



Māori Relationship Board Meeting

Date: Wednesday, 12 July 2017

Meeting: 9.00am to 12.00pm

Venue: Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omaha Road & McLeod Street, Hastings

Board Members:

Ngahiwi Tomoana (Chair)	Lynlee Aitcheson-Johnson
Heather Skipworth (Deputy Chair)	Trish Giddens
George Mackey	Tatiana Cowan-Greening (Teleconference)
Na Raihania	Hine Flood
Kerri Nuku	Ana Apatu
Dr Fiona Cram	

Apologies:

In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
Member of Hawke's Bay (HB) Consumer Council
Member of HB Clinical Council
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Public Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Public



Our vision

**HEALTHY
HAWKE'S BAY**
TE HAUORA O
TE MATAU-Ā-MĀUI

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

He kauanuanu – showing respect for each other, our staff, patients and consumers

Ākina – continuously improving everything we do



PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	9.00am
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2017	
8.	MRB Chair's Report	
9.	Acting General Manager Māori Health Report	
10.	Clinical Council Verbal Update - Kerri Nuku	
	Section 2: Presentation	10.30am
11.	Budget 2017/18 Presentation – Ashton Kirk	10-mins
12.	Review of Engaging Effectively with Māori – James Graham	10-mins
	Section 3: For Discussion	10.50am
13.	Building a Diverse Workforce - Kate Coley / Patrick Le Geyt	30-mins
14.	He Waka Kakarauri Booklet – Paul Malan	10-mins
	Section 4: General Business	11.30am
	Karakia Whakamutunga (Closing)	
	Light Lunch	12.00pm

Māori Relationship Board Interest Register - 4 July 2017

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
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	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Tatiana Cowan-Greening	Active	Husband, Parris Greening, Service Manager of Te Kupenga Hauora (TKH)	Contracted health provider of HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	19.03.14
	Active	Director Te Pou Matakana	Whanau Ora Commissioning Agency	No conflict	The Chair	27.03.17
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited.	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitchison-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	Treasurer for Ikaroa Rawhiti Maori Party Electorate		No conflict	The Chair	04.07.17
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairāwhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employee as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Board member of Hauora Tairāwhiti	Relationship with Tairāwhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
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	Assistant Director Governor, Rotary District 9930		No conflict	The Chair	15.04.15
	Active	Member of the Lotteries Board		No conflict	The Chair	15.04.15
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective)	Relationship and may be contractual from time to time	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15

Maori Relationship Board 12 July 2017 - 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	Chair, Health Promotion Forum (previously Deputy Chair from 12.08.15)	Relationship	No conflict	The Chair	12.08.15 04.08.16
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare and 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 HB DHB rohe.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17

**MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING
HELD ON WEDNESDAY, 14 JUNE 2017, IN TE WAIORA MEETING ROOM,
DISTRICT HEALTH BOARD (DHB) ADMINISTRATION BUILDING, MCLEOD STREET,
HASTINGS COMMENCING AT 9.00AM**

- Members:** Na Raihania (Proxy Chair)
Ana Apatu
Dr Fiona Cram
George Mackey
Lynlee Aitcheson-Johnson
Tatiana Cowan-Greening (teleconference)
Trish Giddens
- Apologies:** Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
Hine Flood
Kerri Nuku
Dr Adele Whyte (CEO Ngāti Kahungunu Iwi Incorporated)
Kevin Atkinson (Chair Hawke's Bay District Health Board)
Matiu Eru (Pouahurea, Māori Health HBDHB)
Linda Dubbeldam (Manager Innovation & Development, Health Hawke's Bay PHO)
- In Attendance:** Dr Kevin Snee (CEO HBDHB)
Graeme Norton (Chair of HB Clinical Council)
Tracee Te Huia (Executive Director of Strategy & Health Improvement HBDHB)
Peter Dunkerley (Board Member Hawke's Bay District Health Board)
Patrick Le Geyt (Acting General Manager/Programme Manager, Māori Health HBDHB)
Chrissie Hape (Iwi/CYF Partnership Advisor, Ngāti Kahungunu Iwi Incorporated)
Member of Health Hawke's Bay Public Health Organisation (HHB PHO)
Members of the Māori Health Service
Members of the Pacific Health Service
- Minute Taker:** Amy Martin (MRB Administration Coordinator, Māori Health HBDHB)

SECTION 1: ROUTINE

1. KARAKIA

George Mackey opened the meeting with karakia.

2. WHAKAWHĀNAUNGATANGA

The MRB Chair welcomed everyone to the meeting. All attendees introduced themselves to the newly appointed MRB member, Dr Fiona Cram, Ahuriri District Health representative.

3. APOLOGIES

Apologies were received from N Tomoana, H Skipworth, H Flood and G Mackey. T Cowan-Greening, joined the meeting by teleconference.

4. INTERESTS REGISTER

No MRB members declared any additional conflict of interest to the register or with today's agenda items.

Lynlee Aitcheson-Johnson declared changes in her memberships; recently appointed as Treasurer for Ikaroa Rawhiti Maori Party Electorate, and no longer wahine co-Chair. No longer Chair of Te Whare Whānau Purotu Inc.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 10 May 2017 were taken as read and confirmed as a correct record.

Moved: A Apatu

Seconded: T Giddens

CARRIED

6. MATTERS ARISING FROM THE PREVIOUS MINUTES

The following matter from the May minutes was discussed.

The Health Literacy Principles paper was presented to MRB at the May meeting. MRB **recommend** HBDHB merge their efforts, and collaborate, with Health Hawke's Bay concerning health literacy planned activities.

REVIEW OF ACTIONS

The Action and Progress List as at May 2017 was taken as read. The following actions were discussed.

Maori Staffing Recruitment Action Plan

Linda Dubbeldam will join the recruitment workshop being held next week by Kate Coley.

Maori Representative in the Workforce

- a) Statistics on percentages of all ethnicities being employed at the DHB was provide. MRB request reviewing the actual numbers. **ACTION** GM Māori Health.
- b) Paul Davies to provide a brief update of feedback from exit interviews.

Fluoridation Wānanga

Lynlee to contact Kate Karaka to book in a wānanga date at NKII.

MRB Hosting the Next Te Whiti ki te Uru.

Tatiana provided a brief update, confirming the Terms of Reference have been revised and a by-monthly meeting has been proposed.

MRB are seeking registrations of interest to support Tatiana with this project. **ACTION**.

Bariatric Surgery Investigation

The report was presented at EMT and has been deferred to a later date. EMT agreed there needs to be more surgery.

7. MRB WORKPLAN 2017

The workplan as at June 2017 was taken as read. The following matters were discussed:

- There will be no meeting in September and December papers will be mailed/emailed out. Please email suggestions to improve this process to MRB Administrator.
- Chrissie Hape (NKII GM), confirmed the resignation of Dr Adele Whyte and further confirmed the NKII review of MRB has been put on hold.
- Social Inclusion objectives on employment and cultural competency has been included in the workplan. Kate Coley (Executive Director of People and Quality) as champion.

8. MRB CHAIR'S REPORT

The chairs Report for May 2017 was taken as read and the contents noted.

9. GENERAL MANAGER (GM) MĀORI HEALTH REPORT

The GM Māori Health report for May 2017 was taken as read and the contents noted.

The following matters were discussed and information advised:

Customer Feedback Survey

A low response rate to the customer feedback survey was reported. This will be discussed further on today's agenda, Jeanette Rendle will present the Consumer Experience Feedback Quarterly Report.

Ngātahi Workforce Development Project

Patrick Le Geyt and Chrissy Hape met previously to discuss bringing in NKII, NGOs and TToH and developing increased cultural competencies.

Te Ara Whakawaiora

Te Ara Whakawaiora programme is proving successful, EMT champions are accountable and addressing challenges.

There was a brief discussion on the MOH term Vulnerable Children and Vulnerable Families. Acting GM Māori to confirm to MRB the definition. **ACTION**

10. CLINICAL COUNCIL UPDATE

MRB noted the contents of the written update.

SECTION 2: PRESENTATION

11. TE ARA WHAKAWAIORA / ORAL HEALTH (NATIONAL INDICATOR)

Sharon Mason (Chief Operating Officer), Robin Wynman (Clinical Director for Oral Health), Ruth O'Rourke (Team Leader Oral Health Service) and Wietske Cloo (Deputy Service Director) were in attendance to present the Te Ara Whakawaiora / Oral Health (national indicator) and highlighted the following key points:

- Oral health is included in the quadruple enrolment, confirming babies born in Hawke's Bay are enrolled in primary care, before school check, immunisation and oral health.
- Pleasing 2016 results for Caries Free at 5 Years.
- Key focus for change, changing clinical practise putting particular targets in front of our teams.
- Te Roopu Matua consumer group providing feedback on their experience to enable listening to and acting on the consumer voice. Those changes take time however great to have consumer and whānau engaged to help act on change.

MRB **noted** the contents of the report and were very supportive of the work being undertaken.

The MRB are supportive in the efforts to address barriers for tamariki accessing oral health but also stressed the importance of providing solutions for vulnerable families. The Acting GM Māori Health advised that an oral health treatment programme is being considered for young mothers as well.

MRB commend the newly established kaiāwhina role in one hub in Hastings. However they provided a caution that the kaiāwhina will need support given the likely workload.

12. CONSUMER EXPERIENCE FEEDBACK QUARTERLY REPORT

Jeanette Rendle (Consumer Engagement Manager), was in attendance to present the report on Consumer Experience Feedback Quarterly Report.

MRB **noted** the contents of the presentation. They acknowledged the current survey mechanism is ineffective in capturing meaningful Māori consumer feedback. They stressed the importance of Māori co-design and culturally appropriate feedback mechanisms that capture Māori consumer experiences. Jeanette Rendle requested MRB representation on the project group. However MRB recommended that representation would be more appropriate from the Māori Health Improvement Team. The Acting GM Māori Health will appoint the respective staff to the project team.

MRB **request** reviewing the ethnicity breakdown of the patient experience survey related to; Adult inpatient experience survey (81), Consumer feedback direct to HBDHB (284), Marama Real-time feedback (30) and Maternity Services Survey (174). **ACTION Jeanette Rendle**

Dr Kevin Snee (Chief Executive Officer, HBDHB) joined the meeting at 10.34am.

13. PEOPLE STRATEGY (2016-2021) FIRST DRAFT

Kate Coley (Executive Director of People and Quality) was in attendance to present the People Strategy (2016-2021) First Draft.

MRB **noted** the contents of the report and agreed the organisation's philosophy should reflect the organisation's values.

MRB discussed the strategy title and **recommend** the title *Our People, One Team*, is renamed as it sounds too monocultural. They stressed the importance of a people strategy that values and encourages all ethnicities, and Māori in particular, to express themselves culturally within the scope of their work.

SECTION 3 – FOR DISCUSSION

14. YOUTH HEALTH STRATEGY UPDATE

Nicky Skerman (Population Health Strategist, WC&Y) was in attendance providing an update on the Youth Health Strategy and presented a brochure on the Youth Consumer Council (YCC). It was reported this strategy has increased the profile of youth and builds into additional strategies such as suicide prevention however resourcing the YCC is a challenge.

MRB **noted** the contents of the report and was very supportive of the work being undertaken.

SECTION 4 – FOR INFORMATION ONLY

15. HEALTH HAWKE'S BAY CULTURE COMPETENCY FRAMEWORK

Lillian Ward (Senior Maori Advisor/Equity Project Manager, Health Hawke's Bay) was in attendance to discuss Health Hawke's Bay Culture Competency Framework, providing an overview of the report, highlighting the following points:

- Promoting Te Reo in the workplace and General Practises.
- Improve non-verbal communications and educating teams on the use of macrons.
- Māori specific policies and inviting staff to provide feedback to how they will use these policies in their work.

MRB **noted** the contents of the report.

16. CENTRAL REGION AOD MODEL OF CARE

MRB **noted** the contents of report.

SECTION 5: GENERAL BUSINESS

New Build, Drs in Maraenui

Dr Fiona Cram provided a brief update, advising a treaty settlement claim has been finalised and the money will fund the new build of the Drs in Maraenui. The aim of the trust is for best health for tamariki in Ahuriri.

Chair of Consumer Council

Graeme Norton, announced he is stepping down as Chair of Consumer Council HBDHB in August and has been elected Chair of the Consumer Council NZ

T Cowan-Greening excused herself from the meeting via teleconference at 11.12am

The meeting was closed by George Mackey with Karakia at 11.45am.

Signed: _____

Chair

Date: _____

Date of next meeting: 9.00am Wednesday 12 July 2017
Te Waiora (Boardroom), HBDHB Corporate Administration Building

MĀORI RELATIONSHIP BOARD
Matters Arising – Review of Actions

6

Action No	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1.	14 June 17	Māori representatives in the workforce Total FTE numbers of all ethnicities being employed at the DHB.	Patrick Le Geyt	July	Refer below
2.	14 June 17	Ngātahi Workforce Development Seek Clarification from MOH the definition of Vulnerable Children and Vulnerable Families.	Patrick Le Geyt	July	IN PROGRESS
3.	14 June 17	Patient Experience Survey Provide MRB the ethnicity breakdown of the patient experience survey related to; Adult inpatient experience survey (81), Consumer feedback direct to HBDHB (284), Marama Real-time feedback (30) and Maternity Services Survey (174).	Jeanette Rendle	July	IN PROGRESS
4.	10 May 17	Upgrade plan Present the upgrade plan of the Tower Block and reconfiguration of Level 2 Corporate Administration Building	Trent Fairey	July	IN PROGRESS
5.	10 May 17	MRB Representation at HB Clinical Council MRB to develop a process	MRB	June	IN PROGRESS
6.	10 May 17	Cultural Competency training restrictions of RMOs a) Investigate and report back to MRB the current cultural competency training restrictions of RMOs and SMOs b) Report to MRB Health Hawke's Bay Cultural Competency Framework	Patrick Le Geyt Linda Dubbledam	June June	IN PROGRESS COMPLETE
7.	10 May 17	Central Region AOD Model of Care paper Provide MRB with the Central Region Model of Care paper presented in 2016	Patrick Le Geyt	June	COMPLETE
8.	10 May 17	Health Hawke's Bay Health Literacy Programme Present to MRB an update of PHO Health Literacy Programme	Linda Dubbledam	August	IN PROGRESS

Action No	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
9.	12 Apr 17	Māori representatives in the workforce a) Statistics on percentages of all ethnicities being employed at the DHB. b) A brief update of feedback from exit interview of Māori staff including the position/income level data. c) The Māori workforce recruitment plan to review.	Patrick Le Geyt Paul Davies Kate Coley	June June July	COMPLETE IN PROGRESS COMPLETE
10.	8 Feb 17	Fluoridation Coordinate an independent workshop/wānanga with MRB to discuss the impacts of Fluoridation on populations and any recommendations to be brought back to a formal MRB meeting.	L Aitcheson-Johnson	May 2017	IN PROGRESS 12/04/17 L Aitcheson-Johnson and N Tomoana to meet and discuss L Aitcheson-Johnson presenting to NKII
11.	14 Sep 17	MRB hosting the next Te Whiti ki te Uru: a) Develop the agenda and discussions b) Consider future MRB representation to the Māori Caucus.	MRB	Nov 2016	IN PROGRESS 14/06/17 seeking registrations of interest to support Tatiana Cowan-Greening. Hawke's Bay is scheduled to host the TWkTU meeting 2 October 2017.
12.	8 June 16	Health Equity Update 2016 <i>NZ Territorial Authorities Statistics Gap in Years between Māori and non-Māori Life Expectancy by Gender and Region 2012-14</i> MRB were interested in the reasons for the longer life expectancy of Māori in the Canterbury region and requested that Dr McElroy conduct further research to provide an update on the findings	Nick Jones / Patrick Le Geyt	Oct 2016 June 2017	IN PROGRESS Discuss further with Suzanne Pitama (Associate Professor Associate Dean Maori University of Otago, Christchurch, University of Otago) and come back to MRB August meeting with a more detailed report.
13.	12 May 16	Review form and function of MRB and Youth Representative NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	CEO NKII	Sept 2016	IN PROGRESS NKII Review on HOLD
14.	12 May 16	Bariatric Surgery Investigation Request for an investigation of the evidence to rationalise the increase of surgeries per annum.	Paul Malan	Oct 2016	DEFERRED The report was presented at EMT on 30/05/17 and has been deferred. Date to be confirmed.

Item 1 The following detail was provided by Human Resources: Figures as at 31 May 2017.


	% of workforce	Positions
NZ Māori	14.10%	434
Pacific Islands	1.01%	31
NZ European	62.72%	1931
British & Irish	7.08%	218
Asian	2.99%	168
Other	9.87%	228
Unknown	2.24%	69
Total	100.00%	3,079

Target = 13.75%	% Māori	Positions
Medical	5.08%	15
Nursing	11.98%	186
Allied Health	14.06%	80
Support	31.75%	60
Management & Admin	19.66%	93
Total	14.10%	434

MĀORI RELATIONSHIP BOARD
WORKPLAN JULY 2017- DEC 2017

NOTE: This workplan is still in draft therefore is subject to change.

Date/ Month 2017	Performance Monitoring and for Information and Discussion	EMT Lead	Strategic / Decision Papers	EMT Lead
14 Jul			Building a Diverse Workforce & Review of Engaging Effectively with Maori (AMHP Dashboard Q3 response) per CC report to Board May Budget 2017/18 Presentation Public excluded	Kate Coley Tim Evans
9 Aug	Te Ara Whakawaiaora: Culturally Competent Workforce (Local Indicator) Te Ara Whakawaiaora: Mental Health and AOD (National and Local Indicators) Annual Maori Health Plan Q4 April- June 17 Quality Accounts Draft Position on Reducing Alcohol Related Harm – progress (Timing to be confirmed)	Kate Coley Sharon Mason Tracee Te Huia Kate Coley Tracee Te Huia	Social Inclusion (to Committees) Final 2017/18 Annual Plan and Central Region RSP Metabolic (Bariatric) Survey - in the context of a Healthy Weight Strategy for Adults (Timing to be confirmed) Recognising Consumer Participation - Policy Amendment - review by EMT Implementing the Consumer Engagement Strategy	Tracee Te Huia Tracee Te Huia Tracee Te Huia Kate Coley Kate Coley
6 SEPT	<i>Hawke's Bay Health Leadership Forum, 8.30-3.00pm, East Pier, Napier</i>			
SEPT	NO MEETING FOR MRB IN SEPT – email papers below to MRB for feedback			
	Quality Accounts Final Consumer Experience Feedback Q4 Report Te Ara Whakawaiaora: Healthy Heathly Weight (National Indicator)	Kate Coley Kate Coley Tracee Te Huia	Orthopaedic Review Phase 3 DRAFT	Andy Phillips
11 Oct	Establishing Health and Social Care Localities Update	Tracee Te Huia		
8 Nov	Te Ara Whakawaiaora: Smoking (national indicator) Tobacco Annual Update against Plan Annual Maori Plan (MRB only) Q1 July-Sept 17	Tracee Te Huia Tracee Te Huia Tracee Te Huia	Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-Nov18)	Tracee Te Huia
DEC	NO MEETING FOR MRB IN DEC -- email papers below to MRB for feedback			
	Consumer Experience Feedback Quarterly Report Q1 March, Jun, Sept, Dec, Mar18 - incorporating Annual Review Board actionsa	Kate Coley		

	Chair's Report
	For the attention of: Māori Relationship Board (MRB)
Document Owner:	Ngahiwi Tomoana, Chair
Month:	July 2017
Consideration:	For Information

RECOMMENDATION

That the Māori Relationship Board
Note the content of this report.

PURPOSE

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the Board meeting held in June 2017 pertaining to Māori health.

INTRODUCTION

For this month, I provide an overview of the Chief Executive Officer's (CEO) report including:

- Ministerial Targets
- Financial Performance
- People Strategy (2017-2022)
- Consumer Feedback Experience Quarterly Report
- Youth Health Strategy
- Te Ara Whakawaiaora / Oral Health
- Dementia Wing Glengarry House

MINISTERIAL TARGETS

For the month of June, Raising Healthy Kids has improved significantly and is on track to reaching target. And considering Immunisation has dropped, it is anticipated that the year-end target will still be achieved. And although Faster Cancer Treatment continues to improve, it will not reach the year-end target of 85 percent.

Shorter Stays in Emergency Departments shows a decline for this month and Elective Activity remains below plan.

FINANCIAL PERFORMANCE

Dr Kevin Snee acknowledged all staff for their outstanding efforts towards budgetary control throughout the last quarter of this financial year. The significant issues faced this year were recognised, these included the power outage, the largest worldwide recorded outbreak of campylobacter and two RMO strikes.

PEOPLE STRATEGY (2017-2022)

The development of the People Strategy will be a key enabler to achieving an important shift in the culture here at the HBDHB. This, in conjunction with the development of the Clinical Services Plan, presents an opportunity to transform the delivery of healthcare services. The strategy will be

developed around engaging with all staff and patients and over the next six months key deliverables and milestones will be presented to the Board.

CONSUMER FEEDBACK EXPERIENCE QUARTERLY REPORT

The Consumer Experience Feedback Quarterly Report and the results from the national inpatient experience survey were presented to the Board. The Consumer Council believe surveys should be discontinued and the HBDHB focus on what needs to be done. A Patient Experience Project will commence to find ways to better engage and listen to consumers, and thereafter to implement actions in accordance with the feedback. In addition, a small group of clinicians and management from the HBDHB, HHB PHO and local GP Practices travelled to Alaska to attend the NUKA training with the Southcentral Foundation in Anchorage.

YOUTH HEALTH STRATEGY


The Youth Health Strategy update was presented and further confirmed the strategy has helped raise the profile of youth health in Hawke's Bay. The Youth Consumer Group has been established and are working well as a team. Members are also connected within the Consumer Council. There will be a further update in 12 months' time.

TE ARA WHAKAWAIORA / ORAL HEALTH

Dr Robin Whyman (Clinical Director for Oral Health) as Champion of Oral Health presented the Te Ara Whakawaiaora / Oral Health. The team have done some great work and have received a lot of cooperation. As a result of their efforts, Pre-schoolers Caries Free at 5 years old had an 8% increase in Māori children therefore closing the inequity gap. The bigger challenge is Pacific Caries Free where the target has been trending flat. Dr Whyman also voiced concern for CHB with data from 2016 indicating a decline particularly in Māori 5-year old Caries Free outcomes. Overall, the results are very pleasing. Ka mau te wehi!

DEMENTIA WING GLENGARRY HOUSE

A verbal update was provided on the possible closure. There has been extensive discussion throughout the community where a number of meetings were held with Wairoa residents and the locality governance group. The DHB and the Wairoa communities idea of the expected need is the same. The facility will remain operating in the interim while new redesigned solutions will be worked through and coordinated with stakeholders. It was acknowledged there were more Māori utilising the services than initially thought. Social Health and Localities work being undertaken has established a community partnership forum. Bupa, who is the facility and service provider, are keen to work with the community to achieve a good result. An outline of the proposed solutions and recommendations is planned to be presented at this month's Board Meeting.

	Acting General Manager Māori Health Report
	For the attention of: Māori Relationship Board (MRB)
Document Owner:	Patrick LeGeyt, Acting General Manager Māori Health
Month:	July 2017
Consideration:	For Information

RECOMMENDATION

That the Māori Relationship Board

Note the content of this report.

PURPOSE

The purpose of this report is to update MRB on implementation progress of the Māori Annual Plan objectives for June 2017.

INTRODUCTION

In this months report contains an update about the following:

- Mid-term evaluation of MAI - Māori Health Strategy
- Collaborative partnership between the Planning Team and Māori Health in the development of the System Level Measures (SLM) for the 2017/18 Annual Plan, as well as the close working relationship with Action Leads to further improve future reporting of the Annual Māori Health Plan
- Alcohol Harm Reduction Strategy
- Pregnancy and Parenting Information and Education Programme
- ASH Respiratory 0-4 years Project
- Oral Health Equity for Tamariki <5 years Project, including the Māori Advisory Group 'Te Roopu Matua'
- General Anaesthetic and ASH 0-4 years Pathways Project
- Ngātahi Core Competency Framework for the Vulnerable Children's Workforce Project
- Engaging Effectively with Māori Training
- Tūruki Māori Workforce Development includes Kia Ora Hauora and Programme Incubator Careers Expos, scholarship applications for the semester two funding round, and an update on the online database, and
- Customer Focused Booking Project identifying the obstacles and factors that contributed to the achievement of the Māori DNA target.

Evaluation of the MAI - Māori Health Strategy

Dr George Gray was contracted to conduct a mid-term evaluation of MAI – Māori Health Strategy. The team provided support to Dr Gray with the ongoing data collection. The evaluation is expected to be completed by the end of June. The information from this evaluation will be used to inform future implementation of the strategy.

System Level Measures

Māori Health continue to work with the Planning Team by providing input to the System Level Measures (SLMs) for the 2017/18 Annual Plan. One to one meetings with Action Leads continue to clarify and enhance better understanding of the Māori quarterly report requirements as well as soliciting information on areas that might need some research information for improved health planning and implementation.

Annual Māori Health Plan Quarterly Reporting

Monitoring the implementation of the Annual Māori Health Plan (AMHP) continues through the review and provision of feedback on all Māori quarterly reports. The objective of the review is to determine the extent to which the Action Leads have progressed their activity implementation, and the impact such plans may be having on reducing health inequalities between Māori and non-Māori. These reviews have been followed by one on one meetings with Action Leads as needed to provide further clarification on issues from the reports and how to improve on future reporting.

Discussions continue with Action Leads regarding the areas of planning and implementation that might benefit from further information through small scale 'operations research'.

Alcohol Harm Reduction Strategy

A stakeholder engagement process and stocktake is underway and will be used to inform the development of an Alcohol Harm Reduction Strategy. Māori Health have provided advice to the team leading this work with an emphasis on ensuring consideration of Māori health research, identifying solutions that are constructed from a Māori knowledge base, and learnings from indigenous approaches to health such as the Nuka¹ health system model.

Pregnancy and Parenting Information and Education Programme

The procurement process for establishing and implementing a new HBDHB Pregnancy and Parenting Information and Education Programme is on track. The aim is to have the full service in place by 1 January 2018.

ASH Respiratory 0-4 years Project

An investigation of the respiratory care pathway for tamariki <5 years who presented at the Emergency Department (ED) for a respiratory related event is nearing completion. The project has examined system and service barriers and any necessary improvements to ensure pathways and processes are working well, and that whānau/families are receiving appropriate and responsive respiratory advice and support.

The project has involved a review of the patient care pathway, a case file audit, hui (meetings) and interviews with primary care respiratory nurse champions, and interviews with whānau/families. A number of areas have already been identified as requiring improvement such as, patient information flows, training and education, and accessibility to support services. A summary report outlining areas for improvement and opportunities for strengthening respiratory care and services for tamariki <5 years and their whānau/families will be completed by August 2017.

Oral Health Equity for Tamariki <5 years Project

Māori Health is a contributor to the Oral Health Equity for Tamariki <5 years project. The aim of the project is to improve the oral health status of Māori, Pacific, and tamariki (children) who live in low socioeconomic areas. Work streams include Influencing Policy, Partnerships and Collaboration, Data Collection and Quality Improvement, Consumer Pathways, and Consumer Engagement.

Te Roopu Matua

'Te Roopu Matua' is a Māori Advisory Group established to provide Māori expertise to help guide and direct the work of the Oral Health Equity <5 years project team. The group comprises a range of Māori members including: kuia (Māori female elders), young Māori father, young Māori mothers, community representatives from Raureka; Kōhanga Reo, and a local church.

To date, the roopu (group) has provided advice and expertise to the project team on how best to engage with whānau/families and Māori communities, the types of things we should ask whānau/families, and where appropriate, and assisting the project team in engagement activities with whānau/families.

General Anaesthetic and ASH 0-4 years Pathways Project

Māori Health is co-leading an investigation into the care pathway for tamariki (children) admitted to hospital for a dental procedure under General Anaesthetic ('GA'), and ASH 0–4 dental. The aim of this work to reduce the burden of oral health disease on tamariki (children) Māori, and to prevent a further event. The information we are gathering will help us know what we can do better to ensure primary and secondary oral health services are accessible and responsive to the needs of whānau/families. This project has just commenced and learnings will be reported as the project is undertaken, and a summary report produced identifying key areas for improvement.

Ngātahi Core Competency Framework for the Vulnerable Children's Workforce in Te Matau-a-Māui Project

Tamariki (children) of parents with mental illness, addictions, and in violent relationships ("vulnerable children") are at high risk of poor health, education and social outcomes. Māori are highly over-represented among these whānau/families. Recognising this, Te Kāwana has embarked on a programme to reform the way these whānau/families are supported, including changes to legislation, accountabilities of Ministry Chief Executives, reform of Child, Youth and Family, and implementation of multi-agency Children's Teams.

The Ngātahi project aims to leverage the *Vulnerable Children's Core Competency Framework* to map the skills and learning needs of health, education and social service professionals in Hawke's Bay working with vulnerable children and families, and design, implement and evaluate a development plan for the workforce over three years. Because the majority of whānau/families served by the vulnerable children's workforce are Māori, tikanga therefore is essential to this programme.

Māori Health have played an important collaborative role since the establishment of the Ngātahi project within the HBDHB. The project involves five key phases;

Year 1:

- Agreeing how the core competency framework will be used to map the skills and learning needs required by the workforce.
- Managers and practitioners will map skills against the core competency framework, e.g., in their annual performance appraisal.

- The results of these assessments will be aggregated to show how staff need to develop each competency.
- The data will be utilised to draft a plan for years 2 and 3, and to deliver training for staff to develop each competency.

Year 2 and 3:

- Training will be delivered according to the plan developed at the end of year 1.

A wānanga was called with a range of providers, community groups and government agencies held at Mihiroa Whare on 30 June to provide commentary on Domain 2: What it means to be competent, and Sub Domain 3: Working effectively with Māori.

Engaging Effectively with Māori (EEM) Training

Two mandatory workshops have been held in the last month and feedback has been positive. This feedback will be used to assist in the training review and the delivery process of the EEM training. For example, the following feedback provided such highlights:

“Kia ora James, great session. I find no matter what I go to or how frequent, you always learn something new or a different approach. I thought your session yesterday was superb”

“Thanks for reminding us of the core values to use and guide our practice”

“I would recommend this training as there is so much to learn that we can apply to our practice”

A further two workshops was planned for the month of June; one onsite and the other in Wairoa.

Tūruki Māori Workforce Development

Careers Expo

Tūruki participated in two career expos focusing on Māori high school students and whānau/families. The first expo was held at the Pettigrew-Green Arena in Taradale. Kia ora Hauora (KOH) partnered with Tūruki to encourage Māori students to register with the programmes so that support can be offered during tertiary study. The second expo involved Programme Incubator at HBDHB's Education Centre. A range of health clinicians provided taster workshops for students to learn about different areas of health. Careers that were promoted included occupational therapy, physiotherapy, oral health, nursing and medicine.

Scholarship Round Complete

The Tūruki Scholarship funding round has been completed for semester two. 29 applications were received and 16 were successful within the following areas of study; Social Work, Public Health, Dental Surgery, Science, Health Psychology, Medicine, Surgery, Science, Neuroscience and Nursing.

Health Workforce New Zealand (HWNZ) applications are currently being received for the second semester enrolment within entry-level certificate and diploma course related to health. HWNZ have indicated to DHBs that funding will be reduced from previous years' allocation. As a result, preparations are in place to reprioritise scholarships allocation within these programmes. Discussions are being held with Counties Manukau and KOH to implement the Workforce Forecasting Model developed by the Ministry of Health (MoH). The goal is to predict short, medium and long-term forecasts of workforce requirements that can meet the changing needs of health priorities in the future.

Online Database Update

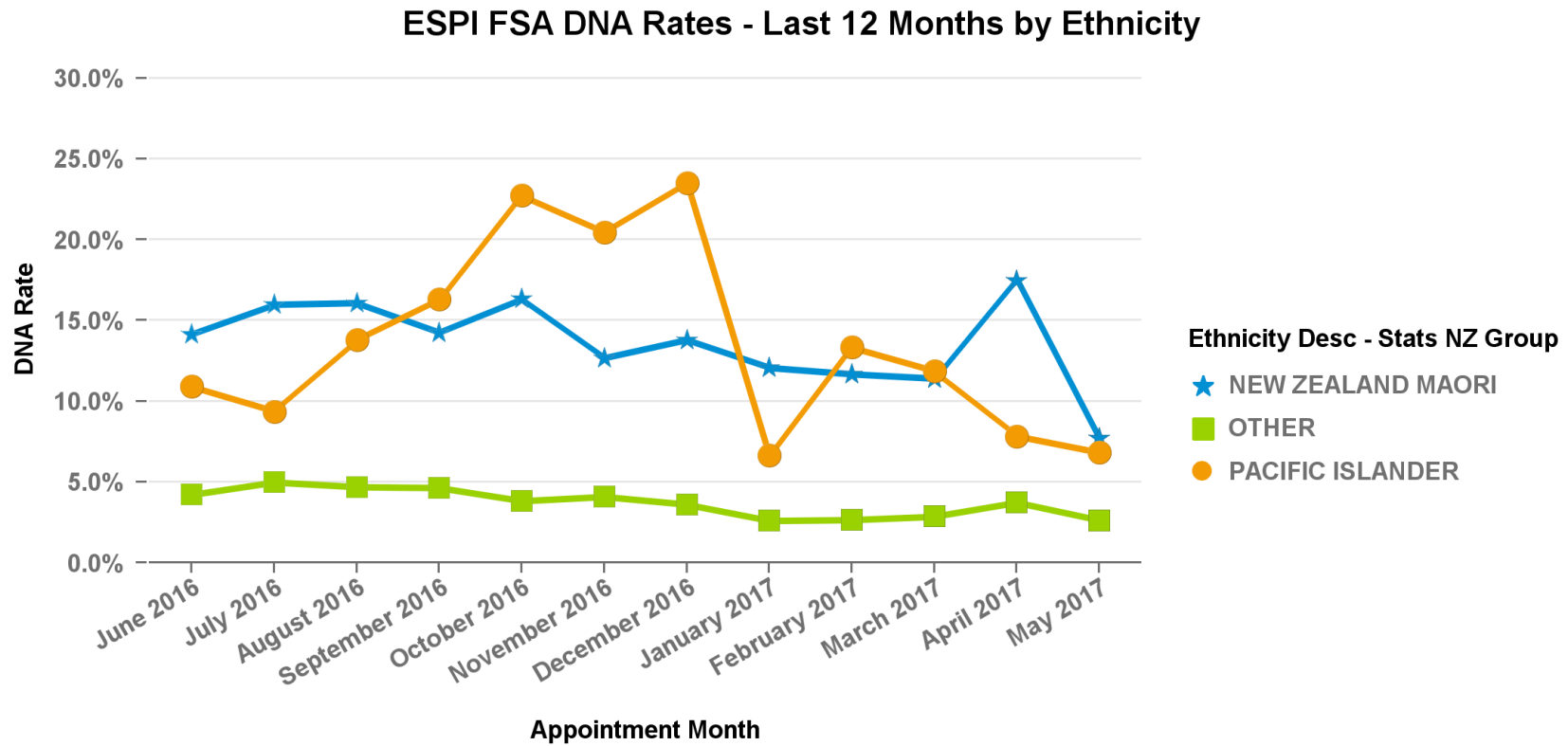
Real-time data and tracking of Tūruki and HWNZ scholarship recipients is expected to be confirmed by the end of July. The online database introduced in December 2016 has improved information flow and accuracy of data. The addition of key stakeholders as users within the database will contribute towards a more robust system to improve engagement with scholarship recipients. The traditional system of requesting information about scholarship recipient progress via emails and reports can result in delays for reports and monitoring requirements. Confidentiality of student information is a priority for Tūruki and access has been limited to administration staff involved with processing scholarship payments and pastoral care, such as the Nursing Entry to Practice (NEtP) Coordinator and EIT Cultural Support Coordinator.

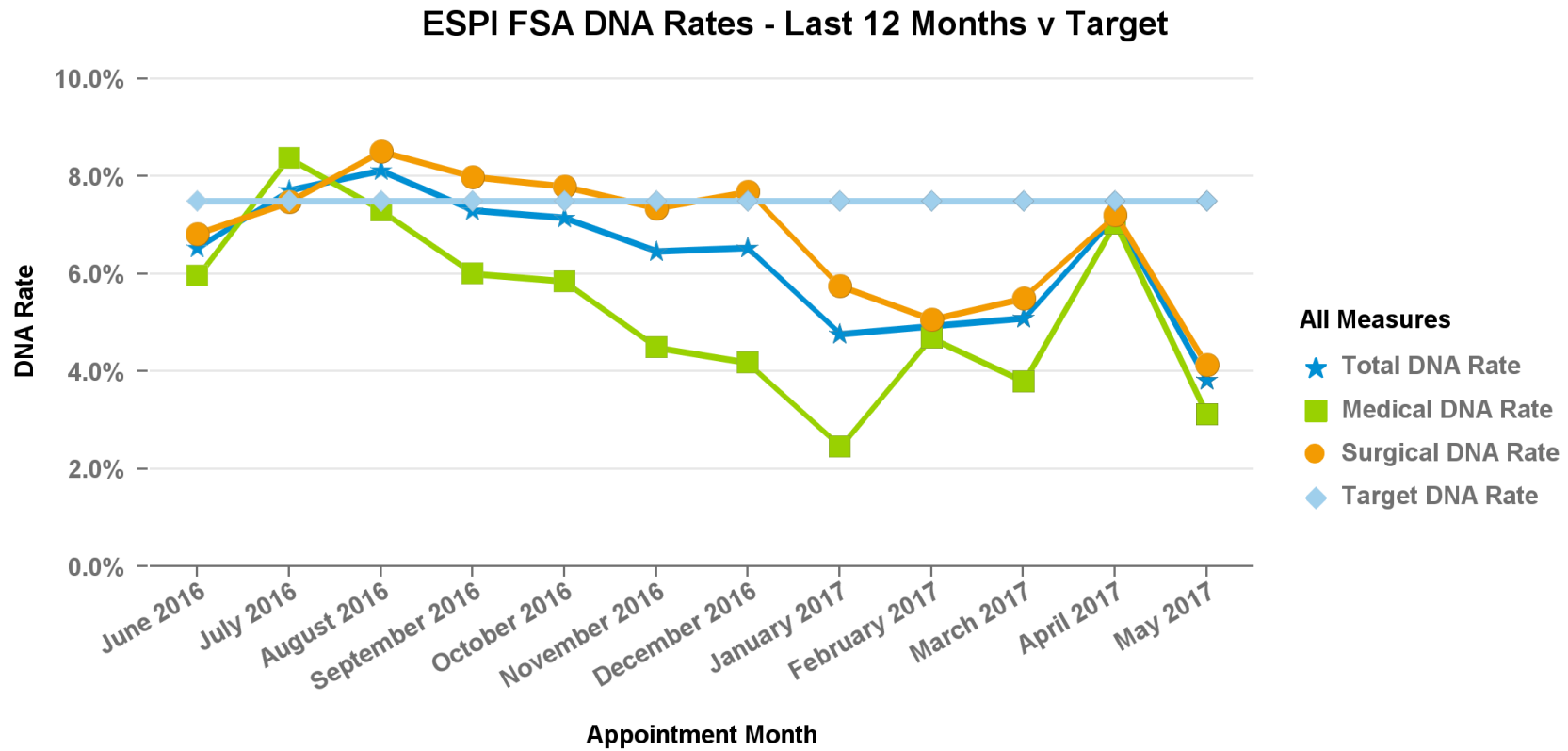
Customer Focused Booking Project - Māori DNA Rate

Since the conception of the FSA DNA Project and formation of Customer Focused Booking (CFB) Project, the DNA rate for Māori recorded its lowest rate in the month of May at 7.8%. The drop in DNAs can be seen across all reported ethnic groups, and a halving of the entire DNA rate from 7.1% to 3.7%. To see this new rate become standard over the next three months would be a clearer indication whether the improvements in the system, outlined below, has made the difference:

- With the new phone and computer systems, the bookers are now only booking appointments after making contact with patient, which has made significant difference.
- Rescheduling appointments have risen, and with the new computer system, bookers have been able to reschedule across clinics which went live in the start of May.
- The night phoning of ENT patients this month has been key with the DNA rate at its lowest in a long time. Switchboard have picked up the reminder phone calls for ENT while they also continue to phone Ophthalmology/Cardiology reminders. They also have helped with pre-booking phone calls on a number of clinics.
- Extra Locum Clinics, while this has been extremely stressful to book clinics at extremely short notice, the patients have all had to be phoned only days prior due to their bookings as a result of the short notice to confirm clinics. This phoning has been supported by relief staff, nursing staff and also absorbed within the Booking Team. This, plus the Switchboard phoning demonstrates the value of phoning patients, particularly in the evening.
- The pre-emptive sweeps in May (patients who were contacted), only 4 were unaware of their appointments and had not received an appointment card. 10 patients were not contactable and NHIs from Information Services (IS) are yet to be received to verify if these are the same patients who DNA.
- A newly applied ICON on ECA that lets both inpatient and outpatient services know if an inpatient has an outpatient appointment, which was also an issue that has finally been addressed. However, the ICON only went live in June.
- There are still a number of glitches in the text to remind (pre-emptive 48 hour reminder text) that IS are working on. But on some days the text to remind does not send texts to some clinics daily lists.

Next steps are for Māori Health to begin evening pre-emptive sweeps to try and contact the patients who have not been contacted during the day. Based on the ENT results it is hoped to also will have an influence on the result. The main next step is to turn the current changes into 'business as usual', and to complete current CFB work streams such as UBook. The volume of rescheduling has actually helped to reduce DNAs and the principles behind this i.e. phoning and contacting patients just prior to their appointments, are areas of focus.







11.0 BUDGET 2017/18

11

Ashton Kirk



PRESENTATION

REVIEW OF ENGAGING EFFECTIVELY WITH MĀORI

12

Dr James Graham



13.0 BUILDING A DIVERSE WORKFORCE

Verbal Update

Kate Coley / Patrick Le Geyt

13

He Waka Kakarauri



Rarangi Tohutohu o te Waka Kakarauri

Guidelines for Engaging Māori in Advance Care Planning Conversations

Acknowledgements

The Northland Māori Advance Care Planning (ACP) Working Group wishes to thank and acknowledge the many people who have provided advice, input and review during the development of this guideline.

Special mention and thanks go to:

Ned Peita for the carving and waka model korero and the Northland District Health Board Kaunihera Kaumātua for the naming and blessing of He Waka Kaharauri.

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He Mihi – Greetings

Tena koutou nga morehu o nga maataa waka, mai i te ao tawhito. Kei te mihi atu; kei te tangi atu ki nga mate kua mene atu ki te po.

Ratou nga manu tioriori o nga pari karangaranga me nga kaka wahanui o te wao nui a Tane.

E te hunga kua whakawhiti atu ki te Ao Wairua, tena koutou katoa. Kua Tangihia, kua mihia, me ki, kua ea te wahanga ki a ratou.

Koutou nga mahuetanga iho i a ratou ma, tena koutou, tena koutou katoa.

He Whakarapopototanga – Foreword

I have been asked to pen this foreword, on behalf of the Northland District Health Board Kaumātua Kaunihera, for “He Waka Kaharauri” – a model to engage Māori in conversations that are important for future health and end of life care needs.

It is our hope that this model will encourage conversations about our health – when we are well and when we are sick or dying – that are tika (are right), pono (are true) and aroha (shared with love), and are held at a time and in an environment that is culturally appropriate to Māori.

We want to especially acknowledge the collective efforts of the Northland District Health Board Nursing and Midwifery Directorate, the Māori advance care planning steering group, the Māori Health Directorate, Māori consumer representatives, healthcare workers and Māori whānau, who, over the past years, have talked, cried, sung, reflected, revised and devoted much of their heart and soul into designing this model.

This comment expresses many of our thoughts: “This is the first model that I have seen in a long time that places the wairua (spirituality) back into health conversations,” and for this we are eternally grateful.

Na

Kaumātua Te Ihi Tito on behalf of the Northland District Health Board
Kaunihera Kaumātua

Tena koutou, tena koutou katoa.

Ko te pae tawhiti, whaaia kia tata

Ko te pae tata, whakamaua kia Tina! Tina!

Māori ACP Guide Development

Advance care planning (ACP) is a process of discussion and shared planning for future health and end of life care. It involves the patient, their whānau and healthcare workers.

Several researchers in New Zealand have explored Māori and whānau experiences of palliative and end of life care; findings suggest that there are differences in the uptake of ACP across cultural groups in New Zealand.

Northland District Health Board was tasked by the National ACP Cooperative to lead the work with Māori consumers and healthcare workers to develop culturally appropriate resources which meet the aspirations of Māori patients and whānau. In 2014, a Northland Māori ACP Working Group was established and, in 2015, the Working Group hosted two co-design hui to consult with consumers and healthcare workers.

The consultation confirmed that ACP is important to Māori and that there is a need to engage Māori patients and their whānau in a culturally appropriate manner when discussing future health and end of life care needs. Throughout this resource the term 'Māori whānau' has been used to reflect the voice of those who provided input into the development of the Waka Kaharauri model.

Acknowledging earlier work undertaken by the original Northern Region Māori ACP Tool Task Team and Kia Ngāwari study participants, the Working Group recommended the waka model for consideration as a tool to engage Māori in ACP. This concept was well received by participants of the co-design hui and received further support from members of the former regional team.

In early 2016, the Working Group developed this guide as a resource for Māori patients, whānau and healthcare workers to use when engaging in advance care planning conversations. The waka images used in this guide are of a waka carving which was generously gifted to the ACP programme by Ned Peita from Ngāti Hine.

We hope you find this to be a valuable and informative resource.

Nga mihi

Northland Māori ACP Working Group

Introduction

“Kia tika te wā; kia tika te wāhi. Kia tika te tangata; kia ora te whānau.”

*Whānau will thrive and flourish, with the right people,
in the right place, at the right time.*

Moe Milne, 2015

The Waka Kaharauri model outlines a framework for Māori to encourage advance care planning conversations, within the context of health – living well, when someone is sick, when a loved one is dying or has passed away.

It draws on the Te Whare Tapa Wha model, designed by Professor Mason Durie, and will be useful as a ‘starting point’ for Māori individuals, Māori whānau (family), friends, healthcare workers and ACP trained practitioners to have culturally appropriate conversations.

Guide Purpose

Korero mai - Korero atu (Speak inwards - Speak outwards)

Māori forms of communicating were, and in some areas, still are primarily oral. Communication was expressed through whaikorero (story telling), waiata (song), whakataukī (proverbs) and by whakapapa (genealogy). There is sentiment attached to the voice and face-to-face communication; hence the emphasis is on conversations. It is not easy to start an advance care planning conversation; however Māori whānau in Northland advised that it was important to start the conversation about planning for the future and end of life care.

Māori whānau told us that, “Māori do death well, but not dying.” For example, many Māori can identify the marae (meeting house) and urupaa (cemetery) where they will lay in state and ultimately be buried. In addition, when a member of a whānau dies, the community automatically kicks into action to ensure all aspects of the tangi (funeral) are organised; roles are predetermined and understood.

However, when it comes to the hours, days or months before death, whether known or unknown, Māori are not always confident about discussing and sharing what their wishes are when they receive a poor prognosis (news and information) about their health status and are needing to plan and make decisions. A Māori health professional urges Māori whānau to have these discussions prior to presenting at an emergency department or admission to hospital when emotions are high and it is challenging to have a conversation or make decisions about health planning and end of life care.

Guide Structure

He Waka Kaharauri is comprised of several components that reflect the parts of a waka; each of which has an important role in advance care planning for Māori.

- Kaihautu (the leader), representing ko au (me)
- Kaihoe (paddlers), representing whanaungatanga (relationships)
- Te Hiwi (hull of the waka), representing tinana (body)
- Te Tau Ihu (prow), representing wairua (spirituality)
- Te Tau Rapa (stern), representing hinengaro (mind)
- Moana/Awa/Puna (the ocean, river or spring), representing the patient's ACP journey

The model encourages patients to think about “Three things that matter to me” in relation to each component of their waka. The guide explains the significance of each component and how it relates to the patient's ACP journey. Each section contains information for patients, their whānau and healthcare workers. A tear-out patient resource is also included in the guide.

What is Advance Care Planning?

Living for today, planning for tomorrow

Advance care planning (ACP) aims to ensure patients feel better informed about future care and treatment choices; and healthcare workers are better informed about patient's care preferences, particularly around future health and end of life care.

The value of ACP lies in the shared conversations and decision-making between an individual and healthcare workers responsible for that person's care. It should also involve the person's whānau and/or carers if that is the person's wish.

As part of the ACP process, a person may choose to share their wishes, preferences and personal goals in a written Advance Care Plan. This plan may be changed at any time the person wishes to do so. Whether a written Advance Care Plan is completed or the patient verbally shares their wishes, healthcare workers will endeavour to honour the wishes and preferences of the patient. It is not just the destination (i.e. a written care plan) but the journey (the shared conversations and decision making) that is important in the ACP process.

What matters to you?

ACP gives everyone a chance to say what is important to them. Korero (talk and discuss) with your whānau, friends and healthcare workers about your wishes and health needs while you are able to and not just when you are nearing the end of life.

You can't control when you get sick and for how long, but you can make sure your whānau, friends and healthcare workers know how they can look after you – particularly if you can no longer speak for yourself. And the good news is, you can korero with them today. It makes it much easier for whānau, friends and healthcare workers to understand:

- Your treatment views
- Your spiritual/religious views
- Your emotional views
- Your whānau support views

ACP for Māori

An assumption that advance care planning is a simple and easy process would be wrong – it needs considerable skill and sensitivity due to the deep significance of the subject.

ACP benefits patients by improving healthcare planning and end of life care. The planning process assists the individual to identify their personal beliefs and values and incorporate them into plans for their future healthcare.

The Waka Kaharauri model has been designed as an engagement model to help patients, whānau and healthcare workers think about, talk about, and plan for future healthcare from a Māori world view. The guide may not answer all your patai (questions), which is where korero and guidance from healthcare workers play a key role. Some people like to write down or take notes, while others don't; what is important is the conversation.

Key factors identified as being important to Māori when engaging in ACP conversations include:

Te Ao Hurihuri – Like the changing world around us, Māori are dynamic and vibrant people. Mason Durie notes that Māori are not a homogenous culture¹, meaning that there is variation on how Māori view the world and their understanding of Māoridom. For healthcare workers, caution should be taken not to make assumptions about whether Māori speak te reo (language), know their whakapapa (heritage, ancestors) or practice tikanga and kawa (cultural practices).

Tapu – Māori whānau advised that discussing future healthcare needs and, in particular, end of life care can be a tapu (sacred) subject. Therefore consideration is needed whether patients feel comfortable talking about this subject in the presence of kai (food).

Karakia – A prayer and translation is offered within this guide to start and finish an ACP conversation. Karakia is not primarily the domain of religion; karakia can be about acknowledging the elements and creating a safe environment to go about our daily activity. A karakia could be offered, but again, it should not be assumed that all Māori would want to start an ACP conversation with a karakia.

Manaaki – Initiating conversations about advance care planning is not an easy topic to start. The importance of whānau, family and healthcare workers supporting the patient when discussing advance care planning cannot be under-estimated. In discussing future health needs and end of life care, the patient may need assistance with options available and medical language.

Sample Karakia for ACP

Ma te ra e kawē mai te ngoi ia ra, ia ra
 Ma te marama e whakaora i a koe i waenga po,
 Ma te ua e horoi ou maharahara,
 Ma te hau e pupuhi te pakahukahu ki roto i to tinana,
 I roto i ou hikoitanga i te ao,
 Kia whakaora koe ki te humarie ataahua hoki o ou ra
 Mo ake tonu atu

Amine

May the sun bring you energy by day
 May the moon softly restore you by night
 May the rain wash away your worries
 May the wind blow new strength into your being
 May you walk on this earth in peace all the days of your life
 and know its beauty forever and ever

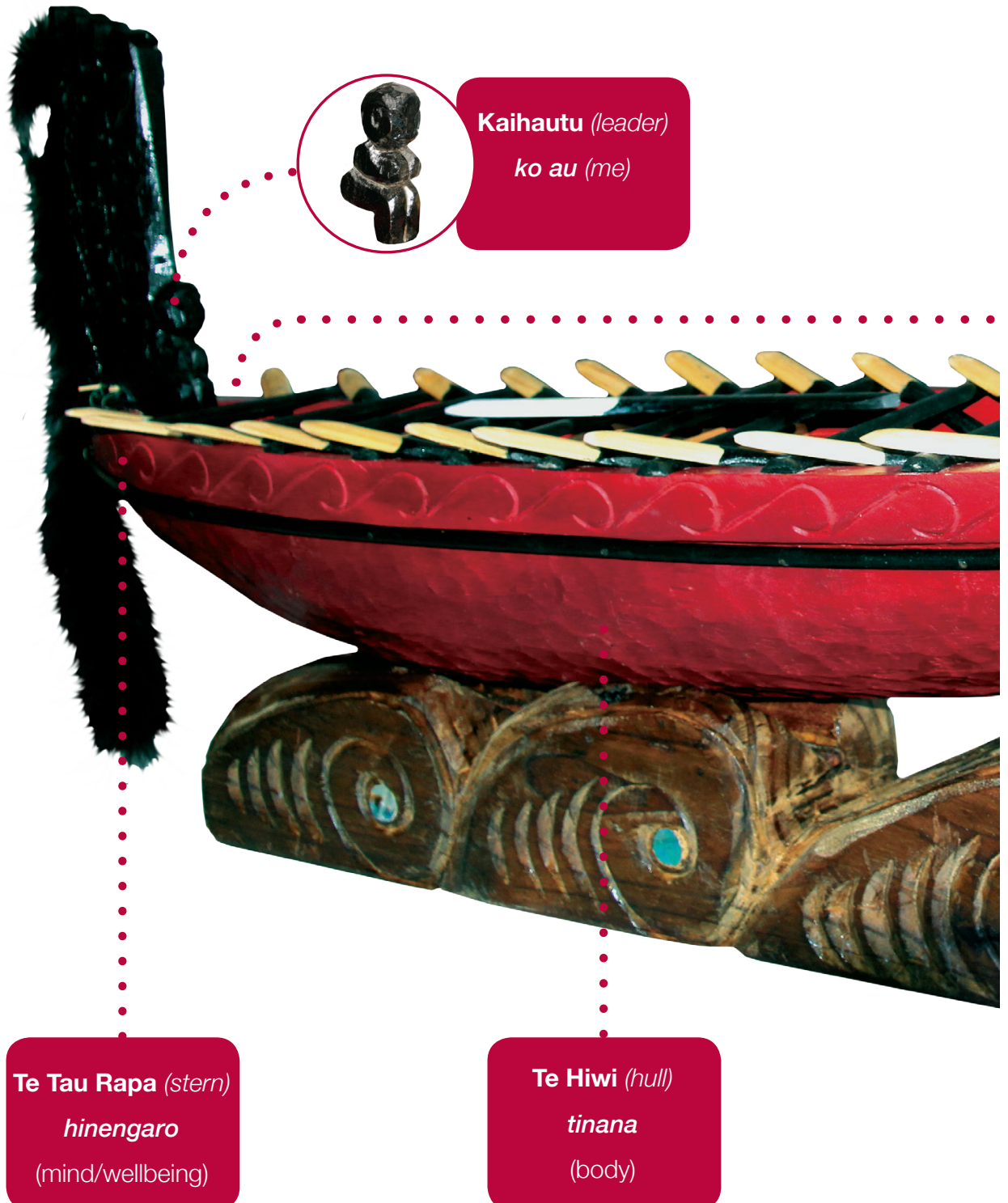
Amen

¹ Durie, M. 2006. *Measuring Māori Wellbeing*. New Zealand Treasury Guest Lecture Series. Wellington.

Rarangi Tohutohu o te Waka Kaharauri

He kaupapa hauora puta noa, ma te waka Kaharauri e kawē.

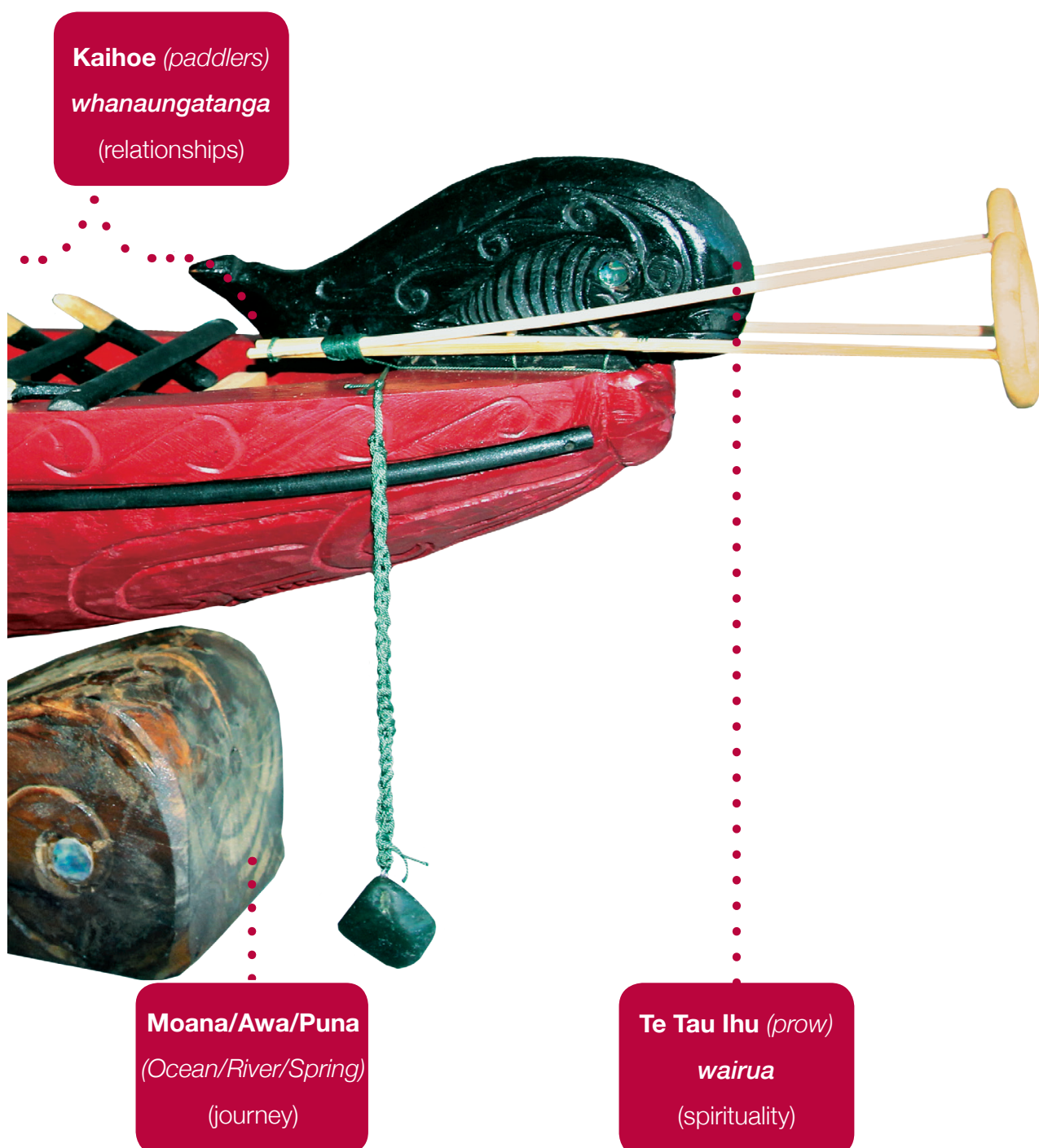
*Kakarauri wairua time, the ending of darkness and the beginning of light,
or vice versa. Ka huri.*



Te Waka Kaharauri acknowledges the conversations that are important for future health and end of life care needs.

Haere ki te po nui, te po roa, te po whaka uu ai ta koutou moe.

Kia puta ki te whei ao, ki te ao marama



Kaihautu (the leader), representing Ko Au (me)



The Kaihautu is the leader or navigator of the waka. Ko au is 'me' and refers to the patient who is at the center of the advance care planning process and is in charge of navigating their own journey; they are the 'boss' of their waka.

While you are still strong and able, it is a good idea to start thinking about your future healthcare needs and make your preferences known to your whānau and healthcare workers.

We have suggested the Waka Kaharauri as a way to start your conversations. We want to know what matters to you: what are your wairua-spiritual, hinengaro-emotional, tinana-physical and whanaungatanga-relationships, values and beliefs? If we know what your needs, queries or concerns are then your healthcare workers and whānau can make sure that your dignity is upheld and your wishes are respected at all times.

Korero mai – Korero atu!

Consider if you became unwell and could not speak for yourself – what would you want your whānau and healthcare workers to know about you? What matters to you?

Three things you need to know about me or what matters to me:

I am Māori...
I have specific cultural needs...
I belong to...

What tikanga beliefs and values matter to you?

- Wairua (spirit, soul)
- Hinengaro (mind, intellect, awareness)
- Rongoa (treatment, solution, tonics)
- Mauri ora (cultural identity)
- Whānau (family group)
- Other

Notes for Kaihoe (support people)

- Remember, this is about the patient's journey and their wishes and it is all about what matters them.
- Time and place are important, so consider the setting in which ACP is discussed and check in with the patient that they are comfortable to proceed.

“Ma mua ka kite a muri: ma muri ka ora a mua.”

Those who lead give sight to those who follow. Those behind give the life force to those ahead.

Tipu Ake Leadership Model, Te Whaiti Nui Life cycle, 2001

Kaihoe (paddlers), representing Whanaungatanga (relationships)



Kaihoe

The patient is in control of their waka and at times needs support from whānau and healthcare workers as the Kaihoe (paddlers) of the waka. All those in the waka are journeying with and alongside the patient and are there to support. The Kaihoe role is further referred to in the guide as support people.

Whanaungatanga focuses on the nature of interpersonal relationships, within the family and beyond. Whānau and friends can provide strong support, ask questions that you may be too shy to ask and seek advice as appropriate. You may have several healthcare workers as you navigate through your health journey and making sure that they understand what matters to you is important. You can talk to your GP, specialists, nurses or other members of the healthcare team to explore treatment options and to translate medical language.

Three things that honour my whanaungatanga:

Who do you want in your waka?

- Whānau
- Friends
- General Practitioner (GP)
- Nurses
- Specialist
- Healthcare team
- Other

Start thinking about all the people in your life and identify their qualities and how they can support you:

- Who is kind, loving and forgiving?
- Who can you rely on to get you to appointments?
- Can someone move into your home to look after you?
- Who makes nutritious kai?
- Who likes to ask all the questions?
- Who will be 'straight up' with you?

Maybe there is one person; maybe this person is a whānau member or friend or maybe you have lots of whānau who can support you at different parts of your health journey. It is always helpful to identify a key spokesperson who may speak for you on your behalf in the event you can't.

If you have appointed an Enduring Power of Attorney (someone who legally represents your personal care and welfare), you must discuss your wishes with them so that they can make good decisions on your behalf if they ever need to.

Notes for Kaihoe (support people)

- Identifying a key spokesperson from the whānau and for the patient is important, particularly in an acute hospital setting where the patient may not be able to speak for themselves.
- The patient may want someone to be with them at GP visits, ward rounds or when a district nurse visits them at home.

"He waka eke noa."

We are all in this together.

Te Hiwi (hull of the waka), representing Tinana (body)



Te Hiwi

For Māori, physical well-being is intertwined with spiritual, emotional and family well-being. An example of the connection between physical well-being and spiritual well-being is how all things connected to the body are tapu (sacred). It is believed that a breach of tapu contributes towards illness.

Te Hiwi refers to the hull or foundation that supports the waka. In this model, it represents the tinana, or physical health and well-being. Attached to the hull or foundation is the Tau Manu (anchor) that strengthens the hull and the kaupapa in this instance is advance care planning.

Te tinana relates to the physical component of an individual, the body. A lot of people take their physical health for granted and it is only when it starts failing us that we begin to appreciate what we have.

Three things that honour my tinana:

To help us understand what is sacred to you, please let us know if any of the following are important to you and your whānau:

- Your head is tapu (sacred) and must be regarded with respect
- You need to be washed in a particular way or prefer whānau to do this
- You would prefer to be cared for by a mokopuna or another whānau member
- You want to take rongoa Māori with your prescribed medication
- You may want to discuss resuscitation with your healthcare team
- You want a second opinion
- You may want to consider organ donation

Notes for Kaihoe (support people)

- Be mindful of the cultural and gender appropriateness in caring for Māori; suggest referring to your organisational tikanga best practice guidelines.
- Being respectful of the conversations with Māori about death and dying as this is deemed a tapu subject.

*“Kia rongo koe te kiki, te kaka, a na rau a te waka,
ka mohio koe i te kaha a te waka.”*

*When you hear the grinding of the lashings of the waka
you understand its strength.*

Ned Peita, 2016

Te Tau Ihu (prow of the waka), representing Wairua (spirituality)



The prow of the waka opens the way to the future. The significance of the Tohorā (whale) at the front of the waka represents their Kaitiaki (guide) role. The Karu Atua are the guiding eyes through the ups and downs in life, but keep us heading in the right direction with a clear pathway inclusive of goal setting and care planning.

Taha wairua has been identified as being the most essential requirement for health. Taha wairua is not just about religion; it refers to spiritual awareness and our relationship with the environment and cultural identity. The breakdown of this relationship could be seen in terms of ill health. When you are unwell, we need to know how we can honour your spiritual and religious beliefs.

Three things that honour my wairua:

Please tell us if:

- You have spiritual and/or religious practices that you would like to be respected, such as a karakia (prayer) before and after discussing ACP.
- Specific rituals must be performed before you enter the hospital, have surgery, or before you discuss anything to do with your health.
- You would like access to a Kaumātua or Kuia for support.
- You prefer to keep your beliefs private and you do not want cultural support from anyone who is not from your whānau, hapu, iwi or hāhi (church).

Notes for Kaihoe (support people)

- A karakia is offered within this guideline, however do not assume that all Māori will want to have or recite a karakia.

“The future is not something we enter – The future is something we create.”

Mason Durie, Pae Ora Māori Health Horizons, 2009

Te Tau Rapa (stern), representing Hinengaro (mind)



Te Tau Rapa (the stern) ensures the waka progresses steadily and safely and also assists in the direction of the waka. It involves history and background; this is what guides the waka.

Taha hinengaro refers to thoughts, feelings and behaviour which are vital to well-being. Communicating through emotions is important and often more meaningful than the exchange of words or writing it down, and is valued just as much. For example, if someone is admitted to hospital, then whānau will visit in great numbers. This is how Māori express their love and respect. What other examples do we need to know about you and your whānau?

Three things that honour my hinengaro:

- Tell us who you would like to have with you. Sometimes hearing your whānau talking, singing, crying and laughing will help you feel better.
- On the odd occasion you may need some 'alone time' or you may want to keep your health information private, we will respect your wishes and let your whānau know this.
- Prayer and/or meditation, yoga or music may assist in easing the mind and to help you feel more relaxed.
- Consider that if or when you cannot speak for yourself, who will speak on your behalf?

Notes for Kaihoe (support people)

- The patient and whānau may need some guidance on the difference between an advance directive and an advance care plan. An Advance Directive is a legal document while an Advance Care Plan is a process which may result in a written document that reflects the patient's thinking and wishes around future health and end of life care.
- Appointing an Enduring Power of Attorney (EPOA) is a legal process that formalises an individual identified by the patient who will manage their affairs and speak on their behalf if they can no longer speak for themselves.
- More information can be found on the national Advance Care Planning website: <http://www.advancecareplanning.org.nz>

"He taonga rongonui te aroha ki te tangata."

Goodwill towards others is a precious treasure.

Moana/Awa/Puna (the ocean, river or spring), representing the patient's ACP journey



The moana/awa/puna represents the journey of life or location which, like these waterways, is fluid and moves and changes with the current and weather.

The waka is mounted on three waves: ngaru nui (the big wave), ngaru roa (the long wave) and ngaru paewhenua (the wave that brings the waka to shore). This reflects the nature of advance care planning – that the discussion or even what is written in a document is not the end result; it is continually evolving and is a work in progress which can change depending on circumstances.

Three things that honour my health journey:

If you were to write an Advance Care Plan, where would you store it? An Advance Care Plan is an important document and belongs to you, for you to share with your whānau and healthcare workers.

Notes for Kaihoe (support people)

- Māori whānau have advised that they prefer to korero rather than writing down their thoughts and wishes in a document. There is also some concern that, if writing things down, this would be taken as a final decision and there would be no option to change. Patients need to be reassured that they can change their Advance Care Plan at any time. Remember that the journey is just as important as the destination.

*“Kua tawhiti ke to haerenga mai, kia kore e haere tonu.
He tino nui rawa ou mahi, kia kore e mahi nui tonu.”*

*You have come too far, not to go further.
You have done too much, not to do more.*

Ta Himi Henare, Ngati Hine, 1989

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Glossary

Aroha Love
Awa River
Hinengaro Emotions or Intellect
Kai Food
Kaihautu The leader
Kaihoe Paddlers
Kaitiaki Guide
Karakia Prayer
Kaupapa Purpose
Ko au Me
Korero Talk / discuss
Marae Meeting house
Mauri ora Cultural identity
Mihi Greetings
Moana Ocean
Ngaru Wave
Patai Questions
Pono True
Puna Spring

Rarangi Tohutohu A list of standards
Rongoa Traditional treatments
Tangi To mourn
Tapu Sacred
Te Hiwi Hull of the waka
Te Tau Ihu Prow of the waka
Te Tau Rapa Stern of the waka
Tika To be correct
Tikanga Cultural practices
Tinana The body
Urupaa Burial ground
Waiata Song
Wairua Spirituality
Waka Canoe
Whaikorero Eloquent language using imagery, metaphor, whakataukī, pepeha
Whakapapa Genealogy
Whakataukī Proverbs

He Hauora Mo Te Tai Tokerau
A Healthier Northland

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