Māori Relationship Board Meeting

Date:	**Wednesday, 8 May 2019**
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:

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

PUBLIC MEETING

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Whakawhanaungatanga	
3.	Introductions/ Apologies	9.30
4.	Interests Register	
5.	5.0 Minutes of Previous Meeting 5.1 MRB's March Report to the HBDHB Board (provided for information)	
6.	Matters Arising – Review of actions	
7.	Workplan	
8.	Māori Relationship Board Chair's Verbal Update	
9.	Clinical Council Update (verbal)	
10.	Te Pītau Health Alliance Update (verbal)	
	Section 2: For Information / Discussion	
11.	Hawke's Bay Health Strategy Document - Chris Ash, Bernard Te Paa, Patrick le Geyt	10.20
12.	HBDHB Performance Framework Exceptions Q3 – Chris Ash	11.10
13.	After Hours Urgent Care Service update – Wayne Woolrich/Peter Satterthwaite & Jill Garrett	11.20
14.	Te Ara Whakawaiora CHILD HEALTH indicators combined report – Patrick Le Geyt	11.35
	Section 3: For Decision	
15.	Tō Waha - A Whānau-Centred Collaborative Approach– Bernard Te Paa	11.40
16.	Moving Equity Forward – Bernard Te Paa & Charrissa Keenan	11.50
17.	**Section 3: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 4: Routine	Time (am)
18.	Minutes of the Previous Meetings (public excluded)	12.00
19.	Matters Arising - Review of Actions	
	Karakia Whakamutunga (Closing) – followed by light lunch	

NEXT MEETING:
Wednesday, 12 June 2019, Boardroom, HBDHB Corporate Office
Cnr Omahu Road & McLeod Street, Hastings

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

*Showing **respect** for each other, our staff, patients and consumers*

	✔	✘
Welcoming	Is polite, welcoming, friendly, smiles, introduce self Acknowledges people, makes eye contact, smiles	Is closed, cold, makes people feel a nuisance Ignore people, doesn't look up, rolls their eyes
Respectful	Values people as individuals; is culturally aware / safe Respects and protects privacy and dignity	Lacks respect or discriminates against people Lacks privacy, gossips, talks behind other people's backs
Kind	Shows kindness, empathy and compassion for others Enhances peoples mana	Is rude, aggressive, shouts, snaps, intimidates, bullies Is abrupt, belittling, or creates stress and anxiety
Helpful	Attentive to people's needs, will go the extra mile Reliable, keeps their promises; advocates for others	Unhelpful, begrudging, lazy, 'not my job' attitude Doesn't keep promises, unresponsive

ĀKINA IMPROVEMENT

*Continuous **improvement** in everything we do*

	✔	✘
Positive	Has a positive attitude, optimistic, happy Encourages and enables others; looks for solutions	Grumpy, moaning, moody, has a negative attitude Complains but doesn't act to change things
Learning	Always learning and developing themselves or others Seeks out training and development; 'growth mindset'	Not interested in learning or development; apathy "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	Always looking for better ways to do things Is curious and courageous, embracing change	Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	Shares and celebrates success and achievements Says 'thank you', recognises people's contributions	Nit picks, criticises, undermines or passes blame Makes people feel undervalued or inadequate

RARANGA TE TIRA PARTNERSHIP

*Working together in **partnership** across the community*

	✔	✘
Listens	Listens to people, hears and values their views Takes time to answer questions and to clarify	'Tells', dictates to others and dismisses their views Judgmental, assumes, ignores people's views
Communicates	Explains clearly in ways people can understand Shares information, is open, honest and transparent	Uses language / jargon people don't understand Leaves people in the dark
Involves	Involves colleagues, partners, patients and whanau Trusts people; helps people play an active part	Excludes people, withholds info, micromanages Makes people feel excluded or isolated
Connects	Pro-actively joins up services, teams, communities Builds understanding and teamwork	Promotes or maintains silo-working 'Us and them' attitude, shows favouritism

TAUWHIRO CARE

*Delivering high quality **care** to patients and consumers*

	✔	✘
Professional	Calm, patient, reassuring, makes people feel safe Has high standards, takes responsibility, is accountable	Rushes, 'too busy', looks / sounds unprofessional Unrealistic expectations, takes on too much
Safe	Consistently follows agreed safe practice Knows the safest care is supporting people to stay well	Inconsistent practice, slow to follow latest evidence Not thinking about health of our whole community
Efficient	Makes best use of resources and time Respects the value of other people's time, prompt	Not interested in effective user of resources Keeps people waiting unnecessarily, often late
Speaks up	Seeks out, welcomes and give feedback to others Speaks up whenever they have a concern	Rejects feedback from others, give a 'telling off' 'Walks past' safety concerns or poor behaviour

Māori Relationship Board Interest Register - 13 February 2019

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 (including the Mobility Action Plan advised 13 Feb 2019)	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 Whariki 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 13 March 2019, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9.00AM

PUBLIC

Present:	Heather Skipworth (Chair) Hine Flood George Mackey Trish Giddens Dr Fiona Cram Kerri Nuku Beverly Te Huia
Apologies	**Ngahiwi Tomoana, Na Raihania, Lynlee Atchison and Ana Apatu**
In Attendance:	Peter Dunkerley (HBDHB Board Member) Patrick Le Geyt (General Manager, Māori Health HBDHB) Bernard Te Paa (Executive Director of Improvement & Equity) Chrissie Hape, (CEO of Ngati Kahungunu) Chris Ash (Executive Director Primary Care) Wayne Woolrich (CEO Health Hawke's Bay) Tiwana Aranui (Kaumātua) Tanira Te Au (Kaumātua Kuia) JB Heperi Smith (Senior Advisor Cultural Competency) Lillian Ward, (Project Manager Equity, Health Hawke's Bay) Andre Le Geyt, (Project Lead, Health Hawke's Bay) Kevin Snee (CEO HBDHB) Ken Foote (Company Secretary)
Minutes:	Jacqui Sanders-Jones

KARAKIA

Meeting opened with a Karakia

Item 3. FOR DISCUSSION

Pandora Pond water quality

Discussions at MRB last year included the environmental changes in Pandora Pond. Public Health is a big part of contributing to hauroa Māori so an update was requested by board members as to what environmental actions were happening with a particular focus on Ahuriri estuary and Pandora Pond. Nick Jones from Population Health and Malcolm Miller from Hawkes Bay Regional Council (HBRC) were welcomed to the table and agreed that monthly attendance would be possible for updates.

ACTION – Nick Jones to provide quarterly updates to MRB in regard to the water quality at Ahuriri estuary and Pandora Pond.

Nick introduced a report from HBRC titled ''Ahuriri Estuary: Contact Recreation and Food Gathering Review'

Ahuriri estuary is suffering from the impact of pressures locally which affect local wildlife, flora and fauna. Hapu, Regional and District Councils, Hawke's Bay Regional Airport, and Landcorp are all involved and responsible for the care and management of the estuary.

Micro-biological and chemical contaminants for Pandora Pond specifically are possible from:

- Farm run-off, pumped into streams that feed into the estuary. There is currently a consent being worked through with land corp.
- Storm water from Napier city – There is currently a storm water working group which monitors local levels of storm water and management of this into Ahuriri estuary.

- Faecal matter from wildlife
- Accidental spills
- Recent recreational inflatable slide has possibly caused human faeces to enter the waterway
- Contaminants from the harbour.

The general state of Pandora Pond is usually low risk to the public, however increased volumes of the above contaminants can lead to increased risk.

Current technology means that water samples can take 3 days to be analysed, meaning that information is out dated by the time results are available. Events organisers require more up to date information to assess participant safety, however a rainfall event close to race day means that timeliness of results is not always possible.

Nick Jones introduced a handout with technology of ColiMinder – a machine which can detect levels of contaminants in a much faster turnaround time. This new testing technology is being trialled by HBRC.

Malcolm Miller, Consents Manager of HBRC is involved in resource consents for discharge into the Ahuriri estuary. He explained the current management in which all consents/activities are reviewed, including consents which have been in place for a number of years. Some cannot be changed, but can be managed to ensure discharge water quality improves over time.

HBRC supports that Pandora Pond needs to be addressed and will work with organisations to bring the estuary back to a safe state for public recreational use and enjoyment.

Attempts are made to mitigate risk to the public through warnings and information signage.

Concern from the Board was raised about the effect that poor quality of water can have on our population, especially the most vulnerable. Pandora Pond is used for swimming, kai moana collecting, cleansing and as drinking water for some Māori communities. MRB highlighted to HBRC the need for MRB to have greater visibility of the progress being made to address the water quality.

Malcolm Miller briefly explained that excess water runs off from Landcorp land into Pandora Pond needs further work. to show progressive improvement.

MRB asked that HBRC continue to work to implement Council standards related to discharge into the area, with consequences for those groups if they do not adhere to those standards.

MRB are keen to be proactive in the progression of improving water quality. Public Health team can advocate and inform of health risks, whilst the impact on spiritual and cultural wellbeing can be monitored by MRB.

Malcolm Miller noted that 2030 has been set as a target by the government for improving the water quality of all degraded water ways.

Overall agreement that Napier City council should be involved with further discussions. ***ACTION: Napier City Council be invited to attend the next meeting to discuss this topic and city storm water. Nick Jones to arrange.***

INTRODUCTIONS

Sincere farewell to Lilian Ward, project manager Equity, Health Hawke's Bay (HHB)

Welcome to Andre Le Geyt, Project Lead for HHB

APOLOGIES

Ngahiwi Tomoana, Na Raihania, Lynlee Atchison and Ana Apatu

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 Wednesday 27 February 2019 were approved as a correct record of the meeting.

- **Moved: Hine Flood**
- **Seconded: Beverley Te Huia**

5.1 MRB'S REPORT TO THE HBDHB BOARD

The report to the Board for the February 2019 meeting had been provided for member's information.

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1 Topic: Te Awa Whakawaiora (TAW) – Did Not Attend (DNA)

Revision of programme has commenced which will group TAW into collective indicators, for example:

DNA – will fall under 'cultural responsiveness' group. These reports will be presented quarterly to MRB and the Board

Item 2 Topic: Equity and Cultural Competency Recommendation

Agenda item. **Plan to utilise MRB Board meeting in April to run workshop**

Item 3 Topic: Bowel Screening – this has been to Board and can be **removed**

Item 4 Topic: Values Based recruitment – agenda item

Item 5 Topic: Atawhai Matawhaiti – agenda item

Item 6 Topic: Muscular Skeletal Service to reduce Health Inequities in HB

Looking to make this part of the MAP programme, with further discussions regarding funding paths underway

Item 7 Topic: Ten top health priorities for Māori

This will be developed following the MRB Workshop in April. This will then be reported to MRB.

Strategic Planning Update Post Clinical Services Plan (CSP) ad Pre- Leadership Forum

Hine Flood proposed that current 'Equity for all' view, should be considered as explicitly 'equity for Māori '.

At the recent Health Leadership forum there was discussion on the 'equity for all' statement.

Chris Ash added that between consideration of values of the organisation and applying NUKA concepts, the strategy team are working to find the appropriate wording which correctly reflects the organisation's *equity approach*.

RESOLUTON:

Recommendation to Board proposed from Māori Relationship Board that HBDHB strategy statements read 'Equity for Māori '.

Moved: Hine Flood

Seconded: Trish Giddens

Carried

7. MRB WORK PLAN

The Work Plan was noted.

TAW – first quarter report on Child Health indicators (inc ASH 0 -4) due in April, with the revised schedule for TAW reporting to be sent to the Board Administrator by Patrick Le Geyt ACTION

8. MRB CHAIR'S REPORT

No update provided by the Chair.

9. CLINICAL COUNCIL VERBAL UPDATE

No update provided.

10. TE PĪTAU HEALTH ALLIANCE UPDATE

Summarised update as follows:

- Alliance was formalised with discussion on what they are going to implement.
- Focused discussion on Healthy Homes project and community. Need to address what has gone previously. Hine noted importance of showing Te Pitau Alliance successes.
- Presentation from Jos Buurmans in Information Services (IS). Group noted that IS is secondary care (hospital) focused.

SECTION 2: FOR INFORMATION/ DISCUSSION

11. Matariki Regional Development Strategy & Social Inclusion Strategy update

Bernard Te Paa, Executive Director of Health Improvement & Equity provided an update, supported by Shari Tidswell, Intersectoral Development Manager.

- Paper focuses on realigning Matariki deliverables to embody social inclusion strategy with a greater focus on intersectoral developments.
- 25 young people with mental health problems were successfully placed into employment. This is heartening outcome. Hoping to expand on number of employers involved.

  Patrick LeGeyt asked for further analysis on what were the key learnings from this approach for young people with mental health issues that could be adopted into the wider context of employment for Rangatahi Māori.

  Bernard Te Paa recognised the challenge of bringing together data from all agencies involved, highlighting the importance of wraparound support and the ability of these programmes to meet programme deliverables.

  Query from MRB as to the ability of this work to increase Māori roles across the sectors.There was definitely scope to increase Māori roles across the sectors.

  The CEO added that the DHB's key role is to bring parties together for working collaboratively to address inequity. At a local level, you can see things happening because of these collaborations.

  The Chair acknowledged the good work of the 1000 rangatahi programme, and requested details regarding the employers and the numbers going from work experience to sustained employment.
  Further analysis and project outcomes to be brought back to MRB. ACTION Bernard Te Paa/Shari Tidswell

RECOMMENDATION:
It is recommended that the Māori Relationship Board

1. **Note** the content of the report.
2. **Endorse** the key recommendations.

Adopted

12. People Plan Progress

Kate Coley, Executive Director of People & Quality, provided an update on the People Plan.

- Received a presentation from Kia Ora Hauroa programme at National HR conference and would like to share this with MRB
  ACTION: Kate to organise attendance of Kia Ora Hauora to MRB
- MRB suggested that at the end of each students' studies, they should be guaranteed a job within the Hawkes Bay district (potentially within the DHB).

Patrick LeGeyt stated that Māori Health were already working with Kia ora Hauora to ensure every Māori student was fully participating in the programme of secondary/tertiary schools locally.

Measuring the impact of work being done to implement the People Plan is being done through feedback of those working here and experiences of staff within the health system. There was a brief discussion on the importance of leaders connecting with their staff and being visible, leading to better engagement with staff.

ACTION: A report that identifies where Māori staff sit within the organisation structure, by tier to be brought to the MRB. To be included in the May MRB agenda – Kate Coley

13. Values Based Recruitment

JB Heperi Smith, Senior Advisor of Cultural Competency, provided a presentation 'Values Based Recruiting' supported by People and Quality.

The presentation focussed on how Cultural Competency can be embedded into our recruitment process through application of local Tikanga, building on our DHB core values.
This presentation to MRB was to gain acknowledgement and support to take onto Board

One way to embed Cultural competence within HBDHB and the health sector is by increasing the Māori workforce

- The presentation addressed the whole recruitment system, proposing that Māori Health be informed and included in recruitment , especially as part of the interview process.
- Recognise a capacity issue for being part of this whole process.
- JB introduced the interview process aligned with the core values.
- Māori Health recognises this plan introduces a large cultural change to the recruitment process.
- Presentation continued to outline the new proposed cultural competencies and application of tikanga required including karakia recital
- This proposal will be part of the HBDHB core concepts programme 'Leading with the Heart' in April.

Discussion followed on the application of Māori cultural competency in recruitment which sees HBDHB providing the best health care focus of a 'patient and whanau centred' approach.

The CEO noted that changing a large organisations culture takes time, and noted the consistent increase of the Māori workforce here.
Kerri Nuku queried how we ensure Māori are proactively recruited by this DHB and suggested that there is a high weighting for Māori cultural competency. Patrick LeGeyt replied that interview section on Values and Engaging with Māori have higher weighting than other interview sections. The CEO also replied that all staff go through cultural competency training when inducted.This involves almost all 3000 staff with plans to ensure on-going refreshere courses are also provided

MRB agreed this had great application of Māori values and encourage presentation of this to managers. Patrick Le Geyt supported this and that it will be introduced in April as part of managers training, This will also be discussed at the MRB workshop in April.

Members thanked JB for an excellent presentation and for the work put into this.

Action: To present Values Based Recruitment presentation to Board in April

Chair moved that first round of training to be taken up by Board and then MRB members. Following brief discussion it was proposed that MRB & Board should attend this training together.

Recommendation that:

Board and MRB members to be the first through the newly proposed training process.

Adopted.

14. Making Prudent Prioritisation decisions 'Atawhai Matawhaiti'

Andy Phillips, Hospital Commissioner, provided a presentation which focused on the prioritisation of decision making.

This is achieved through technical assessment (triple aim principles) and review of best outcomes whilst aligning with our DHB values.

Due to time allowance, it was agreed to send out the document electronically.

Action: Document 'Atawahai Matawhaiti' to be distributed (draft) for consideration and feedback.

15. MRB Workshop April 2019 Equity & Cultural Competency

April MRB meeting to be used as a workshop for Equity & Cultural Competency.

SECTION 3: RECOMMENDATION TO EXCLUDE THE PUBLIC

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

16. Minutes of Previous Meeting
17. Matters Arising – Review of Actions

There being no further business, the public section of the meeting closed at 12.10pm

Signed: _____

Chair

Date: _____

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board** 23
	For the attention of: **HBDHB Board**
Document Owner:	Heather Skipworth (Chair)
Document Author:	Jacqui Sanders-Jones
Month:	March 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

Note the contents of this report.

The Māori Relationship Boad met on 13 March 2019. An overview of matters discussed is provided below:

PANDORA POND WATER QUALITY

Discussions at MRB last year included the environmental changes in Pandora Pond. Public Health was asked to update board members as to what environmental actions were occurring for Ahuriri estuary and Pandora Pond. Dr Nick Jones, Public Health Specialist, from Population Health and Malcolm Miller from Hawkes Bay Regional Council (HBRC) were welcomed to the table and agreed to provide monthly updates.

MRB raised issues about the effect that poor water quality is having on our population, especially the most vulnerable. This catchment area is used for swimming, gathering kai moana, healing and cleansing by our Māori communities. MRB highlighted to HBRC the need for MRB to have involvement and visibility of the progress being made to address the water quality at Ahuriri and Pandora Pond.

The Public Health team will continue to advocate and inform MRB and HBRC of health risks to physical wellbeing, whilst the impact on spiritual and cultural wellbeing would be an area which MRB can have opportunity for influence and support for the mana whenua of Ahuriri. HBRC appreciate the need to learn a lot more about the Māori world view in regards to the use of this natural resource.

Overall consensus that Napier City council should be involved with further discussions on this topic.

Matariki Regional Development Strategy & Social Inclusion Strategy update

Bernard Te Paa, Executive Director of Improvement & Equity provided an update, supported by Shari Tidswell, Intersectoral Development Manager.

Paper focused on realigning deliverables in the social inclusion strategy with a greater focus on intersectoral developments, achieved through the establishment of project groups to readdress current projects.
Shared good news story of 25 young people with mental health challenges who were successfully placed into employment. This was seen as a heartening outcome. Hoping to expand on the number

of employers involved. The Hastings population is the main focus this year with the aim to upscale to Napier.

MRB asked for further analysis on what were the key findings of this approach and how the key learnings can influence other employers within the region.
The Chair acknowledged the good work of 1000 rangatahi project, and requested to know who the employers are who currently participate in the programme, what are the numbers are going on from work experience to sustained employment. This outcomes report will be delivered to MRB in May.

VALUES BASED RECRUITMENT & PEOPLE PLAN UPDATE

JB Heperi Smith, Senior Advisor of Cultural Competency, provided a presentation 'Values Based Recruiting' which was supported by People and Quality.

The main objective is to attain Cultural Competency for all staff through the application of local tikanga built on our DHB core values.

The presentation addressed the whole recruitment system. It was proposed that Māori Health should be informed as soon as the recruitment process begins, especially as part of the interview process and assisting with all parts of the recruitment process. Discussion followed regarding application of the Maori cultural competency in recruitment in a large organisation like the HBDHB.

MRB agreed this had great application of Māori values and encouraged presentation of this to managers as it sends a clear message. The General Manager of Māori Health supported this and that it will be introduced in April as part of managers training and is part of a bigger picture. The training will be made available to MRB at the workshop in April. The MRB Chair encouraged DHB Board members to attend the training as well.

MRB Workshop April 2019 Equity & Cultural Competency

It was agreed that the April MRB meeting to be used as a workshop for Equity & Cultural Competency.

Strategic Planning Update Post Clinical Services Plan (CSP) ad Pre- Leadership Forum

Hine Flood proposed that current 'Equity for all' view, should be considered as explicitly 'equity for Māori '.

At the recent Health Leadership forum there was discussion on the 'equity for all' statement.

Chris Ash added that between consideration of values of the organisation and applying NUKA concepts, the strategy team are working to find the appropriate wording which correctly reflects the organisation's *equity approach*.

RESOLUTON:

Recommendation to Board proposed from Māori Relationship Board that HBDHB strategy statements read 'Equity for Māori '.

Moved: Hine Flood

Seconded: Trish Giddens

Carried

MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	8 Aug 18	**Te Awa Whakawaiora (TAW reporting)** Revised Schedule of reporting TAW indicators will be sent through for inclusion in Workplan	Patrick	April 19	
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 Patrick –MRB	April 19	MRB Meeting in April will be utilised for Workshop
3	14 Nov 18	Overview of Philosophies in the development of recruitment of Māori **"Values Based Recruitment** Present JB's Values Based recuiting presentation to Board	JB Heperi-Smith	April 19	Workplan for April Board
4	5 Dec 18	**"Atawhai Matawhai"** Emailed out prioritisation document to MRB members for feedback directly to Andy Phillips	Andy Phillips	April 19	
5	5 Dec 18 19 Dec 18	**Muscular Skeletal Service to reduce Health Inequities in HB:** Ask the PCDP (now Te Pītau) to consider what role a Muscular Skeletal Service may have in primary care delivery as a preventative measure with an aim to reduce surgical procedures? Subsequently considered at 19 December HBDHB Board Meeting, following recepit of MRB's report to the Board. At this stage this has not been passed to Te Pītau for a view.	Chris Ash / Carriann Hall		HBDHB Board supported however first requested analysis to be undertaken by Chris Ash and Carriann Hall in the first instance.

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
6	13 Mar 19	**There are ten top health priorities for Māori** and 3-4 actions agains each priority will be develo0ped, that will result in the health outomes in those areas. Bernard to follow this up and report to MRB on progress.	Bernard TePaa	April 19	To be discussed at April MRB Workshop
7	13 March 19	**Pandora Pond water quality** a) Nick Jones to provide quarterly **updates** to MRB in regard to the water quality at Ahuriri estuary and Pandora Pond. **b)** Napier City Council to attend for further discussion on this topic especially in regards to city stormwater. Nick to arrange.	Nick Jones	June 19 June 19	Workplan June 19
8	13 March 19	**Matariki Regional Development Strategy & Social Inclusion Strategy update** Who are the employers ans what are the numbers going from work experience to sustained employment. Project outcomes to be brought back to MRB	Bernard Te Paa/Shari Tidswell	Sept 19	Workplan Sept 19 (as part of six month update)
9	13 March 19	**People Plan Progress** a) Organise attendance of Kai Ora Hauroa to MRB b) A report that identifies where Maori staff sit within the organisation structure, by tier to be brought to the MRB	Kate Coley	May 19	Workplan May 2019

GOVERNANCE WORKPLAN PAPERS

Updated: 24 April 2019

MRB MEETING 8 MAY 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
HBDHB Performance Framework Exceptions Q3 Feb19 /**May**/Aug/Nov (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	7-May-19	8-May-19				29-May-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	E	Wayne Woolrich		30-Apr-19	8-May-19	8-May-19	9-May-19		29-May-19
Te Ara Whakawaiora - Access Rates 0-4 (local indicators) CHILD HEALTH		Chris Ash	Mark P/ Jil Garrett / Patrick	23-Apr-19	8-May-19	8-May-19	9-May-19		29-May-19
Te Ara Whakawaiora - Breastfeeding National Indicator		Chris McKenna	Jules Arthur	23-Apr-19	8-May-19				29-May-19
Te Ara Whakawaiora - Oral Health (National Indicators)		Robyn Whyman		23-Apr-19	8-May-19				29-May-19
Te Ara Whakawaiora - Healthy Weight National Indicator		Bernard Te Paa	Shari Tidswell	23-Apr-19	8-May-19				29-May-19
Maori Health team - outcomes of Oral Health initiative		Bernard Te Paa	Charrissa Keenan	30-Apr-19	8-May-19				29-May-19
Strategy Workstream presentations/feedback sessions (30mins + 10mins Equity discussion (20min MRB))		Chris Ash	Kate Rawstron		8-May-19	8-May-19	9-May-19		29-May-19

MRB MEETING 12 JUNE 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Annual Plan 2019/20 SPEs to Board by end of June (include committees?) BOARD must sign off by end of June 2019		Chris Ash	Robyn Richardson	4-Jun-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, **Jun 19**)		Kate Coley		4-Jun-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Pandora Pond water quality quarterly update (June)		Chris Ash	Nick Jones		12-Jun-19				
He Ngakau Aotea		Bernard Te Paa		4-Jun-19	12-Jun-19				26-Jun-19
Kia Ora Hauroa (People Plan) presentation **MRB only**		Kate Coley			12-Jun-19				
Family Harm (previously VIP) report		Bernard Te Paa		28-May-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Person & Whanau Centered Care actions		Kate Coley		28-May-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19

MRB MEETING 10 JULY 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Te Ara Whakawaiora - Improving First Specialist Appointment Access (previously did not attend)	E	Colin Hutchison	Jacqui Mabin	2-Jul-19	10-Jul-19				31-Jul-19

MRB MEETING 14 AUGUST 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb **- Aug**		Bernard TePaa	Rachel Eyre	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20		Chris Ash	Robyn Richardson	6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/**Aug**/Nov (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	13-Aug-19	14-Aug-19				28-Aug-19

MRB MEETING 11 SEPTEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	E	Bernard TePaa	Shari Tidswell	27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19

Māori Relationship Board

Chair's Update
(Verbal)

Clinical Council Update

(Verbal)

10

Te Pītau Health Alliance Update

(Verbal)

HAWKE'S BAY
District Health Board
Whakawāteatia

HB Health Strategy

11

Late paper

Non-financial Performance Report Q3

12

Late Paper

HAWKE'S BAY District Health Board Whakawāteatia	**PRIMARY CARE AFTER HOURS SERVICE REVIEW**
	For the attention of: **Māori Relationship Board**
Document Owner	Chris Ash, Executive Director of Primary Care Wayne Woolrich, CEO, Health Hawke's Bay
Document Author(s)	Peter Satterthwaite, GM Health Services & Innovation, Health Hawke's Bay Jill Garrett, Senior Commissioning Manager
Reviewed by	Executive Management Team
Month/Year	April 2019
Purpose	Information only
Previous Consideration Discussions	Te Pītau Health Alliance Support Group (17/04/19); Te Pītau Health Alliance Governance Group (scheduled for 08/05/19)
Summary	Review of current After Hours primary care model
Contribution to Goals and Strategic Implications	Strengthening Primary Health Care / Community based care delivery
Impact on Reducing Inequities/Disparities	Achieving equitable access for priority populations
Consumer Engagement	Consumer consultation (existing and new) will form part of the data resource to inform decision making
Other Consultation /Involvement	Primary care sector engagement
Financial/Budget Impact	N/A at this stage
Timing Issues	N/A at this stage
Announcements/ Communications	N/A at this stage

RECOMMENDATION

That the Māori Relationship Board:

1. **Note** the contents of this report.

OVERVIEW

A process has commenced to strategically review the current Primary Care After Hours service model alongside a review of the City Medical service contract. Key stakeholders have been engaged and a strategic approach to the review has been presented and endorsed at the After Hours Steering Group.

BACKGROUND

- A new Primary Care After Hours service model was implemented in December 2017 after a long process of review. A review drafted by Dr David Rodgers in August 2018 identified deficiencies and concerns with the model. For example, some parts of the service model are expensive and have low utilisation.
- Since the commencement of this model, City Medical has not been delivering the overnight GP availability aspect of their contract. In lieu of this, 12 months' notice on their current contract was issued in December 2018. Negotiations are well underway reviewing and negotiating a replacement contract. There are opportunities for City Medical to provide an expanded range of services which are being explored in separate discussions.
- The DHB continues to fund and support the overnight nursing service operated from City Medical and staffed by DHB employees.
- The current service model also has direct funding by the PHO sourced through a levy on capitation of practices.
- The overnight provision of services is the service being reviewed.

KEY ISSUES

- Overall the Napier based overnight service is considered to be relatively efficient and cost effective.
- There is no overnight service in Hastings apart from the HB Hospital Emergency Department (ED). Use of the ED is high with a low percentage of patients admitted. Indications are that there is a high Primary Care component to ED presentation. ED attendance by residents of suburbs surrounding HB Hospital is very high.
- A comprehensive 2018 ED attendance dataset has been obtained. Analysis of attendance patterns by domicile and decile by hour of day is underway to inform a future service model.
- A strategic framework for developing a new service model has been proposed and is currently being socialised.
- The current After Hours Governance Group have endorsed the intentions of the framework. Active discussions continue with City Medical and the wider Napier network as required.
- A Hastings Practice Working Group is being established to develop an evening and overnight service model.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Child Health**
	For the attention of: **Māori Relationship Board**
Document Owner	Patrick Le Geyt, Director Māori Health
Champions	ASH 0-4 years – Chris Ash Child Oral Health – Robin Whyman Breastfeeding – Chris McKenna Child Healthy Weight – Bernard Te Paa
Document Author(s)	Shari Tidswell, Intersectoral Manager, Te Puni Matawhanui Tracy Ashworth, Health Equity Advisor, Te Puni Matawhanui Jeanette Frechling, Acting Deputy Director, Communities, Women, and Children's Directorate Marie Beattie, Planning and Commissioning Manager, Primary Care Directorate Charrissa Keenan, Programme Manager, Te Puni Matawhanui
Reviewed by	EMT
Month/Year	April 2019
Purpose	The purpose of this report is to present information about the status of Child Health and equity targets for: • ASH 0 – 4years • Breastfeeding • Oral Health • Healthy Weight. The report presents relevant data, progress to date, and advice about intended actions over the next 12 months to achieve respective equity targets.
Previous Consideration Discussions	Previously each child health indicator was reported separately and annually; it is now presented as one report annually.
Summary	This is the first collective report on key Child Health indicators. Progress across all indicators has been mixed. Data shows: • Increases in inequities in ASH 0 – 4 year olds, particularly for asthma, lower-respiratory infections, and cellulitis among Māori and Pacific children. • Child oral health shows some improvement in the number of caries free children at age five across all ethnic groups but no equity gain, and an increase in ASH GA dental rates. • There has been a slight improvement in breastfeeding rates across Māori, Pacific, and high deprivation groups. • HBDHB is meeting the target for Child Healthy Weight. Over the past year, concerted and considered efforts have been applied to develop and implement whanau-centred, equity focused actions, but it's too early to know how effective or what difference these efforts are

	having on equitable health outcomes for tamariki Māori, Pacific, and Other children of low socioeconomic backgrounds. The oral health prevention initiative and the Māori breastfeeding service are examples of these efforts and while showing positive signs of responsiveness to whānau Māori, will be monitored for their equity impact over the coming quarters. In addition to the actions and activities outlined in this report, a new programme is proposed to establish a Child Health kaupapa to lead, influence, monitor and track how we develop, deliver, fund child health across HBDHB. This will bring a more cohesive and collaborative approach to organising child health activities across the organisation, and will ensure health areas are working unitedly toward equitable health outcomes for tamariki.
Contribution to Goals and Strategic Implications	Health Equity report 2018 – Actions to create a responsive and equitable health system and services; Clinical Services Plan - Whanau centred, kaupapa Māori approaches; HBDHB expectation - Equitable health outcomes for Māori.
Impact on Reducing Inequities/Disparities	Tamariki Māori, Pacific, and children from low socioeconomic background are prioritised in planning, development, and service implementation. The implication is improved health outcomes for the poor and under-served tamariki and their whānau.
Consumer Engagement	Included where appropriate in respective planning and development activities within each child health indicator.
Other Consultation /Involvement	Not applicable
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

It is recommended that the Māori Relationship Board

1. **Note** the contents of the report.
2. **Note** the planned improvements and activities over the next 12 months to achieve equitable health outcomes for tamariki.
3. **Support** the intention to establish a Child Health kaupapa to bring a more cohesive and collaborative approach to track progress and improve effectiveness in child health activities across the organisation.

HAWKE'S BAY
District Health Board
Whakawāteatia

CHILD HEALTH – TE ARA WHAKAWAIORA REPORT

Author/s:	Shari Tidswell, Intersectoral Manager Tracy Ashworth, Health Equity Advisor Jeanette Frechling, Acting Deputy Director, Communities, Women, and Children Marie Beattie, Planning and Commissioning Manager Charrissa Keenan, Programme Manager, Māori Health
Designation:	As above
Date:	April 2019

PURPOSE

This report presents the inaugural Child Health – Te Ara Whakawaiora report (report). The report provides information about the status of Child Health in Hawke's Bay with a description of relevant indicators, equity targets, and current and planned activities to achieve equitable health outcomes for tamariki Māori and other disadvantaged tamariki.

CONTEXT

Te Ara Whakawaiora (TAW) was first introduced in 2014 as an equity improvement programme where significant inequities in health outcomes exist between Māori and non-Māori. Following a review in 2018, changes were made to the Te Ara Whakawaiora programme to improve the way child and other health priorities are being actioned, tracked and reported across the organisation. For the first time, Child Health indicators are being collectively reported under a new Child Health TAW report that includes:

- ASH 0 – 4 years
- Breastfeeding
- Oral Health
- Child Healthy Weight

The above indicators were part of the previous TAW reporting, and were included because of their national and local significance. For the purposes of this report they have been retained however, recommendations are made in this report to ensure future indicators remain relevant and applicable to areas disproportionately affecting the health and well-being of tamariki Māori in Hawke's Bay.

WHY IS THIS INDICATOR IMPORTANT?

The HBDHB has committed to equitable health outcomes for Māori. Early childhood is recognised as critical to health equity, as children in families with limited economic resources often face multiple physical and psychosocial hardships in early childhood that can impact their health, and can result in lifelong consequences. To advance our committment to equity it is imperative HBDHB health services and programs reflect whānau-centred approches to grow and nuture pepi and tāmariki in a supported way with their whānau.

Evidence supports a number of health and intersectoral inititaives which, when designed well with communities improve maternal and child outcomes. Healthy nutrition including breastfeeding, on time immunisations, raising awareness of family harm, reducing harm from alcohol, tabacco and other drugs, supporting parenting and attachment programs and addressing mental health all reflect protective factors for early childhood. Aligned intersectorial intiatives to raise incomes, improve

housing conditions and provide high quality early childhood education also interact with the health sector to support healthy childhoods. Environments and practices which are responsive and culturally competant enhance health when interwined with Te Ao Māori princples of health and wellbeing.

IMPLICATIONS

Child health kaupapa

In addition to the actions and activities outlined in this report, a new programme is proposed to establish a Child Health kaupapa with a Child Health Governance group to lead, influence, monitor and track how we develop, deliver, fund, and track child health across our region. This kaupapa will bring a more cohesive and collaborative approach to organising child health activities across the organisation, and will ensure health areas are working unitedly toward equitable health outcomes for tamariki.

It is proposed that the first tranch include: aligning Safe Sleep, Breastfeeding, and Smoking Cessation programmes. There are common risk factors across all three areas impacting on child health outcomes that would benefit from more joined up planning. This first tranch will test out this new approach and identify information needed to track progress and improve the effectiveness of child health services.

Governance and integration of child health indicators to maximise opportunities and leverage potential for targeted and sustainable programs of work is essential. Alongside the Child Health kaupapa we propose a fuller set of indicators reflective of the first 5 years of age be included in the next TAW annual report of Child Health, essentially a child focused Health Equity report to be published annually.

The new Child Health kaupapa is a partnership approach between Primary Care Service, Primary Health Organisation, Māori Health, Population Health, Maternity Services, Children Womens and Communities Services, and will also include community and whanau participation.

Annual Planning

The 2019/20 HBDHB Annual Plan includes measures of Child Wellbeing and intersectorial action of which this annual Child Health TAW report will measure progress of measures of health equity for our tāmariki. By looking at the indicators we gain an understanding of the environments tāmariki are experiencing which impact on their health. A number of these indicators reflect modifiable risk factors and inequities which often have underlying causal links, such as, smoking and unhealthy housing and yet are often looked at in isolation in terms of systems, strategies and monitoring.

Inclusion and exclusion of new child health areas

During the preparation of this report, it has been recommended that the following health areas be considered for inclusion in future Child Health – TAW reports. These areas are requested because of the significant immediate and long-term health and social impacts on tamariki health and well-being:

- Family Violence
- Smokefree
- Immunisation

It is also recommended that Child Healthy Weight be excluded from future reports because equity targets are being met.

CHILD HEALTH PRIORITY INDICATORS

The table below provides a description of each priority health area, including: the indicator, measure, and the respective Equity Champion.

Priority	Indicator	Measure	Champion	Responsible Manager
Access *Local Indicator*	Reducing acute admissions of Ambulatory Sensitive Hospitalisations (ASH):		Chris Ash	Emma Foster Marie Beattie
	1. 0-4 year olds - dental decay, skin conditions, respiratory and ear, nose and throat infections.	≤82%		
Breastfeeding *National Indicator*	Improve breastfeeding rates for children at 6 weeks, 3 months and 6 months:		Chris McKenna	Shari Tidswell Jules Arthur Charrissa Keenan
	1. % of infants that are exclusively or fully breastfed at 6 weeks of age;	≥75%		
	2. % of infants that are exclusively or fully breastfed at 3 months of age;	≥60%		
	3. % of infants that are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed)	≥65%		
Child Oral Health *National Indicator*	1. % of eligible pre-school enrolments in DHB-funded oral health services. 2. % of children who are carries free at 5 years of age	≥95% ≥67%	Robin Whyman	Liz Read Charrissa Keenan
Child Healthy Weight *National Indicator*	% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	≥95%	Bernard Te Paa	Shari Tidswell

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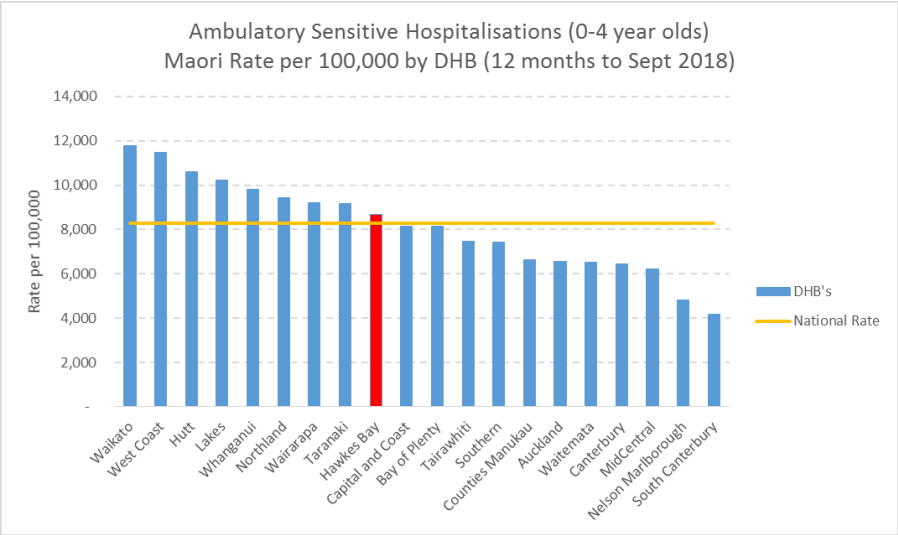
CHILD HEALTH PRIORITY: AMBULATORY SENSITIVE HOSPITALISATIONS (ASH) CHAMPION'S REVIEW

When compared to national rates, HBDHB ASH rates for tamariki Māori aged 0 – 4 years have worsened over the previous 12 months to September 2018. HBDHB is now ranked 12th compared to 8th in 2017[1].

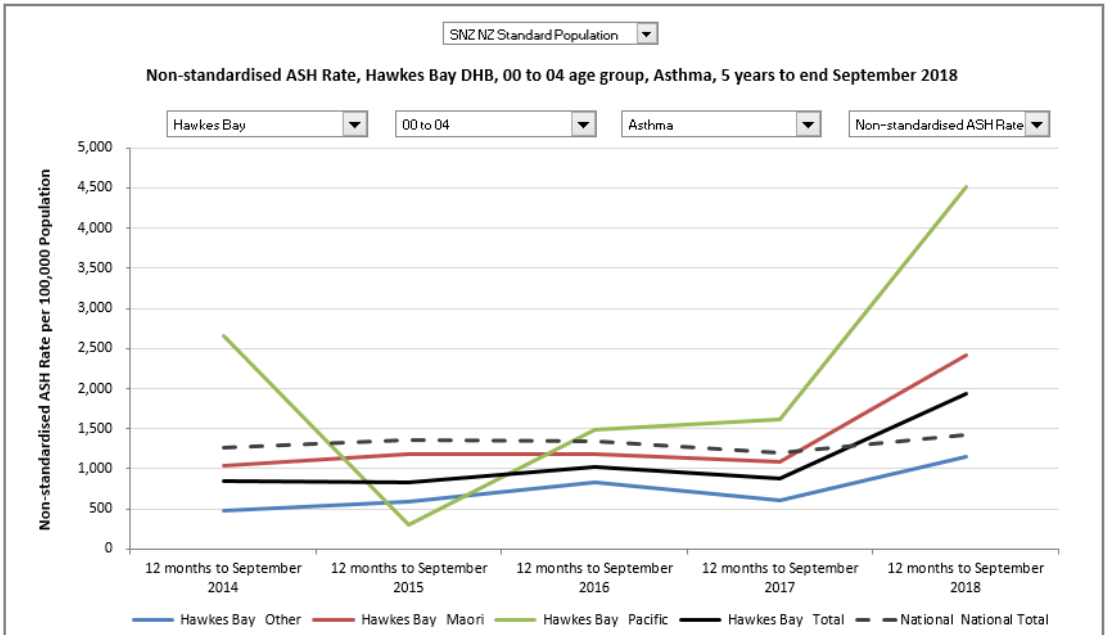


Graph 4. Hawke's Bay Māori ASH rates 0-4 age group 12 months to September 2018 – Benchmark against DHBs

Asthma

The ASH rate for Asthma 0-4 year olds has increased in the 12 month period from September 2017 (882) to September 2018 (1,982). This increase represents an additional 116 children admitted to hospital for asthma. Of these admissions, 67% were tamariki Māori, 28% Pacific children. The Pacific rate is particularly concerning; when compared with 2017 the rate increased by 190%.

[1] ***Note:*** *Data is reported in the non–standardised format for this age band. It is important therefore to examine the number of events over a 12 month period and comparisons to previous periods to get a picture of progress or decline against specific ASH conditions.*



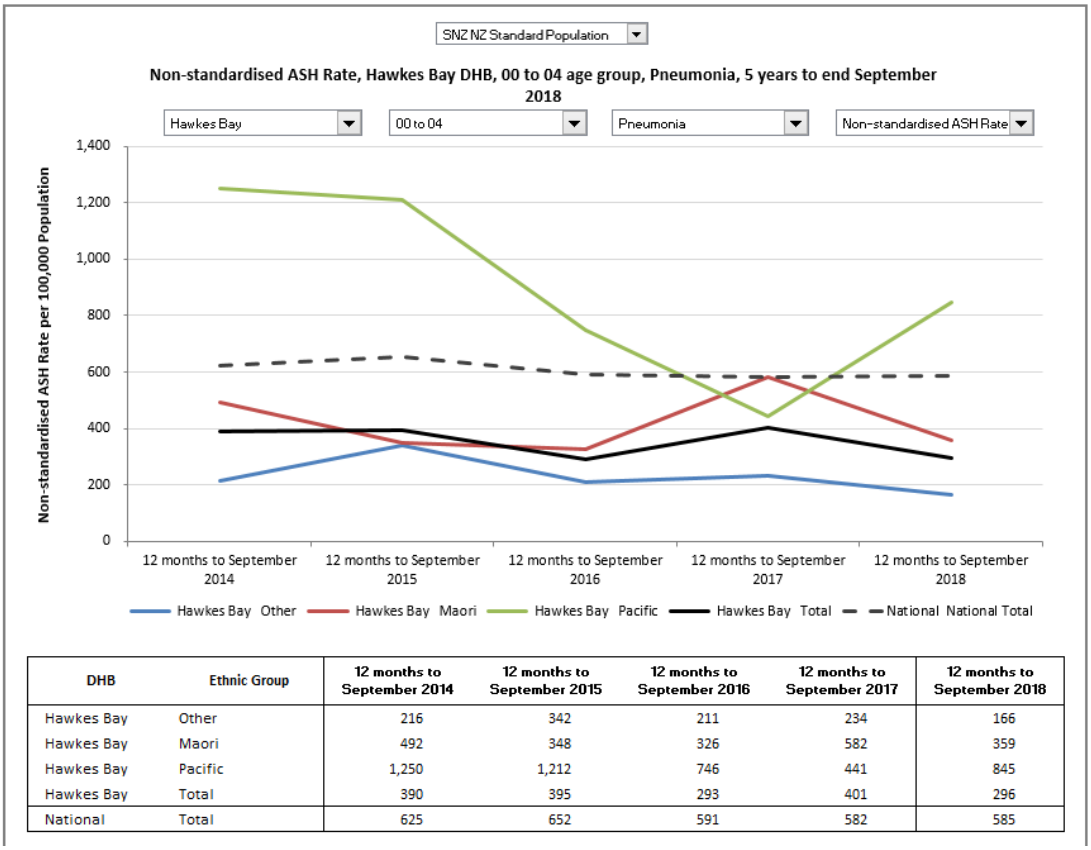
DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	481	598	827	612	1,144
Hawkes Bay	Maori	1,045	1,189	1,181	1,084	2,410
Hawkes Bay	Pacific	2,656	303	1,493	1,618	4,507
Hawkes Bay	Total	840	834	1,021	882	1,928
National	Total	1,269	1,362	1,342	1,204	1,425

Asthma Events

DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	29	35	47	34	62
Hawkes Bay	Maori	51	58	58	54	121
Hawkes Bay	Pacific	17	2	10	11	32
Hawkes Bay	Total	97	95	115	99	215
National	Total	-	-	-	-	-

Pneumonia

The ASH rate for Pneumonia 0-4 year olds has decreased in the 12 month period from September 2017 (401) to September 2018 (296), this was due to a decrease of 12 events. Despite the overall rate decreasing, Pacific actually had an increase in its ASH rate, this was due to numbers going from 3 (12 months to Sep 2017) to 6 (12 months to Sep 2018). Māori events decreased by 9, from 29 (12 months to Sep 2017) to 18 (12 months to Sep 2018).



DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	216	342	211	234	166
Hawkes Bay	Maori	492	348	326	582	359
Hawkes Bay	Pacific	1,250	1,212	746	441	845
Hawkes Bay	Total	390	395	293	401	296
National	Total	625	652	591	582	585

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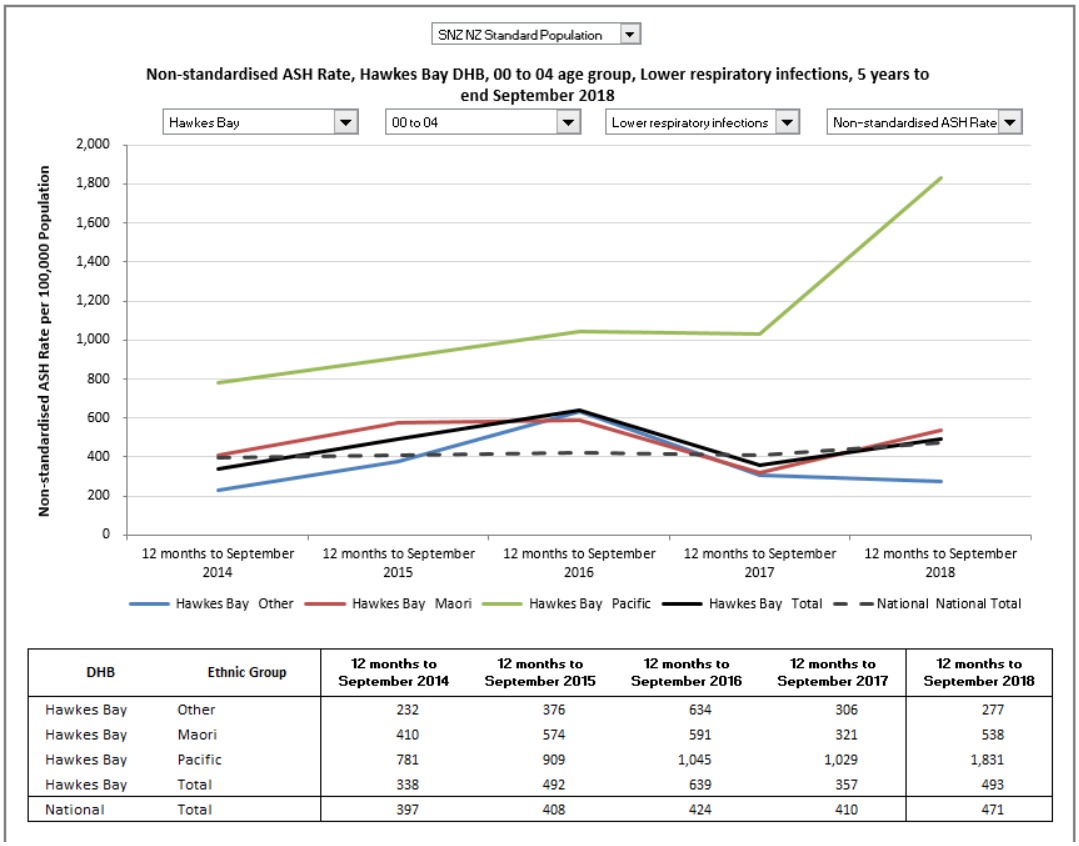
Events

DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	13	20	12	13	9
Hawkes Bay	Maori	24	17	16	29	18
Hawkes Bay	Pacific	8	8	5	3	6
Hawkes Bay	Total	45	45	33	45	33
National	Total	-	-	-	-	-

Lower respiratory infections

The ASH rate for Lower Respiratory Infections 0-4 year olds has increased in the 12 month period from September 2017 (357) to September 2018 (493), this was due to an increase of 15 events. Tamariki Māori saw the largest increase in actual events (11) and Pacific saw the largest increase in rate, this was due to events increasing from 7 (12 months to Sep 2017) to 13 (12 months to Sep 2018).

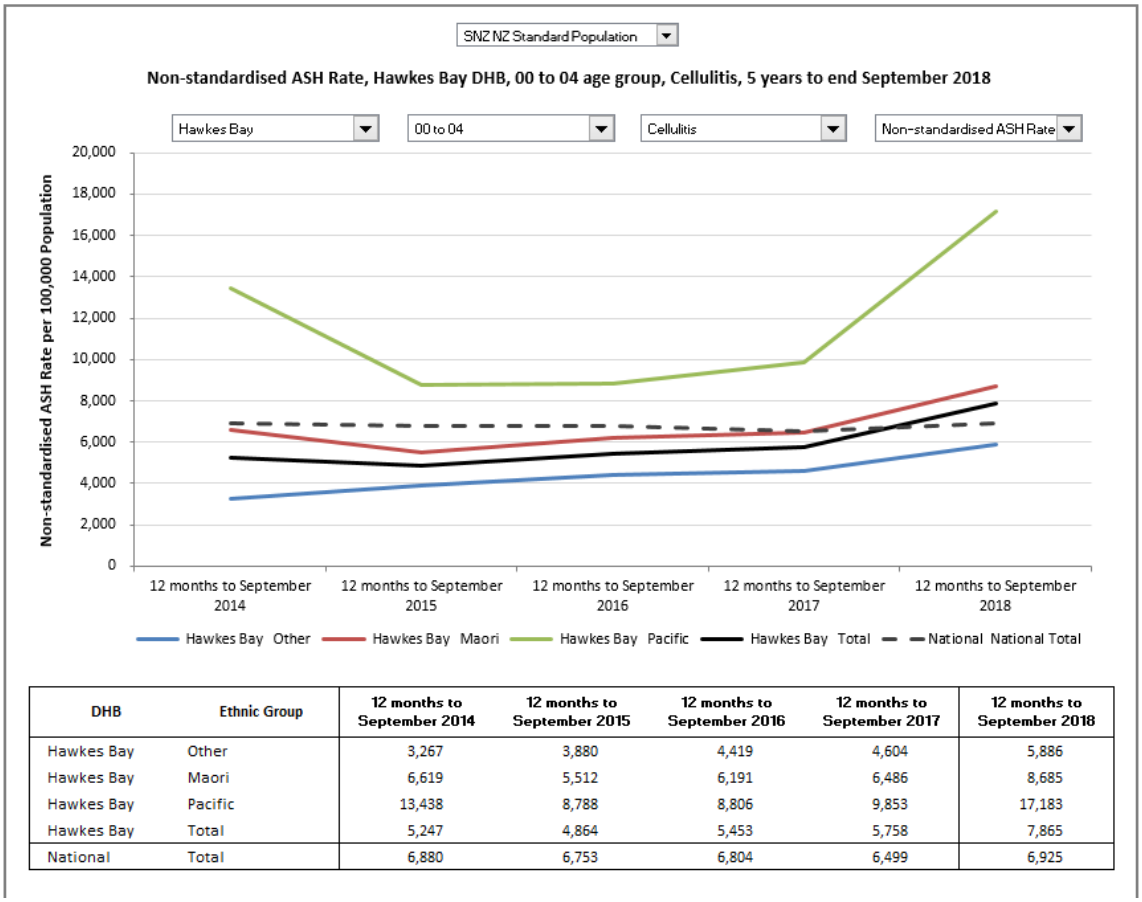


DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	232	376	634	306	277
Hawkes Bay	Maori	410	574	591	321	538
Hawkes Bay	Pacific	781	909	1,045	1,029	1,831
Hawkes Bay	Total	338	492	639	357	493
National	Total	397	408	424	410	471

Events

DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	14	22	36	17	15
Hawkes Bay	Maori	20	28	29	16	27
Hawkes Bay	Pacific	5	6	7	7	13
Hawkes Bay	Total	39	56	72	40	55
National	Total	-	-	-	-	-

Cellulitis



DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	3,267	3,880	4,419	4,604	5,886
Hawkes Bay	Maori	6,619	5,512	6,191	6,486	8,685
Hawkes Bay	Pacific	13,438	8,788	8,806	9,853	17,183
Hawkes Bay	Total	5,247	4,864	5,453	5,758	7,865
National	Total	6,880	6,753	6,804	6,499	6,925

Events

DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	197	227	251	256	319
Hawkes Bay	Maori	323	269	304	323	436
Hawkes Bay	Pacific	86	58	59	67	122
Hawkes Bay	Total	606	554	614	646	877
National	Total	-	-	-	-	-

The ASH rate for Cellulitis 0-4 year olds has increased in the 12 month period from September 2017 (5,758) to September 2018 (7,865), this was due to an increase of 231 events. Tamariki Māori saw the largest increase in actual events (113) and Pacific saw the largest increase in rate, this was due to events going from 67 (12 months to Sep 2017) to 122 (12 months to Sep 2018) a 82% increase.

CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR ANALYSIS AND ADVICE: ASH 0 – 4 YEARS

Respiratory support for tamariki and their whanau

Following a 2017 review of the ASH 0 – 4 respiratory care pathway an action plan was developed to provide better, responsive, and appropriate support for tamariki and their whānau with a respiratory

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illness. Overseen by an ASH 0 – 4 Respiratory Working Group, actions implemented in the previous 12 months include:

- Improvements to the respiratory referral pathway
- Process to ensure every child admitted to hospital receives a referral to the Child Healthy Housing Programme
- Paediatric respiratory training for primary care respiratory nurse champions to improve confidence working with young children
- Improvement to the primary care respiratory care pathway for following up whanau in the community after a hospital admission
- Winter respiratory support pilot programme.

A main finding of the review identified HBDHB do not fund a child respiratory support service. Without any resources or dedicated funding, the Working Group has not been able to implement any actions that have resource implications. To mitigate this lack of prioritisation, Māori health using Well Child Tamariki Ora quality improvement funding, invested in a pilot winter respiratory support service for the 2018 winter months. Whilst the program was postive in regards to the upskilling of staff and kaiawhina in respiratory care for tamarki, the service did not have the intended impact at the whanau level.

Current activity: A main barrier to the winter pilot was the timely access to information from secondary to primary care services to enable immediate support and follow up in the home when the child was sick. Learnings from the pilot have been considered by the ASH 0 – 4 Respiratory Working Group, and plans are underway to deliver a sustainable long term whanau-centred child respiratory support service. The service will be implemented in two phases over the coming 12 months:

- Phase 1) establishment of a Respiratory Resource Nurse Māori to directly support tamariki and their whanau who present to hospital for a respiratory related illness. The service will have a hospital presence but will be the link between secondary care services, whanau in the home, and their primary care provider.
- Phase 2) establishment of a Community based Respiratory Resource Nurse Māori based in primary care but interfacing with whanau and secondary care services.

Tamariki Māori living in Flaxmere disproportionately carry the burden of respiratory illness in Hawke's Bay with higher rates of presentations and admissions than any other group or location. Therefore, in the first instance, the service will support tamariki Māori living in the Flaxmere community.
The ASH 0 – 4 Respiratory Action Plan will also be reviewed and updated.

Child Healthy Housing program
The Child Healthy Housing Programme (CHHP) provides access to housing resources for whānau at risk of, or who have, a respiratory illness. Cold, crowded, damp housing leads to child illnesses such as respiratory infections. Key results of the CHHP show:

- 68.5% of all eligible referrals identify as whānau Māori, and 17.5% Pacific. There has been good progress to identify, refer, and assess whānau Māori and Pacific referrals compared to previous years.

In July 2018/19 whānau feedback was sought to gather information about the responsiveness and effectiveness of the CHHP. Feedback from whānau showed:

- 89% felt their home was warmer and dryer; and their children less sick.
- 97% felt they had increased knowledge regarding maintaining a warm dry home
- 16% of tamariki had been admitted to hospital with ASH symptoms since receiving the intervention

- 2 whānau were re-referred to the CHHP as their circumstances had changed.

As housing is such an important determinant of health, the CHHP actively seeks opportunities to engage in other health and non-health areas to collectively work together to improve child health and well-being. These activities, which have a specific goal to improve equitable health outcomes for tamariki Māori include:

- HB Cot Bank – a programme for older pēpi to minimise barriers to access for whānau with limited or no means to provide a safe sleep environment for their babies once they have outgrown the wahakura/pēpi pod.
- 1000's of pairs of Jammies for June were distributed.
- HBDHB Government submissions to property legislation and housing standards have been enhanced with 'reality stories' and advocacy through the programme.
- A collaborative pilot with Habitat for Humanity homes are receiving minor repairs to maintain a thermal envelope and reduce dampness.
- Collaboration with companies/organisations such as Tumu Timbers and Red Cross to attain resources for warm dry homes at very low or no cost to whanau.
- Pathways and relationships with NGO's and Government Organisations, such as MSD, HNZC improves access to services and supports.

Current activity: A comparison of healthy homes program data between 2017/18 and 2018/19 has revealed a 40% increase in eligible referrals that were unable to be contacted/ or disengaged with the CHHP (17 to 42 whānau). An investigation to find out what is happening, and how we can improve this, is planned.

Supporting tamariki and their whānau with skin infections

The HBDHB Skin program aims to reduce admissions to hospital for skin infections and infestations. The programme promotes healthy skin, providing appropriate resources to support whānau with preventative measures, and facilitating access to early treatment.

After feedback from the Early Childhood Education Centres (ECE's) including Kohanga Reo, flip charts and talk cards have been produced in Te Reo Māori, Samoan and English. Resources have been distributed in each language to all education settings via Public Health Nurses who are trained to work with kaimahi. The resources are also available through outreach immunizations, B4 School Checks, Māori health providers, and have also been requested and shared with other regions. The program has also established links with Kidscan to support a head lice prevention pilot in seven ECEs that include Kōhanga Reo and Pacific Language Nests. The pilot involves education for staff regarding the treatment and prevention of head lice.

Tamariki aged 0 – 4 years can now access treatment for impetigo, boils, cellulitis, head lice and scabies when their older siblings are identified with skin infections at school. PHN with standing orders are able to provide treatment directly to whanau on the day. The Schools involved in the programme are targeted to low decile schools that have 1 – 2 visits per week by a PHN. Tracking ethnicity data for tamariki accessing this service is being investigated.

Current activity: An audit is underway for an in depth analysis of ASH rates for children admitted to hospital with preventable and/or recurrent skin infections and infestations. This will identify equity gaps for tamariki Māori.

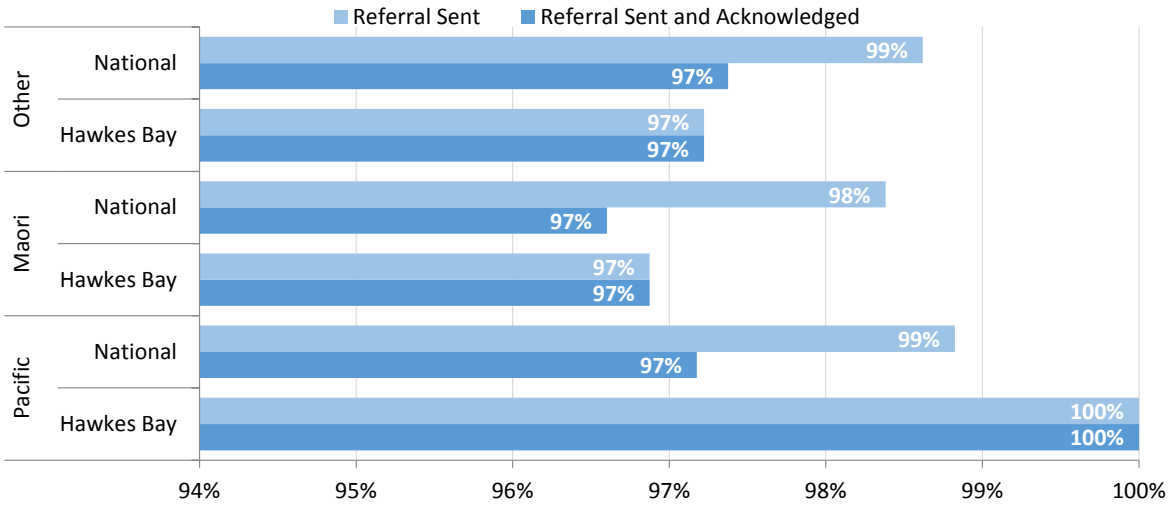
Equitable immunisation rates

Childhood immunisation significantly reduces pneumonia and lower respiratory infections in children. Hawke's Bay continues to maintain equitable immunisation rates for tamariki Māori. However , one area of being monitored is the declining immunisation rates in infants aged under 8 months. 89.8% of infants were up to date with their immunisations at 8 months in the quarter ending 31 March 2019,

down 3.5% from the previous quarter. Immunisation coverage is influenced by a complex mix of social, behavioural, demographic and structural factors. Immunisation data should be included in the proposed wider set of indicators for Child Health - TAW.

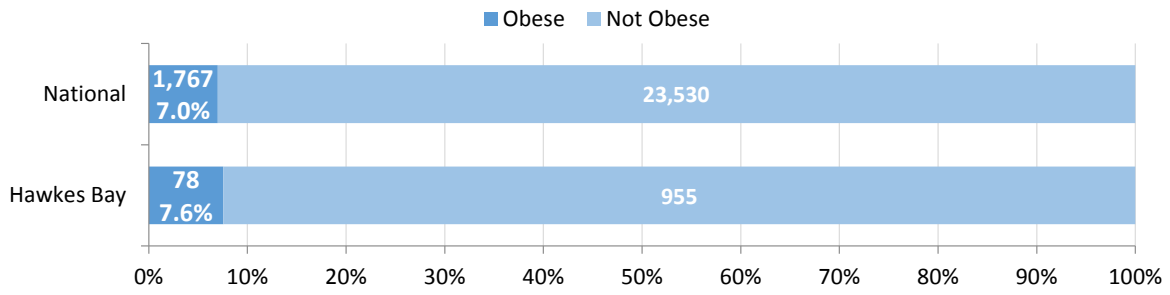
CHILD HEALTH PRIORITY: CHILD HEALTHY WEIGHT CHAMPION'S REVIEW

The national target for child healthy weight is - 95% of all children identified as obese are referred to a health professional for follow up support. The graph below shows that of the eligible tamariki Māori, 97% were referred for follow up support, and that referral was received. There is no equity gap for this target and the target has been consistently achieved for over a year.



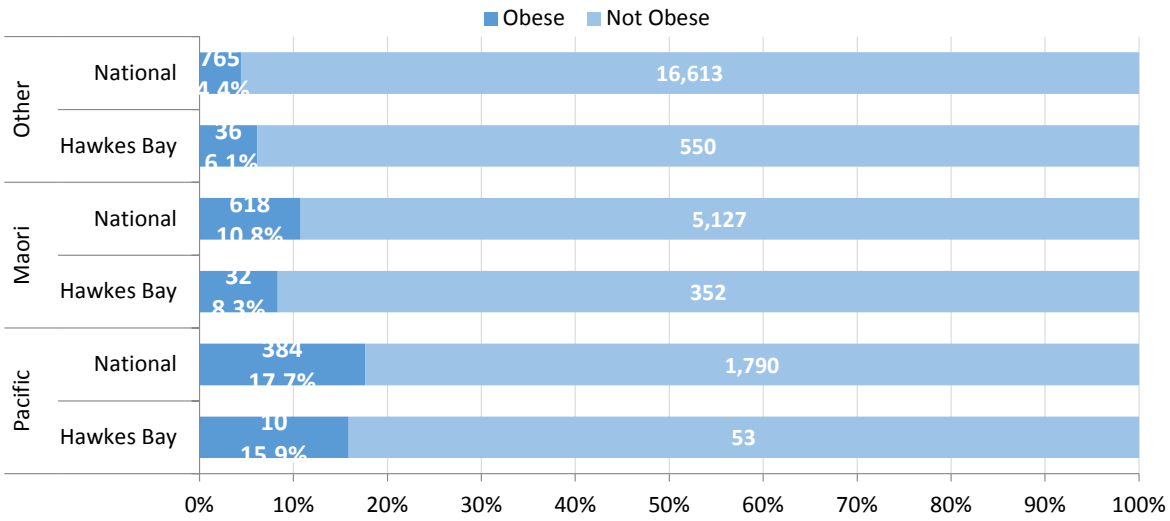
Graph 1: Child Healthy Weight Referrals sent.

Data collected at the Before School Check at age 4 years shows a continued decline in obesity rates in this age group at 7.6% for this quarter, and Hawke's Bay is moving closer toward the national average of 7%.



Graph 2: B4 school check percentage of tamariki Obese national versus HB comparison.

Graph 3 below shows tamariki Māori (8.3%) and Pasifika (15.9%) rates for obesity are lower than the national average (Māori 10.8% and Pasifika 17.7%). However, the small numbers for Hawke's Bay will require ongoing monitoring of this trend, but it is positive to see HBDHB moving toward a child health vision where ***every*** tamariki Māori gets a healthy start in the first four years of life.



Graph 3: B4 School check percentage of Obese tamariki in Hawke's Bay data by ethnicity.

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CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR: ANALYSIS AND ADVICE: CHILD HEALTHY WEIGHT

Since 2016, HBDHB has continued to implement the HBDHB Best Start: healthy nutriton and activity Plan. The Plan delivers actions to support equitable healthy weight in four areas:

Increase healthy eating and activity environments: School programmes to support healthy environments in and around education settings. Early Childhood providers are using a healthy conversation tool to use with whānau to support healthy eating in early childhood. The tool was codesigned with Māori parents and Pacific parents. The next step is to work with Kohanga Reo to develop a reo/tikanga based tool.

Develop and deliver prevention programmes: supporting ante-natal programmes to support māmā to have a healthy pregnancy, including access to the Maternal GRx programme. Active Families programmes via Sport HB and Iron Māori are also funded for whānau. All programmes have achieved their Māori engagement targets. Active Families under 5 years has 82% Māori referral rates and for Maternal GRx 42% of hapū māmā referrals are Māori.

Intervention to support children to have healthy weight in the last 12 months an evaluation of Before School Check referrals has been completed to inform equity based improvements. A number of changes have been subsequently implemented including the referral pathway to ensure informed whanau decision making, and a new referral pathway for school aged children identified as needing supporting to achieve healthy weight. The evaluation targeted whānau Māori input and their feedback has been incorporated accordingly.

Provide leadership in healthy eating: a water only policy has been implemented in the Paediatric Ward. Besides the fact that fizzy drinks have no nutritional value, and are a major cause of tooth decay and a contributor to dental hospitalisations under GA, it was agreed it would not be appropriate to have fizzy drinks on the children's ward. Overall, whanau and staff have been receptive and supportive of the policy. HBDHB is considering extending the policy to other areas. HBDHB is supporting contracted providers to develop healthy weight policies.

CHILD HEALTH PRIORITY: BREASTFEEDING CHAMPIONS REVIEW

	Target	Total	Māori	Pacific	High dep	National
Jun-18	70%	52%	36%	35%	44%	59%
Dec-18	70%	57%	43%	58%	46%	58%

December 2018 data shows an increase in the breastfeeding rate at 3 months old across all ethnicities and high deprivation groups. However, there is a persistent equity gap still evident across all these groups, and still well below the national rate, and national target of 70%.

CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR ANALYSIS AND ADVICE: BREASTFEEDING

HBDHB is undertaking a program of work that reflects our commitment to achieving equitable breastfeeding outcomes for Māori and also alignment of Child Health indicators. To inform our decision making and to improve our response to māmā Māori and their whānau, interviews with fifty māmā Māori from a 2017/18 birth cohort were conducted in September 2018. Breastfeeding issues and a lack of breastfeeding support was one of the main challenges māmā identified after the birth of their baby. Māmā expressed feelings of confusion and isolation during this difficult time but also desperately wanting to do their best for pēpi.

Maternity Service, Population Health, Primary Care, and Māori Health are working closely to better design and deliver breastfeeding support for māmā Māori. A main piece of work ahead is the proposed establishment of a Child Health kaupapa; breastfeeding will be included under this umbrella of work. Activities to date are outlined below.

Māori Breastfeeding Support Service

Māori Health has invested in a whanau-centred breastfeeding support service for māmā Māori delivered by all three Well Child Tamariki Ora services. The service is delivered by lactation consultant and/or peer support outreach to whanau in the home and community settings. The service provides added support targeted specifically to whānau Māori to help establish and maintain breastfeeding through those first few months. The services have only been in place since October/November 2018 but are already reporting positive activities and feedback from whanau, including:

- Visits in the home are good with a māmā sharing, '*Thank you for your help today…it means a lot that you came over*'. Visits in the home also enables other whanau to be present and involved. Whanau are willing and eager to gain knowledge and how to support māmā and pēpi
- Māmā are using texting to communicate with the LC to share how their breastfeeding is going, which also allows the LC to adapt support for māmā as needed
- Māmā are expressing that the ongoing support phone calls are appreciated as they feel valued and supported during times of vulnerability and uncertainty.

Current activities: growing the service to reach māmā that need breastfeeding support, establishing and embedding referrals pathways, collaboration with the other WCTO breastfeeding support services. Actions are also underway to improve mental health support for māmā.

Hospital to Home – Breastfeeding support

An aligned investment from population health into the community midwifery team was to support transition from hospital to home with increased visits available for breastfeeding to determine if more time spent post natal with women in the home improved rates. Due to staff pressures in midwifery this position has not been realized.

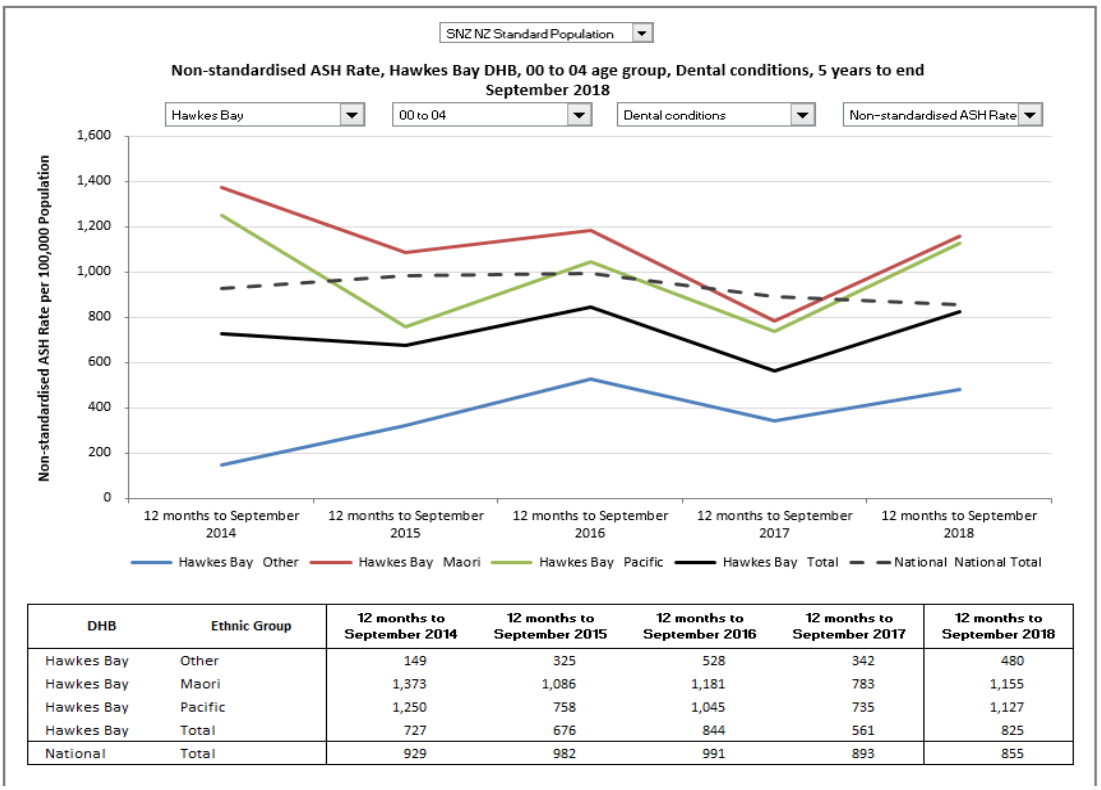
Current activity: Previous investment recommendations for a Kaiawhina role to actively engage with māmā and provide a defined early post-natal resource dedicated to breastfeeding and an engagement point between LMCs, Maternity Services and the community based support services are being re-scoped.

Kaupapa Māori Health Programmes

Two Māori health providers are currently in the process of developing Kaupapa Māori Maternal Health Programmes. The programmes will have a specific emphasis on breastfeeding support for māmā Māori, and to work with whānau to identify any unmet needs. One of the providers is due to start the programme by 1 July 2019, the other will likely be in 2020.

Whanake te Kura is the HBDHB funded ante-natal education programme. Delivered by a local Māori health provider, the programme includes information to support establishing and maintaining breastfeeding, and where to go for breastfeeding support. The programme is receiving very positive feedback from whānau.

CHILD HEALTH PRIORITY: DENTAL
CHAMPION'S REVIEW



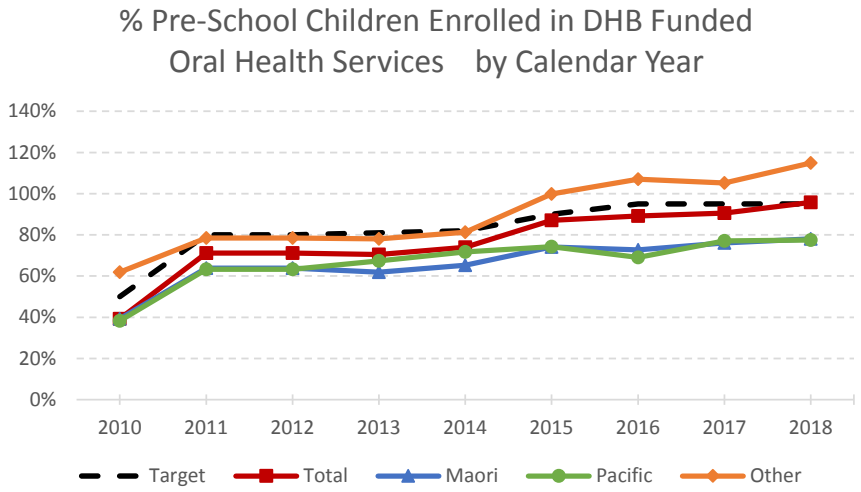
DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	149	325	528	342	480
Hawkes Bay	Maori	1,373	1,086	1,181	783	1,155
Hawkes Bay	Pacific	1,250	758	1,045	735	1,127
Hawkes Bay	Total	727	676	844	561	825
National	Total	929	982	991	893	855

Events

DHB	Ethnic Group	12 months to September 2014	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018
Hawkes Bay	Other	9	19	30	19	26
Hawkes Bay	Maori	67	53	58	39	58
Hawkes Bay	Pacific	8	5	7	5	8
Hawkes Bay	Total	84	77	95	63	92
National	Total	-	-	-	-	-

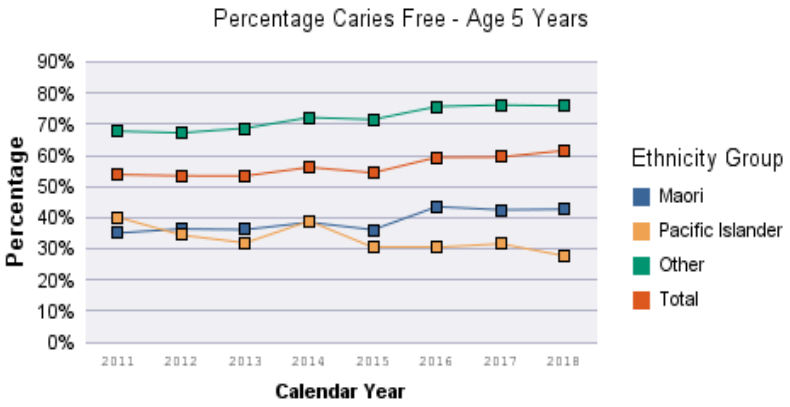
The ASH rate for Dental 0-4 year olds has increased in the 12 month period from September 2017 (561) to September 2018 (825), this was due to an increase of 29 events or an additional 29 tamariki admitted to hospital for dental under a general anaesthetic. Māori saw the largest increase in actual

events at 65% (19) and Pacific saw the largest increase in rate, this was due to events increasing from 5 (12 months to Sep 2017) to 8 (12 months to Sep 2018).



	Target	Total	Māori	Pacific	Other
2010	50%	39%	39%	38%	62%
2011	80%	71%	64%	63%	78%
2012	80%	71%	64%	63%	78%
2013	81%	70%	62%	67%	78%
2014	82%	74%	65%	72%	81%
2015	90%	87%	74%	74%	100%
2016	95%	89%	73%	69%	107%
2017	95%	91%	76%	77%	105%
2018	95%	96%	78%	77%	115%

It is pleasing to note the target of 95% enrolment has been meet, although with caution due to data challenge. The data challenges are evident from the recording of 115% of tamariki identified as Other. This is being actively addressed within both the Oral Health Service and Information Services. Previous work in 2017 checked that the Oral Health database is capturing the correct ethnicity as provided to Oral health. The concern remains accuracy of the denominator used to calculate the indicator which is externally provided from Ministry of Health data, or the accuracy of initial ethnicity capture at time of birth and used for quadruple enrolment of children at birth in HB health services.



% Caries Free	2011	2012	2013	2014	2015	2016	2017	2018
Māori	35.1%	36.4%	36.2%	38.5%	36.1%	43.5%	42.5%	42.7%
Pacific Islander	40.2%	34.4%	31.9%	38.9%	30.5%	30.5%	31.6%	27.8%
Other	67.3%	65.5%	66.9%	70.8%	70.1%	74.2%	75.1%	75.2%

Total:	**53.8%**	**53.5%**	**53.4%**	**56.2%**	**54.4%**	**59.4%**	**59.5%**	**61.6%**

The target of 67% caries free has not yet been achieved for Māori or Pacific children, and results for both groups remain particularly concerning. A small closure of the inequity of Māori to Other in the 2016 period has been maintained but not improved. The inequity for Pacific children may have increased in 2018, although very small numbers in this group do cause greater year to year data movements.

The percentage of children caries free (decay free) at 5 years measures the proportion of children that are 5 years of age, and commencing school education without dental decay severe enough to have caused cavitation (holes) to develop in the primary teeth. Caries free at 5 years is an important indicator as longitudinal studies indicate that children with good early childhood oral health have improved Year 8, adolescent and adult oral health. Children that are free of dental decay in the preschool and early primary school years are also less disrupted with education, eating and sleeping and have better general health.

CHAMPION'S REPORT OF ACTIVITY TO INCREASE PERFORMANCE OF THIS INDICATOR ANALYSIS AND ADVICE: ORAL HEALTH

There is a stronger focus on equity within the Oral Health Service with concerted effort to deliver an whanau responsive, interdisciplinary, community engaged approach to the design and continuous improvement of oral health delivery.

A preventive clinical practice and a service focus on equity also exists in the context of the complex interplay of societal factors that affect oral health. The importance of ongoing DHB influences on improving these for tamariki cannot be underestimated when considering the oral health outcomes at 5 years. Environmental influences are also important. The caries free outcomes have been achieved in an environment of loss of access to community water fluoridation in Hastings during 2017 and 2018, and therefore no community water fluoridation across the whole DHB in that time. Specific assessment of the Hastings results for caries free Māori 5-year-olds indicates that the proportion of children caries free plateaued during that time following several years of sustained small improvements. In Central Hawke's Bay it appears the losses in the proportion of caries free Māori 5-year-old children sustained in the 2013-2016 period have continued through 2017 and 2018.

Enrolment

There remains a potentially significant opportunity to progress enrolments for tamariki Māori, which do trend positively, but an apparent inequity between Māori and Other remains, contingent upon the data quality. Several workstreams within the Communities Women and Children Directorate's Oral Health Equity Under 5 years five project specifically target enrolment and we would expect to observe improvements, provided data quality can be assured.

Activity planned to support these indicators has been progressed since that outlined within the 2017 report. Many of the activities are now business as usual with an ongoing continuous improvement focus to ensure they are meeting expected outcomes. These include:

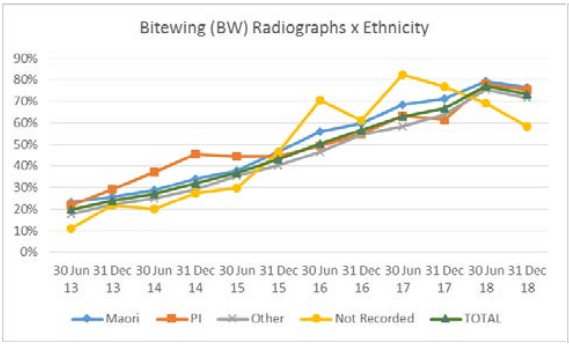
- Quadruple enrolment in the oral health service from birth, alongside enrolment for primary care, Well Child/Tamariki Oral and immunisation services.
- Population health strategies, including the delivery of oral health key messaging at other health touchpoints – including the Before School Check

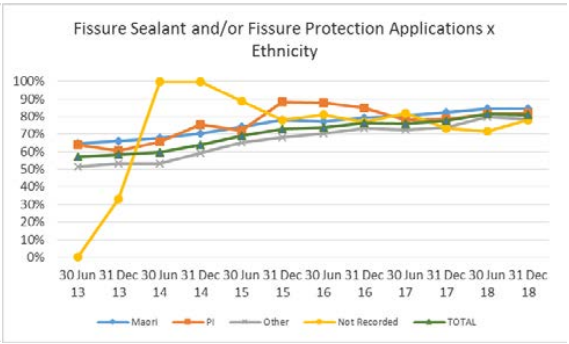
Oral health prevention

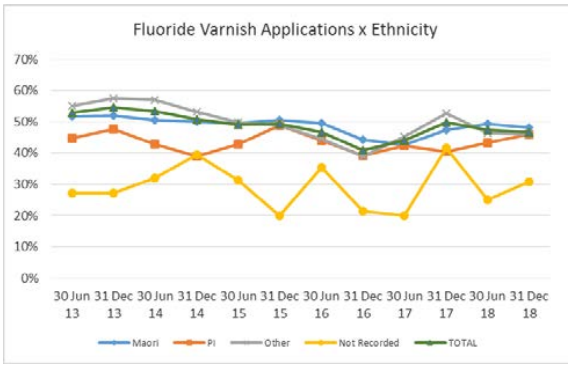
In 2018, the focus was on ensuring preventive practice continued to strengthen across the Community Oral Health Service. The use of preventive clinical care measures including fluoride varnish, fissure sealants, and radiographs are monitored on an individual therapist level, with positive trends noted

across the service. The aim of this activity is to ensure individual clinicians focus their clinical activity on preventive oral health care, and not just interventional treatments. It also aims to ensure clinicians consider equity at a clinical level in their day to day work.

This ongoing work commenced in 2015-16 with a focus on three key quality indicators led by the Clinical Director. Progress is reflected in these graphs. Pleasingly these demonstrate that the highest rates of preventive interventions are provided for Māori and Pacific tamariki and that particularly for use of fluoride varnish in 4 -year-old children the use for Māori and Pacific children has increased to levels consistent with appropriate consideration of clinical risk of dental caries and equity.







We are anticipating a further increase in the use of Fluoride Varnish now that the Kaiawhina is actively working under Standing Orders to provide Fluoride Varnish applications within community settings. Noting in the first six months of 2018 no fluoride applications were untaken by the Kaiawhina, with 90 in the latter half of 2018, and 80 within the first three months of 2019. The clinical impact of these applications is unlikely to be clearly seen within the 'Caries free' indicator for 2-3 years as it is measured at 5 years of age. The number of tamariki Māori seen within this programme is also increasing as more Kohanga Reo engage, which will also be evident within the enrolled children indicator in time.

The focus of the Kaiawhina has been adjusted to meet the needs of the Community. While remaining focused on improving service utilisation for tamariki Māori (pre-schoolers in particular), most of the work is now through engagement with Te Kohanga Reo, facilitating engagement with the local hubs / mobiles and delivering a preventative package – including fluoride varnish and brushing programmes. The oral health team are seeing the benefits of this work as the oral health of tamariki visiting the clinics has already visibly improved.

The kaiawhinia also accepts referrals from the Outreach Immunisation team, who refer 15 month to 4 year old children who are not engaged with the dental service – these may be children who are new to Hawke's Bay or have changed address, phone numbers etc so have not been able to engage with the dental service easily. In the 12 months ending March 2019 44, children were referred .

Equity under 5 years project

The Under 5 years equity project is the key driver of activities to address the persistent inequities within Community Oral Health Services, although this is supported by additional changes within the service. Key achievements include:

- Ensuring workforce cultural responsiveness – 78.4% have now completed Engaging Effectively with Māori, and 92% Treaty of Waitangi training
- Changes within staffing allocation – to improve ratios of Therapist / tamariki in areas of high need; to provide cover across more work days for example two part-time Therapists now have a Hub open five days / week.
- Community Oral Health Service Model of Care review and decisions
- Te Roopu Mātua – Māori Oral Health Advisory Group
- Water-Only Policy in the Paediatric Services

Planned activities

Over the next 12 months a number of activities are planned to ensure we are consistent and persistent in our commitment to improve equitable oral health outcomes for Māori. There is a willingness and recognition across the workforce that 'doing the same thing will produce the same results'. Planned activities include:

- Initial presentation of an Oral Health Business case focused on increasing capacity of the workforce needs to be progressed with additional information
- Continue quality control of the ethnicity coding and patient status accuracy within the oral health patient management system (Titanium)
- Extend capacity of those providing fluoride varnish, exploring opportunities to train others in the application of fluoride varnish. Noting the standing order has provision for dental assistants to undertake this.
- Heath HB to trial the "lift the lip" at 5 month immunisation with 2 high needs practices (2019 - 2021)
- Agree recommendations from preschool child GA audit and develop action plan
- Continue to transition clinical service delivery towards a preventive care focus using clinical quality indicators to monitor service performance

RECOMMENDATION:

It is recommended that the Màori Relationship Board:

1. **Note** the contents of the report.
2. **Note** the planned improvements and activities over the next 12 months to achieve equitable health outcomes for tamariki.
3. **Support** the intention to establish a Child Health kaupapa to bring a more cohesive and collaborative approach to organising child health activities across the organisation.

HAWKE'S BAY District Health Board Whakawāteatia	**Tō Waha - A Whānau-Centred Collaborative Approach** For the attention of: **Māori Relationship Board**
Document Owner	Bernard Te Paa, Executive Director, Te Puni Matawhānui
Document Author(s)	Charrissa Keenan, Programme Manager, Māori Health
Reviewed by	Executive Management Team
Month/Year	April 2019
Purpose	The purpose of this report is to provide information about the 'Tō Waha' – New Zealand Defence Force oral health initiative, what made it so successful, gaps and unrealised opportunities, and planned next steps.
Previous Consideration Discussions	A verbal summary was provided to the HBDHB Board on 3rd April 2019. The Board subsequently requested more information about how HBDHB might implement future initiatives.
Summary	The Tō Waha initiative demonstrates what can be achieved when activities are established on whānau-centred, kaupapa Māori principles and practices, and the HBDHB core values. When this happens, a model is created where whānau are empowered, staff are working as one team, and equitable health gains are made. Key successes: • The Tō Waha team, which comprised people from a number of different community-facing organisations, was able to use established skills and networks to affect tangible positive change among whānau that went beyond the individual and their immediate oral health need. • When everyone committed to the kaupapa ('no empty dental chairs'), opportunities to respond to imminent whānau need (not service needs) were maximized in a manner that was timely for them and efficient for us. • Communities were empowered when clinicians were able to focus solely on the technical skills they are trained to do, and communities and community-facing organisations determined the way the service was delivered. • Tō Waha is now a trusted brand among whānau Māori and the wider community. • When the above were done well, whānau were willing and eager to be informed and involved in decisions to have control of their oral health. Gaps and unrealised opportunities: • A lack of primary care prevention involvement undermined opportunities to fully realise whānau health and well-being. • Whānau miss out on important health messages and necessary support when we don't prioritise and normalise integrated approaches.

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	• Given the high oral health needs across the community, there are still a lot of people living with poor oral health and with high dental pain.
Contribution to Goals and Strategic Implications	Health Equity report 2018 – Actions to create a responsive and equitable health system and services; Clinical Services Plan - Whānau centred, kaupapa Māori approaches; HBDHB expectation - Equitable health outcomes for Māori
Impact on Reducing Inequities/Disparities	Prioritistion of those disproportionately affected and who do not enjoy the same level of oral health as other people and people of higher socioeconomic backgrounds, namely– Māori, Pacific, and other people from low socioeconomic backgrounds. The implication is improved oral health outcomes for these under-served groups.
Consumer Engagement	Te Roopu Matua – HBDHB Māori Oral Health Advisory Group, and Whānau interviews and feedback at the Tō Waha event.
Other Consultation /Involvement	Tō Waha team (20+ attendees) held on 3rd April 2019 to discuss learnings and successes. Informal local dental community feedback.
Financial/Budget Impact	The total cost of the Tō Waha kaupapa - $27,307.00 GST Inclusive. The total sponsorship received - $23,633.00 GST Inclusive. Māori health will cover the remaining $3,674.00. A cost analysis of the dental treatment provided is still to be calculated at this time.
Timing Issues	HBDHB is carrying out a redesign and RFP process for a Whānau Ora oral health service that is due to be implemented in early 2020.
Announcements/ Communications	An article on the HBDHB and NZDF Tō Waha experience will be submitted to a peer reviewed journal. Whānau feedback gathered from Tō Waha will be used to inform local service design and changes as well as the development of a national Māori Oral Health Symposium to be held later this year.

RECOMMENDATION:

It is recommended that the Māori Relationship Board:

1. **Note** the key learnings, successes, and unrealised opportunities of the Tō Waha kaupapa
2. **Support** the intention to:
   I. Set up a Charitable Tō Waha clinic for essential dental care for whānau with unmet need.
   II. Develop a long term sustainable Whānau Ora oral health service for adults, with strong links to primary health care and prevention.

Tō Waha – A Whānau-Centred Collaborative Approach

Author:	**Charrissa Keenan**
Designation:	**Programme Manager, Māori Health**
Date:	**April 2019**

OVERVIEW
In March 2019, New Zealand Defence Force (NZDF), Hawke's Bay District Health Board (HBDHB), local Hawke's Bay dentists, and the oral and general health community worked collaboratively to deliver oral health care to high need whānau living in Hawke's Bay. The initiative was part of the NZDFs deployment training, and in preparation for these possible situations, provide access to dental care to communities in Aotearoa New Zealand.

From the 11th to 22st March, the Tō Waha initiative was held at the Cook Island Community Centre in Flaxmere. Over the 10 days, the NZDF ran six dental chairs (4 dentists and 2 hygienists), and HBDHB ran a two-chair dental clinic using a mobile dental unit (the Waka) which was kindly donated by the local Māori health provider, Te Taiwhenua o Heretaunga. The waka was run by the local HB dental community who kindly donated their time to the event.

Key results:
- 702 dental appointments (531 NZDF and 171 Waka)
- 1297 dental treatments (259 hygiene appointments, 391 fillings, and 647 extractions)
- 92% of whānau accessing dental care identified as Māori (70%) and Pacific (22%)
- 65% of patients were female, 35% male
- 42% of patients were aged between 30 – 49 years
- 33% of patients were aged between 18 – 30 years

SUCCESSES
Key successes of the Tō Waha initiative include:
- Sector collaboration
- Whānau focused
- 'No empty chairs' approach
- Community-led

Sector collaboration – Rāranga te Tira
The Tō Waha initiative was not led solely by, or for, HBDHB. A key point of difference was the early and ongoing involvement of a range of community, health, and wider-non-health sector stakeholders - that is typically not the norm when it comes to delivering dental care. This Rāranga te Tira approach was integral to the planning, preparation, and delivery of Tō Waha. In total, about 60 Hawke's Bay volunteers participated, ranging from population health advisors, smoking cessation, and primary health care workers to Māori development advisors, Māori wardens, and Pacific navigators. Many local dentists gave up time from their private practice to support the initiative. One local dental practice closed their doors, and bought their dental team for a whole day to participate in Tō Waha on World Oral Health Day. Because of local dentists, an additional 171 treatments were given to whānau. A list of volunteers is appended.

The event also attracted sponsorship from around the community, Te Puni Kōkiri covered venue costs, Royston Health Trust funded all dental supplies, GRS Generators supplied the generator for powering the Waka), Bostocks provided apples for the event, and One Pure donated bottled water which was used throughout the event.

Tō Waha, Tō Whānau – Tauwhiro, He Kauanuanu
Tō Waha was purposeful in its focus on whānau/families. Rather than take an individualistic approach which sought only to treat an oral health problem, the initiative sought to lift the oral health status of whānau by targeting and providing essential dental care to everyone in the home aged over 18 years, and establishing an ongoing plan to help the whānau stay orally fit. Tō Waha is consistent with HBDHBs intention to develop 'whānau centred approaches', and supports the aim of the government's Oral Health Strategy, '*Good Oral Health, For All, For Life*'. Fundamentally, this approach is also consistent with kaupapa Māori principles and practices that acknowledge the whānau-unit as central to relationships, decision making, and overall health and well-being.

Within this context, every person received:

- One on one motivational support to stay on a path of good oral health in the home
- Oral health resources for the whole whānau including age appropriate toothbrushes and toothpaste
- Motivational korero to establish a change in behaviour and follow the key five oral health messages to support good oral health for the whole whānau
- Practical advice about how and where to find a dentist for them and their tamariki who will support their oral health aspirations.

'No empty chairs' approach - Ākina
The To Waha team agreed that the key principle that would underpin the event was 'No empty chairs'. The team realised that this was a once-in-a-lifetime opportunity for whānau and, given that the numbers of whānau with urgent dental needs easily eclipsed the number of treatments available through the event, the most obvious form that service failure would take would be any time where a clinician was ready to see someone but no one was ready to be seen. Throughout the event a 7% did not attend rate was experienced (which is remarkably lower than other dental DNA rates, but the collaborative approach between the sectors involved, and the relationships each had with their respective communities were key to locating and finding whānau to ensure that there were always whānau ready to be treated.

Community led – Rāranga te Tira, Tauwhiro, He Kauanuanu, Ākina
Tō Waha is an example of a model of care that is community centric with a whānau ora approach, where health services support whānau ways of understanding and implementing health practices. While the NZDF provided the catalyst for the initiative, their approach was to have HBDHB take ownership over how the event would run. This meant that health provider agendas were put aside, and community stakeholders were able to determine how to best work for whānau.

Because of how the kaupapa was developed, and the visibility and success of the event in the community, Tō Waha is now a trusted brand among whānau Māori. Given its name by the HBDHB Kaumatua Hawira Hape, Tō Waha not only signifies the importance of our mouths in every aspect of our lives in terms of how we speak, eat, smile, and generally, how we feel about ourselves, but it also represents the connection of Tō Waha, Tō Tīnana, Tō Whānau, Tō Ora. The link between our mouths, to our bodies, to our families, to our lives – an inseparable continuum that embraces Māori well-being.

GAPS AND UNREALISED OPPORTUNITIES
Gaps and unrealized opportunities of the Tō Waha initiative include:

- Unmet need
- Primary care prevention opportunities

Unmet need – Ākina, Tauwhiro
By the end of the event, there was a waitlist of more than 420 people that registered for the Tō Waha kaupapa, some prior to the event and others during, but who did not receive a dental appointment. Given the high oral health needs across the community, we suspect this waitlist is only a fraction of the people and is limited to people who 1) knew about the initiative, and 2) completed a registration form. A māmā who heard about Tō Waha afterward, who had been living in dental pain for months and faced the weekly dilemma of buying food for her family or spending money on her teeth, cried with disappointment, '*If only I'd known, I would've come*'. It should be noted that HBDHB followed no

formal communication plan for this initiative and relied solely on stakeholders and their relationships with communities to identify eligible whānau.

Primary Care Prevention – Ākina, He Kauanuanu, Rāranga te Tira

The lack of primary care prevention presence at the event was disappointing. Many were invited but chose not to participate, so there were missed opportunities for primary care providers to engage, screen, educate, and link whānau with needed health care and support. This was hugely disappointing, and reflects the lack of integrated model where oral health is often an undervalued and overlooked area of health and well-being, and providers who are more service than outcome focused. A lack of integration can in fact prevent good health outcomes because failure to provide necessary primary care can undermine dental treatment outcomes and vice versa. Opportunities to check a patient's blood pressure, plasma glucose, and cholesterol for indications of heart disease and diabetes mellitus would've added immense value to Tō Waha and to the overall efforts to help reduce the incidence and minimise the adverse impact of chronic conditions on the quality of life of people already living with, or at risk of, such illnesses.

An example of the success of primary care prevention involvement was the participation of the HBDHB Smoking Cessation team throughout the whole event. As well as being a major preventable cause of premature death, tobacco is also a risk factor for oral cancers, periodontal diseases, and can also suppress the immune system's response to oral infection, compromises healing following oral surgery, and promotes periodontal degeneration in diabetes and adversely affects the cardiovascular system (WHO[1], 2012).

During Tō Waha the Smoking Cessation team completed 183 stop smoking referrals, and provided 107 packets of NRT. Of the referrals, 84% identified as Māori, 10% Pacific, and 6% Other. An opportunistic visit by the cervical screening kaiwhakarite over two days resulted in 45 women who required follow up, 4 women who received breast screening, and additional support for women referred to other services, had no GP, or requiring further support.

NEXT STEPS

To maintain the momentum of the Tō Waha kaupapa, the following activities are planned:

- To set up a bi-annual charitable Tō Waha oral health clinic to deliver essential dental care for whānau with unmet need
- To develop a long term sustainable oral health service with strong links with primary health care and prevention services, and greater regional coverage.

Tō Waha – Charitable kaupapa

There is a need to hold another Tō Waha event. Many people on the waitlist indicated high levels of dental pain and poor oral health. Untreated dental disease, while often not visible, can have a profound effect on a person's well-being, and like many of those who accessed the Tō Waha event, will at some point inevitably present to hospital for emergency care.

There is a lot of goodwill among the oral health community in Hawke's Bay. Many of the local dentists, hygienists, and dental assistants that participated in Tō Waha or who would've liked to, but weren't available at the time, have indicated they would be willing to be part of a future initiative. The Tō Waha team have also expressed they would assist in a future.

42% of whānau that accessed Tō Waha were aged between 30 – 49 years. We noticed dental deterioration and unmet need among this group, and will therefore target the initiative to this group, but still maintain an inclusive whānau approach. Primary health care involvement will be a necessity, and whānau needing dental treatment will receive a whānau plan to ensure theirs and their whānau screening, immunisations, and other health checks are completed.

There are also opportunities to hold the kaupapa at minimal cost, including:

[1] World Health Organisation. (2012). *Oral Health Priority Action Areas* [online]. Available from: http://www.who.int/oral_health/action/risks/en/index2/.html.

- Holding the event at the Flaxmere Dental Hub – a two chair dental clinic which is currently vacant for around 80% of the year
- Seek charitable funding from the Royston Health Trust to fund dental supplies
- Seek local dental clinician support i.e. donate 2 days per year
- Seek COHS[2] agreement to use their treatment mobiles when not in use
- Seek wider sector buy-in and participation to fund and support the event

Tō Waha - Long term sustainable service

HBDHB is currently redesigning a whānau centred oral health service. The service will be fully funded by HBDHB and will look to provide full dental treatment in an integrated way with primary health care interventions. Based on the learnings from Tō Waha the service must:

- Be underpinned by Kaupapa Māori principles and practices ensuring a responsive and appropriate service to whānau Māori
- While not exclusive, target 18 to 30 year old young people
- Include the primary health care components to maximize prevention and population health opportunities to advance whānau health and well-being
- Be delivered across the region
- Target high need groups including Māori, Pacific, and other people from low socioeconomic backgrounds.

Māori Health are currently undertaking an RFP process and the service is due to be in place in 2020.

Listening to whānau – He Kauanuanu

When it comes to oral health service planning, investment, and delivery the focus is often monopolised by service centric designs, and clinician-led motives. Whānau realities and aspirations for oral health are often overlooked, or their participation is not appropriately valued and included in a meaningful way. Tō Waha involved whānau who have been let down by the oral health system, and listening to their story, their oral health aspirations, and what is needed to make a difference for them was an important part of the Tō Waha Kaupapa Māori approach that seeks to empower those involved.

With support from the Māori Oral Health Quality Improvement Group, interviews with whānau were held at Tō Waha. The information will be used to:

1. Better respond to the oral health needs and aspirations of whānau Māori.
2. Inform and shape future Tō Waha initiatives.
3. Guide the development of a national Māori Oral Health Equity Symposium to provide a platform for national change.

A paper will also be submitted to a peer reviewed journal and presentations at relevant hui. Te Roopu Matua – the HBDHB Māori Oral Health Advisory Group will continue to play a key role in the development of oral health equity projects and Tō Waha initiatives.

FINANCIAL INFORMATION

The total cost[3] to hold the Tō Waha kaupapa was $27,307.00 GST Inclusive. The total sponsorship received was $23,633.00 GST Inclusive. Māori health will cover the remaining $3,674.00. A cost analysis of the dental treatment provided has still to be calculated.

RECOMMENDATION:

It is recommended that the Māori Relationship Board:

1. **Note** the key learnings, successes, and unrealised opportunities of the Tō Waha kaupapa
2. **Support** the intention to:
    - Set up a Charitable Tō Waha clinic for essential dental care for whānau with unmet need.
    - Develop a long term sustainable Whānau Ora oral health service for adults, with strong links to primary health care and prevention.

[2] Community Oral Health Service
[3] All costs included in total budget, but outstanding invoices still to be received [as of 17 April 2019].

Appendix 1: List of HB dental volunteers

Dentist	Contact	Organisation
Laura Lee	laura.yunjeong.lee@gmail.com Dentist@parkside 514 Kennedy Rd, Napier	Dentist at Parkside
Natalie Stent	natalie.stent@xtra.co.nz	Peak Dental
Sarah Cruickman	cruicky21@hotmail.com>	Bishops Dental Surgery
Jo Jackson	joannadallimore@hotmail.com	
Isha Woodham	isha.akula@gmail.com	Golden Apple Dental
Donna Holder	donna.richard@xtra.co.nz	
Jocelin McIntosh	jocelinmcintosh@gmail.com	
Stephen Jenkinson	jenkinsons@xtra.co.nz	Jenkinson Dental Surgery
Jay Jesani	jaydip.jesani@gmail.com	David Marriot Dental
Helen Cho + dental assistants	Office_hchodental@xtra.co.nz	Helen Cho Dental
Nic Cutfield David Tyman + x2 DA	nic.cutfield@gmail.com	Bay Dental
Desmond Cheong	dhwcheong@yahoo.com	
Wynton Perrot + Hannah	hello@smilehaus.nz	Smile Haus
Dental Hygienist/Therapist		
Catherine Schillinger	Crs20002@hotmail.com 06 8760032	
Madeline Beserra	maddiebeserra@gmail.com	
Krissia De Rosario	Krizzia.DelRosario@hawkesbaydhb.govt.nz	
Deirdre Nieuwland	Deirdre.nieuwland@hawkesbaydhb.govt.nz	
Adele Cochrane	Adele.cochrane@hawkesbaydhb.govt.nz	
Dental Assistants		
Jan	napiermckinleys@yahoo.co.nz 844 0175	
Wendy Yates (hospital DA)	Wendy.Yates@hawkesbaydhb.govt.nz	
Sue Holloway	Sue.holloway@hawkesbaydhb.govt.nz	
Lerlene Wright	Lerlene.wright@hawkesbaydhb.govt.nz	
Andrea Pinto	Andrea.pinto@hawkesbaydhb.govt.nz	
Jasmine McDonald	Jasmine.macdonald@hawkesbaydhb.govt.nz	
Rachel Pere + Hope and Candice	Rachel.pere@ttoh.iwi.nz	

List of Volunteers

Name	Email	Organisation
Charrissa Keenan	Charrissa.Keenan@hawkesbaydhb.govt.nz	HBDHB
Rawinia Edwards	Rawinia.Edwards@hawkesbaydhb.govt.nz	HBDHB
Laurie Te Nahu	Laurie.TeNahu@hawkesbaydhb.govt.nz	HBDHB
Lisa Pohatu	Lisa.Pohatu@hawkesbaydhb.govt.nz	Te Puni Kokiri

Coralee Thompson	Coralee.Thompson@hawkesbaydhb.govt.nz	HBDHB
Rebecca Adams	Rebecca.Adams@hawkesbaydhb.govt.nz	HBDHB
Justin Nguma	Justin.Nguma@hawkesbaydhb.govt.nz	HBDHB
Cassie Aranui	aranc@tpk.govt.nz	Te Puni Kokiri
Farley Keenan	keenf@tpk.govt.nz	Te Puni Kokiri
Kelly Richards	Kelly.Richards@hawkesbaydhb.govt.nz	HBDHB
Tracy Ashworth	Tracy.Ashworth@hawkesbaydhb.govt.nz	HBDHB
Roya Ebrahimi	Roya.Ebrahimi@hawkesbaydhb.govt.nz	HBDHB
Rachel Pere	Rachel.Pere@ttoh.iwi.nz	TTOH
Julia Ebbett	Julia.Ebbett@ttoh.iwi.nz	TTOH
Johanna Wilson + team	Johanna.Wilson@hawkesbaydhb.govt.nz	HBDHB
Paul Faleono	Paul.Faleono@hawkesbaydhb.govt.nz	HBDHB
Rebecca Peterson	Rebecca.Peterson@hawkesbaydhb.govt.nz	HBDHB
Amataga Iuli	Amataga.Iuli@hawkesbaydhb.govt.nz	HBDHB
Simeona Sau	simeona.sau@totarahealth.co.nz	Totara Health
Ina Graham	ina@healthhb.co.nz	Health HB
Shari Tidswell	Shari.Tidswell@hawkesbaydhb.govt.nz	HBDHB
Phillipa Keenan	027 233 3138	Community
Wayne Ormsby	ormsw@tpk.govt.nz	Te Puni Kokiri
Silia Momoisea	Silia.Momoisea@hawkesbaydhb.govt.nz	HBDHB

Sponsors

Name	Email	Organisation
Janine Thompson	janinet@bostocks.nz	Bostocks
Kayran Hatherell	kayren@pkryouthservices.co.nz	Purena Koa Rehua Youth Services o Heretauga
Paul Kim	paul.kim@onepure.co.nz	One Pure
Noel Houston	GRS Generators	noel@grsnz.co.nz
Royston Health Trust	jessosullivan@icloud.com>	Royston Health Trust Board

HAWKE'S BAY District Health Board Whakawāteatia	**Moving Equity Forward**
	For the attention of: **Māori Relationship Board**
Document Owner	Bernard Te Paa, Executive Director, Te Puni Matawhānui
Document Author(s)	Charrissa Keenan, Programme Manager, Māori Health
Reviewed by	Rebecca Adams, Health Gains Advisor, HBDHB
Month/Year	May 2019
Purpose	The purpose of this report is for MRB to discuss and agree to the proposed equity recommendations contained in this report, and once agreed, to be presented to the HBDHB Board for approval.
Previous Consideration Discussions	MRB equity workshops held on 10th and 29th April 2019.
Summary	A key function of MRB is to provide advice to identify, reduce, and remove health inequity. MRB have identified six key recommendations to achieve these aims, and propose they be presented to HBDHB Board for consideration.
Contribution to Goals and Strategic Implications	HBDHB Board – Equity for Māori is a priority. Health Equity report 2018; Clinical Services Plan - Whānau centred, Kaupapa Māori approaches. Ministry of Health priority – Achieving Equity.
Impact on Reducing Inequities/Disparities	Actions to create a responsive and equitable health system and services for whānau Māori.
Consumer Engagement	Not applicable.
Other Consultation /Involvement	Not applicable.
Financial/Budget Impact	Not applicable.
Timing Issues	Not applicable.
Announcements/ Communications	Not applicable.

RECOMMENDATION:

It is recommended that the Māori Relationship Board:

1. **Agree** on the six equity recommendations to be presented to the HBDHB Board for approval

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Moving Equity Forward

Author:	**Charrissa Keenan**
Designation:	**Programme Manager, Māori Health**
Date:	**May 2019**

OVERVIEW
Achieving Equity is a government priority and is set out in the Minister of Health's letter of expectations to HBDHB [letter 2019/20 refers], and HBDHB Board has agreed 'equity for Māori as a priority; also, equity for Pasifika and those with unmet need' [April 2019 HBDHB Board adopted recommendation].

Following a presentation on the Health Equity Report at the 10 October 2018 MRB meeting, MRB agreed that an equity workshop was needed to identify 'clear actions and targets for achieving equity'.

Workshops were held on the 10th and 29th of April 2019 with MRB and others to discuss gaps and opportunities for improving equity across HBDHB, and to explore and agree draft recommendations to HBDHB Board to strengthen the organisation's commitment to prioritise equity for Māori at all levels of the health system.

DISCUSSION
Following an equity presentation and discussion at workshop one and subsequent discussion at workshop two, the following recommendations are presented to MRB for further discussion and agreement. The finalised recommendations will be presented to HBDHB Board for consideration. The draft recommendations are:

1. Re-allocate and commit resources (existing and new) to address equity for Māori as a priority
2. Development and application of equity planning, implementation, and monitoring tools
3. Measures for cultural competency of workforce and workforce development (recruitment/retention)
4. Demonstrated applications by HBDHB to address social determinants of inequity
5. Development of whānau focused approaches for gathering, identifying, and responding to whānau aspirations for health and well-being
6. Transition to Hauora Māori approaches and models of care in health system design and delivery.

In discussion of the above, MRB are asked to consider:

- Do the recommendations provide an explicit focus on achieving equity for Māori?
- Are opportunities for maximising Māori-Crown relations reflected in the recommendations?
- Will the recommendations provide ample opportunity to track and report on progress for achieving equity for Māori?

RECOMMENDATION:

It is recommended that the MRB:

1. **Agree** on the six equity recommendations to be presented to HBDHB Board for approval

Appendix 1: List of equity workshop attendees

Workshop 1: 10 April 2019	
Name	**Designation**
Tiwana Aranui	Kaumatua HBDHB
Tanira Te Au	Kaumatua HBDHB
Heather Skipworth	MRB, Chair, HBDHB Board Member
Dr Fiona Cram	MRB, member
Kerri Nuku	MRB, member
Nā Raihania	MRB, member
Peter Dunkerley	HBDHB Board member
Hine Flood	MRB member, HBDHB Board Member
Beverly Te Huia	MRB member
Bernard Te Paa	Executive Director, Health Improvement and Equity Directorate
Chris Ash	Executive Director, Primary Care Directorate
Andrew Phillips	Hospital Commissioner
Patrick Le Geyt	GM Māori, HBDHB
JB Heperi-Smith	Senior Cultural Competency Advisor, HBDHB
Justin Nguma	Senior Population Advisor, HBDHB
Charrissa Keenan	Programme Manager, HBDHB
Rawinia Edwards	Health Gains Advisor, HBDHB
Rebecca Adams	Health Gains Advisor, HBDHB
Workshop 2: 29 April 2019	
Name	**Designation**
Heather Skipworth	MRB, Chair, HBDHB Board member
Ana Apatu	HBDHB Board member
Trish Giddens	MRB member
JB Heperi-Smith	Senior Cultural Competency Advisor, HBDHB
Nā Rahainia	MRB member
Bernard Te Paa	Executive Director, Health Improvement and Equity Directorate
Justin Nguma	Senior Population Advisor, HBDHB
Charrissa Keenan	Programme Manager, HBDHB
Rawinia Edwards	Health Gains Advisor, HBDHB
Rebecca Adams	Health Gains Advisor, HBDHB

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:

17. Minutes of Previous Meeting

18. Matters Arising – Review Actions

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).