

# **TATAU POUNAMU**

**Ki Te Tai o Poutini**



## **MANAWHENUA ADVISORY GROUP**

**23 February 2012**

### **Agenda and Meeting Papers**

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

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# AGENDA

TATAU POUNAMU MANAWHENUA ADVISORY GROUP  
HUI TO BE HELD 23 FEBRUARY 2012 IN THE BOARD  
ROOM, CORPORATE OFFICE, GREY BASE HOSPITAL,  
HIGH STREET, GREYMOUTH STARTING AT 3.30PM

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## 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>
<p>Sharon Marsh Nga Maata Waka o Kawatiri</p>	<ul style="list-style-type: none"> <li>▪ Member/Secretary, Kawatiri Maori Womens Welfare League</li> <li>▪ Kaiawhina, Rata Te Awhina Trust</li> <li>▪ Member, Granity School Board of Trustees</li> <li>▪ Member, Buller Budget Advisory Service</li> </ul>
<p>Wayne Secker Nga Maata Waka o Mawhera</p>	<ul style="list-style-type: none"> <li>▪ Trustee, WL &amp; HM Secker Family Trust</li> <li>▪ Member, Greymouth Waitangi Day Picnic Committee</li> </ul>

# DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON WEDNESDAY 30 NOVEMBER 2011 AT ST JOHNS GREYMOUTH FACILITY, 112 WATERWALK ROAD, 3.30 PM

<b>PRESENT</b>	Marie Mahuika-Forsyth Francois Tumahai Ben Hutana (Deputy Chair) Elinor Stratford  Sharon Marsh Wayne Secker	Te Rūnanga O Makaawhio Te Rūnanga O Ngāti Waewae Te Rūnanga O Ngāti Waewae West Coast District Health Board Representative on Tatau Pounamu Nga Maata Waka O Kawatiri Nga Maata Waka O Māwhera
<b>IN ATTENDANCE</b>	Hecta Williams Gary Coghlan Wayne Turp  Kylie Parkin  Claire Robertson  Paul Madgwick	General Manager, West Coast DHB General Manager Māori Health, West Coast DHB General Manager Planning and Funding West Coast DHB Maori Health Portfolio Manager West Coast DHB HEHA and Smokefree Services Manager West Coast DHB Chair Te Rūnanga O Makaawhio
<b>MINUTE TAKER</b>	Sharryn Forbes-Panere	Māori Health Administrator, West Coast DHB
<b>APOLOGIES:</b>	Richard Wallace (Chair) Dr Paul McCormack	Te Rūnanga O Makaawhio Chair West Coast District Health Board

## WELCOME

Marie Mahuika-Forsyth welcomed everyone to the meeting then Gary Coghlan said a mihi in Maori and acknowledged the new Tatau Pounamu members; Wayne Secker and Sharon Marsh.

## 1. AGENDA / APOLOGIES

### **Apologies**

- |                     |  |
|---------------------|--|
| ▪ Richard Wallace   | Te Rūnanga O Makaawhio                 |
| ▪ Dr Paul McCormack | Chair West Coast District Health Board |

### **Apologies accepted**

**Moved: Marie Mahuika-Forsyth**

**Second: Sharon Marsh**

## **2. DISCLOSURES OF INTERESTS**

Add

### **Wayne Secker**

- Trustee, WL & HM Secker Family Trust
- Member, Greymouth Waitangi Day Picnic Committee

Add

### **Sharon Marsh**

- Member and Secretary, Kawatiri Maori Womens Welfare League
- Kaiawhina, Rata Te Awhina Trust
- Member, Granity School Board of Trustees
- Member, Buller Budget Advisory Service

## **3. MATTERS ARISING FROM THE LAST MEETING**

### **Item 1: Warm Up West Coast Insulation Project Update**

Claire Robertson, HEHA and Smokefree Services Manager spoke to Tatau Pounamu and gave an update regarding the Warm Up West Coast project (see Appendix 1).

The Warm Up West Coast Project. Is a home insulation project, it is a joint venture between healthy West Coast, Autex GreenStuf, contractor The Insulation Company, and the Energy Efficiency and Conservation Authority (EECA) via the Government's insulation programme Warm Up New Zealand.

Healthy West Coast's role is to identify those most at risk due to living in households with poor home insulation. The project will prioritise households with children (under two years old), or seniors (over 65) and those that have someone with a housing related health problem such as a respiratory condition.

Households must also meet the EECA criteria that being, the home owner or tenant must hold a valid Community Services Card, and the house must have been built before 1 January 2000 to be eligible for the free insulation package.

Information and referral packs have been distributed to a number of West Coast community organisations. The West Coast Primary Health Organisation has worked alongside the medical practices to identify and distribute information and applications forms to those listed as having respiratory illness.

The Warm Up West Coast Coordinator is to meet with Francois Tumahai on 1 December 2011 to discuss working alongside a similar project, led by Francois currently happening in Hokitika.

***Paul Madgwick, chair Te Runanga O Makaawhio joined the meeting at 3.53pm***

Marie advised that due to Ben and Francois were in transit travelling on way to the meeting. It was suggested that certain meeting items be discussed when they are present.

***Due to Francois and Ben being in transit on way to the hui, all members chose to proceed with Maori Health Reports as the next item***

#### **4. MAORI HEALTH REPORT TO TATAU POUNAMU**

##### **Gary Coghlan, General Manager Maori Health**

The General Manager (GM) Maori Health advised that the Maori health reports included in the today's meeting papers are for the month of October 2011. A recent report for December 2011 is now available and he gave copies to all attendees at the meeting.

A Tatau Pounamu member commented there are some groups in Buller who are not aware Birdie (Roberta Milner) has left Aukati Kai Paipa service at Community and Public Health.

Another Tatau Pounamu member asked the GM Maori Health to elaborate on what was written in the report regarding Maori Mental Health work specifically with regard to "under performance".

The GM Maori Health relayed the Maori Mental Health team are doing good work overall but there is always room for improvement including quality improvement.

The current Maori Mental Health model was adopted in 2008 when the service was reviewed. Much of what the Maori Mental Health team does is working with mainstream clinicians and there are positives but there are also some challenges. Some strategic planning was currently underway and the GM Maori was assisting in this process.

#### **5. WORKING WITH IWI FORUMS IN TE WAIPOUNAMU**

##### **Gary Coghlan, General Manager Maori Health**

The General Manager Maori Health relayed to Tatau Pounamu members that a letter had arrived from Joe Puketapu chair of Iwi Health Board Nelson Marlborough District Health Board. The Iwi Health Board is the Manawhenua health advisory group who represent iwi in the Nelson Marlborough rohe.

The letter seeks an expression of interest to participate in a regional meeting of Iwi health committees to discuss Maori health and the challenges confronting Te Waipounamu as a region.

#### **6. MAORI HEALTH PLANNING WITH GENERAL PRACTICES**

##### **Gary Coghlan, General Manager Maori Health**

The General Manager Maori Health said work is being done with the General Practices re hopefully achieving stronger outcomes and better information re Maori health plan objectives West Coast wide. To date he has talked to staff at the Rural Academic General Practice, Buller Medical Service, and High Street Medical Centre. The key areas that are highlighted to practice staff are:

- Priority areas for Maori health
- The overall Maori health strategy within General Practices
- Maori enrolment in the practices.
- Maori engagement in clinical programmes
- Increased Maori staffing i.e. Maori kaupapa nurse
- Monitoring the health outcomes of Maori in targeted and/or specialist programmes
- Each general practice nominates a Maori health champion- someone to advance Maori health plan objectives and work with the Maori health team.
- Establish / maintain relationships with kaupapa Maori providers



Elinor commented that she did not see any references to Child and Youth Health in the priorities, a point acknowledged by the Manager Maori Health.

***François Tumahai, Te Runanga O Ngati Waewae and Ben Hutana, Te Runanga O Ngati Waewae joined the meeting at 4.15pm***

Francois and Ben introduced themselves to the new Tatau Pounamu members; Sharon and Wayne.

**7. MINUTES OF THE LAST MEETING – 19 OCTOBER**

No changes were made to the minutes.

**Moved: Elinor Stratford**

**Seconded: Francois Tumahai**

**Motion**

**THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 19 OCTOBER 2011 be adopted as a true and accurate record [subject to any changes or amendments above].**

**Carried.**

**8. TERM OF CHAIRPERSON**

A Tatau Pounamu member expressed that in keeping with the Terms of Reference it is time to alternate the Tatau Pounamu chair position to a representative of Te Runanga O Ngati Waewae. It was also requested that this item be added to the next hui agenda for discussion at the first Tatau Pounamu hui to be held in 2012.

Paul Madgwick, Te Runanga O Makaawhio chair gave relayed that he does tautoko the sentiment to alternate the chair position, it is not about personalities but about getting a fresh perspective, Te Runanga O Makaawhio has strong expectations of Tatau Pounamu.

**9. WHARE ORANGA PAI (LIVING WELL CENTRE) CONCEPT**

**Marie Mahuika-Forsyth, Te Runanga O Makaawhio**

Marie gave her presentation, this is a collaborative initiative between Te Runanga O Makaawhio and Te Runanga O Ngati Waewae, essentially the concept is to open a Whare Oranga Pai (Living Well) Centre in Hokitika, a service for Maori people. being based in Hokitika it would accommodate the Maori community in the Westland region, expanding later to other West Coast communities the first if successful.

The health goals are to improve the overall health and wellbeing of our communities, to reduce the burden of disease through better nutrition and regular physical activity, and reduce the incidence and severity of sickness especially for Kaumatua. The concept has the potential to improve the nutritional and physical status of us all, to enhance our ability to live healthy lifestyles, and ultimately participate with independence and confidence in the community.

The centre would incorporate a Te Whare Tapa Wha holistic approach. The centre would run a number of health promotion and disease prevention programmes within the three areas of nutrition, visits from health professionals, and physical activity.

#### Nutrition

- Weight management
- Eating for long term good health
- Cooking classes for all age groups
- Appetite for Life Sessions
- Rongoa healing and massage
- Train the Trainer Courses
- Addictions: Smoking /Alcohol / Gambling

#### Visits from health professionals:

- Provider Health Checks
- Green Prescription
- Dietitian
- District Nurse
- Alcohol Counsellor
- Smoking Cessation Practitioner
- Diabetes Practitioner
- Cervical Screening
- Health Promoters

#### Physical activity programmes:

- Group Sessions (Zumba, Aerobics etc)
- Weight Training for all age groups
- Circuit Training
- Walking Groups / Bush walks
- Exercise for the Elderly; Tai Chi, Sit and Be Fit
- Special events

Some community groups have accessed the HEHA Maori Community Action Fund and receiving support for existing projects such as Waka Ama and Makaawhio Mauri Ora.

A project manager would be required to develop the Whare Oranga Pai concept, funding options need to be investigated to set up and sustain the project.

Marie advised that it is estimated the cost to set up and run the centre for the first 12 months would be in the region of around \$85,000. There was a conversation regarding where the funding might come from.

The General Manager Maori Health made the point he likes the idea of visibility in the community and long term sustainability is important, however with regard to HEHA funding we simply don't know what's going to happen in the long term.

The General Manager Planning and Funding added that HEHA funding is diminishing and may cease all together, it would be unwise to rely on this as a permanent funding option.

The Chair Te Runanga O Makaawhio made the comment that this is a tangible way to make a difference in Maori health and sometimes you've got to wonder what all the health money gets spent on. This is an opportunity where our people can change to healthier lifestyles in their own place. Re sustainability, this is a lot to put on our small runanga, however we should put our money where our mouth is, it's not just about a marae building it's also about life. This is a good case where both runanga could chip in substantially.

The chair Te Runanga O Ngati Waewae also a Tatau Pounamu member remarked that this is the first time the concept has been brought to his attention, the figures don't scare him and this project is very important this was supported by the Te Runanga o Makaawhio chair.

The Maori HEHA Manager advised that she has met with representatives from both runanga to discuss the concept and willing to continue to work alongside others to further this work.

**10. MOU AND TOR**

The GM Maori Health requested this agenda item for the benefit of the new committee members however, because of time constraints this would need to be discussed in more detail at a later meeting.

**11. TATAU POUNAMU ANNUAL PLAN**

A discussion occurred regarding the annual plan, generally it was accepted the plan was still very practical but it was time for planning for 2012.

**12. TP MEETING SCHEDULE**

There was some discussion regarding the proposed schedule for 2012 as these meetings days had been set to occur on a Friday. Tatau Pounamu meetings were suppose to occur on the same day as the statutory committee meetings as discussed at previous meetings with Dr Paul McCormack. A member asked why have these meetings appeared to have been changed to Friday.

Tatau Pounamu meeting dates for 2012 are not confirmed dates and times, just a starting point.

Ben thanked everyone to attending the hui and thanked Gary for continuing with the meeting in their absence.

**Meeting finished at 5.55pm**

**Signed**

**Date**

## 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

**TO:** Tatau Pounamu Manawhenua Advisory Group

**FROM:** Gary Coghlan, General Manager, Māori Health, WCDHB

**DATE:** 27 January 2012

## **Organisational Review Rata**

The DHB is funding an Organisational Review. The objective is to support the provider in the development of governance, management and operational functions that will improve health service delivery for Maori and ultimately improve Maori health outcomes.

## **Powhiri New staff**

We are working with the Rural Learning Centre presently assisting in organizing of a Powhiri for new staff, as well as nursing, allied health and medical students, to the West Coast DHB. There will also be a blessing of the new rural academic rooms following the Powhiri. The date set is Tuesday 21<sup>st</sup> of February, with the Powhiri beginning at 1pm at the St Johns Building.

## **Rata Te Awhina**

The job descriptions for the Maori nursing positions and the kaiaarataki (Maori support workers) have been finalized recruitment is scheduled to begin in January. Discussions are underway with the Buller medical centre re where these positions will be placed.

## **Expression of Interest - Māori Health Planning and Review of Services**

Work on the expressions of interest to review of the responsiveness/effectiveness of services specifically delivered to Maori and mainstream services in areas related directly to the Maori Health Plan and to increase awareness and support implementation of the Māori Health Plan continues in the New Year. A small working party from within the West Coast DHB has been working on this project. It consists of representation from the Maori health, Planning and Funding and Jenny Woods, the Quality Dental Coordinator. We have gone through the Request For Proposal submissions and at this stage an indentified preferred provider the next step is to meet with them to discuss any questions, issues.

## **Waka Ama**

The West Coast DHB has supported Rata Te Awhina Trust through HEHA funding to develop a healthy eating healthy action programme based around Waka Ama, a traditional Maori water sport. On the 5 December a Waka Ama Day was held on Lake Kanerie. The kaupapa of the day was whakawhanutanga, in this case the community coming together.

Most, if not all of the secondary and primary schools on the Coast attended as did many from the Maori community and local iwi and health professionals. There were a number of positive health messages coming through on the day. Everybody had a great time and it was a great opportunity for the many people in attendance to get out on the lake rowing the various Waka Ama available. More of such events with a Maori theme are planned in 2012. In particular Ned Aware from Rata Te Awhina Trust and Community Public health has done great deal of work to co ordinate this event.

**Aukati kai paipa Maori Smoking Cessation Practitioner**

This position held by Community and Public Health has now been filled after being vacant for some time. The successful candidate is Joseph Mason from Arahura. The Manager Maori Health was part of the interview team for this position. Joe is well known and respected in the Maori community. High smoking rates amongst Tai Poutini Maori mean this is a vital position to the health of our whanau.

# **REVIEW OF SERVICES TO MAORI PROJECT**

## Appendix 3 – (Methodology Review of Services)

“Question 11. Specific detail and methodology to be used for the Review of the services listed below.”

The strategy and the methodology approach for the Review of the services listed in the RFP to assess the health status for Māori in West Coast district will follow a broadly similar approach. The approach will have 5 phases:

- Relationship building , engagement and planning –whakawhanaungatanga, establishing working relationship
- Planning, identifying action research objectives, planning the research approach, timelines and considering who will take part and how information will be gathered and analysed
- Data collection, collation, analysis and action –doing the research gathering and reporting on early information, noting areas for change and improvement, identifying emerging themes. Feedback to clinicians. Other participants and Whanau as a feedback loop to ensure we have captured the issues correctly.
- Setting output and outcome KPIs which can be easily recorded and reported on.
- Comprehensive reporting back with recommendations and a plan for the future.

This strategy and methodology approach for the Review of the services listed will be aimed at promoting awareness within the DHB and Primary Health Care to improve and maintain Māori health wellness and minimise complications from disease. It requires:

- Knowledge of the current Māori Health Plan
- Review of Best practice models and the effectiveness to Maori
- Review progress against indicators/ targets and contractual requirements
- Cultural Awareness and understanding of Māori models of care and Tikanga best practice
- Knowledge of Māori targets and indicators
- Awareness of Whanau Ora
- Maori leadership and clinical governance
- Clinical communication and sharing of information and expertise
- Workforce : professional development and leadership, sharing of educational and best practice information internally and externally

Whanau participation in Te Ao Māori is important to Maori whanau. There are expectations for services which better reflect Te Tiriti o Waitangi.



**Our approach to specific services includes:**

Services	Objectives	Enablers	KPIs
<b>Long term Conditions</b> Cardiac Diabetes Respiratory	<ul style="list-style-type: none"> <li>• Reduction of Māori Cardiac disease rates</li> <li>• Reduction Māori Diabetes rates</li> <li>• Reduction in Maori Cancer rates</li> <li>• Reduction of Māori Respiratory disease rates</li> <li>• Engagement of Maori clients and whanau to reduce complications of these diseases</li> <li>• Reduction of morbidity</li> <li>• Identify and align intervention and models of practice to Whanau Ora delivery models</li> <li>• Reduce Maori ASH rates</li> </ul>	<ul style="list-style-type: none"> <li>○ Population focus approach</li> <li>○ Whanau Ora service models</li> <li>○ Smoking cessation / support Advice</li> <li>○ Access to services support and interventions</li> <li>○ Identify any gaps in Programs</li> <li>○ Review client feedback mechanisms</li> <li>○ Cultural Awareness and understanding of Māori models / Tikanga best practice</li> <li>○ Relevant cultural competency training for staff</li> </ul>	<ul style="list-style-type: none"> <li>○ Current programs benchmarked against local and National output and outcome goals</li> <li>○ Mechanisms for recording and reporting KPIs regularly are in place</li> <li>○ Identify areas of strengths and weaknesses</li> <li>○ Evaluate client feedback</li> <li>○ Are Māori better off in the program as reported in client surveys</li> <li>○ Iwi /hapu engagement/ advice</li> </ul>
Smoking Cessation	<ul style="list-style-type: none"> <li>• Reduction in Maori smoking rates</li> <li>• Reduction of long term conditions in Māori caused by smoking</li> <li>• Reduce Māori ASH rates</li> <li>• Engagement of Māori client and whanau to reduce complications and disease</li> <li>• Reduction of morbidity for Māori</li> <li>• Identify and align intervention and models of practice to whanau ora delivery models</li> </ul>	<ul style="list-style-type: none"> <li>○ Population focus approach</li> <li>○ Whanau Ora service models</li> <li>○ Smoking cessation / support Advice</li> <li>○ Access to services support and intervention</li> <li>○ Cultural Awareness and understanding of Māori models / Tikanga best practice</li> <li>○ Relevant cultural competency training for staff</li> </ul>	<ul style="list-style-type: none"> <li>○ Current programs benchmarked against local and National output and outcome goals</li> <li>○ Mechanisms for recording and reporting KPIs regularly are in place</li> <li>○ Identify areas of strengths and weaknesses</li> <li>○ Evaluate client feedback</li> <li>○ Are Māori better off as reported in client surveys</li> <li>○ Iwi /hapu engagement/advice</li> </ul>

<p>Mama Pepi Tamariki</p> <p>Maternal health</p> <p>Immunisation</p> <p>Oral Health</p>	<ul style="list-style-type: none"> <li>• Maternity services providers / DHB staff are culturally aware</li> <li>• Appropriate antenatal and postnatal services for Māori Women and Rangitahi</li> <li>• Access to Māori midwifery services</li> <li>• Reduce Māori ASH rates pre and post delivery</li> <li>• Engagement of Māori clients and whanau to reduce complications and disease</li> <li>• Reduction of morbidity for Māori pepi and tamariki</li> <li>• Identify and align interventions and models of practice to Whanau Ora delivery models</li> <li>• Immunisation rates meet DHB/ National targets</li> </ul>	<ul style="list-style-type: none"> <li>○ Population focus approach</li> <li>○ Whanau Ora service models</li> <li>○ Smoking cessation / support Advice</li> <li>○ Access to services, support and intervention</li> <li>○ Cultural Awareness and understanding of Māori models / Tikanga best practice</li> <li>○ Relevant cultural competency training for staff</li> </ul>	<ul style="list-style-type: none"> <li>○ Current programs benchmarked against local and national output and outcome goals</li> <li>○ Mechanisms for recording and reporting KPIs regularly are in place</li> <li>○ Identify areas of strengths and weaknesses</li> <li>○ Evaluate client feedback</li> <li>○ Are Māori better off in the program as reported in client surveys</li> <li>○ Iwi / hapu engagement/advice</li> </ul>
<p>Oral Health</p>	<ul style="list-style-type: none"> <li>• Increase in Kaumatua/Kuia Rangatahi and Tamariki accessing to oral health services</li> <li>• Culturally appropriate oral health services</li> <li>• Identify and align intervention and model of practice to Whanau Ora delivery models</li> </ul>	<ul style="list-style-type: none"> <li>○ Population focus approach</li> <li>○ Whanau Ora service models</li> <li>○ Smoking cessation /support Advice</li> <li>○ Access to services, support and interventions</li> <li>○ Cultural Awareness and understanding of Māori models/ Tikanga best practice</li> <li>○ Relevant cultural competency training for staff</li> </ul>	<ul style="list-style-type: none"> <li>○ Current programs benchmarked against local and National output and outcome goals</li> <li>○ Mechanisms for recording and reporting KPIs regularly are in place</li> <li>○ Identify areas of strengths and weaknesses</li> <li>○ Evaluate client feedback</li> <li>○ Are Māori better off in the program as reported in client survey</li> <li>○ Iwi / hapu engagement/advice</li> </ul>

## Appendix 4 – (Methodology Maori Health Plan Communication)

Question 11. Provide specific detail and methodology to be used that will increase awareness of the WCDHB Maori health plan both internally within WCDHB and externally as noted in 2.2 above.”

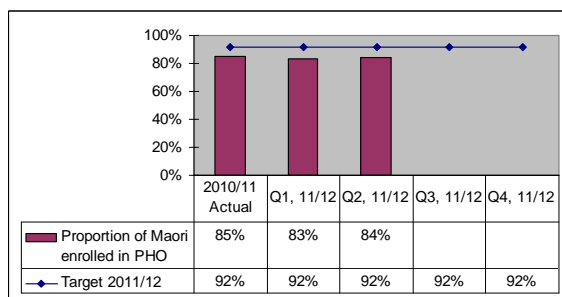
### Awareness and Communication Plan

Communications Plan For West Coast District Health Board				
<b>Overall Communication Objective:</b>  To increasing awareness of the West Coast District Health Board Maori Health Plan to clinical staff both internally and externally and with organisations and providers who have a vested interest in improving Maori Health outcomes. Whanau participation in Te Ao Māori is important to Maori whanau. There are expectations for services which better reflect Te Tiriti o Waitangi.				
Audience	Communication Objectives	Message	Channel	KPI
Manawhenua / IWI Maori Providers Marae  West Coast DHB / Maori unit/ Clinicians  Other Health providers including Community Providers  Clinicians / Health workers  Existing providers networks  General Practice  Government Agencies  Tertiary sector Other stakeholders as identified	Awareness and implementation of the West Coast District Health Board Maori Health Plan  Understanding of current health sector and Maori Health Needs  Understanding of intersectoral collaboration  Knowledge of what other services that will benefit Maori in their rohe  Benefits of services provided by Maori for Maori	<ul style="list-style-type: none"> <li>Gain overview of the Maori Health stats for the West Coast</li> <li>An overview of the health sector today and the need for collaboration to reduce health inequalities for Maori</li> <li>Awareness and understanding of the health plan in order to implement</li> <li>Awareness of Whanau Ora methodology</li> <li>Consultation /hui / meetings should commence with all stakeholders as part of the Maori health plan Kanuikete Kanui ( face to face )</li> </ul>	<ul style="list-style-type: none"> <li>Email</li> <li>Newsletter</li> <li>Teleconferences</li> <li>Notice boards</li> <li>CEO briefing</li> <li>Posters</li> <li>Lunchtime meetings</li> <li>Intranet article</li> <li>Launch event</li> <li>Team meetings</li> <li>Podcast on intranet</li> </ul> Existing channels, such as staff newsletters, the intranet and team meetings. Using existing channels with the right message at the right time	Provider collaboration plan to identified services in order to work together achieving key milestones of the Maori Health Plan  Within the DHB and providers cultural awareness of Tikanga best practice models  All DHB contracts link to Maori Health Plan  Iwi / hapu engagement / advice

## Maori Health Plan – Q2 Progress Report

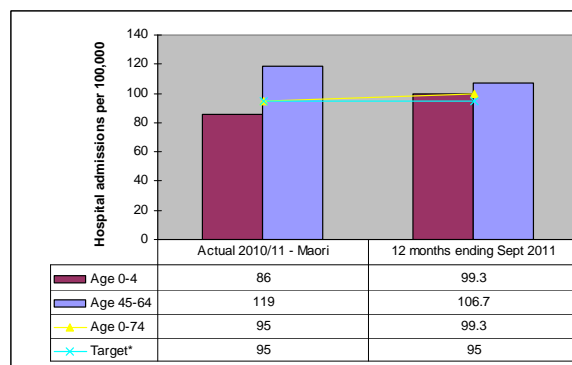
### Increase Maori enrolment in Primary Care

Percentage of Maori enrolled in the PHO



### Reduce preventable hospital admissions

Reduction in preventable hospital admissions for Maori per 100,000 by age for the 12 months ending Sept 2011



\* Target: <95 per 100,000.

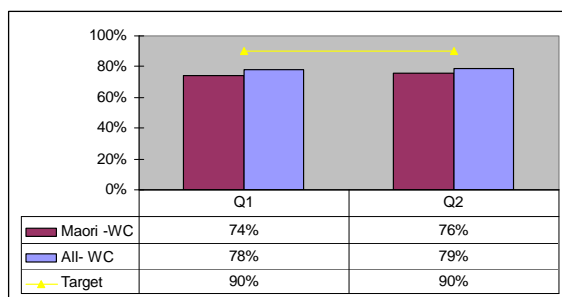
### ACHIEVEMENTS/ISSUES OF NOTE

**Enrolment in PHO:** 1% more Maori enrolled in PHO in Q2, 2011/12 compared to Q1, 11/12. There is still under enrolment of Maori in West Coast PHO (WCPHO), however, the enrolment for Q2, 11/12 is nearly equivalent to the actual Maori enrolment of in WCPHO in 2010/11.

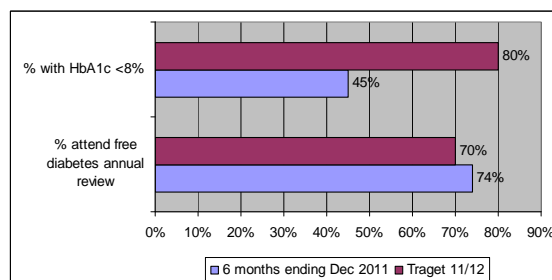
**Preventable Hospital Admissions:** The rate for Maori admitted in hospital for preventable conditions is slightly higher than the target but not significant. Among the 0-74 age group, West Coast Maori compared favourably in two of the top 5 national conditions in the 12 months to 30 September 2011 for their population grouping. Rates for West Coast Maori during this period were rates of 60.9 for cellulitis (9 patients); 55.5 for angina. In the other 3 of the top national conditions however, West Coast Maori fared poorly with rates of 123.4 for dental conditions (15 patients); 118.5 for pneumonia (10 patients); and 126.2 (14 patients) for asthma.

### Chronic diseases – Cardiovascular diseases (CVD) Chronic diseases - Diabetes

Percentage of Maori who have their CVD risk assessed within the past 5 years



Percentage of Maori who attend their diabetes annual review and have HbA1c level <8%



## ACHIEVEMENTS/ISSUES OF NOTE

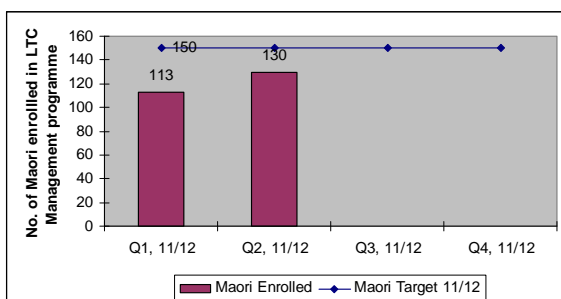
**CVD Risk Assessment:** 2% more eligible Maori have their cardiovascular risk assessed in the last 5 years in Q2, 11/12 compared to Q1, 11/12 but 14% less than the target for 2011/12.

**Diabetes:** More Maori are attending their diabetes free annual review – 70% in Q2, 2011/12, with 45% having a HbA1c level of less or equal to 8%.

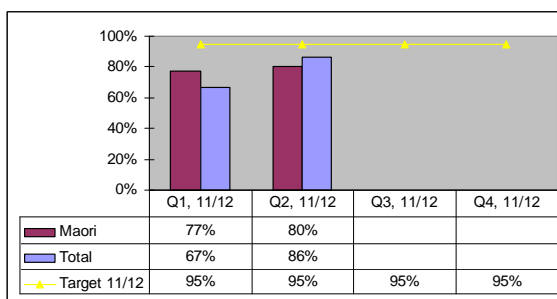
**Note – brief explanation of HbA1c:** HbA1c is the term/indicator used in relation to diabetes. HbA1c occurs when haemoglobin joins with glucose in the blood. Haemoglobin molecules make up the red blood cells in the blood stream. When glucose sticks to these molecules it forms a Hb1Ac molecule. The more glucose found on the blood, the more haemoglobin will be present. For non-diabetic person, the normal or usual reading for HbA1c is 4-5.9%; a level of less or equal to 8% is a good indicator for good diabetes management; above 8% can be deemed poor diabetes management.

## Long-term condition management

**Number of Maori enrolled in LTC management programme**



**Maori hospitalised smokers provided with advice and help to quit**



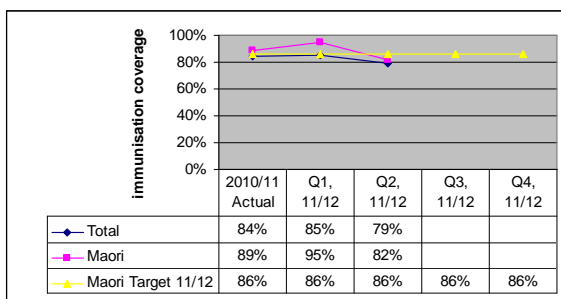
## ACHIEVEMENTS/ISSUES OF NOTE

**Enrolment in LTC management programme:** Enrolment for Maori in Q2, 11/12 has increased by 15% from Q1, 11/12.

**Hospitalised smokers given advice and help to quit:** Tracks under target

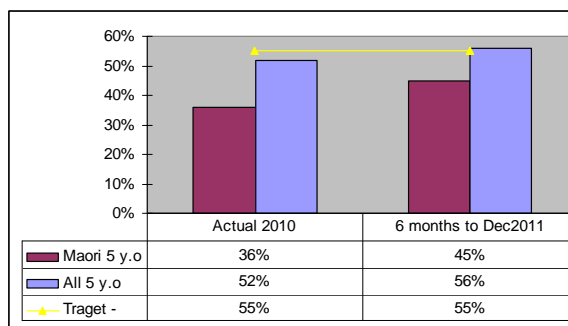
## Increase immunisation

**Percentage of Maori 2 year olds fully immunised**



## Oral health

**Percentage of 5 year olds dental caries free**



## ACHIEVEMENTS/ISSUES OF NOTE

**Immunisation:** tracks near to target. Due to the small number of Maori 2 year olds the rate can fluctuate easily therefore, it is advisable to look at the 12 months period of coverage for tamariki Maori. The coverage for tamariki Maori turning 2 years in 12 months ending Q2, 11/12 is at 87% - 1% above the 86% target for 2011/12.

**Oral Health:** 45% of Maori children aged 5 years of age are caries free; 10% less than the target for 2011/12.

## Support Maori workforce development

**Number of WC Maori enrolled in the Kia ora Hauora programme**

11

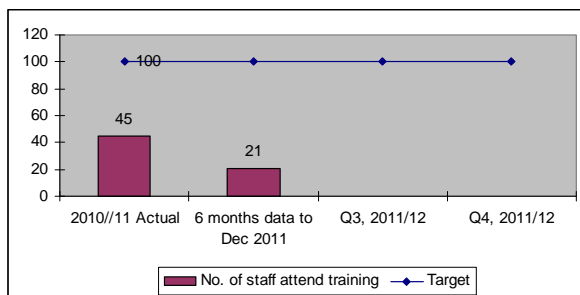
**Percentage of scholarship recipient in 2011/12 identifying as Maori**

4 from 17 (23.5%)

## ACHIEVEMENTS/ISSUES OF NOTE

## Improve the effectiveness and responsiveness of mainstream services

**Number of DHB staff who completed Te Pikorua and Tikanga Best Practice training**

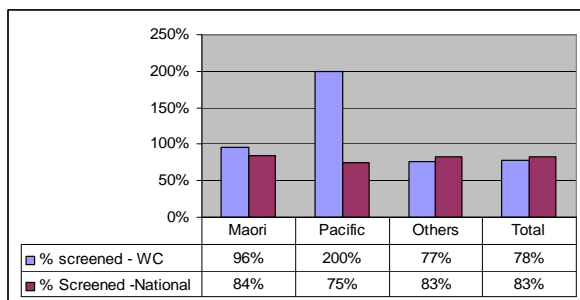


**Treaty of Waitangi Training – 30 people attended.**  
Figures for staff orientation will be included in the next report

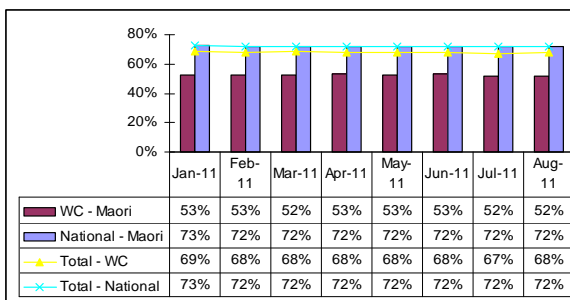
## ACHIEVEMENTS/ISSUES OF NOTE

## Cancer

**Percentage of eligible Maori women receiving breast screening examination**



**Percentage of eligible Maori women receiving cervical screening in the last 3 years ending...**



## ACHIEVEMENTS/ISSUES OF NOTE

**Breast Screening:** This is the report for the 24 months ending October 2011. West Coast Maori women aged 45-69 have a higher rate of breast cancer screening uptake compared eligible Maori women nationally and other eligible women on the West Coast.

**Cervical Screening:** Maori women aged 20-69 have a lower rate of cervical screening uptake compared to Maori nationally and other eligible women on the West Coast.

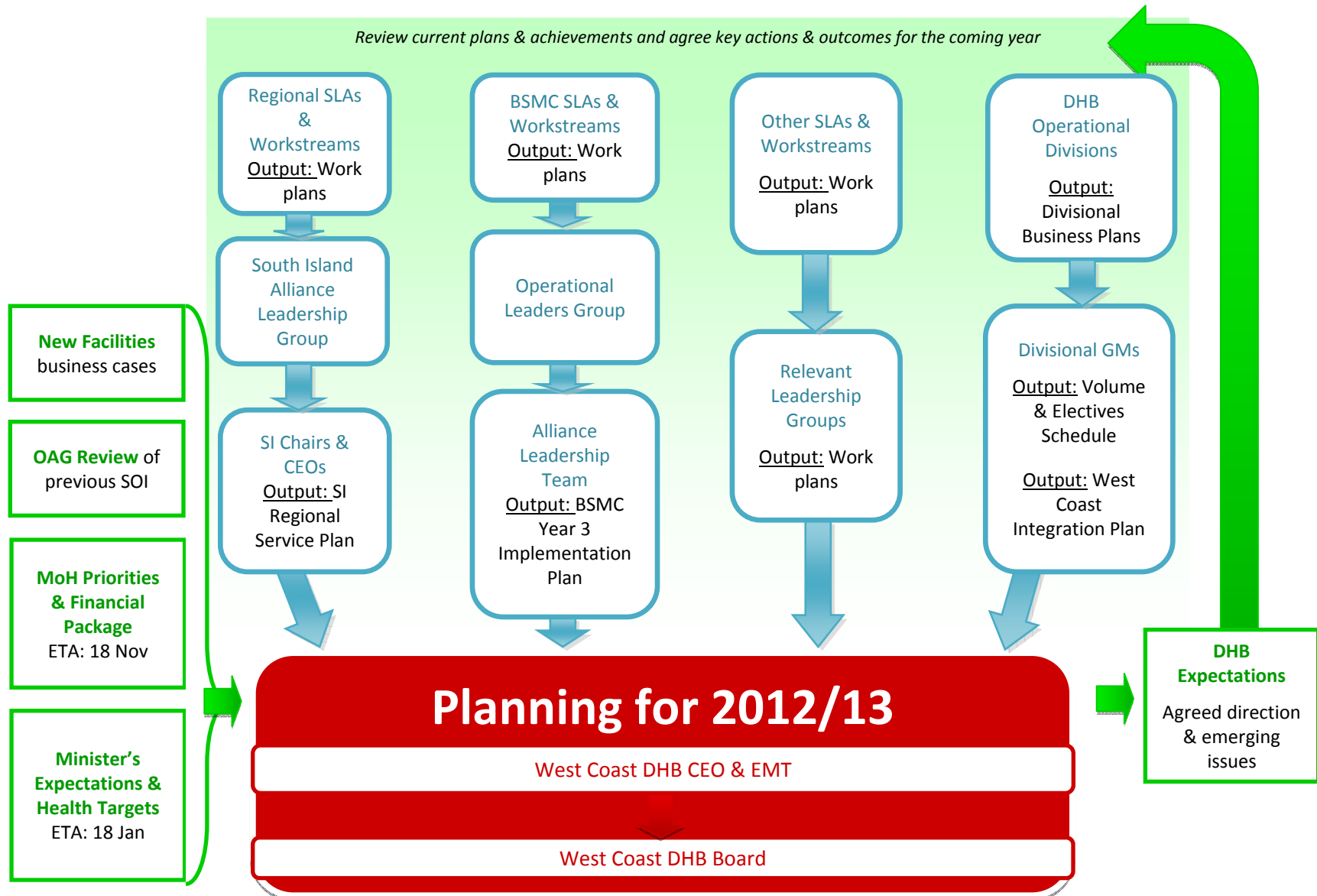
The National Cervical Screening (NSCP) target for 3-year coverage has been changed from 75% to 80%, beginning July 2011. The West Coast DHB has developed a NSCP WCDHB Strategic Plan 2011-12 in line with regional strategies and initiatives to increase the coverage rate of priority women to the required 3 yearly coverage rate of 80%, The Strategic Plan aims to continue collaboration with stakeholders and communities to implement the Regional NSCP Strategic Plan that best meets the unique needs of all eligible women on the West Coast

### Notes:

### Indicators:

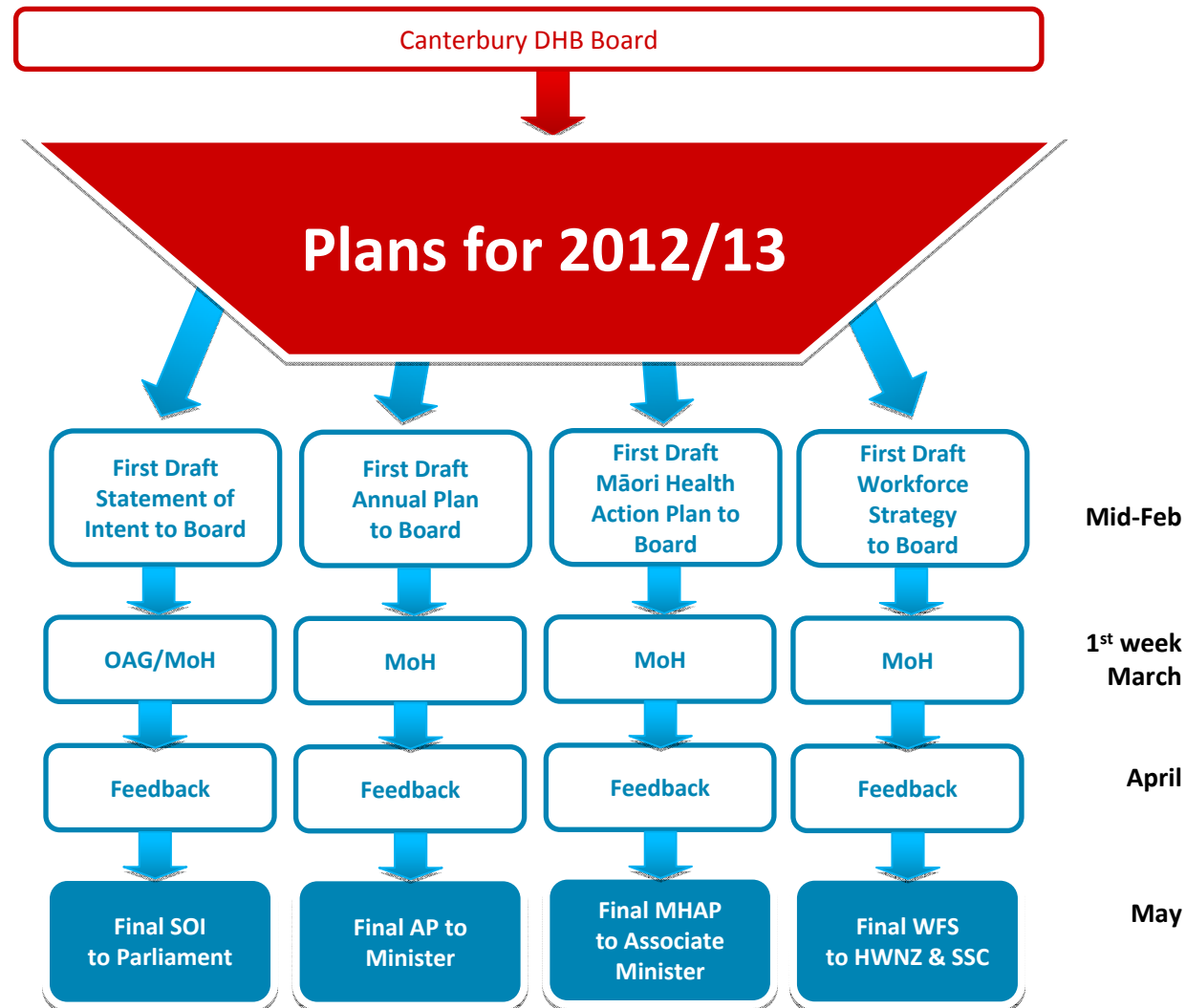
1. *Percentage of Maori pepi fully or exclusively breast feed at 6 months (Calendar year)*
  - not yet available – it is a yearly data, the latest can be found in the breastfeeding update prepared by Claire (HEHA) for the TaTau Pounamu
2. *Number of tertiary cardiac interventions*
  - not yet available
3. *Current smokers enrolled in the PHO and provided with advice and help to quit*
  - not available – the report currently available does not have a separate rate for Maori; only for high risk group
4. *Seasonal influenza immunisation rates in the eligible population (65 years and over)*
  - not yet available
5. *Percentages of discharges for elective surgery for Maori*
  - there is no data available.
6. *Maori accessing West Coast Disability Support Services*
  - Disability no longer reports on ethnicity since the beginning of this financial year.

# Annual planning process





# Annual planning process



# Timelines

Key Milestone	Due Date
Final Planning Package	18 November
<b>Election</b>	<b>26 November</b>
Funding Package (influenced by new Government)	ASAP
Minister's Letter of Expectations & confirmation of Planning/Funding Package detail	January 2012
Notify NHB of service change proposals	Late January
<b>Board approval of draft financials and production plan</b>	<b>23 Feb QFARC</b>
Draft Annual Plan financials and production plan due to MoH	2 March
Draft Regional Services Plan (RSP) due to MoH	12 March
<b>Board approval of draft Annual Plan (with SOI)</b>	<b>9 March</b>
Draft Annual Plan (with SOI, Workforce Strategy and Maori Health Action Plan) due to MoH	23 March
NHB/MoH feedback on draft documents	27 April
Final RSP due to MoH	7 May
<b>Board approval of final Annual Plan (with SOI)</b>	<b>20 April</b>
Final Annual Plan (with SOI, Workforce Strategy and Maori Health Action Plan) due to MoH	18 May



**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*



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## **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:

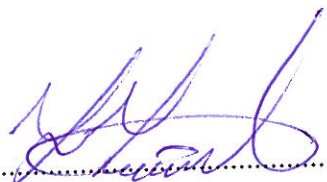
- a) In the first instance the chairs of the parties will meet and use their best endeavours to resolve the dispute;
- b) If following a) the dispute is not resolved, the parties will engage in mediation through an agreed process.

### **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 TUMUANG 

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..... Mr Conrad P. W. Cornman

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**





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## **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 CORRESPONDENCE FOR JANUARY/FEBRUARY 2012

### INWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details

### OUTWARD CORRESPONDENCE

Date	Sender	Addressee	Details	Response Date	Response Details

### FOR YOUR INFORMATION

Date	Sender	Addressee	Details
1 February 2012	Susan Wallace	GM Maori Health Manager	Te Runanga o Makaawhio Representation

## MINISTRY OF HEALTH CORRESPONDENCE

Date	Sender	Directorate	Addressee	Title
No correspondence				

## PUBLICATIONS AND NEWSLETTERS

Date	Sender	Addressee	Title	Issue No
No correspondence				



# *Te Runanga o Makaawhio*

1 Kahuru (February) 2012

GM Māori Manager  
Tatau Pounamu  
Po Box 387  
Greymouth

Tēnā koe

## **Te Rūnanga o Makaawhio Representation**

As part of our process we review our representative positions annually, and either reconfirm appointments or when necessary replace them.

I am writing to confirm that Richard Wallace and Marie Mahuika-Forsyth have been appointed as our representative to the Tatau Pounamu.

Thank you for forwarding copies of agenda papers. We would ask that you continue to do so. This is one way we can ensure that Richard Wallace and is able to reflect the views of this Rūnanga in a consistent manner.

We would also ask that, should Richard and/or Marie miss meetings without explanation, you let us know, so that the matter can be addressed.

Before closing, if you are not already Paul Madgwick is our rūnanga Chairperson. Any correspondence should be sent via the address below, or the e-mail address.

Te Rūnanga o Makaawhio wishes to extend our best wishes for 2012 and our hope that Richard and Marie's contribution and participation will help you to achieve your goals and strengthen our relationship.

Kai te mihi (Regards)

Susan Wallace  
Tumuaki

# TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2012 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 23 February	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
<b>Wednesday 11 April</b>	<b>1.00pm – 3.00pm</b>	<b>Te Runanga O Makaawhio Office, Sewell Street, Hokitika</b>
Thursday 24 May	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
<b>Wednesday 11 July</b>	<b>1.00pm – 3.00pm</b>	<b>Westport Motor Hotel, 207 Palmerston Street, Westport</b>
Thursday 23 August	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
<b>Wednesday 10 - 11 October</b>	<b>1.00pm – 3.00pm</b>	<b>Te Tauraka Waka a Maui Marae, Bruce Bay, South Westland</b>
<b>Wednesday 21 November</b>	<b>1.00pm – 3.00pm</b>	<b>Arahura Marae, 1 Old Christchurch Road, Arahura</b>

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

\* To Be Confirmed

# TATAU POUNAMU MANAWHENUA ADVISORY GROUP

## Member Attendance and Administration Form

NAME: \_\_\_\_\_ (Please Print)

DATE	DETAILS OF MEETING FEES CLAIMED:	FEE CLAIMED: <i>(Attach Invoice if GST inclusive)</i>
MILEAGE REIMBURSEMENT		
Date	Journey <i>(Please include reason for journey)</i>	Mileage Claimed
OTHER EXPENSES CLAIMED		
Date	Details of Expenses <i>(Please attach GST Documentation supporting your claim)</i>	Amount
<b>TOTAL REIMBURSEMENT</b>		

The details above are true and correct, signed:

\_\_\_\_\_  
Committee Member

Signed and approved:

\_\_\_\_\_  
Committee Chair