

## Hospital Advisory Committee Agenda



<b>Location:</b>	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
<b>Date:</b>	29 April 2021	<b>Time:</b>	10.45am

<b>Commissioners:</b>	Mr C Paraone, Deputy Commissioner (Chair) Dame K Poutasi, Commissioner Emeritus Professor M Wilson, Deputy Commissioner Ms T P Thompson-Evans, Chair Iwi Māori Council Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi
<b>In Attendance:</b>	Mr K Whelan, Crown Monitor Mr K Snee, Chief Executive Other Executives as necessary

<b>Next Meeting Date:</b>	24 June 2021	
<b>Contact Details:</b>	Phone: 07 834 3622	Facsimile: 07 839 8680
	www.waikatodhb.health.nz	

**Our Vision:** **Healthy People. Excellent Care** 

**Our Values:** People at heart – **Te iwi Ngakaunui**  
Give and earn respect – **Whakamana**  
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**  
Growing the good – **Whakapakari**  
Stronger together – **Kotahita**

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**Item**

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**2. APOLOGIES**

**3. INTERESTS**

- 3.1 Schedule of Interests
- 3.2 Conflicts Related to Items on the Agenda

**4. MINUTES AND MATTERS ARISING**

- 4.1 Minutes 24 February 2021
- 4.2 Matters Arising

**5. EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES**

- 5.1 Waikeria Mental Health Update Report

**6. INFORMATION**

**7. GENERAL BUSINESS**

**NEXT MEETING:** 24 June 2021



## **Apologies**



## **Schedule of Interests**

**SCHEDULE OF INTERESTS FOR HOSPITALS ADVISORY COMMITTEE MEETINGS TO APRIL 2021**

Dame Karen Poutasi

**Interest**

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Commissioner, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Finance Risk and Audit Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Deputy Chair, Network for Learning</b>	Non-Pecuniary	None	
<b>Daughter, Consultant Hardy Group</b>	Non-Pecuniary	None	
<b>Son, Health Manager, Worksafe</b>	Non-Pecuniary	None	
<b>Co-Chair, Kāpiti Community Health Network Establishment Governance Group</b>	Non-Pecuniary	None	
<b>Chair, Wellington Uni-Professional Board</b>	Non-Pecuniary	None	
<b>Chair, COVID-19 Vaccine and Immunisation Governance Group</b>	Non-Pecuniary	None	
<b>Chair, Taumata Arowai</b>	Non-Pecuniary	None	

Mr Andrew Connolly

**Interest**

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Clinical Advisor to the Commissioner, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Finance Risk and Audit Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Chair, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Acting Chief Medical Officer, Ministry of Health (secondment to 31 December 2021, part-time)</b>	Non-Pecuniary	None	
<b>Board member, Health Quality and Safety Commission (position non-active whilst Acting Chief Medical Officer, Ministry of Health)</b>	Non-Pecuniary	None	
<b>Employee, Counties Manukau DHB</b>	Non-Pecuniary	None	
<b>Clinical Advisor to Chair, Southern DHB</b>	Non-Pecuniary	None	
<b>Member, MoH Planned Care Advisory Group</b>	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Mr Chad Paraone

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Deputy Commissioner, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Finance Risk and Audit Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Independent Chair, Bay of Plenty Alliance Leadership Team</b>	Non-Pecuniary	None	
<b>Independent Chair, Integrated Community Pharmacy Services Agreement</b>	Non-Pecuniary	None	
<b>National Review</b> (stepped down from role from December 2020 to March 2021)			
<b>Strategic Advisor (Maori) to CEO, Accident Compensation Corporation</b>	Non-Pecuniary	None	
<b>Maori Health Director, Precision Driven Health</b> (stepped down from role from October 2020 to March 2021)	Non-Pecuniary	None	
<b>Committee of Management Member and Chair, Parengarenga A Incorporation</b>	Non-Pecuniary	None	
<b>Director/Shareholder, Finora Management Services Ltd</b>	Non-Pecuniary	None	
<b>Member, Transition Unit (Health &amp; Disability System Reform), Department of Prime Minister and Cabinet</b>	Non-Pecuniary	None	

Emeritus Professor Margaret Wilson

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Deputy Commissioner, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Finance Risk and Audit Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Waikato Health Trust</b>	Non-Pecuniary	None	
<b>Co-Chair, Waikato Plan Leadership Group</b>	Non-Pecuniary	None	

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Ms Te Pora Thompson-Evans

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Attendee, Commissioner meetings, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Finance Risk and Audit Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Chair, Iwi Maaori Council, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Te Manawa Taki Governance Group</b>	Non-Pecuniary	None	
<b>Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB</b>	Non-Pecuniary	None	
<b>Iwi: Ngāti Hauā</b>	Non-Pecuniary	None	
<b>Maangai Maaori:</b>			
○ <b>Community Committee</b>	Non-Pecuniary	None	
○ <b>Economic Development Committee</b>	Non-Pecuniary	None	
<b>Director/Shareholder, Haua Innovation Group Holdings Limited</b>	Non-Pecuniary	None	
<b>Director, Whai Manawa Limited</b>	Non-Pecuniary	None	
<b>Director/Shareholder, 7 Eight 12 Limited</b>	Non-Pecuniary	None	

Dr Paul Malpass

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Consumer Council, Waikato DHB</b>	Non-Pecuniary	None	
<b>Fellow, Australasian College of Surgeons</b>	Non-Pecuniary	None	
<b>Fellow, New Zealand College of Public Health Medicine</b>	Non-Pecuniary	None	
<b>Daughter registered nurse employed by Taupo Medical Centre</b>	Non-Pecuniary	None	
<b>Daughter employed by Access Community Health</b>	Non-Pecuniary	None	
<b>Eldest son employed by Presbyterian Support, Northern</b>	Non-Pecuniary	None	

Mr John McIntosh

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	

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Hospital Advisory Committee 29 April 2021 - Interests

Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None

Ms Rachel Karalus

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

Ms Gerri Pomeroy

Interest	Nature of Interest <i>(Pecuniary/Non-Pecuniary)</i>	Type of Conflict <i>(Actual/Potential/Perceived/None)</i>	Mitigating Actions <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	
Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

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Hospital Advisory Committee 29 April 2021 - Interests

<sup>a</sup>Mr Fungai Mhlanga

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

Mr David Slone

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

Ms Judy Small

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

<sup>a</sup> The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic Communities/Department of Internal Affairs).

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Hospital Advisory Committee 29 April 2021 - Interests

Mr Glen Tupuhi

<b>Interest</b>	<b>Nature of Interest</b> <i>(Pecuniary/Non-Pecuniary)</i>	<b>Type of Conflict</b> <i>(Actual/Potential/Perceived/None)</i>	<b>Mitigating Actions</b> <i>(Agreed approach to manage Risks)</i>
<b>Member, Community and Public Health Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	Refer Notes 1 and 2
<b>Member, Hospitals Advisory Committee, Waikato DHB</b>	Non-Pecuniary	None	
<b>Member, Iwi Maori Council, Waikato DHB</b>	Non-Pecuniary	None	
<b>Board member, Hauraki PHO</b>	Non-Pecuniary	None	
<b>Board member , Te Korowai Hauora o Hauraki</b>	Non-Pecuniary	None	
<b>Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster</b>	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

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## **Previous Minutes**

## **WAIKATO DISTRICT HEALTH BOARD**

### **Minutes of the Hospitals Advisory Committee held on 24 February 2021 commencing at 10.22am**

**Present:** Mr A Connolly (Chair)  
Professor M Wilson  
Dame K Poutasi  
Mr D Slone  
Mr F Mhlanga  
Mr C Paraone  
Ms R Karalus  
Dr P Malpass  
Ms G Pomeroy  
Ms T Thompson-Evans  
Mr G Tupuhi

**In Attendance:** Dr K Snee, Chief Executive  
Mr N Hablous, Company Secretary  
Mr G Hopgood, Chief Medical Officer  
Ms C Tahu, Chief Advisor Allied Health  
Ms S Hayward, Chief Nursing & Midwifery Officer  
Mr R Nia Nia – Executive Director – Māori, Equity & Health Improvement  
Ms C Lowry, Executive Director – Hospitals & Community Services  
Mr M ter Beek, Acting Executive Director – Strategy, Investment & Transformation  
Mr N Wilson, Director Communications  
Mr H Curtis, Pou Herenga  
Ms V Aitken, Services Director – Mental Health & Addictions  
Mr R Tapsell, Director – Mental Health & Addictions  
Ms D Chin (from 11.01am)  
Ms A Wipara-Panapa – COO Hauora Waikato  
Ms J Maipi – Partner in Rahui Pokeka  
Ms R Manuel – Te Korowai o Hauraki and IMC member  
Ms L Ngati, Programme Manager – Bowel Screening  
Ms T Campbell, Team Leader MHAS in Thames

**Apologies:** Mr J McIntosh  
Ms J Small

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Mr Curtis opened the meeting with a karakia.

#### **ITEM 1: APOLOGIES**

**Resolved**

**THAT** the apologies from Mr J McIntosh and Ms J Small are accepted.

#### **ITEM 2: INTERESTS**

**2.1 Register of Interests**

Changes to the register were provided by Mr A Connolly and the register will be updated.

Mr P Malpass advised that his son works for Northern Presbyterian Support and he will provide details for the register.

**2.2 Conflicts relating to items on the Agenda**

No conflicts of interest relating to items on the agenda were foreshadowed.

**ITEM 3: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

**3.1 Waikato DHB Hospitals Advisory Committee: 18 November 2020**

**Resolved  
THAT**

The minutes of the Waikato DHB Hospitals Advisory Committee held on 18 November 2020 are confirmed as a true and correct record.

**Moved:** Mr C Paraone  
**Seconded:** Mr P Malpass

**3.2 Matters Arising**

Nil

**ITEM 4: Executive Director – Hospital and Community Services**

Due to time constraints, there was no verbal update provided.

**ITEM 5: PRESENTATIONS**

**5.1 Mental Health and Addiction Services**

Mr Tapsell introduced the presentation and stated the importance of relationships and trust; this is equally important to Waikato DHB and partners outside of the organisation. MH&A will be one of the biggest challenges for the future. Work is underway with the new mental health building, however this will be redundant if we cannot provide services differently. The Provider arm welcomes the opportunity to do things differently, but this will mean that everyone needs to do things differently. Relationships with Māori, iwi and providers are an important part of the process.

Ms Aitken advised that work is underway to find new ways of providing services. These services will be based on trust and commitment to see it through, as well as collective ownership.

The reason for the differences in the number of crisis contacts between district health boards is unknown, however the MoH is about to embark on a piece of work on this. Ms Aitken agreed to provide a breakdown of non Māori data to show ethnicities, in particular Pasifika.

Ms Wipara-Panapa, Ms Maipi and Ms Manuel discussed perseverance, partnership, transparency and as the basis for a relationship. There is a need to work in partnership with each other to remove barriers and lessen competition. Local initiatives work better when services work in partnership with each other – better thinking, more collaboration, identifying opportunities and working smarter. It

is important to keep services closer, sooner and better to improve outcomes. These providers also work collaboratively across their organisations, as well as with the DHB. Success will be dependent on the relationships with different parts of the DHB, eg provider, funder, Māori equity.

The DHB Commissioners have made it clear that external providers wishing to contract with the DHB need to demonstrate capacity and commitment to Māori health.

It was agreed for a report to come back to the Committee in June 2021 on how collaboration has improved and service improvements.

## **5.2 Bowel Screening Programme 2021**

Ms Ngati, Programme Manager for Bowel Screening, spoke to the presentation included in the agenda.

The programme is rolling out from 2 March 2021. An automatic invitation to participate in the programme will come from population register – everyone eligible is already in the register and they would need to opt out not to get an invitation.

Patients aged 60-74 will be sent a kit every 2 years.

The service is expecting an influx of symptomatic referrals as the programme kicks off. High risk (gene carriers) will be in a separate category.

### **ITEM 6: DISCUSSION**

Nil

### **ITEM 7: GENERAL BUSINESS**

There was no General Business to discuss.

### **ITEM 8: DATE OF NEXT MEETING**

28 April 2021

Chairperson: Mr Andrew Connolly

Date: 24 February 2021

Meeting Closed: 12.04pm



## **Matters Arising from Minutes**



**Executive Director  
Hospital and Community Services**



**REPORT TO HOSPITALS ADVISORY COMMITTEE  
29 APRIL 2021**

**AGENDA ITEM 5.1**

**WAIKERIA MENTAL HEALTH SERVICE**

**Purpose**

The purpose of this report is to provide an update on the work underway with Ara Poutama in the development of the Waikeria Mental Health Service

**Recommendations**

It is recommended that the Committee:

- 1) Note the content of this report.
- 2) Note the Foundation Document attached
- 3) Note that the Mental Health and Addictions team is working in partnership on the development of the 100 mental health beds within the new facility
- 4) Note the team is engaged with the development of the workforce to mitigate any potential risk and maximise the opportunities
- 5) Note the new facility is expected to be operational by early 2023.

**Chris Lowry**  
**Executive Director**  
**Hospital and Community Services**

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**APPENDICES**

**Appendix 1:**

Mana Whenua – Ahi Kaa Foundation Document August 2020

**REPORT DETAIL**

**Background:**

In 2018 Minister Davis announced that Waikeria Prison would see the development of a 100 bed mental health facility as part of the overall increase of 600 beds on that site. Following on from the impact of COVID and the Waikeria riot incident at the end of 2020, the beds are now expected to be operational early 2023.

Mental Health and Addictions Service representatives continue to have significant involvement in this programme of work from the governance level and into the work streams.

The Mana Whenua – Ahi Kaa Foundation Document (see attachment) sets out the vision, purpose, principles, approach and partnerships that guide the development of

the Waikeria Mental Health and Addictions Service (further referred to now as Hikitia). The partnership is between Mana Whenua Ahi Kaa, Ara Poutama and Waikato District Health Board and reflects a unified desire and aspiration to collectively achieve the vision:

*Kotahi anoo te Kaupapa; ko te oranga o te tangata – there is only one purpose to our work; the wellness and wellbeing of the person.*

This partnership is empowered by Hookai Rangi (Ara Poutama Aotearoa Strategy 2019 – 2024). This strategy elevates wellbeing as key to the purpose of Ara Poutama Aotearoa. He Ara Oranga and Oranga Tangata; Oranga Whaanau also call for an approach where a Maaori lens is normalised and valued and Maaori are able to enact mana motuhake and achieve greater oranga.

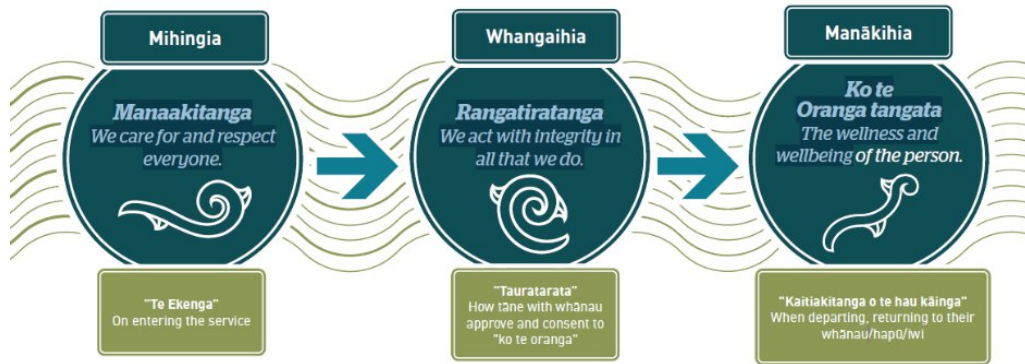
The overarching principles of kotahitanga and aroha will support the intention that ngaa taane in care will receive culturally and clinically effective mental health and addiction care that will support their journey ko te oranga.

**Work to date:**

Following endorsement of the Mana Whenua – Ahi Kaa Foundation Document in 2020, six co design work streams were established to inform the development of detailed care pathways. These work streams completed their work in January 2021.

The care streams for ngaa taane are reflected in the river diagram.

**The Journey Overview - The River Diagram**



In addition to the work streams describing this journey, mana motuhake, rangatiratanga and maawhitiwhiti (the woven workforce) complete the six. The project teams have completed and translated the workstream outcomes into a series of taura journeys, previously referred to as personas. They include critical decision points, supports and care options.

**Current Work Plan:**

The programme is moving into the implementation planning stage. The series of implementation and integration plans are being developed by the three partners. They include – strategic and operational workforce, policy and legal, co-governance through

partnership, digital enablement, operational policy and procedure and change management.

The workforce elements present both the greatest risk and opportunity for the Mental Health and Addiction Service at Waikato District Health Board. It is critical that the implementation planning has high engagement with the DHB to mitigate risks including lack of appropriate clinical staff for Hikitia, depletion of DHB staff to new service and labour market/union issues.

The strategic approach to workforce will ensure consistency and continuity of care to be demonstrated by the entire workforce and its leaders, for ngaa taane and their whaanau throughout their journey with Hikitia. The implementation planning will include the development of a cohesive employment strategy to breathe life into the principles found in the foundation document, which will need to be demonstrated by the entire workforce. As partners we need to be active and positive participants in the integrated workforce concept.

This approach will deliver:

- A leadership model specific to leading an integrated workforce.
- An employment contracting model suitable for multiple employment scenarios that is supported by employers, employees and their representatives. Rather than a competitive employment model, one which enables rotation and movement between partner agencies
- A rotation plan for existing and new clinical workforce to ensure an integrated and consistent approach between Hikitia and Puawai Forensic services.
- Recommendations on the entities best placed to implement and have oversight of the plan.
- Risks and issues associated with the implementation of the woven workforce.
- A mature relationships with Unions
- Identification of work that will need to be prioritised ahead of the actual implementation work.
- A dedicated and integrated recruitment and retention approach.
- A plan for workforce skill development, that integrates peer, cultural, clinical and custodial core competencies whilst ensuring that individual practitioners can work at the top of their scope, in the field of their expertise, rather than a generalised uniformed workforce.

#### **Next Steps:**

Next actions for the provider arm is to undertake a benchmarking exercise with our existing staff to understand their interest in working in the service and exploring what might enable or hinder their intent. In addition, understanding the impact on our existing forensic service will be a critical piece of work. This has an impact both on change management within the provider arm but also on operational processes which will need to adapt to Hikitia and the Mana Whenua Ahi Ka foundation document.

Discussions have occurred with the Nursing Professional Development Unit to look at working collectively to build the nursing workforce and pipelines, especially Maori nursing. A similar discussion has occurred with the Chief Advisor Allied Health,

Scientific & Technical. A workshop with representatives across nursing, allied and tertiary education will occur to jointly plan for growing the overall workforce.

The mental health and addictions service are currently supporting six Maori psychiatric assistants to complete their nursing training. Further conversations are planned to look at options for extending this approach wider than nursing. It is also an approach that could extend to corrections, mana whenua and NGO staff. Planning around micro credentialing to achieve an enhanced workforce is being explore for those currently in the unregistered workforce.

Engagement is occurring with the Ara Poutama recruitment team who will be commencing a dedicated recruitment plan. Once operational funding is confirmed, recruitment will be a staged approach with the clinical workforce building up from early 2022.



Te Arawai

# ***Mana Whenua - Ahi Kā Foundation Document***

*For the Waikeria Mental Health and Addiction Service*



**ARA POUTAMA AOTEAROA**  
DEPARTMENT OF CORRECTIONS

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*“ Mehemea ka tae mai he manuhiri ki mua ki tōu aroaro, mihingia, whāngaihia, manaakihia kia ōti ai tona noho. <sup>1</sup>*

*Īna wehe atu koe, ka wehe haumanu koe, kua ngākau ora anō, kua hoki haumaruru ki te kāinga. <sup>2</sup>* ”

*- Maniapoto ki te Raki Kaumātua*

<sup>1</sup> When a visitor should arrive before you, welcome them, accommodate them, and host them with your utmost consideration before they depart.

<sup>2</sup> When you leave, you will depart whole, replenished and we will bid you safely home.

## Mihi

---

Tai herea te pō! Tai herea te ao  
Tītoko te ao mārama! Tihei mauri ora!

E rere atu nei taku reo whakamihi ki te Tupua-horo-nuku e takoto ake nei.

Ka piki ake rā taku reo maioha ki te Tupua-horo-rangi e tū iho nei. Ka tau atu rā taku reo aroha ki mua i te aroaro o Kiingi Tuuheitia - te whēriko o te tapu, te ahurei o te mana. Kia hoki mai taku reo korihi ki a tatou ngā kanohi o ngā mātua tūpuna e moe nei i te pō. Tēnā tātou katoa.

Kia hoki kōmuri ngā whakaaro ki te hunga nā rātou te kaupapa nei i maimoa, i tauwhiro hoki. Nā rātou anō hoki te huarahi i para kia pai ai tā tātou haere, ā haere ake nei, haere ake nei. Mei kore ake nei ko rātou me ngā rātou mahi i tū ai, e ora ai hoki te kaupapa.

Nō reira, e ngā rangatira, e ngā ringa whero tēnei rā te mihi; tēnā koutou katoa.

He mea hanga te kaupapa nei ki ngā whakaaro rangatira me te manaaki hoki. Nā whai anō e hua ai te kupu nei 'He rau ringa e oti ai' Ka tika me mihia rātou, me mihi hoki ki a tatou katoa ngā ringa hāpai, ngā ringa toutou ahi, ngā takuahi, ngā whakamahana o te kaupapa; te ahi kā roa.

Kāti rā, ka nui ngā mihi. Ko te kupu whakamutunga ki te kaupapa, he kupu nō ukiuki:

"Kia hora te marino, kia whakapapapounamu te moana, kia teretere te kārohihori, ā, ko tō hoa haere ko te Rangimarie."

Bind the spiritual realm! Bind the physical world!  
Let the world of light come forth! I breathe the breath of life!

My voice of acknowledgements soars out across the land below. My voice of welcome climbs to the sky above. My voice of compassion graces the presence of Kiingi Tuuheitia - the scintillant sacredness, the effulgent power. Let my soulful voice return to me and to you the representatives of our forebears they who sleep in the eternal night. Greetings to each and every one.

Let our thoughts now focus on those who gave so much to this service. They who tread a new path that we may all benefit thereof today and our many tomorrows. Because of them and their tireless efforts this endeavour exists. So, to the esteemed and to the skilled we acknowledge you all. This service is built of elevated considerations and care.

So, it is that this relevant proverb is said 'By many hands the works are achieved.'

It is seemly that we acknowledge them, and we acknowledge each of us who are staunch supporters, inspirers, home-fire guards, and maintainers of warmth of the service.

Let me end now, for the acknowledgements have been made. The last word is for this endeavour, a word from times past:

"Let the calm be widespread, and the ocean be as smooth as jade, and let the promise of a summer's day shimmer before you, may your travelling companion henceforth be Peace itself."





## Strategic Context

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*This foundation has been written with the past, present and future in mind. We acknowledge those who have gone before us, we hope that we have applied the learnings of yesteryear to today and we have set the foundation for tomorrow.*

It is with great pleasure that Te Arawai, a group led by mana whenua and containing specialists from a range of groups, introduces this Mana Whenua - Ahi Kā Foundation document as a powerful representation of our collective desires and aspirations to successfully achieve our vision:

*Kotahi anō te kaupapa; ko te oranga o te tangata - there is only one purpose to our work; the wellness and wellbeing of the person.*

Our Four Waters (front page imagery) represent the merging of our unique identities and bringing our individual strengths, knowledge and expertise into the co-design of the service while reflecting our environment and the people's desire to work closer together. This Mana Whenua - Ahi Kā Foundation document outlines our partnership and leadership expectations at all levels, relationships, vision, purpose, principles and approach for the Waikeria Mental Health and Addiction Service (the service).

In the spirit of Te Tiriti o Waitangi, we came together as Te Arawai, Ara Poutama Aotearoa, Waikato DHB and other specialist groups in partnership to co-design a Mana Whenua - Ahi Kā Model of Care. This partnership is empowered by *Hōkai Rangi, Ara Poutama Aotearoa Strategy 2019 - 2024* which elevates wellbeing as key to the purpose of Ara Poutama Aotearoa and encourages coming together to develop new ways of working emphasising a more holistic approach to care and oranga.

The intent of the service is to improve the mental health and wellbeing of ngā tāne and provide transformative and intergenerational change for ngā tāne and their whānau. The Mana Whenua - Ahi Kā Foundation presents a new paradigm in thinking that recognises mana whenua - ahi kā to exercise their kaitiaki and manaakitanga obligations over the whenua and for the people who reside and work at Waikeria and guides the journey of ngā tāne through the service.

The Mana Whenua - Ahi Kā Foundation was created with input from many rich kōrero. We came together in partnership to share our collective voices ensuring the essence, mana motuhake and rangatiratanga of the people is recognised and is articulated throughout the document.

Our overarching principles of Kotahitanga and Aroha (Unity and Love) will keep us connected as we travel this journey together knowing that "ngā tāne in the care of our service will receive culturally and clinically effective mental health and addiction care services that will support their journey ko te oranga."



## Our Vision

### Vision

*Kotahi anō te kaupapa; ko te oranga o te tangata.*<sup>3</sup>

### Mission

*Ngā tāne in the care of our service will receive culturally and clinically effective mental health and addiction care services that will support their journey towards oranga.*

### Acknowledgements

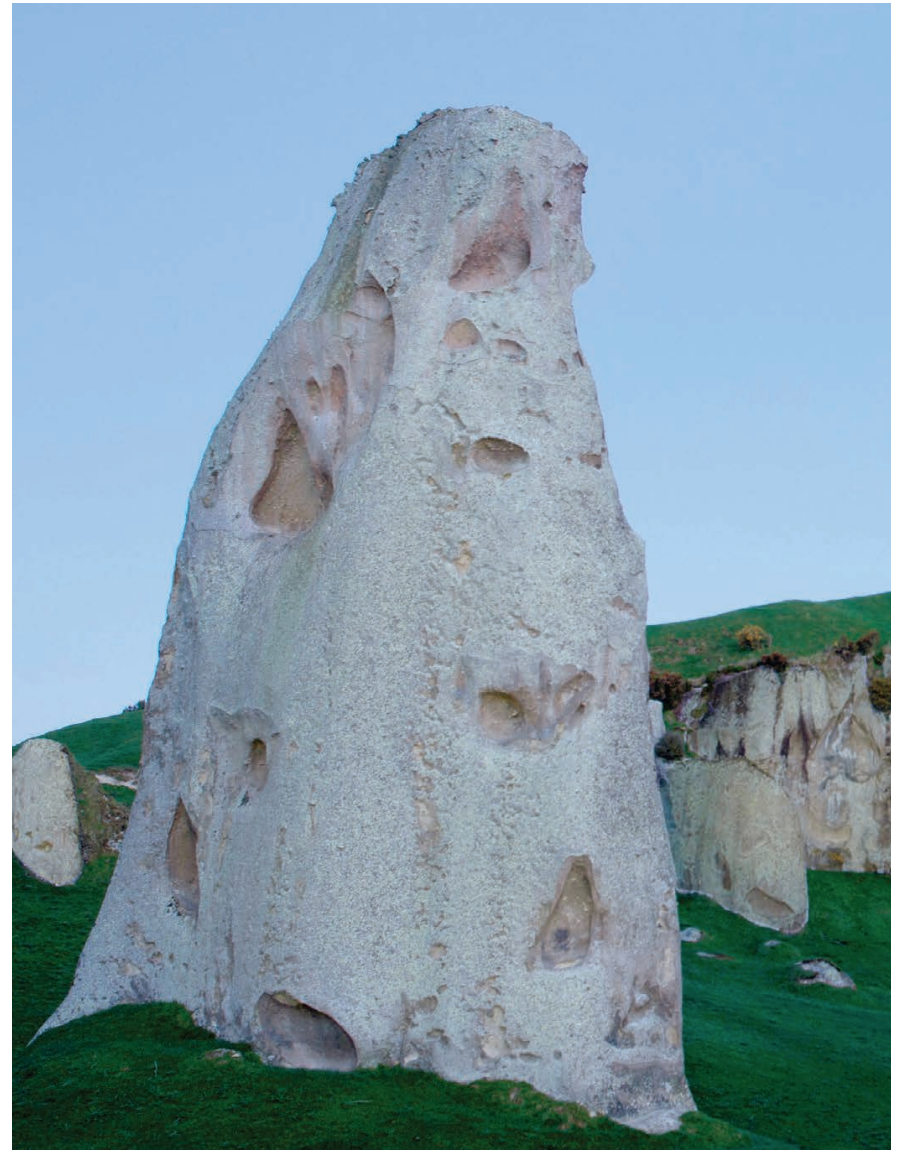
Ko te Rōpū o ngā Kaumātua o Waikeria e whakaae ana ki o rātou mema o mua me ngā Kaiwhakahaere me ngā kaimahi o mua. He roa tonu te whanaungatanga o tēnei rōpū me Te Ara Poutama o Aotearoa (Waikeria Prison), ngā Whakahaere me ngā kaimahi, otira, ko ngā tāne i roto i a rātou mahi.

Ko te whakatūnga o Te Rōpū o ngā Kaumātua o Waikeria, ā, kei te haere tonu te tiroiro i roto i te whare herehere o Waikeria. A, ka whakarite kia noho pono te atawhai ahurea Māori mō te whenua, te whakahaeretanga, ngā kaimahi me ngā tāne

Ko te kōwhiri o ngā mema o Te Rōpū o ngā Kaumātua o Waikeria kei te mana whenua, me te ahi kāroa e tohu ana i te iwi me ngā hapū o Raukawa me Ngāti Maniapoto hoki.

Te Kaumātua Rōpū o Waikeria acknowledges past members, management and Waikeria staff. This group has a longstanding relationship with Waikeria Prison, Ara Poutama Aotearoa, and ngā tāne in their care. Te Kaumātua Rōpū o Waikeria maintains oversight within Waikeria Prison of Māori cultural care for the whenua, staff and ngā tāne. The membership of te Kaumātua Rōpū o Waikeria comprises of mana whenua, and ahi kāroa representing iwi and the many hapū of Raukawa and Ngāti Maniapoto.

<sup>3</sup> There is only one purpose to our work; the wellness and wellbeing of the person.



**Tokahaere - he tangata he tupuna**

*Standing sentinel-like amongst the rolling hills is the impressive monolith Tokahaere. The naturally formed structure is unique and reflects the unique nature and stories of the people of Raukawa ki Wharepūhanga.*

## Treaty Partnerships

### **Raukawa Settlement Trust Vision**

**Raukawa kia mau kia ora  
A thriving Raukawa iwi**

The Raukawa Settlement Trust (RST) is the post settlement governance entity of the South Waikato based iwi, Raukawa. The RST was established in 2009 and is the mandated iwi authority, which forms the governance and representation arm of the organisation, representing 16 marae and numerous hapū. The RST's purpose is to advance the collective interests of its members and to ensure that its Treaty settlements are protected for the benefit of present and future members.

Raukawa ki Wharepūhanga are mana whenua - ahi kā on the land where Waikeria Prison is located. The RST and Raukawa Ki Wharepūhanga must therefore work to ensure that the Waikeria partnership and services reflect the values and vision of Raukawa and assists Raukawa in achieving their own aspirations.

### **Maniapoto Māori Trust Board Vision**

**A unified Maniapoto iwi achieving cultural and social wellbeing, environmental sustainability, and economic growth**

The Maniapoto Māori Trust Board (MMTB) was established in 1989 and is the mandated iwi authority which forms the governance and management arm for Maniapoto, representing 37 marae and at least 177 hapū. The MMTB is presently a pre-settlement governance entity for the King Country based Maniapoto iwi.

The MMTB is committed to building and strengthening positive, inclusive relationships with its iwi/hapū members and ensuring the benefits of a negotiated settlement with the Crown are used to advance the social, cultural and economic development of its people.

We remain supportive and continue to work alongside all mana whenua - ahi kā of Waikeria to develop a Māori Model for the Waikeria Mental Health and Addiction Service.

Furthermore this document does not detract from any other relationships that Ara Poutama Aotearoa has or will have with other marae, hapū and iwi entities.

## Mana Whenua - Ahi Kā

### Mana Whenua - Ahi Kā

This is a unique opportunity for mana whenua - ahi kā to lead the co-design of a Māori Model for the Waikeria Mental Health and Addiction Service (WMHAS). Historically, the mana whenua - ahi kā voice has been suppressed.

This service recognises mana whenua - ahi kā and supports them to exercise their kaitiaki and manaakitanga obligations over the whenua and people who reside and work at Waikeria.

Ngāti Maniapoto and Raukawa as the iwi for the region have a strategic and political role to play. Raukawa ki Wharepūhanga and Maniapoto ki te Raki as mana whenua - ahi kā will continue to work with their respective iwi to achieve our collective goals.

### The Role of Mana Whenua - Ahi Kā for the WMHAS

- Exercise the Treaty partnership in relation to this kaupapa.
- Exercise full kaitiaki responsibility over the whenua of Waikeria.
- Lead and participate in co-designing the model of care.
- Develop the tikanga and kawa of the service.
- Monitor the founding principles of the service approach.
- Audit and assess compliance of the service to the Mana Whenua - Ahi Kā Model and its principles.

### Our Two Symbolic Representations of Ahi Kā

1. Ahi kā is a reference to the fire that people must keep burning on their whenua, as a symbol or sign of their occupation of that whenua. Ahi kā is a metaphor too for the home people of the pā, who keep the home fires burning. The word 'ahi' means to burn, 'kāinga', which means home, derives from the kupu 'kā' - so another rendering of kāinga means 'where the fire burns' - where the ahi kā burns.
2. In ancient times, fire was an essential part of life within a village. It provided warmth during cold periods, a method to cook food, and light to guide the people home during long, dark nights. To our ancestors, the care of a central fire ensured their survival, so they tended to the fire every day and every night. Over time, this practice became known as ahi kā or the continuous maintenance of the home fires. The nature of ahi kā is not a single state, rather it, like fire, waxes and wanes dependent upon access to and the ability to stoke the flames.

#### Te Ahi Mahana / Ahi Teretere

A fire that is warm, not fully ablaze, but nonetheless burning. A reference to those who live away from the ahi kā but now and again return home for gatherings and reignite the ahi. He kanohi kitea, he hokingā mahara; a seen face, a homecoming of memories.

#### Ahi Mātao

A fire that has been reduced to dying embers, nearly extinguished. 'Ahi pīrau' - a fire that no longer burns.

He whakatauki 'ngaro tāngata ora' of the living who have been lost; the faces of those who have been missing for so long from the whānau, hapū, iwi; have been forgotten.

## Government Agencies

### **Ara Poutama Aotearoa Vision**

*Kotahi anō te kaupapa; ko te oranga o te iwi*

**There is only one purpose to our work; it is the wellness and wellbeing of the people.**

Ara Poutama Aotearoa is supporting and facilitating the development of this service. WMHAS will deliver wellbeing services in partnership with Raukawa, Ngāti Maniapoto, mana whenua - ahi kā and the Waikato DHB.

Te Kaumātua Rōpū o Waikeria are well established and provide Māori cultural / kaumātua services to the staff of Waikeria Prison, in support of ngā tāne in its care. Additionally, te Kaumātua Rōpū are the holders of the tikanga and kawa for Waikeria Prison.

Ara Poutama Aotearoa must help eliminate overrepresentation of Māori in the justice system through uplifting the oranga of Māori in our care and management, and their whānau. The current approach is not working for Māori - "unidimensional solutions to complex problems will deliver very partial solutions."<sup>4</sup>

The WMHAS is being developed to deliver positive oranga outcomes. The service delivers on *Hōkai Rangī*, the organisational goals of Ara Poutama Aotearoa, and those of the communities we serve.

### **Waikato District Health Board Vision**

**Healthy people, excellent care.**

*Mehemea ka moemoeā ahau, ko ahau anake.*

*Meheme ka moemoeā e tātou, ka taea e tātou.*

**"If I am to dream, I dream alone. If we all dream together, Then we shall achieve."**

- Te Puea Herangi

Waikato District Health Board (Waikato DHB) is responsible for providing and funding health services across the Waikato district. Iwi Māori Council has worked in partnership with the Waikato DHB to ensure a focus on radical improvement of Māori health by eliminating health inequities for Māori.

*Te Korowai Waiora* is the health system plan which identifies actions to work as one cohesive, integrated and coordinated health sector that involves the community and whānau in planning and delivery of services. *Te Korowai Waiora* will put our strategy of healthy people, excellent care and our Iwi Māori health strategy, *Ki te Taumata o Pae Ora*, into action. It has people at its heart with services actively developed in community settings where there is access and choice, close to where people live. The focus is a cohesive, integrated and coordinated health sector that involves community and whānau in planning and delivery.

In August 2018, Waikato DHB completed 29 "Let's Talk" hui in the Waikato community, with over 1,000 people voicing their experiences, views and ideas to inform a new direction for Waikato mental health and addiction services.

Engaging with Māori was a priority and Waikato DHB worked with local Māori service providers and their iwi to find the best way to reach them and hear their voice. Achieving equity for Māori and wellbeing for all people is a priority for Waikato DHB's mental health and addiction services.

The Waikato DHB develops its mental health and addiction services through a people, whānau and community-centred approach.

Building on this, the Waikato DHB will work in partnership with Ara Poutama Aotearoa, Raukawa, Ngāti Maniapoto and mana whenua - ahi kā to create and deliver the Waikeria Mental Health Service.



**Source**

*This image was taken on Pirongia*

**Pirongia Te Aroaro O Kahu**

*This name arises from the journey of Kahukeke (wife of Rakataura) from Kāwhia to the south Waikato and north Taupō districts. Kahu named numerous hills, mountains and other landmarks on her journey. Pirongia is also remembered as one of the homes of the legendary patupaiarehe, or 'fairy folk'.*

## ***Te Tiriti o Waitangi***

*The Court of Appeal recognises both versions; Te Tiriti o Waitangi in te reo Māori, and the Treaty of Waitangi written in English as being equally legal.*

The Government affirms that Māori are tangata whenua; the indigenous people of Aotearoa as stated in Te Tiriti o Waitangi.

Article 2 promised to uphold the authority that tribes had always had over their lands and taonga. The protection of taonga and the rights to exercise tino rangatiratanga in relation to improving health, economic, social, cultural, and educational outcomes for their people and communities is a key outcome of Te Tiriti o Waitangi. Our service will uphold these outcomes with support and guidance from mana whenua - ahi kā.

Te Tiriti o Waitangi remains a recognised and critical turning point for Māori, which must be respected and upheld. Therefore, the WMHAS must be underpinned by the principles of Te Tiriti o Waitangi.<sup>5</sup>

### ***Te Tiriti o Waitangi Principles:***

- **The Guarantee of Rangatiratanga**
- **The Principle of Partnership**
  - » Good faith, mutual respect, be able to express tū rangatiratanga
- **The Principle of Active Protection**
  - » Mana motuhake, manage affairs according to own tikanga, also that tikanga is present in all services that interact with Māori
- **The Principle of Equity**
  - » Specifically target disparities, promote social inclusion and expected benefits of citizenship
- **The Principle of Options**
  - » Right to choose social and cultural paths and exercise autonomy

***Te Tiriti o Waitangi obligations must be applied beyond just remedying historical and continuous disadvantage and inequities. They must enable Māori to flourish and lead their aspirations for health and wellbeing.***

***The principles describe a framework for working with Māori, and accurately reflect the dynamic of working with whānau<sup>6</sup> in our care.***

<sup>5</sup> Adapted from the Waitangi Tribunal. 2019. Hauora Report on Stage One of the Health Services and Outcomes Kaupapa WAI 2575. Wellington: Legislation Direct.

<sup>6</sup> Used to denote individuals and/or the collective someone may affiliate or belong to.

#### **Source**

*This image was taken on Maungatautari one of the sacred mountains of Raukawa, the pou is one of the many kaitiaki looking over this sacred mountain.*

## Our Supporting Relationships

*Each group contributes their own unique purpose, characteristics, values and principles to the development of the service. Mana whenua - ahi kā provides direction and guidance to our supporting relationships. It asks each group to align their contribution to the service with this model of care.*

### *Lakes DHB & Bay of Plenty DHB*

Ngā tāne will come from and return to different rohe. To support continuity of care for each tāne, Lakes and Bay of Plenty DHBs in particular will support ngā tāne with their ongoing journey to oranga. These DHBs provide community services to ngā tāne with assistance from Puawai Midland Regional Forensic Psychiatric Service, Waikato DHB.

### *Non-Governmental Organisations (NGOs)*

NGOs provide essential services to communities and ngā tāne. Many of these NGOs have a direct role in maintaining oranga for ngā tāne. Through the detailed design and development of the care streams, consultation hui and kōrero will take place with NGOs to ensure their kaupapa is aligned.

### *Community Service Providers*

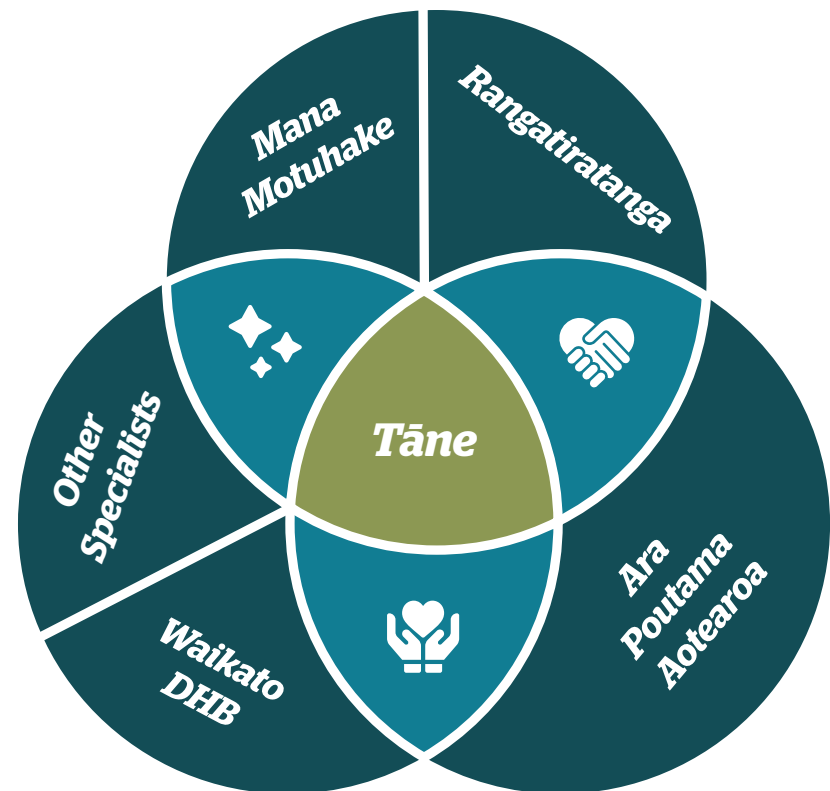
Community services provide assistance and aid to ngā tāne that supports their journey to oranga. Effective working relationships with these providers will help ensure that the transition from the service into the community is supportive and seamless.

### *Other Government Agencies*

Other government agencies provide support services to ngā tāne within Ara Poutama Aotearoa and in the community (e.g. social services like Work and Income). Relevant agencies will be included in the service design process to ensure they're integrated into the service to support continued wellbeing of ngā tāne.

### *Wānanga, Universities and Māori Health Researchers*

Universities, Māori health researchers and individuals from these areas provide specialist knowledge, guidance and the latest research to support the design of the WMHAS. Te Wānanga o Aotearoa, Te Whare Wānanga o Awanuiarangi, and Te Wānanga o Raukawa are recognised Māori education establishments that will inform the service design and workforce needs.



## Shared Service Principles

### Overarching Service Principles

#### **Kotahitanga and Aroha | Unity and Love - These principles underpin all we do.**

Feeling compassion and empathy with people in our care; rejecting negativity, aggression and ignorance, and encouraging processes that promote healing and growth.

***Kotahitanga and Aroha in particular are overarching across every single one of our core principles and are intrinsic to all parts of our service.***

Kotahitanga



Aroha



#### **Kaitiakitanga | Guardianship - We are responsive and caring**



Our service will reflect the principle of **kaitiakitanga**. As kaitiaki we have the ongoing responsibility to care for the land and its constant capacity to sustain the welfare of all those engaged upon the land. In this regard our service will provide facilities that are conducive to the ongoing care of all those that engage our service.

As kaitiaki our service will operate to best practice and will create an environment that promotes positive care.

**Kaitiakitanga means guardianship, protection, preservation and management of our natural world.** The natural world is not only based upon the physical (the five senses). Rather, it includes the esoteric realms including feelings, emotion and spirituality.

It is also a way of managing the wellbeing of the environment and our kaitiakitanga and connection to the environment.

#### **Manaakitanga | Respect - We care for and respect everyone**



Our service actively promotes the principle of **maanakitanga** which enhances the mana of all those who we interact with.

As such, manaakitanga includes the ethics of hospitality to visitors and treating people with respect. **Manaakitanga creates an environment that is safe and promotes wellbeing.**

It includes a reciprocal principle of assisting and offering support for mutually beneficial and socially responsible actions.

When engaging with whānau, hapū and iwi, our service will acknowledge the importance of relationships identified by each tāne, and facilitate and develop strengths-based approaches and solutions.



### **Wairuatanga | Spirituality - We acknowledge and foster the connection between the physical world and the spiritual realms**



Our service acknowledges the beliefs of ngā tāne, whānau, hapū and iwi are important to their overall wellbeing. **Wairuatanga acknowledges the existence of the physical and esoteric world manifested through feelings, emotions, thoughts and beliefs.**

An emphasis on the fostering of **wairuatanga** is a unique feature and is represented by Te Ao Mārama (the physical world) surrounded and connected to Rangitūhahā and Te Pō (the spiritual realms).

Each of these realms possess their own wairua that we access through our beliefs and understandings. In doing so, we construct a connection between the physical and spiritual realms.

### **Whānaungatanga | Relationships - We develop supportive relationships**



Our service understands the importance of whānaungatanga and values the relationships within whānau, hapū and iwi.

Our service also acknowledges the importance of building and nurturing relationships within our community.

We recognise that we are all part of a larger whole and that we are all interconnected.

We are all part of a collective; interdependent on, rather than independent of each other. Co-existing rather than operating in isolation.

Our service acknowledges the importance of identity in promoting the ongoing wellbeing of those interacting with our service. This includes connection through whakapapa to whānau, hapū and iwi.

### **Rangatiratanga | Leadership - We demonstrate leadership and are accountable**



Our service acknowledges that everyone possesses the attributes of rangatira. We will focus upon recognising these attributes within all of our interactions. We respect the uniqueness of the tāne, their whānau, hapū and iwi.

**Rangatiratanga is expressed through the attributes of integrity, humility, wisdom, honesty and altruism.** Our service recognises the importance of demonstrating the attributes of a rangatira.

### **Oranga Tāngata | Wellbeing - We provide an environment that supports wellbeing**



Our service seeks to optimise opportunities that support wellbeing across all aspects of an individual's existence.

**Orangatanga encompasses all the facets of the individual's wellbeing**, which includes their physical, mental, spiritual, social, cultural, environmental and economic health.

## ***Our Service***

---

*Our holistic and integrated mental health and addiction service is based on Māori tikanga and kawa. It serves ngā tāne in custodial care across the Ara Poutama Aotearoa Central Region, with a purpose-built facility at Waikeria Prison.*

The journey and learnings of Te Tirohanga unit and the kaupapa Māori therapeutic models and programmes that have and are still being delivered will be considered to support alignment and delivery. Our service will be a holistic one which draws on traditional Māori knowledge and the best of western clinical interventions with staff that have the attitudes, knowledge and competence appropriate to their role.

Working closely with our key partners, we will deliver a service underpinned by the tikanga and kawa practices outlined in the Foundation Document. We will develop a service utilising knowledge from the perspective of traditional and modern approaches. Te ao Māori, mātauranga Māori and tikanga Māori are imperative to ensuring ngā tāne can achieve equitable oranga outcomes that are accessible and individualised.



## ***Our Reach***

---

*Our regional service will provide services for ngā tāne in the care of Ara Poutama Aotearoa who come through Waikeria Prison, Spring Hill Corrections Facility, and Tongariro Prison.*



## Our Why

*Ara Poutama Aotearoa manages more people with mental health and addiction needs than any other single institution in New Zealand.<sup>7</sup>*

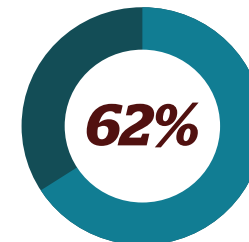
When people and their whānau enter our service, throughout their time here and upon departure, our duty of care will focus on enabling whānau to establish and enact mana motuhake to achieve oranga and whānau ora<sup>8</sup> for themselves. Our service will operate with a te ao Māori lens focused on whānau and connections, with a belief that what works for Māori works well for everyone.

“Colonisation and issues of racism have consistently been identified as underlying the relationship of Māori with the criminal justice system. For Māori, the impact of colonisation, neo-colonial practices and racism are everyday experiences that undermine, disenfranchise and frequently conspire to trap them in the criminal justice system. The criminal justice system has been used to actively weaken and undermine Māori culture and identity.”<sup>9</sup> The impact of colonisation has contributed directly to the disproportionate numbers of Māori in the criminal justice system.

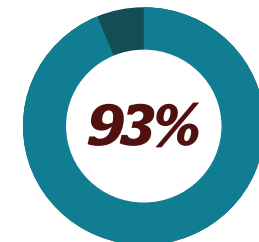
We heard from Māori in the Mental Health and Addiction Inquiry - *He Ara Oranga* and *Oranga Tangata; Oranga Whānau*, and the *Mental Health Inquiry Pacific Report*<sup>10</sup> that a society where a Māori approach is normalised and valued, and Māori are able to participate in practices and pursuits to maintain hauora, are key themes to achieving equitable outcomes in the justice and health sectors. We also know equity recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes.<sup>11</sup>



*Of Māori in prison in 2015, the percentage that would have met the criteria for a mental health and/or addiction diagnosis:*



*in the last 12 months*



*in their lifetime*

<sup>7</sup> Indig, D., Gear, C., & Wilhelm, K., (2016). Comorbid substance use disorders and mental health disorders among New Zealand Prisoners, Department of Corrections, p.12

<sup>8</sup> Outcomes for whānau ora include being self-managing, pursuing healthy life-styles, participating in society, confidently participating in Te Ao Māori, being cohesive, nurturing and resilient

<sup>9</sup> He Waka Roimata – Transforming Our Criminal Justice System – Te Uepū Hāpai i te Ora

<sup>10</sup> He Ara Oranga: Report on the Government Inquiry into Mental Health and Addiction, Oranga Tangata; Oranga Whānau - A kaupapa Māori analysis of Consultation with Māori for the Government Inquiry into Mental Health and Addiction

<sup>11</sup> Ministry of Health 2019

## Our Purpose

*Our purpose is to create a service where ngā tāne and their whānau are supported in a personalised, meaningful and culturally appropriate way. Oranga for ngā tāne is paramount to the continued holistic hauora of ngā tāne, whānau, hapū, and Iwi.*

We will design a robust service built on the mana whenua - ahi kā foundation to respond to inequities in the Justice and Health Sectors. We acknowledge a different approach to the status quo is required. Hōkai Rangi (Appendix 1) mandates Ara Poutama Aotearoa to work with Māori and tangata whenua to collectively provide innovative and effective solutions to the over-representation of Māori in our care.

### **The WMHAS is based on:**

- **A te ao Māori perspective** and operating on a tikanga and kawa basis
- **Providing support for tāne to provide them with the skills, connections and knowledge** to navigate through potential situations and conditions that destabilise their lives
- **Catering to the needs of ngā tāne**
- **Providing equitable care; and,**
- **Involving whānau throughout the care process.**

This service will be delivered in the Central Region and based at Waikeria Prison. Our belief is that this model could be transferrable and scaleable across the country.

We will listen to ngā tāne and their whānau to ensure a mana-enhancing service responsive to the individual needs of tāne in our care and their whānau is developed.



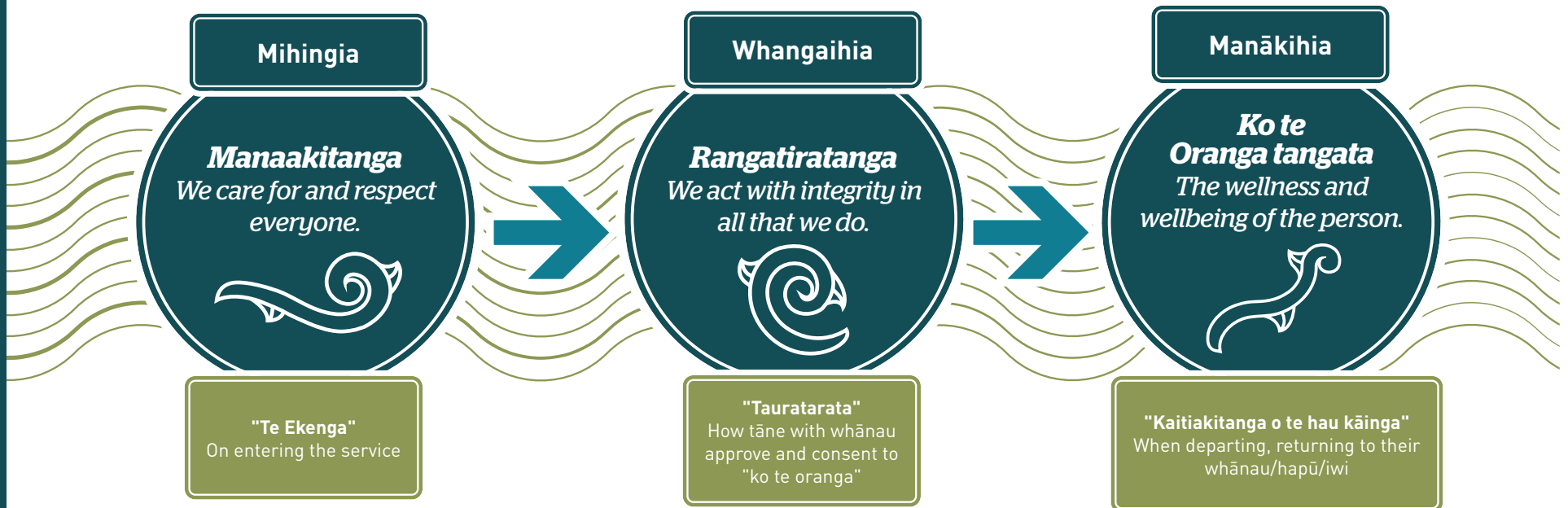
#### **Source**

*This image has been sourced from Pūniu River Care, based at Mangatoatoa Marae. PRC fulfil their manaakitanga obligations over our awa (rivers) by way of native plant restoration along the Pūniu River, this provides a sense of purpose "Healthy Awa, Healthy Whānau".*

## The Framework

“ *Mehemea ka tae mai he manuhiri ki mua ki tou aroaro, mihingia, whāngaihia, manaakihia kia ōti ai tona noho.<sup>12</sup>*  
*Ina wehe atu koe, ka wehe haumanu koe, kua ngākau ora anō, kua hoki haumaruru ki te kāinga.<sup>13</sup>* ”

## The Journey Overview - The River Diagram



<sup>12</sup> When a visitor should arrive before you, welcome them, accommodate them, and host them with your utmost consideration before they depart.

<sup>13</sup> When you leave, you will depart whole, replenished and we will bid you safely home.

### *Journey Through Our Service*

Ngā tāne in our care will have individual and specific requirements based on their need. To enable the principle of continuity of care, our service will have a presence throughout the justice system and will commence at pre-sentence activities through a mobile service, as well as effective support to transition safely back to their whānau and communities upon release.

Staff will support ngā tāne and their whānau with processes, personal care streams, and facilitate connections to other services. All staff will be confident to participate in whānaungatanga with whānau and facilitate the tikanga and kawa of the unit.

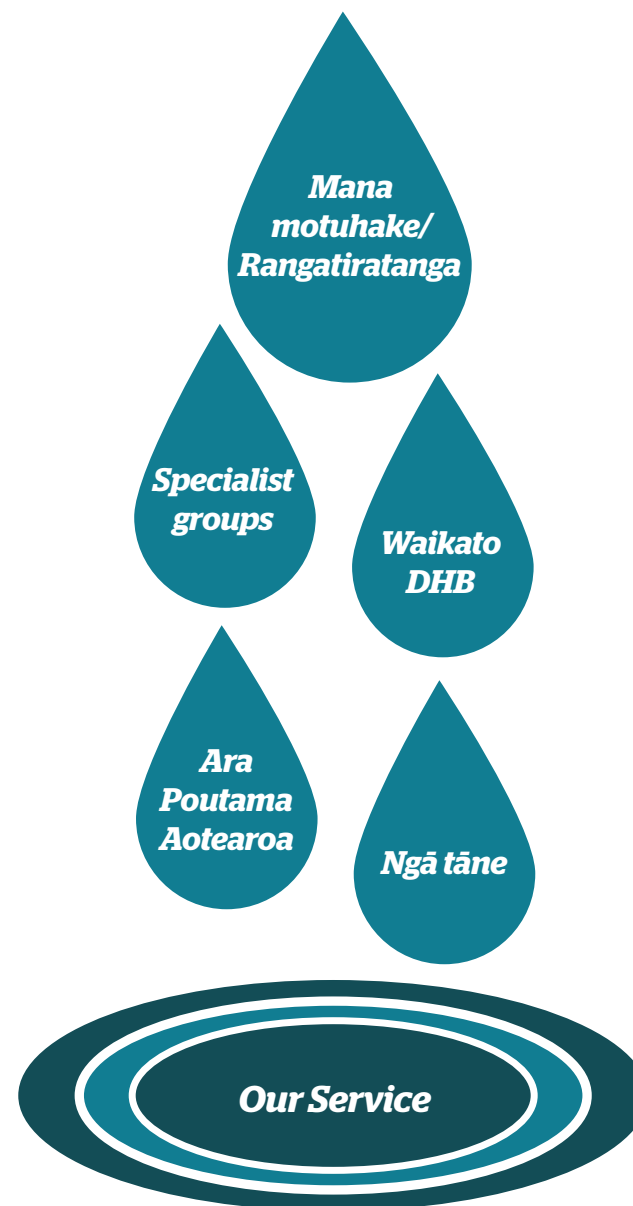
All handover points will be carefully considered, managed, and a transition will take place for the purposes of sharing information and continuity of care.

Throughout the journey of ngā tāne and their whānau, manaakitanga and whānaungatanga will be demonstrated by all staff. Individual tāne connections to whakapapa, whenua and tikanga will be facilitated by staff, and further supported with assistance from Raukawa, Ngāti Maniapoto, mana whenua - ahi kā.

Tikanga and kawa practices will underpin care pathways, guided and provided by mana whenua - ahi kā and the Kaumātua Rōpū of Waikeria. This tikanga will guide the development of our service across Waikeria and the Ara Poutama Central Region. Tikanga and kawa for our service will be supported by other mana whenua groups of ngā tāne where necessary to ensure individual journeys to oranga are supportive to the needs of whānau.

Ngā tāne who enter this service may have whānau, hapū, Iwi, and relationships outside of the Central Region. Tikanga and kawa will guide us to support these connections with whānau and whakapapa.

Staff will be expected to act in accordance with the kaupapa and principles of the service to deliver meaningful outcomes and support oranga for all.



#### **Our Service Diagram - Right**

*In keeping with our four waters motif, this diagram represents the collective contribution to our service from our treaty partners and key specialists to develop and deliver our service. The ripples represent the collective efforts culminating in our service.*



### *Mihingia/Manaakitanga - Te Ekenga*

Ngā tāne, their whānau, and all staff will have a pōwhiri/whakatau to welcome them into the WMHAS. Ngā tāne and their whānau will be inducted and transitioned into the service through a manaaki process.

Whānaungatanga will create connections for ngā tāne; with staff, whānau, services and each other, to develop an immediate support network. Ngā tāne will be connected with people who can assist with identifying whakapapa, current cultural understanding, and what support they need to accomplish oranga holistically.

In the early stages of mihingia, understanding each tāne and their holistic whānau needs is pivotal in ensuring their needs are met. This will include the strengths of identity and connection with whānau and their state of wellbeing.

Staff will be a first line of support for ngā tāne and their whānau.



### *Whāngaihia/Rangatiratanga - Tauratarata*

The period of whāngaihia represents the experiences of ngā tāne while in our service. It will be important to determine what the individual needs are of people and their whānau. Cultural assessments and appraisals will provide information and understanding to inform the development of a detailed care plan which will be created with tāne, their whānau, staff, and any other identified and agreed person or service. The care plan will be fluid and adaptable as required to guide people through their care stream.

Whānau will be invited to participate along the journey as requested and/or agreed to by each tāne. Ngā tāne and their whānau will inform our service and their care plans with their needs for oranga and mana motuhake as a whānau unit. Ngā tāne will have an active role in determining their desired outcomes, means to get there and who can support them. Māori frameworks will be utilised to enable ngā tāne to strengthen whānau connections facilitating reconnection with their cultural identity.

Wellness as defined by the tāne will be a focus for their whāngaihia experience. Our service will provide the expertise and space to support their needs to reach and maintain oranga, this will be led by the individual with support by WMHAS. The needs of each tāne will be prioritised and ngā tāne will determine how they spend their time in the WMHAS, and will identify the support they will need upon release to self-manage their wellbeing.





### *Manākihia/Ko te oranga tangata - Kaitiakitanga o te hau Kāinga*

Relationships and connections will guide ngā tāne and their whānau through our service and ensure they receive the most appropriate care. Whānau are critical to this process. Our service will slowly decrease intervention to allow other services to provide ongoing support and continuous care as ngā tāne develop their own supports to assist their healing, wellbeing and connections. This process can occur at any stage of a person's journey.

Our service will enable people to reconnect easily should there be a change in circumstances, and they feel they would benefit from further support.

Our service is not a destination; it is intended ngā tāne will be transitioned out of the service, into other units, into the care of their whānau and communities, as they learn how to maintain their wellness. Transition processes will include appropriate cultural handover practices for tāne, their whānau and supporting staff.

Whakawātea practices will take place; an important practice that acknowledges a period of grieving, letting go, and transition. Personalised whakawātea will be undertaken closely with mana whenua, iwi, hapū, whānau and tāne. Support at this stage of the journey will be vital to ensure the processes are followed appropriately and the wairua enhancing value of whakawātea is experienced by all tāne who go through this process.

Whakakapia is recognition of the end of one journey and the beginning of another. Tanē will commence their journey ko te oranga. Upon leaving the WMHAS it is envisaged that they will not return, that they will leave as a whole person.

Īna wehe atu koe, wehe haumanu koe, kua ngākau oranga anō, kua hoki haumaruru ki te kāinga.



**Source**

*The pou depicted in this image is a kaitiaki that looks over the whānau of seedlings to ensure their healthy growth and development for their new journey, "Manākihia".*

## ***Our Service Approach***

*These are the qualities that will be incorporated into our service.*

### ***Kaumātua Rōpū o Waikeria***

The Kaumātua Rōpū o Waikeria are our keepers of the tikanga and kawa, knowledge and traditions of mana whenua - ahi kā. Our kaumātua are the guardians of whakapapa to the whānau, marae, forests and sea. Through their expertise in whaikōrero, whakapapa, tikanga, kawa, karanga, waiata, and hongī, our visitors are welcomed, protocols followed, and manaaki is practiced.

### ***Kawa, Tikanga Māori, Te Ao Māori and Mātauranga Māori***

Raukawa, Ngāti Maniapoto, mana whenua - ahi kā play a key role in the delivery of the service from a cultural and customary perspective. Provisions are made in the Māori Model to actively convey kawa, tikanga, te ao Māori and mātauranga Māori. Hōkai Rangī prioritises the embedding of mātauranga Māori in the design and evaluation of Ara Poutama Aotearoa services as a central pou to achieve better outcomes for Māori.

### ***Whānau Ora***

WMHAS acknowledges that whānau may often feel that they are excluded from being involved in supporting their family member with their recovery. This service is committed to involving whānau wherever possible and practical to ensure they are always aware and involved in the care and support of whānaunga. We acknowledge that every tāne belongs to a whānau.

### ***Tāne-Centred Care***

Being tāne-centred means that when we plan care with tāne, we think about the effect of what we are doing for tāne and their whānau in a holistic sense. Ngā tāne will have a variety of options to choose from in terms of the activities and interventions to support them with their oranga.

### ***Oranga Focused | Te Whare Tapa Whā***

WMHAS will focus on wellbeing holistically. Utilising Te Whare Tapa Whā to capture all aspects of Māori wellbeing - Taha Tinana, Taha Wairua, Taha Whānau, and Taha Hinengaro – tāne in the care of WMHAS and their whānau will be better supported to achieve oranga.

### ***Continuity of Service***

Continuity of care means that the agreed care is provided consistently by a core group of people as tāne move through their care pathway, and as they transition out of the service. Our service will be consistent in the delivery of service to ngā tāne as their needs change.

### ***Equitable Outcomes***

Equitable care recognises that ngā tāne have different levels of need and may require different levels of service to achieve equitable outcomes. Equity is an outcome also reflected in Te Tiriti o Waitangi promoting social inclusion and targeting disparities that lead to inequitable outcomes for people.

### ***Least Restrictive Care***

Oranga will be achieved through the least restrictive clinically and custodial available care through a tāne-centred approach and a therapeutic environment.

### ***Comprehensive and Flexible Range of Effective Services***

This regional service will have multiple levels of care and support available which can be tailored to meet individual needs of tāne. Comprehensive services will be available in the form of structured formal programmes, self-help via electronic therapies (e-therapies), and increased access to education, cultural and vocational information and activities, all of which will be designed to support wellbeing.

### *Information Transparency*

Our cross-agency partnership will enable better care for ngā tane through efficient information sharing and better access to health services. Staff will require access to information without barriers and delay to ensure the care provided is timely and applicable based on current information. To best assess and manage the services provided, as well as hearing from the tāne about their needs, information based on previous interventions will be required to gain a holistic understanding of the needs of the tāne.

### *Timely and Responsive Access to Services*

Services will be delivered as soon as practicable and reasonable for ngā tāne as per their identified needs and co-created care plan. Services will be provided when and where they are required and will be responsive to their needs. Tāne may have multiple issues that impact on their wellbeing. The service will be flexible enough to tailor the care needed to effectively respond and adapt to those individual needs.

### *Research, Evaluation and Reporting*

Research is a key focus and will enable us to develop knowledge on how to deliver culturally and clinically effective services. Evaluations of our service will be undertaken using new measures to be developed. This will be supported by qualitative and quantitative data considerate of the outcomes to be achieved.

### *Skilled, Valued and Supported Woven Workforce*

The workforce is a critical enabler to deliver the service. Ara Poutama Aotearoa, mana whenua – ahi kā and Waikato DHB will design the processes and policies to establish and support the staff. We acknowledge the expertise of both mātauranga Māori and western health sciences. Specialist services will be provided by the Waikato DHB alongside Māori specialist services and practitioners. The “woven” workforce will be an integrated interdisciplinary team made up of Māori support roles, specialist clinicians/practitioners, peer support workers and custodial staff.

Māori support roles will support ngā tāne to stay connected or reconnect to their culture, their whakapapa, and their whānau;

- facilitate whanaunatanga for ngā tāne incorporating te reo Māori, te ao Māori mātauranga Māori and tikanga Māori wānanga
- taha wairua and holistic healing of ngā tāne moving through our service, with guidance by tohunga and rongoā Māori.

Mana whenua - ahi kā will be key to identifying these roles and the appropriate people to fill them, as well as educating and supporting the understanding of cultural practices across the entire workforce.

People with lived mental health and addiction experience will form our peer support for ngā tane. These roles offer their experience, understanding and hope to practically assist people to navigate through their own experience of mental health and addiction distress.

Custodial staff will support the integrated team to provide responsive and effective care.



**Source**  
*Lest we forget all who died at the battle of Orakau, Rewi Manga Maniapoto's Monument stands as a reminder for us that we need to secure and maintain a unique and sustainable relationship with the crown. "Kā tonu whawhai matou ake ake ake - We will fight on and on and on."*



**Source**

*From Pūniu River Care, the image resembles the natural state of our whenua / awa and how aspirations are personified within the health and wellness of the awa. "Ko au te awa ko te awa ko au - I am the river and the river is me".*

*The WMHAS is identified as a critical enabler of Hōkai Rangi and intends to deliver on all six of its outcome areas.*

*Hōkai Rangi states that the WMHAS will operate a Māori Model.*

Hōkai Rangi acknowledges and has outlined principles of Te Tiriti o Waitangi and the duties and obligations of the Crown and its agencies to:

- » actively protect Māori interests
- » treat Māori fairly
- » involve Māori in designing, developing, and implementing strategies that affect Māori and
- » work in partnership to rehabilitate and transition Māori into their care.

## Appendices

### 1. Hōkai Rangi *Ara Poutama Aotearoa Strategy | 2019 - 2024*

*On 19 August 2019, Hon. Minister Kelvin Davis released Hōkai Rangi, the new organisational strategy for Ara Poutama Aotearoa.*

This strategy is a first; an organisational strategy co-developed with Māori, designed to specifically address the long-term challenge of Māori re-offending and imprisonment. This is not the new 'Māori Strategy' for Corrections; it is the new strategy for Ara Poutama Aotearoa, a new way of working with clear expectations to deliver on clear outcomes.

Hōkai Rangi is organised into six key outcome areas of which the Waikeria Mental Health and Addiction Service project intends to deliver on all.

#### 1 Partnership and Leadership:

Ara Poutama Aotearoa want to exemplify Māori-Crown relations in action. That means authentic shared decision-making and co-design with Māori.

#### 2 Humanising and Healing:

Ara Poutama Aotearoa staff will treat those in their care with respect, upholding their mana and dignity. No-one should be further harmed or traumatised by their experiences with Ara Poutama Aotearoa.

#### 3 Whānau:

Whānau will be supported to walk alongside Māori in the care of Ara Poutama Aotearoa on their rehabilitation and reintegration journey.

#### 4 Incorporating a Te Ao Māori Worldview:

Access to culture is a fundamental right, not a privilege, regardless of a person's circumstances. Matauranga Māori will be prioritised, embedded, and protected to innovate and improve what Ara Poutama Aotearoa does.

#### 5 Whakapapa:

Ara Poutama Aotearoa recognises that whakapapa can be the beginning of healing and wellbeing - and will create a safe environment for Māori to share and learn about their identity.

#### 6 Foundations for participation:

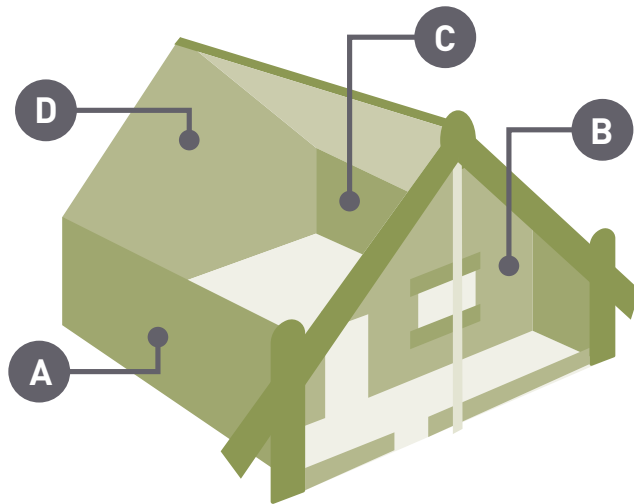
Hōkai Rangi understands that people in the care of Ara Poutama Aotearoa and their whānau need to have their basic needs met and the relevant tools for full participation in society, and will receive the support they need prior to release.

## 2. Te Whare Tapa Whā

*The 'mauri' (life force) of people and of objects, and the strength of cultural identity, are key contributors to health in a Māori world view.<sup>14</sup>*

Te Whare Tapa Whā is a model which compares healing, to the four walls of a house. Each wall represents a different dimension of health or wellbeing. It takes into consideration the spiritual (taha wairua), mental (taha hinengāro), physical (taha tinana) and family (taha whānau) dimensions.

This model is derived from Māori values, customs and beliefs and complements the clinical recovery model used by mental health professionals. Te Whāre Tapa Whā is a holistic approach to care, and focuses on establishing and maintaining relationships to Māori throughout their entire journey.



- A Taha Tinana (Physical Health)**  
The physical health of Māori is connected to a person's spirit, mind and whānau.
- B Taha Wairua (Spiritual Health)**  
Wairua encapsulates the mauri around a person and its impact on an individual's spirit. Wairua requires a consideration of environment, a link to past generations and a connection to higher powers. Traditionally, an examination of an unwell person would include an assessment of the impact that wairua was having on that person's health. Wairua can impact on both illness and treatment.
- C Taha Whānau (Family Health)**  
Whānau play an important role in the wellbeing of a person. They can contribute to sickness as assisting in curing illness. The sense of belonging and strength that whānau provide is one of the foundations of Māori health.
- D Taha Hinengaro (Mental Health)**  
Thought, feeling and emotions are invariably linked to physical and spiritual wellbeing. Māori acknowledge the vital link that thoughts, feelings and emotions have to overall health.

[Adapted from Durie, 1994<sup>15</sup>]

<sup>14</sup> Best Practice He Hauora Wairua: Māori Mental Health bpacnz

<sup>15</sup> Durie M. Whāiora: Māori Health Development. Oxford University Press; 1994



Te Arawai



**ARA POUTAMA AOTEAROA**  
DEPARTMENT OF CORRECTIONS





## Information



## **General Business**



**Next Meeting: 24 June 2021**