

# TATAU POUNAMU

Ki Te Tai o Poutini



## MANAWHENUA ADVISORY GROUP

30 November 2011

### Agenda and Meeting Papers

**ALL INFORMATION CONTAINED IN THESE  
COMMITTEE PAPERS IS SUBJECT TO CHANGE**

# **TABLE OF CONTENTS**

**AGENDA**

**DISCLOSURES OF INTEREST**

**MINUTES FROM THE LAST MEETING HELD 19 OCTOBER 2011**

**MATTERS ARISING**

**MAORI HEALTH REPORT: SEPTEMBER – OCTOBER 2011**

**INVITATION TO IWI CHAIRS: REGIONAL MAORI HEALTH PLANNING**

**MAORI HEALTH PLAN WORK WITH GENERAL PRACTICES**

**MEMORANDUM OF UNDERSTANDING AND TERMS OF REFERENCE**

**TATAU POUNAMU ANNUAL PLAN 2012/13**

**CORRESPONDENCE**

**DRAFT 2012 MEETING SCHEDULE**

**MEETING EXPENSES CLAIM FORM**

# AGENDA

## **TATAU POUNAMU MANAWHENUA ADVISORY GROUP HUI TO BE HELD 30<sup>TH</sup> NOVEMBER 2011 AT ST JOHNS GREYMOUTH FACILITY, 112 WATERWALK ROAD, GREYMOUTH STARTING AT 3.30PM**

ITEM	KARAKIA / WELCOME		WHO
1	Agenda & Apologies		
2	Disclosures of Interests		
3	Minutes for the meeting held Thursday 19 October 2011		
4	Matters Arising from the last meeting		
	4.1	Healthy West Coast Insulation Project	Claire Robertson
	<b>MEETING ITEMS</b>		
5	Whare Oranga Pai Concept		Marie Mahuika-Forsyth
6	Maori Health Report: September – October 2011		GM Maori Health
7	Working with Iwi Forums in Te Waipounamu		GM Maori Health
8	Maori Health Plan work with General Practices		GM Maori Health
	<b>GENERAL BUSINESS</b>		
9	Memorandum of Understanding & Terms of Reference		GM Maori Health
10	Term of Chairperson		Marie Mahuika-Forsyth
11	Tatau Pounamu Annual Plan		GM Maori Health
12	Maori Representation on Health Committees		GM Maori Health
13	Correspondence		
14	Draft 2012 Meeting Schedule		

# TATAU POUNAMU MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosures
Richard Wallace (chair) Te Runanga O Makaawhio	<ul style="list-style-type: none"> <li>▪ Upoko Te Runanga O Makaawhio</li> <li>▪ Trustee, Kati Mahaki ki Makaawhio Limited</li> <li>▪ Honorary Member, Maori Womens Welfare League</li> <li>▪ Kaumatua Te Runanga O Aotearoa NZNO</li> <li>▪ Employee West Coast District Health Board, Maori Mental Health</li> <li>▪ Wife is employee of West Coast District Health Board</li> <li>▪ Trustee, West Coast Primary Health Organisation Board of Trustees</li> <li>▪ Daughter is a board member on West Coast and Canterbury District Health Boards</li> <li>▪ Kaumatua, West Coast District Health Board</li> <li>▪ Kaumatua Advisor for Iwi and Maori Multi Employment Collective Agreement</li> <li>▪ Kaumatua, Health Promotion Forum Aotearoa</li> </ul>
Ben Hutana (deputy chair) Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Deputy Chair, Te Runanga O Ngati Waewae</li> <li>▪ Member, Westland REAP Board</li> <li>▪ Department of Conservation Roopu – Kaitiaki Roopu</li> <li>▪ Alternate for Te Runanga O Ngai Tahu</li> </ul>
Marie Mahuika-Forsyth Te Runanga O Makaawhio	<ul style="list-style-type: none"> <li>▪ Employed part-time by Community and Public Health as Maori Health Promoter for the Elderly</li> <li>▪ Member, Combined Community Public Health Advisory Committee (CPHAC) / Disability Support Advisory Committee (DSAC)</li> </ul>
Francois Tumahai Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Chair, Te Runanga o Ngati Waewae</li> <li>▪ Director/Manager Poutini Environmental</li> <li>▪ Director, Arahura Holdings Limited</li> <li>▪ Manager, Cable Price NZ Limited Equipment Workshop Christchurch</li> <li>▪ Project Manager, Arahura Marae</li> <li>▪ Project Manager, Ngati Waewae Commercial Area Development</li> <li>▪ Member, Westport North School Advisory Group</li> <li>▪ Member, Hokitika Primary School Advisory Group</li> <li>▪ Member, Buller District Council 2050 Planning Advisory Group</li> <li>▪ Member, Greymouth Community Link Advisory Group</li> <li>▪ Member, West Coast Regional Council Resource</li> </ul>

Member	Disclosures
	<p>Management Committee</p> <ul style="list-style-type: none"> <li>▪ Member, Grey District Council Creative NZ Allocation Committee</li> <li>▪ Member, Buller District Council Creative NZ Allocation Committee</li> <li>▪ Trustee, Westland Wilderness</li> <li>▪ Trustee, Te Poari o Kati Waewae Charitable</li> <li>▪ Trustee, Westland Petrel</li> <li>▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre</li> <li>▪ Trustee, West Coast Primary Health Organisation Board</li> </ul>
<p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p>	<ul style="list-style-type: none"> <li>▪ Member Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>▪ Manager, Disability Resource Service West Coast</li> <li>▪ West Coast Disability Resource Service West Coast has signed a Memorandum of Partnership with West Coast Maori health provider "Rata Te Awhina Trust"</li> <li>▪ Committee Member, Active West Coast</li> <li>▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust</li> <li>▪ Deputy Chair of Victim Support, Greymouth</li> <li>▪ Committee Member, Abbeyfield Greymouth Incorporated</li> <li>▪ Trustee, Canterbury Neonatal Trust</li> </ul>

# DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON WEDNESDAY 19 OCTOBER 2011 TE RUNANGA O NGATI WAEWAE MARAE, 263 OLD CHRISTCHURCH ROAD, ARAHURA COMMENCING AT 10.00 AM

<b>PRESENT</b>	Richard Wallace Francois Tumahai Ben Hutana Elinor Stratford	Te Rūnanga O Makaawhio Te Rūnanga O Ngāti Waewae Te Rūnanga O Ngāti Waewae West Coast District Health Board Representative on Tatau Pounamu
<b>IN ATTENDANCE</b>	Wayne Turp  Kim Sinclair-Morris Claire Robertson	General Manager Planning and Funding West Coast District Health Board HEHA Manager, West Coast District Health Board HEHA and Smokefree Services Manager West Coast District Health Board
<b>MINUTE TAKER</b>	Sharryn Forbes-Panere	Māori Health Administrator West Coast District Health Board
<b>APOLOGIES:</b>	Marie Mahuika-Forsyth Dr Paul McCormack Gary Coghlan	Te Rūnanga O Makaawhio West Coast District Health Board chair General Manager Māori Health West Coast District Health Board

## WELCOME

All attendees were welcomed to the hui. Everyone introduced themselves at the hui.

## 1. AGENDA / APOLOGIES

### **Apologies**

- |                         |  |
|-------------------------|--|
| ▪ Dr Paul McCormack     | Chair West Coast District Health Board |
| ▪ Gary Coghlan          | General Manager Maori Health           |
| ▪ Marie Mahuika-Forsyth | Te Runanga O Makaawhio                 |

### **APOLOGIES ACCEPTED**

### **Late Agenda Item**

- Planning and Funding Update
- HEHA Update

## 2. DISCLOSURES OF INTERESTS

Remove

### **Elinor Stratford**

- Executive Committee Member, New Zealand Federation of Disability Information Centres

**3. MINUTES FROM THE PREVIOUS MEETING HELD 14 JULY 2011**

No changes were made to the minutes.

**Moved: Elinor Stratford**

**Seconded: Ben Hutana**

**Motion**

**THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 14 JULY 2011 be adopted as a true and accurate record [subject to any changes or amendments above].**

**Carried.**

**4. MATTERS ARISING**

**Item 1: Nga Maata Waka Representative**

Item to be discussed later in the meeting.

**5. PLANNING AND FUNDING UPDATE**

**Wayne Turp, General Manager Planning and Funding, West Coast District Health Board**

The General Manager Planning and Funding was in attendance to provide a brief update to Tatau Pounamu, the key points were:

- The 2012 planning cycle is between November 2011 and February 2012
- A formal workshop for board and advisory committees is planned to be held in February
- West Coast District Health Board chair is keen to follow up with an open workshop for all advisory committee members including Tatau Pounamu
- The DHB does not anticipate huge changes being made to health priorities, the Minister of Health may expect more focus on Better Sooner More Convenient (BSMC) integration, and the Health of the Elderly, how do we bring Maori provision contracts into BSMC?
- The DHB has been working with the sub-committee of Rata Te Awhina Trust, and been approached by Ministry of Social Development regarding a combined contract for Rata Te Awhina Trust; the DHB is interested on having discussions regarding this in November
- Minister Turia is keen to see Whanau Ora and Maori funding combined to link in and be consistent with the Integrated Family Health system
- Future Alliancing – all health systems will be contracted around the alliancing approach; people need to realise this new way of doing things is going to eventually be policy.

**6. HEALTHY EATING HEALTHY ACTION / SMOKEFREE UPDATE**

**Kim Sinclair-Morris, HEHA Manager, West Coast DHB**

**Claire Robertson, HEHA and Smokefree Services Manager, West Coast DHB**

Kim Sinclair-Morris, HEHA manager advised that she is leaving to go on Maternity Leave and essentially is here to introduce Claire Robertson, HEHA and Smokefree Services Manager to Tatau Pounamu. Claire Robertson and Kylie Parkin will be and leading the HEHA projects.

Claire Robertson has recently commenced employment with the West Coast DHB as the HEHA & Smokefree Service Development Manager. This role includes approximately 0.8 FTE HEHA and 0.2 FTE Smokefree.

Claire will take on the role of the HEHA Portfolio Manager whilst Kim is on maternity leave from 30 November 2011 (until August 2012) and will lead the Smokefree/Tobacco Control planning in conjunction with the Smokefree Service Coordinator (employed through the West Coast PHO).

Claire is also leading a West Coast Home Insulation Project and would like to ask Tatau Pounamu how do we reach eligible populations? How do we support them to apply?

A Tatau Pounamu member advised that he was aware of up to 70 people from Hokitika and Arahura to be assessed. This has been mentioned to the PHO who are currently working with the Energy Efficiency and Conservation Authority (EECA) on this. The runanga would assist Kaumatua first then Mother and Pepi, and subsidise the rest. .

The General Manager Planning and Funding suggested the DHB should get partnership with Maori on this; the current agreement for this project is between Healthy West Coast, EECA. The DHB will prioritise households that have someone with a housing related health problem such as respiratory illness and others that can be improved through improved insulation of houses, and households with children under 2 years and elderly over 65 years.

**Action Point: Francois Tumahai to further liaise with Claire Robertson regarding the West Coast Home Insulation Project.**

The HEHA manager provided a Healthy Eating – Healthy Action / Smokefree Report to Tatau Pounamu, and spoke to the report.

- Breastfeeding rates overall, especially for Maori have improved
- New developments in this area are that Andrea Kendrick is undertaking a Breastfeeding Pathway of Care; this process involves different providers working together.
- note that data shown in the graphs is Plunket data only – we have only recently started collecting statistics from Rata Te Awhina Trust and other Well Child programme providers, and are unable to use this for comparisons.

Clair Robertson introduced herself to Tatau Pounamu, and advised that work currently being done to reduce the use of Tobacco includes:

- The West Coast Smokefree Coalition has entered a submission with regard to more smokefree environments i.e. creating smokefree cars etc
- A Buller Youth project is driven by this group, the aim is to reduce smoking prevalence in youth

**Moved: Francois Tumahai**

**Seconded: Ben Hutana**

**Motion:**

**“THAT Tatau Pounamu Manawhenua Advisory Group receives the Healthy Eating – Healthy Action/Smokefree Update Report.”**

**Carried.**

Tatau Pounamu chair thanked the West Coast DHB Planning and Funding Team for the update report.

***The General Manager Planning and Funding, HEHA Manager, and HEHA & Smokefree Services Manager left the meeting at 11.35am***



7. **NGA MAATA WAKA REPRESENTATIVE ON TATAU POUNAMU**

**Francois Tumahai, Te Runanga O Ngati Waewae**

Francois advised that he has seen the applicants CVs but is not happy. To date he feels that he has not been consulted and has been kept out of the loop with regard to this task.

Francois asked that it be noted in the minutes that he is uncomfortable and concerned with regard to the Conflict of Interest resulting in Richard being part of the interview process and interview panel due to his wife Mere being one of the applicants.

Richard advised that he has suggested two Tatau Pounamu members to participate on the interview panel, Marie and Ben, and asked that it be noted that as of now he will not be taking part in the interview panel or the interview process.

Elinor suggested there should be an independent third person on the panel as there could be a challenge made from applicants.

All Tatau Pounamu agree that an independent panel / person be selected.

**Tatau Pounamu chair and General Manager Maori Health to select independent panel / person to participate on interview panel**

8. **NGA MAATA WAKA O KAWATIRI - REPRESENTATIVE**

**Richard Wallace, Te Runanga O Makaawhio**

It has been noticed that one of the applicants for the Maata Waka position is Sharon Marsh, she lives in the Kawatiri region, and works for the West Coast Maori health provider Rata Te Awhina Trust.

Tatau Pounamu has received a formal resignation from Rehia McDonald; can Tatau Pounamu offer the Kawatiri representative position to Sharon now that Rehia has resigned?

All Tatau Pounamu members in attendance agreed that they can.

**Moved: Francois Tumahai**

**Seconded: Ben Hutana**

**Motion:**

**“THAT Tatau Pounamu Manawhenua Advisory Group offers the Nga Maata Waka o Kawatiri representative position to Sharon Marsh.”**

**Carried.**

Tatau Pounamu members asked that interview questions ask if applicants are aware that the Maata Waka participation on Tatau Pounamu is at the invitation of manawhenua only.

**Action Point: Minute secretary to draft interview questions as a starting point and email to Tatau Pounamu members except Richard.**

9. **REPORTS TO BE TABLED**

Moved: Francois Tumahai

Seconded: Ben Hutana

Motion:

“THAT the following reports:

- Hauora Maori / Maori Health Report: September – October 2011 Report
- Planning and Funding Overview of Maori Health Report
- West Coast PHO Quarterly Report – June 2011 Report.”

be received by Tatau Pounamu Manawhenua Advisory Group.”  
Carried.

10. **CORRESPONDENCE**

**In Correspondence**

- Resignation from Tatau Pounamu board received from Rehia McDonald
- Letter to Marie Mahuika-Forsyth from Mawhera Incorporation regarding the Whare at Karoro Learning Centre.

**Out Correspondence**

None

Moved: Ben Hutana

Seconded: Elinor Stratford

Motion:

“THAT Tatau Pounamu Manawhenua Advisory Group correspondence is accepted.”

Carried.

11. **MEETING SCHEDULE**

West Coast District Health Board Meeting Timetable to be added to Tatau Pounamu meeting papers.

Minute secretary to look at drafting Tatau Pounamu 2012 Meeting Schedule

***There being no further business to discuss, the meeting closed with a karakia at 12.21pm***

The next Tatau Pounamu Hui will be held in the Board Room, Corporate Office, Greymouth Hospital, High Street, Greymouth on the 17 November 2011.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## TATAU POUNAMU – MAORI HEALTH ADVISORY COMMITTEE UPDATE

<b>TITLE</b>	HEALTHY EATING – HEALTHY ACTION/SMOKEFREE UPDATE
<b>PREPARED BY</b>	Kim Sinclair-Morris, Claire Robertson, Kylie Parkin
<b>DATE</b>	18 October 2011
<b>FOR INFORMATION</b>	<ol style="list-style-type: none"> <li>1. HEHA &amp; Smokefree Priorities</li> <li>2. Breastfeeding pathway update</li> <li>3. School and ECE Nutrition &amp; Physical Activity Grants</li> <li>4. HEHA Maori Community Action</li> <li>5. Smokefree</li> </ol>

### HEHA & Smokefree Priorities

Claire Robertson has recently commenced employment with the West Coast DHB as the HEHA & Smokefree Service Development Manager. This role includes approximately 0.8 FTE HEHA and 0.2 FTE Smokefree. Claire will take on the role of the HEHA Portfolio Manager whilst Kim is on maternity leave from 30 November 2011 (until August 2012) and will lead the Smokefree/Tobacco Control planning in conjunction with the Smokefree Service Coordinator (employed through the West Coast PHO).

Claire's initial priority focus will be on:

- *Developing the 2011/12 West Coast Tobacco Control Plan and coordinating the Smokefree Coalition*
- *Supporting the Nutrition and Physical Activity Grants process for West Coast schools and ECEs*
- *Publication of the Edible Gardens Guidelines (produced as part of the South Island School-Based Edible Garden Evaluation)*
- *Relationship/contract management meetings with providers*
- *Leading the West Coast Home Insulation Project.*

### Breastfeeding

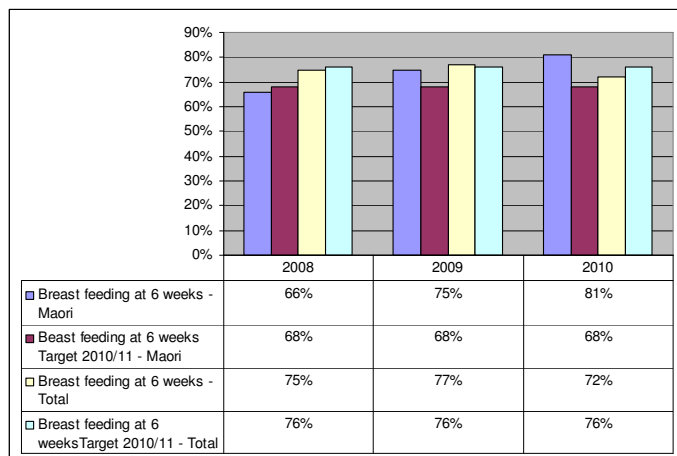
The Breastfeeding Pathway of Care is progressing with focus groups and surveys conducted in the Grey, Buller, Westland and South Westland Districts. The pathway examines the experience of West Coast mothers during their breastfeeding journey from conception through to moving on from breastfeeding. The survey and focus groups have investigated:

- Antenatal exposure to breastfeeding support
- Birth and implications on breastfeeding
- Experiences immediately after birth
- Postnatal experiences and access to services in the community
- Returning to work.

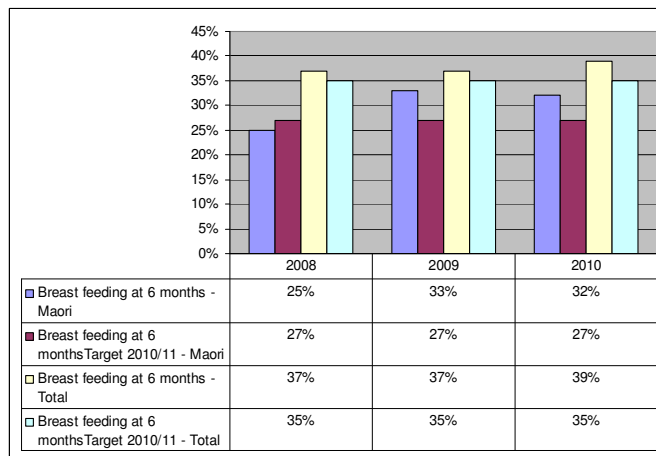
The survey and focus groups results are currently being collated a range of enablers and constraints with the breastfeeding journey identified.

## West Coast Full and Exclusive Breastfeeding Rates

### Six weeks



### Six months



\* The breastfeeding data is sourced from Plunket only (to allow direct comparisons across calendar years).

## Schools & ECE Grants

A total of 17 applications were received from West Coast schools and ECEs for the Nutrition & Physical Activity Grants. A total of 16 applications have been approved for projects that support increased physical activity and improved nutrition in West Coast schools and ECEs. A number of these projects build on existing nutrition fund projects and the Tucking In – A West Coast Grow Your Own initiative.

## Maori Community Action

There are currently five key HEHA Maori Community Action agreements in place, including:

Provider	Project	Description	Term
Te Runanga O Makaawhio Incorporated	Mauri Ora	Mauri Ora – healthy lifestyles programme for wahine aged 40 years and over. This programme incorporates Green Prescription, exercise programmes, Appetite for Life, tai chi and health monitoring.	Negotiations underway with provider
Puna Kohungahunga Hokitika (funded through West REAP)	HEHA Maori Community Projects – Oranga Kai – Oranga Pumau O Te Puna Kohungahunga	Employment of a kaiawhina to assist with the implementation of the HEHA programme and curriculum. Training and professional development opportunities a key part of this programme.	30 June 2012
WestREAP	HEHA Maori Community Projects – Oranga Kai – Oranga Pumau Programme	Early childhood programme – including employment of a 0.6 FTE ECE Kaiako to support whanau in the home environment, and within ECEs (both Maori settings and mainstream providers).	30 June 2012
Tuhonohono a Iwi (funded through Buller REAP)	HEHA Maori Community Projects – Oranga Kai – Oranga Pumau Programme	Extension of current HEHA funded programme that includes weekly mau taiaha provision, 4 x annual mau taiaha wananga (3 days each) and 11 x Te Aoturoa (3 days each) wananga. Professional development is included in each of the wananga.	30 June 2012
Rata Te Awhina Trust (RTAT)	Waka Ama Health Leadership	Waka Ama project – includes purchase of 2 waka ama (6 person outrigger canoes) and relevant equipment, 2 x trailers for waka ama, 0.4 FTE and four one day wananga over the two years.	28 February 2013

## **Smokefree**

### *Smokefree Service Coordinator*

John Caygill has been appointed as the Smokefree Service Coordinator (employed through the West Coast PHO) and will commence his role on Tuesday 26<sup>th</sup> October. A priority for Claire and John will be addressing the decline in the Smokefree Health Target figures this quarter within secondary care. This will include ensuring the correct systems are in place to support successful implementation and sustainability of the ABC approach.

### *Maori Affairs Submission*

The West Coast Tobacco Free Coalition entered a submission to the Parliamentary Maori Affairs Select Committee this month regarding the inquiry into the Determinants of Wellbeing for Maori Children. The recommendations included;

- Protecting children from exposure to tobacco products by making any places children spend time Smokefree environments, including a legislation to make vehicles smokefree when carrying passengers.
- Cessation services that target Maori youth, pregnant women and parents are adequately funded and promoted by targeted mass media campaigns.
- A national register including the names and details of all retailers of tobacco established meaning the sale of tobacco around schools and playgrounds is monitored and restricted.

### *The Buller Youth Project*

The West Coast Tobacco Free Coalition project aims to reduce smoking prevalence in youth by providing a youth focused smoking cessation service in the Buller district. The 0.4 FTE position is being piloted for two years and will be based at BullerREAP. The job description is waiting to be signed off by the BullerREAP manager before being advertised in the coming weeks. Berdie Milner has been providing support in this process after coordinating a similar project in Hornby in her previous role.

## MATTERS ARISING FROM TATAU POUNAMU MEETINGS

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1	19 October 2011	<p><b>West Coast Home Insulation Project</b></p> <p>The current agreement for this project is between Healthy West Coast and the Energy Efficiency and Conservation Authority (EECA).</p> <p>The DHB will prioritise households that have someone with a housing related health problem such as respiratory illness, and others that can be improved through improved insulation of houses, and households with children under 2 years and elderly over 65 years.</p>	Claire Robertson Francois Tumahai	Claire is leading the project, Francois to liaise with Claire

## MĀORI HEALTH REPORT TO TATAU POUNAMU MANAWHENUA ADVISORY GROUP

**TO:** Tatau Pounamu Manawhenua Advisory Group  
**FROM:** Gary Coghlan, General Manager Māori Health, WCDHB  
**DATE:** September - October 2011

### ***Smoking and Pregnancy***

#### Key projects

- Input and agreement from the Clinical Manager McBrearty ward to develop a proposal that will enable the Rata Te Awhina Trust Kaiawhina to attend regular midwife appointments with every Māori women and develop a plan for antenatal and post natal support and education
- Auahi Kore Smoking Cessation Adviser, Berdie Milner and Tracey Page RTAT are working collaboratively with clients. An agreement from midwives and hospital Kaiawhina that they will contact Berdie when any Māori clients wanting cessation support. Berdie and Tracey regularly visit the maternity ward and attend Midwife meetings.

### ***Grey Medical – Cardiovascular Risk Assessment Clinics for Māori***

Free Cardiovascular Risk Assessment (CVRA) clinics have been arranged for Māori registered with Grey Medical Centre. This is an appointment with the nurse to identify at risk Māori and to educate them on risk factors and prevention strategies. For those who require it, medical intervention will be facilitated and a follow-up appointment with the GP and ongoing visits with the nurse. To date two clinics are fully booked and another two clinics are being held next month.

### ***Health Workforce NZ***

West Coast Primary Health Organisation Kaiawhina has completed her National Certificate in Hauora Māori. She will graduate fully early next year. West Coast DHB Kaiawhina is booked for the second intake to begin in September.

### ***Kia ora Hauora***

A school road show is being planned as a follow up from the Educators Breakfast in the Buller and Grey districts. One of the outcomes of this will be to develop a way of working more closely with the schools teachers and Career Advisers. Students will be connected to pathways and linked with mentors who will assist them through the KOH network.

### ***Māori Mental Health***

Work undertaken around a National Key Performance Indicator on Mental Health and Addiction Services has identified certain areas of under performance within these services. Māori Mental Health has been identified as one of these areas and as a result a Project team has been established to drill down the data and ascertain areas that will be improved on in the future.

### ***Rata Te Awhina Trust***

Board members may have seen an article in the Greymouth Evening star on the 25 August, Titled Shake – up for Māori health. From the perspective of both the District Health Board, Planning and Funding and Māori health teams this is seen as a significant opportunity for the Māori health provider Rata Te Awhina Trust to better engage with Te Runanga o Ngati Waewae and Te Runanga o Makaawhio in collaborative approach to improving Māori health on the West Coast. This shared approach to improving Māori health outcomes is entirely consistent with the planned integration of health services elsewhere on the West Coast.

### ***Primary Care Services***

Progress on aligning Māori health service provision to primary practices and involvement within Integrated Family Health Centres has been made, with an agreement on future direction of contracts between Rata Te Awhina Trust and the West Coast District Health Board being reached.

Planning for the establishment of a Kaiawhina and a Māori nurse position in the Buller has begun and are expected to be in place by 1 December 2011.

The Māori Health Provider has restructured its governance to include representation from both of the local Runanga on the Board; this has resulted in some robust planning within the organisation and as part of this we are working closely with the governance and management to assist in aligning health service delivery to better meet the Māori objectives identified within the Better, Sooner More Convenient Business case.

To date job descriptions have been developed for the Kaupapa Māori Nurse positions and the Kaiawhina positions, these will form the basis for the development of a new service delivery contract with the organisation. We are aiming for the completion of the contracting process by the end of October and recruitment of these positions finalised by 01 December 2011.

**Author: Gary Coghlan, October 2011**



Fax:  
Phone:

Private Bag 18  
Nelson, New Zealand

27 October 2011

Iwi Chairperson  
Address  
City/ Town  
Region

Tena koe e te Rangatira

### **Regional Maori Health Planning for Te Waipounamu**

This letter seeks an expression of interest for you to participate in a regional meeting of Iwi chairs to discuss Maori health and the challenges confronting Te Waipounamu as a region. As the Iwi Health Board chairperson, a number of questions have been raised:

- How should the Iwi in Te Waipounamu work together to support and improve Maori health?
- How do we influence the direction that is been set through the South Island Regional Health Services Plan for outcomes that will support Maori health gain in Te Waipounamu?
- What role of influence should we have in shaping Maori health planning and prioritisation?
- What action pathways should we initiative to support a planned approach across this region?

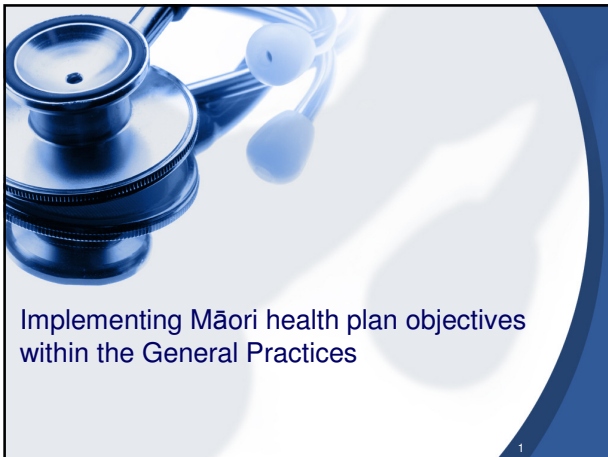
We are seeking your support to meet and start the process of discussion/ debate on these topics. Our position in Te Tau Ihu is that collectively, we should be working together to achieve the best health outcomes for Maori in Te Waipounamu.

Our invitation is by no means a requirement for you to attend. However, we see this process as been important so that we, as Iwi, have a united voice across our region.

If you are in agreement for this meeting to happen, Caroline Sainty, Administration Support to the Iwi Health Board will make contact with you to organise a preferred date for this hui in early 2012.

Naku noa iti nei

Joe Puketapu  
Chairperson, Iwi Health Board  
Joe@ngatirarua.co.nz



Implementing Māori health plan objectives within the General Practices

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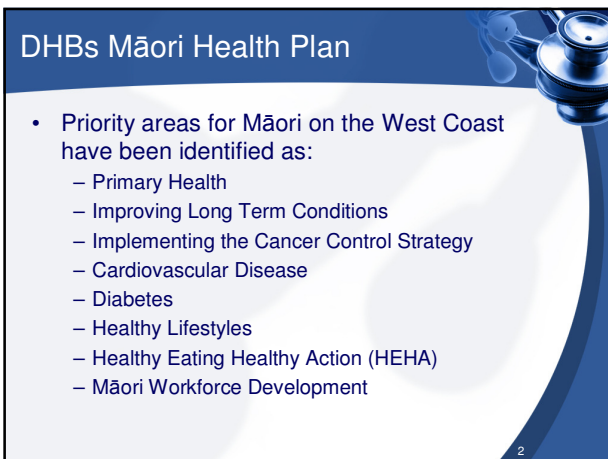
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### DHBs Māori Health Plan

- Priority areas for Māori on the West Coast have been identified as:
  - Primary Health
  - Improving Long Term Conditions
  - Implementing the Cancer Control Strategy
  - Cardiovascular Disease
  - Diabetes
  - Healthy Lifestyles
  - Healthy Eating Healthy Action (HEHA)
  - Māori Workforce Development

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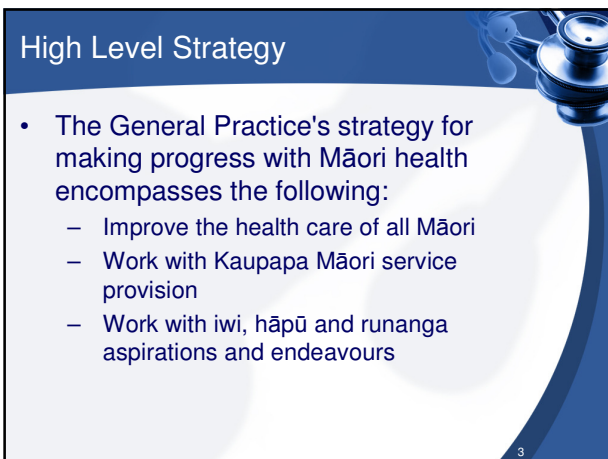
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### High Level Strategy

- The General Practice's strategy for making progress with Māori health encompasses the following:
  - Improve the health care of all Māori
  - Work with Kaupapa Māori service provision
  - Work with iwi, hāpū and runanga aspirations and endeavours

3

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## General Practice Effectiveness

- Each practice takes responsibility for promotion of Māori health at practice level
- Ideally a Maori health champion would lead this area in each practice
  - Practice reporting on Māori health objectives would include access to, and take-up of clinical programmes by ethnicity

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## PHO Enrolment

- The rate of Māori enrolment improved in Buller District but across the Coast as a whole is still lower than the rate for all others .
- In the Grey District (in particular) the rate of Māori enrolment is significantly lower than for all others.

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## Clinical Programmes Engagement

- By increasing enrolment of Māori in West Coast programmes, significant improvement for Māori with Long Term Conditions should occur
- Also important is to monitor health outcomes of Māori in targeted and/or specialist programmes

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## Māori Workforce

- General Practices will work with the PHO and DHB particularly in the move towards Integrated Family Health Centres (IFHC)
  - To ensure that each IFHC has increased Māori staffing (especially clinical staff and at a minimum at least one Māori nurse)
- Māori nurse will provide:
  - Kaupapa Māori leadership within each IFHC
  - Monitor engagement and health outcomes for Māori

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## Kaupapa Māori Service Provision

- Important for General Practices to maintain/establish relationships with Kaupapa Māori providers
  - To support Māori health plan objectives
  - To facilitate engagement with/by Māori for Māori service provision (and vice versa)
  - Work is currently underway with Rata Te Awhina Trust (West Coast Māori health provider) to make inroads for Māori enrolment at general practices

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## Key areas - Reducing Inequalities

- Long Term Conditions
- Immunisations
- Health promotion messages
- Reducing Ambulatory Sensitive Hospital Admissions (ASH)
- Preventive care such as smears and mammograms
- Risk factors such as smoking rates - referral to cessation services, obesity - referral to dietician
- Sexual health
- Mental health issues
- Maternal health

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## Some ideas...

1. How does the practice currently record ethnicity?
  - Is this accurate?
  - Does this need to be improved?
2. Prioritise 3 key areas to work on that promote Māori wellness
  - How will we do it?
  - What is the goal?
3. Capture the utilisation of specific services at a practice level
  - Collect data across these areas and review
4. Identify practice champion

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## What else?

- What support do you need to achieve this?
  - i.e. PHO, Maori Health Unit, staff training etc...

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**TATAU POUNAMU KI TE TAI O POUTINI**  
**Manawhenua Advisory Group**

Ko ngā mātāpono e whakahaere nei i ngā mahi me ngā tikanga a Te Rūnanga o Ngāti  
Waewae raua ko Te Rūnanga o Makaawhio me Te Poari Hauora ki Te Tai Poutini.

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

**TE RŪNANGA O NGATI WAEWAE  
AND TE RŪNANGA O MAKAAWHIO**

**AND THE**

**WEST COAST DISTRICT HEALTH BOARD**



*Te Rūnanga o Makaawhio*



# TABLE OF CONTENTS

1	NGĀ MANA.....	5
	Parties .....	5
2	TE TAKE .....	5
	Purpose .....	5
3	TE PUTAKE.....	6
	Foundation .....	6
4	KO NGĀ MATĀPONO O TE NOHONGĀ TAHI .....	6
	Principles of the relationship .....	6
5	KO NGĀ TIKANGA MO TE MAHI TAHI.....	6
	Process for working together .....	6
6	NGĀ ĀHUATANGA ME NGĀ KAWENGA .....	7
	Roles and responsibilities .....	7
7	NGĀ HUI.....	7
	Meetings .....	7
8	NGA RAWA.....	8
	Resourcing .....	8
9	KO NGĀ RAWA HEI WHAKATUTUKI I NGĀ MAHI I RARO I NGĀ TURE .....	8
	Statutory and contractual obligations .....	8
10	TE MANA KOKIRI.....	8
	Authority to speak .....	8
11	TE NOHO MATATAPU .....	8
	Confidentiality .....	8
12	TIROHANGA HOU ME NGĀ WHITINGA .....	8
	Review and variation .....	8
13	WHAKATAUNGA RARURARU .....	9
	Problem resolution.....	9
14	TERM OF MEMORANDUM OF UNDERSTANDING .....	9
	APPENDIX 1.....	11
	New Zealand Public Health and Disability Act 2000. Section 22(1)(a)-(h).....	11
	APPENDIX 2.....	12
	Tatau Pounamu Terms of Reference .....	12





## **1 Ngā Mana Parties**

### **“Te Rūnanga O Ngati Waewae raua ko Te Rūnanga O Makaawhio”**

#### **“Kia eke a Poutini Ngāi Tahu ki te whakaoranga tonutanga”**

#### **”Raise up the wellbeing and restore health of the people of the West Coast”**

- 1.1 For the purposes of this relationship Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio agree that together they will comprise Poutini Ngai Tahu and be represented in their relationship with the West Coast District Health Board by Tatau Pounamu Manawhenua Advisory Group.
- 1.2 This Memorandum of Understanding is signed on behalf of Poutini Ngai Tahu by the respective chairs’ of Te Rūnanga o Ngati Waewae and Te Rūnanga o Makaawhio.
- 1.3 This Memorandum of Understanding recognises the special relationship and obligations upon the West Coast District Health Board in exercising its Treaty partnership with Poutini Ngai Tahu, as represented by Te Runanga o Makaawhio and Te Runanga o Ngati Waewae.

### **“West Coast District Health Board”**

#### **“Whānau ora ki te Tai Poutini”**

#### **”Health and wellbeing for families of the West Coast”**

- 1.4 The West Coast District Health Board has statutory objectives and functions set out in the New Zealand Public Health and Disability Act 2000 and has particular objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Maori and other population groups - see Appendix 1: New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h).
- 1.5 This Memorandum of Understanding is signed by the chair on behalf of the West Coast District Health Board.
- 1.6 This agreement between the parties does not affect the West Coast District Health Board from ability to interact and enter into relationships with other stakeholders in the region including Māori from other iwi living within the West Coast District Health Board’s region.

## **2 Te Take Purpose**

- 2.1 This document articulates agreed principles to improve health outcomes for Māori consistent with the philosophy of the New Zealand Public Health and Disability Act 2000, and sets the guidelines for an enduring collaborative relationship between the parties.

### **3 Te Putake**

#### **Foundation**

- 3.1 The parties acknowledge that the Treaty of Waitangi is a founding document of Aotearoa/ New Zealand and as such lays an important foundation for the relationship between the Crown and Māori. The parties wish to record their agreed understanding of how this Treaty based relationship, focused on health, will improve Māori health outcomes.

### **4 Ko Ngā Matāpono O Te Nohongā Tahī**

#### **Principles of the relationship**

The following principles will guide the relationship:

- 4.1 Acknowledgement of the importance of the Treaty of Waitangi (as referred to in clause 3.1);
- 4.2 Acknowledgement of the shared interest of all parties in the development and implementation of policy and legislation in the health sector on behalf of the community;
- 4.3 Commitment to work together within an environment of trust (whakapono) honesty (pono), respect (whakaute), and generosity (manaakitanga) towards each other, recognising and understanding the capabilities and constraints each party brings to the relationship.
- 4.4 Both parties acknowledge their role as guardians and stewards for generations that will follow. It is recognised that each party will have different lines of accountability enabling each party to develop and grow in its own way while recognising and acknowledging difference.
- 4.5 To provide a framework for the parties to work together towards improving Māori health outcomes by:
- a) Efficient use and allocation of resources;
  - b) Effective representation;
  - c) Discussing and reaching agreement on key issues of West Coast District Health Board strategic plans in respect to Māori.
  - d) Acknowledging and respecting the accountabilities of each party in the planning and decision making process.

### **5 Ko Ngā Tikanga Mo Te Mahi Tahī**

#### **Process for working together**

- 5.1 The process for all parties working together is outlined in the Tatau Pounamu Terms of Reference (see Appendix 2).

## **6 Ngā Āhuatanga Me Ngā Kawenga**

### **Roles and responsibilities**

- 6.1 The West Coast District Health Board and Tatau Pounamu will work together on activities associated with the planning of health services for Māori in Te Tai Poutini rohe.
- 6.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:
- 6.2.1 The West Coast District Health Board will:
- a) Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Māori health initiatives in the Te Tai Poutini rohe;
  - b) Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement
  - c) Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori
  - d) Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngāi Tahu; and
  - e) Feedback information to Tatau Pounamu on matters which may impact on the health of Māori in Te Tai Poutini rohe.
- 6.2.2 Tatau Pounamu will:
- a) Involve West Coast District Health Board in matters relating to the development and planning of Māori health and disability.
  - b) Feedback information to Ngā Rūnanga o Poutini Ngāi Tahu as required;
  - c) Advise West Coast District Health Board on matters which may impact on the health of Māori in Te Tai Poutini rohe;
  - d) Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngāi Tahu kawa (custom/protocol) and tikanga (rules of conduct).

## **7 Ngā Hui**

### **Meetings**

- 7.1 All meetings shall be consistent with the guidelines as described in the Tatau Pounamu Terms of Reference.
- 7.2 Establish a relationship between the chair Tatau Pounamu and chair and/or deputy chair, West Coast District Health Board through meetings held (three times per annum); the chair and/or deputy chair of the West Coast District Health Board shall be invited to attend no less than one Tatau Pounamu meeting per annum.
- 7.3 Tatau Pounamu will invite the West Coast District Health Board bi-annually to meet on a marae.

## **8 Nga Rawa**

### **Resourcing**

- 8.1 The West Coast District Health Board will provide administrative support resources for this relationship as outlined in the Tatau Pounamu Terms of Reference.
- 8.2 Tatau Pounamu members will be paid meeting fees and actual and reasonable expenses associated with attendance at meetings as stated in the West Coast District Health Board and committee members manual.

## **9 Ko Ngā Rawa Hei Whakatutuki I Ngā Mahi I Raro I Ngā Ture**

### **Statutory and contractual obligations**

- 9.1 The parties acknowledge that this Memorandum of Understanding is not legally enforceable, but that this does not diminish the intention of the parties to meet the expectations and undertakings of this Memorandum of Understanding.

## **10 Te Mana Kokiri**

### **Authority to speak**

- 10.1 The parties agree that they will not make any statement on the other's behalf to any third party without the express authorisation of the other party.

## **11 Te Noho Matatapu**

### **Confidentiality**

- 11.1 The parties agree that unless otherwise required by law, or by mutual agreement, they will keep confidential all information acquired as a result of this agreement.
- 11.2 The parties specifically acknowledge that information relating to or produced by the relationship may be required to be released under the Official Information Act 1982.

## **12 Tirohanga Hou Me Ngā Whitinga**

### **Review and variation**

- 12.1 This Memorandum of Understanding records a commitment to an enduring collaborative relationship. The parties acknowledge that over time the nature and focus of the relationship may evolve to reflect changing circumstances. Therefore, the parties will meet solely for the purpose of reviewing this Memorandum of Understanding in two years, and every three years subsequent for a review of the Memorandum of Understanding to be undertaken;
- 12.2 The parties may at any time amend this agreement

### **13 Whakataunga Raruraru**

#### **Problem resolution**

13.1 In the event of any dispute arising out of the subject matter of this Memorandum of Understanding the parties agree to the following process:

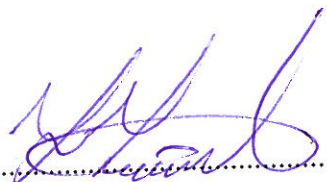
- a) In the first instance the chairs of the parties will meet and use their best endeavours to resolve the dispute;
- b) If following a) the dispute is not resolved, the parties will engage in mediation through an agreed process.

### **14 Term of Memorandum of Understanding**

14.1 This Memorandum of Understanding commences upon signing by both parties;

14.2 This Memorandum of Understanding may be terminated by mutual agreement or by either party giving three months notice to the other party.

**SIGNED ON BEHALF OF  
THEIR RESPECTIVE ORGANISATIONS**

Name..... FRANCIS TUMU 

Designation/Title..... Chairman Date..... 14-7-2011

For Te Runanga O Ngati Waewae

Name..... Paul Magwick

Designation/Title..... Chairman Date..... 14/7/11

For Te Runanga O Makaawhio



Name..... Paul Cornall P. Cornall

Designation/Title..... Chair Date..... 14/7/11

For West Coast District Health Board

# APPENDIX 1

## **New Zealand Public Health and Disability Act 2000.**

### **Section 22(1)(a)-(h)**

#### 22 Objectives of DHBs

##### (1) Every DHB has the following objectives:

- (a) to improve, promote, and protect the health of people and communities:
- (b) to promote the integration of health services, especially primary and secondary health services:
- (c) to promote effective care or support for those in need of personal health services or disability support services:
- (d) to promote the inclusion and participation in society and independence of people with disabilities:
- (e) to reduce health disparities by improving health outcomes for Maori and other population groups:
- (f) to reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders:
- (g) to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services:
- (h) to foster community participation in health improvement, and in planning for the provision of services and for significant changes to the provision of services:



# **APPENDIX 2**

## **Tatau Pounamu Terms of Reference**



**TATAU POUNAMU KI TE TAI O POUTINI**  
Manawhenua Advisory Group

# **TATAU POUNAMU**

## **Terms of Reference**



# TABLE OF CONTENTS

1.	MISSION STATEMENT .....	5
1.1	Whakapiki ake te hauora Māori ki te Tai o Poutini.....	5
2.	MISSION AND OBJECTIVES .....	5
2.1	Tatau Pounamu will focus on:.....	5
3.	FUNCTIONS OF TATAU POUNAMU MANAWHENUA ADVISORY GROUP.....	6
3.1	The role of Tatau Pounamu is to give advice on .....	6
3.2	The aim of this committee.....	6
3.3	The advice of this committee .....	6
4.	COMPOSITION OF TATAU POUNAMU .....	6
4.1	Membership .....	6
4.2	Chairperson .....	7
4.3	Co-opted Membership.....	7
4.4	Sub Committees .....	7
5.	TERM OF OFFICE .....	7
5.1	Members of this committee will remain in office for the period specified in the notice.....	7
5.2	Accountability .....	8
5.3	Attendance at Committee Meetings .....	8
5.4	Management Reporting .....	8
5.5	Administrative Support .....	8
6.	ANNUAL WORKPLAN .....	8
6.1	Tatau Pounamu will develop an annual work plan .....	8
7.	COLLECTIVE RESPONSIBILITY .....	9
7.1	Members recognise that at times there may be tension .....	9
8.	TATAU POUNAMU AGENDAS.....	9
8.1	Requests for Items to be placed on Tatau Pounamu Agendas.....	9
9.	BEHAVIOUR AND ATTENDANCE.....	10
9.1	Behaviour and Attendance at Hui .....	10
10.	CONFLICT OF INTEREST .....	10
10.1	The New Zealand Public Health and Disability Act 2000 .....	10
11.	PUBLIC STATEMENTS .....	11
11.1	Communications from the committee with the public .....	11
11.2	Should an opinion be sought from the media.....	11
12.	TRAINING .....	11
12.1	Members are required where possible:.....	11
13.	REVIEW .....	11
13.1	Tatau Pounamu may review these terms of reference at any time. ....	11
	SIGNED ON BEHALF OF .....	12



## **1. MISSION STATEMENT**

### **1.1 Whakapiki ake te hauora Māori ki te Tai o Poutini**

**This mission statement is reflective of the belief that:**

- 1.1.1 Good health and wellness outcomes for Māori will be advanced through the West Coast District Health Board working with Iwi/Maata Waka community.
- 1.1.2 Individuals will want to maximise their own health, wellbeing and independence.
- 1.1.3 Promoting health and preventing illness or injury is an essential investment.
- 1.1.4 People's fundamental rights and responsibilities should be the focus of all services.
- 1.1.5 Tatau Pounamu Manawhenua Advisory Group (Tatau Pounamu) will have significant involvement in planning processes, which will help make better and more informed planning decisions.
- 1.1.6 Open decision making will contribute to Iwi/Maata Waka community confidence.
- 1.1.7 Improved access to services should be fair and based on need
- 1.1.8 Improved co-ordination and integration of health providers and services will improve outcomes and contribute to reducing inequalities.
- 1.1.9 The spirit of all relationships should be collaborative and co-operative.
- 1.1.10 Working intersectorally (e.g. local government, education, employment and housing) is necessary to achieve improved health outcomes.
- 1.1.11 Good information will improve decision-making.
- 1.1.12 Iwi / Maata Waka community throughout the region have a right to an efficient and effectively performing committee.

## **2. MISSION AND OBJECTIVES**

### **2.1 Tatau Pounamu will focus on:**

- 2.1.1 Strategic planning of service initiatives that positively impact on Māori for the region.
- 2.1.2 Specific cultural policy development for West Coast District Health Board.
- 2.1.3 Provision of Māori cultural guidance and support to West Coast District Health Board.

### **3. FUNCTIONS OF TATAU POUNAMU MANAWHENUA ADVISORY GROUP**

#### **3.1 The role of Tatau Pounamu is to give advice on**

- 3.1.1 The needs and any factors that the committee believe may advance and improve the health status of Māori, also advise on adverse factors of the resident Māori population of Te Tai o Poutini, and:
- 3.1.2 Priorities for use of the health funding provided.

#### **3.2 The aim of this committee**

- 3.2.1 Provides advice that will maximise the overall health gain for the resident Māori population of Te Tai o Poutini through:
- 3.2.2 All service interventions the West Coast District Health Board has provided or funded or could provide or fund for that population.
- 3.2.3 All policies the West Coast District Health Board has adopted or could adopt for the resident Māori population of Te Tai o Poutini

#### **3.3 The advice of this committee**

- 3.3.1 Should aim to where possible to be consistent with the New Zealand Public Health and Disability Act 2000 and He Korowai Oranga.

### **4. COMPOSITION OF TATAU POUNAMU**

#### **4.1 Membership**

- 4.1.1 Tatau Pounamu is the recognised manawhenua advisory group regarding Māori health for Te Tai o Poutini
- 4.1.2 Each Papatipu Rūnanga of Tai Poutini, that being Te Rūnanga O Ngati Waewae and Te Rūnanga O Makaawhio will select 2 representatives each from respective hapu (4). In addition Nga Maata Waka people will select 2 representatives (2) from Tai Poutini communities. (Total 6).
- 4.1.3 Elected members must reside in Te Tai o Poutini unless the nominating bodies are prepared to pay costs associated with attending meetings
- 4.1.4 No alternatives or proxy voting will be allowed for Committee members.
- 4.1.5 Committee members will be provided with a copy of the New Zealand Public Health and Disability Act 2000 Whakatataka, He Korowai Oranga, and West Coast District Health Board Māori Health Plan.

## **4.2 Chairperson**

- 4.2.1 The appointed Chairperson **MUST** be from one of the Poutini Ngai Tahu Runanga and rotate between Runanga every 3 years and will remain in this position until such time as:
- 4.2.2 The Chairperson ceases to be a member of the Committee; or
- 4.2.3 The Chairperson is removed from the chair by a consensus vote within Tatau Pounamu.
- 4.2.4 The Chairperson is responsible for the efficient functioning of the Committee and sets the agenda for meetings.
- 4.2.5 The Chairperson must ensure that all Committee members are enabled and encouraged to play a full role in the activities of the Committee and have adequate opportunities to express their views.
- 4.2.6 The Chairperson is responsible for ensuring that all Committee members receive timely information to enable them to be effective Members.
- 4.2.7 The Chairperson is also the link between Committee members and the General Manager, Māori Health of the West Coast District Health Board.

## **4.3 Co-opted Membership**

- 4.3.1 Tatau Pounamu may co-opt additional members to the Tatau Pounamu from time to time, for specific Kaupapa for specific periods and purposes as it deems necessary to assist the Committee.

## **4.4 Sub Committees**

- 4.4.1 Tatau Pounamu may form sub committees from time to time, from within its members and co-opt experts in the specified fields for specified periods and purposes as it deems necessary to assist the Committee.

## **5. TERM OF OFFICE**

### **5.1 Members of this committee will remain in office for the period specified in the notice of appointment and, not exceeding 6 years or until such time as:**

- 5.1.1 A member resigns from the committee.
- 5.1.2 A member is removed from the committee either by its members or the appointing body



## **5.2 Accountability**

5.2.1 Tatau Pounamu and its members are accountable to the respective bodies who appointed them i.e. Papatipu Rūnanga, Nga Maata Waka.

5.2.2 The Papatipu Rūnanga Chair and Nga Maata Waka Chair will review the performance of the Tatau Pounamu members, annually or sooner if the Chair and appointing committee deems it necessary.

## **5.3 Attendance at Committee Meetings**

5.3.1 West Coast District Health Board members and members of the public will be welcome to attend meetings.

## **5.4 Management Reporting**

5.4.1 The West Coast District Health Board management will be responsible for providing information / reporting on issues requested by Tatau Pounamu to the West Coast District Health Board.

## **5.5 Administrative Support**

5.5.1 The Māori Health Unit and chair of Tatau pounamu will be responsible for the co-ordination and facilitation of Committee meetings.

5.5.2 The Māori Health Unit will ensure adequate administrative support for Tatau Pounamu.

5.5.3 Internal secretarial, legal, financial, analytical and administrative staff will also support Tatau Pounamu.

## **6. ANNUAL WORKPLAN**

### **6.1 Tatau Pounamu will develop an annual work plan that outlines planned activity for the year:**

The annual work plan will be monitored at committee meetings and a report written against the set objectives bi-annually and annually. Key elements are:

6.1.1 Communication strategy – reciprocal reporting to statutory committees, primary health organisation and back to appointing bodies.

6.1.2 Prioritise Māori strategies/projects

6.1.3 Monitor Māori health gains

6.1.4 Joint Board / Manawhenua Advisory Group meetings scheduled

6.1.5 Budget management

6.1.6 Leadership and succession planning

6.1.7 Monitor Implementation of Maori health Strategies

## **7. COLLECTIVE RESPONSIBILITY**

### **7.1 Members recognise that at times there may be tension between the concepts of collective accountability of Tatau Pounamu and individual accountability to Iwi/Maata Waka.**

Members agree to support and abide by the following principles:

- 7.1.1 Members may clearly express their Iwi views at Tatau Pounamu hui and endeavour to achieve a particular decision and course of action. However, members accept that once a decision has been formally reached by Tatau Pounamu, this decision is binding.
- 7.1.2 It is inappropriate for a member to undermine a decision of Tatau Pounamu once made, or to engage in any action or public debate, which might frustrate its implementation.
- 7.1.3 Individual members will not attempt to re-litigate previous decisions at subsequent Hui, unless a majority of members agree to re-open the korero.
- 7.1.4 Members' personal actions should not bring Tatau Pounamu into disrepute or cause a loss of confidence in the activities and decisions of Tatau Pounamu.

## **8. TATAU POUNAMU AGENDAS**

### **8.1 Requests for Items to be placed on Tatau Pounamu Agendas**

- 8.1.1 Members with a request for an item to be placed on the Agenda must notify the minute secretary no later than 48 hours prior to the hui. Personal agenda items; members must seek the support of its appointing body prior to it being placed on the agenda.
- 8.1.2 No new items will be accepted on the agenda, but placed on the agenda for the next scheduled meeting.
- 8.1.3 It is accepted that at times certain kaupapa will command priority. In these instances Tatau Pounamu will exercise its' own discretion and proceed accordingly.
- 8.1.4 The Agenda will be structured to ensure that decision papers have priority with information papers included under a separate section.

## **9. BEHAVIOUR AND ATTENDANCE**

### **9.1 Behaviour and Attendance at Hui**

- 9.1.1 Members undertake to have read and familiarise themselves with the minutes of the previous Hui.
- 9.1.2 Members will only make a point if it has not already been raised and is relevant to the kaupapa.
- 9.1.3 Members will not interrupt each other or talk while another member is speaking.
- 9.1.4 Issues will be raised in an objective manner-no personal reference or innuendo will be made to persons associated with the matter being raised.
- 9.1.5 Members will endeavour to achieve closure on one point before another point is raised.
- 9.1.6 No cell phones will be on during Tatau Pounamu hui.
- 9.1.7 Members, the Chair and the General Manager of Māori Health will endeavour to clarify questions, issues, and requests before taking actions or responding.
- 9.1.8 Will not use their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducements and which could compromise the Mana of Tatau Pounamu.
- 9.1.9 Will exercise care and judgement in accepting any gifts, and advise the Chair and/or the Tatau Pounamu of any offer received.
- 9.1.10 Non-attendance at three (3) consecutive hui without extenuating circumstances is deemed unacceptable resulting in notification to the Chair of their Iwi/appointing body of their unavailability along with a request for consideration for a replacement.
- 9.1.11 All members will assist the Chair to uphold the behaviour protocols agreed to by Tatau Pounamu.

## **10. CONFLICT OF INTEREST**

### **10.1 The New Zealand Public Health and Disability Act 2000 sets out the definition and procedure for disclosure of member's interests:**

- 10.1.1 A member who is 'interested in a transaction' of the West Coast District Health Board must, as soon as practicable, disclose the nature of the interest to Tatau Pounamu.

- 10.1.2 The member must not take part in any deliberation or decision of Tatau Pounamu relating to the transaction.
- 10.1.3 The disclosure must be recorded in the minutes and entered in a separate interest's register.
- 10.1.4 Recognise that where an interest is declared (or where considered that there is a clear "perception of interest") the normal practice is for the member concerned to leave the room. Tatau Pounamu can, however, exercise its discretion in allowing the member to remain. In such circumstances the member may have speaking rights but would not participate in any decision.

## **11. PUBLIC STATEMENTS**

### **11.1 Communications from the committee with the public and the media will be subject to the following principles:**

- 11.1.1 Only the chairperson or delegated spokesperson may speak on behalf of Tatau Pounamu.
- 11.1.2 If a dissenting member is approached by the media for comment after a hui the member is bound by the general decision, but may expand on an issue or point raised personally by the member at that particular hui.
- 11.1.3 The focus is to remain on the issue and not personalised in any way that is critical of employees or other members of Tatau Pounamu.
- 11.1.4 Members will advise Tatau Pounamu if they are contacted by or intend to speak to the media.

### **11.2 Should an opinion be sought from the media members should:**

- 11.2.1 Make clear the capacity in which they are speaking; i.e. personal views and not those of Tatau Pounamu.

## **12. TRAINING**

### **12.1 Members are required where possible:**

- 12.1.1 To be familiar with the obligations and duties of a member of Advisory Committees and avail themselves of opportunities for training in areas deemed appropriate. This may include courses and or training provided by West Coast District Health Board.

## **13. REVIEW**

- 13.1 Tatau Pounamu may review these terms of reference at any time.

**SIGNED ON BEHALF OF  
THEIR RESPECTIVE ORGANISATIONS**

Name Richard R Wallace  
Chairperson [Signature] Date 27/7/11  
Tatau Pounamu

Name DAVID MEADES  
Chief Executive Officer [Signature] Date 27/7/11  
West Coast District Health Board

Witnessed by [Signature] Date 24-7-2011  
Name Ben Huhana

# **TATAU POUNAMU**

## **Ki te Tai o Poutini**



**MANAWHENUA ADVISORY GROUP**

**ANNUAL PLAN**  
**2012/2013**

## TABLE OF CONTENTS

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INTRODUCTION .....	3
OBJECTIVE ONE: COMMUNICATION.....	4
“To have robust communication mechanisms in place.” .....	4
OBJECTIVE TWO: COMMUNICATION.....	5
“To have robust communication mechanisms in place.” .....	5
OBJECTIVE TWO: STRATEGIC GUIDANCE .....	6
“To provide guidance on Māori needs and contribute to strategies.” .....	6
OBJECTIVE THREE: MONITORING MĀORI HEALTH GAIN .....	7
“To monitor Māori health gain through the impacts of service delivery.” .....	7
OBJECTIVE FOUR: GUIDANCE ON MĀORI ISSUES .....	8
“To provide advice on Māori issues at a governance level.” .....	8
APPENDIX 1: Example of How DHB’s measure their progress.....	9
APPENDIX 3: Change / Difference / Actions .....	10
APPENDIX 3: Outcomes / Impacts / Services / Results .....	11

## Introduction

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The Tatau Pounamu Manawhenua Advisory Group is the recognised partner of the West Coast District Health Board (West Coast DHB) through a Memorandum of Understanding. The Memorandum of Understanding is between the West Coast District Health Board and Poutini Ngai Tahu: Te Runanga O Ngati Waewae and Te Runanga O Makaawhio, and sets out the terms and conditions of the relationship including the process for working together, roles and responsibilities operation and resourcing.

A Terms of Reference sets out the functions of Tatau Pounamu, and Tatau Pounamu Strategic Plan aligns with the West Coast DHB Māori Health Plan, He Korowai Oranga 2002 and Whakatataka Tuarua (Ministry of Health National Māori Health Strategy and Action Plan), and the West Coast DHB District Annual Plan (DAP) 2009 - 2010.

These plans set the platform for the regional strategy to improve health outcomes for Māori in the Tai Poutini region. Reducing health inequalities between Māori and non-Māori in Tai Poutini is a priority for WCDHB. The Tatau Pounamu planning process will ensure appropriate participation and engagement of iwi representatives and measures to ensure programmes and initiatives are achieving Māori health gain will be encouraged and supported. Tatau Pounamu will adopt Māori models of health and Whānau Ora as its pathway forward to address inequalities, and Māori health gains in particular.

The health wellbeing and quality of life of the Māori community is paramount. It requires strategies and actions that are Māori driven and inclusive of Māori principles and values. These are based on Te Tiriti o Waitangi principles of partnership, protection and participation. It is however not limited to these principles and therefore dialogue among the community is essential to determine appropriate actions that will lead to improved wellbeing for Māori.

Whānau Ora focuses on the individual's health and wellbeing from, and in the context of whānau, hapu and iwi. It recognises Māori specific models of health and disability as well as traditional healing practices. Associated strategies adopted by WCDHB enhancing Whānau Ora include maintaining community relationships, inter-sectoral relationships and participation in events and activities wherever individuals and whānau assemble.

Tatau Pounamu will ensure that all its work is underpinned by the values, practices and institutions of Tangata Māori, Hapu and Iwi. An important objective is to encourage networking and linkages across the sector. A major focus over the past three years for Tatau Pounamu has been the collaboration with the WCDHB and the development of a Term of Reference and Memorandum of Understanding.



## OBJECTIVE ONE: Internal Communication “To have robust communication mechanisms in place.”

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
1.1: Improved communication with internal DHB groups	1.1.1: West Coast DHB	<ul style="list-style-type: none"> <li>The Chair and/or Deputy Chair of Tatau Pounamu and West Coast DHB Chair and/or Deputy Chair will meet at least three times per annum (ref MOU pg 4 7.2).</li> </ul>	<ul style="list-style-type: none"> <li>Lines of communication between Tatau Pounamu and West Coast District Health Board are transparent and strengthened.</li> </ul>	<ul style="list-style-type: none"> <li>Tatau Pounamu Chair &amp; Deputy Chair</li> <li>Tatau Pounamu Chair &amp; Deputy Chair</li> </ul>	<ul style="list-style-type: none"> <li>Review progress at monthly meetings.</li> </ul>
	1.1.2: Tatau Pounamu	<ul style="list-style-type: none"> <li>The DHB will hold at least one meeting Bi-annually on a Marae (ref MOU pg 5-7.3).</li> <li>West Coast DHB Board members shall be invited to attend no less than one Tatau Pounamu meeting per annum.</li> <li>At least one combined training initiative between boards will be organized per annum.</li> </ul>			
	1.1.3: CPHAC 1.1.4: DSAC 1.1.5: HAC	<ul style="list-style-type: none"> <li>Delegated representatives on statutory committees (HAC, CPHAC, DSAC) will fill out a reporting template after each meeting and feed back to Tatau Pounamu as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Lines of communication between Tatau Pounamu and Statutory Committees are open and transparent.</li> </ul>	<ul style="list-style-type: none"> <li>Delegated Reps from Tatau Pounamu Committee</li> </ul>	<ul style="list-style-type: none"> <li>Report back to Tatau Pounamu meeting following the Statutory Committee meetings</li> </ul>
	1.1.6: West Coast PHO	<ul style="list-style-type: none"> <li>Delegated representatives to other strategy groups or committees will fill out the reporting template and report back to Tatau Pounamu after each meeting as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Lines of communication between Tatau Pounamu and WCPHO Committee are open and transparent</li> </ul>	<ul style="list-style-type: none"> <li>Delegated Reps from Tatau Pounamu Committee</li> </ul>	<ul style="list-style-type: none"> <li>Report back to Tatau Pounamu meeting following the WCPHO meeting</li> </ul>

## OBJECTIVE ONE: External Communication - “To have robust communication mechanisms in place.”

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
1.2: Improved communication with external DHB groups	1.2.1: Te Runanga o Makaawhio 1.2.2: Te Runanga o Ngati Waewae 1.2.3: Nga Maata Waka o Kawatiri 1.2.4: Nga Maata Waka o Mawhera	<ul style="list-style-type: none"> <li>Tatau Pounamu representatives will provide regular reports back to their nominating bodies</li> <li>Tatau Pounamu representatives will provide the Tatau Pounamu group with feedback from their nominating bodies.</li> </ul>	<ul style="list-style-type: none"> <li>Lines of communication between Tatau Pounamu and the respective nominated bodies of external groups are open and transparent</li> </ul>	<ul style="list-style-type: none"> <li>Delegated Reps</li> </ul>	<ul style="list-style-type: none"> <li>TP representatives report back to TP meeting following the nominating bodies meetings</li> </ul>
	1.2.5: Māori Community & Whānau	<ul style="list-style-type: none"> <li>Three community forums will be initiated per anum with the aim of having dialogue with consumers, whānau, iwi, hapu and Māori providers.</li> </ul>	<ul style="list-style-type: none"> <li>Three forums have been initiated per anum with an open channel of communication with consumers, whānau, hapu, iwi and Māori providers.</li> </ul>	<ul style="list-style-type: none"> <li>Admin, GM Māori &amp; TP Chair</li> </ul>	<ul style="list-style-type: none"> <li>Relevant dates to be advertised prior to the three forums Calendar</li> </ul>
	1.2.6: West Coast PHO	<ul style="list-style-type: none"> <li>Tatau Pounamu will request that regular reporting on the WCPHO Māori Strategy is provided to Tatau Pounamu. .</li> </ul>	<ul style="list-style-type: none"> <li>TP request that regular reporting of the WCPHO Māori Strategy has been provided to TP.</li> </ul>	<ul style="list-style-type: none"> <li>Tatau Pounamu Chair</li> </ul>	<ul style="list-style-type: none"> <li>TP Report to TP monthly meetings as regular feedback arises from the WCPHO</li> </ul>
	1.2.7: Māori Provider	<ul style="list-style-type: none"> <li>Rata Te Awhina Trust Board members and TP will meet at least once a year to discuss Māori health issues and establish good working relationships.</li> </ul>	<ul style="list-style-type: none"> <li>Rata Te Awhina Trust Board members and Tatau Pounamu will have met at least once a year to discuss Māori health issues and establish good working relationships.</li> </ul>	<ul style="list-style-type: none"> <li>Māori Admin &amp; TP Chair</li> </ul>	<ul style="list-style-type: none"> <li>Tatau Pounamu Chair to report back to Tatau Pounamu group within the next meeting following meeting with Rata Te Awhina Trust Board members.</li> </ul>

## OBJECTIVE TWO: Strategic Guidance - “To provide guidance on Māori needs and contribute to strategies.”

WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
2.1: To provide guidance to WCDHB on Māori health needs and priorities	2.1.1: Each member will be involved in at least one health strategy group and committee (Chronic Conditions, Cancer, Diabetes)	<ul style="list-style-type: none"> <li>Maori perspective/representation input is given to health strategies group via Tatau Pounamu membership on various committees</li> </ul>	<ul style="list-style-type: none"> <li>Regular feedback and input has been given to health strategies group via Tatau Pounamu membership on various committees</li> </ul>	<ul style="list-style-type: none"> <li>Delegated reps</li> </ul>	<ul style="list-style-type: none"> <li>Delegated reps to report back to the TP meeting following the assigned strategy group committee meeting</li> </ul>
	2.1.2: Provide direction and advice to West Coast on Māori health issues as part of the annual planning cycle	<ul style="list-style-type: none"> <li>Timely feedback is given to West Coast DHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups.</li> </ul>	<ul style="list-style-type: none"> <li>Timely feedback has been acted on via TP members review of the DAP on matters that concern district planning and effective consultation processes with local iwi and Māori community groups</li> </ul>	<ul style="list-style-type: none"> <li>All members</li> </ul>	<ul style="list-style-type: none"> <li>Feed back to TP meeting prior to relevant dates in calendar as to the stages of the DAP review</li> </ul>
2.2: To contribute to strategies for Māori health	2.2.1: Analysis of significant documents will be provided to Tatau Pounamu where feedback is required	<ul style="list-style-type: none"> <li>The Māori Health Unit will provide Tatau Pounamu with analysis in time to allow feedback when required and on request.</li> </ul>	<ul style="list-style-type: none"> <li>The Māori Health Unit has provided Tatau Pounamu with analysis in time to allow feedback when required and on request.</li> </ul>	<ul style="list-style-type: none"> <li>GM Māori and Portfolio Manager</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>

## OBJECTIVE THREE: Monitoring Māori Health Gain - “To monitor Māori health gain through the impacts of service delivery.”

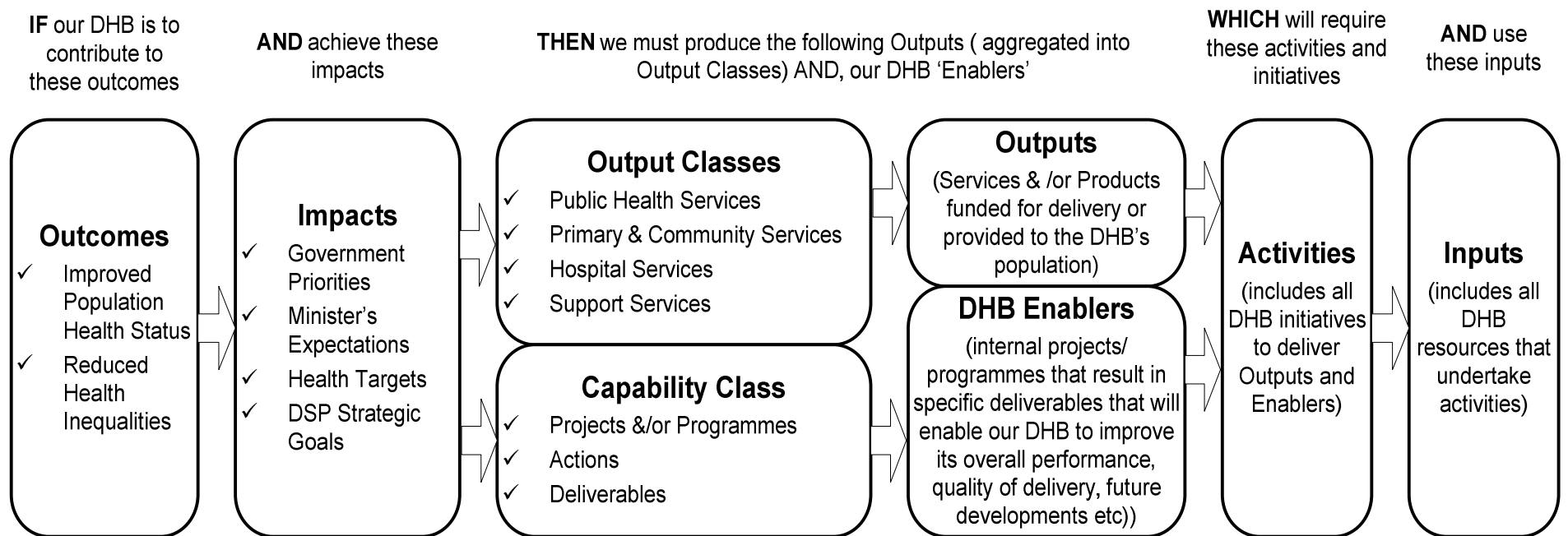
WHAT CHANGE IS NEEDED?	WHO WITH?	HOW DO WE ACHIEVE RESULTS?	RESULTS	WHO IS RESPONSIBLE FOR THIS TASK?	WHEN IS TASK DUE?
3.1: To monitor Māori health gains in the district through the impacts of WCDHB health services delivery and investment	3.1.1: Monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori 2007-2011	<ul style="list-style-type: none"> <li>▪ The Māori Health Unit will provide quarterly reports against the District Annual Plan to Tatau Pounamu</li> <li>▪ Planning and Funding will provide Tatau Pounamu with strategic information and analysis when requested</li> <li>▪ Tatau Pounamu Chair will work with the Māori Health Team to monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori</li> </ul>	<ul style="list-style-type: none"> <li>▪ The Māori Health Unit has provided quarterly reports against the District Annual Plan to Tatau Pounamu</li> <li>▪ Planning and Funding have provided Tatau Pounamu with strategic information and analysis when requested</li> <li>▪ Tatau Pounamu Chair has worked with the Māori Health Unit to monitor and evaluate the Māori Health Plan – Te Kaupapa Hauora Māori</li> </ul>	<ul style="list-style-type: none"> <li>▪ GM Māori &amp; Portfolio Manager</li> <li>▪ Planning &amp; Funding Team &amp; Portfolio Manager</li> <li>▪ Tatau Pounamu Chair &amp; GM Maori</li> </ul>	<ul style="list-style-type: none"> <li>▪ Feedback at the end of each quarterly report to TP committee</li> <li>▪ DAP feedback provided immediately when requested</li> <li>▪ Report provided immediately when completed as requested</li> </ul>
	3.1.2: Measure performance and responsiveness. 3.1.2.1: Mainstream services	<ul style="list-style-type: none"> <li>▪ Regular reports to be received from Planning and Funding and disability support divisions of West Coast DHB, including reporting against specific strategy groups:               <ul style="list-style-type: none"> <li>▪ Local Diabetes Team</li> <li>▪ Local Cancer Team</li> <li>▪ Chronic Conditions Strategy Group</li> <li>▪ Patient Pathway Steering Group</li> <li>▪ Māori Workforce Strategy</li> <li>▪ Māori HEHA Steering Group</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular reports have been received from Planning and Funding and disability support divisions of West Coast DHB, including reporting against specific strategy groups:</li> </ul>	<ul style="list-style-type: none"> <li>▪ Portfolio Manager &amp; Delegated Reps</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular feedback to TP monthly meetings as required</li> </ul>

## **OBJECTIVE FOUR: Guidance on Māori Issues - “To provide advice on Māori issues at a governance level.”**

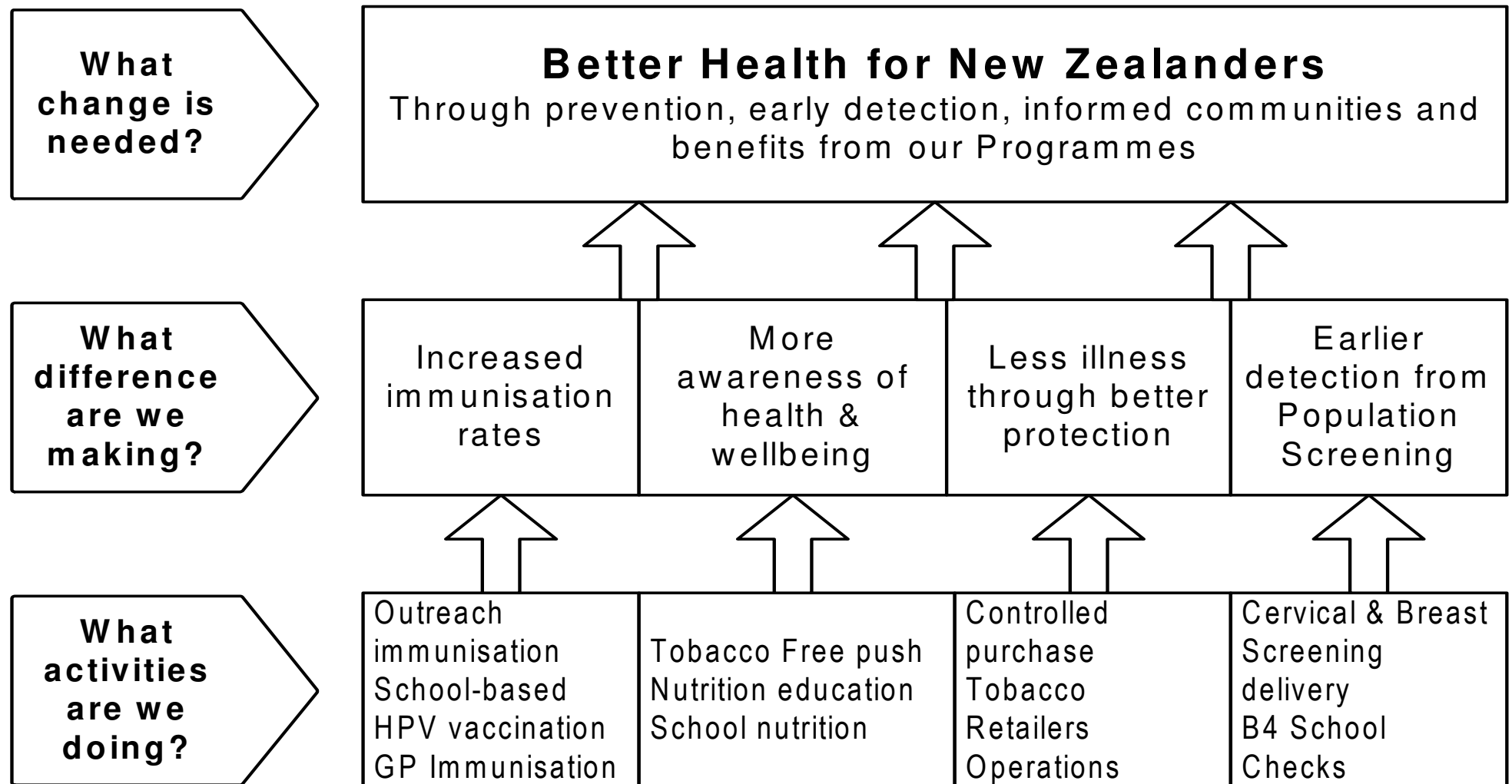
<b>WHAT CHANGE IS NEEDED?</b>	<b>WHO WITH?</b>	<b>HOW DO WE ACHIEVE RESULTS?</b>	<b>RESULTS</b>	<b>WHO IS RESPONSIBLE FOR THIS TASK?</b>	<b>WHEN IS TASK DUE?</b>
4.1: To provide expert advice on important Māori issues which are appropriately considered at governance level	4.1.1: Give advice on matters that are of importance to Māori in Te Tai Poutini	<ul style="list-style-type: none"> <li>▪ The WCDHB receives timely advice.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The WCDHB has received timely advice.</li> </ul>	All members	<ul style="list-style-type: none"> <li>▪ Relevant dialogue is reported to TP as required</li> </ul>
	4.1.2: Consider and provide advice on specific West Coast District Health Board policies that impact on Māori health and service delivery.	<ul style="list-style-type: none"> <li>▪ Policies impacting Māori health and service delivery are considered and advice given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Policies impacting Māori health and service delivery have been considered and advice given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ All members</li> </ul>	<ul style="list-style-type: none"> <li>▪ Report to TP in a timely matter as required</li> </ul>

## APPENDIX 1: EXAMPLE OF HOW DHB'S MEASURE THEIR PROGRESS

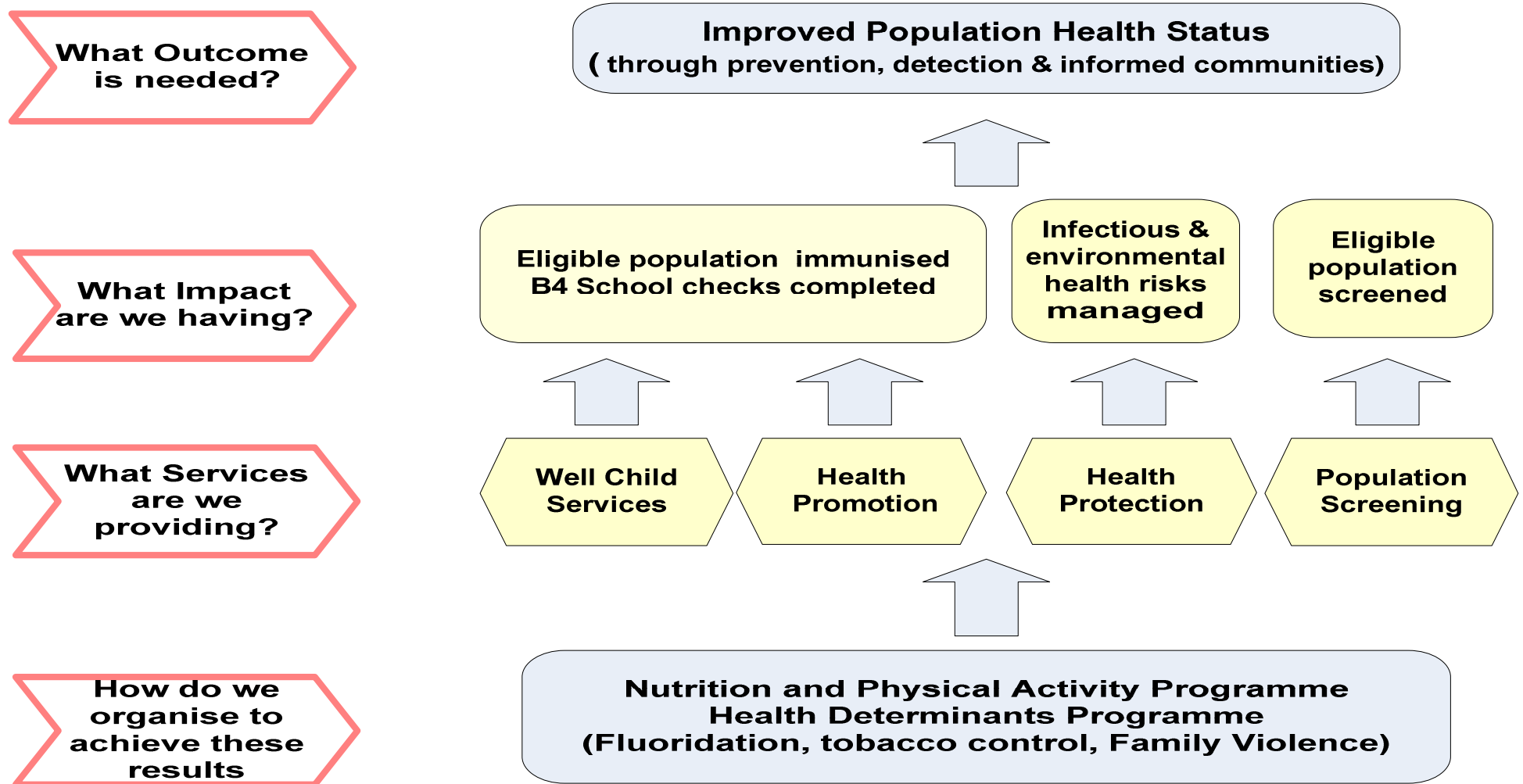
### Our DHB's Intervention Logic



## APPENDIX 2: CHANGE / DIFFERENCE / ACTIONS



### APPENDIX 3: OUTCOMES / IMPACTS / SERVICES / RESULTS



\* The above diagrams have been provided by DHBs as working examples



## TATAU POUNAMU CORRESPONDENCE FOR OCTOBER / NOVEMBER 2011

### INWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
No correspondence					

### OUTWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details
No correspondence					

### FOR YOUR INFORMATION

Date	Sender	Addressee	Details
Received 31 October 2011	Susan Wallace, Deputy Chairperson Rata Te Awhina Trust PO Box 271, Hokitika	Gary Coghlan, GM Maori Health West Coast District Health Board PO Box 387, Greymouth	Invitation to attend next Rata Board Meeting to be held at new premises on Sewell Street, Hokitika on the 14 December 2011

## MINISTRY OF HEALTH CORRESPONDENCE

Date	Sender	Directorate	Addressee	Title
No correspondence				

## PUBLICATIONS AND NEWSLETTERS

Date	Sender	Addressee	Title	Issue No
No correspondence				



# Rata Te Awhina Trust

31 OCT 2011

P O Box 271, Hokitika. Phone: (03) 755-6572 Fax: (03) 755-6578

Gary Coghlan  
GM-Māori Health  
West Coast DHB  
P.O.Box 387  
Greymouth

31 OCT 2011

Tēnā koe Gary

I am writing on behalf of the Board of Rata Te Awhina Trust.

We have been operating as a new board for almost three months now and to date have found the transition a smooth one. We are concerned, however, that as the only Kaupapa Māori Health and Social Service provider here on Te Tai o Poutini, we have yet to meet kanohi ki te kanohi with you.

Given our shared interest in Hauora Māori provision and the work being carried out in regard to our ongoing contracting relationship with the West Coast DHB, it is important that we rectify the matter.

To that end, we would like to invite you to attend our next board meeting to be held in our new premises on Sewell Street, Hokitika on 14 December 2011.

Nāku noa nā

Susan Wallace  
Deputy Chairperson



**TATAU POUNAMU  
MANAWHENUA ADVISORY GROUP  
DRAFT 2012 MEETING SCHEDULE**

DATE	TIME	VENUE
Fri 24 Feb *	10am – 12pm	Board Room, Corporate Office, Greymouth
Fri 13 Apr *	10am – 12pm	<b>Te Runanga O Makaawhio Office, Hokitika</b>
Fri 25 May *	10am – 12pm	Boardroom, Corporate Office, Greymouth
Fri 13 Jul *	10am – 12pm	<b>Westport Motor Hotel, 207 Palmerston Street, Westport</b>
Fri 24 Aug *	10am – 12pm	Boardroom, Corporate Office, Greymouth
Fri 12 Oct *	10am – 12pm	<b>Te Tauraka Waka a Maui Marae, Bruce Bay, South Westland</b>
Fri 23 Nov *	10am – 12pm	<b>Arahura Pa, Arahura</b>

**MEETING DATES & TIMES  
ARE SUBJECT TO CHANGE**

\* To Be Confirmed