - 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 Pepe, 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 7 April 2021 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
	Active	Te Pitau Board Member		Will not discuss or take part of discussions where this trust is or interest.	The Chair	15.07.19
	Active	Claimant of Treaty Health Claim currently with the Tribunal; WAI #2575	Yet to be heard by the Waitangi Tribunal as of May 2018	Unlikely to be a conflict	The Chair	28.05.18
Shayne Walker	Active	Bank of New Zealand	Employer. BNZ provides banking services to HBDHB.	Potential conflict. Will abstain from all decisions related to financial banking services.		08.01.20
	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	Company Secretary	08.01.20
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	Company Secretary	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria University	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20

**MINUTES OF THE MĀORI RELATIONSHIP BOARD  
HELD ON WEDNESDAY 3 MARCH 2021, HELD VIA ZOOM AT 9:00AM**

- Present:** Ana Apatu (Chair)  
Hine Flood  
Trish Giddens  
Heather Skipworth  
Dr Fiona Cram  
Beverly Te Huia  
Kerri Nuku  
Chrissie Hape (Chief Executive, Ngāti Kahungunu Iwi Inc.)
- Apologies:** Shayne Walker (HBDHB Board Chair)  
Charlie Lambert  
Joanne Edwards
- In Attendance:** Patrick Le Geyt (Interim Executive Director, Health Improvement & Equity)  
Chris Ash (Chief Operating Officer)  
JB Heperi-Smith (HBDHB Senior Cultural Advisor)  
Hawira Hape (HBDHB Kaumātua)  
Tiwana Aranui (HBDHB Kaumātua)  
Charrissa Keenan (Programme Manager, Māori Health)  
Henry Heke (General Manager Māori, Hawke's Bay PHO)  
Claire Caddie (Service Director, Community, Women & Children)  
Wietske Cloo (Deputy Service Director, Community, Women & Children)  
Helen Lloyd (Clinical Director, Oral Health)  
Jeanette Fretchling (Service Manager, Oral Health & Children's Development)  
David Warrington (Service Director, Mental Health)  
Jill Garrett (Service Lead, Mental Health & Addictions)  
Peta Rowden (Nurse Director, Mental Health & Addictions)  
Rawinia Wilcox (Māori Health Service Administrator Coordinator)

**1. KARAKIA**

Hawira Hape opened the meeting with a Karakia.

**2. APOLOGIES**

Apologies were received from Shayne Walker, Charlie Lambert and Joanne Edwards.

**3. WHAKAWHANAUNGATANGA**

**4. REGISTER OF INTEREST**

Chrissie Hape updated ...

**5. MINUTES OF PREVIOUS MEETING**

The minutes of the MRB meeting held on 3 March 2021 were approved as a correct record of the meeting.

**Moved:** Ana Apatu

**Seconded:** Hine Flood

## 6. MATTERS ARISING – REVIEW OF ACTIONS

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

- **Item 1: Maternity Uplift Review**

Chris Ash and Patrick Le Geyt provided an update to MRB. This review is being designed to address the Maternity Uplift and to interchange between different areas within the DHB to ensure there is cultural competency throughout. David Tipene-Leach and Chris Ash are working together on this project.

MRB members expressed the need for wāhine Māori to be included as a lead in this review, as this is an issue that primarily affects wāhine.

### **Cultural Review of the HBDHB Maternity Services**

Beverly Te Huia provided an update to MRB. The review committee has drawn on literature reviews to create terms and scopes of reference. These literature reviews will support the need to address cultural safety within the service which in turn may impact across the whole organisation.

- **Item 3: COVID-19 Review**

An update from Patrick Le Geyt is scheduled for the April MRB meeting.

### **Tīhei Mauri Ora**

Aria Graham will provide an update at the April MRB meeting. The report is due for completion by June 2021.

Ana Apatu asked that Fiona Cram's paper that was shared with MRB members on "*Mahi aroha: Maori work in times of trouble and disaster as an expression of a love for the people*" be referred to.

- **Item 5: Pātaka Korero**

Charrissa Keenan provided an update on Pātaka Korero. Charrissa acknowledged MRB's questions and concerns around this project and stated that Pātaka Korero is still in the early stages of development. Pātaka Korero is progressing gradually to ensure the concerns MRB have raised will be addressed, and that whānau voice will be validated. There is currently no model or process in place to address whānau voice.

MRB stated that the access and ownership of data should ultimately belong to the whānau that provided the data.

Members emphasised the need to have a higher-level ethics committee involved with this process to provide clear expectations around Māori data sovereignty.

- **Item 6: Strategic Model of Care**

Emma Foster (Executive Director, Planning, Funding & Performance) will present this to MRB in April.

## 7. MRB WORKPLAN

The workplan was noted and members asked that Residential Care be added to the workplan. **Action**

## 8. MRB CHAIRS REPORT

The report was taken as read.

## 9. WAIROA DENTAL

Claire Caddie (Service Director, Community, Women & Children); Wiestke Cloo (Deputy Service Director, Community, Women & Children); Helen Lloyd (Clinical Director, Oral Health); Jeanette Fretchtling (Service Manager, Oral Health & Children's Development) and Charrissa Keenan, (Programme Manager, Māori Health) provided a verbal update on the dental services in the Wairoa community.

There is currently no funding available for adult dentistry, however, the Oral Health Service want to work in partnership with MRB to support and resolve dental disease within the Hawke's Bay communities. They are exploring ways to provide sustainable dental access and education programmes for the community of Wairoa. Claire Caddie stated that there has been an increase in dental visits to Wairoa schools. Currently, there are initiatives supporting adolescents and hapu māmā within the Wairoa



community. The expectation of the hāpu māmā initiative is that it provides māmā with full dental treatment, however, this initiative requires māmā to travel to Hastings and Napier. Members stated that these māmā are under stress and having to travel can cause more anxiety for māmā. Charrissa Keenan stated that this is a short-term solution for hāpu māmā, and they will be looking into a longer-term solution that does not require māmā to travel.

Members held a robust discussion and emphasised their concern around the lack of dental resources available for adult oral health. Currently, there are no dentists working in Wairoa. A member stated that this is a dental emergency that needs to be addressed immediately. Members expressed that the HBDHB has a responsibility to enable and support Wairoa dentistry.

Key messages noted:

- Members stated that this is a workforce issue and it is essential that Wairoa has a dentist working within the community and this needs to be recognised and acknowledged.
- Chrissie Hape expressed her concern around the lack of resources available and stated that the Iwi is willing to work in partnership with the HBDHB to resolve this issue.
- Promoting oral health prevention and education in Wairoa will be explored by the Oral Health Team and rolled-out into the community for children and youth to avoid the need for emergency care in adulthood.
- Charrissa Keenan explained to MRB that the To Waha service worked well with our whānau and Māori Health want to bring this service to Wairoa. Charrissa also explained that Colgate has funded one of our locum dentists, Natalie Stent, to work within the Wairoa community to educate whānau on oral health. She emphasised the need to identify people like Natalie, who have a passion to work with and support our whānau.
- The Community Oral Health Service to investigate the willingness of local dentists to provide dental care for Wairoa in the short term e.g. Dr Nicholas Cutfield of Bay Dental Care in Hastings

#### **Recommendations:**

- MRB recommended that an integrated plan be developed to support the long and short-term needs of the dental issues in Wairoa. Claire Caddie, Hine Flood, Chrissie Hape and Charrissa Keenan to support the development of this plan.
- MRB emphasised that priority commitment of resource allocation and solutions should come from MRB. This should be a Māori-led plan. Patrick Le Geyt and Chris Ash suggested the HBDHB former taskforce, which includes the Māori Health team, Planning, Performance & Funding team, support this.

#### **10. TE ARA WHAKAWAIORA – MENTAL HEALTH (MENTAL HEALTH and AOD NATIONAL & LOCAL INDICATORS)**

David Warrington (Service Director, Mental Health & Addictions), Peta Rowden (Nurse Director, Mental Health & Addictions) and Jill Garrett (Planning and Commissioning Manager – Mental Health and Addictions) spoke to their report.

This report provides a progress update on the Mental Health and Addiction Service priorities, indicators, and achievement of equity targets. The report focuses on key actions being taken to improve Mental Health and Addiction Services for Māori.

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

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

These are important because:

- Inequality in Outcomes in Mental Health Status for Māori, along with several other indicators, this data shows continuing and persistent inequity in quality of care for Maori. This is evidenced by:
  - Māori have higher rates of access to Mental Health Services than non-Māori.
  - Māori have higher rates of use of Section 29 compared to non-Māori on average.
  - Estimated twelve-month prevalence of schizophrenia for Māori (0.97%) is significantly higher than for non-Māori (0.32%).
  - Hospitalisation rate and readmission rate is higher for Māori

Key discussion noted:

- Hawke's Bay region is around the middle of seclusion rates compared to other regions in NZ.
- MRB members were concerned around social media monitoring of HBDHB staff. David Warrington explained to members that this is monitored, and if inappropriate behaviour or comments are identified, they will respond as this is not tolerated.
- Peta Rowden explained that due to COVID-19 implications, much of the training that was scheduled for their staff was cancelled. This has had a negative on their team and on whānau who use these services.
- David Warrington, Peta Rowden and Jill Garrett expressed their concern for whānau with mental health illnesses, and acknowledged MRB's concerns. They stated that they have a strong focus on reducing the rate of Māori seclusion hours and addressing the inequities in mental health that whānau face. They acknowledged the support that MRB provides.
- MRB emphasized the need for Māori to have the ability to access improved primary care services.

MRB requested a presentation that covers all Mental Health & Addictions Services with the latest investment in primary care. **Action**

#### **RECOMMENDATION**

That the Maori Relationship Board:

1. Note the content of the report.
2. Support activities to address performance.
3. Agree to review indicators at next report period when new indicators will be proposed.

**Adopted**

#### **11. NGĀKAU ORA – PRESENTATION**

Due to time constraints this item was deferred to the April meeting.

#### **12. MANAGE MY HEALTH – PRESENTATION**

Due to time constraints this item was deferred to the April meeting.

#### **13. COVID-19 VACCINATION ROLL-OUT**

Due to time constraints this item was deferred to the April meeting, however, monthly updates for the COVID-19 vaccination roll-out will be presented to MRB.

#### **14. SECTION 3: RECOMMENDATION TO EXCLUDE THE PUBLIC**

**RECOMMENDATION**

**That the Māori Relationship Board:**

**Exclude** the public from the following items:

15. Treaty Governance Board

**Carried**

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

**Signed:**

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**Chair**

**Date:**

\_\_\_\_\_



## 6

6

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
		<ul style="list-style-type: none"> <li>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</li> <li>Members requested that a Manage my Health hui be held at the March MRB meeting</li> </ul>			
4.	04.11.20	<b>NZ Health &amp; Disability System Review</b> <ul style="list-style-type: none"> <li>MRB requested a leadership role to provide input into the review.</li> </ul>	Andy Phillips	May 2021	Andrew Phillips Chief Allied Health Professions Officer to present at May meeting
5.	Mar 21	<b>Te Ara Whakawaiaora – Mental Health (Mental Health And Aod National &amp; Local Indicators)</b> MRB requested a presentation that covers all Mental Health & Addictions Services with the latest investment in primary care.	David Warrington	TBC	Added to MRB Work Plan

## Māori Relationship Board Work Plan 2021

7

Item	Presenter	MRB Meeting Date
Ngākau Ora (presentation)	JB Heperi-Smith	7-April-21
COVID Vaccination Roll Out	Patrick Le Geyt / Chris McKenna	Monthly updates 7-April-21
Water Quality (presentation)	Dr Nicholas Jones	7-April-21
Manage My Health	Henry Heke (GM Maori Health) Health Hawke's Bay PHO	5-May-21
Tihei Mauri Ora Review update	Patrick Le Geyt/ Aria Graham	May / June-21
NZ Health & Disability Review	Andrew Phillips	5-May-21
Acute Demand Model	Emma Foster	5-May-21
Maternity Uplift Internal Review	Patrick Le Geyt	TBA
Māori Led Covid-19 Recovery Review	Patrick Le Geyt	TBA
Residential Care	Emma Foster	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







## **NGĀKAU ORA**

(Presentation)






## **WATER QUALITY**

(Presentation)



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

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

#### MATTERS ARISING

##### 1. Maternity Uplift Review

Chris Ash and Patrick Le Geyt provided an update to MRB. This review is being designed to address the Maternity Uplift and to interchange between different areas within the DHB to ensure there is cultural competency throughout. David Tipene-Leach and Chris Ash are working together on this project. MRB members expressed the need for wāhine Māori to be included as a lead in this review, as this is an issue that primarily affects wāhine.

##### Cultural Review of the HBDHB Maternity Services

Beverly Te Huia provided an update to MRB. The review committee has drawn on literature reviews to create terms and scopes of reference. These literature reviews will support the need to address cultural safety within the service which in turn may impact across the whole organisation.

#### SECTION 2: FOR INFORMATION AND DISCUSSION

##### WAIROA DENTAL

Claire Caddie (Service Director, Community, Women & Children); Wiestke Cloo (Deputy Service Director, Community, Women & Children); Helen Lloyd (Clinical Director, Oral Health); Jeanette Fretchling (Service Manager, Oral Health & Children's Development) and Charrissa Keenan, (Programme Manager, Māori Health) provided a verbal update on the dental services in the Wairoa community.

There is currently no funding available for adult dentistry, however, the Oral Health Service want to work in partnership with MRB to support and resolve dental disease within the Hawke's Bay communities. They are exploring ways to provide sustainable dental access and education programmes for the community of Wairoa. Claire Caddie stated that there has been an increase in dental visits to Wairoa schools. Currently, there are initiatives supporting adolescents and hapu māmā within the Wairoa community. The expectation of the hapu māmā initiative is that it provides māmā with full dental treatment, however, this initiative requires māmā to travel to Hastings and Napier. Members stated that these māmā are under stress and having to travel can cause more anxiety for māmā. Charrissa Keenan stated that this is a short-term solution for hapu māmā, and they will be looking into a longer-term solution that does not require māmā to travel.

Members held a robust discussion and emphasised their concern around the lack of dental resources available for adult oral health. Currently, there are no dentists working in Wairoa. A member stated that

this is a dental emergency that needs to be addressed immediately. Members expressed that the HBDHB has a responsibility to enable and support Wairoa dentistry.

Key messages noted:

- Members stated that this is a workforce issue and it is essential that Wairoa has a dentist working within the community and this needs to be recognised and acknowledged.
- Chrissie Hape expressed her concern around the lack of resources available and stated that the Iwi is willing to work in partnership with the HBDHB to resolve this issue.
- Promoting oral health prevention and education in Wairoa will be explored by the Oral Health Team and rolled-out into the community for children and youth to avoid the need for emergency care in adulthood.
- Charrissa Keenan explained to MRB that the To Waha service worked well with our whānau and Māori Health want to bring this service to Wairoa. Charrissa also explained that Colgate has funded one of our locum dentists, Natalie Stent, to work within the Wairoa community to educate whānau on oral health. She emphasised the need to identify people like Natalie, who have a passion to work with and support our whānau.
- Dr Nicholas Cutfield of Bay Dental Care in Hastings was suggested as someone the Oral Health Service may like to contact to support this issue.

MRB recommended that an integrated plan be developed to support the long and short-term needs of the dental issues in Wairoa. Claire Caddie, Hine Flood, Chrissie Hape and Charrissa Keenan to support the development of this plan.

MRB emphasised that priority commitment of resource allocation and solutions should come from MRB. This should be a Māori-led plan. Patrick Le Geyt and Chris Ash suggested the HBDHB former taskforce, which includes the Māori Health team, Planning, Performance & Funding team, support this.

#### **TE ARA WHAKAWAIORA – MENTAL HEALTH (MENTAL HEALTH and AOD NATIONAL & LOCAL INDICATORS)**

David Warrington (Service Director, Mental Health & Addictions), Peta Rowden (Nurse Director, Mental Health & Addictions) and Jill Garrett (Planning and Commissioning Manager – Mental Health and Addictions) spoke to their report.

This report provides a progress update on the Mental Health and Addiction Service priorities, indicators, and achievement of equity targets. The report focuses on key actions being taken to improve Mental Health and Addiction Services for Māori.

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

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

These are important because:

- Inequality in Outcomes in Mental Health Status for Māori, along with several other indicators, this data shows continuing and persistent inequity in quality of care for Maori. This is evidenced by:
  - Māori have higher rates of access to Mental Health Services than non-Māori.
  - Māori have higher rates of use of Section 29 compared to non-Māori on average.
  - Estimated twelve-month prevalence of schizophrenia for Māori (0.97%) is significantly higher than for non-Māori (0.32%).
  - Hospitalisation rate and readmission rate is higher for Māori

Key discussion noted:

- Hawke's Bay region is around the middle of seclusion rates compared to other regions in NZ.
- MRB members were concerned around social media monitoring of HBDHB staff. David Warrington explained to members that this is monitored, and if inappropriate behaviour or comments are identified, they will respond as this is not tolerated.
- Peta Rowden explained that due to COVID-19 implications, much of the training that was scheduled for their staff was cancelled. This has had a negative on their team and on whānau who use these services.
- David Warrington, Peta Rowden and Jill Garrett expressed their concern for whānau with mental health illnesses, and acknowledged MRB's concerns. They stated that they have a strong focus on reducing the rate of Māori seclusion hours and addressing the inequities in mental health that whānau face. They acknowledged the support that MRB provides.
- MRB emphasized the need for Māori to have the ability to access improved primary care services.

MRB requested a presentation that covers all Mental Health & Addictions Services with the latest investment in primary care.

**RESOLUTION:**

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

1. **Note** the content of the report.
2. **Support** activities to address performance.
3. **Agree** to review indicators at next report period when new indicators will be proposed.

**Carried**







## **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**
- 13. Māori Relationship Board Report**
- 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**

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).