Pūrongo Whakamutunga

15 July 2020

Tumu Whakarae Chair
Riki Nia Nia

MIHI

Haere mai tūpuna, te wairua tapu me ngā Atua.

Whakatau te mauri, waerea te whakaaro, whakakoia te hinengaro, whakamāhakitia te ngākau,

kia pūtohe ai te rere.

Whakamarutia, whakakaha ai, whakaorangatia te matinitini!

Uhi, Wero, Tau mai Te Mauri, Haumi ē, Hui ē, Taīki ē!

Ka heke ngā roimata mō te hunga kua haere atu ki te pō. I te mea, nā rātou i paratia mai te huarahi mō te ānga whakamua. Rātou te hunga wairua ki a rātou, tātou te hunga ora ki a tātou. Tēnā koutou!

E te whānau o Tumu Whakarae. Whakamihia! Mihi whakaute ki a koutou katoa, ōku tuahine, ōku tuakana! Whakamihia hoki ki ngā ururangi tawhito o Tumu Whakarae, nā rātou i pakari te tūāpapa mō to mātou kaupapa. Ko te oranga o te Iwi Māori! Aue Pae Ora e!

He mihi manahau, he mihi maioha ki a Wikepa Keelan, te tiamana tuatahi o Te Tumu Whakarae. Nāu te ringa tuitui, nāu i whakakaupapa Te Tumu Whakarae mō te rangi ināianei. Ka rere tonu ngā mihi ki ngā tiamana i ngā tau kua pahure nei, ko Te Aniwa Tutara, ko Marty Rogers, ko Gary Coghlan, ko Grant Berghan koutou ko Bernard Te Paa. Tēnā rā koutou katoa!

E kore rawa e mutu ngā mihi ki ngā kaitiaki o Te Tumu Whakarae. Ko Matua Eru George, ko Whaea Mihi Namana koutou ko te Kahurangi, ko Whaea Naida Glavish. He mihi aroha ki a koutou, nā koutou ahau i poipoia, nōku te waimarie, nōku te whiwhi.

Ka tukua tēnei pūrongo ki a koutou katoa, hei whakaatu atu te mahi o Te Tumu Whakarae. Ko te kaupapa matua ko te whakamanahia ngā whānau, ngā hapū,me ngā Iwi o Aotearoa!

Ahakoa, i heke au mai te turuwera o Tumu Whakarae, ka tū tonu tōku aroha mō tēnei kaupapa mō koutou hoki e te whānau o Te Tumu Whakarae!

E te whānau, kia tū kaha, kia tū ora, kia tū pūmau, kia whakaoratia ngā whānau, ngā hapū, me ngā Iwi o te motu! Mā te aroha, ka manaaki! Mā te manaaki, ka ora! Mā te ora, ka puāwai!

Aue, Tumu Whakarae e!

Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa!

Riki Nia Nia, Tumu Whakarae Chairperson (2013-2020)
(Ngāti Kahungunu, Tūhoe)

RIKI NIA NIA
NGĀTI KAHUNGUNU, TŪHOE

Outgoing Chairperson of Tumu Whakarae (Combined DHBs Māori Health Leadership Group

3 July 2020

I have been the Chair of Tumu Whakarae since March 2013. This report provides my handover as the outgoing Tumu Chair including the new strategic priorities and draft work programme. It also highlights some of the kaupapa that I have been privileged to lead and support in my chairmanship.

On 3 July 2020 I left my role as General Manager of Māori Health for Auckland and Waitematā DHBs. This was in order to take up my appointment to a newly created role as the Executive Director Māori, Equity and Health Improvement with Waikato DHB. I subsequently made the decision to stand down as Chair of Tumu Whakarae and Kia Ora Hauora in order to fully focus on my new role.

I will be retaining the following governance roles:

- Chair: Te Mana Taneora o Aotearoa - Māori Men's Health Coalition
- Chair: Waka Hourua National Māori and Pacific Suicide Prevention
- Member: ACEM Māori Health Equity Expert Advisory Group

CHAIRPERSON TERM

Chair Start Date	March 2013
Chair End Date	July 2020

The Chair is elected by the members of Tumu Whakarae. Although the Chair role is for a term of 2 years, Tumu Whakarae members requested that I remain in the Chair role for the past 8 years.

Acknowledgements

I would like to acknowledge the support of Tumu Whakarae members over the years.

Special thanks to Kahurangi Naida Glavish and our kaumātua, Whaea Mihi Namana and Matua Eru George for their wisdom and ngākau aroha.

I would also like to acknowledge the strong leadership and tautoko demonstrated by Hector Matthews and Tricia Keelan in my time as Chair. Tapatapahi ana kōrua!

This is an exciting time as we move forward with the COVID 19 recovery and front foot the recommendations of WAI 2575, the He Ara Oranga Report and the Simpson Report.

I'm looking forward to my new role and continuing to take every opportunity to improve the health and wellbeing of our people.

I offer the incoming Chair my support and all the best for the future.

PART ONE

ABOUT TUMU WHAKARAE

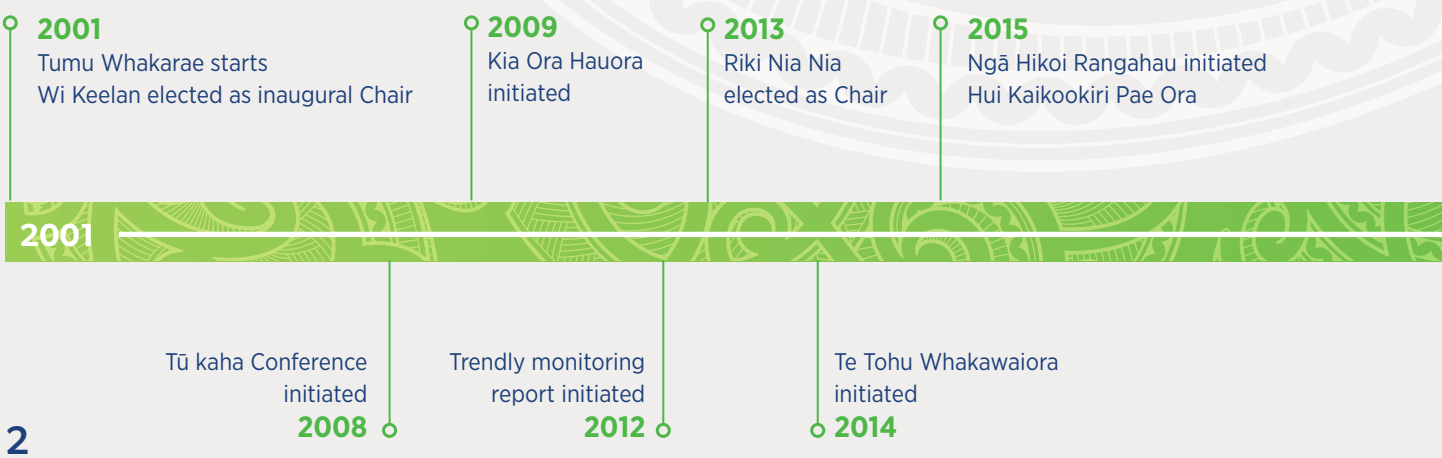
Tumu Whakarae is the National Reference Group of Māori Health Strategy Managers within District Health Boards (DHBs)

Te Tumu Whakarae was formed in 2001, originally by Wikepa Keelan, who was then GM for Māori Health in the Hawkes Bay. His establishing leadership was crucial to the development of the group including its founding pillars which reflected Te Tiriti o Waitangi, Māori health excellence and Māori led system transformation. The group was brought about by the presence of the Treaty of Waitangi in the Public Health and Disability Act 2000. This new platform facilitated accelerated Māori health development including quality improvement, investment and the coordination and sharing of intelligence and innovation across the country.

Te Tumu Whakarae members are involved in many different pathways toward rebuilding healthy futures for Māori in alignment with He Korowai Oranga.

The membership of Tumu Whakarae has changed over the years as the incumbents of Māori Health leadership positions change within DHBs, but the kaupapa of Tumu Whakarae has not changed, it has and continues to be about excellence in Māori Health. Fundamentally as Māori Health leaders in their respective regions, the group comes together to elevate that leadership to a national level to influence the sector. A current Membership List is provided in Appendix 1.

Wikepa Keelan - Ngāti Porou, Ngāti Kahungunu
Establishing Chair of Te Tumu Whakarae



TUMU WHAKARAE OPERATIONS

Meetings: Tumu Whakarae meetings were typically held 3-4 times each year with hosting rights rotated around the DHBs. However with the evolution of a Secretariat and a DHB-specific meeting space on Tory Street in Wellington, all meetings now occur in Wellington. Clearly during events such as the Covid-19 epidemic, meetings became much more frequent and were convened online. Future meetings could be held in the regions from time to time to connect and engage with mana whenua.

Decisions: Decisions of the group when needed are made by consensus. At times some individual members may not be able to support national agenda items where they have unique circumstances within their own DHB, this position is respected. Where decisions need to be made in between meetings, the Chair will arrange for the matter to be circulated by email for feedback, any objections or changes and set a final date for decisions / support for a matter.

Costs: DHBs share the cost of operational expenses and meetings. In the future Central TAS will provide Secretarial support and some targeted project support.

Work Programme: Tumu Whakarae has a draft Work Programme in place (Appendix 2). This will need to be finalised at the next meeting by the incoming Chair and members as this will provide a guide for Central TAS to keep track of our activity and report on activity and progress.

Tumu Whakarae Leads

Chairperson: Riki Nia Nia

CEO Lead: Dr Dale Bramley

Regional Leads:

Northern: Harold Wereta
Midland: Phyllis Tangitu
Central: Rowena Kui
Southern: Hector Matthews

2016
International Indigenous Health Collaborative begins

He Huliau Indigenous Health Conference

2018
TW Submission on Government Mental Health & Addictions Inquiry

TW Relationship with ACEM

Te Ara Whakawaiora initiated

2019
DHB Te Reo Māori programme with Te Wānanga o Awanuiārangi

DHB Workforce Statement for Māori Staffing Proportionality

2019
Wai 2575 Waitangi Tribunal Report

HQSC Dashboard reporting redesign

2020
Central TAS Secretariat begins

Health & Disability Services Review

TW Response on Covid-19

2020

Bernard Te Paa - Ngāti Whātua (Previous Tumu Whakarae Chair) Chief Advisor - MOH.

Hector Matthews - Te Rarawa and Te Aupōuri. Executive Director, Māori and Pacific Health, Canterbury DHB.

SECRETARIAT

Secretary: Phyllis Tangitu

Taituara: Jacque-Ann Heta

Prior to July 2020, most of the administrative functions for maintaining Tumu Whakarae, rested with the members. Different members led specific portfolios, hosted meetings, took minutes, managed projects and maintained documentation. As from 1 July 2020, Tumu Whakarae will now have a 1 FTE position based with Central TAS in Wellington and funded by DHBs dedicated to Tumu Whakarae. The position reports to the Director of Workforce Development and has a 'dotted line' report to the Chair of Tumu Whakarae. Key functions of the Tumu Whakarae position are helping to organise and minute the quarterly (or more frequent) meetings each year; supporting strategic priorities and supporting achievement of the Work Programme. I recommend that the new Te Tumu Whakarae 1 FTE secretariat arrangement is reviewed in 6 months time to ensure effectiveness and comparative equity within the emerging context of WAI 2575, the Simpson Report and He Ara Oranga work.

POST HOLDERS

I acknowledge the key Tumu Whakarae post holders and thank each of them for their support, leadership and valuable contributions.

Kaumātua: Eru George, Tūhourangi
Lakes DHB

Mihi Namana, Ngāti Kahungunu, Ngāti Porou
Wairarapa DHB

Iwi Lead, Dame Naida Glavish, Ngāti Whātua
Chief Advisor, Tikanga, Waitematā and Auckland DHBs

Secretary, Phyllis Tangitu, Tūhourangi, Ngāti Wāhiao General Manager, Lakes DHB

STRATEGIC PRIORITIES

1) Leveraging strategic relationships and technology to influence breakthroughs

2) Influencing and informing Māori health policy and intersectoral developments

3) Fostering Māori and health workforce development

4) Creating and sharing innovation and indigenous health excellence

PART TWO

STRATEGIC OVERVIEW

The Tumu Whakarae members conducted several workshops in 2019 to review and update the strategic priorities of the group. This handover report is structured around the new strategic priorities:

- Leveraging strategic relationships and technology to influence breakthroughs
- Influencing and informing Māori health policy and intersectoral developments
- Fostering Māori and health workforce development
- Creating and sharing innovation and indigenous health excellence

Te Tumu Whakarae's Strategic Framework for the last several years is provided below:

TUMU WHAKARAE
National DHB GM Maaori Strategic Reference Group

OUR PRIORITES FRAMEWORK 2018

Vision	**Pae Ora** *Māori are the healthiest people in the world*			
Strategic Priorities	**Mauri Ora** **Healthy Individuals**	**Whānau Ora** **Healthy Families**	**Waiora** **Healthy Environments**	
Strategic Directions – **Our Approach**	1. Provide & encourage transparent & effective Leadership 2. Lead a Māori equity culture in our system 3. Provide & expect evidence based approaches 4. Utilize partnering & collective Impact approaches 5. Value Māori leadership, intelligence & innovation 6. Advocate for proportionate universalism (Targeted resourcing & effort)			
Strategic Directions – **Key Focus Areas**	1. Working Inter-sectorally to accelerate Māori health gains 2. Improving Systems Performance (Planning, monitoring & intelligence) 3. Developing greater Māori health capacity & capability 4. Commissioning for Outcomes			

STRATEGIC RELATIONSHIPS AND TECHNOLOGY TO INFLUENCE BREAKTHROUGHS

Tumu Whakarae works with many groups and organisations in its endeavour to achieve Māori Health excellence throughout the health system in Aotearoa. As such, continuing to forge and maintain strategic relationships should remain a top priority. Tumu Whakarae's relationships are also international, since 2015 we have developed excellent relationships with our indigenous whānau in the USA and Canada. They have similar health inequities to Māori and our shared learnings have been immense. Through this collaboration we have developed an informal network called the International Indigenous Health Collaboration (IIHC).

Australasian College of Emergency Medicine (ACEM)

Lead: Riki Nia Nia

As Chair of Tumu Whakarae I was invited to, and participated, as a representative of the Equity Advisory Group for ACEM. Through this we developed their Māori Equity Strategy called Manaaki Mana![1] The Manaaki Mana strategy is built upon the pillars of Pae Ora (healthy futures for whānau), Whānau Ora (healthy families), Wai Ora (healthy environments) and Mauri Ora (healthy individuals) aligning to He Korowai Oranga.

Manaaki Mana seeks to redress some of the imbalances and misunderstandings in culture and care for Māori that contribute to disparate health outcomes. As part of the strategy, ACEM will conduct training for trainees, members and staff to understand tikanga and how it fits into Te Ao Māori and can contribute to the safety of Māori in emergency departments. Another outcome during Covid-19 was the partnership between Tumu Whakarae and ACEM to develop a strong joint statement to protect whānau during Covid-19 in EDs and ICUs. Thanks to Marama Tauranga who contributed to the ACEM work.

1 https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Cultural-competency/Achieving-Equity-for-Maori-in-Aotearoa-New-Zealand

New Zealand College of Public Health (NZCPH)

Lead: Riki Nia Nia

The NZCPH, College for Public Health Physicians has played a major role in the Covid-19 response. The College is fortunate to have several Māori Public Health leaders such as Dr David Tipene-Leach and Dr Papaarangi Reid who continue to bring a wealth of knowledge and expertise to the sector. Tumu Whakarae is currently supporting the college with the development of its Māori Health Equity Strategy.

Royal Australian and New Zealand College of Ophthalmologists (RANZCO)

Lead: Riki Nia Nia

Another College where Tumu Whakarae has become involved is RANZCO and as Chair I have been sitting on their Expert Advisory Group helping the College to develop a Māori Equity Strategy. One visible sign of this partnership is the jointly developed statement related to Covid-19 and Māori communities.

Amorangi Tā Mason Durie (Rangitāne, Ngāti Kauwhata, Ngāti Raukawa) and Riki Nia Nia

Tumu Whakarae Indigenous Health Study Tours 2015 -2019

Tumu Whakarae: Ngā Hikoi Rangahau 2015 - 2019

	LOCATION	STATE/PROV	INSTITUTION
1	Honolulu	Hawaii	Papa Ola Lokahi
1	Honolulu	Hawaii	Queens Health System
1	Honolulu	Hawaii	He Huilau Indigenous Health (conference 2016)
2	Kapolei	Hawaii	Blue Zone Project
3	Kaunakakai	Hawaii	Na Pu'uwai (Molokai)
4	Manoa	Hawaii	University of Hawaii at Manoa
5	Maui	Hawaii	Hui No Ke Ola Pono (Native Hawaiian Health)
5	Maui	Hawaii	Haleakalaa (Volcano)
6	Anchorage	Alaska	South Central Foundation (SCF): Nuka System
6	Anchorage	Alaska	National Tribal Public Health Summit (conference 2017)
6	Anchorage	Alaska	Alaska Native Tribal Health Consortium (ANTHC)
7	Kenai	Alaska	Kenaitze Tribal Health and Social Services, Denaina
8	Surrey	BC Canada	Fraser Regional Health Authority
9	Vancouver	BC Canada	St Paul's Hospital (Providence Health)
9	Vancouver	BC Canada	First Nations Health Authority (FNHA)
10	Victoria	BC Canada	Ministry of Health, British Columbia
11	Seattle	Washington	Seattle Indian Health Board (SIHB)
12	Portland	Oregon	North West Portland Area Indian Health Board (NWPIHB)
13	Las Vegas	Nevada	Evidence-Based Leadership (EBL) Conference
14	Chinle	Arizona	Chinle Comprehensive Care Center (IHS)
15	Hopi	Arizona	Hopi Health Care Center
16	Phoenix	Arizona	Phoenix Indian Medical Center (PIMC)
16	Phoenix	Arizona	Desert Vision Youth Residential Treatment Center
16	Phoenix	Arizona	Gila River Health Corporation (GRHC) - Tribal
17	Pinon	Arizona	Pinon Health Care Center
18	Tuba City	Arizona	Tuba City Regional Health Care Corporation
19	Window Rock	Arizona	Navajo Nation HQ
20	Albuquerque	New Mexico	National Congress of American Indian (conference 2019)
21	Gallup	New Mexico	Gallup Indian Medical Center (IHS)
22	Orlando	Florida	National Tribal Self-Governance Conference (2016)
23	Saint Lucie	Florida	Seminole Tribes of Florida
24	Nashville	Tennessee	United South and Eastern Tribes (USET)
25	Cleveland	Ohio	Cleveland Clinic
25	Cleveland	Ohio	Global Center for Health Innovation
25	Cleveland	Ohio	Cuyahoga Health Improvement Project (Collective Impact)
25	Cleveland	Ohio	Cleveland Leadership Center (CLC)
26	Washington DC	Maryland	National Congress of American Indian (Embassy)
26	Washington DC	Maryland	National Indian Health Board (NIHB)
26	Washington DC	Maryland	National Council of Urban Indian Health (NCUIH)
26	Washington DC	Maryland	Indian Health Service (IHS) HQ
26	Washington DC	Maryland	Senate Committee on Indian Affairs (SCIA)
27	Queens	New York	Department of Health & Mental Hygiene (Health Equity Dept)

Center For Health Equity

"Inequities in health are unfair, unnecessary and avoidable. New York City is one of the most unequal cities in the United Sates and one of the most segregated. It is no surprise that these everyday realities are reflected in our health. A more deliberative effort to name and address these disparities will frame all that we do."
- Health Commissioner Mary T. Bassett, MD MPH

VALUES

Social Justice — We work to undo racism and injustices in order to advance just and fair outcomes for all New Yorkers, particularly those most marginalized.

Community Power — We prioritize the expertise and agency of communities in identifying health challenges and developing lasting solutions to those challenges.

Accountability — We build trust through open and transparent processes that are responsive to the needs and feedback of communities, partners, and allies.

Diversity and Inclusion — We honor participation and leadership arising from many sources, life experiences, identities, and sectors of the community.

Data and Community Informed Practice — We use theory, research, evidence, stories, and community expertise to inform bold innovations in programs to break down inequitable systems.

VISION
Every New Yorker will live in a thriving neighborhood, where resources work well and systems are equitable. These conditions will nurture and sustain healthy individuals and communities across our city.

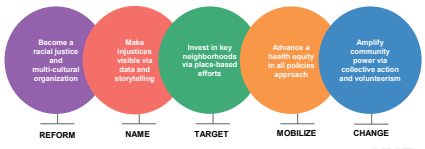
MISSION
We will strengthen and amplify the Health Department's work to eliminate health inequities rooted in historical and contemporary injustices and discrimination, including racism.

GUIDING FRAMEWORKS

TAKE CARE NY
TCNY 2020 is the City's blueprint for giving everyone the chance to live a healthier life. Its goal is twofold – to improve every community's health, and to make greater strides in groups with the worst health outcomes, so that our city becomes a more equitable place for everyone.

ONENYC: OUR JUST AND EQUITABLE CITY
Healthy Neighborhoods are a key element of OneNYC, our City's vision for growth, equity, sustainability, and resiliency. As a City, we are committed to reduce the premature mortality rate by 25 percent, and infant mortality 20 percent, by 2040, so as to dramatically decrease disparities among racial/ethnic groups.

THE APPROACHES WE TAKE TO ADVANCE EQUITY IN HEALTH



#NYCHealthEquity






International Indigenous Health Collaborative (IIHC)

Leads: Riki Nia Nia and Dame Naida Glavish

A positive outcome of our initial engagements in the US and Canada, has been a strong alignment of our shared histories of colonisation, and detrimental impacts on our indigenous population across almost every indicator. However our US cousins have also, in the past 30 - 60 years, achieved a great deal of success from their nationwide collaboration as Tribes and communities, and in the self-governance space. While the Native Hawaiian and Canadian experiences are different, overall we all agree we share similar philosophies and aspirations for better health for our respective peoples.

As a result of the ongoing relationship building, indigenous health leaders from the US and Canada, have joined with Tumu Whakarae to create an informal relationship known as the 'International Indigenous Health Collaborative' (IIHC). This is made up of senior indigenous health 'peers' from the US Federal Indian Health Service, indigenous health leaders from Native American Tribes, Alaska Native communities and Native Hawaiian communities; National and regional / provincial health organisations. This informal network includes:

- Canada: Dr Evan Adams, First Nations Health Authority and Leslie Bonshor, Vancouver Coastal Health, Dr. Gertie-Mai Muise, ED, Ontario Indigenous Primary Care Council
- USA (mainland): Stacey Bohlen (National Indian Health Board)
- USA (Hawai'i): Sheri Daniels (Papa Ola Lokahi) and Professor Keawe Kaholokula (University of Hawai'i at Manoa)
- USA (Alaska): Andy Teuber (President ANTHC)
- Aotearoa: Dame Naida Glavish, Ngāti Whatua & ADHB/WDHB), Riki Nia Nia (ADHB, WDHB, TW)
- Australia: Mick Brown, Australian Aboriginal Infonet and Dr. Neil Drew, Edith Cowan University

INFLUENCING AND INFORMING POLICY AND INTERSECTORAL DEVELOPMENTS

Government Inquiry into Mental Health & Addictions 2018/19

Leads: Tricia Keelan and Riki Nia Nia

You can access the document here.

Te Tumu Whakarae's Submission to the Inquiry was led by Tricia Keelan. Tricia was also the lead author of the document which sought revolutionary transformation of the MHA system. I worked alongside Tricia providing peer review and co-leading the Submission presentations and communications. The Submission set out clear recommendations for the transformation of the MHA system, positing ten power principles and actions for change. The authors stressed the relentless unequal burden of MHA for tangata whenua, driven by the impacts of colonisation: ongoing oppression of rangatiratanga, land loss, denigration of lore, culture and language, all exacerbated by modern pressures including pervasive structural and personal racism and poverty.[2]

The paper highlighted the fact that despite the alarming Māori MHA evidence, over the last decade DHBs have halved investment in Kaupapa Māori services. MHA funding increased by a third, from $1.1 billion in 2008/09 to $1.4 billion in 2015/16 with Kaupapa investment stripped from a high of $73m in 2010 to just $36.9m in 2017, a mere 2.5% of total funding. The Inquiry report, He Ara Oranga was presented to Government by the Inquiry Panel in November 2018. Tricia provided an assessment of the report with the following key points:

1) He Ara Oranga had failed to uphold Te Tiriti o Waitangi, Indigenous rights and equity for whānau. The report itself was a continuation of the oppression of rangatiratanga.

2) The Reports' shortcomings were a disservice to (not a reflection of) iwi, hapū, whānau, Māori providers and all communities who mobilised and gave powerful voice to the need for a revolution of the MHA system, and, the exceptional leadership of Amorangi Tā Mason Durie and Dean Rangihuna.

3) Recommended that Tumu provide critical feedback on the document and influence the implementation of He Ara Oranga to ensure equity, effectiveness, Te Tiriti and indigenous rights activation.

Recent movements have provided some positive signals in the MHA such as the strong tangata whenua leadership in the interim Mental Health and Wellbeing Commission Chaired by Haydon Wano. Tumu should continue to monitor/review progress.

Tricia Keelan - Ngāti Porou, Te Aupōuri, Rongomaiwahine Pou Ārahi - Human Rights Commission. Previous Manukura, Executive Director, BOP.

2 Keelan, T. & Porter, J. (2018). Tumu Whakarae Submission to the Government Inquiry into Mental Health and Addiction. Retrieved 10 July from https://www.karawhiua.com/portfolio/project-two-dlsbl

Waitangi Tribunal (Wai 2575 Claim)

Leads: Tricia Keelan, Hector Matthews, Riki Nia Nia

The Waitangi Tribunal Health Services and Outcomes Inquiry (known as Wai 2575) commenced in November 2017 to hear all claims concerning grievances relating to health services and outcomes which are of national significance. With such a broad agenda, the Tribunal agreed on a phased approach based on themes with health-related issues to be heard in stages according to priority. Stage one, which concluded in March 2019, inquired into aspects of primary care. Tricia Keelan and I were the Stage one leads in the Crown team. I acknowledge Tricia's strong leadership within the Crown team and Crown evidence development. Also acknowledge Hector Matthews who gave compelling evidence for the Stage One hearings.

On 1 July 2019 the Waitangi Tribunal released their report on Stage One (linked here). The report includes several findings and recommendations for the Crown to consider including Crown failings to properly fund the primary health care sector to pursue equitable health outcomes for Māori and serious Treaty breaches concerning the way the Crown holds the primary health care sector to account and reports on its performance. The findings and recommendations are being worked through and will be built on in further stages of WAI 2575. Tracee Te Huia is the Tumu lead for Stage two which will cover three priority areas encompassing mental health (including suicide and self-harm), Māori with disabilities, and issues of alcohol, tobacco, and substance abuse. The Tribunal commissioned the following reports:

- Māori mental health including suicide and self-harm (filed 30 August 2019)
- Issues of alcohol, tobacco and substance abuse for Māori (filed 20 December 2019)
- Māori with disabilities part one and two (filed 28 June 2019)

2019-2020 Health and Disability Services Review

Leads: Riki Nia Nia and Tricia Keelan

This review report was released on 16 June 2020.[3] Tumu Whakarae as a forum met with the Māori Expert Advisory Group who worked within the review and provided input from a DHB Māori Health leaders perspective. At the time of preparing this handover report, Tumu Whakarae has not yet met to consider the ramifications of the review and to consider implications however the suggestion of fewer DHBs in NZ will ultimately impact the Tumu Whakarae membership if there are to be fewer Māori GMs / Directors within a re-designed system.

Wai 2575 Stage one hearings

3 https://systemreview.health.govt.nz/

Covid-19 Response and Decision Paper 2020

Lead: Riki Nia Nia

With the advent of the Covid-19 epidemic, a number of Tumu Whakarae members mobilised quickly with the aim of ensuring that all DHBs would respond appropriately and effectively to support whānau and their communities. Iwi, hapū, whānau and other Māori groups also mobilised very quickly, in some cases, much faster than the health system in order to protect and care for their most vulnerable members. For example: the National Iwi Chairs Forum established a Pandemic Response group; Iwi, hapū and whānau established and promoted protective tikanga protocols, rohe road check-points, whānau ora welfare packages and household whanaungatanga and oranga check ins. It is a testament to iwi, hapū and whānau leadership and the dual response by both government and Māori, that the impact of our combined efforts resulted in only 3 of the 22 deaths, and 130 (9%) of infections impacting Māori. I noted the influence of Iwi and the Human Rights Commission (HRC report here) calling for rangatiratanga based Te Tiriti partnership decision-making and equity in the COVID response and ongoing recovery.

Due to the imminent threat to the lives of Māori and all populations in Aotearoa, I prioritised my focus on the local, regional and the national COVID 19 approach, including providing leadership as a member of the National Māori Pandemic Expert Advisory Group for the Ministry of Health (MOH). This group has now become the Māori monitoring group for Covid-19 and is being led by John Whaanga, DDG at the MOH. The MOH's updated Māori COVID-19 Response plan is linked here.

At the national level I led Tumu Whakarae to develop guiding principles for the Māori Covid-19 response within DHBs. As the Alert Levels reduced, I focused on developing a Decision Paper for the DHB CEOs recommending ways forward based on learnings from earlier Alert Levels. This resulted in a joint work programme being endorsed and approved by the MOH and DHB CEOs with Te Tumu Whakarae. This is being progressed and will require ongoing implementation and monitoring by the incoming Chair. Thanks to Hinewai Pomare and Roimata Tipene who assisted with the development of this work. Thanks also to Tracee Te Huia and Marama Tauranga who gave helpful feedback and assisted in communications with other roopu.

TUMU WHAKARAE

TUMU WHAKARAE
COVID-19 Guiding Principles
Ngā Mātāpono Mate Korona o Tumu Whakarae

1. Arahinatia, kia kore tētahi Māori e hinga
2. Kia mataara, i ngā wā katoa, ahakoa te Pae Mataara
3. Hononga – hono atu, hono mai
4. Whakamana i ngā whānau i roto i ō tātou whāinga
5. Ko te aroha ki ō tātou whānau e noho mātāmua ana
6. Ahakoa te Pae Mataara, kei konā ngā āheinga e marumaru ai te Iwi

Ngā Mātāpono o Te Tiriti

- Tino Rangatiratanga
- Partnership
- Active Protection
- Options
- Equity

TUMU WHAKARAE
COVID-19 Priorities Framework

E hāngai ana ngā mātāpono ki ngā Pae Mataara katoa

Ngā Pae Mataara	Ngā Whāinga	Ngā Whakaarotau	Ngā Hua
Pae Whā: Lockdown **Pae Toru:** Restrict /Recover **Pae Rua:** Reduce /Recover **Pae Tahi:** Prepare/Recover	**WHAKAMARU**	***Protect our whānau from COVID-19 in all alert levels*** 1. Champion COVID-19 testing and surveillance of the Māori population, including Māori led case & contact management 2. Whānau Ora pathway of care for whānau who test positive for COVID-19 3. Champion Māori led COVID-19 communication & engagement strategy for whānau 4. Ensure whānau support services in Hospitals (including virtual options) 5. Champion the influenza vaccination of whānau	• *Whānau are engaged & informed at every level of the Pandemic* • *Māori Health Equity expectations & measures applied to the Pandemic response e.g. Funding* • *Whānau Ora pathways of care are in place at every level of the Pandemic* • *Whānau can access Primary Care at every level of the Pandemic* • *Hospital services are responsive to Whānau at every level of the Pandemic* • *Intelligence and data is available to inform the Māori health response at every level of the Pandemic*
	WHAKAKAHA	***Enable our whānau to stay well in all alert levels*** 1. Champion Whānau Ora pathways of care for whānau 2. Champion removing barriers to Primary Care access for whānau 3. Champion hospital services to address unmet whānau need 4. Champion the implementation of a Māori intelligence & data team for COVID-19 5. Champion a system-wide approach with partners to address the social and economic barriers to health equity for whānau	
	WHAKAORA	***Accelerate whānau recovery in all alert levels*** 1. Champion Māori Health Provider led innovation and Māori Health Provider sustainability 2. Champion Iwi led innovation and COVID-19 recovery strategies 3. Implement a Māori health COVID-19 learning stream to capture, advance and shape the new normal 4. Champion Māori Health Equity measures and priorities for accelerated post pandemic recovery 5. Champion Māori Health Equity expectations & measures for all new COVID-19 funding allocations	

Prepared by the NRHCC Māori Response Team | 26/04/2020

FOSTERING MĀORI AND HEALTH WORKFORCE DEVELOPMENT

Tumu Whakarae Leadership Development

Lead: Riki Nia Nia and Tricia Keelan

Members of Tumu Whakarae are acutely aware of the need to maintain their own individual skills and competencies as Māori Health leaders, but also to share with others where their skills and interests lie, so that this expertise can be drawn upon for specific projects or policy work. In the work plan, there is a task to complete a Tumu Whakarae Skills and Interests inventory for all members. This is work in progress and is part of the work plan moving forward, for completion. Maintenance of this inventory will be a role for the Secretariat.

Kia Ora Hauora

Leads: National: Riki Nia Nia. Northern: Harold Wereta. Midlands: Phyllis Tangitu. Central: Jason Kerehi. Southern: Hector Matthews

Kia Ora Hauora (KOH) was established in 2009 to increase the overall number of Māori working in the health and disability sector in response to the national shortage of health sector workers and the demand for more Māori health professionals in that sector. KOH supports growth in the Māori health workforce that is more reflective of the communities the workforce serves and supports.

The KOH website as a tool www.kiaorahauora.co.nz that contains a range of helpful information targeted at various Māori audiences. Students can access health careers information and support aimed at encouraging a health career, staying in study and understanding the variety of employment opportunities in health. KOH encourages adults to enter the health workforce, no matter what range of experience you may currently have. KOH's website also provides information on support available for study and finances. The site enables access to Māori student mentors, information and updates on regional initiatives, as well as scholarships.

Since 2009, a total of 10,265 have registered with Kia Ora Hauora.

Kia Ora **Hauora**

HIGHLIGHTS SINCE OCTOBER 2018

HAUORA MĀORI SCHOLARSHIPS

82 WORKSHOPS

DELIVERED NATIONALLY TO OVER

900 TERTIARY STUDENTS

19 TERTIARY INSTITUTIONS

A KEY OUTCOME FROM GM HR HUI IS A BOLD TARGET AND AGREEMENT IN PRINCIPLE THAT

"ALL KOH REGISTERED STUDENTS WILL BE EMPLOYED UPON GRADUATION"

MINISTRY OF HEALTH
MANATŪ HAUORA

SECURED ADDITIONAL NCC + RCC FUNDING

MOH FUNDED KOH SERVICE ENHANCEMENT CONTRACTS

FIRST FUNDING INCREASE SINCE 2009

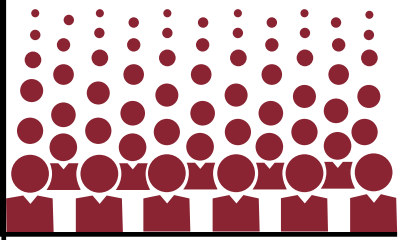
KOHCONNEC

OFFICIALLY LAUNCHED BY THE HON PEENI HENARE, ASSOCIATE MINISTER OF HEALTH

Kia Ora **Hauora**
Supporting Māori into Health

3,568

CURRENTLY REGISTERED WITH KIA ORA HAUORA



40 TERTIARY SUPPORT GROUP APPLICATIONS RECEIVED

24 APPROVED
11 INCOMPLETE
2 DECLINED
3 WITHDRAWN

9 PRESS RELEASES

tekarere · te ao MĀORI NEWS · RADIO NEW ZEALAND · stuff · Waatea

268

TOTAL STUDENTS SUPPORTED ON **SEE THE SOLUTIONS**

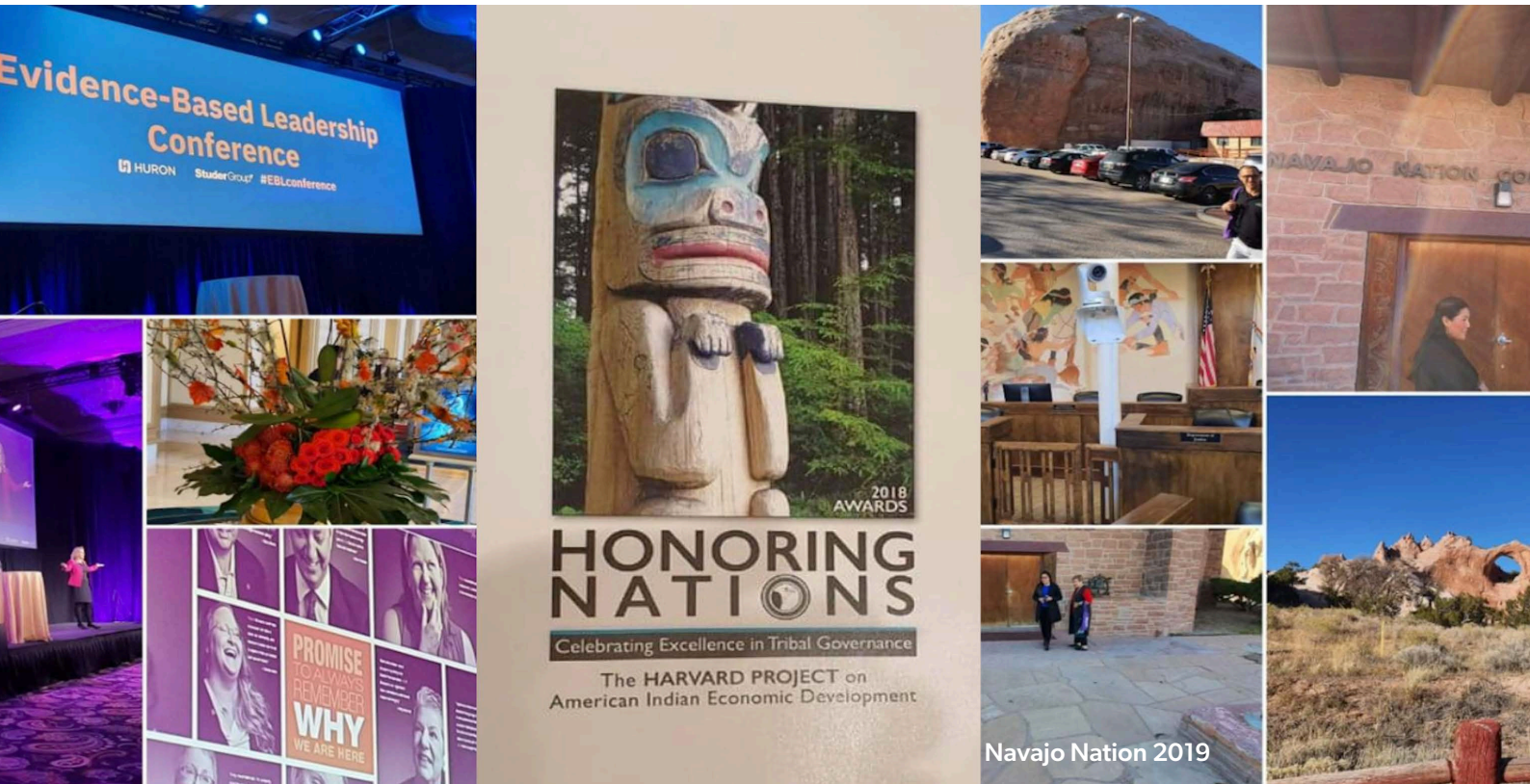
Te Tohu Whakawaiora: Māori Health Qualification

Leads: RIki Nia Nia and Cheryl Goodyear

Te Tohu Whakawaiora is a workplace-focused Māori cultural competence course. Originally developed for staff at Capital Coast DHB, it was intended to give staff a grounding in Te Reo and tikanga Māori so they could offer culturally safe care.

Graduates are awarded an NZQA-aligned qualification in a ceremony, possible through a partnership with Skills Active (contacts Cheryl Goodyear at CCDHB and Ron Taukamo at Skills Active). The course was developed several years ago but has since rolled out to other DHBs such as Wairarapa and Counties Manukau DHBs.

As a NZQA-eligible course, the Health Workforce NZ Scholarship Funding is able to pay for staff to participate. Over time it would be hoped to roll this qualification out nationally to all DHBs since the curriculum and qualifications framework has already been developed.



Te Reo Māori Programme for DHB Staff

Leads: Riki Nia Nia, Dame Naida Glavish, and Tricia Keelan

A Te Reo Māori programme started as a pilot at Auckland DHB in 2019, and now, in partnership with Te Wānanga o Awanuiārangi, it is available to hundreds of staff across NZ with several DHBs having staff participate (e.g. Auckland, Waitematā, Counties-Manukau, Taranaki, Bay of Plenty and Waikato).

Te Whare Wānanga o Awanuiārangi tracks participation numbers across the country on behalf of Tumu Whakarae.

Key highlights from this programme include:

- Cohort 1 (2019) recruited 192 staff and whānau across the four hospitals of Auckland DHB
- Cohort 2 (2020) recruited 140 staff and whānau across the four hospitals of Auckland DHB
- Cohort 3 there is a waiting list for another cohort, pending timetable approval

Other DHB's that have followed the lead of Auckland/Waitematā DHB include:

- Bay of Plenty DHB (3 classes) started in 2019
- Counties/Manukau 2019 and 2020 (2 classes)
- Lakes DHB 2020 (2 classes) starting June 2020
- Taranaki DHB 2020 (2 classes) starting July 2020

Three key learnings from the programme: having a consistent kaiako is important for a positive learning relationship with the students; the number of tauira (students) in the classes is critical (ideally no more than 30); centralised communications and resource deployment works well, including a point of contact for each DHB for logistics and communications.

A graduation ceremony and evaluation process is scheduled for later in 2020. To respond to Covid-19, classes moved to an eLearning platform.

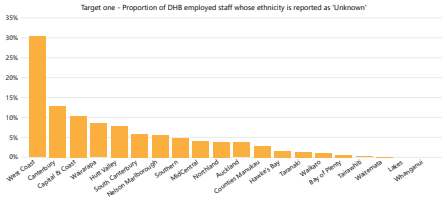
Workforce Statement and Reporting

Leads: Hector Matthews and Riki Nia Nia

Tumu Whakarae developed a Workforce Statement seeking support from all DHB CEOs to work towards achieving proportionality of their workforce based on their regional Māori populations. All CEOs agreed to commit to this direction and are now tracking and monitoring their results. There is a dashboard report with a set of reporting (copy in appendices) which is now being coordinated for Tumu Whakarae by Central TAS as part of their workforce and secretariat support. A Workforce Symposium was meant to be planned for 2020 to provide an avenue for those DHBs experiencing success with these targets, to share their achievements and strategies with others, however this was deferred due to the Covid-19 epidemic.

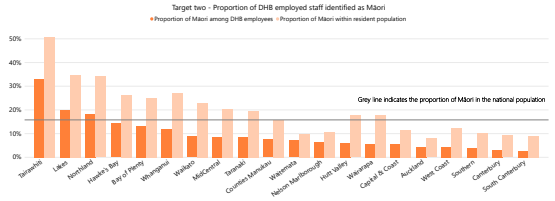
All reports for workforce proportionality targets are now stored on the Central TAS website (under Workforce reports). This will be a project requiring continual monitoring by Tumu Whakarae if the targets for 2025 are to be achieved. Central TAS now monitors and issues the dashboards.

Māori representation within DHB employed workforces as at 31 December 2019
(Informing the Te Tumu Whakarae position statement and Workforce Strategy Group targets)

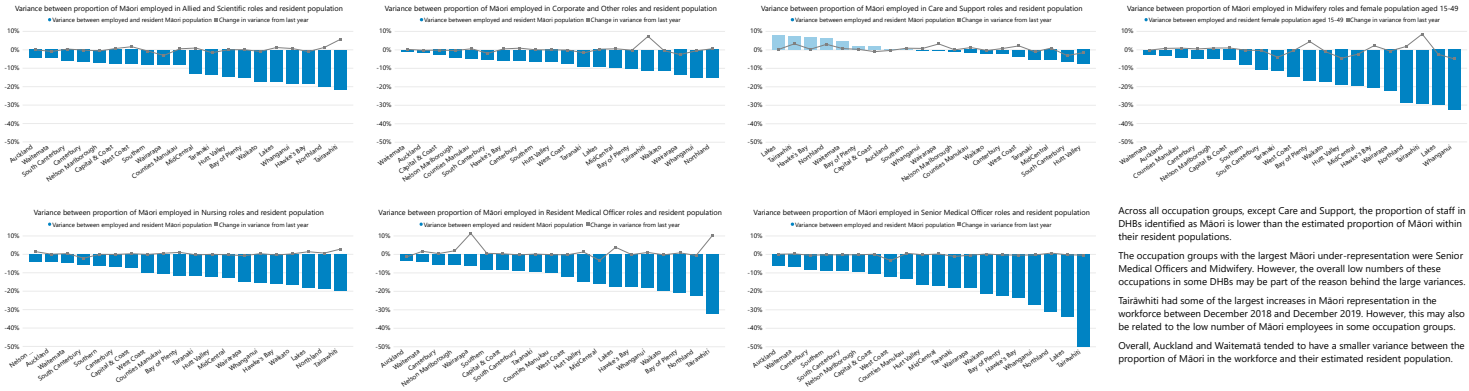


Compared to the September 2019 quarter, West Coast DHB had the largest decrease in the proportion of employees reported with 'unknown' ethnicity, decreasing by almost 16 percentage points. Six other DHBs decreased their 'unknowns' around 2-3 percentage points (sorted from largest to smallest decrease): Bay of Plenty, Northland, Canterbury, MidCentral, Waitematā, and Nelson Marlborough. The other DHBs reduced their 'unknowns' by less than one percentage point. The 'unknowns' in Wairarapa increased by 0.3 percentage points.

In terms of Māori representation in the workforce, all the DHBs have a lower proportion of people reported as Māori in their workforce than in their estimated resident populations. Compared to December 2018, Tairāwhiti had the largest increase in the proportion of their workforce who report as Māori, increasing by 5.1 percentage points.



Target three - Differences between reported proportions of Māori within HWIP occupation groups and estimated proportions of Māori within resident population (including change from the same period 12 months ago)



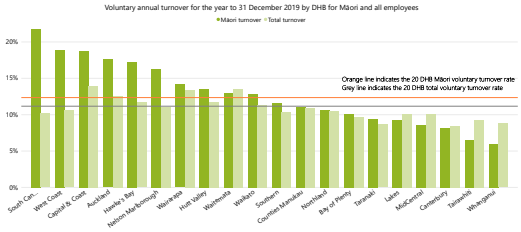
Across all occupation groups, except Care and Support, the proportion of staff in DHBs identified as Māori is lower than the estimated proportion of Māori within their resident populations.

The occupation groups with the largest Māori under-representation were Senior Medical Officers and Midwifery. However, the overall low numbers of these occupations in some DHBs may be part of the reason behind the large variances.

Tairāwhiti had some of the largest increases in Māori representation in the workforce between December 2018 and December 2019. However, this may also be related to the low number of Māori employees in some occupation groups.

Overall, Auckland and Waitematā tended to have a smaller variance between the proportion of Māori in the workforce and their estimated resident population.

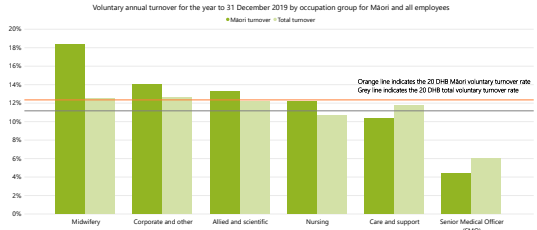
Target six - Comparison of annual voluntary turnover for Māori staff relative to all DHB employed staff



For most of the DHBs, voluntary annual turnover rates for Māori are higher than the rates for all employees. In some instances, this can be driven by the low number of Māori employees, especially in smaller DHBs.

Six DHBs have Māori turnover rates lower than the total turnover: Waitematā, Lakes, MidCentral, Canterbury, Tairāwhiti, and Whanganui.

When we look at turnover by occupation group, there is generally no significant difference between Māori employees and all employees, except for Midwifery. However, this may be linked to the low number of Māori working as midwives.



Data extracted from the HWIP database on 5 March 2020. Data reflects people employed by the 20 DHBs as at 31 December 2019. Data excludes casuals, contractors, those on parental leave or on leave without pay. Resident population projections for DHBs have been supplied by Stats NZ. Voluntary turnover calculations exclude Resident Medical Officers (RMOs), people employed on a fixed term, as well as people who ceased employment due to restructure/redundancy, dismissal, death or for health reasons.

CREATING AND SHARING INNOVATION AND INDIGENOUS HEALTH EXCELLENCE

Ngā Hikoi Rangahau 2015 - 2019

Leads: Riki Nia Nia and Dame Naida Glavish. Convenor: Kāhui Tautoko Consulting

Since 2015 Tumu Whakarae [see appendix for list of annual attendees] has implemented annual study tours to sites in the northern hemisphere including USA (mainland, Hawai'i & Alaska) and Canada (see appendix for list of annual attendees from Tumu Whakarae, and summary of learnings) for the purposes of:

- Indigenous health knowledge exchange based on learning from several decades of experience by North American Tribes and Nations in this area
- Gaining first-hand exposure to international indigenous examples of leadership, services and innovation associated with accelerating indigenous health gains, particularly in the health equity and disparities area
- Strengthening relationships with indigenous peers, leaders and experts in relevant fields of work sitting within and outside of indigenous health
- Expanding learning on health innovations and / or best practice that may impact Māori or offer other relevant opportunities, particular in the development space
- Learning about specific workforce and leadership development initiatives
- Creating a mechanism for ongoing meaningful international engagement and collaboration between our Indigenous health networks

As well as the study tours, Tumu Whakarae also hosted the September 2015 Indigenous Health Symposium in Auckland, and with our Hawaiian partners also jointly led He Huliau in October 2016 which were both attended by several individuals from the northern hemisphere Tribes and Nations. Tumu Whakarae members have benefitted greatly at both a strategic level and an operational level with exposure to new knowledge and valuable engagement with Native Hawaiian, Native American and Alaska Native tribes. Reciprocally the networks Tumu Whakarae have engaged with have also reported that they have benefitted from the knowledge and experience of Tumu Whakarae. Continuing to strengthen these relationships and accessing new knowledge in a reciprocal way will always be of great benefit to the planning and service delivery capabilities of DHBs for their respective Māori populations.

TUMU WHAKARAE MEMBERS WITH THE (USA) DIRECTOR OF THE INDIAN HEALTH SERVICE (IHS)

Rear Admiral Michael Wee-ahkee, (USA Director IHS), Kahurangi Naida Glavish, Riki Nia Nia, Tricia Keelan and Benjamin Smith (Deputy Director for Intergovernmental Relations IHS).

Photographed at the National Congress of American Indians Annual Conference in Albuquerque, 2019.

PANEL MEMBER INDIGENOUS HEALTH LEADERS PANEL

Ron Allen, Chairman (Tribal Self -Governance Advisory Group, USA); Riki Nia Nia (NZ), Benjamin Smith (Indian Health Service) at podium, Dr Diane Paloma (Hawai'i) and Dr Evan Adams (Canada).

Photographed at the Tribal Self-Governance Conference 2016: Orlando.

Hui Kaikookiri Pae Ora - September 2015

Leads: Riki Nia Nia and Dame Naida Glavish

Convenor: Kāhui Tautoko Consulting

In an endeavour to share the findings of our study tours and to expose our health system to indigenous health excellence, Tumu Whakarae in partnership with Counties Manukau Health implemented the Hui Kaikookiri Iwi Taketake: Whakatairanga Paeora at Ko Awatea (Middlemore Hospital) from the 21st - 23rd of September 2015.

The symposium brought together champions for accelerating indigenous health gains from around the world, including some of those engaged on the 2015 Tumu Whakarae Study tour. The symposium was oversubscribed and provided a unique learning opportunity for all who attended. The audience was diverse and included four DHB CEOs and many health executives, clinicians and health workers.

He Huliau: Indigenous Health Conference, Hawai'i – October 2016

Lead: Riki Nia Nia

Co-Convenor: Kāhui Tautoko Consulting

Following on from the success of the indigenous health symposium in Auckland in 2015, international indigenous health peers agreed to meet again at the He Huliau conference in Hawai'i the following year.

This conference saw many insightful presentations showcasing the excellent work being done by indigenous health leaders, youth, providers and advocates across all jurisdictions. New Zealand's own Māori youth group presented an amazing online-based youth health initiative among many other international speakers including Stacey Bohlen from the National Indian Health Board, USA and Dr. Evan Adams from Vancouver Canada.

Central Region: Two Yearly Tū Kaha Conference

The Tū Kaha conference series began in 2008. It has been a collaboration of all the Central Region District Health Boards (DHBs) designed to promote health as a career, share and celebrate Māori health innovation and achievement, demonstrate the strengths of indigenous intelligence as a catalyst for positive change within our whānau; and accelerate the improvement of the status of Māori health.

The conference series began to provide a platform to celebrate excellence in Māori health particularly within the Central Region. The Central Region General Managers and Directors of Māori Health have remained committed to the Tū Kaha kaupapa and have continued to provide opportunities for collaboration, strategising, learning and celebration. The conference series has been New Zealand's longest standing Māori health conference and continues to be the largest Māori health development conference in the world. Conference have been held as follows. I led the development and implementation of the first 4 Tū Kaha conferences:

- 2008 Mid Central - Riki Nia Nia lead
- 2010 Wairarapa - Riki Nia Nia lead
- 2012 Hawkes Bay - Riki Nia Nia lead
- 2014 Whanganui - Riki Nia Nia lead
- 2016 Capital Coast & Hutt Valley - Kuini Puketapu and Jim Wiki leads
- 2018 Manawatu - Stephanie Turner lead
- 2020 Wairarapa - Jason Kerehi lead

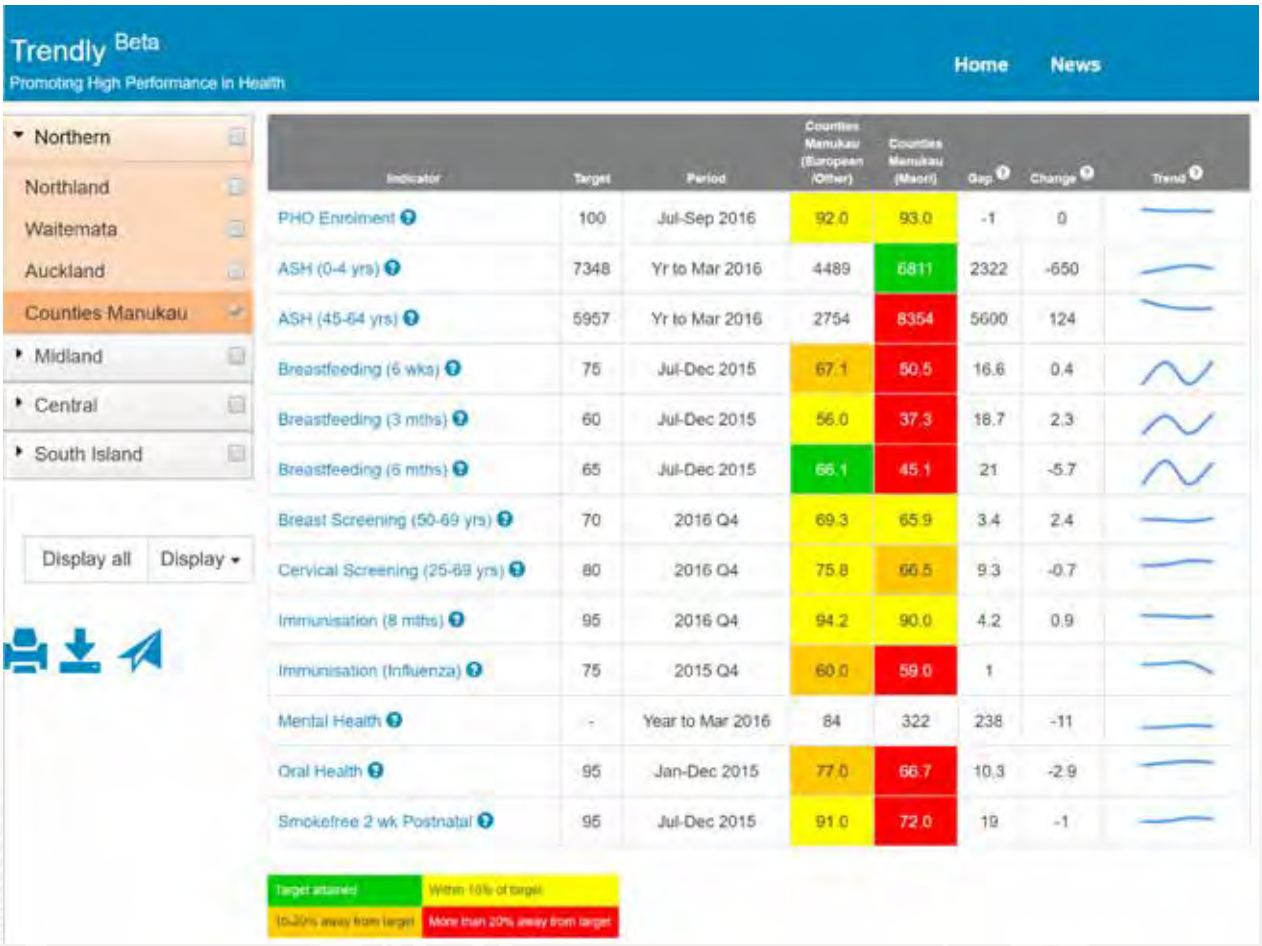
Trendly Indicator Monitoring Tool

Leads: Dr George Gray and Riki Nia Nia

A lack of access to data and intelligence and particularly Māori data, has been an ongoing and burning issue within the health system for many years. Following the Ministry of Health's implementation of mandatory DHB Māori Health Plans in 2011, I facilitated the development of summary performance reports for Tumu Whakarae members. These initial reports were static PDF summaries of performance data and over time we built on these beginnings to create the Trendly web-based reporting tool that was prototyped for members over 2012-2013. I led this work with Dr George Gray who was contracted to design and build the platform. Trendly has grown over time and for many years has been the only interactive Māori health performance monitoring website in Aotearoa. Tumu leaders contribute to the funding of the site with the contract hosted in BOP DHB. The major transformative purpose of this project was to improve health outcomes for all New Zealanders by providing the right information, to the right people, at the right time.

Trendly is an enabler for people in the system to do great work, make a difference, and empower healthy thriving individuals and communities. The tool is accessible by all DHBs and tracks performance of each DHB against a set of proxy indicators of performance (such as immunisation or screening rates). It provides a mechanism for national monitoring, comparing performance of DHBs and PHOs against this discrete set of indicators. It is dependent on annual support from DHBs with all but one of the 20 DHBs signaling their continued support. In the absence of Trendly there is no replacement ethnicity data platform, noting that the HQSCs new equity tool serves a different purpose and data set. I recommend that Tumu continue to support and enhance Trendly which is a low cost high value intelligence asset into the future.

Tumu Whakarae has also hosted online Health Excellence webinars to provide a space for top performers in specific indicators to share strategies and methods they have used to achieve their good results. While highlighting top performers, the Trendly tool also illuminates non-performers by highlighting DHBs and PHOs who are not achieving national standards in performance against the specific indicators. A total of ten seminars were delivered and covered topics such as increased immunisation, reaching diabetes performance targets, and quality improvement methodology. The seminars were regularly attended by 30-50 people, with many more people viewing the seminars around the country by video livestream.



what people are saying about Trendly...

"Always accurate and informative much appreciated"

"I wanted the Board to use Trendly as a means of monitoring its performance, to think about how they might enhance the best-practice component and talk to their fellow DHBs"

"Such a simple and visual update that is easy to view and to understand."

"It is the only web-site where I can easily compare DHB performance for Māori"

"I refer to Trendly when I need info at a glance, it is a very good tool. I look forward to seeing Trendly development in line with the new service level measures"

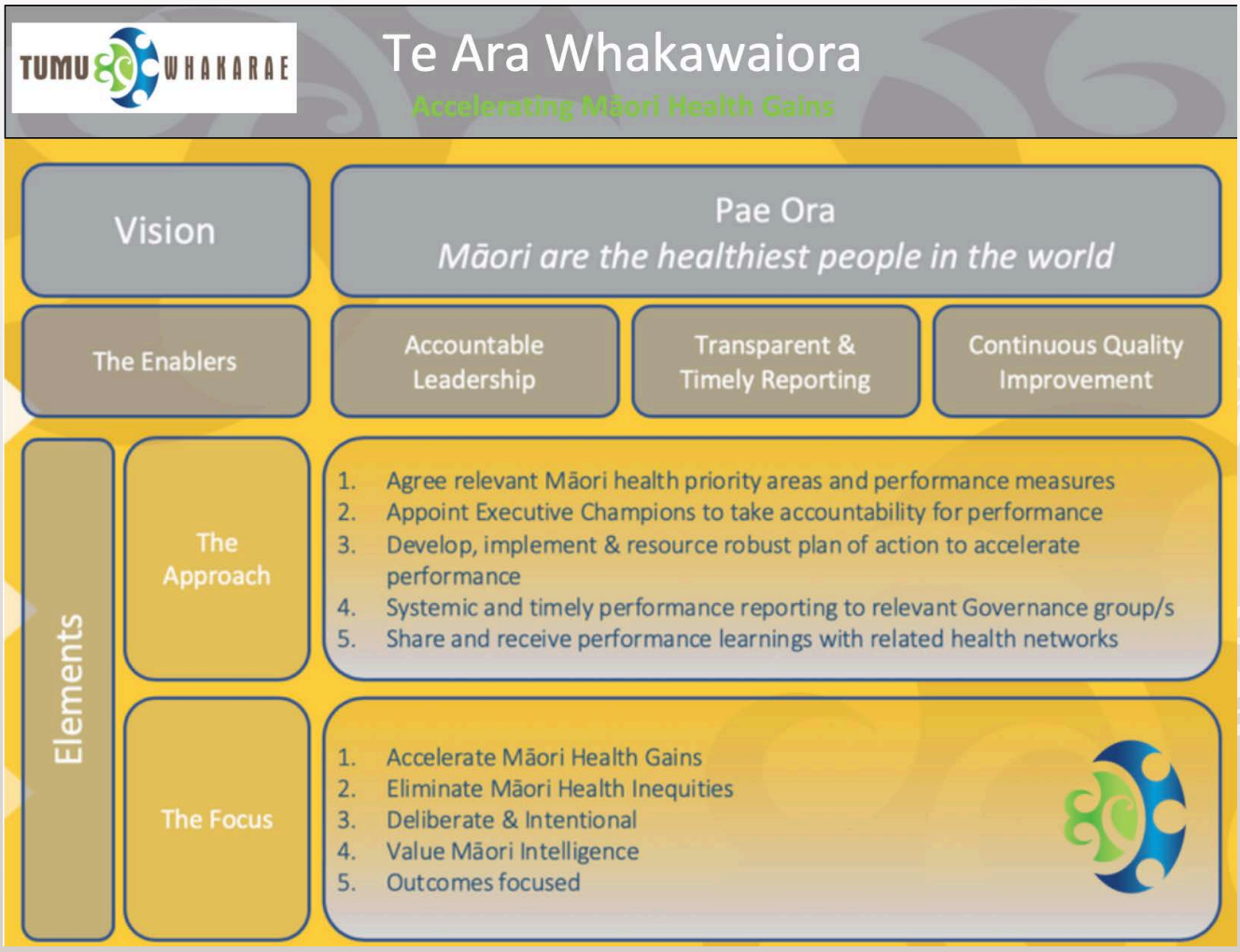
"Supports planning within the organisation and better informs strategies to achieve good to great Māori Health. An excellent monitoring tool to refer to regularly."

Te Ara Whakawaiora: Quality Improvement Model

Lead: Riki Nia Nia

Tumu Whakarae developed a quality improvement approach based on the Institute of Health Improvement (IHI) PDSA (Plan Do Study Act) approach to quality improvement but tailored for use in a Māori Health setting. The tool is now expected to be implemented by all DHBs however we know there is variation as to how wide-spread the rollout applies in practice. Along with other quality improvement and performance measurement tools such as Trendly and Health Excellence seminars, Te Ara Whakawaiora (TAW) provides a platform for measuring performance on a quarterly basis across several indicators. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to the Board of the respective DHB.

The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of the TAW programme is to provide the DHB Board with a report each month from one of the indicator champions.

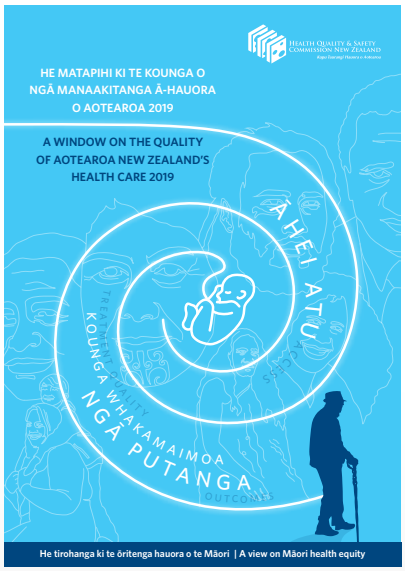


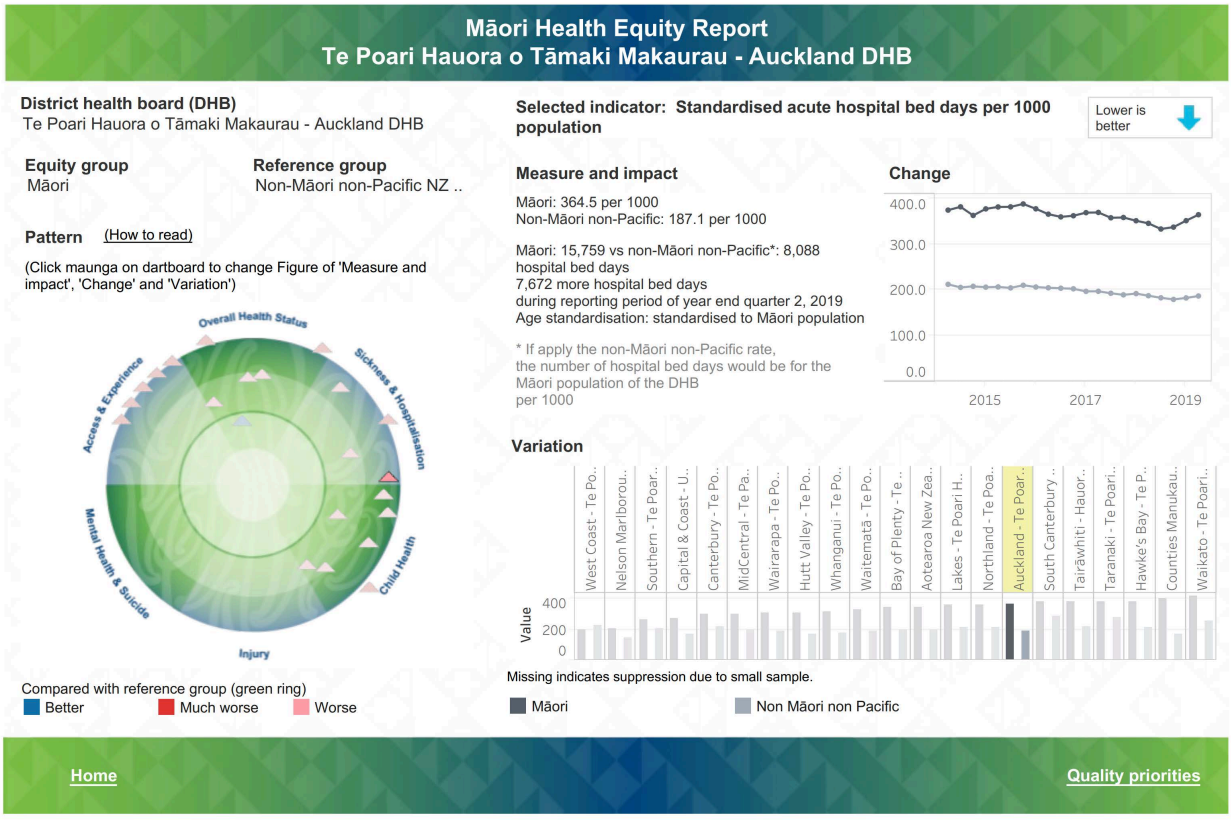
Health Quality and Safety Commission (HQSC)

Leads: Riki Nia Nia and Tricia Keelan

Illuminating health inequities within the health system has been a priority for Tumu Whakarae. To advance this, we have been working closely with the Health Quality and Safety Commission (HQSC) to lead a tangata whenua redesign of the Health System Quality Dashboard so that it incorporates a specific tangata whenua health equity focus.

This is work is well advanced and once launched, will create a better approach nationally to illuminate the health inequities for Māori across all DHBs. It will also show up where much stronger performance of DHBs and the system is required and improve accountability for outcomes for Māori.





PART THREE

RECOMMENDED NEXT STEPS AND ACTIONS

1. OPERATIONS

- Tumu Whakarae to appoint new Chair – complete handover from former Chair (including with Central TAS Secretariat)
- Review Terms of Reference for Tumu Whakarae (Phyllis Tangitu from Lakes DHB leading)
- Finalise Tumu Whakarae draft work programme – and seek endorsement by members
- Confirm work schedule for Secretariat based on approved work programme

2. STRATEGIC RELATIONSHIPS

- Outgoing and incoming Chair to arrange transition of current Chair roles (where necessary) for existing entities, Colleges and international forums
- Continuation of Māori Health Equity joint work with ACEM, RANZCO and NZCPH

3. HEALTH POLICY

- Implement Māori Covid-19 Decision paper (joint work programme with MOH)
- Continue monitoring of implementation of Mental Health and Addictions Inquiry
- Assess implications of Health and Disabilities Services Review on DHBs and Tumu Whakarae

4. WORKFORCE DEVELOPMENT

- Complete Tumu Whakarae member Skill Set and Interests inventory (Central TAS lead)
- Reset Kia Ora Hauora (review date imminent)

5. INNOVATION AND SHARING EXCELLENCE

- Provide support for continuation of Tū kaha conference
- Discussion on next Hikoi Rangahau and IIHC session

6. HEALTH SYSTEM PERFORMANCE

- Continue oversight and monitoring of performance (Trendly, Te Ara Whakawaiora and Health Excellence tables)

He Kaupapa Hōu - Waiora, Waikato DHB

I have been privileged to be the Chair of Te Tumu Whakarae for the last 8 years.

On the 7th of July I was warmly welcomed to the Waikato DHB and rohe at Rangiaowhia marae, Te Wānanga o Aotearoa in my new role as Executive Director Māori, Equity and Health Improvement. The pōwhiri was a moving and humbling experience and I am very grateful for the amazing welcome and support of my whānau and colleagues.

Stepping down from my national roles allows me to give my full attention to the challenges and opportunities facing whānau in the Waikato. It will also allow me to work closely with my new DHB colleagues and tribal leaders.

It is an honour to serve the whānau, hapū and iwi of the Waikato region.

APPENDICES

APPENDIX 1:
Current Membership List – Tumu Whakarae

APPENDIX 2:
Tumu Whakarae 2020- 2021 Draft Work Programme

APPENDIX 3:
Ngā Hikoi Rangahau - Summaries

ATTENDEES FOR PAST ANNUAL STUDY TOURS

KEY LEARNINGS FROM EACH INSTITUTIONAL OR CONFERENCE VISIT

Appendix 1: Current Membership List – Tumu Whakarae

In alphabetical order by DHB

1. **Auckland & Waitematā:** GM Māori Health, Riki Nia Nia (outgoing Chair and outgoing GM, July 2020), Chief Advisor Tikanga, Dame Rangimarie Glavish
2. **Bay of Plenty:** Acting GM Māori Health Gains & Development, Marama Tauranga
3. **Canterbury:** Exec Director Māori and Pacific Health, Hector Matthews
4. **Capital and Coast:** Director Māori Health Services, Arawhetu Gray
5. **Counties-Manukau:** GM Māori Health, Sharon McCook
6. **Hawkes Bay:** GM Māori Health, Patrick LeGeyt
7. **Hutt Valley:** Director Māori Health, Kerry Dougall
8. **Lakes:** GM Māori Health, Phyllis Tangitu
9. **MidCentral:** Director of Māori and Pacific Health, Tracee Te Huia
10. **Nelson Marlborough:** GM Māori Health, Ditre Tamatea
11. **Northland:** GM Māori Health, Harold Wereta
12. **South Canterbury:** Director of Māori Health, Joseph Tyro
13. **Southern:** Chief Māori Health Strategy & Improvement Officer, Gilbert Taurua
14. **Tairāwhiti:** Pouwhakahaere Hauora Māori, Peter Brown
15. **Taranaki:** Chief Advisor Māori Health, Ngawai Henare
16. **Waikato:** Acting GM Māori Health, Janise Eketone
17. **Wairarapa:** GM Māori Health, Jason Kerehi
18. **West Coast:** GM Māori Health, Gary Coghlan
19. **Whanganui:** Director of Māori Health, Rowena Kui

Appendix 2: Tumu Whakarae 2020- 2021 Draft Work Programme

TUMU WHAKARAE: DRAFT WORK PROGRAMME 2020 - 2021

Lead: Riki Nia Nia

KEY FOCUS AREAS	ACTIONS & ACCOUNTABILITIES	LEAD	TIMELINE
TUMU WHAKARAE OPERATIONS			
Tumu Whakarae Leadership	1. Appointment of new Chair for Tumu Whakarae	ALL members	Position effective 1 July: priority
Taituarā Tumu Whakarae (Central TAS) position	2. Welcome to Jacque-Ann Heke and TW orientation / introduction to Tumu Whakarae role and activity & work plan	Lead: Chair / Hector	July 2020
Tumu Whakarae Work Programme	3. Discuss and finalise / endorse this Work Programme and complete allocation of positions TBA (leads and tautoko)	Lead: Chair ALL members	By 15th July 2020
Review of Tumu Whakarae Terms of Reference	4. Review Terms of Reference (support TBA)	Lead: Phyllis Tautoko: TBA	By 31 July 2020
LEVERAGING STRATEGIC RELATIONSHIPS			
Implementation of Maori Equity lens with ACEM	5. Continue supporting / monitoring implementation of Maori Equity Strategy (Manaaki Mana)	Lead: Riki Nia Nia Tautoko: Marama	Ongoing
RANZCO (Ophthalmologists)	6. Continue supporting RANZCO to develop Maori Equity strategy and implement	Lead: Riki Nia Nia	Ongoing
NZ College of Public Health	7. Develop relationship with NZCPH and develop shared approach to Equity, TOW and increasing Maori PH Physicians	Lead: Chair Tumu Whakarae	Ongoing
Reset Central TAS to be a high performing enabler of DHBs to achieve their Te Tiriti obligations (WAI 2575) and Maori Health Equity aspirations. Infrastructure needed. TAS needs to be Centre of Excellence for DHBs  2020 TAS Māori Cultural Assessment F	8. Identify Tumu Whakarae team to work on this activity 9. Implement an assessment of the current capability of Central TAS from a Te Tiriti / Maori Health Equity perspective to determine what improvements are required. Reset Central TAS to be a high performing enabler of DHBs to achieve their Te Tiriti obligations (WAI 2575) and Maori Health Equity aspirations.	Lead: Phyllis & Tracee Tautoko: TBA	Team by 15th July Central TAS development plan by 30th September 2020
International Indigenous Health Collaborative (IIHC)	10. On hold at present (Covid-19) – pending next Hikoi Rangahau	Lead: Dame Naida Glavish, Riki Nia Nia	Suspended for now with inability to travel (Covid-19)

KEY FOCUS AREAS	ACTIONS & ACCOUNTABILITIES	LEAD	TIMELINE
INFLUENCING MAORI HEALTH POLICY			
He Ara Oranga: Mental Health and Addictions Inquiry Report	11. Continue monitoring implementation of the report recommendations and report out. Identify any areas requiring TW advocacy	Lead: TBA	Ongoing
Provide direct leadership to prepare DHBs to fully participate in the WAI 2575 Hauora Maori Hearings – and to align to recommendations where desirable	12. Work with the MOH to ensure DHBs are engaged in a timely and effective way to ensure they are enabled to fully contribute too and participate in the WAI 2575 Hauora Māori Hearings. 13. Identify areas for alignment with Tribunal recommendations which can be implemented in DHBs within current policy and legislative frameworks	Lead: Tracee Te Huia Tautoko: Hector Matthews & Tumu Chair Marty Disability support Mental Health and Addictions – Phyllis, Arawhetu	Ongoing
Prepare DHBs for potential changes relating to the Health & Disability review report https://systemreview.health.govt.nz/final-report	14. Immediately establish a TW Review Team to assess and provide a report on the H&D Review Report in terms of potential impacts and opportunities for DHBs moving forward (an assessment of the Review and provision of some clear guidelines for CE's also supporting MOH Maori Health)	Lead: TBA Tautoko: Phyllis, Gary, Tracee, Karen McCook, Matt Kiore	Immediate
Tumu Whakarae Decision Paper_2605 Draft Minute from CEOs meeting related	15. Implement the Tumu Whakarae decision paper on Covid-19 approved by CEOs on the 11th of June, 2020 in partnership with the MOH Māori health leadership (work with the MOH to ensure DHBs are better prepared to respond to serious incidents in the future such as COVID-19)	Lead: New Tumu Chair, Riki Nia Nia Tautoko: Marama	Immediate

Appendix 2: Tumu Whakarae 2020- 2021 Draft Work Programme (cont)

KEY FOCUS AREAS	ACTIONS & ACCOUNTABILITIES	LEAD	TIMELINE
Set an investment target for Māori health providers at DHB level.	16. Work in partnership with GMs Planning and Funding to develop investment target (Possible development of a position statement for sign off by CEOs)	Lead: Aroha Haggie Tautoko: Sharon McCook	
FOSTERING WORKFORCE DEVELOPMENT			
Review the current Tumu Whakarae skills and capabilities with a view to both strengthening and proactively recruiting essential capability to te wider Tumu Whakarae network.  TW Skill and Interest matrix - October 201	17. Implement a Tumu Whakarae skills matrix and report on: a. Current skills b. Current responsibilities c. Current memberships d. Current aspirations (Inventory template completed and circulated. To be completed by all GMs)	Lead: Taituarā Tumu Whakarae (Central TAS)	By 31st August 2020
Kia Ora Hauora	18. Reset the KOH programme to ensure it is focussed on accelerating an increase in the supply of the future Māori health workforce to the health system.	Lead: Hector Tautoko: Regional leads (Hector, Harold, Phyllis, Jason)	By 30th September 2020
 Maori workforce dashboard December	19. Implement an annual Māori health workforce symposium that brings together high performers in Māori health workforce development and exposes the system to this intelligence	Lead: Hector Tautoko: Phyllis, and Kerry McDougall	Proposed plan to TW by 30th September
Workforce Statement and Reporting  Tumu Whakarae Position Statement or	20. Gather and review workforce KPIs on workforce (led by National CEOs table) and report on progress to TW	Lead: Taituarā Tumu Whakarae (Central TAS) Tautoko: Hector, Phyllis and Patrick	Quarterly (summary DHB report)

KEY FOCUS AREAS	ACTIONS & ACCOUNTABILITIES	LEAD	TIMELINE
Te Tohu Whakawaiora	21. Gather DHB-specific reports, summarise for TW members (# enrolled / completed, by DHB)	Lead: Taituarā Tumu Whakarae (Central TAS)	Quarterly summary report by DHB
Te Reo Maori programme	22. Review implementation of programme with Te Wananga o Awanuiarangi and report number of students by DHB	Lead: Taituarā Tumu Whakarae (Central TAS) Tautoko: Marama	Quarterly summary report by DHB
SHARING INDIGENOUS INTELLIGENCE AND EXCELLENCE			
Te Hikoi Rangahau	23. Discussion on next Hikoi Rangahau – potential timing and location	Lead: Naida Glavish, Riki Nia Nia	By 30th September
Tu Kaha Conference	24. Determine support needed from TW, and contingency plan, for convening Tu Kaha conference (originally planned for 2020)	Lead: Jason	By 31st July
HEALTH SYSTEM PERFORMANCE			
Trendly and Health Excellence Seminars	25. Disseminate Trendly reports monthly 26. Discuss findings and identify Health Excellence webinar plan for 2020 – 2021 (topic and timeline)	Lead: Dr George Gray Tautoko: Marama, Taituarā Tumu Whakarae (Central TAS)	Health Excellence Plan by 31st August
HQSC Equity Dashboard	27. Launch & implementation	Lead: Riki Nia Nia	By 30th September
Te Ara Whakawaiora	28. Summary of DHB status / reporting	Taituarā Tumu Whakarae (Central TAS)	Quarterly

Appendix 3: Ngā Hikoi Rangahau - Summaries

ATTENDEES FOR PAST ANNUAL STUDY TOURS

Tumu Whakarae Member	DHB	2015 Canada, Seattle, Portland, Alaska Hawai'i	2016 Orlando, Florida, Washington DC	2017 Alaska, Phoenix	2018 Hawai'i, Cleveland, Nashville, New York	2019 Albuquerque, New Mexico, Arizona, Nevada
1) Riki Nia Nia	CMDHB/ADHB/WDHB	✓	✓	✓	✓	✓
2) Tracee Tehuia	HBDHB	✓	✓			
3) Pania Coote	SDHB	✓				
4) Hector Matthews	CDHB	✓			✓	
5) Stephanie Turner	MCDHB	✓		✓		
6) Kim Tito	NDHB	✓				
7) Naida Glavish	ADHB/WDHB	✓	✓	✓	✓	✓
8) Jim Wiki	CCDHB	✓				
9) Gary Coghlan	WCDHB				✓	
10) Tricia Keelan	BOPDHB				✓	✓
11) Jason Kerehi	Wairarapa DHB				✓	
12) Shayne WiJohn	ADHB/WDHB					✓

Appendix 3: Ngā Hikoi Rangahau - Summaries

KEY LEARNINGS FROM EACH INSTITUTIONAL OR CONFERENCE VISIT FROM STUDY TOURS

STATE / PROVINCE	PLACE	INSTITUTION	KEY LEARNINGS
Alaska	Anchorage	South Central Foundation (SCF): Nuka System	Values-based recruitment; family-centred care (customer-owner), Nuka model
Alaska	Kenai	Kenaitze Tribal Health and Social Services, Denaina	Effective health, justice & social service integration [adapted Nuka model]
Alaska	Anchorage	National Tribal Public Health Summit (conference 2017)	Shared commitment to indigenous approaches to Public Health. Enablers and disenablers of indigenous health and wellbeing
Alaska	Anchorage	Alaska Native Tribal Health Consortium (ANTHC)	Tele-health to address remote needs; State-wide oversight models. Vision: Alaska Natives are the healthiest people in the world
Arizona	Phoenix	Phoenix Indian Medical Center (PIMC)	Largest Federally operated Indian Hospital. Relationship-Based Care model. Effective hospital monitoring systems (dashboard reporting)
Arizona	Phoenix	Desert Vision Youth Residential Treatment Center	Indigenous spiritual models of residential addiction treatment (Federal facility)
Arizona	Window Rock	Navajo Nation (Headquarters)	Tribal Government, lawmaking, investment & economic development. Exercising Sovereign Immunity
Arizona	Gallup	Gallup Indian Medical Center (IHS)	Federal Facility. Balancing walk-in client needs with scheduled care in a high need population
Arizona	Chinle	Chinle Comprehensive Care Center (IHS)	Applying the indigenous "Tapestry of Wellness" model of care
Arizona	Tuba City	Tuba City Regional Health Care Corporation	Tribally-governed; inclusion of Navajo native speaking navigators. Started own Cancer Centre
Arizona	Pinon	Pinon Health Care Center	Integration of sweat lodge with typical primary care services

Appendix 3: Ngā Hikoi Rangahau - Summaries (CONT'D)

KEY LEARNINGS FROM EACH INSTITUTIONAL OR CONFERENCE VISIT FROM STUDY TOURS

STATE / PROVINCE	PLACE	INSTITUTION	KEY LEARNINGS
Arizona	Hopi	Hopi Health Care Center	Remote health centers serving dispersed populations
Arizona	Phoenix	Gila River Health Corporation (GRHC) - Tribal	Influence of tribal leadership approach to hospital management. Ability to re-prioritise resources (e.g. tobacco taxes for health promotion)
BC Canada	Victoria	Ministry of Health, British Columbia	Resolving Federal/Provincial Health policy jurisdictions with First Nations indigenous needs
BC Canada	Surrey	Fraser Regional Health Authority	Integration of tribal leadership & culture (Blanket Ceremony of CEO to symbolize CEO commitment) with a Provincial Health Authority
BC Canada	Vancouver	St Paul's Hospital (Providence Health)	Trying to embrace cultural intelligence. Integrating faith-based hospital care models with First Nations models of care
BC Canada	Vancouver	First Nations Health Authority (FNHA)	First Nations governance of a Province-Wide First Nations health system
Florida	Orlando	National Tribal Self-Governance Conference (2016)	Tribal leaders informed and knowledgeable on legislative and policy aspects of health. Highly organised collective - use this to influence policy
Florida	Saint Lucie	Seminole Tribes of Florida	Wealth can create similar problems to poverty (e.g. access to drugs). Concierge health system doesn't protect you from risks
Hawai'i	Honolulu	Papa Ola Lokahi, Hawai'i	Coordinating State-wide efforts in Native Hawaiian health. Huge potential
Hawai'i	Manoa	University of Hawai'i at Manoa	Workforce development: Growing the Native Hawaiian medical workforce. Joint He Huliau Conference

STATE / PROVINCE	PLACE	INSTITUTION	KEY LEARNINGS
Hawai'i	Honolulu	Queens Health System	Ali'i Trust hospital system challenged to include indigenous voice in a US-governed State
Hawai'i	Maui	Hui No Ke Ola Pono (Native Hawaiian Health)	A Native Hawaiian model of care integrating medical and traditional healing
Hawai'i	Kapolei	Blue Zone Project	Multi-agency community-specific approaches to wellbeing (food supply & choices)
Hawai'i	Maui	Haleakalaa (Volcano)	Meaningfulness of significant sacred sites to indigenous wellness
Hawai'i	Kaunakakai	Na Pu'uwai (Molokai)	Indigenous-managed Kupuna day care programme example
Hawai'i	Honolulu	He Huilau Indigenous Health (conference 2016)	Evidence of indigenous approaches to health care gains that work!
Maryland	Washington DC	National Congress of American Indian (Embassy)	560 tribal national governance body: generating a collective voice on national issues / influencing policy. Very skilled
Maryland	Washington DC	National Indian Health Board (NIHB)	National Health advocacy for 560 Tribes: Policy, advocacy and coordination of voice
Maryland	Washington DC	National Council of Urban Indian Health (NCUIH)	National health advovacy for 30+ Urban indigenous health organisations
Maryland	Washington DC	Indian Health Service (IHS) HQ	Federal delivery system for Native Americans and Alaska Natives on-reservations
Maryland	Washington DC	Senate Committee on Indian Affairs (SCIA)	Political decision-making approaches to indigenous and health affairs
Nevada	Las Vegas	Evidence-Based Leadership (EBL) Conference	Using data to drive performance and oversight

Appendix 3: Ngā Hikoi Rangahau - Summaries (CONT'D)

KEY LEARNINGS FROM EACH INSTITUTIONAL OR CONFERENCE VISIT FROM STUDY TOURS

STATE / PROVINCE	PLACE	INSTITUTION	KEY LEARNINGS
New Mexico	Albuquerque	National Congress of American Indian (conference 2019)	560 tribal national governance body: generating a collective voice on national issues. Sovereign Immunity discussion
New York	Queens	Department of Health & Mental Hygiene (Health Equity Dept)	Taking a neighborhood approach to addressing equity in a metropolitan city
Ohio	Cleveland	Cleveland Clinic	International excellence; growing leadership in health care; equity approaches. 'Director of Diversity' position emphasis
Ohio	Cleveland	Global Center for Health Innovation	The shift in health technology from serving providers to serving patients
Ohio	Cleveland	Cuyahoga Health Improvement Project (Collective Impact)	Using Collective Impact to coordinate multi-agency approaches to high need communities
Ohio	Cleveland	Cleveland Leadership Center (CLC)	Creating a pipeline from school-age to grow civic leaders in a city like Cleveland
Oregon	Portland	North West Portland Area Indian Health Board (NWPIHB)	Coordinating 28 Tribal health activities to contribute to national agenda on health
Tennessee	Nashville	United South and Eastern Tribes (USET)	Using political advocacy and positioning to drive Treaty rights and obligations of Government. Highly organised
Washington	Seattle	Seattle Indian Health Board (SIHB)	Patient accessible Health Records (online patient access) in an urban setting.