

# Te Rōpū Māori hui minutes



Date: **21 April 2020**  
Chair: Ria Earp  
Members: Marama Parore; Muriel Tunoho; Dr Janice Wilson; Dr Fiona Cram;  
Assoc. Prof Sue Crengle; Prof Denise Wilson  
Staff: Stephanie Turner; Heidi Cannell; Kim Dougall; Ella Novak; Alexis Wevers  
(minute taker); Shelley Hanifan; Iwona Stolarek; Leigh Manson; Te Raina  
Gunn; Glen Mitchell; Richard Hamblin; Ying Li  
Apologies: Hingatu Thompson; Wi Keelan; Dr Tania Riddell

## **Karakia, mihi mihi and whakawhanaungatanga**

This was the first hui for Te Rōpū Māori conducted through Zoom.  
Ria led a karakia and a whakawhanaungatanga.

### **1. COVID-19 impact**

- **The impact of COVID-19 on members' work**
- **The impact of COVID-19 on the Commission**

Rōpū members and Commission staff provided reflections on the impact of COVID-19 on their work, home lives, and thoughts.

- Māori students really struggled under the conditions, especially the loss of part-time jobs.

Non-governmental organisations (NGOs)

- NGOs (eg, Wellington Free Ambulance and hospices) had been busy figuring out how to keep staff safe and services operating. Hospices operated as an essential service and many were under financial stress as charitable funding had all but stopped.
- For many organisations, margins and volumes were down significantly, which was a struggle for staff.

Working with whānau

- Members had been working with the Whānau Ora collective to support whānau who were isolated, prioritising Māori and Pacific peoples aged 60 and over. People were grateful for contact points. There was not much mainstream coverage of people successfully taking care of whānau.
- Many provider organisations had been innovative in service delivery and staying in touch with people.
- Workers in rest homes, who had been struggling on low pay, are now more visible as essential workers.
- Maraes had been closing which had been difficult for many because they provide good support for people. Marae trustees had received backlash for closing them.
- A couple of members had worked with Te Rōpū Whakakaupapa Urutā to support the sector.
- COVID had imposed limitations on tikanga issues. This was especially difficult for Māori palliative care and managing death and tangihanga.

### General practice

- In the first couple of weeks of lockdown, patients were not ringing in.
- Many clinicians couldn't work with respiratory patients because of their own risk which pushed the current volume of respiratory patients onto certain staff.
- There was concerns for the digital divide: the lack of access to general practice through the phone or the internet for Māori. The Commission should look into the impacts of the measures currently in place on the inequities created in access to usual care and non-COVID outcomes.

### Commission

- Commission staff had successfully adjusted to working remotely and was in a fortunate position to be able to stay employed.
- The Commission had been taking up some extra work and had people seconded to the Ministry of Health.
- The Commission was thinking about how it monitors inequities pre- and post-COVID.
- There had been time to focus clearly on the Statement of Intent and Te Tiriti o Waitangi.

## **2. Update on Statement of Intent and Statement of Performance Expectations**

### **a. Draft Statement of Intent**

### **b. Draft Statement of Performance Expectations 2020/21**

The latest version of the strategy was presented. Some of the main points included:

- There was lots of scope for action with Te Tiriti o Waitangi and mana motuhake as a real commitment to driving forward the Statement of Intent and Statement of Performance Expectations.
- This strategy would be a living document – it would be continually worked on and improved.

Discussion included:

- The group noted that this was challenging but exciting. It would be important to measure how the Commission achieved its challenges, but also where improvements can be made.
- Work between district health boards (DHBs) and community health providers was increasingly important: eg, for communication, delivery of PPE.

## **3. Advance care planning (ACP) and COVID-19**

A quick update was provided on the talkingCOVID website which has been launched. Some of the main points included:

- Projects provided for the talkingCOVID website like ACP and shared goals of care are being worked towards person-centred decision-making.
- The talkingCOVID website helps clinicians support their patients and their whānau for those who are at higher risk develop plans for their care.
- They adapted the serious illness conversation guide to support clinicians who do not work in palliative care to have a conversation with seriously ill people, especially in regard to recent COVID-19 risk.

- They had trained many clinicians across the country to conduct classroom-based training, both online and through workshops. The training videos and webinars had a good response.
- They hoped this work would accelerate a change of culture of the health workforce to ensure what's most important to people and their families was brought forward to care planning and delivery.

Feedback and discussion included:

- Whānau should be at the centre of the plans, rather than the patient themselves. It was important to communicate to both together.
- There needs to be a video of a whānau group, preferably larger than two people to reflect the actual size of many whānau. Māori often discuss and make decisions as a whānau rather than on their own or on behalf of another whānau member.
- Māori more commonly die in the community, so community health workers, general practice and hospital staff should be more of an audience than aged care facility staff for Māori.
- Māori experience a digital divide more than Pākehā so digital conversations would be more difficult.

The presenter was thanked for the update on ACP in the COVID environment.

#### **4. Whānau Māori experience of an adverse event**

A verbal update was given on the project including:

- The Patient Safety team at the Commission completed a research project, using an appropriately broad methodology to ensure Māori experiences were at the forefront of the project.
- They had challenges engaging with Māori researchers to complete the research and whānau to participate through DHBs.
- They worked with four Te Puni Kokiri (TPK) regional offices as they had connections with the Whānau Ora collective and Māori health and social service providers in the community. The TPK regional offices were identified based on the largest clusters of whānau.
- Identified whānau were screened to ensure the adverse events occurred while in hospital and events were either SAC 1 or 2.
- 17 whānau and eight clinicians from across the country were interviewed.
- A kaupapa Māori design was incorporated at each phase of the process.

Findings from the project were:

- Clinicians' behaviour and culturally appropriate care in their access to health services was a big factor in whānau Māori experiences of an adverse event.
- Whānau had strong views about their treatment when accessing health care and were reluctant to access care until absolutely necessary.

Discussion from the group included:

- The group was sympathetic to the challenges of the process.
- Unfavorable experiences were often the most memorable for whānau.

- The rōpū were not surprised about the findings and the challenges faced in this research.
- The group discussed many examples of bad experiences including lack of communication, respect, engagement or consideration.
- The report was an opportunity to drive change. The serious adverse events process has had a marginalising effect on Māori.

The presenter was acknowledged and thanked for her work.

#### **5. Māori Health Equity dashboard**

A verbal update was given on the health system quality dashboard.

- It now includes a page for quality priorities which are priority areas for each DHB identified by the Commission.
- In the Māori Health Equity Report for each DHB, pattern, impact, change and variation show different ways of understanding the data.
- The dashboard allows the user to compare Māori with non-Māori non-Pacific people and also to swap these groups to show both disadvantage and advantage. This was similar for the equity tab of each domain.

#### **Meeting closed**

The meeting was closed with a karakia whakamutunga.