Māori Relationship Board Meeting

Date:	**Wednesday, 5 December 2018**
Meeting:	**9.00am to Noon**
Venue:	**Te Waiora (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Board Members:

Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
George Mackey
Na Raihania
Kerri Nuku
Lynlee Aitcheson-Johnson
Trish Giddens
Ana Apatu
Hine Flood
Dr Fiona Cram
Beverly Te Huia

Apology: Fiona Cram

In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board
Members of the Executive Management Team
General Manager Māori Health
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 Primary 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.

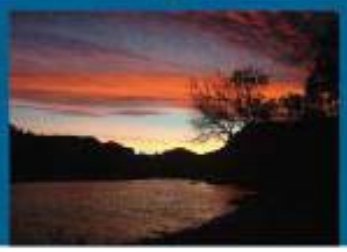
Our values

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 (am)
1.	Karakia	9.00
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting 5.1 MRB's November Report to the HBDHB Board (provided for information)	9:45
6.	Matters Arising – Review of actions	
7.	Workplan	
8.	Māori Relationship Board Chair's Verbal Update	
9.	General Manager's Monthly Māori Health Report (no report this month)	-
10.	Clinical Council Verbal Update – Ana Apatu	10:00
	Section 2: Presentations and Discussion	
11.	"It's Hard to Ask" – Merryn Jones (Clinical Nurse Specialist Transplant)	10.05
	Section 3: For Information only (no presenter)	
12.	A Musculoskeletal Service to Reduce Health Inequities in Hawke's Bay	-
13.	Māori Relationship Board Meeting dates for 2019	-
14.	**Section 4: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 5: Routine	Time (am)
15.	Minutes of the Previous Meetings (public excluded) 15.1 MRB's Board Report November 2018 (provided for information)	10:40
16.	Matters Arising - Review of Actions	
	Section 6: Workshop(s)	
17.	Mini-Workshop NUKA	10:45
18.	Workshop draft Health Equity Report (refer to cover report recommendation) – Nick Jones and Jess O'Sullivan	11:15
	Karakia Whakamutunga (Closing) – followed by light lunch	noon

NEXT MEETING:

Wednesday, 13 February 2019, Boardroom, HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Māori Relationship Board Interest Register - 10 October 2018

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	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
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The HBDHB Chair	28.03.18
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - 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
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 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
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 Tairawhiti 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	Employeed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Mother in law, Jenny McQueen, Chaplain at Te Matau a Maui		No conflict	The Chair	14.02.18
	Active	Niece, Albie Raihania attending on the NeSP program		No conflict	The Chair	14.02.18
	Active	Board member of Hauora Tairawhiti	Relationship with Tairawhiti may have contractural issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of Whararíki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
	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 (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 Katoa 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	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	Member Heatlh 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 Pepi, 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	Employee of Totara Health	GP Practice providing heatlh services	Will declare intertest prior to any discussions relating to specific topics	The Chair	7.11.17
	Active	Member of the Priority Population Committee (PPC)	Health Advisors		The Chair	7.11.17
	Active	Nga Maia O Aotearoa Chair person	The current Chair of Maori Midwives organisation of New Zealand. Providing Cultural Competency to all Midwives and child birth organiser in New Zealand. DHB employed and independent.	Will not take part in discussions about cultural training required of maternity services	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
	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

MINUTES OF THE MĀORI RELATIONSHIP BOARD
HELD ON WEDNESDAY 14 NOVEMBER 2018, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9:00AM

PUBLIC

Present: Ngahiwi Tomoana (Chair)
Ana Apatu
Hine Flood
Na Raihania
Trish Giddens
Dr Fiona Cram

Apologies George Mackey, Lynlee Aitcheson-Johnson, Beverly Te Huia, Kerri Nuku and Heather Skipworth

In Attendance: Kevin Atkinson (HBDHB Board Chair)
Helen Francis (HBDHB Board member)
Patrick Le Geyt (General Manager, Māori Health HBDHB)
Chris Ash (ED Primary Care)
Hawira Hape (Kaumatua)
Tanira Te Au (Kaumātua Kuia)
JB Heperi Smith (Senior Advisor Cultural Competency)
Lillian Ward, Project Manager Equity, Health Hawke's Bay
Laura Gemmell (Administration Co-ordinator Māori Health)
Ken Foote (Company Secretary) *part*
Nick Jones (Public Health Medicine Specialist) *part*
Jess O'Sullivan (Consultant) *part*
Charrissa Keenan (Health Gains Advisor) *part*

Minutes: Brenda Crene

KARAKIA

Hawera Hape opened the meeting with a Karakia

INTRODUCTIONS

3. APOLOGIES

MRB member apologies received included: George Mackey, Lynlee Aitcheson-Johnson, Beverly Te Huia, Kerri Nuku and Heather Skipworth

Non-member apologies received included: Chrissie Hape (CEO NKII), Peter Dunkerley (HBDHB Board Member), and Wayne Woolrich (CEO Health Hawke's Bay), Kevin Snee (CEO, HBDHB)

4. INTEREST REGISTER

No changes to the interest register were advised.

No members indicated any interest in items included on the day's agenda.

5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the MRB meeting held on 10 October 2018 were approved as a correct record of the meeting.

Moved: **Na Raihania**
Seconded: **Ana Apatu**

There was some discussion and clarification sought on several topics:

- It had been suggested prior and raised again that reporting to MRB needs to be aligned and infused with our "values". An excellent example was the Maternal Wellbeing project overview provided by Charrissa Keenan.

- OR we just take responsibility within our respective departments and do whatever we can to enable staff to just get on with it … rather than escalating everything through EMT. This is an enabler – values included in interviews, job descriptions and technical skills last. We are already working on the ground to encourage teams to work this way.
- Suggested our "values" could be included on the bottom of reports from the organisation as others do.
- Demonstration of values and expectations: It was advised that all SMOs are to attend cultural competency training by 1 July 2019.

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1 Framework Exceptions Report Q4 : Did not Attend (Customer Focussed Bookings) solutions has been deferred to the New Year.

Item 2 GM Māori Health Report – Statistics for the NEtP and NEsP programmes provided in the report (with ongoing updates). Item closed.

Item 3 Primary Care – resulting from Urgent Care Update: An MRB member was concerned that there were large numbers of people not enrolled with a GP in HB.

Chris Ash explained this was not as it seems. 149 visitations through ED were all new people to HB. Some to ED had been there multiple times and we are assisting them to enrol with a GP; 270 consumers do not have any relationship with Health HB. Enrolments in CHB are not radically out of step at 97.2%, as some are enrolled out of the HB region. We definitely don't have a disproportionately high number of unenrolled people in HB. Item closed.

Item 4 Equity and Cultural Competency: Date/time for a Working Group to come together to study and focus on next year's planning. TBA

Item 5 Māori Workforce Project: Update provided in GM Māori Health's report agenda item 9. Item closed

He Ngakau Aotea links to CSP raised in the public excluded section at the October Meeting: These links were covered in the GM Māori Health Report – agenda item 9. Item closed.

7. MRB WORK PLAN

The Work Plan was noted.

Customer Focussed Booking (Did not Attend) had since moved to the 14 February 2019 meeting.

8. MRB CHAIR'S REPORT

Members were referred to the Chairs Report provided to the HBDHB Board's October meeting.

Bowel Screening:

Clarification was sought by Na Raihania around the fact that MRB had requested that the Board to lobby the MoH to lower the bowel screening age for Māori and Pasifika to 50 years (as did many nationally). A nationwide response had been received from the MoH advising that screening could do more harm than good.

The report around Bowel Screening received in October noted DHBs are unlikely to get MoH approval to amend or change services that are delivered until there has been national review or evaluation of the programme. Noted that screening occurs by birthdate and it will take several years to get onto the normal screening program.

Chris Ash advised that the most effective way to ensure equity would be to strongly monitor and performance manage against Māori participation/screening rates to achieve 73%.

Action: Chris Ash offered an off-line wananga with a few members of MRB and experts in this area, to discuss the current position regarding equity.

9. GENERAL MANAGER MĀORI HEALTH REPORT

The report provided contained updates on the following: Oranga Niho initiative; Kaupapa Māori Maternal Health Programme; Equity and Quality Improvement; Whanake te Kura; He Korowai Manaaki Hawke's Bay research; Social work readiness for practise

- **South Central Foundation visit and NZ Nuka Conference 2018**
  Nuka System of Care:
  - Huge enthusiasm from those who attended the NUKA conference.
  - Such a system would help the whole of the health sector in HB.

- **Māori workforce development**
  Discussion around employing Māori to align with the ethnicity of HB:
  - 25% demographic Māori – looking at whether achieve that gap of 49 Māori staff. Align to where the shortages are.
  - We have programmes out in the community and our health providers in HB to bring Māori on board and into the workforce. We do not need to do this entirely within the DHB but utilise tentacles within our whanau and wider community.

  Ngaira Harker (Nurse Director Māori Health and also Māori Workforce), acknowledged Diane Wepa's work she is following on from.

  - There are three external funding streams to assist in the area of support in Māori staff
  - Retention of our people is important as many feel isolated, not safe or able to express themselves.
  - We will attempt to get those staff that need support together at a dinner planned (venue Mihiroa)
  - Māori staff within the DHB have personal development programmes.
  - Managers sometimes do the shortlisting – this is not okay. Māori applying may well not get the position but let them have the experience of being interviewed and learning how to navigate difficult conversations.

Action: **JB Heperi-Smith will provide an overview of philosophies in the development of recruitment of Māori at the 5 December MRB meeting. This will be placed on the workplan.**

- **Kaupapa Maori – Maternal Wellbeing Project**
  Charrissa provided a brief overview in addition to the detail provided within the GM Māori Health Report on page 21 and elaborated on some of that information to those in attendance which was very well received.

10. CLINICAL COUNCIL VERBAL UPDATE

No report was provided this month due to time constraints.

SECTION 2: FOR DISCUSSION

11. SCOPING REPORT - ADDICTIONS

The purpose of producing a mapping report is to provide current information about meth and the impacts on the user and their whānau plus an overview of services delivered to support user, their whānau and the community impacted. This is in response to a HBDHB Board member request and feedback/comments were sought from MRB members.

Drug use impacts are higher in high deprivation communities. Working with our communities to understand their needs and use this to formulate our response will reduce inequity. This may be a piece worked up with PCDP and likely take up to 8 months to complete.

Comments summarised:

- This work could benefit from a gender analysis (Fiona Cram to discuss with Chris Ash following the meeting)
- In Flaxmere, many whanau are cared for at home (this needs to be discussed with the community)
- The Police are doing a lot of harm reduction work, around sharing and working in the community. Whanau contribution is crucial in this regard
- What is happening to the meth babies, neo-natal intensive care term these as "shaky babies"?
- Community research – governing, implementation, modi compass (distraction, harm, whanau voice driving factor) action plans to governance – role with community based.
- This is within the Clinical Services Plan.

Due to timing constraints, further feedback welcomed by email to : chris.ash@hbdhb.govt.nz

The Chair called for the meeting to move into Public Excluded to discuss the next item on the agenda to discuss the Draft Health Equity Report (as detail/figures used had not been finalised). The document will be made public when in final form.

Moved: Ngahiwi Tomoana
Seconded Ana Apatu

12. DRAFT HEALTH EQUITY REPORT

The chair then called for the meeting to move back into Public to discuss then next item on the agenda the CSP.

Moved: Ngahiwi Tomoana
Seconded Hine Flood

13. CLINICAL SERVICES PLAN

Ken Foote, CSP Project Sponsor was in attendance and explained the process. This document is the foundation of all future planning. Have we got this right - an overwhelming number responded yes.

- The CSP document including tracked changes was provided within the papers for transparency
- Copies of the feedback will be available on the website (totally transparent) quite extensive.
- Identified areas to beef up pop health and preventative care.

Following a brief discussion the following Resolution was approved

RESOLUTION

That the Māori Relationship Board

1. **Review** the summary of the engagement feedback
2. **Endorse** the listed changes for the final version of the CSP document
3. **Recommend** that the Board approve the final CSP.

Moved: Na Raihania
Seconded: Hine Flood

SECTION 3: FOR INFORMATION ONLY

The following reports were received with any feedback being emailed directly to the document owner/author.

14. BEST START HEALTHY EATING AND ACTIVITY PLAN UPDATE shari.tidswell@hbdhb.govt.nz

15. TE ARA WHAKAWAIORA "SMOKEFREE UPDATE" johanna.wilson@hbdhb.govt.nz

16. TE ARA WHAKAWAIORA ACCESS RATES 0-4 / 45-65 years jill.garrett@hbdhb.govt.nz

17. HBDHB PERFORMANCE FRAMEWORK EXCEPTIONS Q1 peter.mckenzie@hbdhb.govt.nz

SECTION 4: RECOMMENDATION TO EXCLUDE THE PUBLIC

The Chair moved that the public be excluded from the following parts of the meeting:

20. Minutes of Previous Meeting
21. Matters Arising – Review of Actions

There being no further business, the public section of the meeting closed at 11.30 am

Signed: _____

Chair

Date: _____

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board** 161
	For the attention of: **HBDHB Board**
Document Owner:	Ngahiwi Tomoana, Chair
Document Author:	Brenda Crene
Month:	November, 2018
Consideration:	For Information

RECOMMENDATION

That the Board

Note the contents of this report; and that the Maori Relationship Board:

1. **Discussed and provided feedback** around the Scoping Report – Addictions
2. **Endorsed** the Clinical Services Plan and recommend that the Board approve the Final Draft.
3. **Received** the following reports for information:
   - Best Start Healthy Eating & Activity Plan
   - Te Ara Whakawaiora "Smokefree update"
   - Te Ara Whakawaiora – Access 0-4 / 45/64 years; and
   - HBDHB Performance Framework Exceptions Report for Quarter 1 (July-Sept 18)

The Māori Relationship Board met on 14 November 2018. An overview of issues discussed and/or agreed at the meeting is provided below.

SCOPING REPORT – ADDICTIONS

Drug use impacts are higher in high deprivation communities feedback was sought to help better understand. A summary of feedback:

- This work could benefit from a gender analysis (Fiona Cram to discuss with Chris Ash following the meeting)
- In Flaxmere, many whanau are cared for at home (this needs to be discussed with the community)
- The Police are doing a lot of harm reduction work, around sharing and working in the community. Whanau contribution is crucial in this regard.
- What is happening to the meth babies, neo-natal intensive care term these as "shaky babies"?
- Community research – governing, implementation, modi compass (distraction, harm, whanau voice driving factor) action plans to governance.
- This is within the Clinical Services Plan.

CLINICAL SERVICES PLAN

It was explained that the document provided would pave the way to future planning. An overwhelming number of people advised we have got this right. Following discussion MRB noted and endorsed the changes made and recommend that the Board approve the CSP.

BOWEL SCREENING

MRB had requested that the Board to lobby the MoH to lower the bowel screening age for Māori and Pasifika to 50 years (as did many nationally). A nationwide response had been received from the MoH advising that screening could do more harm than good. The report around Bowel Screening received in October noted DHBs are unlikely to get MoH approval to amend or change services that are delivered until there has been national review or evaluation of the programme. Under the system, screening occurs by birthdate and it will take several years to get onto the normal screening program.

Chris Ash advised that the most effective way to ensure equity would be to strongly monitor and performance manage against Māori participation/screening rates to achieve 73%.

Chris offered an off-line Wānanga with a few members of MRB and experts in this area, to discuss the current position regarding equity.

MĀORI WORKFORCE PROJECT

An update was received on work being undertaken by Māori Health Team members in this area.

NUKA CONFERENCE

A very positive response from those who attended and look forward to moving this work forward in HB.

MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	8 Aug 18	**Ref: HBDHB Performance Framework Exceptions Report Q4** **Did not Attend:** Colin Huchinson advised he would come back with a response and breakdowns for a solution to curb DNAs (which lies with a number of providers), including looking further into highly automated IT solutions – with the ability for clients to respond. He will confer with the **Customer Focussed Booking Team**. Paper planned in Nov 2018 – on workplan	Colin Hutchison	Sep 18 Nov 18	Verbal Update Deferred until the New Year
2	10 Oct 18	**Equity and Cultural Competency Recommendation** to HBDHB Board 12 September. Board response follows - around process: 1 A Working Group will come together to study and focus on next year's planning; and 2 The DHB will set up a Workshop in the New Year (including MRB members and other representatives as required), the result of which will be clear actions and targets we can aim for.	Kevin Snee	Feb 19	
3	14 Nov 18	**Bowel Screening:** Hold a wānanga with a few members of MRB and experts in this area, to discuss the current position regarding equity.	Chris Ash and Patrick LeGeyt	TBA	Verbal lUpdate
4	14 Nov 18	Overview of Philosophies in the development of recruitment of Māori **"Values Based Recruitment**	JB Heperi-Smith	Feb 19	

MRB Workplan as at 26 November 2018 (subject to change)	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Mobility action plan implementation - progress update on the phases	Andy Phillips	5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
People Plan Progress Presentation (6 monthly - **Dec**, Jun)	Kate Coley	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
"Its hard to Ask" Presentation	Colin Hutchison/ Patrick	5-Dec-18				
Philosophies in the development of recruitment of Māori	Patrick LeGeyt	5-Dec-18				
Alcohol Harm Reduction Strategy (6 monthly update) **Feb-**Aug-Feb-Aug	Andy Phillips	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Customer Focussed Booking Update	Colin Hutchison	13-Feb-19	14-Feb-18	14-Feb-19	27-Feb-19	
HBDHB Performance Framework Exceptions Q2 Nov 18 **Feb 19** /May/Aug 19 (jit)	Chris Ash	13-Feb-19				27-Feb-19
Te Ara Whakawaiora - Mental Health (MRB Action)	Patrick LeGeyt	13-Feb-19				
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19** (annual update)	Colin Hutchison	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-**Feb**-May	Chris Ash	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-**Mar**	Andy Phillips	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
People Plan - March 2019 (joint Con/Cli and others)	Kate Coley	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
Te Ara Whakawaiora - Breastfeeding (National Indicator)	Chris McKenna	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich	13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19
Violence Intervention Programme Presentation Committees reviewed in July	Colin Hutchison	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
MRB observer on Clinical Council (review in April 2019)	Patrick LeGeyt	10-Apr-19				
HBDHB Performance Framework Exceptions Q3 Feb19 /**May**/Aug/Nov (jit)	Chris Ash	8-May-19				29-May-19
Te Ara Whakawaiora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-**May**	Chris Ash	8-May-19	8-May-19	9-May-19		29-May-19
Annual Plan 2019/20	Chris Ash	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, **Jun 19**)	Kate Coley	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Alcohol Harm Reduction Strategy (6 monthly update) Feb-**Aug**-Feb-Aug	Andy Phillips	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20	Chris Ash	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/**Aug**/Nov (jit)	Chris Ash	14-Aug-19				28-Aug-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	Andy Phillips	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19

MĀORI RELATIONSHIP BOARD
CHAIR'S REPORT

Verbal Update

HB CLINICAL COUNCIL

Verbal Update

HAWKE’S BAY District Health Board Whakawāteatia	**Renal “Its Hard to Ask”** **Presentation**
	For the attention of: **Māori Relationship Board**
Document Owner:	Colin Hutchison, Executive Director Provider Services
Presenter:	Merryn Jones, Clinical Nurse Specialist, Renal Transplant
Reviewed by:	Colin Hutchison, ED Provider Services
Month:	December, 2018
Consideration:	For Discussion and Feedback

RECOMMENDATION

That the Māori Relationship Board

1. **Note** the contents of this report and the presentation and provide feedback

PURPOSE

The purpose of this presentation is to gauge support for hosting a half-day renal transplant hui to upskill and inform health providers about renal transplant; in particular, ways in which we can raise the rates of renal transplant for Māori.

OVERVIEW

The presentation will discuss research conducted in Hawkes Bay of renal patients who are eligible for transplant, and their experience of recruiting living kidney donors. The research findings highlight that it is difficult for many to approach living donors. Limited recruitment opportunities, poor health literacy and self-efficacy, values and attitudes towards transplant, as well as cultural considerations may also act as barriers. Many participants also talked about not wanting to cause harm (surgical and long term health risks) to their loved ones, and would put concern for the welfare of their loved ones above their own more immediate health needs.

This reseach also highlighted disparities. While 69% of our dialysis patients are Māori, fewer transplant recipients are Māori. For many Māori renal patients, identifying suitable living kidney donors within their networks can be a challenge due to whanau comorbidities. While living kidney donation may not be an option for such patients, transplant needs may be met through deceased organ donation.

One of the proposed strategies that arose from this research is that we need to increase our conversations about transplant, whether it be deceased donation or living kidney donation. Having up to date information, and reinforcing positive messages about how transplant can transform lives for those who are eligible to be transplanted, is important if we want to see an improvement in rates of transplant for Māori. A positive culture between health professionals leads to congruent messages being relayed to the patient, and studies have shown that opinions and attitudes influence the uptake of living kidney donation.

I would like to gauge support for a half day hui as a shared project between Māori Health Services and Renal Services, focussing on kidney transplant. The hui would invite Māori health professionals working for Māori health providers and Iwi groups who may see renal patients and their whanau in the community, but may lack knowledge about what is involved in kidney transplant, and the benefits it could provide to their patients. I believe that talking about the lived experiences of patients with other health professionals who interact with renal patients and their whanau each day will provide valuable knowledge and give meaning to their interactions with their patients.

Speakers who have already offered to present include Dr Emma Merry, Intensivist, and Nayda Hayes, a Māori ICU Link Nurse with ODNZ who are experienced in deceased organ donation and those difficult bedside conversations. One of our nephrologists will also present. Nurse Practitioner Janine Palmer will give a case presentation about one of our renal patients who had a transplant, and what her life might have looked like had she not had the transplant. Sheyne Te Hau, Kaitakawaenga, has been working with our renal service for years, and knows our patients and their needs well. He has also offered to present. I would like to present my research findings into the lived experience of recipients trying to recruit a living kidney donor.

Tanira Te Au has offered to contact Lady Arapera and Sir Pita Sharples to invite them to come and talk about their journey - from renal failure, then dialysis and ultimately transplant from a deceased donor, which for Arapera, occurred in 2015. As keynote speakers, they would be a great drawcard for Ngati Kahungunu. I would like to also invite a living kidney transplant recipient to speak about their experience of having a loved one worked up to donate to them. The lived experiences and the challenges these recipients faced regarding their values, cultural and spiritual beliefs will be invaluable. I would also ask a living donor to present, who would talk about the considerations they faced in order to donate.

A MUSCULOSKELETAL SERVICE TO REDUCE HEALTH INEQUITIES IN HAWKE'S BAY

12

Provided for Information

A Musculoskeletal Service to Reduce Health Inequities in Hawkes Bay

Health Inequity

In Hawke's Bay, our people experience pervasive and enduring differences in health that are not only avoidable or preventable, but they are also unfair and unjust.

Equity is defined as the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

To achieve health equity we need to acknowledge that different people with different levels of advantage will require different approaches and resources to get the same health outcomes

We also need to acknowledge the inter-generational, traumatic and long term impact that colonisation has had on Māori health, wellbeing and culture

Addressing Inequity

- Almost half of inequities could be eliminated by addressing disparities in socio-economic conditions.
- We all know that this is not as simple, nor is it something that we can address quickly.
- But we must work together as a whole community to find ways to increase the pace of change.
- To achieve our commitment to equal outcomes, we will all need to work across sectors to overcome the barriers to equity - poverty, discrimination, powerlessness, lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.
- We also know that health care is responsible for around 10% of health inequities.
- This is something that is within our control as a sector and we can make immediate progress on this.
- Barriers to high quality health care include difficulties in navigating our complex systems, limited cultural competence of providers, limited knowledge of how and when to use services, lack of transport, out-of-pocket costs and co-payments for GP services.

Background

- Musculoskeletal health conditions such as osteoarthritis, rheumatoid arthritis and lower back pain are **the leading cause of disability** in Hawke's Bay and have a significant influence on health and quality of life.

- They affect one in four adults in our community and Māori & Pacific adults are **1.3 times more likely** to have arthritis than NM/NP (New Zealand Health Survey 2013/14)

- Comprise at least 25% of total annual health spend

Drivers for Change

- Historical and current service pathway inequitable
- Evidence of unmet need and unresponsiveness to goals of early intervention
    - 17% Māori (cf total HB population of 26% Māori),
    - 32% lived in quintile 5 (cf total HB population 35% at 2013 census),
    - Subjective and objective scoring at clinic shows that Māori and those from areas of high deprivation have a higher severity of disease at first presentation (greater pain and poorer function)

	Leadership Championing the provision of high-quality health care that delivers equity of health outcomes for Māori	Knowledge Developing knowledge about ways to effectively deliver and monitor high-quality health care for Māori	Commitment Being committed to providing high-quality health care that meets the health care needs and aspirations of Māori
Health System	**Health system leadership is about setting an expectation that all New Zealanders will have equity of health outcomes.** In order to achieve equity of health outcomes, disparities in health care must be eliminated. Government legislative and strategic approaches are important in setting the scene for committing to the elimination of health disparities and achieving health equity. Health system leadership is expressed in: health policies and strategies; setting the expectation that equity is an integral component of quality; setting health targets; developing funding formulas for service procurement; and building and maintaining a health workforce that is responsive to the health care needs and aspirations of Māori. Services must be organised around the needs of individuals and whānau. To achieve this, Government must focus on removing infrastructural, financial, physical and other barriers to delivering high-quality health care for Māori that exist between health and other sectors.	**The health system requires knowledge to monitor progress in achieving health equity for Māori.** Knowledge encompasses high-quality health information that includes: research – quantitative and qualitative and/or informed by Māori methodologies; high-quality population health data with complete and consistent ethnicity data; cultural competency and health literacy; Māori models of health and wellbeing; clinical care pathways, guidelines and tools; and health innovation. Knowledge of what improves health equity for Māori should be developed and built upon to inform health policy and strategy. The use of high-quality health information, and the use of equity parameters to measure and monitor progress toward achieving health equity, is integral to this process. Further to this, the health system performance improvement and monitoring frameworks should include specific health equity measures.	**The health system is committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.** Health system commitment is expressed in: incentivising and rewarding the delivery of equitable health outcomes for Māori; requiring performance data to be analysed by ethnicity, deprivation, age, gender, disability and location; measuring and monitoring progress toward achieving health equity for Māori; developing frameworks that focus on protecting the health rights of Māori; and investing in the development of organisational health equity expertise. Health system commitment requires regulatory authorities to ensure that all vocational training and continuing professional development activities have a robust health equity, cultural competency and health literacy focus.
Health Organisations	**Health organisation leadership is about making an explicit organisational commitment to delivering high-quality health care that ensures health equity for Māori.** Organisational leadership is expressed in well aligned policies, strategies and plans that are responsive to the health care needs and aspirations of Māori. The organisation sets and monitors equity and other quality improvement targets; ensures that structural arrangements do not prevent individuals and their whānau accessing health services and actively invests in building and maintaining Māori health workforce capacity and capability. The organisation actively partners with providers beyond the health sector to allow for better service integration, planning and support for Māori.	**Health organisations must establish environments that encourage learning and the sharing of high-quality health information.** To inform decision-making, health organisations should focus on developing and building their knowledge of evidence-based initiatives that have: 1. undergone equity analyses before they are implemented 2. been monitored for their effectiveness in achieving health equity for Māori. Health organisations should also endorse the use of health equity and quality improvement tools that support the delivery of high-quality health care that is responsive to the needs and aspirations of Māori.	**Health organisations are committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.** Health organisations are committed to building relationships with Māori to collaboratively design, implement and evaluate initiatives that ensure delivery of high-quality health care that meets their needs and aspirations. Investment in initiatives that are successful in achieving health equity for Māori should be matched by divesting from initiatives that are unable to progress this goal. To make good decisions on which initiatives to support, health organisations must use high-quality health information, for example, complete and consistent ethnicity datasets, to monitor services against agreed indicators. Health organisations are also committed to supporting community initiatives that meet the health needs and aspirations of Māori.
Health Practitioners	**Health practitioner leadership is pivotal in ensuring that health care is focused on achieving health equity for Māori.** Leadership requires health practitioners to: review their own clinical practice and those of their peers, through a health equity and quality lens; ensure that their organisation collects high-quality ethnicity data; audit, monitor and evaluate health impact and outcome data to improve the delivery of high-quality health care for Māori; and provide critical analysis of those organisational practices that maintain disparities in health care. Leadership involves active partnership with providers beyond the health sector to allow for better service integration, planning and support for Māori individuals and whānau.	**Health practitioners strengthen their capacity and capability to deliver high-quality health care for Māori by learning and sharing high-quality health information.** Routine use of clinical guidelines and tools is important in high-quality health care decision-making, as is building knowledge in the use of quality health equity improvement tools. Health practitioners should develop their skills in routinely examining data collected by their organisations to monitor the impact of their own work and the work of their colleagues on achieving health equity for Māori. Health practitioners must build their own knowledge of how they can provide health information effectively to ensure Māori individuals and whānau understand them.	**Health practitioners must be committed to continuous quality improvement processes that focus on achieving health equity.** Health practitioners express their commitment by: routinely using and analysing administrative data to inform their practice; using evidence-based innovations that achieve health equity for Māori; and tailoring continuing professional development to build their capacity/capability in delivering equitable health care. Health practitioners should also understand their role in supporting Māori individuals and whānau to develop their health literacy. Health practitioners are committed to supporting community initiatives that meet the health needs and aspirations of Māori individuals and whānau.

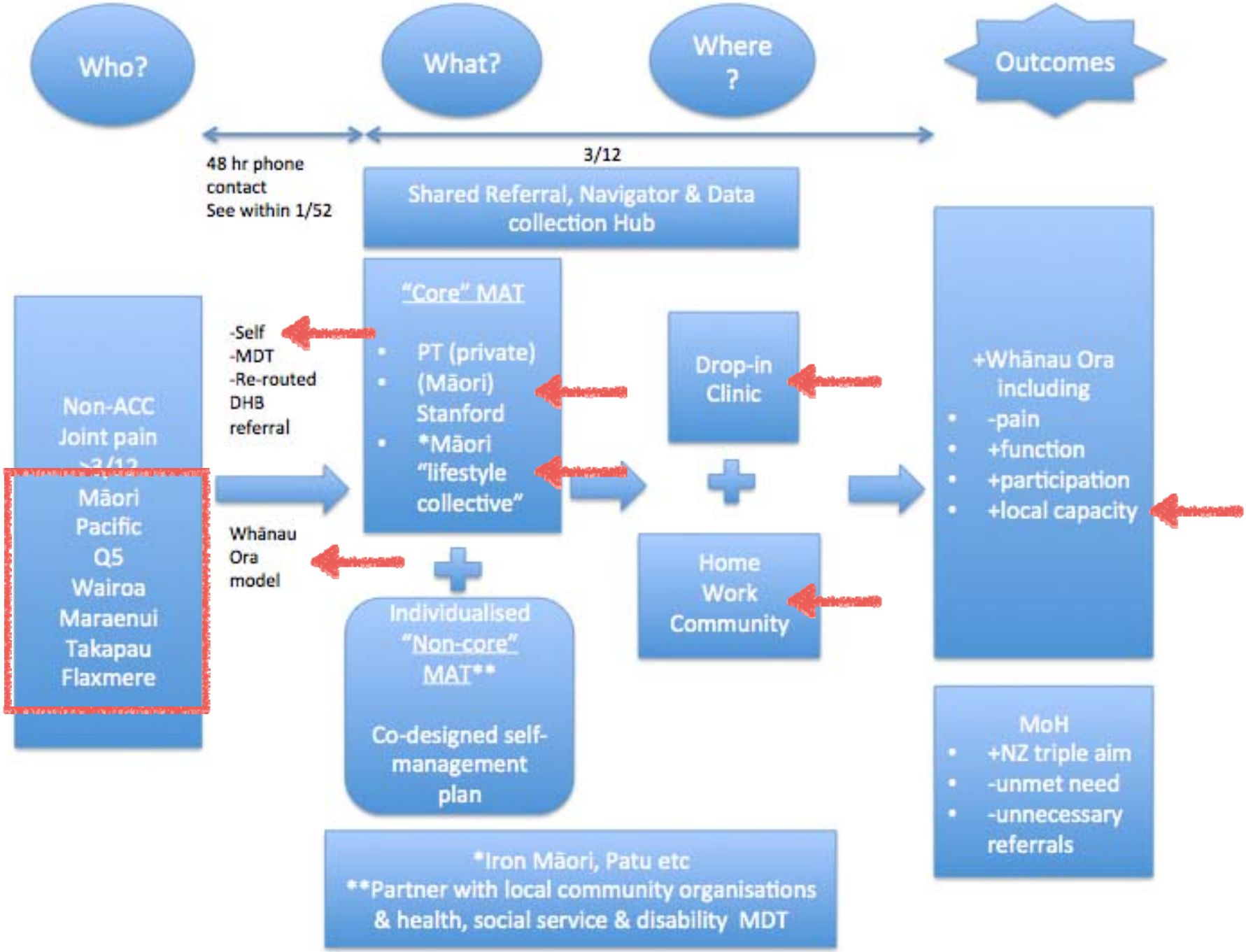
Equity of Healthcare for Māori: A Framework

NZ Ministry of Health (June 2014)

http://www.health.govt.nz/system/files/documents/publications/equity-of-health-care-for-maori-a-framework-jun14.pdf

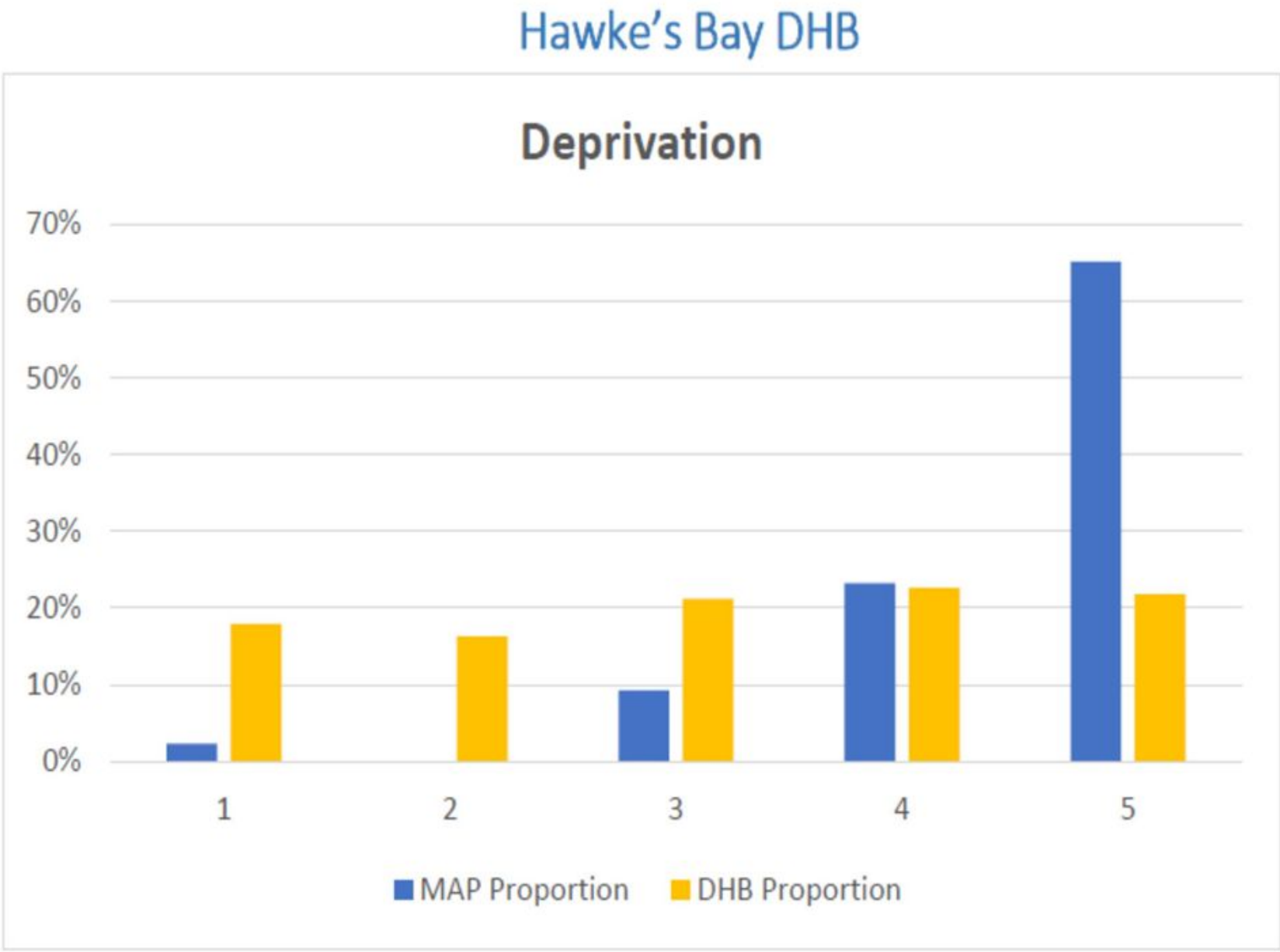
The Mobility Action Programme for Hawke's Bay

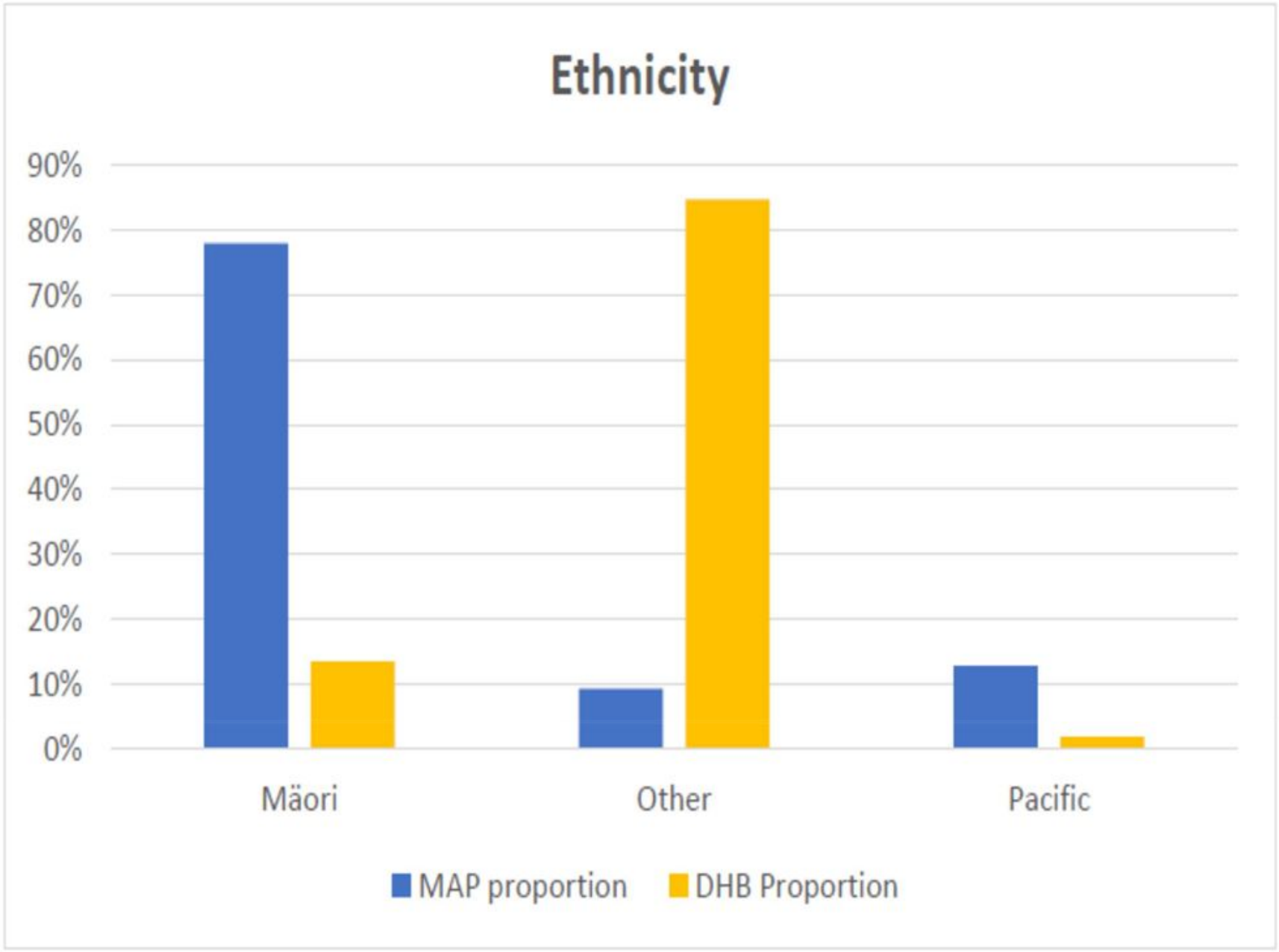
- Intentionally delivered to quintile 5 populations in urban centres of Flaxmere and Maraenui and rural centres of Wairoa and Takapau
- Partnerships with WINZ and major employers of disadvantaged workers
- Care is relationship centred. Consumers have access to the education and support needed to make decisions and participate in their own care, including self-care
- Provides access close to home of early, multidisciplinary, evidence informed care by appropriately qualified practitioners with appropriate values and behaviours.
- Models of care that are **relevant, customised to the local environment and develop capacity and capability of communities.**
- Care is well coordinated.
- **Disparities in access to care and health outcomes identified and reduced**.
- Information collected and analysed by Iron Maori to enable assessment of patient experience, clinical outcomes and value for money of the services that have been delivered.


Who?
What?
Where ?
Outcomes
48 hr phone contact
See within 1/52
3/12
Shared Referral, Navigator & Data collection Hub
"Core" MAT
PT (private)
(Māori) Stanford
*Māori "lifestyle collective"
-Self
-MDT
-Re-routed DHB referral
Non-ACC Joint pain
Māori
Pacific
Q5
Wairoa
Maraenui
Takapau
Flaxmere
Whānau Ora model
Drop-in Clinic
Home
Work
Community
Individualised "Non-core" MAT**
Co-designed self-management plan
+Whānau Ora including
-pain
+function
+participation
+local capacity
MoH
+NZ triple aim
-unmet need
-unnecessary referrals
*Iron Māori, Patu etc
**Partner with local community organisations & health, social service & disability MDT

Opportunities to Inform System Change

- Intentional service design to abolish inequity
- Self management support programmes
- Use of patient outcome and experience knowledge
- Shared record - Whānau Tahi
- "Virtual" GP consult
- Relationship Centred Practice


Hawke's Bay DHB
Deprivation
70%
60%
50%
40%
30%
20%
10%
0%
1
2
3
4
5
MAP Proportion
DHB Proportion


Ethnicity
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Mäori
Other
Pacific
MAP proportion
DHB Proportion

12.1

Deprivation by ethnicity						
DHB proportion	Maori		Pacific		Other	
Deprivation quintile	DHB proportion	MAP proportion	DHB proportion	MAP proportion	DHB proportion	Map proportion
1 (least deprived)	5%	3%	2%	0%	20%	0%
2	7%	0%	4%	0%	18%	0%
3	15%	4%	10%	27%	22%	25%
4	25%	27%	18%	0%	22%	25%
5 (most deprived)	47%	66%	66%	73%	17%	50%
Total:		67		11		8

What was life like for you prior to the Mobility Action Plan?

- I was in a lot of pain, couldn't raise my arm.
- I was up and down, trying to keep moving, trying to go to the gym, but it was difficult and painful.
- When I broke my ankle, I found I couldn't do all things I loved to do, like running and playing golf. I got a bit down but was then told about the MAP programme.
- I had a bit of arthritis in my knee and wanted to learn more about what I could do to help myself and reduce the pain and increase movement.
- I was going through a bad time.
- I used to be able to run every day but the pain got so bad I could hardly even walk.
- I stayed in bed a lot.
- I was relying on family to bring meals to me in bed.
- I didn't hold out much hope to have anything done or getting any help.

How have you found the experience?

- I really appreciate being able to take part, the support, care and advice of knowledgeable people was fantastic.
- It was a really good experience.
- The physio and massage therapy was really helpful.
- Aqua aerobics was awesome, I had considered trying it before but could not believe how beneficial it was when I got to try it.
- I loved it, I got to go to the gym and had a personal trainer.
- Excellent, I learnt a lot about other people.
- I could see there were a lot of people that are worse off than me.
- It gave me the motivation to help others in need, instead of getting down about my own injury and health conditions.
- It was very interesting, I have learnt lots of bits and pieces, lots of conversations with other people in similar situations or with worse conditions than mine.
- I wondered if I was actually bad enough to be on the programme when I saw how bad some people were, I really appreciated that I was able to take part t
- I was so pleased that the woman at WINZ said I could go on the Mobility Action Plan. It has been a big positive for me and given me hope.

What were the positive aspects?

- Having the support of co-ordinators and others participating in the programme.
- Knowing that I was not the only one in pain – I didn't feel alone.
- The 7 week "Living with pain" course was hugely beneficial, it taught me about mind body and soul and how to look after my needs- not just my physical pain.
- It made me realise how grumpy I had been.
- It gave me good strategies to deal with my emotions.
- The breathing techniques have helped to control my pain which has increased with the cold weather.
- I did a course about how to manage clinical pain and conditions- that was really good.
- Everyone shared their experiences.
- We all got 1-1 time and time to talk in a group, I felt listened to.
- I got to exercise again, at the gym and at the pool. I find the pool is really good exercise and it doesn't hurt my ankle, which has been fused.
- The people that ran the dealing with chronic pain at the Heretaunga Hotel were great.
- Going to the gym is very beneficial.
- The personal trainer gets us to do the things we can manage and also makes us think about things we can do for ourselves to keep us well.
- One chappie was using a stick to walk when he started but now I see him walking without a stick- it's just great!
- The tutors on the pain management workshop were fantastic and very supportive.
- Getting assessments and help at last.
- When I saw the physio for the first time, she said I should be in hospital already. She understood the pain I was in.
- I saw another physio and have been referred to see a specialist.
- The support from the people from MAP was great. They were always calling me to see how I was going.

What is life like now?

- Not too bad, winter has been a bit of a struggle but I feel I have had more tools to deal with my pain having had all of this help. I feel more able to cope with pain.
- It makes me realise how pain can impact your life and make it feel really stressful. I am now able to use the skills I have learnt and not be grumpy with my whanau.
- I don't know if there is a solution other than dealing with the pain.
- I am not allowed to work and I still have to use crutches, but I am happier and always like to keep busy. I do things around the house to help out and it helps keep me feeling useful.
- I am still in a lot of pain and have been going for massage with a lady through a guy at the gym. She is also putting me in touch with a naturopath to see if they can help with my pain.
- I try to manage my pain by taking herbal products rather than pain medications from the pharmacy.
- I am still going to the gym and find this a positive way of keeping active but also enjoy that I am always learning different things from the people that go with me.
- I am so grateful that I am getting help, I won't be in extreme pain for a change. There is a light in front of me.

Conclusion

We must not tolerate inequities in health outcomes. They are unfair and they are unjust. It is time to challenge traditional views and "ways of doing things" and begin to overhaul the system that is clearly working for some better than others.

To address health inequities we need to:

- Ensure that decisions about the allocation of resources are increasingly taken by communities
- Increase investment in prevention and screening programmes that reduce the burden of disease and ill health on our community
- Partner with communities, funders and providers to design quality health services and funding policies with the express purpose of achieving equity, holding ourselves accountable through public monitoring and evaluation
- Work across sectors to address determinants of health for individuals and communities with coordinated approaches, integrated funding streams, and shared accountability across agencies
- Use person and whānau centred care to share power authentically and champion self-determination.

Tē tōia, tē haumatia

Nothing can be achieved without a plan, a workforce and a way of doing things

Māori Relationship Board Meetings

Venue: HBDHB Boardroom

Time 9.00am -12 noon

Date (Wednesday)
13 February 2019
13 March 2019
10 April 2019
8 May 2019
12 June 2019
10 July 2019
14 August 2019
11 September 2019
9 October 2019
13 November 2019
11 December 2019

HAWKE'S BAY
District Health Board
Whakawāteatia

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:

15. Minutes of Previous Meeting

15.1 MRB's Board Report November 2018

16. Matters Arising – Review Actions

17. Workshop - NUKA

18. Workshop - Draft Health Equity 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).