PROJECT MAUNGA
BASE HOSPITAL REDEVELOPMENT

Project Maunga, Stage Two

TANGATA WHENUA PARTNERSHIP BRIEF

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Document Control

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Whakatauaki

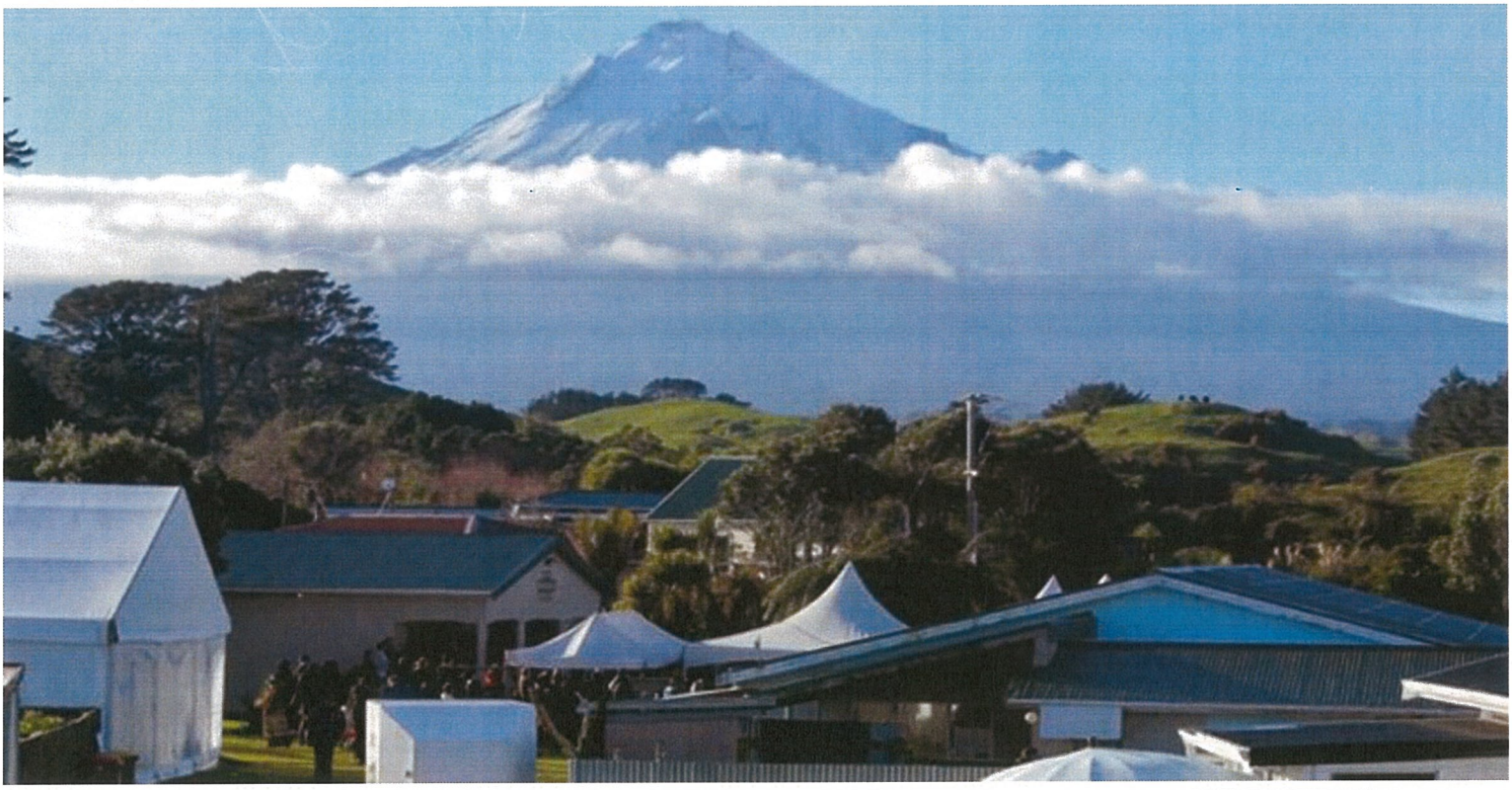
He puāwai au i runga i te tikanga
I am a descendant from righteous endeavour

He rau rengarenga nō roto i te Raukura
A healing herb from within the sacred emblem

Ko taku Raukura, he manawa nui ki te ao,
My sacred emblem is a symbol of my unwavering dedication,

He manawa nui ki te ao, he manawa nui ki te ao.
of prosperity, good health and well-being.

Na, Te Whiti o Rongomai



Executive Summary

With the approvals in place to develop the business case to undertake the second stage of the redevelopment of facilities at Taranaki Base Hospital, goes the responsibility of ensuring its functionality satisfies the needs of our population.

Māori are significant players in the Taranaki health landscape as users and providers of health services, as an important part of the health and disability workforce and as mana whenua.

Project Maunga represents an exciting and rare opportunity to mould this important community facility to incorporate visual expressions of the DHB's relationships with iwi and Māori as well as to incorporate contemporary models of care that include kaupapa Māori models of practice blended with best clinical practice.

The purpose of this briefing paper is to provide guidance and support throughout the project on matters Māori. The Project Director, project managers, architects and other technical and professional people involved with the building project, team leaders, work groups and all others involved in each and every aspect and phase of Project Maunga Stage Two will have this resource to reference:

- important principles of Māori health
- nga tikanga, behaviours and practice that respect the cultural norms of tangata whenua
- An historical background of the site
- Tangata whenua contacts that can provide guidance on specific and general issues

It is our privilege and honour to support the successful completion of Project Maunga Stage Two.

Tēnā kōutou kātoa

Introduction

The Government has given initial approval for the Taranaki District Health Board to prepare its Business Case to implement Project Maunga Stage Two of the new hospital building at the Taranaki Base Hospital. Stage Two incorporates:

- Intensive Care Unit
- Emergency Department
- Acute Assessment Unit
- Maternity Unit
- Neonatal Unit
- Operations Centre
- Radiology
- Laboratory

The changes encompass a fundamental rethink of the design of the new facilities, clinical practice, processes and systems within hospital and health services. These changes will extend beyond the boundaries of the hospital to include relationships with the primary, community and Māori Health sectors. This will also extend to the work in local communities and will align with the strategic direction outlined in the Health Action Plan and the Māori Health Strategy.

The project is an opportunity to encompass design concepts that appeal to Māori, make it a place where they feel comfortable working in and being cared for in. It is an opportunity to incorporate visual expressions of cultural heritage and to create spaces that allow tangata whenua to exercise cultural practices, where Te Ahu Taranaki DHB values of manaakitanga, whanaungatanga and mahakitanga can be practiced and shared with all.

Achieving these changes will take time and will need to be influenced by Māori at all levels. Organisational changes in practice, behaviour and culture will need to occur. Securing these changes is fundamental however, to our vision of seamless, culturally competent healthcare for Māori.

The needs of Māori can also be accommodated by improving support for patients during their stay in hospital and for their whānau. This is integral to the recovery and spiritual journeys of patients. We need also to integrate Māori models of care e.g. rongoā and mirimiri, ensuring designated culturally appropriate areas are available to allow community professionals in traditional healing to practice at the bedside. Whānau will then have choice of service and in an environment they feel comfortable.

Ngāti Te Whiti, a hapū of Te Atiawa iwi, hold mana whenua for New Plymouth, a status based on whakapapa / genealogy and ahikā roa / long term occupation. As an expression of mana whenua, Ngāti Te Whiti has an important part in the New Plymouth community and as such its representatives are involved in many community initiatives and projects. We give acknowledgement to Ngāti Te Whiti with their role in exercising kaitiakitanga/guardianship over the Base Hospital site.

Special acknowledgement is also extended to other iwi and to people from other cultures that make important physical and spiritual contributions. Many of the principles referred to in this paper may resonate with people from other indigenous cultures as well as with Pākehā.

Guiding Principles of Project Maunga

General Principles

This paper acknowledges and supports the general guiding principles of the overall project as detailed in the Architecture Design Report and Overarching Models of Care. To reiterate, the three stage facility build incorporates four principles for new models of care. These are;

- Patient focused ambulatory care will ensure that on one visit a patient will receive as many services as clinically required, avoiding multiple visits and fragmented care. Where possible, multi-disciplinary services should allow consultation, diagnostics, procedures, tests and treatment to occur on the same visit.
- Clinically proven new technologies and best clinical practise will be adopted to enable migration from a predominantly inpatient based treatment model to an ambulatory and day procedure model, wherever possible.
- Patients will experience a coordinated and smooth progression of care through the continuum: community, primary, secondary and tertiary agencies and providers. Specialist care is seen as episodic across the continuum for the patient. This will require increased alignment of service provision with primary care providers and other community agencies.
- Improved and seamless access to clinical information to support patient flows through their stages of care. This will require effective integrated information systems and improved communication between professionals and services associated with patients care.

Over-arching Tikanga

The principles of "Tapu" and "Noa" are highly relevant in the context of preparing for the building and use of a new hospital. As a point of reference for survival in today's health environment, many Māori continue to acknowledge and practice the principles of tapu and noa. They will apply in a range of situations including:

- development of models of care
- design of facilities to support the models of care
- designing and delivering the services
- preparation for building, the construction phase, and clearing the way for the building to be used.

The detailed section on Tapu and Noa at page 12 is essential reading. Those wishing to gain a deeper understanding are urged to contact the Tikanga Oversight group through the Chief Advisor Māori Health.

Māori Service Principles

To successfully respond to the needs of Māori patients and whānau, Project Maunga aims to incorporate the following principles:

1. Services should be planned, co-ordinated and delivered in a manner that is consistent with the Treaty of Waitangi. This will be demonstrated when the principles of ***Partnership, Participation and Protection*** are evident at every level and stage of the Project. Guidance is provided in the Treaty of Waitangi section at Appendix 1 (page 17)on giving practical effect to the Treaty principles;
2. Ensure Māori and iwi leaders have meaningful representation on strategic oversight and on all organisational and project groups that enable Māori to have input into models of care and facilities design. Designate appropriate time, resources and information to enable Māori to:
   a. participate in each and every phase of planning and design of Project Maunga Stage Two including the cost of input provided by personnel external to the DHB;
   b. design and procure Māori artworks including the further development and continuation of marketing capital introduced during Project Maunga Stage 1 – page 14;

3. Be cognisant that Māori make up only 9% of the DHB's Māori health workforce therefore the capacity of Māori to be able to respond to the demands of the mainstream do not match that of mainstream. The 'overwhelming effect' should not be underestimated and expectations of mainstream to have time-frames met will need to be considered.

4. Service delivery models and service groupings should reflect the TDHB priority of achieving equity of access and outcomes for Māori. Though there are a range of complex factors that contribute to health inequity, the fundamental drivers for Māori inequity is '**access**'. Access barriers are generally apparent in one or more of the following forms:

   a. Access to affordable health services including the cost of transport, appointments, medications, follow up care, issues that are compounded by lack of access to social determinants such as housing, transport and income;

   b. Access to health services that are easy to find and culturally responsive;

   c. Access to the same quality of health care that non-Māori receive.

5. Service delivery should be co-ordinated around the needs of patients and their whānau. Seamless access should be enabled, services that wrap around the health and social needs of the patient and their whānau. There should be the ability to accommodate inter-service and inter-sectoral collaboration.

6. Value Māori intelligence and make provision for:
   a. traditional Māori healing and practice including rongoā and mirimiri alongside clinical intelligence. For example, the treatment plan for a whānau Māori may prioritise the recommendations of Tohunga alongside clinical recommendations;

   b. Māori connection by whakapapa to Māori communities, the natural rapport of Māori with Māori and the value they bring in engagement with Māori;

   c. The Māori health sector has a wealth of knowledge, experience and connection by whakapapa, working in Māori communities. More information regarding the sector is on page 20)

7. The TDHB's journey to becoming a Health Literate Organisation is highly relevant in the context of improving Māori health outcomes. Services must be easy to find, understand and navigate including through bilingual signage and wayfinding, and have visible cultural displays that send clear messages of the value the DHB places on cultural inclusion to encourage positive engagement with the DHB's health services.

Tikanga

'Tikanga' are a set of practices and norms based on Māori beliefs and processes. Tikanga are derived from inherited values and concepts practiced from generation to generation.

The following tikanga express traditional values and beliefs central to the maintenance of positive relationships. The tikanga mirror the values adopted by the TDHB through Te Ahu Taranaki DHB Values. For the purposes of this brief the cultural context is accentuated – they permeate every interaction at every level:

WHĀNAUNGA -TANGA

Relationships and connectedness that underpin the social structure of whānau, hapū, and iwi and includes rights and reciprocal obligations consistent with being part of a collective

MANA MOTUHAKE

Recognises and respects the autonomy of each to the other

MANAWANUI

Reflects courage, tolerance and determination

MANAAKI-TANGA

Acknowledges the mana of others as equal or greater than one's own, expressed through hospitality, reciprocity, aroha, generosity and mutual respect

MAHAKI-TANGA

To value and treat each other with respect and humility

Tapu and Noa

At the time of European contact the health of Māori communities was enhanced and protected through a complex system of **'tapu'** - sacred/forbidden/restricted, and **'noa'** – A reduced level of tapu/unrestricted. These concepts informed the structuring of social order, of environmental conditions, and of safe and unsafe practices. Social referencing linked with tapu and noa occurred within almost every activity, ceremonial or otherwise, being connected to the maintenance and enhancement of levels of tapu. For example, when objects came into close physical contact with a person, their level of tapu became imbued within those objects. As the same time a person's level of tapu fluctuated depending of what activity they were engaged in or their degree of exclusion or status as perceived by the community.

Tapu and noa can be considered a social coding of practice in daily life. Many Māori continue to configure their norms using principles of tapu and noa, and it impacts on the effectiveness of care and on their survival in today's health environment. Things that are considered to have a high level of tapu are set aside for special functions or there is an expectation of restricted contact. They are kept separate from things that are noa (not restricted). This is particularly the case where there are identified physical risks, where cultural norms will be corrupted or where well-being may potentially be compromised. Responding to conditions of tapu reduces the potential for people who hold these values to feel ill at ease, having a direct impact on the quality of their care.

It is important therefore that health practitioners and those working on Project Maunga understand the significance of tapu and noa to be able to understand appropriate and inappropriate practices. The tikanga described below are relevant in this regard.

Tapu (noun) restriction, prohibition – an intangible condition. A person, place or thing is dedicated to an *atua* (god) and is thus removed from the sphere of the profane and put into the sphere of the sacred. It is untouchable, no longer to be put to common use. The violation of *tapu* would result in retribution, sometimes including the death of the violator and others involved directly or indirectly. Appropriate *karakia* and ceremonies could mitigate these effects. *Tapu* was used as a way to control how people behaved towards each other and the environment, placing guiding norms upon communities in order to ensure that society flourished. Making an object *tapu* was achieved through *rangatira* or *tohunga* applying the *tapu*. Members of a community would not violate the *tapu* for fear that sickness or catastrophe may result. Intrinsic, or primary, *tapu* are those things which are *tapu* in themselves. The extensions of *tapu* are the restrictions resulting from contact with something that is intrinsically *tapu*. This can be restored to a safe level with water, or food and *karakia*. A person is imbued with *mana* and *tapu* by reason of his or her birth into high-ranking families whose genealogy could be traced through the senior lines. It was a priority for communities to maintain the *mana* and *tapu* of those of *ariki* descent to keep the strength of the *mana* and *tapu* associated with their collective well being. People are *tapu* and it is each person's responsibility to preserve their own *tapu* and respect the *tapu* of others and of places. Under certain situations people become more *tapu*, including women giving birth, warriors travelling to battle, men carving (and their materials) and people when they die. Because resources from the environment originate with a finite system, they need to be recognised and well managed with the use of *karakia* before and after harvesting. When *tapu* is reduced to a normal level things reach a state of *noa*, in a safe and natural condition. This process is referred to as *whakanoa*

Noa (particle) includes things that are in a state with little constraint, they are freely accessed, unimpeded, unbridled, with few restriction or conditions. The word *'noa'* is also commonly used as a manner particle of speech, e.g. *'e haere noa ana ki te rohe'* 'travelling freely in the region' It denotes an absence of limitations, of conditions or of little consequence particularly when used in combination with other particles, e.g. *noa iho.*

Te Tikanga Mō Te Kai, Ngā Mai, Me Ngā Para o te Tangata - Do's & Don'ts With Food, Linen & Body Substances

Staff in health settings need to be familiar with the concept of tapu for Māori, as it pertains to the body and bodily substances considered tapu. The head is the highest level of tapu while other lower extremities of the body are less so. In contrast to this, substances associated with food coming into contact or in close proxity to the body act to the reduce inherent tapu and so contact should therefore be avoided. When caring for Māori patients, staff can observe the principles of tapu and noa by;

- Refraining from passing food over a person's head
- Refraining from using white pillowcases for any purpose other than placement under the head;
- Allowing for whānau to provide their own pillowcases and arrange their own laundering if they wish;
- Using different wash cloths for washing the head and washing the body;
- Being especially vigilant about the normal order of body washing from neck to genital to anal area;
- Separating certain items from contact with the body or body substances;
- Not placing combs and brushes on a surface where food may be placed;
- Not placing food or medication on surfaces used as seating;
- Microwaves used for heating food are not used for heating items that have come into direct contact with the body;
- Storing food and medication separate from body substances;
- Ensuring that glasses and jugs used for drinking water are used solely for that purpose;
- Being vigilant in ensuring that tea towels are only used for drying dishes and should be separated from other used linen at collection points;
- Ensuring that receptacles for excrement are not placed near food, food trays or food containers or on tables or other surfaces that may be used for eating eg: bedside tables;
- Ensuring that the movement of tupāpaku/deceased people do not bring them into contact with or in the vicinity of food or food preparation areas or where rubbish is carried or held;

Behaviour and practices that are inconsistent with these guidelines can cause distress to whānau and result in a lack of confidence and unwillingness to engage with/in health care services.

Pending and Post Death

The time approaching death and after death of a loved one, is highly spiritual. Tupāpaku are in a state of tapu. During these times the following considerations need to be met:

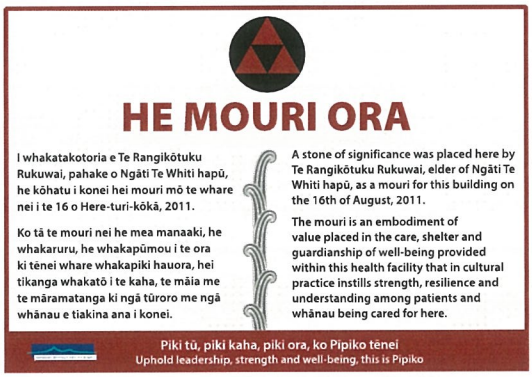
- The ability to remain with the patient at all times and be in an environment where tikanga can be carried out respectfully, where *karakia* and acknowledgements of the deceased (with *mihi* and *waiata*) can be performed and where the whānau pani/grieving whānau can be cared for pending completion of documentation and arrival of the undertaker;
- Where the deceased involves stillbirth or miscarriage there must be suitable receptacles to enable the whānau to respectfully package and remove the remains should they choose;
- Where a post mortem is required it is highly desirable that whānau are able to remain close to the tupāpaku in the mortuary.

Māori Cultural Features, Project Maunga Stage One

The following cultural elements were incorporated into the design of the first stage of Project Maunga. Processes and implementation of them produced valuable lessons for the Stage Two.

He Mouri Ora

This plaque is fixed to the wall of the ground floor lifts. It marks the place where the mouri stone was placed.



Piki Tū, Piki Kaha, Piki Ora, ko Pīpiko Tēnei

Meaning 'uphold leadership, strength and well-being, this is Pīpiko' this is the karanga or call of welcome to the campus which adorns the main signs at the main entries/exits to or from the campus. The name 'Pipiko' was given by respected Taranaki kaumatua Huirangi Waikerepuru at the time of the hospital blessing in August 2013. It recognises the former settlement of that name at a site very close to where the hospital is currently located.

Each entrance has a name, three of which represent the three waka that brought the iwi to Taranaki – Tokomaru is the David St entrance facing the northern iwi of Ngāti Tama, Ngāti Mutunga and Te Atiawa. Aotea is the Tukapa St entrance facing its southern iwi of Ngaa Rauru, Ngāti Ruanui Ngāti Maru and Ngā Ruahinerangi. The Western entrance on Lyn St is Kurahaupō facing toward Taranaki iwi. The fourth entrance on Lorna St is named Rua Taranaki, the tupuna after whom Taranaki Maunga/Mt Taranaki, is named.

Te Kurarau

'Te Kurarau' is the motif developed under the guidance of Te Reo o Taranaki by local artists: the late BJ Hetet, Glenn Skipper and Rumātiki Timu. Te Kurarau promotes the unity and sacredness of the Taranaki health community. Literally translated as "the many treasures" it:

- is symbolic of the three parts of the karanga "Piki tū, piki kaha, piki ora"
- appears in sets of three strands, symbolic of the three "raukura" (albatross feathers), prominent in Taranaki
- is symbolic of the trinity of father, mother and child representing unity of whānau/family across generations
- incorporates the three waka of the iwi of Taranaki
- signifies unification of people and cultures into a higher quality of life

Te Kurarau and the karanga "Piki tū, piki kaha, piki ora" together, make up the cultural theme that will carry through the DHB's facilities into the future.

Key Contacts

The following diagram outlines the relationships through which support and influence at each level (governance and operational) and stage of the project will be channelled.

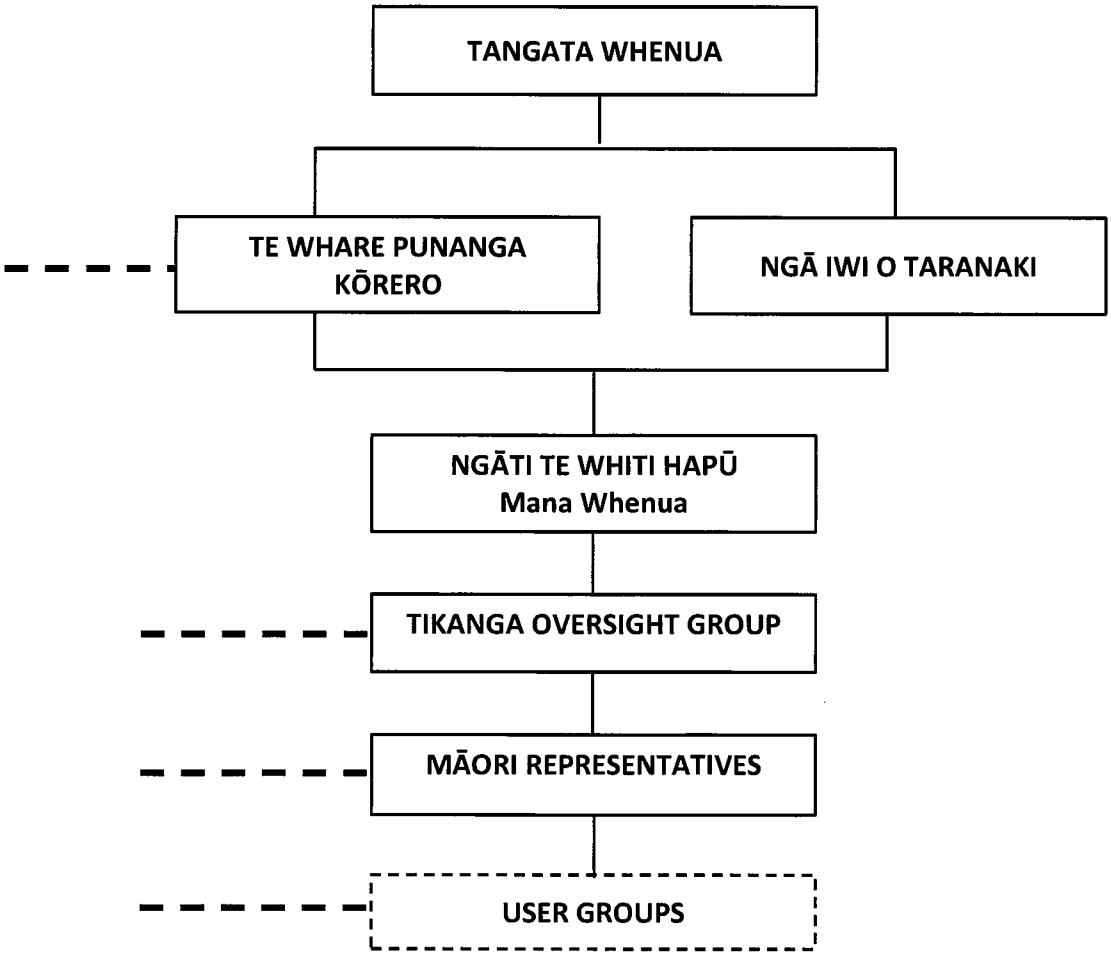
Key contacts include:
Governance: Te Pahunga (Marty) Davis, Chair, Te Whare Punanga Korero Trust
Principle Advisor, Tikanga: Dr Ruakere Hond, Independent Contractor
Operations: Ngawai Henare, Chief Advisor Māori Health, TDHB

As mentioned previously Te Whare Punanga Kōrero represents the eight iwi of Taranaki and have a direct link into Iwi o Taranaki through their mandated Iwi Rūnanga/Boards who would likely defer leadership in this project to Te Atiawa iwi and through Te Atiawa to Ngāti Te Whiti hapū. Ngāti Te Whiti hapū has direct input to the Tikanga Oversight Group at their discretion, as would all the iwi of Taranaki.

The Tikanga Oversight Group is led by the Chair of Te Whare Punanga Kōrero and the Principal Advisor, Tikanga. Other members of this group include the Tumuaki, Hauora Māori as the operational link and others co-opted for their cultural expertise and/or links to other interests.

Māori representatives are appointed to participate in user groups established by the DHB to inform models of care and design concepts. They are chosen for their working knowledge of the areas under discussion. They may be members of the DHB staff, Māori providers and/or Māori community including hapū / iwi.

The broken lines indicate the points at which Tangata Whenua feed into the TDHB hierarchy.



Ngā tohunga o Taranaki Iwi whānui

Back row: Dr Ruakere Hond, Hemi Sundgren, Trenton Martin, Archie Hurunui, Te Poihi Campbell, Tonga Kārena, Wharehoka Wano

Front row: Mohi Apou, Dr Huirangi Waikerepuru, Matua Ramon Tito, Ihaka Noble

The gentlemen in this photo are revered for their cultural knowledge and expertise. Representative of all the iwi of Taranaki, the Taranaki DHB was greatly honoured to have them perform the ritual karakia at the dawn blessing of the new hospital, Project Maunga Stage One, held on Friday 2 August 2013, prior to patients being moved in on Monday 5 August 2013.

Appendix 1

Treaty of Waitangi

The Treaty of Waitangi provides the fundamental framework for Māori development in health. Each article of Te Tiriti o Waitangi contains a significant provision that relates to health:

Article One: Kāwanatanga provides for the Government to govern. However, the right to govern is qualified by an obligation to protect Māori (health) interests

Article Two: Tino Rangatiratanga provides Māori with a right to exercise authority over their own affairs. A characteristic of tino rangatiratanga is Iwi self determination

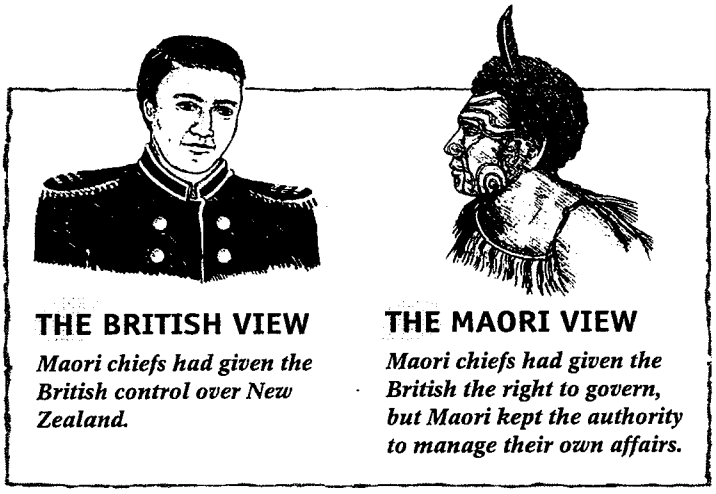
Article Three: Ōritenga guarantees equity between Māori and other New Zealanders, and

Article Four: Te Ritenga provides for the rights of karakia, customs, lore, and spiritual beliefs

Understanding the Treaty

The Treaty as agreed by Māori was quite different to that which was understood and which has been acted on by the Crown.

Two versions of the Treaty were written. 512 of the Māori signatories signed the Māori version whilst 39 signed the English version. Some iwi, including Taranaki, did not sign the Treaty. At the time of its signing 98% of the population in NZ was Māori. Article Four of the Treaty was developed in part due to concerns over Māori health status.



The impact of the differences in interpretation are of such significance that in 1975 the Waitangi Tribunal was set up as a permanent commission of inquiry to recommend appropriate redress for breaches made by the Crown under the Treaty.

The Treaty Principles in the Health Context

The New Zealand Public Health and Disability Act 2000, Part 1, makes explicit: "Treaty of Waitangi provisions require District Health Boards to establish mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services".

The Treaty of Waitangi therefore places obligations upon the Government. The Taranaki District Health Board as agent of the Crown, is committed to assisting the Crown to meet it's obligations as a Treaty partner.

Central to the Treaty relationship and the acknowledgement of the Treaty principles, is a common understanding that Māori will have an important role in developing and implementing health strategies for

Māori. He Korowai Oranga, the national Māori Health Strategy (2014 refresh), emphasises that the relationship must be based on:

Partnership: means working together with iwi, hapū, whānau and Māori communities to develop strategies for improving the health status of Māori.
Participation: involves enabling Māori to contribute at all levels of the sector in planning, development and delivery of health and disability services that are put in place to improve the health status of Māori.
Protection: ensures Māori well-being is protected and improved and that Māori cultural concepts, values and practices are safeguarded.
The Taranaki District Health Board believes the Treaty of Waitangi principles to be implicit conditions of the nature in which it responds to Māori health issues.

Operationalising the Treaty of Waitangi

Mana whenua is the principle which defines Māori by the land occupied by right of ancestral claim. It defines tūrangawaewae and ūkaipō, the places where you belong, and where you can contribute.

Ngāti Te Whiti hapu holds 'mana whenua' of New Plymouth including Pipiko, the Base Hospital site in Westown. This status is based on whakapapa / genealogy and ahi kā roa, i.e. long term occupation.

As well as being mana whenua, Ngāti Te Whiti is an important part of the New Plymouth community and as such, its representatives are involved in many community initiatives and projects. Ngāti Te Whiti sees Base Hospital developments as important kaupapa with which to be involved.

The relationship with mana whenua is critical to providing oversight of the tikanga to be applied through all phases of the rebuild. They will do this through joint leadership of the Tikanga Oversight Group, established to guide tikanga on all aspects of Project Maunga.

Ngāti Te Whiti hapu and Te Atiawa iwi represented by the Te Atiawa mandated iwi governance organisation Te Kotahitanga o Te Atiawa Trust, have the responsibility of exercising kaitiakitanga, over the Base Hospital site. The TDHB has a reciprocal obligation to ensure Ngāti Te Whiti and Te Atiawa are enabled to participate in accordance with their responsibilities.

Mana Māori - TDHB has otherwise established a range of mechanisms to give effect to the Treaty principles. In terms of working in partnership with and enabling participation of Māori, the following are key mechanisms:

At the governance level the primary vehicle for working with Māori and enabling the Māori voice is through the regional Māori governance body Te Whare Punanga Korero Trust (TWPK) established in 1993 as the strategic Taranaki Māori health forum. TWPK and TDHB Boards work together strategically to eliminate health disparities and improve outcomes for Māori. More information on the composition of TWPK and the mechanisms to input and influence is on page 20.

At the management level the Chief Advisor Māori Health as a member of the DHB's Executive Management Team works to influence decision-makers across the DHB to advance Māori health improvements. The role also facilitates input of Māori provider and community voices to strategic and key operational initiatives, generally through the connections of the Māori health network. The Chief Advisor Māori Health leads the Māori Health unit, Te Pā Harakeke. Further description of it's role is on page 21.

Te Kawau Mārō provider alliance is the partnership and participation mechanism principally in service design and delivery. It is a network of Māori providers that deliver a wide range of primary healthcare services across Taranaki and includes Tui Ora Ltd based in New Plymouth with outreach services that stretch across Taranaki, Ngāti Ruanui Health Services based in Hawera and delivering services in South Taranaki, and Ngaruahine Iwi Health Services based in Manaia and also delivering services in South Taranaki. Further description of the Alliance's role is on page 22.

Current Issues - The Waitangi Tribunal has begun hearing claims lodged by 205 (as at October 2018) Māori providers and Māori PHO's regarding the failure of health services to meet the needs of Māori as promised under the Treaty of Waitangi. The hearings have highlighted inadequacies within the system.

Summary

The general experience in the health sector is that Māori have been the guardians and advocates for Treaty of Waitangi principles and their implementation. There is however, the need for greater understanding and acceptance of responsibility across the whole sector, not just by Māori, as the responsibility belongs to us all.

Appendix 2

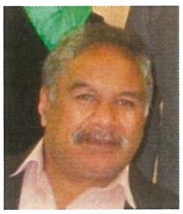
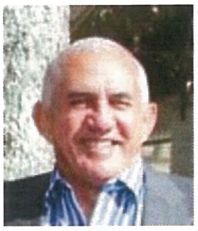
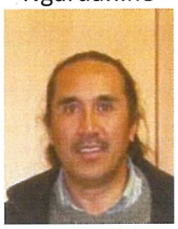
Māori Health Sector

Te Whare Punanga Korero Trust

Te Whare Punanga Korero is made up of representatives from the eight iwi of Taranaki. The representatives current as at February 2019 are:

Te Whare Pūnanga Kōrero Trust Inc 1993

Ahakoa he iti, He pounamu koe

Te Pahunga Davis (Chair) Ngaa Rauru Kiitahi	Ngapari Nui Ngāti Ruanui	Greg White Ngāti Tama	Rawinia Leatherby Taranaki iwi
			
Te Oti Katene Ngaruahine	Eileen Hall Ngāti Maru	Patsy Bodger Te Atiawa	Ngāti Mutunga does not have a current representative appointed
			

The relationship between the TDHB and TWPK is exercised through the following mechanisms:

a. TWPK and TDHB Boards meet twice yearly to discuss the sectors performance in improving Māori health outcomes as measured by Māori health priority indicators;
b. The TWPK Chair is appointed to act, ex officio, as if they were a member of the TDHB Board, has access to all papers of the TDHB Board and contributes to all discussions both open and closed. The TWPK Chair does not have voting rights however, their role is to influence decision-making;
c. TWPK has a representative on the DHB's Hospital Advisory Committee and the Community and Public Health and Disability Support Advisory Committee;
d. TWPK members have an open invitation to contribute to the Community and Public Health and Disability Support Advisory Committee;
e. The TDHB Board Chair and CEO have an open door policy extended to the TWPK Chair;
f. The Chief Advisor Māori Health reports to TWPK on Māori health issues and in particular on Māori health performance as measured by Māori health priority indicators.

In addition to local engagement Te Whare Punanga Korero Chair also represents Taranaki on the Midland Region Iwi Relationship group. This group meets as required with the Midland DHB's Chairs and Chief Executives group to discuss Māori health related issues.

Te Pā Harakeke – Māori Health Unit

Te Pā Harakeke, the DHB's Māori Health Unit is a small team whose role is to provide cultural support across the DHB, to influence decision-making from a Maori perspective and to support Maori patients and whanau that use the DHB's provider services. It also has a leadership role across the sector in terms of Maori health strategy development and implementation including Maori provider and workforce development.

Pictured: Manawa Ora – the facility located at Base Hospital that houses both Te Pā Harakeke Māori Health Unit, as well as temporary accommodation for whānau that are supporting patients of the hospital.

The Tumuaki, Hauora Māori (Chief Advisor Māori Health) is an executive role which enables influence of executive decision-making across the DHB's activities. The Tumuaki leads Te Pā Harakeke Māori Health Unit in its role to support the wider DHB implement policies and programmes aimed at improving Māori health outcomes. Te Pā Harakeke carries out its functions across four key themes:

1. service improvement projects focused on the Māori Health priorities represented in the Māori health dashboard;
2. improving the responsiveness of DHB provider arm services through Māori models of care and improving cultural competencies of the workforce;
3. recruitment and retention of Māori within the DHB;
4. Māori health strategy, planning and policy.

WhyOra is an independent programme which is co-located with and functions as part of Te Pā Harakeke. WhyOra has a specific function of recruiting more Māori into health and disability career pathways. The team is highly active in the DHB environment and also among Māori providers. Their visibility in the DHB has significant benefits for Māori health workforce development.

WhyOra?

Māori Staff of TDHB

Of the 2000 staff employed in the TDHB 9.4% or 193 identify as Māori. The opinions of these staff who have knowledge of the workings of the DHB will be invaluable in the new facilities design and in developing new models of care.

A hospital rebuild also presents exciting opportunity to incorporate designs that make for enhanced cultural experiences. This can have significant impact not only on engagement with Māori patients and whānau, but also on the retention of staff.

Te Kawau Mārō Alliance

Te Kawau Mārō is a network of Māori providers that hold contracts to deliver a range of primary health care services across Taranaki. Tui Ora Ltd, Ngāti Ruanui Health Services and Ngaruahine Iwi Health Services are committed to providing leadership in the development and delivery of quality, effective, whānau ora based health and social services.

The strategic intent for the Alliance is to take a leadership role that actively promotes principals of tikanga and quality with an overall commitment to accelerating improvement in Māori health outcomes.

The services of Te Kawau Mārō Alliance are based on kaupapa Māori principles. The Alliance has developed a Whānau Ora-based pathway of care called 'Whānau Hapai' which is applied consistently across the Alliance's services.

The Alliance is a key mechanism through which Māori cultural concepts and values are practiced. It's membership are valuable contributors of Māori perspective to a wide range of strategic and operational developments in the Taranaki health sector.

Te Kawau Mārō Alliance providers are autonomous legal entities with their own governance, management and staff that are predominantly Māori.

Tui Ora LTD
Let Unity Prevail

Te Kawau Mārō
Provider
Alliance

Ruanui Health Services

Ngaruahine Iwi Health Service
"Whānau Hapai ki Ngaruahine"

Appendix 3

Māori Health Policy

He Korowai Oranga

As New Zealand's Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori. Pae Ora (Healthy Futures) is the Government's vision and aim for the refreshed strategy (2014). It builds on the initial foundation of Whānau Ora (Healthy Families) to include Mauri Ora (Healthy Individuals) and Wai Ora (Healthy Environments).

Taranaki Health Action Plan

The strategic direction for Taranaki DHB is outlined in the Taranaki Health Action Plan 2017-20. The Plan describes the transformational journey the Taranaki health system will take to redesign how care is delivered in the district to ensure the sustainable achievement of improving health outcomes.

The DHB acknowledges that Māori are the main population group that are affected by health inequity in Taranaki and therefore has a particular focus on improving equity for Māori. The DHB is working in partnership with Te Whare Punanga Korero Trust and our local Māori Health providers to eliminate health inequalities between Māori and non-Māori.

Te Kawau Mārō, Taranaki Māori Health Strategy

Te Kawau Mārō is the 20-year strategy for improving the health outcomes for Māori in Taranaki and eliminating health inequalities between Māori and non-Māori. The strategy has five strategic priorities:

1. Improving access
2. Building Māori capacity
3. Improving mainstream services
4. Strategic relationships, and
5. Monitoring performance

Project Maunga Stage Two aligns squarely with priorities one, three and four. The principles and ideas discussed in this paper would make a significant contribution to the DHB's part in implementing the strategy.

Pae Ora Framework and Position Statements

The Pae Ora Framework and Position Statements adopted by the DHB in 2015 incorporate into a single framework the policies outlined above. They sit on the foundation of the Treaty of Waitangi and understandings of the determinants of ethnic inequalities in health. The DHB demonstrates its commitment to its objectives through adoption of the following position statements:

Pae Ora - healthy futures for Whānau is the ultimate aim of He Korowai Oranga, national Māori Health Strategy Refresh 2014. It consists of three elements against which the DHB has assigned statements of intent:

Mauri Ora – Every health intervention is an opportunity to contribute to shifting a mauri that is languishing, to a mauri that is flourishing;

Whānau Ora - Every service offered or funded by the DHB should contribute knowledge and skills that empower whānau to understand and manage their own health conditions. The transfer of knowledge and skills in a way that enables integration into routine whānau practices is a key function of Whānau Ora health service provision;

Wai Ora – Health interventions must take into account the nature and interaction between people and the built and natural environments. Interventions should avoid or reduce **risk factors**, and strengthen **protective factors**.

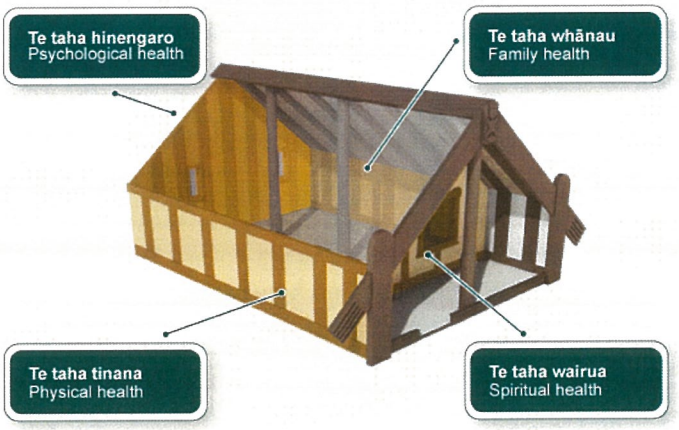
Appendix 4

Māori Models of Health

Māori views on health are framed by a holistic approach that encompasses four elements – Wairua / spiritual, Hinengaro / psychological, Tinana / physical and Whānau / extended family. Karakia (blessing or prayer) plays an essential part in protecting and maintaining these four key elements of holistic health and well-being.

Te Whare Tapa Wha[1]

A popular model for understanding Māori health developed by Professor Sir Mason Durie is 'te whare tapa wha, the four cornerstones / sides of Māori health. Represented by a wharenui / meeting house with strong foundations and four equal sides, the symbol of the wharenui illustrates the four dimensions of Māori well-being.



Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.

For many Māori, modern health services lack recognition of taha wairua / the spiritual dimension. In a traditional Māori approach, the inclusion of the wairua, the role of the whānau and the balance of the Hinengaro are as important as the physical manifestations of illness.

Whānau Hapai Pathway

Te Kawau Mārō Māori provider alliance has developed a model of care based on the principles of Whānau Ora - whānau supported to achieve their maximum health and well-being. The Whānau Hapai model is described in the following diagram:

[1] http://www.hauora.co.nz/assets/files/Māori/Māori_health_model_tewhare.pdf

Appendix 5

Integrating Māori and Mainstream Models

Primary - Secondary Interface

Acknowledging current expectations of the health sector, stronger links are required to ensure information flow from those in the hospital to those in the public health community and especially for Māori clients. This will support the whānau ora approach to hauora. While the hospital facility is physically based in New Plymouth it belongs to the whole community of Taranaki. Every effort must be made to ensure the links extend seamlessly into the community and vice versa.

In-Patient Ideals and Whānau Aspirations

Stage Two presents rare opportunity to incorporate design concepts that create an engaging cultural context, that give visual and practical effect to the tikanga outlined above.

Ultimately the aspirations of Māori when they enter a hospital facility are simple; firstly they want to feel comfortable and culturally safe in their surroundings, and secondly they want to be respected and treated with dignity. It would be a reasonable expectation that that behaviour and environment would be mirrored by patients and their whānau.

The following concepts are recommended for consideration as a means of meeting these aspirations:

- The importance of and accommodation for whānau to provide support to the recovery and spiritual journey of Māori patients.
- Access to Pou Hapai or other key support workers if needed. This would require Pou Hapai to be visible to patients, and for there to be an open-ness to external services such as Te Kawau Mārō Alliance providers entering the hospital freely to provide support.
- That whānau are able to stay close to their critically ill whānau and to be close to one another for their own well-being.
- The importance of demonstrating manaakitanga through access to facilities for whānau to feed and be fed and to sleep with or close by the patient.
- Space for Rongoa Māori and mirimiri practitioners to apply their healing would acknowledge and respect the value placed by some whānau on traditional healing as part of the care plan in conjunction with clinical treatments, ideally at the patient's bedside.
- In the Maternity and Neonatal Unit the following attributes would work well for whānau:
    - a whānau room could serve a dual purpose of space for whānau to bond with new born pepi and also provide overnight accommodation for out of town fathers
    - Education sessions could be accommodated for whānau as well as early intervention and prevention methods being introduced if needed
    - An appropriate space for ante and postnatal education, including the delivery of Hapu Wananga in a Marae-style setting
    - Provision for easy access to birth pools
    - Installation of a Lamson system for specimens to be transported to the laboratory
    - Close proximity of Maternity Unit to Theatres and the Neonatal Unit
    - An area for hipcheck to be done for inpatient and outpatients
    - Space and facilities available for husband/support person/whānau to stay (within the secondary service)
    - Room/lounge/area for whānau to wait (whilst woman in labour)
    - Willow Suite (fetal loss room) to be designed so food preparation and storage facilities are completely separate from the room itself
    - Designated space for babies who have passed to be held if woman does not want them in same room (currently the sluice room which is inappropriate)

Appendix 6

Historical Background of Taranaki Base Hospital Site

The following historical account was provided by the late Wikitoria Keenan and her brother and historian Danny Keenan, both of Ngāti Te Whiti (2009).

> *Ngāti Te Whiti is the Mana whenua (the traditional hapu) of New Plymouth. Ngāti te Whiti consists of the many former New Plymouth hapu and is a hapu of Te Atiawa Iwi.*
>
> *The Ngāti Te Whiti rohe consisted of many paa, many of which were still inhabited when the settlers arrived in 1841. Paa sites were located in various areas for various purposes e.g. for defence, settlement, seasonal settlement, cultivations or proximity to resources.*
>
> *The base hospital is located near the former paa site of Oawai. Oawai was located from the bluff on the Cook St/Seaview Road junction to about 130 Seaview Road and across to Mangaotoku Stream. Oawai was inhabited most of the year because of the nearby resources from and around the river, such as water, eels, bird life, and bush resources. Oawai was also known for its extensive cultivations. Travel by waka (canoe) up and down the Mangaotoku Stream brought the other nearby paa, Taringamanga, Nga Kauae O Waki and Pakeori within reach. All of these including Oawai, were close to Whakawhiti, the areas main defensive paa, and that to which people retreated when warfare threatened.*
>
> *Although little remains of the above paa today one can clearly see the edge of Oawai and pockets of the stream and bush just below the Base Hospital carpark. The paa mentioned above are wahi tapu (of extreme significance) and thus form a considerable part of Ngāti Te Whiti cultural and historical identity.*

Ivan Bruce from Archaeological Resource Management provides the following colonial context;

> *Base hospital sections were originally part of the lands sold to the New Plymouth Company in 1840 by a group of Ngāti te Whiti people as a result of an agreement brokered by Moturoa based whaler and trader Richard "Dickie" Barrett, acting as a land agent for the New Plymouth Company. This land claim was later repudiated when the individual who made the sale were found to be acting well outside their jurisdiction.*
>
> *A commission was set up by Governor Hobson to inquire into the land claims made throughout the new colony by the New Zealand Company and others, including the New Plymouth Company claims. Commissioner Spain presided over the Court of Land Claims, and reduced the New Plymouth Company holdings to an area of 60,000 acres in the area of New Plymouth in 1844. This included the sections now occupied by the Taranaki Base Hospital and became known as "Spain's award".*
>
> *However the new Governor Fitzroy refused to enact the award and repudiated all the land sales in New Plymouth and repurchased 3800 acres for the settlement of New Plymouth. For this Māori accepted £350 in goods and money as full compensation (Hursthouse 1849: 59). The Base Hospital Sections were included in this purchase.*

Bruce goes on to discuss the remainder of the land in the Fitzroy block then highlights that;

The Base Hospital Sections appear to have been in European ownership since 1844, and is depicted as allotted sections in early survey maps by 1848 (Hursthouse 1849: 48). Early European owners of the property were the Sole family, pioneer settlers who lent their name to the early subdivision of the area in 1902. The suburb of Soleville can be seen on the early Paritutu Block Map (Pukeariki ARC 2004-344).

According to the Taranaki District Health Board Historical Society (THHS):

The site currently occupied by the base hospital was acquired by the Taranaki Hospital & Charitable Aid Board towards the end of 1910.

A report tabled at a special meeting of the Board 4th October 1910 looks at options of this parcel of land for future development. The current location of the site in the Westown area was one of the options suggested at this meeting.

It belonged to a Mr James Sole, who sold 32 acres, 6 of these were retained by Mr Sole for his use. However after the sale Mr Sole put in place a clause stating that once 3 months had elapsed from the death of himself or his wife, whoever lasted longest, the 6 acres would be offered to the Board for purchase at a cost £80 per acre.

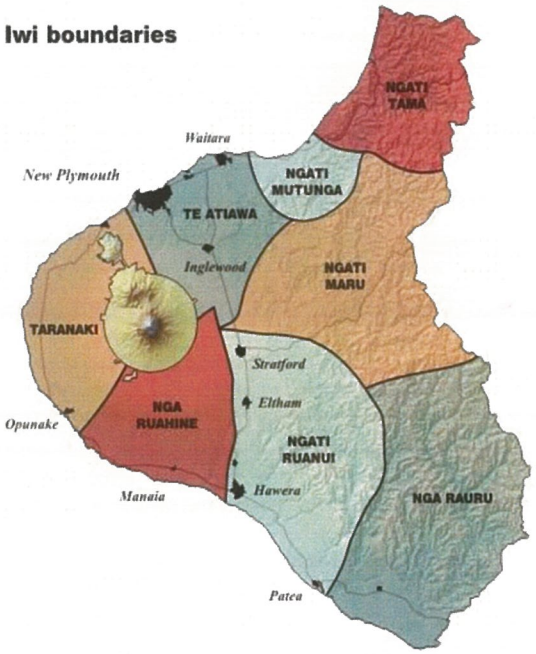
An Old Peoples Home was located on the land in David St and there was a discussion at a board meeting of acquiring a strip of land that would give access to the Sole land in the general area and there was also thoughts that the Old Peoples Home could be shifted to another site.

Bruce also supports the findings of THHS and states that the land was in Taranaki Hospital Board ownership in 1910. His research refers to the relocation of the Rangimarie Old Peoples Home, noting that the current land title indicates that the property was transferred to the Taranaki Health Board in 1963, prior to the development of the Base Hospital in 1972.

Appendix 7

Māori Population Profile

The locations of the eight Iwi are outlined below in a map showing their boundaries;



Projections for 2016/17 (based on 2013 Census) showed Taranaki DHB serving a population of 118,110, with 18.9% of the population identifying their primary ethnicity as Māori.

The Māori population in Taranaki is young compared to the overall population. For Māori, 35.5% of the population resident in Taranaki is under 15 years of age compared to 21.1% for the total population. The difference is even more marked for older Māori, with 5.5% of the Māori population resident in Taranaki aged 65 years and over compared to 16.2% for the total population. This is, in part, a reflection of the lower Māori life expectancy relative to non-Māori.

While the non-Māori population of Taranaki is projected to increase by less than 1%, the Māori population is growing much faster with a projected population increase of 40% by 2032 when Māori are projected to make up 25% of the Taranaki population.

In 2013 the majority of Māori were based in the New Plymouth District Council catchment while the largest proportion of Māori lived in the South Taranaki District.

	STDC	SDC	NPDC
Total Population	26,577	8,991	74,187
Māori	6,069	1,011	11,085
Māori (% of Total)	22.8%	11.2%	14.9%

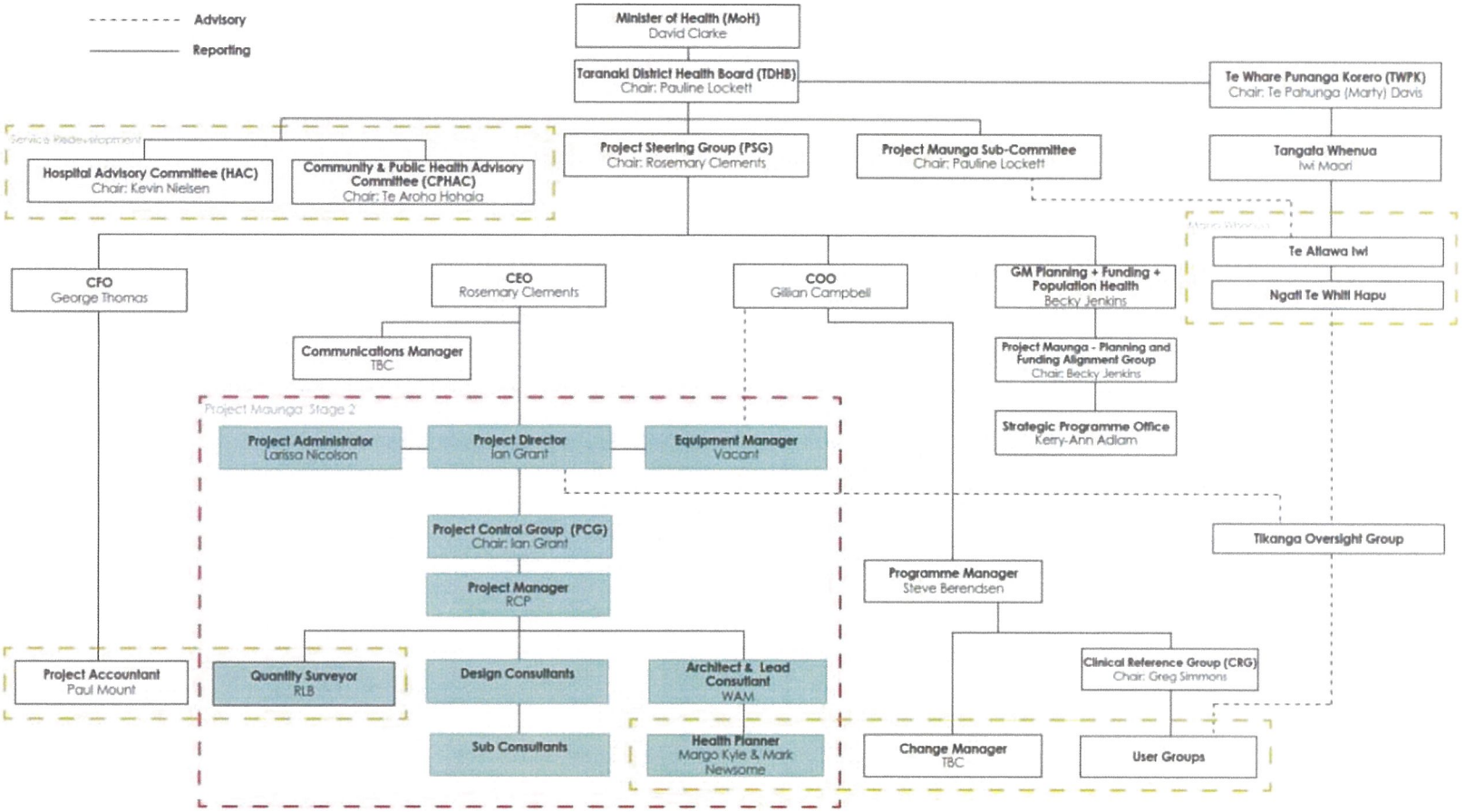
Māori who whakapapa to iwi of Taranaki account for 64% of the local Māori population or just over 11,500 people, while 36% percent whakapapa to iwi outside of Taranaki. Around 27% of the 43,000 Taranaki uri, live in the Taranaki region.

Appendix 8

Project Maunga Stage 2

Taranaki Base Hospital Redevelopment

PROJECT TEAM CHART



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TARANAKI DISTRICT HEALTH BOARD