



Māori Relationship Board Meeting

Date: Wednesday, 10 July 2019

Meeting: 9.00am to Noon

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

Board Members:

Ngahiwi Tomoana (Chair)	Trish Giddens
Heather Skipworth (Deputy Chair)	Ana Apatu
Na Raihania	Hine Flood
Kerri Nuku	Dr Fiona Cram
Lynlee Aitcheson-Johnson	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 Consumer Council
Member of Hawke's Bay Clinical Council
Member of Ngāti Kahungunu Iwi Inc.
Member of Health Hawke's Bay Ltd (PHO)
Members of the Māori Health Service
Members of the Public

PUBLIC MEETING

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Introductions/ Apologies	
3.	Pandora Pond water quality (quarterly update to MRB) – Nick Jones & Napier City Council	9.15
4.	Whakawhanaungatanga	
5.	Interests Register	
6.	Minutes of Previous Meeting	
7.	Matters Arising – Review of actions	
8.	MRB Workplan	
9.	Māori Relationship Board Chair's update with June report to Board	
10.	Clinical Council Update (verbal)	
11.	Te Pitau Health Alliance Update	
	Section 2: For Information / Discussion	
12.	Te Ara Whakawaiora: Cultural Responsiveness – Patrick Le Geyt	
	Section 3: For Discussion	
13.	HB Strategy Workshop for MRB	10.00
14.	Section 4: Recommendation to Exclude the Public Under Clause 32, New Zealand Public Health & Disability Act 2000	

PUBLIC EXCLUDED

	Section 5: Routine	Time (am)
15.	Minutes of the Previous Meetings (public excluded)	11.30
16.	Matters Arising - Review of Actions	
17.	Māori Relationship Board Chair's update with June report to Board (public excluded)	
	Karakia Whakamutunga (Closing) – followed by light lunch	

NEXT MEETING:

VENUE CHANGE

Wednesday, 14 August 2019
 Kahureremoana Room
 Mihiroa Marae
 Omahu Road, Hastings

Our shared values and behaviours



1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

Welcoming

- ✓ Is polite, welcoming, friendly, smiles, introduce self
- ✓ Acknowledges people, makes eye contact, smiles

- ✗ Is closed, cold, makes people feel a nuisance
- ✗ Ignore people, doesn't look up, rolls their eyes

Respectful

- ✓ Values people as individuals; is culturally aware / safe
- ✓ Respects and protects privacy and dignity

- ✗ Lacks respect or discriminates against people
- ✗ Lacks privacy, gossips, talks behind other people's backs

Kind

- ✓ Shows kindness, empathy and compassion for others
- ✓ Enhances people's mana

- ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies
- ✗ Is abrupt, belittling, or creates stress and anxiety

Helpful

- ✓ Attentive to people's needs, will go the extra mile
- ✓ Reliable, keeps their promises; advocates for others

- ✗ Unhelpful, begrudging, lazy, 'not my job' attitude
- ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive

- ✓ Has a positive attitude, optimistic, happy
- ✓ Encourages and enables others; looks for solutions

- ✗ Grumpy, moaning, moody, has a negative attitude
- ✗ Complains but doesn't act to change things

Learning

- ✓ Always learning and developing themselves or others
- ✓ Seeks out training and development; 'growth mindset'

- ✗ Not interested in learning or development; apathy
- ✗ "Fixed mindset, 'that's just how I am', OK with just OK

Innovating

- ✓ Always looking for better ways to do things
- ✓ Is curious and courageous, embracing change

- ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done

Appreciative

- ✓ Shares and celebrates success and achievements
- ✓ Says 'thank you', recognises people's contributions

- ✗ Nit picks, criticises, undermines or passes blame
- ✗ Makes people feel undervalued or inadequate

1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

Listens

- ✓ Listens to people, hears and values their views
- ✓ Takes time to answer questions and to clarify

- ✗ 'Tells', dictates to others and dismisses their views
- ✗ Judgmental, assumes, ignores people's views

Communicates

- ✓ Explains clearly in ways people can understand
- ✓ Shares information, is open, honest and transparent

- ✗ Uses language / jargon people don't understand
- ✗ Leaves people in the dark

Involves

- ✓ Involves colleagues, partners, patients and whanau
- ✓ Trusts people; helps people play an active part

- ✗ Excludes people, withholds info, micromanages
- ✗ Makes people feel excluded or isolated

Connects

- ✓ Pro-actively joins up services, teams, communities
- ✓ Builds understanding and teamwork

- ✗ Promotes or maintains silo-working
- ✗ 'Us and them' attitude, shows favouritism

1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

Professional

- ✓ Calm, patient, reassuring, makes people feel safe
- ✓ Has high standards, takes responsibility, is accountable

- ✗ Rushes, 'too busy', looks / sounds unprofessional
- ✗ Unrealistic expectations, takes on too much

Safe

- ✓ Consistently follows agreed safe practice
- ✓ Knows the safest care is supporting people to stay well

- ✗ Inconsistent practice, slow to follow latest evidence
- ✗ Not thinking about health of our whole community

Efficient

- ✓ Makes best use of resources and time
- ✓ Respects the value of other people's time, prompt

- ✗ Not interested in effective user of resources
- ✗ Keeps people waiting unnecessarily, often late

Speaks up

- ✓ Seeks out, welcomes and give feedback to others
- ✓ Speaks up whenever they have a concern

- ✗ Rejects feedback from others, give a 'telling off'
- ✗ 'Walks past' safety concerns or poor behaviour

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Pandora Pond Water Quality Quarterly Update

(Presentation)

Māori Relationship Board Interest Register - 3 July 2019

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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	Kaumata - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
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
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 Tairāwhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employed 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	Board member of Hauora Tairāwhiti	Relationship with Tairāwhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractual from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP Chair	5.12.16
	Active	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
	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

Maori Relationship Board 10 July 2019 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
	Active	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 Health HB Priority Population Health	Health Advisors	Will declare intertest prior to any discussions relating to specific topics	The Chair	1.01.17
	Active	Committee Member, HB Foundation		No conflict	The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation		No conflict	The Chair	1.01.17
Beverley TeHuia	Active	Trustee and employee of Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Papi, 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 health 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 12 JUNE 2019, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 9.00AM**

PUBLIC

Present: Heather Skipworth (Chair)
Ngahiwi Tomoana
Ana Apatu
Na Raihania
Trish Giddens
Dr Fiona Cram
Kerri Nuku
Beverly Te Huia

Apologies Lynlee Aitcheson-Johnson, Hine Flood

In Attendance: Graeme Norton, member of public
Patrick Le Geyt (General Manager, Māori Health HBDHB)
Chris Ash (Executive Director Primary Care)
Wayne Woolrich (CEO Health Hawke's Bay)
Hawira Hape (Kaumatua)
Tanira Te Au (Kaumātua Kuia)
JB Heperi Smith (Senior Advisor Cultural Competency)
Andre le Geyt, Māori Health Manager Health HB
Bernard Te Paa, Executive Director of Health Improvement and Equity

Minutes: Jacqui Sanders-Jones, Board Administrator

KARAKIA

Tiwana Aranui opened the meeting with a Karakia

INTRODUCTIONS

Kerri Nuku introduced Tina Konia, Ngai Tuhoe (Chair, Te Runanga Te Matua, New Zealand Nurses Organisation) and presented [‘Te Rautaki Manaaki Mana ‘Excellence in Emergency are for Maori’](#) report from the Australasian College for Emergency Medicine which documents the implementation process for embedding cultural competency into Emergency Departments across New Zealand.

APOLOGIES

Lynlee Aitcheson-Johnson, Hine Flood

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 8 May 2019 were approved as a correct record of the meeting.

Moved: Ana Apatu

Seconded: Trish Giddens

Carried.

Adopted with the following change noted:

Matters Arising Item 7: It is recommended that the vacant position on MRB, following George Mackey's resignation, is filled by a rangatahi/young person.

6. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1 Values Based recruitment: incorporated into PWCC action for FRAC/Board for June. **Remove.**

Item 2 Review of MAP programme to discuss funding the project further:

MAP programme outcomes are still being evaluated. Can expect a high level summary of evaluation of MAP coming early 2020. Commissioning leadership group currently have no clear process for reinvestment into this project. **Remove** from Matters Arising as Evaluation Summary to be now included on Workplan for March 2020.

Chair declared conflict of interest for MAP programme discussions and did not partake in this discussion.

Item 3 Ten Top Health Priorities: Ongoing

Item 4 Three Waters Quality (specifically Pandora Pond): Workplan July.

Item 5 Matariki Regional Development Strategy: Update in September

Item 6 People Plan progress: Kia Ora Hauroa presentation removed from plan. Item b addressed in appendix A

Item 7 New MRB appointment: In progress

Item 8 Use of Mauri compass for agenda setting: Moved to July

Item 9 Hawke's Bay Health Strategy: Mtg agenda item, remove

Item 10 After Hours Care Service return to MRB: Return to MRB August 2019

Item 11 TAW Child Health and further discussion on criteria for equitable outcomes requested: July work plan

Item 12 Moving Equity Forward:

Discussion was raised as to the wording of the Overview in the document and the 'right' to Equity under Te Tiriti O Waitangi (the 'Treaty'). Agreed to include the definition of equity from the Ministry of Health:

'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

ACTION Patrick to re-write the Overview section of paper incorporating above discussion and definition.

Discussion resulted in the following recommendation:

RESOLUTION:

It is recommended that the MRB:

Agree the six equity recommendations and present to HBDHB Board for adoption:

1. Re-allocate and commit resources (existing and new) to address equity for Māori as an inherent right under the Treaty of Waitangi
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 being accountable to whānau aspirations for health and well-being
6. Transition to Hauora Māori models of care

Moved: Na Raihania

Seconded: Trish Giddens

Carried

7. MRB WORK PLAN

The Work Plan was noted.

8. MRB CHAIR'S REPORT

None

9. CLINICAL COUNCIL VERBAL UPDATE

None

10. TE PITAU ALLIANCE GOVERNANCE GROUP UPDATE

Te Pitau report was noted.

RECOMMENDATION

That the Māori Relationship Board:

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

Adopted

11. CENTRAL REGION IWI RELATIONSHIP BOARD UPDATE

Central Region Iwi Relationship Board update and meeting schedule was noted and the meeting schedule endorsed.

RESOLUTION

That the Māori Relationship Board

1. **Note** the content of this report and Terms of Reference for Te Whiti Ki Te Uru
2. **Endorse** the TWKTU meeting schedule
3. **Note** that the Treaty of Waitangi paper will assist Regional Service Planning (RSP) equity planning for the region.

Moved: Na Raihania

Seconded: Trish Giddens

Carried

SECTION 2: FOR INFORMATION/DISCUSSION

12. HB HEALTH STRATEGY DISCUSSION (Round 2)

Chris Ash, Executive Director of Primary Care, opened discussion on the second presentation of the draft HB Health Strategy, providing opportunity for another round of comment from governance committees.

The last round of comments has been incorporated into this recent draft document. A common theme in feedback received has been a 'commitment to action'; MRB reminded this is a planning document from which an implementation plan will be developed.

Comments included:

- Inclusion of He Ngakau Aotea does not seem prominent, however once the draft report of He Ngakau Aotea is approved and its path of being taken forward agreed, it will be referenced into the strategy.
- Felt it should be a blueprint document for the HB Health Strategy development and implementation.
- Feels document is written to talk with the organisation and not to whanau (change of aspect written from a whanau perspective with HBDHB serving the community)
- 'Where do 'I' fit in with supporting aspirations of the health system?' Felt this is not addressed.
- Chair felt it is not explicit enough to address 'equity for Māori as a priority' and perhaps there should be a Maori Health Strategy, written by Maori for Maori? Discussion followed to clarify that this HB Health Strategy should be considered to be the Maori Health Strategy.
- Need to address the language used in the strategy to have a stronger reference to equity for Maori as a priority.
- Risk is for Māori not to get a good service from HBDHB.
- Being safe & clinically effective is part of the equation in providing equality in clinical and cultural competency of services.
- Health documents are always going to be heavily medical in its language, and we need to be aware of this in order to move away from this model and create a document which is truly addressing Haurua Māori.
- Chair highlighted the governance structure, in that MRB report directly to Board, unlike other committees.
- Use of Te Reo within the document seems academic and not "feeling" the culture its wants to connect with.
- Document references 'working with Ngati Kahungunu Iwi Incorporated (NKII) and Post Settlement Groups' but is there good enough representation and input from these groups within the strategy team feedback process?
- Māori Health General Manager highlighted the commitment to involvement of Māori at all levels in accordance with the Treaty obligations.

With the aim to achieve aggregation and balance of the plans (Clinical Services Plan, Big Listen & People Plan, 2018 Health Equity report and He Ngakau Aotea), a small committee made up of executives and strategy personnel was formed to create a ten-year journey. Discussion followed on lack of presentation of Maori at the first stage 'writing' of the strategy (as Sapere was invited to be the 'writer' of the strategy)

Proposal that another Hui is required for MRB members to further discuss the strategy and collect thoughts for submission to the strategic team, so that by July a final document incorporating all feedback from committees can be agreed.

ACTION: Hui to be set up inviting MRB members specifically for HB Health Strategy feedback session – to be set up and facilitated by Primary Health team

Equity Framework

Bernard Te Paa, Executive Director of Health Improvement & Equity, has been working with Patrick le Geyt, General Manager Māori Health & Nick Jones, Clinical Director Public Health to develop the Equity Framework, which was tabled at the meeting to members.

4 key areas with steps to each part:

1. Identify health equity issues
2. Co-design solutions
3. Putting solutions into place
4. Monitor progress and measure effectiveness

Whanau and community voice is reflected in each part of this framework. There is a lot of structure underlying each area which is not viable on this image. Fits with He Ngakau Aotea and incorporates complete whanau co-design as it is understood how important it is that strategy is developed in this way. Brought to committee as requesting feedback from MRB members on the framework and the document supporting this.

Initial comments:

- Co design – ‘agree on condition specific solutions’ – felt this should be challenged as each *condition* has different approaches to treatment/solutions for each whanau and so perhaps remove ‘conditions’.
- Co design could be replaced with ‘bi-cultural/ Maori design’, with agreement from committee that this term is to be re-considered for this framework documentation.
- Whanau knowledge and institutional knowledge – what is it and how is it used in this equity framework and its implementation?
- Where does staff behaviours and cultural competency sit within this framework?

ACTION: Equity Framework and accompanying document to be distributed to all for members for feedback directly to Bernard Te Paa Bernard.tepaa@hbdhb.govt.nz , with view to returning Equity Framework to MRB in July as part of the HB Strategy discussions.

Committee noted congratulations to Bernard Te Paa and his team for development of such a cultural change tool and will be glad to see it become embedded for use.

13. ANNUAL PLAN 19/20

Chris Ash, Executive Director of Primary Care provided latest draft of HBDHB Annual Plan to provide sight to committee as document is being submitted to Ministry of Health at the end of June, however, noting gaps in template as awaiting clarification on some aspects from the Ministry.

Comments included:

Annual Plan

- Pg. 97 - 2.4.4 Need to be explicit on equity for maori ‘as a priority’ and not as currently stated.
- Pg. 112 sec 3.2 Service change (potential) To be fully discussed as this proposed change has wider equity issues.
- Pg. 114 – Faster cancer treatment referencing refurbish of buildings – is this for upgrade to equipment housing or to the building façade?

Population Health annual plan

- Pg. 156 Kahungunu definition as a treaty partner on what Equity means and is for Ngati Kahungunu should be included – this is later proposed as a recommendation
- Protection of kaupapa Maori approaches need to be incorporated into annual plan
- Concern on waste (clinical and non-clinical) and waste water into local waterways.

RESOLUTION:

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

1. **Review** and **endorse** documents
2. **Note** that a final version will be presented at the June Board for sign off

Moved: Na Raihania

Seconded: Ana Apatu

Carried

14. HE NGAKAU AOTEA

Bernard Te Paa, Executive Director of Health Improvement and Equity, introduced Taasha Romana, CEO of Te Mata A Maui, who provided a presentation on the development of the draft report to committee 'He Ngakau Aotea'.

This strategy is about acknowledging the current state and addressing what can be done now and where opportunities lie. Provides a framework on what services and programmes may look like with opportunities on where to reframe and rethink 'what does *well-being* look like for whanau Māori?'

Ms Romana acknowledged a range of discussion and work has led to its completion. The Nuka model galvanised a need to refresh what can be achieved with requirement noted for a more active approach to addressing whanau aspiration and achieving through effective engagement.

Spoke to tabled document which included key priorities which encourages engagement with what is important to whanau and set up enablement of implementation. Key priorities are:

- New Approach to achieve equity
- Invest in social well-being and significant change/transformation
- Māori leadership - talk of collaboration at all levels and enables opportunity for MRB to track progress across sector strategy implementation

RECOMMENDATION:

It is recommended that the Māori Relationship Board:

1. **Receive** the He Ngākau Aotea paper for information and discussion.

Adopted

RESOLUTION:

That MRB request HBDHB Board:

2. **Support** appropriate resource (such Health Economist expertise) to be identified and engaged to support the finalisation of the He Ngakau Aotea paper.

Moved: Beverly Te Huia

Seconded: Ana Apatu

Carried

RESOLUTION:

MRB request that HBDHB Board support Ngati Kahungunu be engaged and resourced to define what Equity is for Maori

Moved: Ana Apatu

Seconded: Ngahiwi Tomoana

Carried

SECTION 5: 15.0 RECOMMENDATION TO EXCLUDE THE PUBLIC

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

- 17. Māori Midwifery Delegation – uplift by Oranga Tamariki
- 18. Minutes of Previous Meeting
- 19. Matters Arising – Review of Actions

Moved: Heather Skipworth

Seconded: Na Raihania

Carried

There being no further business, the public section of the meeting closed at 12.25pm

Signed:

Chair

Date:

**MAORI RELATIONSHIP BOARD MEETING
MATTERS ARISING (Public)**

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	13 Mar 19	There are ten top health priorities for Māori and 3-4 actions against each priority will be developed, that will result in the health outcomes in those areas. Bernard to follow this up and report to MRB on progress.	Bernard Te Paa	April 19	Ongoing
2	13 March 19	Three Waters Quality (known as Pandora Pond water quality) a) Nick Jones to provide quarterly updates to MRB in regard to the water quality, specifically 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. c) Public Health Maori doctors perspective required on this topic	Nick Jones Nick Jones Ana Apatu	July 19 July 19 June 19	Workplan July 19
3	13 March 19	Matariki Regional Development Strategy & Social Inclusion Strategy update Who are the employers and 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)
4	8 May 19	Following resignation of G Mackey, new MRB member is to be appointed – recommendation to be a rangatahi (young person)	Company Secretary	June 19	In progress
5	8 May 19	Use of Mauri Compass to construct agenda for next MRB meeting	Deputy Chair and Patrick le Geyt	July 19	
6	8 May 19	After Hours Care Service update Presentation and paper to be brought back to MRB for a more in depth collaborative discussion with better clarity provided on what is exactly required from committee.	Chris Ash/Jill Garrett/Peter Satterthwaite	August tbc	Workplan for Sept MRB
7	8 May 19	Te Ara Whakawaiaora – Child Health Indicators combined report Discussion proposed on <i>the criteria for equitable outcomes</i> of these child health indicators	Patrick le Geyt	July 19	Workplan for July MRB

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
8	12.06.19	Evaluation Summary for MAP initiative To be brought to MRB for reporting	Patrick le Geyt	March 202 tbc	Workplan for March 2020
9	12.06.19	Moving Equity Forward Rewrite the Overview to include Equity definition from MoH and revised six recommendations, to Board in June	Bernard Te Paa/Patrick le Geyt	asap	MRB report to Board June 2019
10	12.06.19	HB Health Strategy Hui to be set up inviting MRB members specifically for HB Health Strategy feedback session – to be set up and facilitated by Primary Health team	Chris Ash	June 2019	Item on June MRB agenda
11	12.06.19	Equity Framework Equity Framework and accompanying document to be distributed to all for members for feedback directly to Bernard Te Paa Bernard.tepaa@hbdhb.govt.nz, with view to returning Equity Framework to MRB in July as part of the HB Strategy discussions.	Bernard Te Paa	June 2019	

Maori Relationship Board 10 July 2019 - Workplan

GOVERNANCE WORKPLAN PAPERS									
Updated: 01.07.19									
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 Whakawaiaora -Cultural Responsiveness (inc did not attend, cultural competent workforce)		Andy Phillips	Jacqui Mabin	2-Jul-19	10-Jul-19				31-Jul-19
Pandora Pond water quality quarterly update (July) (MRB only) 9.15 am invite!		Bernard Te Paa	Nick Jones		10-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
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-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
MRB MEETING 10 OCTOBER 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
Pandora Pond water quality quarterly update Oct)			Nick Jones		10-Oct-19				
Te Ara Whakawaiaora - Access Rates 45 -64 years (local indicators) ADULT HEALTH		Chris Ash	Kate Rawstron	1-Oct-19	10-Oct-19				30-Oct-19
MRB MEETING 13 NOVEMBER 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 Q1 Feb19 /May/Aug/Nov	E	Chris Ash	Peter McKenzie	12-Nov-19	13-Nov-19				27-Nov-19
MRB MEETING 11 DECEMBER 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
VIP/Family Harm report		Bernard Te Paa	Patrick le Geyt	3-Dec-19	11-Dec-19				18-Dec-19

	Māori Relationship Board (MRB)
	For the attention of: HBDHB Board
Document Owner:	Heather Skipworth (Chair)
Reviewed by:	Not applicable
Month:	June 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

Review the contents of this report; and

1. **Support** the six equity recommendations developed by MRB for adoption:

1. Re-allocate and commit resources (existing and new) to address equity for Māori as an inherent right under the Treaty of Waitangi
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 being accountable to whānau aspirations for health and well-being
6. Transition to Hauora Māori models of care

2. **Support** appropriate resource (such Health Economist expertise) to be identified and engaged to support the finalisation of the He Ngakau Aotea paper.

3. **Support** Ngāti Kahungunu be engaged and resourced to define what Equity is for Maori

MRB met on 12 June 2019. An overview of issues discussed and recommendations at the meeting are provided below.

The following reports and papers were discussed and considered:

EQUITY AS A PRIORITY

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.

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.

1. Re-allocate and commit resources (existing and new) to address equity for Māori as an inherent right under the Treaty of Waitangi
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 being accountable to whānau aspirations for health and well-being
6. Transition to Hauora Māori models of care

HB HEALTH STRATEGY DISCUSSION

Chris Ash, Executive Director of Primary Care, opened discussion on the second presentation of the draft HB Health Strategy, providing opportunity for input from MRB.

MRB had previously expressed a desire to be included at the conception phase of strategic planning and the commitment to involvement of Māori at all levels in accordance with the DHB's Treaty obligations. On this occasion MRB queried the exclusion of He Ngakau Aotea and felt it should be a blueprint document for the HB Health Strategy development and implementation.

MRB stated the document is written to talk with the organisation and not written from a whanau perspective with HBDHB serving the community. The objectives and actions were also deemed not explicit enough to address 'equity for Māori as a priority' and the language used needs to be greatly improved if this HB Health Strategy should be considered to be inclusive enough to address Maori health strategic issues. Similarly the use of Te Reo Māori within the document seems academic and not "feeling" the culture its wants to connect with.

MRB proposed another Hui to further discuss the strategy and collect thoughts for submission to the strategic team, so that by July a final document incorporating all feedback from committees can be agreed.

HE NGAKAU AOTEA

Taasha Romana, project manager for Ngāti Kahungunu Iwi Inc, provided a presentation on the development of the draft plan - 'He Ngakau Aotea'.

He Ngakau Aotea provides a framework on what services and programmes may look like with opportunities on where to reframe and rethink 'what does *well-being* look like for whanau Māori?'

It provides a more active approach to addressing whanau aspiration and achieving through effective engagement.

Key priorities are:

- New Approach to achieve equity
- Invest in social well-being and significant change/transformation
- Māori leadership - talk of collaboration at all levels and enables opportunity for MRB to track progress across sector strategy implementation

MRB recommended that a Health Economist be engaged to support the development of He Ngakau Aotea and estimate what the cost would be to achieve equity for Māori in HBDHB region.

EQUITY FRAMEWORK

Bernard Te Paa presented the draft Equity Framework that his directorate had developed requesting feedback from MRB members on the framework and the document supporting this.

MRB suggested some minor changes but overall saw the logic and look forward to its further development and implementation.

MRB also suggested that equity for Māori needed to be defined from a Ngati Kahungunu perspective and recommended HBDHB fund the development of this.

ANNUAL PLAN 19/20

Chris Ash, Executive Director of Primary Care provided latest draft of HBDHB Annual Plan to provide sight to MRB before the plan is submitted to Ministry of Health at the end of June. Chris, however, noting gaps in template as awaiting clarification on some aspects from the Ministry.


MRB endorsed the Annual Plan but suggested there needed to explicit focus on equity for Maori 'as a priority' and not as currently stated such as the faster cancer treatment equity outcome action referencing the refurbishment of buildings.



Clinical Council Update

(Verbal)

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	Te P?tau Health Alliance Governance Group
	For the attention of: HBDHB and Health Hawke's Bay Ltd Boards
Document Owner:	Bayden Barber, Chair
Author:	Chris Ash, Executive Director of Primary Care
Month:	June, 2019
Consideration:	For Information

Recommendation That the Boards: 1. Note the contents of this report.

The Health Alliance Governance Group met on Wednesday 12 June 2019. Significant issues discussed, including Resolutions, are noted below:

Communication Plan

A Senior Communications Manager appointment made on 7 June will be shared jointly between Health Hawke's Bay, and HBDHB's Primary Care and Health Equity & Improvement Directorates. The new appointment will prioritise a high level Communications Plan outlining the intent of the Te P?tau Health Alliance, and highlight initiatives currently being driven by the Governance Group

Mental Health & Addiction (MH&A) Redesign - to extend scope to consider whole continuum of care

Resolution Te P?tau Governance Group members: 1. noted the contents of the report and letter dated 24/05/19 from MH&A clinicians to Bayden Barber 2. agreed that impacts on all services, inclusive of Ngā Rau Rākau (Mental Health inpatient services), be included as part of the scope of work for the model of care continuum for the MH&A redesign 3. agreed that review of internal systems and process within Ngā Rau Rākau in the redesign are not included.

MH&A clinicians advised on challenges regarding capacity issues within Ngā Rau Rākau (the Inpatient Unit), partially attributed to limited options available in residential settings, and increased length of stay regarding the provision of care for long-term and high complex patients within Ngā Rau Rākau.

System Level Measures (SLM) Improvement Plan 2019/20 (sign-off)

Resolution

Te P?tau Governance Group members:

1. **noted** the contents of this report and the attached documents
2. **approved** the 2019/2020 SLM Improvement Plan for sign-off.

A transition year for HBDHB was noted.

Information Systems (IS) Strategy

A business-led 'One Health Ecosystem' ws received, which advised on engagement with various internal/external stakeholders. Te P?tau Governance Group members welcomed the approach and identified several priority areas to focus out-of-hospital developments.

Rangatahi Services Redesign


Resolution

Te P?tau Governance Group members:

1. **agreed** to the need to redesign rangatahi service delivery in Hawke's Bay to remove the existing equity gaps
2. **agreed** that any future model should be informed by kaupapa M?ori models of service design and delivery, and using the success factors of the T? Waha initiative and focussing on the obligations under the Treaty of Waitangi
3. **agreed** that regular reporting on progress and monitoring of performance should be through a rangatahi Service Level Alliance to the Te P?tau Governance Group.

Te P?tau Chair advised that his expectation of the Alliance is that redesign will be conducted with appropriate leadership, expertise and discharge of Treaty obligations at every stage.

A new model and contract requires completion prior to 2020.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	Te Ara Whakawaiaora – Cultural Responsiveness	
	For the attention of: Māori Relationship Board	
Document Owner	Patrick Le Geyt, General Manager, Maori Health, Te Puni Matawhānui	
Champions	Kate Coley (Culturally Competent Workforce) Andy Phillips (Equity in Outpatient Care)	
Document Author(s)	Culturally Competent Workforce Paul Davies JB Heperi-Smith Ngaira Harker	DNA First Specialist Appointment Jacqui Mabin Talalelei Taufale
Reviewed by	EMT	
Month/Year	July 2019	
Purpose	To provide the Executive Management Team (EMT) and governance groups with a progress update on the Cultural Responsiveness priorities, indicators, and achievement of equity targets.	
Previous Consideration Discussions	Leadership must champion the Māori workforce action plan to achieve the HBDHB goal of a culturally responsive workforce and a growing presence of Maori within all levels of the DHB.	
Summary	Māori workforce action plan focuses on: pipelines and pathways, recruitment, leadership development, and engagement through a co-design approach with Māori.	
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 Māori Workforce Action Plan	
Impact on Reducing Inequities/Disparities	Prioritisation of Māori who are: <ul style="list-style-type: none"> disproportionately affected and do not enjoy the same level of oral health as Other New Zealanders Disproportionately under-represented in Māori health workforce statistics. The implications are improved health outcomes for Māori	
Consumer Engagement	Staff feedback via evaluation forms Whānau complaints	
Other Consultation /Involvement	Health Workforce New Zealand. Incubator programme.	

Financial/Budget Impact	Business cases will be prepared accordingly.
Timing Issues	None.
Announcements/ Communications	Not applicable
RECOMMENDATION It is recommended that the Māori Relationship Board : 1. Note the contents of the report 2. Endorse the next steps and recommendations.	



CULTURAL RESPONSIVENESS

Authors:	Ngaira Harker (Culturally Responsive Workforce) Andy Philips (Equity in Outpatient Care)
Designation:	Nurse Director Māori Health, Te Puni Matawhanui Hospital Commissioner, Hospital Services
Date:	24 June 2019

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TE HUARAHĪ KEI MUA – THE PATH AHEAD

The following korero sets the foundation for why and how cultural responsiveness is necessary to achieve the ultimate goals of whānau health and well-being.

Tuāwhakarangi (Vision)

HE TOI WHAKAIRO, HE MANA TANGATA

(Where there is Cultural Excellence there is Human Dignity)

He Rautākiri (Mission)

Ko Te Amorangi ki mua

Ko te hāpai o ki muri

Te tūturutanga mahi pono o te Māori mana motuhake

(With the divine, the spiritual and the Kaupapa to the fore

What will follow is true achievement in

An authentic unique way)

Rūia taitea kia tū ko taikaka ānake

(Discard the sapwood to uncover the hardwood)

NGĀ POU

The Pou (depicted in the diagram below) refers to a collective response to achieve Cultural Quality which is equally at the forefront with Clinical Quality. Māori Health, in partnership and with collective responsibility, will lead this approach. Incorporated within this framework are:

1. **Ngākau Aotea** Approach based on “Open mind, Open Heart, Open hands - an active partnership to achieve wellbeing for whānau Māori within the Hawkes Bay region.
2. **Clinical Services Plan** sets out the challenges and opportunities the system faces and describes concepts for the future we want.
3. **People Plan** describes the culture and values we want and how we will grow our people to deliver on these concepts and approaches.
4. **Equity Report** gives weight to the call for a bolder approach to resolving previously intractable inequities.
5. **Digital Health Strategy** and **Finance Strategy** that will enable the implementation of our strategies and plans.



DHB Core Value Objective Focus

1. He Kauuananu – Respect

Create a culture of respectful relationships, a culture that is person and whānau centred - a fundamental shift in behaviours, systems processes and services for this to happen, to understand what is important, inspirational and motivational for Māori communities and whānau if we are to support behaviour change.

2. Ākina - Continuous Improvement

- Growing our workforce - new roles, expanding scope of practice and embedding cultural Competency - Māori Work Force Plan - increase the Māori workforce in strategic areas - team leaders / management.
- Primary Health Care is vital with expanded teams offering a wider range of culturally relevant services.
- Refocus resources in the areas that will make a real difference to eliminating unmet needs and inequities.

3. Raranga Te Tira - Partnership

- In HB we will develop our own local model that imbeds " kaupapa Māori practices (Ngākau Aotea – whānau-led – Relationship Centred Practices)
- To support and build on the strength of our Iwi led services current.

4. Tauwhiro - Care

- Whānau Centred Care is working with the whānau (listening to their story and responding appropriately). The primary focus is on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them (no what's the matter with them).

OVERVIEW

WHY IS THIS INDICATOR IMPORTANT?

Health Workforce New Zealand has identified growing the Māori and Pacifica Workforce as its top priority in addressing inequity in our workforce (reference). Making critical changes to better enhance cultural safety in our workplace and the implementation of models of care that better reflect our community are also drivers in the improvement of health outcomes for Māori.

The 2019 – 2023 Māori Workforce Action Plan ('the Plan') was approved by the Māori Relationship Board and the Executive Management Team in 2018. The Plan sets out the actions needed to achieve and accelerate Māori workforce growth. The Plan forms the framework to build a Māori workforce that is representative of the Hawke's Bay population and that applies Ngā Uarā (values) of the HBDHB within delivery of care. The action plan is reported on monthly and also in a quarterly report to support tracking and progress.

There are four key components within the Māori workforce action plan

1. To increase Māori representation within the workforce to reflect our population.
2. To improve the cultural capability of the workforce
3. To increase Māori leadership at all levels
4. To build the capability and capacity of the Māori workforce.

Te Ara Whakawaiaora – Cultural responsiveness report has identified three indicators to measure cultural responsiveness in workforce development within HBDHB annually. The three indicators are:

1. HBDHB staff who are Māori
2. HBDHB staff who have completed Treaty on Line training
3. HBDHB staff have completed 'Effective Engagement with Māori' Training

This report provides an update on the progress on these three indicators.

MĀORI HEALTH PLAN INDICATOR: Cultural Responsiveness

This report provides an update the following indicators for Cultural Responsiveness:

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Quarter
CULTURAL RESPONSIVENESS					
Culturally Competent Workforce <i>Local Indicator</i>	1. HBDHB staff who are Māori 2. HBDHB staff have completed Treaty on Line training 3. HBDHB staff have completed 'Effective Engagement with Māori' Training	≥16.02% 14.96% 100% 64.7% 100% 73.4% ever 42.0% (last 3 years)	Kate Coley	Paul Davies JB Heperi-Smith Ngaira Harker	JULY 2019
Did Not Attend <i>Local Indicator</i>	Did Not Attend (First Specialist Appointment)	≤7.5% 6%	Andy Phillips	Talalei Taufale Jacqui Mabin	JULY 2019

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO SUPPORT A CULTURALLY COMPETENT WORKFORCE**INDICATOR 1: HBDHB STAFF WHO ARE MĀORI**

The total HBDHB workforce as at May 2019 is **3041**. As of May 2019, the total number of Māori staff is **455** or **14.96%** of the total HBDHB workforce. The current number of Māori staff is 1.06% short of the target, but shows a 3.84% increase over the past five years. Table 1 provides the Māori workforce growth over this five-year period from May 2014 – May 2019. The growth since 2014 has been steady but not accelerated. For example, since May 2018 the total Māori workforce has grown by 0.42%.

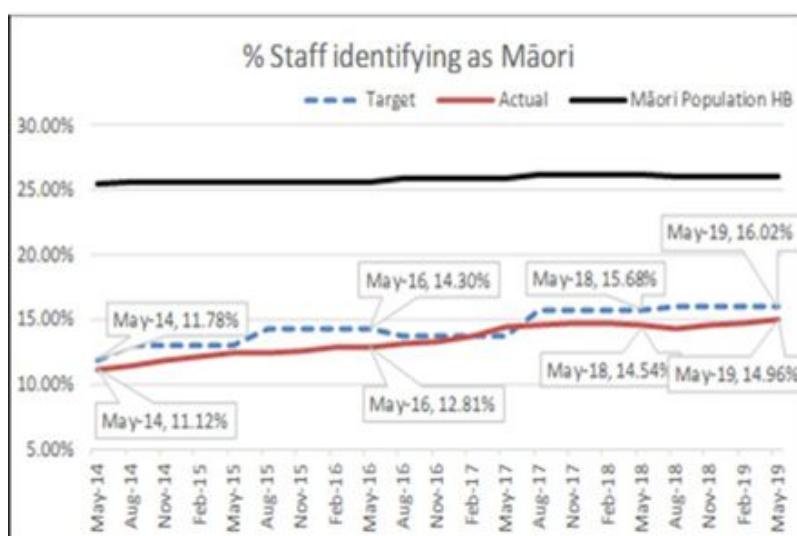


Table 1: % Staff Identifying as Māori

All HBDHB Directorates receive a breakdown of Māori workforce growth rates to ensure they are kept informed and monitor any changes within workforce indicators. At a regional level the Māori workforce percentage within the six central DHBs is 7.9%. The HBDHB current workforce percentage is almost double

this rate indicating that the activities and actions in place are helping to address the disproportionate representation of Māori staff within HBDHB.

Table 2 provides information about the actual numbers of Māori staff required to address the equity gap. Overall, a further 32 Maori staff are required to meet our target of 16.02% or a total of 487 Māori staff. This gap has improved compared to July 2018 where the requirement was 47 Māori to meet our target of 16.02%. These results are positive in that we have reduced the Māori workforce gap and over the last 4 months there has been a noticeable increase in the drop.

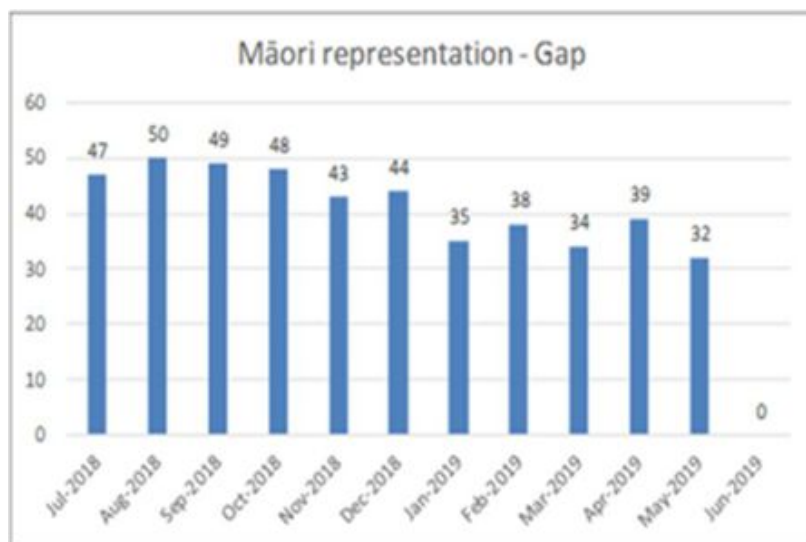


Table 2: Māori Representation Gap

RETENTION OF STAFF WHO ARE MĀORI

Overall Māori resignation rates are higher by 4.5% overall (see Table 3). This is concerning given our gap is still at 32; and 50 resignations over the last 12 months. Identifying factors which support retention of Māori staff will require consideration if we are to accelerate growth and create a sustainable Māori workforce.

	Māori Staff - Voluntary Resignations	Māori Staff Turnover %	DHB Turnover %
Medical	0	0.0%	3.6%
Nursing	22	16.4%	9.7%
Allied	3	3.8%	9.3%
Support	14	27.5%	16.3%
M&A	11	17.7%	15.9%
Total	50	15.2%	10.7%

Table 3. Maori staff Resignations May 2018 – 2019

PIPELINE GROWTH

Turuki is a well established and successful Hawke's Bay Māori workforce programme aimed at promoting health as a career option for Māori. It provides scholarship options for Hawke's Bay students studying across the country and has an attached website, database, and facebook site that promotes and highlights Hawke's Bay DHB and our values for the Māori workforce. The data base has 1049 students with 18 schools registered on the site. The Turuki Database is a key tool in supporting analysis and information about the potential future workforce enabling us to identify the number of students studying at tertiary education, and the types

of health programmes they are studying. Turuki is a local programme that has good community awareness and support from schools.

Kia Ora Hauora the (National Māori health workforce development programme) supports and promotes Māori workforce development nationally. Currently we are working to strengthen this relationship to ensure there is an increased presence and connection with our workforce group and that they are supported effectively by the Kia Ora Hauora group. The data shows there are currently 96 Hawke's Bay students registered on the Kia Ora Hauora database.

KEY ACTIVITIES SUPPORTING MĀORI WORKFORCE GROWTH

We are tracking Māori workforce growth and staff cultural development utilizing the Māori workforce action plan. There are a broad range of activities supporting Māori workforce growth to promote health as a career within schools through to leadership development and support across the DHB and within primary health. In 2019 and 2020 we aim to begin implementing and growing in the following areas.

RECRUITMENT

Recruitment processes that increase Māori employment in the DHB are currently under-review.

Developing a cultural recruitment process that incorporates Māori world views is currently been co-designed by People and Quality and Māori Health. Processes to be incorporated include:

- **Development** of a targeted and culturally responsive recruitment process, interview process, leadership development within the DHB (JB Heperi, Ngaira Harker, Paul Davies).
- **All Māori to be short-listed and interviewed** to potentially grow the pool of Māori applicants through short-listing. This approach will also help increase and support opportunities to employ elsewhere if not successful in the applied role.
- **Orientation** processes are reviewed to ensure each Directorate aware of retention and apply a best practice approach for Māori staff into the environment they will be working in.
- **New Staff** – previously the DHB would collect ethnicity information purely for statistical purposes. With effect from beginning of May this has changed to ensure that when people join the DHB they can be provided with the right support network and connections to either the Maori Health team or Pacific Workforce group. The aim of this is to improve our retention of staff and a monthly report is provided to those teams.
- **NETP Intake June 10 & 11 June (New Entry to Practice Nurses)** - potentially 12 Māori Nursing Graduates to be interviewed for positions. All Māori are short-listed and interviewed to support Māori representation and growth. The panel will have Māori representation within each interview.

PIPELINE

Tuakana/Teina Internship programme

In 2019 Māori Health commenced a tuakana / teina internship. This programme was trialled to support allied health in growing Māori interest within the professions. The aim is to grow this internship in 2020 to 4 students per year, and will be funded from the Turuki workforce programme.

Targeting kura with high rangatahi representation

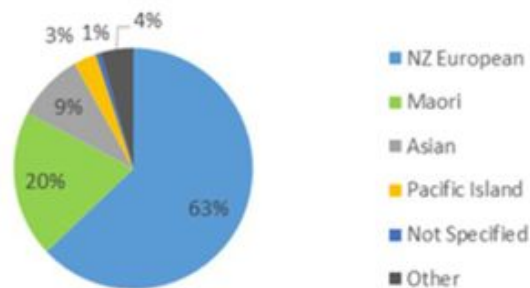
Five colleges with high Maori demographic are being targeted in liaison with MOE. The work involves co-designing a health information programme that supports each of the schools in understanding the entry points for Māori within health and to support a collective focus informing of health careers. These sessions will be delivered within schools to ensure that the collective group of students within the school are supported.

Kia Ora Hauora

Closer alignment with Kia Ora Hauora (Ministry workforce site). All secondary and intermediate students will be registered on the Kia Ora Hauora data base.

Programme Incubator

There are currently 18 local high schools participating in Programme Incubator this year. The schools attend 3 sessions throughout the year, the first of which have already been completed and second sessions are underway – 16 sessions in total to date. Students hear from up to 3 presenters, representing different disciplines within health, at each session.



The team is working in partnership with Māori Health to refresh the approach around the Incubator programme specifically to support an increase in uptake in a number of secondary schools. This will ensure a kaupapa Māori approach to Māori workforce development within secondary schools. Targeting five schools with a planned initial pilot programme to be delivered at Hukarere Māori Girls College in August/September.

Careers Expo – Pettigrew Arena (20 -21 May) - Aim to promote careers within HBDHB and to encourage and excite Māori to consider a career pathway within health and to encourage enrolment on to the Kia Ora Hauora website. Key results:

- a total of 2400 students and whanau attended the event
- 62 Māori students registered with Kia Ora Hauora during this event for the first time of which 26 identified Ngāti Kahungunu as their iwi).

Centenary Legacy Trust Internships - In 2018/19 we supported two Māori students through an internship, paid for by the Centenary Legacy Trust. We are hopeful to receive funding which will allow for additional placements for the 2019/20 year. Students are with us for an 8 week period and rotate through a number of departments which supports their interest in health as a career. It is hoped that we can also apply for further funding through other mechanisms to enable more students to undertake internships.

LEADERSHIP

Increasing Maori representation within leadership positions and supporting staff who have leadership aspirations and potential within HBDHB requires a targeted focus. Leadership opportunities within the following areas are being considered:

- Development of equity training
- Career pathway development all Māori

- Cultural Supervision and coaching to support leadership development of new Māori leaders.
- Targeted scholarships leadership development.

INDICATOR 2. STAFF WHO HAVE COMPLETED TREATY OF WAITANGI ONLINE TRAINING

The number of staff who have completed Treaty of Waitangi online training is as follows:

Year	Number of staff	Make up
2019	300	286 employees and 14 non-employees
2018	506	488 employees and 18 non-employees

Treaty of Waitangi online training is delivered through Ko Awatea. It is a mandatory programme; all staff are required to complete this online training every 2 years.

The moderation process to ensure quality assessment in the Treaty online training must be formalized. This is to ensure it aligns with current Māori Health strategies within HBDHB. A quality assessment process to support moderation of the Treaty online training will be implemented in 2020.

INDICATOR 3. HBDHB STAFF HAVE COMPLETED 'EFFECTIVE ENGAGEMENT WITH MĀORI' TRAINING

Latest data shows:

- The number of staff who have ever completed Engaging Effectively with Māori training is 73.4%.
- The number of staff who have completed training within the last three years is 42%

'Effective Engagement with Māori' training (the training) gives effect to HBDHB's commitment to Te Tiriti o Waitangi and to '*cultural excellence*'. The training captures the three articles of Te Tiriti o Waitangi by elevating and embedded the principles of:

- Partnership – working together
- Participation – Māori involvement at all levels, and
- Protection – safe guarding tikanga Māori, and ensuring the same level of health as non-Māori.

The training shifts a focus on cultural quality and safety as the positive way forward to meet whānau Māori aspirations and expectations for health. The training focuses on:

- Whānau-led approaches as the preferred model of care
- Strong leadership for whānau led approaches
- Developing a flexible and workforce that can adopt a holistic approaches to support whānau.

The objectives of the training are:

- Understand and appreciate Kahungunu cultural identity through whakapapa, history and tribal traditions.
- The importance of knowing the NZ colonial history to understand the impact of colonization on Māori health outcomes.
- The importance of respectful and meaningful relationships based on the founding document of our nation Te Tiriti o Waitangi.
- The importance of organisation relationship culture based on values and behavior.
- What is Cultural Competency in Health Care - Cultural Competency in its true essence – being respectful (kauanuanu), open minded (ākina), willing to learn as you go along (rā ranga te tira) and empathy (tauwhiro).

Participant Evaluation

Learning outcomes for the Engaging effectively with Māori workshop focuses on culture, identity, realities, perspectives, diversity, difference, cultural uniqueness, cultural safety and cultural competence in practice. The expected learning outcomes of the training are designed as such that participants will be able to define and describe:

- What cultural competent practise is
- How to apply cultural competencies in their discipline as a health sector employee
- Demonstrate knowledge and proficiency or approximated pronunciation of Māori words and names.

Staff members were asked a range of questions after attending the EEWM training; the following statements are quotes and comments given between the months of July to October.

Evaluation feedback

Upon completion of the training, participants are asked to complete evaluation forms. A total of 166 forms have been collected and analysed. The results are presented below.

How relevant/ useful/ valuable was this training to your role?

Of the responses received, 84% of participants found the training to be successful in discussion covering concepts such as:

- Māori culture
- Māori history
- Values and identity.

How effective was the facilitator?

98% of participants rated the trainer to be 'extremely' effective and demonstrated, *"Great knowledge, passion, friendly, approachable, and engagement with the group"*.

How can this training be improved? (Content, facilitation, structure, other)

General feedback from participants showed that they found the delivery of the programme appropriate, comfortable, and ignited enthusiasm to do more to gain a greater understanding and depth of Māori people and the Māori culture.

Responses include:

- *"Nothing needs changing"*
- *"The presentation by JB was amazing. The story of Aotearoa and its people's beginnings, providing relevant historical information with facts to back it up and a Whanau perspective as well. I was quite emotional by the end, now I know how we got to here in NZ (by presentation in a new none threatening way) I am responsible for helping change because I know it is needed."*
- *"This is extremely helpful for engaging with Māori on the wards to enhance care and understanding. A very good eye opener"*
- *"Full day is probably needed to cover the learning outcomes as well"*
- *"I would think an introductory course and then follow up course would be useful"*
- *"Terms in the beginning need to be explained more, and karakia slowed down to get correct saying"*
- *"More training needs to be offered"*
- *"All nursing and management should do this"*
- *"Handouts would be great for review and to share"*
- *"Sessions need to be longer"*
- *"This is extremely helpful for engaging with Māori on the wards to enhance care and understanding. A very good eye opener"*

- *“Excellent – great relationship between Māoridom /cultural /colonisation and todays situation for Māori’s challenges personally and professionally*

Would you recommend this training?

98% of participants rated the training as ‘excellent’ and would recommend this training to others.

“This was definitely heartfelt knowledge and delivered in a respectful and non- judgemental way”.

Activities that will occur over the next 12 months

The next 12 months will focus on strengthening the training to include:

- Whānau and Māori staff stories of their experiences within specific hotspots within the DHB i.e. ED, Maternity, etc.
- Training focused on specific features to understand whānau ora / whānau led approaches aligned with DHB core Values.
 - a) Effective Relationships (Raranga Te Tira-Partnership)
 - b) Whānau Rangatiratanga (Kauanuanu-respect)
 - c) Capable Workforce (Ākina-improvement)
 - d) Whānau Led Services and Programmes (Ngakau Aotea)
 - e) Supportive Enviroment (Tauwhiro-Care)

NEXT STEPS AND RECOMMENDATIONS (Culturally Responsive Workforce)

Key Recommendation	Description	Responsible	Timeframe
Recruitment Māori	1. Review Maori recruitment strategy. 2. Commence recruitment drive and interview training.	Kate Coley Paul Davies Ngaira Harker JB Heperi-Smith	Q1 2019
Leadership Development Programme Māori	1. Equity training 2. Targeted Maori leadership training and positions. 3. Commence development of career pathway targets Māori.	Kate Coley Paul Davies Tracey Paterson Ngaira Harker JB Heperi-Smith	Q4 2020
Pipeline Growth	1. Collaboration Kia Ora Hauora 2. Development with 5 Maori schools to support co-design health workforce initiatives to engage Maori. 3. Roll out tuakana/teina internship programmes	Ngaira Harker Paul Davies	Q4 2020
Increase Uptake of Treaty of Waitangi online training	Review moderation process annually and ensure Māori Health approval annually to support readings and policy changes. Review uptake of TOW completion and targets to identify barriers to treaty training.	Ngaira Harker	Q1 2020
Increase Uptake of Engaging Effectively with Māori training	Inclusion of whānau stories, and whānau-led approaches within the training	JB Heperi-Smith	Q2 2019

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO ACHIEVE EQUITY IN PROVIDING OUTPATIENT CARE**OVERVIEW**

A multidisciplinary team has been working very hard for a number of years to improve processes within current models of service delivery. The Clinical Services Plan and Strategic Plan signpost the need to move rapidly to different models that are person and whanau centred, community led and address health inequities. To achieve these will require both continual improvement of current models and radical consumer led service redesign to transition to new models. These new models will look to include a codesign of outpatient services delivered on the hospital site, moving clinics off the hospital site closer to peoples homes and ensuring that appointments are both valued by consumers and provided at a time and place convenient to them resolving barriers of transport and cultural competency of the provider. This report describes the work carried out to date by a committed multidisciplinary team to improve the current service.

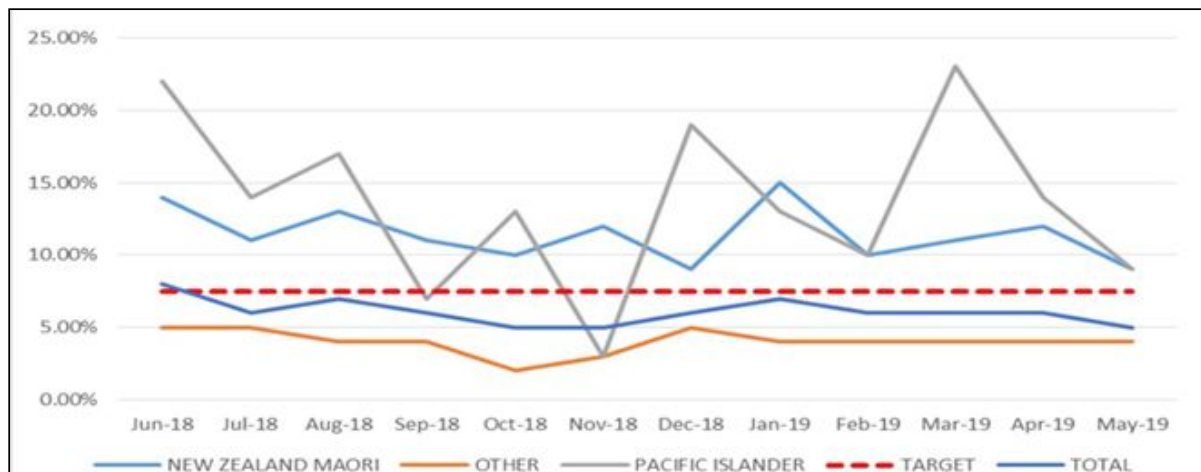
There are synergies with the work being carried out by the improvement team in reducing clinical risk and waiting times for First Specialist Appointments measured by ESPI2 and follow up appointments. For example, the IS team worked with Cardiology to improve clinic utilisation to make sure that people were attending their appointments. One insight was that people were concerned about attending a "Heart Failure Clinic" and changing the name to "Heart Function Clinic" along with follow up contact to confirm attendance and increased visibility from reporting had a big impact on ensuring that people attended their appointments. These changes in Cardiology have effected a significant improvement in Cardiology DNA and will be rolled out across all specialities.

Changing the DNA discourse

Although the expression 'Did Not Attend (DNA)' is the code embedded in our electronic record and is used for reporting to the Ministry of Health, it suggests fault on behalf of the consumer. The language has been changed in this report from DNA to CNA to reflect that it is the responsibility of the health system to support access to people for their appointments.

As shown in figure 1 below, over the 2018 – 19 period, success has been achieved in maintaining a consistent Total Could Not Attend (CNA) rate for FSA of 6%, below the target rate of 7.5%. In January the Kaitakawaenga was on leave resulting in increased numbers of Maori patients unable to attend their appointment. Maori whanau have not been able to attend between 10 – 12% of appointments with an average total of 11.5% lost opportunities for the 2018 / 19 period. There are still significant improvements needed to be made to enable Pacific whanau to attend their appointments with a could not attend rate around 14%.

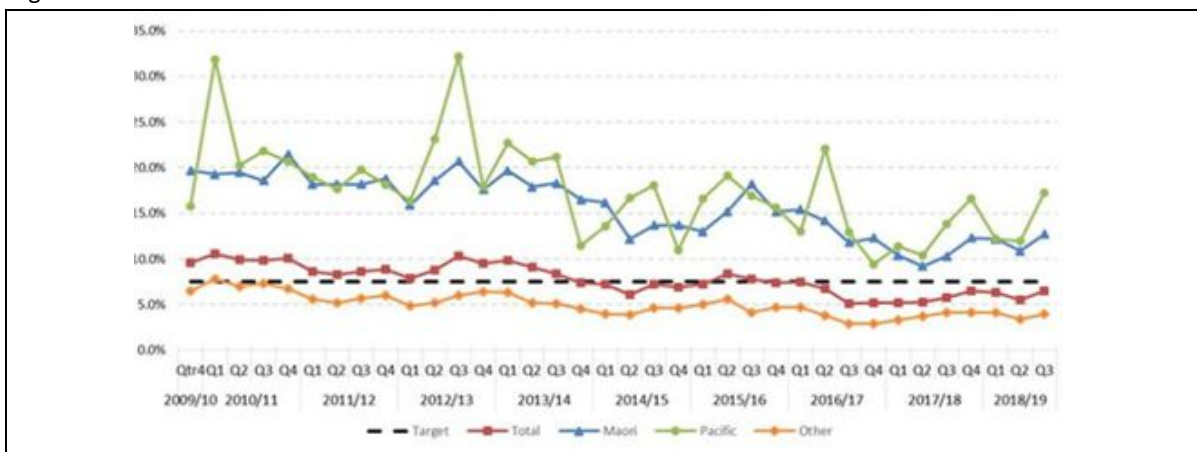
Figure 1: Could Not Attend Rates by Ethnicity for the 2018/19 year.



The number of CNAs should be contextualised in consideration of the challenges in delivering outpatient appointments that the team has worked hard to overcome. A number of industrial actions and a reduction in Kaitakawaenga resource over the last year has been challenging. Although there are clear inequities signposting the need to service redesign, the team has supported 94% of our Hawkes Bay population to access their FSA appointments.

For context, figure 2 below shows the progress made by the team over time in improving access to first specialist outpatient appointments.

Figure 2 : Reduction in Could Not Attend Rates over time



In addition to reviewing average access rates, work is ongoing to improve equity of access across 18 specialties. Specialities Paediatric, Medical, Dental, and General Surgery continue to demonstrate inequities for our Maori and Pacific population to access FSA, as seen in table 1 below.

Table 1 : Access to first appointments by speciality for the period June 2018 to May 2019.

Specialty	NEW ZEALAND MAORI			OTHER			PACIFIC ISLANDER			NOT STATED			TOTAL			
	Attendances	CNA	CNA Rate	Attendances	CNA	CNA Rate	Attendances	CNA	CNA Rate	Attendances	CNA	CNA Rate	Attendances	CNA	CNA Rate	
Medical	Cardiology	162	21	11.5%	636	15	2.3%	20	3	13.0%	4	0	0.0%	822	39	4.5%
	Dermatology	113	13	10.3%	564	21	3.6%	15	1	6.3%	6	0	0.0%	698	35	4.8%
	Endocrinology	74	9	10.8%	263	6	2.2%	9	2	18.2%	3	0	0.0%	349	17	4.6%
	Gastro-Enterology	76	11	12.6%	483	18	3.6%	4	3	42.9%	5	0	0.0%	568	32	5.3%
	General Medicine	58	15	20.5%	165	31	15.8%	3	0	0.0%	3	0	0.0%	229	46	16.7%
	Neurology	64	12	15.8%	327	12	3.5%	4	1	20.0%	4	0	0.0%	399	25	5.9%
	Paediatric Medical	475	66	12.2%	756	27	3.4%	60	3	4.8%				1291	96	6.9%
	Renal Medicine	107	29	21.3%	175	4	2.2%	20	7	25.9%	4	0	0.0%	306	40	11.6%
	Respiratory Medicine	180	15	7.7%	519	7	1.3%	23	0	0.0%	7	0	0.0%	729	22	2.9%
	Rheumatology	48	5	9.4%	215	8	3.6%	5	1	16.7%	5	0	0.0%	273	14	4.9%
Total Medical	1357	196	12.6%	4103	149	3.5%	163	21	11.4%	41	0	0.0%	5664	366	6.1%	
Surgical	Dental	413	68	14.1%	539	25	4.4%	53	8	13.1%	2	0	0.0%	1007	101	9.1%
	Ear Nose & Throat	359	48	11.8%	803	39	4.6%	50	9	15.3%	3	0	0.0%	1215	96	7.3%
	General Surgery	433	68	13.6%	2206	139	5.9%	36	2	5.3%	11	3	21.4%	2686	212	7.3%
	Gynaecology	266	35	11.6%	788	28	3.4%	29	3	9.4%				1083	66	5.7%
	Maxillo-Facial	105	7	6.3%	326	22	6.3%	17	4	19.0%	3	0	0.0%	451	33	6.8%
	Ophthalmology	421	29	6.4%	1876	46	2.4%	67	9	11.8%	16	1	5.9%	2380	85	3.4%
	Orthopaedics	361	35	8.8%	1474	41	2.7%	31	7	18.4%	8	0	0.0%	1874	83	4.2%
	Urology	260	28	9.7%	934	42	4.3%	22	10	31.3%	17	1	5.6%	1233	81	6.2%
	Vascular	110	17	13.4%	320	16	4.8%	10	5	33.3%	1	0	0.0%	441	38	7.9%
	Total Surgical	2728	335	10.9%	9266	398	4.1%	315	57	15.3%	61	5	7.6%	12370	795	6.0%
TOTAL	4085	531	11.5%	13369	547	3.9%	478	78	14.0%	102	5	4.7%	18034	1161	6.0%	

Māori CNA response

Māori patients are twice as likely to not attend their FSA appointment than other people, accounting for 45.7% of the total missed appointments over the last year. The high number is disproportion to the total number of Māori (26%) living in Hawke's Bay community.

There has been significant commitment in the last year to strengthen relationships between Kaitakawaenga and Outpatient Bookers. A pathway to ensure access for priority populations is now firmly embedded in daily operations. The pathway helps support the Kaitakawaenga to identify and engage with Maori patients who are potentially more likely to DNA. The role of the Kaitakawaenga is proving critical in ensuring Maori whanau attend their appointments. An observation is the increase of Māori patients missing their FSA when the Kaitakawaenga is on leave. The reduction in Kaitakawaenga resource earlier this year from 2.0 FTE to 1.0 FTE has had a significant negative impact on supporting Māori whanau to access appointments.

Pacific CNA response

In the past year, Pacific patients have accounted for 6.7% of the total number of missed appointments. The total Pacific population living in Hawke's Bay is 2.5%. To address this, the Pacific Health team increased their Navigator resourcing to support the FSA, and have recently adopted the pathway developed by Kaitakawaenga. Training in referral management and developing a working relationship with the Outpatient Booking team has been undertaken and expect to see improved access to appointments for Pacific whanau in the coming months. Work towards a best practise model when dealing with the Pacific population is underway and will look to roll out the model across the HBDHB.

From mid-April 2019 a process has been implemented whereby a list of Pacific patients with up and coming FSA appointments has been sent to the Pacific Health team 7 days in advance of the appointment for follow up and support attendance. Contact via phone or home visits are carried out to confirm attendance. In some cases transport is provided. Health literacy is a barrier for many of those the team follow up, especially the recent migrants. This intervention has had a positive impact on results for Pacific whanau with CNA rates

improving from 23% in March to 13% in April and 7.7% in May. While this result is pleasing, we acknowledge the volatility of the small numbers.

When reviewing attendance rates for Pacific whanau across all specialties Paediatrics and Respiratory medicine have achieved outstanding results from 2017 -2019, exceeding equity expectations. This provides learning that can be used across the system to further enhance preventative actions by understanding the key actions/ process these bookers and the Pacific team implement. Further actions are being taken to support the Paediatrics booker and Pacific team to develop a template of key Pacific specific procedures to share and implement across all specialties.

The Pacific Health Team are working to support our Pacific consumers to prevent negative impacts from barriers to accessing appointments. The team is developing, implementing and monitoring the specific Pacific procedures.

Insights and activities to improve FSA access

Analysis of FSA data reveals the following insights, and will inform further activity to reduce CNAs.

Over the period April 2018 – March 2019, the total volume of customers recorded as not able to access their FSA at HBDHB was 1,186. Of the 3 largest age groups:

254	aged between 0 – 10yrs
425	aged between 26 – 50yrs
175	aged between 51 – 64yrs.

An equity analysis of FSA data has revealed:

Total group volumes by age	Maori and Pacific representation	% that are Maori and Pacific
254 aged 10 and under	194, (170 = M, 24= PI)	76% of total in age group
425 aged 26 – 50yrs	208, (181 = M, 27 = PI)	48% of total in age group
175 aged 51 – 64	87, (75 = M, 12 = PI)	49% of total in age group

The most compelling insight from from this work is the opportunity to improve the access to healthcare for tamariki. Data shows:

- 37.1% of this subgroup were unable to access their appointment on a Monday
- 40.1 % of this subgroup were referred internally either via ED or internal specialist (most likely via ED)
- 16% of this group were recorded as; not currently enrolled with a GP, compared with 18% referred via Totara Health and 16% from Hauora Heretaunga.

These insights will drive urgent actions for tamariki and their whanau to reduce barriers to access to timely appointments to maximise the opportunity for good child health outcomes. Resources will be sought in the 2019/20 period, to ensure that these outcomes can be delivered. There are opportunities to bring this work alongside other child health activities (ie. ASH 0 - 4).

Over the past year Administration Services, in partnership with Information Services and Kaitakawaenga have developed an analytical tool to gain insights on the group of customers that were not able to access their FSA appointments. These insights demonstrated a group totalling 6% of the population that have the worst health outcomes. These insights will inform appropriate actions required to provide better access to healthcare for people who have the greatest need but worst outcomes. The IS team have worked closely with the Dental

Therapy team to implement a patient appointment reminder function via a text messaging service via Titanium application. The objective of this work is to improve attendance at appointments for whānau of tamariki experiencing barriers to access to care. This is an example of IS, clinical services, and the vendor working closely together on quality improvement activities designed to address health inequity and improve health outcomes. It is acknowledged that community led service redesign around person and whanau centred principles will be required to address these continuing inequities.

CHAMPION'S REPORT: PROCESS IMPROVEMENTS TO ADDRESS INEQUITIES IN ACCESS TO APPOINTMENTS

The following activities have been identified for action over the next 12 months:

1. Complete a review of the DNA policy and promote across the HBDHB

The DNA policy is currently being revised by Maori Health Services. When completed this will be implemented across the HBDHB. An updated DNA policy will resolve current inconsistencies in the appointments process and ensure seamless, responsive approaches. An improvement approach will be used to embed shared ownership, and promote a proactive approach across the HBDHB towards ensuring priority populations have improved access to outpatient appointments.

2. Address inequity for Māori and Pacific tamariki aged under 10 years

Discussions will be held with Maori Health Services on engagement with Maori and Pacific whānau of tamariki aged 10 years and under. The aim will be to use consumer co-design with person and whanau-centred principles to deliver improved access and health outcomes for our tamariki.

3. Implementation of a purpose built Text to Remind system

New technology will be used to replace the current text to remind system which is labour intensive for the Outpatient Booking team and not fit for purpose. An automated text to remind system that updates ECA in real time will be put in place to enable the Outpatient Booking team, Pacific Navigators, and Kaitakawaenga to readily identify customers that have not confirmed their bookings. This will save thousands of hours of manually confirming appointments.

4. Implement further improvements in communicating with our customers

Analysis has shown that housing issues are impacting on the living arrangements of whānau resulting in a more transient population. The data shows transiency is impacting on at least 6% of customers to access their FSA appointment. This means that traditional methods of communicating with this group, via landline phone calls and posted appointment cards are no-longer effective. However, this population are more likely to keep the same email address and facebook page compared with keeping the same residential address and phone number. One opportunity to address this is meeting, and sharing learnings with the community based Well Child Tamariki Ora programme who are confronted daily with locating whanau living in motels, cars, and shifting houses. These insights will be used to investigate new opportunities to more effectively engage with this population.

Administration services will work in partnership with IS to explore what opportunities there are to pilot new forms of communication across Oupatient Clinics, in particular for the 3 specialties recording the highest levels of DNA: Dental, Paediatrics and General Surgery.

NEXT STEPS AND RECOMMENDATIONS

Key Recommendation	Action	Responsible	Timeframe
Community led co-design of outpatient services using person and whanau centred principles	Redesign outpatient services including putting a single manager in place, harmonising business processes across all specialities, moving clinics out into the community, e-referral	EDPS	TBD
Improve access to outpatient services for tamariki and whanau	Maori Health Services to conduct a survey of target group, and submit a set of recommendations to reduce inequity amongst 10yr and under Maori and Pacific age group.	Maori Health and Administration Services	Q3 2020
Put in place a purpose-built Text to Remind System	Automate text to remind system that automatically updates ECA. This will enable more efficient use of Outpatient Booking time, and improve process for Navigators and Kaitakawaenga who rely on this information in real time.	Administration Services and IS	Q4 2020
Explore other options of communicating with our customers	Traditional forms of communication don't work for our most vulnerable. Other means of engaging with our most vulnerable need to be explored if we are to make an impact on this group.	Administration Services and IS	Q4 2020
Discuss Increasing Kaitakawaenga resourcing with Maori Health Services	Kaitakawaenga is key to timely engagement with Maori customers. An increase in resourcing would allow opportunity to target the 6% of customers that struggle to attend their FSA, and allow opportunity to make a difference reducing inequity across to Follow-up appointments and Surgery.	Maori Health	2020

RECOMMENDATION:

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

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.



HB HEALTH STRATEGY

WORKSHOP



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

- 15. Minutes of Previous Meeting (public excluded)**
- 16. Matters Arising – Review Actions (public excluded)**
- 17. MRB Chair's update with June report to Board (public excluded)**

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).

