



POUTOKO HAUORA

A NETWORK OF MĀORI KAIMAHI HAUORA

Poutoko Hauora Hui

14th Feb 2021, 4.30pm to 5.30pm

Facilitated by Ainsleigh Cribb-Su'a

This hui marks the first for Poutoko Hauora in the new year. The focus here was the launch of the Poutoko Hauora Website, creating a forum for Mental Health and Addictions, discussing developments on the NZ health and MHA arrangement, and providing a brief overview of COVID and the OMICRON variant.

Action Register:

1. Join the Poutoko Hauora Website by clicking the link: <https://www.poutokohauora.org/>
2. Send your interest to join the tono put forward by Ainsleigh and Taima regarding the allocation of money in the integrated primary mental health and addictions space to admin@poutokohauora.co.nz
3. Help us develop this rōpū by filling out the survey: (Max 2 Mins).

Next Poutoko Hauora Meeting: Wednesday 16th March 4.30pm - 5.30pm

Brief Introduction and Poutoko Hauora Update (Ainsleigh Cribb-Su'a)

- The whole network sits at 158 people across 30 professions and 36 Iwi.

Takawaenga Update (Karen Wright)

- The Takawaenga rōpū is the conduit subgroup of Poutoko Hauora that meet monthly. The three discussion points in this hui were increasing participation, representation, and attendance, increasing the value of this rōpū and networking within our respective rōpū.

Website Launch (Monleigh Ikiua)

- We are excited to present the Poutoko Hauora website, click the link to access it: <https://www.poutokohauora.org/>
- Once you've made a public profile, you will be able to contribute and create different projects and connect with those specifically within your iwi or profession.

Mental Health and Addictions (Ainsleigh Cribb-Su'a)

- Ainsleigh and Taima have put out a tono to review the allocation of money in the integrated primary mental health and addictions space and where this has landed over the past two years, looking specifically from an equity lens.

NZ Health and MHA update (Rachel Haggerty: iHNZ Strategy and Planning Lead)

- What is the Health NZ Plan? This plan will hold the system accountable. The key is to make a plan that sees a difference in the results, a shift in equity, demonstrates accountability to Te Tiriti and all kiwis.
- Will interventions be given the time they need to make a difference? We need to know and be confident that the inputs and actions made will result in the outcomes we want down the track. We are working with a range of people to determine these actions. A comment was made from the rōpū that 'We need to give this time and resist cold feet. On the other hand, also quickly support (and share) existing successes and solutions to get early gains'.
- **Will there be a separate national Māori health plan, or will it sit within the NZ Health plan?** The NZ Health plan includes a section called the māori health improvement plan. This section clarifies that a strong māori health plan must focus on māori health equity and obligations to te Tiriti as everyone's responsibility.
- Regarding shifting power and changing the culture to a new way of working, does the plan provide people with lived experiences of health conditions positions of influence? The plan is being created with leadership from minority groups, including people with disabilities, explicitly mentioning tāngata whaikaha, to ensure that what they want to see in their community is reflected in the plan.
- The top three opportunities that Poutoko Hauora should get involved in: 1 & 2. Development of models of care that we can implement very quickly regarding changing outcomes for early years and mokopuna pae ora and in the mental health and addictions space. 3. What is it that we need at all levels of the system, including within the legislative framework, to create and support a stronger and bigger Māori workforce within the health sector.
- What do accountabilities to māori look like in the reform? The plan's aspiration is that we can articulate and hold the system accountable for the principles brought up, for example, in the WAI2575, in the measure and performance, as well as in the culture and intent that equity, pro-treaty and anti-racism become part of the culture we build and implement as part of our practice at all levels. Use that information to make confident choices, prioritise, allocate money, and make a difference in the results. We want to move past the basics and towards a more mature form of practice. We have the opportunity in this plan to move past the incrementalism we've had, describe what this new future looks like, and hold the system accountable to it.
- Do you see pathways for māori to be involved in the regulatory spaces? We would expect the MOH to be clear about the space for Māori in the regulatory function. However, this is still a wide-open space. We know that if we don't get the regulatory framework right, we will disable the right for communities to protect and look after themselves (Follow up needed here).

Grow our own (Mark Lawrence)

- This organisation could have a solid position to grow our own. In psychiatry, 60% are internationally trained, and we would collapse without them, but we need to push to grow our own. With enough push from enough places, we could produce more māori health professionals across the board.

COVID/ OMICRON: Te Rōpū Whakakaupapa Urutā (Rawiri McKree Jansen)

- Agrees with the transition to phase 2 but are concerned this was too slow.
- Concerned about manaaki support access. Māori exposed to the cash economy are in peril within the current arrangement. MSD is deeply set into their culture, creating a significant barrier to accessing support.
- OMICRON means there is a continued focus on vaccinations, boosters, and children.
- We advocate for the decarceration of prisons; outbreaks in the Auckland men's, Auckland Women's, and Mt Eden prisons and youth justice facilities in south Auckland are affecting staff and inmates and is of significant risk to whānau.

He rau ringa e oti ai

Kia maiea tō rā