TATAU POUNAMU

Ki Te Tai o Poutini

MANAWHENUA ADVISORY GROUP

11 April 2012

Agenda and Meeting Papers

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE

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TATAU POUNAMU MANAWHENUA ADVISORY GROUP HUI TO BE HELD 11 APRIL 2012 AT ARAHURA PA, 653 OLD CHRISTCHURCH ROAD, ARAHURA, STARTING AT 1 PM

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TATAU POUNAMU MEMBERS' DISCLOSURES OF INTERESTS

Member	Disclosures
Ben Hutana (Chair) Te Runanga O Ngati Waewae	▪ Member, Westland REAP Board ▪ Member, Rata Te Awhina Trust Board ▪ Department of Conservation Roopu – Kaitiaki Roopu ▪ Alternate for Te Runanga O Ngai Tahu
Richard Wallace Te Runanga O Makaawhio	▪ Upoko Te Runanga O Makaawhio ▪ Trustee, Kati Mahaki ki Makaawhio Limited ▪ Honorary Member, Maori Womens Welfare League ▪ Kaumatua Te Runanga O Aotearoa NZNO ▪ Employee West Coast District Health Board, Maori Mental Health ▪ Wife is employee of West Coast District Health Board ▪ Trustee, West Coast Primary Health Organisation Board of Trustees ▪ Daughter is a board member on West Coast and Canterbury District Health Boards ▪ Kaumatua, West Coast District Health Board ▪ Kaumatua Advisor for Iwi and Maori Multi Employment Collective Agreement ▪ Kaumatua, Health Promotion Forum Aotearoa
Marie Mahuika-Forsyth Te Runanga O Makaawhio	▪ Employed part-time by Community and Public Health as Maori Health Promoter for the Elderly ▪ Member, Combined Community Public Health Advisory Committee (CPHAC) / Disability Support Advisory Committee (DSAC)
Francois Tumahai Te Runanga O Ngati Waewae	▪ Chair, Te Runanga o Ngati Waewae ▪ Director/Manager Poutini Environmental ▪ Director, Arahura Holdings Limited ▪ Manager, Cable Price NZ Limited Equipment Workshop Christchurch ▪ Project Manager, Arahura Marae ▪ Project Manager, Ngati Waewae Commercial Area Development ▪ Member, Westport North School Advisory Group ▪ Member, Hokitika Primary School Advisory Group ▪ Member, Buller District Council 2050 Planning Advisory Group ▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource

Member	Disclosures
	Management Committee ▪ Member, Rata Te Awhina Trust Board ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Te Poari o Kati Waewae Charitable ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board
Elinor Stratford West Coast District Health Board representative on Tatau Pounamu	▪ Member Clinical Governance Committee, West Coast Primary Health Organisation ▪ Manager, Disability Resource Service West Coast ▪ West Coast Disability Resource Service West Coast has signed a Memorandum of Partnership with West Coast Maori health provider “Rata Te Awhina Trust” ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Deputy Chair of Victim Support, Greymouth ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust
Sharon Marsh Nga Maata Waka o Kawatiri	▪ Member/Secretary, Kawatiri Maori Womens Welfare League ▪ Kaiawhina, Rata Te Awhina Trust ▪ Member, Granity School Board of Trustees ▪ Member, Buller Budget Advisory Service
Wayne Secker Nga Maata Waka o Mawhera	▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee

DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON THURSDAY 23 FEBRUARY 2012 AT CORPORATE OFFICE, GREY HOSPITAL, 3.40 PM

PRESENT	Ben Hutana (Deputy Chair)	Te Rūnanga O Ngāti Waewae
	Marie Mahuika-Forsyth	Te Rūnanga O Makaawhio
	Francois Tumahai	Te Rūnanga O Ngāti Waewae
	Sharon Marsh	Nga Maata Waka O Kawatiri
	Wayne Secker	Nga Maata Waka O Māwhera
IN ATTENDANCE	Hecta Williams	General Manager, West Coast DHB
	Gary Coghlan	General Manager Māori Health, West Coast DHB
	Wayne Turp	General Manager Planning and Funding West Coast DHB
	Claire Robertson	HEHA and Smokefree Services Manager West Coast DHB
	Peter Ballantyne	Acting Board Chair, West Coast DHB
MINUTE TAKER	Linda Atkins	Administration Assistant, CEO Office
APOLOGIES:	Richard Wallace (Chair)	Te Rūnanga O Makaawhio
	Elinor Stratford	West Coast District Health Board Representative on Tatau Pounamu
	Dr Paul McCormack	West Coast DHB Chair

WELCOME

The Deputy Chair welcomed everyone to the meeting.

1. AGENDA / APOLOGIES

Item 14 (2012 Meeting Schedule) needs to be revised and finalised today.

Apologies

▪ Richard Wallace	Te Rūnanga O Makaawhio
▪ Elinor Stratford	West Coast District Health Board Representative on Tatau Pounamu
▪ Dr Paul McCormack	West Coast DHB Chair

Apologies accepted
Moved: Wayne Secker **Seconded: Francois Tumahai**

2. 2012 MEETING SCHEDULE

The Advisory Group discussed the timetable in Section 14 which was an out of date schedule, dates and locations are to be arranged for 2012. These were decided as follows:

- Wednesday 11 April at the Arahura Marae, Hokitika, from 1 pm to 3 pm.
- Thursday 24 May in the Boardroom, Corporate Office, Greymouth, 3.30 – 5.30 pm.
- Wednesday 11 July at the Westport Motor Hotel, 27 Palmerston Street, Westport, 1 – 3 pm.
- Thursday 23 August, in the Boardroom, Corporate Office, Greymouth, 3.30 – 5.30 pm.
- Thursday 11 October in the Boardroom, Corporate Office, Greymouth, 3.30 – 5.30 pm.
- Thursday 22 November in the Boardroom, Corporate Office, Greymouth, 3.30 – 5.30 pm.

The Advisory Group agreed that the next meeting at the Te Tauraka Waka a Maui Marae in Bruce Bay South Westland would be held in 2013.

Moved: Marie Mahuika-Forsyth **Seconded: Francois Tumahai**

Carried

3. DISCLOSURES OF INTERESTS

The following amendments are to be made:

Delete
Ben Hutana
Deputy Chair Te Runanga O Ngati Waewae

Add
Ben Hutana
Member of the Rata Te Awhina Trust Board

Add
Francois Tumahai:
Member of Rata Te Awhina Trust Board

4. MINUTES OF THE LAST MEETING – 30 NOVEMBER 2011

No changes were made to the minutes.

Moved: Marie Mahuika-Forsyth **Seconded: Wayne Secker**

Motion
THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 30 NOVEMBER 2011 be adopted as a true and accurate record.

Carried.

5. MATTERS ARISING FROM THE LAST MEETING

Kia Ora Hauora Programme:
A member asked about the West Coast Maori participants in the Kia Ora Hauora programme, (see Section 7 Maori Health Plan Quarter Two Progress Report).
There are eleven Maori students enrolled in the programme on the West Coast, and Maori received four of the seventeen scholarships in 2011-12, being 23.5% of the total. Most are employed by the West Coast District Health Board (DHB). The General Manager Maori Health commented that Maori are progressing well, and there are four Kia Ora Hauora regional hubs, with one in the south island. The overall goal is to encourage Maori into the health and disability workforce via education.

West Coast Home Insulation Programme
The HEHA and Smoke free Services Manager confirmed she met with Francois Tumahai in December 2011, and gave an update to the Advisory Group. Francois has been working to identify Hokitika whanau who would benefit from home insulation as part of the Warm up the West Coast Project, and he has taken information to these families, they will then send the forms to Ngati Waewae, then the forms will come to the HEHA and Smoke free Services Manager. The process involves sending the information to local contractors to check, then assess, then if the two criteria (applicants must have a Community Services card, and the home must have been built before 2000) are met they can start the insulation.

Francois explained his programme has a list of seventy applicants; some houses have already been done, including seven kaumatua. Some applicants do not fit the criteria, so there are thirty left to process. Mostly people from Ngati Wae Wae have been assisted to date.

The HEHA and Smoke free Services Manager explained (as per the information in her update tabled in the meeting, Appendix One) in the last eighteen months the programme has received 183 applications coast-wide, 153 have been passed on to insulation companies to be assessed and checked. The Energy Efficiency and Conservation Authority (EECA) only provide this service for private tenants, not Housing New Zealand tenants. So far 76 homes on the west coast have been insulated, and the current aim is to insulate 40-50 homes per month in order to get them done before winter. A total of 11% or 17/153 of the applications were from Maori, and they plan next to target schools and early childhood centres via newsletters, and asking school principles to identify high needs people, also B4 School Check packs can include this information. The West Coast has been allocated a total of 500 homes to insulate, so cost is not important in this project.

It was noted that the EECA also have a general subsidy for insulation, anyone can call them and request a free assessment from them.

Term of Chairperson

Moved: Francois Tumahai **Seconded: Marie Mahuika-Forsyth**

Motion
That the Advisory Group agrees to implement Item 8 in the minutes:
"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".

Carried.

Richard Wallace is to be acknowledged by committee members at the next meeting.

It was noted that Ben Hutana was reappointed to Tatau Pounamu last Sunday, by Ngati Waewae Runanga. The position was re-advertised, and he applied and was successful. Francois Tumahai nominated Ben to be Chair, he accepted, and Marie Mahuika-Forsyth seconded the nomination.

Whare Oranga Pai (Living Well Centre Concept.
Marie Mahuika -Forsyth
Marie updated the meeting. Last week she met with Kylie Parkin, Maori Health HEHA and Claire Robertson, HEHA and Smoke free Services Manager, and they presented the negotiation brief for this centre to Planning and Funding at the DHB. They have a draft job description for a project manager, and can apply for $30,000 funding from Te Hotu Manawa. Both Runanga have given verbal support for this project and it is progressing well. Marie is looking at the old St Johns building as a possible venue in Hokitika, and is to meet with the owners to discuss the concept.

It was noted that the sustainability of this project is identified as a risk as future HEHA funding is not clear, so other funding avenues will be a key factor.

6. MAORI HEALTH REPORT TO TATAU POUNAMU

Gary Coghlan, General Manager Maori Health

This report was taken as read.

Rata Te Awhina Trust Organisational Review
Review has been undertaken.

Rata Te Awhina
Two new Maori health positions under Rata Te Awhina will be advertised soon in Buller - Kaupapa Maori nurse and Kaiarataki Maori Health Worker.

The General Manager Planning and Funding explained that preparation for the new positions is underway, and they will involve working under new alliance approach with Rata and Buller Health, which will also require a change in the model of service delivery at Buller Health. This is a new opportunity to integrate systems and will be an important learning process for the DHB.

He said the Board has agreed that a single site for all services (primary, secondary and aged care) will be used, but this site is yet to be chosen. The Board will visit Buller in March and determine the most suitable site. A member noted that the building of the Buller Integrated Family Health Centre site has generated high interest in local organisations Ngai Tahu, and local Runanga.

7. REVIEW OF SERVICES TO MAORI PROJECT

The General Manager Maori Health noted he has met with Neil Woodham, his team is undertaking a review of services to Maori. There is strong support from clinicians towards the objectives of this project.

Waka Ama
A name correction was noted (Tauwhare).
Refer to Section 6 Review of Services to Maori Project.
The General Manager Maori Health thanked the Planning and Funding department for their assistance.

Aukati Kai Paipa /Maori Smoking Cessation
The new person Joe Mason is now on board and is doing a good job.

8. REVIEW OF SERVICES TO MAORI PROJECT

Gary Coghlan, General Manager Maori Health

Covered above.

9. HEHA/SMOKEFREE UPDATE

Claire Robertson – HEHA and Smoke free Services Manager

The HEHA and Smoke free Services Manager tabled her update (Appendix One) and spoke to her report. Key factors were:

a. The West Coast has the highest rate of smoking in New Zealand.
b. 43% of Maori on the West Coast smoke.
c. The Smoke free position at Community and Public Health has been filled (Joe Mason).
d. Buller has a new 0.8 FTE youth focused smoking cessation position for two years at Buller/REAP.
e. HEHA is waiting to hear the future of funding; the contract ends 30 June 2012.
f. Breastfeeding: local information is required for West Coast families; this is being developed for release in March 2012 with a Breastfeeding workshop.

10. MAORI HEALTH PLAN QUARTER TWO PROGRESS REPORT

Gary Coghlan, General Manager Maori Health

It was noted some information is not currently available (see last page Indicators).

Overall progress is being made but more work is required to encourage Maori to enrol in the West Coast PHO. This is one of the key roles for Kaiarataki to assist Maori to enrol in the PHO, and Maori nurses to work with the Maori community.

- Oral Health: there is a need for a stronger coordinated approach to improve the oral health of young Maori on the West Coast as the results are not good. The Group discussed issues such as the cost of milk, the use of (cheaper) cordials, and the lack of fluoridation in the local water supply. If done, this would improve oral health; Research indicates fluoridation helps oral health. Other factors are poor diet, lack of hygiene, and lack of education on this issue. Other Maori health areas covered included:
- Cardiovascular Disease Risk: needs improving.
- Long Term Conditions.
- Maori Smoking Rates.
- Maori Workforce Development:
- Cervical screening: West Coast Maori women's statistics are 20% lower than the national figure for Maori women.

A member asked if there would be more regular reporting against the Maori Health Plan, and wanted Tatau Pounamu to be more involved in achieving the health targets discussed for Maori. There was quite a discussion regarding strategies such as early prevention, and working closer with whanau. It was noted HEHA seems to be making a difference and it is important to keep driving these messages, and to make them fun for people. For example, the current television advertisements for cervical and breast screening are helping, as women must feel comfortable to go along to the clinics.

11. ANNUAL PLAN PROCESS

Wayne Turp, General Manager Planning and Funding

The General Manager West Coast DHB spoke on this topic and tabled the Minister of Health's 'Letter of Expectations for District Health Boards and their subsidiary entities for the 2012/13 year' (Appendix Two), and the Minister of Health's letter 'Expectations around improved access to services 2012/2013 and beyond' (Appendix Three). Both letters demand faster access to services, with reduced waiting times for elective surgery, and the DHB must meet these health targets.

The West Coast has problems with waiting for child and youth services, as there are fewer resources, and also problems with immunisation as people choose not to immunise their children, so the health target results are low. The Smokers Provided with Help to Quit target of 90% is not being met in hospital or primary as it is only at 40% currently, so there is a lot of work to be done in this area. The Acting Chair of the West Coast DHB pointed out the Minister does not accept this situation and demands that the outcome is achieved.

The Annual Plan is to acknowledge the Maori Health Plan, both are to be aligned, and the General Manager Planning and Funding will confer with the General Manager Maori Health to discuss this as the Annual Plan is to be submitted in the next two months.

Correction to be made: the wording 'Maata Waka' needs to be removed from the Annual Plan as it no longer exists.

12. WORKING WITH IWI FORUMS IN TE WAIPOUNAMU

Gary Coghlan, General Manager Maori Health

The letter from Joe Puketapu Chair of Iwi Health Board Nelson Marlborough DHB requires a response from Tatau Pounamu.

Action: The Chair and General Manager Maori Health are to meet to write this letter.

13. MEMORNADUM OF UNDERSTANDIN AND TERMS OF REFERENCE

To be covered at the next meeting.

14. CARRY OVER ITEMS FOR THE NEXT MEETING

Memorandum of Understanding and Terms of Reference.
Marie Mahuika-Forsyth noted this has just been reviewed and signed off in 2011.

Annual Plan.

15. CORRESPONDENCE

Letter to Pauline Southorn:
This was discussed, and included in the meeting papers for information. The response from the Acting Chair of West Coast DHB addressed the writer's concern regarding process, and Maata Waka representation on the Tatau Pounamu Advisory Group.

Further discussion regarding the Terms of Reference and representation can be discussed at the next Tatau Pounamu meeting.

A member stated if there were any further amendments to the Terms of Reference, these will need to be discussed with both Runanga on the West Coast.

Letter from Joe Puketapu:
Response to be written (as in 11 above).

Letter from Susan Wallace regarding Te Runanga o Makaawhio Representation:
Noted.

Moved: Ben Hutana **Seconded: Francois Tumahai**

Motion
That the Inwards and outwards correspondence is accepted.

Carried

16. GENERAL BUSINESS:

West Coast PHO Quarterly Report - October to December 2011 - Tabled (Appendix Four)
Maori health data is clearer to understand.

Manawhenua Hui in Christchurch 23 February 2012
Maori on mana whanau health committees throughout the South Island had been invited to a meeting at Ngai Tahu regarding Maori health issues; it seems no invitation was sent to the West Coast.

Action: General Manager Maori Health and the Chair to follow up.

Deputy Chair of Tatau Pounamu:
Marie Mahuika-Forsyth Deputy Chair.

The Chair thanked the Tatau Pounamu meeting members and attendees, and finished with karakia.

The meeting finished at 5.55 pm

Signed _____ **Date** _____

MATTERS ARISING FROM TATAU POUNAMU MEETINGS

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1	23 February 2012	**West Coast Home Insulation Project** The current agreement for this project is between Healthy West Coast and the Energy Efficiency and Conservation Authority (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.	Claire Robertson Francois Tumahai	Francois and Claire gave an update. Applications are been received.
2	23 February 2012	**Working with Iwi Forums in Te Waipounamu** The letter from Joe Puketapu Chair of Iwi Health Board Nelson Marlborough DHB requires a response from Tatau Pounamu.	Gary Coghlan Ben Hutana	The Chair and Manager - Maori Health to discuss response.

MĀORI HEALTH

TO: **Tatau Pounamu Manawhenua Advisory Group**

FROM: **General Manager Māori Health**

DATE: **9 March 2012**

MAORI HEALTH

Te Whare Oranga Pai
A negotiation brief for HEHA Maori Community Action funding has been put to the Planning and funding Team to begin the implementation of the next phase of Te Whare Oranga Pai project.

An Advisory committee with two members from each of the local Runaka was established to work alongside the DHB HEHA team to progress the planning for the expansion of this initiative to the next stage aiming to broaden the scope through:

- Increased co-ordination through the appointment of a Project Manager
- Improved facilities through the establishment of a multi purpose Oranga Pai Facility
- Improved facilitation -linking and building partnerships with other health focused services
- Long-term sustainability of the project through marketing and the development of comprehensive promotional material

A primary objective of this project is

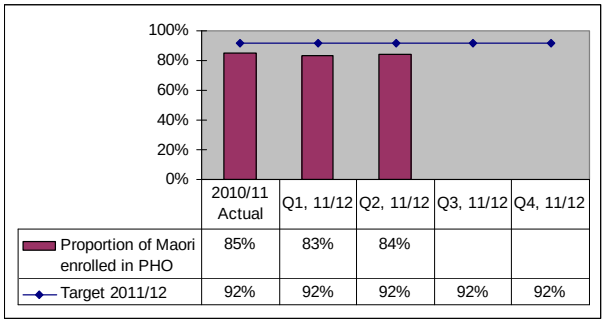
- To create a culturally appropriate Whanau Ora environment where Maori want to come to (overall ethos of the project) and
- that Maori identify and implement their own priorities and solutions that relate to improving nutrition, increasing physical activity and reducing obesity

Opportunity to collaborate with the Primary Health Organisation Weight Management programme are currently being scoped and this is looking very promising. The HEHA team will continue to work very closely with the group and Project Manager to add capacity and provide any mentoring or advice required.

Integrated Contracting
Planning and Funding and Maori Health have had several meetings with Ministry of Social Development with the aim of participating in an Integrated Contracting arrangement with the Maori Provider and several of their key funders. A meeting is scheduled for the 13 April with all funders to start working towards a 'Shared Outcomes' agreement using Results Based Accountability as the foundation

Increase Maori enrolment in Primary Care

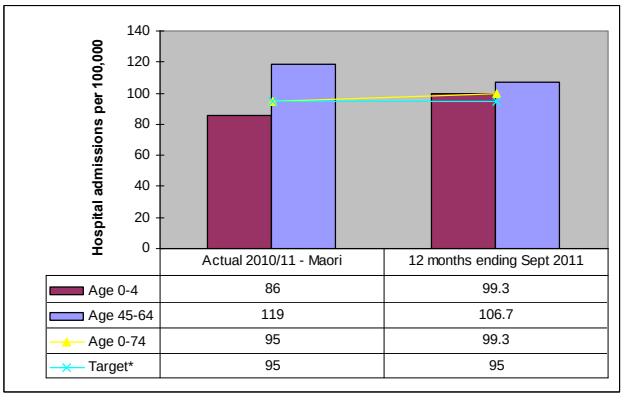
Percentage of Maori enrolled in the PHO



	2010/11 Actual	Q1, 11/12	Q2, 11/12	Q3, 11/12	Q4, 11/12
Proportion of Maori enrolled in PHO	85%	83%	84%		
Target 2011/12	92%	92%	92%	92%	92%

Reduce preventable hospital admissions

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



	Actual 2010/11 - Maori	12 months ending Sept 2011
Age 0-4	86	99.3
Age 45-64	119	106.7
Age 0-74	95	99.3
Target*	95	95

*** Target: <95 per 100,000.**

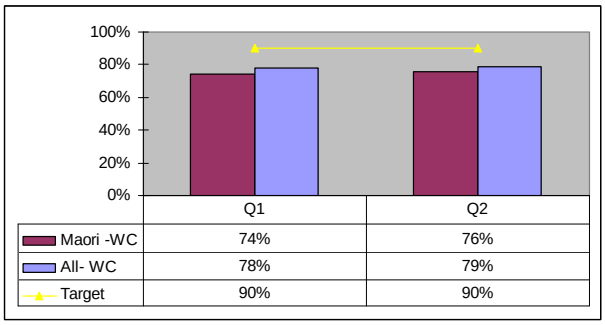
ACHIEVEMENTS/ISSUES OF NOTE

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 in WCPHO in 2010/11. Note these figures are based on 2011 Statistics New Zealand projections, previous reports showing enrolment coverage above 90% were based on 2006 actual census figures.

Preventable Hospital Admissions: The rate for Maori admitted in hospital for preventable conditions is slightly higher than the target but not statistically 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. Hospitalisation rates for West Coast Maori during this period were 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)

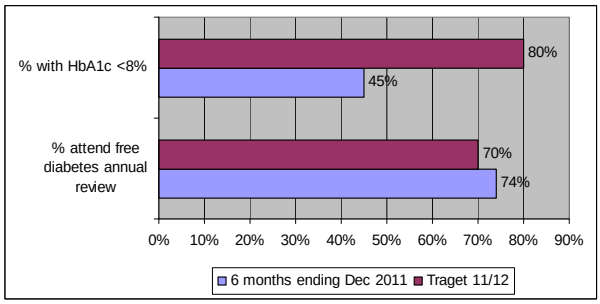
Percentage of Maori who have their CVD risk assessed within the past 5 years



	Q1	Q2
Maori -WC	74%	76%
All- WC	78%	79%
Target	90%	90%

Chronic diseases - Diabetes

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



ACHIEVEMENTS/ISSUES OF NOTE

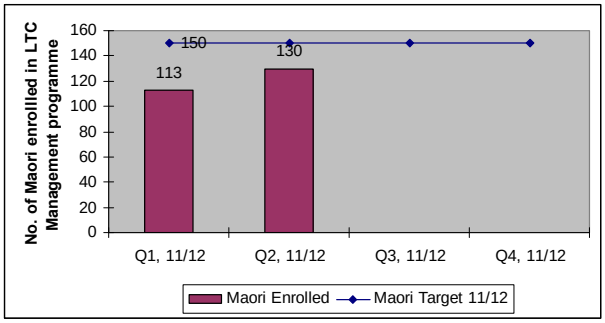
CVD RISK ASSESSMENT: 2% MORE ELIGIBLE MAORI HAVE THEIR CARDIOVASCULAR RISK ASSESSED IN THE LAST 5 YEARS FOR THE PERIOD ENDING Q2, 2011/12 COMPARED TO THE 5 YEAR PERIOD ENDING Q1, 2011/12. HOWEVER, THIS RATE IS 14% LOWER THAN THE TARGET OF 90% FOR 2011/12.

Diabetes: More Maori are attending their free diabetes annual review – 70% in Q2, 2011/12, with 45% having a HbA1c level of less or equal to 8%. 55% of Maori receiving their diabetes annual review in Q2 had poor diabetes management.

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.

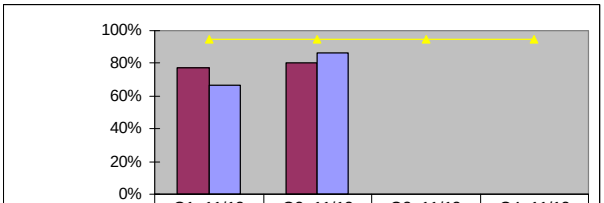
Long-term condition management

Number of Maori enrolled in LTC management programme



SMOKING CESSATION – SECONDARY CARE.

Maori hospitalised smokers provided with advice and help to quit



	Q1, 11/12	Q2, 11/12	Q3, 11/12	Q4, 11/12
Maori	77%	80%		
Total	67%	86%		
Target 11/12	95%	95%	95%	95%

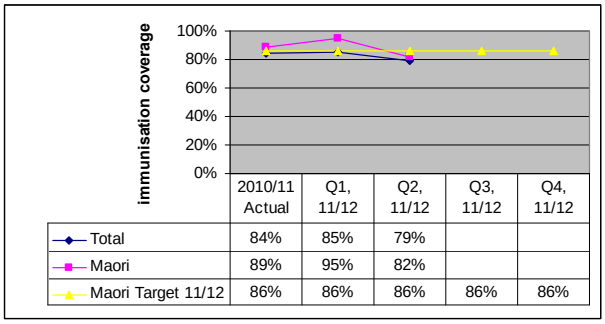
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in LTC management programme: The number of Maori enrolled in the long term conditions management programme increased by 17 in Q2 2011/12. An increase of 15% on enrolment in Q1, 11/12.

Improving and reaching the ABC Health Target in secondary care will continue to be a priority for all the WCDHB moving forward. Improvements over the last quarter for total (86%) and Maori (80%) in the health target have resulted from identifying three focus areas being addressed to ensure that a sustainable implementation of the ABC initiative is achieved. The areas are; consistency in leadership and endorsement from senior staff, improved visibility of the ABC initiative at the ward level including improved communication, positive messaging and champions and lastly addressing training gaps. These three areas will continue to be a priority for smokefree staff with a particular focus in the next quarter on working with unit managers to address training gaps that exist with smokefree training.

Increase immunisation

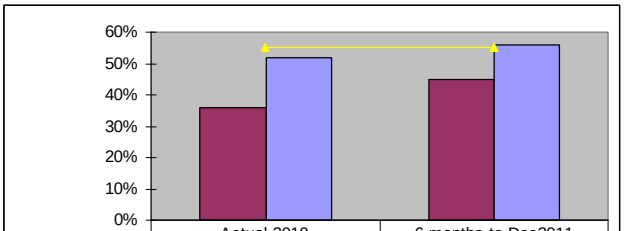
Percentage of Maori 2 year olds fully immunised



	2010/11 Actual	Q1, 11/12	Q2, 11/12	Q3, 11/12	Q4, 11/12
Total	84%	85%	79%		
Maori	89%	95%	82%		
Maori Target 11/12	86%	86%	86%	86%	86%

Oral health

Percentage of 5 year olds dental caries free



	Actual 2010	6 months to Dec2011
Maori 5 y.o	36%	45%
All 5 y.o	52%	56%
Traget -	55%	55%

ACHIEVEMENTS/ISSUES OF NOTE

Immunisation: The immunisation coverage for tamariki Maori turning 2 years in the 3 months ending Q2, 2011/12 is at 79%. 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 immunisation coverage rate for 2 year old tamariki Maori for the 12 months ending Q2, 2011/12 is 87% - 1% above the target for Maori for 2011/12.

Dental Caries: This data should be for 2011 calendar/school year 2011.

Support Maori workforce development

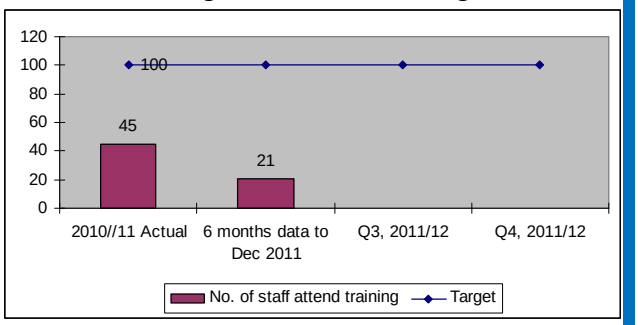
Number of WC Maori enrolled in the Kia ora Hauora programme 11

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

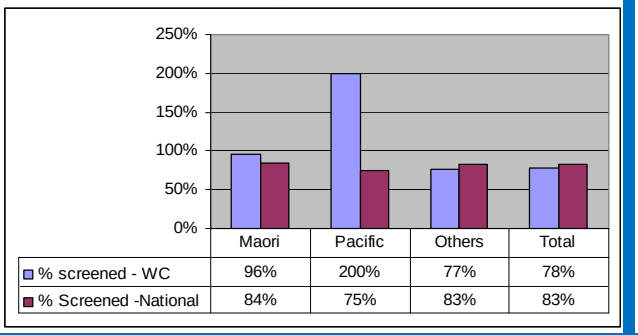


Treaty of Waitangi Training – 30 people attended. Figures for staff orientation will be included in the next report

ACHIEVEMENTS/ISSUES OF NOTE

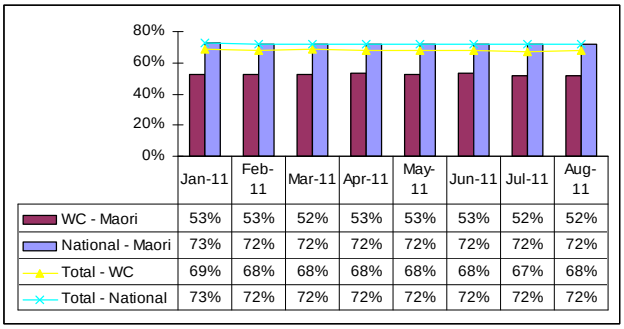
CANCER

Percentage of eligible Maori women receiving breast screening examination



	Maori	Pacific	Others	Total
% screened - WC	96%	200%	77%	78%
% Screened -National	84%	75%	83%	83%

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



	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11
WC - Maori	53%	53%	52%	53%	53%	53%	52%	52%
National - Maori	73%	72%	72%	72%	72%	72%	72%	72%
Total - WC	69%	68%	68%	68%	68%	68%	67%	68%
Total - National	73%	72%	72%	72%	72%	72%	72%	72%

ACHIEVEMENTS/ISSUES OF NOTE

Breast Screening: Maori women aged 45-69 have a high rate of breast screening in the 2 years ending Q2 2011/12. Small numbers of Maori women in this age group may cause fluctuations in coverage rates that may be explained by a small number of women and this figure should be interpreted with caution.

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

WEST COAST DISTRICT HEALTH BOARD

Te Poari Hauora a Rohe O Te Tai O Poutini

Te Kaupapa Hauora Māori
MĀORI HEALTH PLAN
2012-2013

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HE MIHI

E ngā reo, e ngā mana
Tēnā koutou katoa
Nga mate, nga aitua o koutou, ara, o matou ka tangihia e tatou i tenei wa.
Haere haere haere.
Karanga mai ki a matou e whai nei i nga taonga o nga tipuna.
He mihi whānui tēnei ki a koutou e awhi nei i tēnei kaupapa.
He putanga tēnei mahi na koutou.
No reira, e rau rangatira ma
Tēnā koutou, tēnā koutou, tēnā koutou katoa.

1.0 Purpose of the Māori health plan

The aim of this Māori Health Plan is to provide an overview of the West Coast District Health Board (West Coast DHB) strategies that are intended to contribute towards improved Māori health outcomes for our population, and working towards the achievement of whanau ora within the West Coast DHB rohe. Our Māori health plan for 2012/13 will be limited to the following critical themes/objectives: Ensure that:

a) The Māori health components of the national health targets are clearly stated and achievable at a local level
b) Mainstream services are aware of their obligation and committed to meeting these targets
c) The main function of kaupapa Māori service provision is to support mainstream services in achieving targets and to supplement mainstream services in achieving this when it is more appropriate to do so. This year we intend to undertake a comprehensive review of services for Maori in the following areas maternal health cardiovascular disease diabetes cancer smoking cessation, and oral health. Once this is complete a focused plan of action will be developed to address key areas for improvement that can be achieved through a partnership approach between mainstream and Maori services.

Tatau Pounamu the Mana Whenua Health Advisory Committee have aligned their meeting schedule now to the same day as the CPHAC and HAC and Audit Risk and Finance meetings in order for senior management and the Board chair to participate in Tatau Pounamu meetings. In addition the Tatau Pounamu minutes are available in the Board papers and on the internet.

The West Coast DHB has statutory objectives and functions that are set out in the New Zealand Public Health and Disability Act 2000 and has specific objectives to improve, promote and protect the health of people and communities and for reducing health disparities by improving health outcomes for Māori and other population groups (see New Zealand Public Health and Disability Act 2000 Section 22(1)(a)-(h)).

The Act requires that DHB's take active steps to reduce health disparities by improving health outcomes for Māori. To fulfill this requirement the West Coast DHB will continue to be guided continue to be guided by He Korowai Oranga; 2002 Maori Health Strategy, and Whakatātaka Tuarua Māori Health Action Plan 2006-2011.

The West Coast – Te Tai O Poutini Māori Health Profile 2008 provides an important overview of the health status of Māori on the West Coast and describes Māori health needs, by comparing them to the rest of New Zealand and West Coast non-Māori. The key findings of the Māori Health Profile provide a basis for determining priorities and planning for services over the next 12 months. It indicates there is a disproportionate burden of illness for West Coast Māori compared to the rest of the population. This plan outlines measures to improve Māori health outcomes.

. The health and disability sector requires initiatives to build better outcomes for Māori communities grounded in Māori beliefs and knowledge. It is therefore essential that Māori are part of the decision-making processes for health and disability service development and investment in Maori health on the West Coast.

The West Coast DHB remains committed to achieving a reduction, and eventual eliminating disparities in health outcomes between Māori and non-Māori living within Te Tai O Poutini. It is intended that the reducing inequalities framework will be continued to be used to improve mainstream effectiveness when reviewing staffing or financial decisions the West Coast

DHB makes. The interface between the Maori Provider and mainstream services will be strengthened to improve pathways of care for Maori throughout the West Coast health system. .

Implementation of the Better Sooner More Convenient Primary Care Business Plan will see the realisation of Integrated Family health Centres. This model is a more holistic model of service delivery that utilises a greater range of health practitioners, including Whanau ora nurses and Kaiarataki within multi-disciplinary teams that work in an integrated manner with community and secondary health services.

Māori Provider services will be more closely aligned to the Ministry's six Health targets, the national priority areas for Māori and the Better Sooner More Convenient Primary Care Business plan. Linking closely with primary care providers and secondary services has the potential to improve access and outcomes for Māori accessing these services.

Māori health workforce development initiatives and programmes will continue to be supported through promotion of Māori health career pathways, health funding and scholarships, including the West Coast DHB scholarships to tertiary students and through the Ministry of Health Kia Ora Hauora programme.

Accurate Māori health information is critical in the planning and monitoring of better health and disability services. The Māori Health Profile provides a benchmark from which we will continue to measure Māori health improvement and to identify gaps and inequalities in health outcomes locally.

How will we achieve this (key activities)?

- Implement the Better, Sooner More Convenient Primary Care Plan
- Utilise the Te Tai Poutini Māori Health Needs Profile and any other available information regarding Māori health to identity gaps and inequalities at a local level
- Implement Māori Smoke free initiatives as outlined in the West Coast Tobacco Control Plan
- Build and foster strong collaborative relationships with Māori community based groups (. iwi, hapu and whānau)
- Obtain and utilise accurate ethnicity data and reports in order to inform effective service delivery for Māori measure outcomes against baseline data to determine the effectiveness of intervention.
- Māori Provider Services will be more closely aligned to mainstream primary and secondary care services to improve access for Māori
- Kaupapa Maori Nurses and Kaiarataki will be employed within IFHC
- Set targets and implement programmes that aim to reduce Māori health inequality
- Implement the recommendation of the Maori Health Services review which will see improved processes and pathways within secondary services
- Work with GP practices to target Maori health priorities

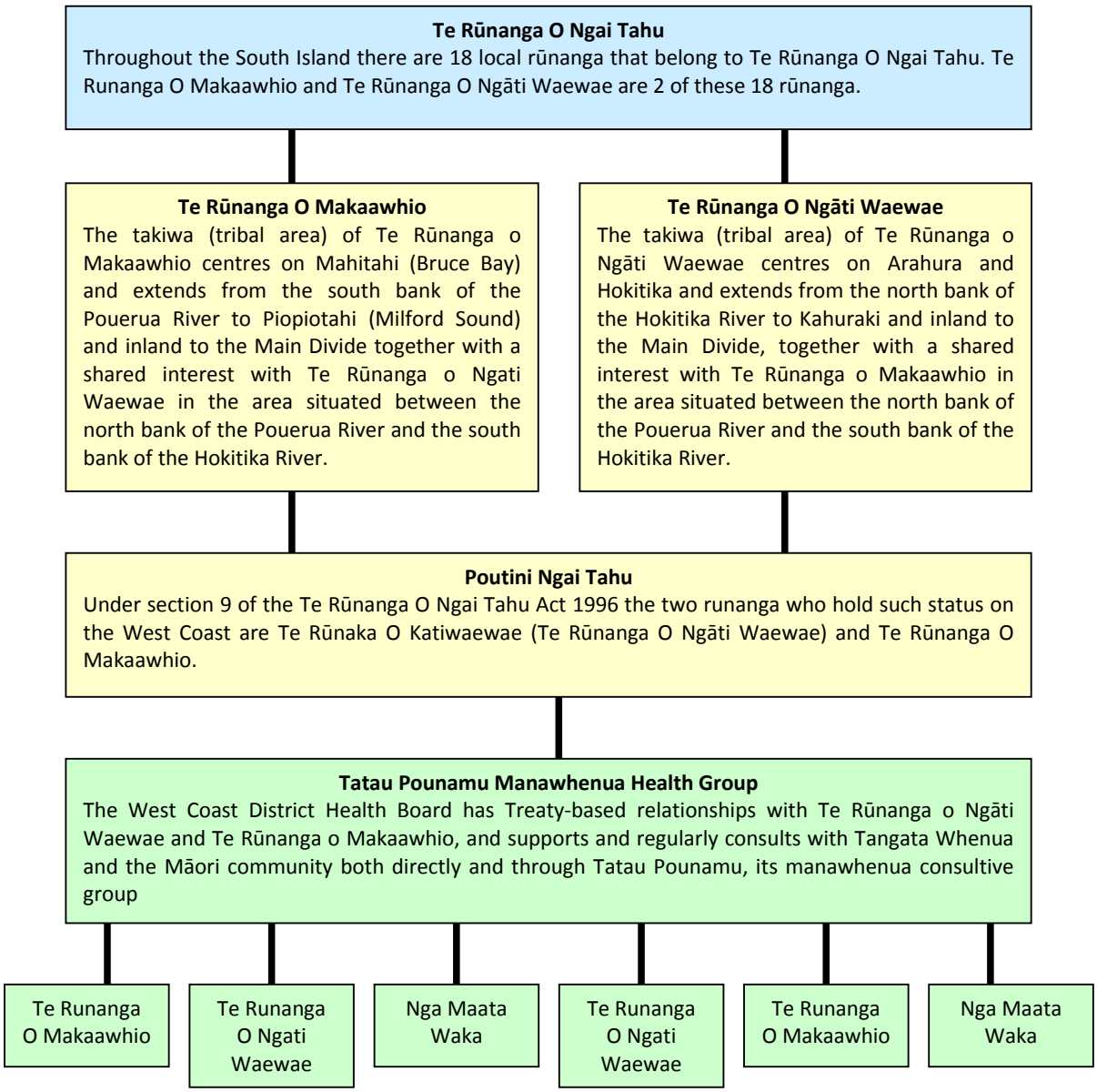
What are the key milestones?

- Employment of Kaupapa Maori Nurses and Kaiarataki in the Integrated Family Health Care Centers throughout Tai O Poutini
- Number of Māori involved in smoke free initiatives
- Memorandum of Agreement established with WCDHB maternity services and Maori Provider
- Reorientation of Māori health services that will better fit with the kaupapa of Better, Sooner, More Convenient Health services
- Ensure effective ethnicity data collection for all patient enrolments and in collation of health care intervention records
- PHO Māori enrolment rates equal to or better than non-Māori rates for each district by June 2013
- Greater uptake of PHO programmes for Māori
- Advancement of kia ora hauora on Te Tai Poutini
- Greater uptake of scholarships by Māori

2.0 Tatau Pounamu Manawhenua Health Group

The West Coast DHB has Treaty-based relationships with Poutini Ngai Tahu; Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. The Board encourages, supports and regularly consults with Tangata Whenua and the Māori community both directly and through Tatau Pounamu. The West Coast DHB will continue to consult with Māori and support Māori participation in the design and development of strategies that focus on culturally appropriate health service delivery for Maori on the West Coast.

Structure of Tatau Pounamu

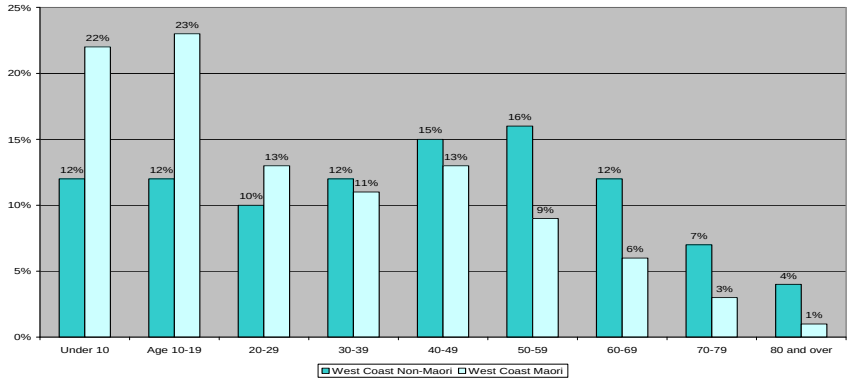


3.0 West Coast DHB Māori population and their health needs

The West Coast DHB has a total population of 32,900[1], of which 10% (3320) identify as Māori – an increase of 5% from the 2006 estimated resident population.

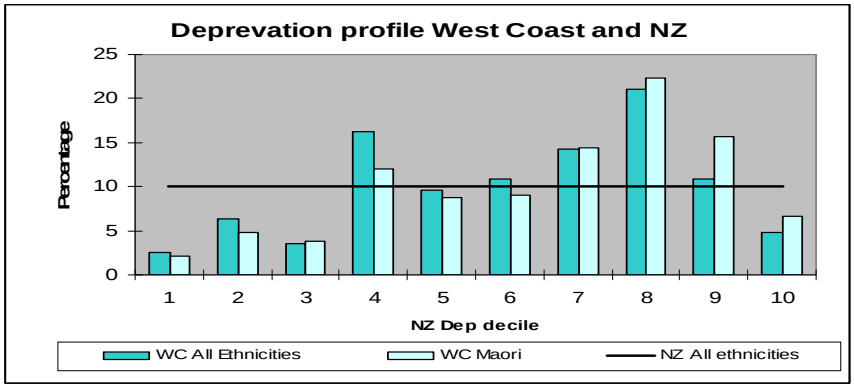
Similar to the national Māori population, West Coast Māori have a younger population age structure. Almost half of West Coast Māori (45%) are under twenty years of age, compared to 24% of non-Māori population. In contrast, 9% of Māori on the West Coast are aged 60 years and over compared to 24% of non-Māori in the same age band.

Figure 1. West Coast DHB Estimated Resident Population as at June 2011[1]



In the 2006 census, the proportion of the population indicating Māori ethnicity increased across all three territorial local authorities and is highest, at 12.1%, in the Westland District, compared to 8.3% in both the Buller and Grey Districts.

The socioeconomic determinants of health, in part, help explain why Māori experience health inequalities across a wide range of measures particularly, life expectancy, disease burden and access to health services. West Coast Māori are under represented in higher deprivation deciles, and over represented in lower deprivation deciles when compared to the West Coast population. Further, the West Coast population is significantly over represented in the lower deprivation deciles and under-represented in higher deprivation deciles compared to the nationally rate for all ethnicities.



Summary of the West Coast Māori Population

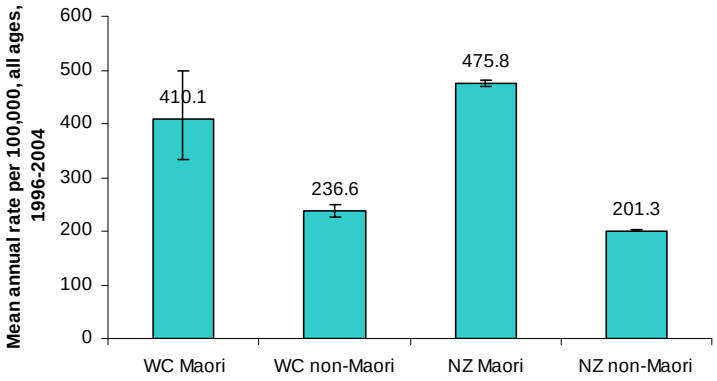
- Māori make up 10% of the West Coast population
- The Westland district has the highest percentage of the community identifying as Māori at 12.1% in the 2006 census
- The largest number of Māori (1,098) live in the Grey District
- The West Coast Māori population is younger than the non-Māori population (Figure 1)
- Just over 12% of West Coast Māori indicated that they spoke Te Reo at the last Census
- West Coast Māori are significantly over-represented in the lower deprivation deciles

[1] Estimated Resident Population at June 2011: Statistics NZ updated November 2011

The West Coast Māori Health Profile

The West Coast Māori Health Needs Assessment (2008) identifies that despite West Coast Māori having a similar social profile to the West Coast Non-Māori they continue to have poorer overall health status. Most notably the 'all cause' mortality rate for Māori is significantly higher than for non Māori on the West Coast. When comparing with NZ Maori the 'all cause' mortality rate of 410.1 per 100,000 (334.1-498.0; 95% CI) for West Coast Maori is not statistically significant to that of NZ Maori at 475.8 per 100,000 (469.6-482.0; 95% CI).at 95% confidence interval.

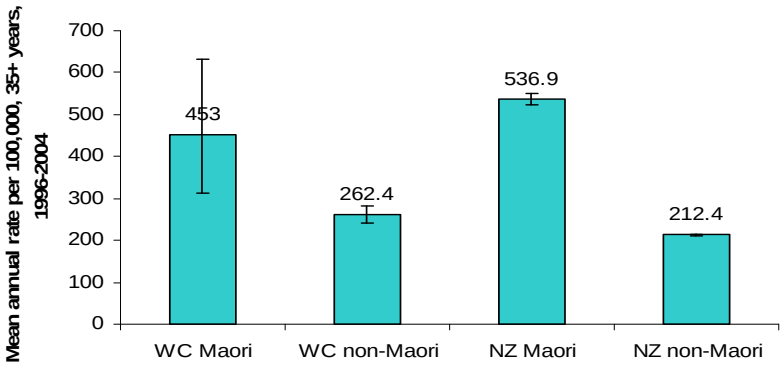
Figure 2. All-cause mortality*



Premature deaths are significantly higher, 55% of West Coast Māori die before the age of 65 compared with 20% of West Coast non-Māori. The leading causes of premature death are heart attacks and ischemic heart disease, cancers of the breast, lung and colon, chronic obstructive pulmonary disease, suicide and motor vehicle crashes.

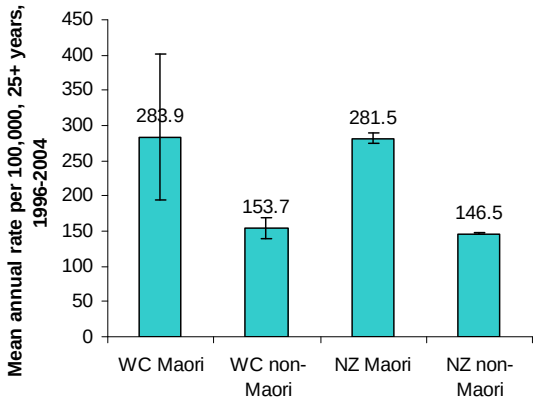
West Coast Māori have a higher burden of cardiovascular disease, including higher mortality rates for cardiovascular disease and higher mortality and hospitalisation rates for stroke. Hospitalisation for cardiovascular and ischemic heart disease however, occur at the same rates as for non Māori suggesting that cardiovascular disease is an important area of unmet need for West Coast.

Figure 3. Cardiovascular disease mortality*



Cancer registration rates are similar for West Coast Māori and non-Māori but cancer mortality is significantly higher among Māori, suggesting a similar incidence of disease but poorer overall outcomes for Māori. Early detection including cervical and breast cancer screening rates are currently similar for West Coast Māori and West Coast non-Māori women however, there have been significant differences in rates in the past and this continues to be an area of focus.

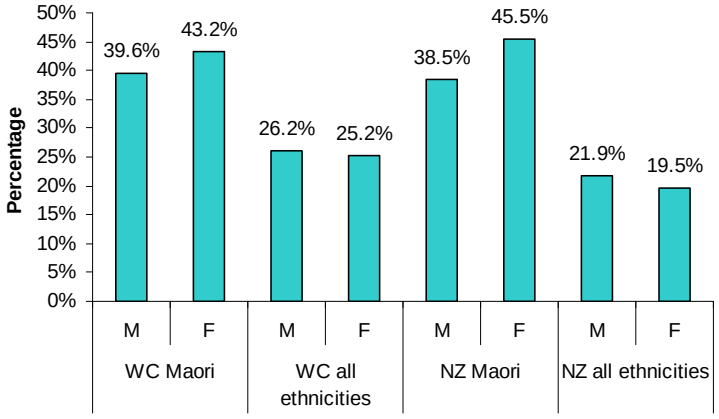
Figure 4. Cancer mortality*



Chronic Obstructive Pulmonary Disease (COPD) is a significant cause of premature death and West Coast Māori have significantly higher rates of hospitalisation for lung disease than West Coast non-Māori.

Concurrently inequalities in the preventative or protective factors against cardiovascular disease, cancer and respiratory disease continue. Smoking prevalence is considerably higher than for the total population, 42% of Māori and 25% of non-Māori West Coast residents were smokers according to the 2006 census. Further, the uptake of smoking among rangatahi Māori continues to be higher than for non Māori youth.

Figure 5. Percentage of current smokers at 2006 Census



Smoking also contributes significantly to complications of chronic conditions such as diabetes. West Coast Māori with diabetes are more likely to smoke than non Māori with diabetes, or receive drug treatment to reduce the risk of complications. Other preventative and protective factors such as CVD and diabetes screening and CVD and diabetes annual reviews are lower for West Coast Māori compared to West Coast non Māori.

Māori do not appear to be over represented among suicide deaths on the West Coast, although small numbers do make it difficult to draw definitive conclusions and suicide is a contributing factor in premature deaths for Māori on the West Coast. West Coast Māori have similar rates of hospitalisation for both mental health treatment and alcohol and other drug related conditions to West Coast non-Māori. However West Coast Māori and non Māori rates are significantly higher than rates nationally.

Tamariki Māori also have a higher burden of disease. Tamariki Māori have significantly lower rate of 5 year olds with no tooth decay, compared to West Coast non-Māori. This rate has been increasing since the Māori Health Needs Assessment was completed however; there is still a significant disparity in disease rates between Māori and non Māori tamariki. Further while there is no significant difference between the rate of hospitalisation for tooth extractions between Māori and non-Māori children, the West Coast has significantly higher rates than the rates nationally.

Inequalities in the rates of preventative and protective factors such as breastfeeding, immunisation and vision/hearing testing are also evident. Although Māori breastfeeding and immunisation rates are increasing and the inequality gap is closing significantly in these two areas.

Inequalities in access to primary treatment and chronic conditions management services also contribute to the overall poorer health of West Coast Māori. At the end of December 2011, 84% of West Coast Maori were enrolled with primary practices[2] Lower enrolment and access to primary care services remains an area of unmet need, despite West Coast Māori enrolments increasing year on year since the Māori Health Needs Assessment was completed there was still a difference of 8% between enrolment rates at June 2011. Further to this enrolled Māori continue to access General Practitioner and Practice Nurse services at a lower rate hence participation in screening, annual reviews, chronic conditions management and primary mental health programmes are also at lower rates.

There are also indicators that some secondary services are not meeting the needs of Māori and currently targeted Māori health services are not meeting their full potential to reduce inequalities and improve health status for Māori.

The WCDHB Māori health needs assessment identifies key areas of unmet health need on the West Coast. Namely:

- Access to primary care services
- Smoking,
- Chronic conditions management/education and prevention,
- Child health
- Mainstream service/treatment effectiveness.
- Mental health and Alcohol and Other drug

4.0 Māori health priorities

Whakatataka sets out to achieve change within the District Health Boards. District Health Board activities are directed at improving Māori health rather than efforts being concentrated on ad hoc programmes and initiatives. It seeks to build on the strengths and assets within whanau and Māori communities.

There are four pathways for action:

Te Ara Whakahaere: Pathway Ahead – Implementing Whakatataka

Te Ara Tuatahi: Pathway 1 – Developing whanau, hapu, iwi and Māori communities

Te Ara Tuarua: Pathway 2 – Increasing Māori participation throughout the health and disability sector

Te Ara Tuatoru: Pathway 3 – Creating effective health and disability services

Te Ara Tuawha: Pathway 4 – Working across sectors

The pathways for action in Whakatataka 2006-2011 continue to be relevant to the West Coast DHB today. The four priority areas that have been identified are building quality data and monitoring Māori health, developing whanau ora-based models, improving Māori participation at all levels of the health and disability sector particularly workforce development and governance, and improving primary health care.

National priority measures include health targets and DHB Performance Measures shown in DHB Annual Plans that have either Māori measures or are significant to Māori health. Regional priority measures include indicators of importance at a regional level and have been determined by Te Herenga Hauora – South Island DHB Māori Health Managers. Local priorities reflect the specific needs of Te Tai o Poutini Māori and have been developed in line with the identified areas of unmet need in the West Coast – Te Tai O Poutini Māori Health Profile and through the implementation of the Better, Sooner, More Convenient Primary Health Care Strategy.

[2] Percentage is calculated using the 2010/2011 estimated resident population as at June 2011 provided by Statistics NZ updated on November 2011.

4.1 National Māori health priorities

ACTIONS 2011/2012			
OBJECTIVE	**OUTPUTS**	**EVIDENCE**	**2012/13 TARGET**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*	
Improve ethnicity data collection/recording in PHO registers	Kaiarataki work with West Coast PHO and primary care practices to ensure accurate ethnicity data collection Include a component of ethnicity data recording training in Maori Health education.	Percentage of Māori enrolled in PHO's A Reduction in the number of enrolled people identified as 'ethnicity not stated'	> 95%
Improve Māori maternal health	Implement the West Coast Breastfeeding Action Plan in conjunction with the WCPHO Agreement signed off between the WCDHB and Maori Provider that formally recognises a partnership approach to developing Maori strategies for maternal health Provide awareness and access for Maori to the WCPHO free lactation consultation across the West Coast District Provide awareness and access for Maori to the WCPHO Mum 4 Mums antenatal support group	Percentage of Māori breastfeeding at 6 weeks and 6 months	81% Maori infants are fully breast feed at 6 weeks. And 32 % at 6 months 65 Maori Mothers referred to lactation support and specialist advice consultants in the community
Improve Māori access to health care	Development of a Māori team within each IFHC that will focus on improving access and health outcomes Kaiarataki work across all health services to increase Māori enrolments and involvement in programmes. Māori Carelink Needs Assessor supports Kaumatua and whānau to access appropriate services Increasing cultural competencies among non-Māori staff Undertake Maori health planning and review of services in the areas Maternal health, cardiovascular disease, diabetes cancer, smoking cessation	Percentage of Māori enrolled in PHOs Kaupapa Maori Nurse and Kaiarataki positions will be implemented in the Buller by July 2012 Reduction in preventable hospital admissions for Māori per 100,000 for Māori aged 0-4, 45-64 and 0-74 – evidence will show comparison between Maori and non-Maori Implement recommendations of the review	> 95% 0-4 < 95 45-65 <95 0-74 <95

ACTIONS 2011/2012			
OBJECTIVE	**OUTPUTS**	**EVIDENCE**	**2012/13 TARGET**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*	
Reduction in the incidence, prevalence and impact of cardiovascular disease for Māori	Establish CVDRA rates for all primary care practices for Maori and non Maori and assist in developing processes that improve Maori enrolment in CVDRA programmes.	Percentage of the eligible Maori population who have had their CVD risk within the past five years, compared to non-Maori population	90%
	Hold outreach clinics aimed at targeting the Maori population who have or are at risk of developing long term conditions	Percentage of Maori enrolled in the Long Term Conditions Programme	Information only
	Kaiarataki and Kaupapa Maori Nurse work across all health services actively seeking to increase the number of Maori seen for cardiovascular assessment		
	Maori Provider prioritise Maori enrolment in cardiac rehabilitation programmes		
	Referral and participation of Maori in Cardiac rehabilitation programmes.	Review numbers of Maori who are referred to, attend and complete Cardiac rehabilitation programmes	
	Continued Maori involvement in a multi disciplinary cardiovascular team – Heart and Respiratory Team		
	Work with and support iwi hapu me whanau to develop initiatives such as Waka Ama and Te whare Oranga Pai HEHA initiatives with the aim of improving the health and well being of Maori. . Setting a good platform for healthy lifestyles	Oranga Pai – Healthy Lifestyles programme is operational	
Improvements in the impact and incidence of diabetes for Māori	Kaiarataki and Kaupapa Maori Nurse work across all health services actively seeking to increase the number of Maori seen for Diabetes Annual Review	Percentage of Māori people who have an annual review of their diabetes annual review.	70%
	Outreach clinics are held aimed at targeting the Maori population who have or are at risk of developing Long term conditions	Percentage of people with diabetes who complete a diabetes annual review and have a HbA1c level less than or equal to 64%	80%
	Continued Maori involvement in the Local Diabetes Team	Maori representation in the Local Diabetes Team	80 %
	Support WCPHO to determine DAR and HbA1c rates by practice for Maori and non-Maori. Work with WCPHO to complete a full evaluation of previous PHO strategies in	Percentage of Maori who have had their Annual Diabetes review and have had retinal screening or an	

ACTIONS 2011/2012			
OBJECTIVE	**OUTPUTS**	**EVIDENCE**	**2012/13 TARGET**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*	
	this area to identify successful programmes or gaps. Promote Long Term Conditions Programmes Work with Maori community to develop healthy lifestyles and disease prevention initiatives.	optomologist examination with the last two years of the check. Oranga Pai – Healthy Lifestyles Programme for Maori is operational	
Cancer is a significant cause of death in New Zealand. Māori have a higher incidence and worse outcomes for cancer than non-Māori (Ajwani et al 2003; Robson, Purdie et al 2010." Reduce the incidence and impact of cancer Reduce inequalities with respect to cancer	Implementation of the Local Cancer Control Strategy Kaupapa Maori Nurses and Kaiarataki work with newly diagnosed to ensure that they have access to navigation services and are supported to access other services available Kaupapa Maori Nurses and Kaiarataki link with and refer to the Maori Cervical Screening Registered Nurse Effective promotion of PHO Navigation service amongst Maori communities Maori Cervical Screening Registered Nurse service is better integrated with primary care services protocols established for referrals Determine current cervical screening rates by ethnicity, age provider and location. Identify effective interventions to improve uptake Implement effective interventions tailored toward populations with low Work across the health sector to improve referrals to screening programmes	Percentage of eligible women receiving Breast screening examinations Percentage of eligible women receiving cervical screening in the last 3 years % of Maori using the PHO Navigation Service Number of Maori supported by the Kaupapa Maori Nurse and Kaiarataki	75% 75%
Increase the uptake of Smoking cessation services for Māori	Māori participate in West Coast Smoke-free Coalition to ensure Māori smoking cessation is prioritised Maori targeted through the ABC programme Implementation of the West Coast Tobacco Control Plan 2011-2014. Joint Maori smokefree framework is established to develop collaborative strategies that aim to reduce levels of smoking amongst Māori	Hospitalised smokers provided with advice and help to quit Current smokers enrolled in a PHO and provided with advice and help to quit 15% of all Māori smokers access smoking cessation support services on an annual basis Maori Provider health	95% 90% 90% 90%

ACTIONS 2011/2012			
OBJECTIVE	**OUTPUTS**	**EVIDENCE**	**2012/13 TARGET**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*	
	All Kaiāwhina are trained to provide smoking cessation advice to Māori Aukati Kai Paipa provider and smokefree staff; - Provide support for Maori to quit smoking - Support Maori Health providers to deliver the ABC intervention, leading to an increase in uptake of smoking cessation services. - Work with primary, secondary and maternity services to ensure staff are aware of the Aukati Kai Paipa programme for Maori clients.	workers are trained and are providing brief advice to clients Smoking cessation support will be provided to minimum of 120 - 150 but not limited to who are ready to set a Target Quit Date (TQD) Maori women who identify as smokers at the time of pregnancy and provided with advice and support to quit	100%
Increase Immnunisation levels for Māori	Outreach clinics are held aimed at targeting Maori immunisation Outreach services targeting Maori are promoted and protocols established for referrals Māori involvement in Immunisation Advisory Group. Kaiarataki and Kaupapa Maori Nurse works with Outreach Immunisation service where appropriate to improve access for Maori in NZDep 9 & 10 areas Kaiarataki and Kaupapa Maori Nurse works with PHO in the delivery of seasonal influenza immunisation services Survey of Maori parents to determine service acceptability.	Immunisation clinics will be held in the community targeting Maori Percentage of two year olds fully immunised Percentage of Maori over 65 who have been immunised for influenza is captured through improved ethnicity data collection. Survey undertaken and report produced with recommendations	3 Outreach clinics held 90% PHO to report and set target

ACTIONS 2011/2012			
OBJECTIVE	**OUTPUTS**	**EVIDENCE**	**2012/13 TARGET**
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*	
Support Māori workforce development to improve the capability of services	• Ongoing Education and up skilling of Kaupapa Maori Nurses, Maori Provider and Allied workforce • Increase uptake by Maori of WCDHB Scholarship Awards Recommendations from the Maori Health Services review provide recommendations in relation to Maori workforce development are implemented	Current number of Maori workforce within the DHB / PHC workforce Number of Maori enrolled in the Kia ora Hauora programme Percentage of scholarship recipients in 2012/ 2013 Identifying per of Maori staff working on the West Coast Clinical Management Administration .	6 25% Information only

4.2 Regional Māori health priorities

Comment – seeking clarification and agreed amendments to these priorities from South Island Maori General Managers

OBJECTIVE	OUTPUTS	EVIDENCE
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*
Review all elective surgery *(Including cardiology & oral health) data to determine whether Māori access rates in Te Waipounamu is comparable to national targets.*	Review elective surgery data by DHB in Te Waipounamu to determine benchmark threshold Establish baseline data and definitions for future monitoring Determine if access to elective services is comparable to Te Waipounamu Māori and Non-Māori populations Determine if access to elective services by Māori in Te Waipounamu is comparable to national rates	Elective surgery data reviewed by DHB in Te Waipounamu Baseline data and definitions are established for future monitoring Benchmark for 2012/2013 Māori elective surgery rates established Comparisons of access to elective service developed against national rates
Increase the number of Māori children aged five who are caries free	Measure the percentage of Māori children accessing school dental health services across Te Waipounamu	Percentage of 5 year olds dental caries free Oral health promotional activities delivered to Māori Nutritional health promotional activities delivered to Māori
Māori Mental Health	Improve pathway planning for Māori mental health service delivery across the region Māori accessing mental health services receive a comprehensive service that supports their health and wellbeing	Establish baseline data using PRIMHD Measure in 2012/13 the level of access by Māori to all mental health services
Whanau Ora	Develop a process that notifies Māori health workers at other DHB's of Māori patient transfers Track the level of care given to Māori whanau transferred from their base hospital to another hospital in Te Waipounamu	Level of care for Māori whanau transferred from their base hospital is tracked Establish baseline data using NHI and IDF's to establish transfer rates Measure in 2012/13 the level of access by Māori to tertiary services
Māori Health Workforce Development	Develop a network of course and development programmes for Māori Service Providers management staff Develop a governance programme for Māori Service Providers' trustees/directors Review national and local primary health care databases for Māori workforce (PHO, NGO sector)	Baseline data established on the regional Māori Health Provider NGO targeting: • Governance • FTE load • Occupation Measure workforce trends in 2012/13

4.3 Local Māori health priorities

OBECTIVE	OUTPUTS	EVIDENCE	2012/13 TARGET
What are we trying to achieve?	*What action will we take to make this happen?*	*How will change be evident?*	
Reduce Health inequalities for Māori living on Tai Poutini	Implement the Better Sooner More Convenient plan including Kaiawhina and Kaupapa Maori Nurses working within Integrated Family Health Systems to increase enrolments and access	Reduction on Ambulatory Sensitive Hospital Admissions. This evidence will include data captured at a district level that will compare non-Māori and Māori ASH admissions Percentage of Māori with diabetes who completed a diabetes annual review and who have an Hba1c of >8% Increasing number of Māori enrolled in LTC management programme.	0-4 < 95 45-65 <95 0-74 <95 80% 150
Improve the effectiveness and responsiveness of mainstream services *To improve the capability of all staff to deliver appropriate health services for Māori and support Māori health as a career path*	Maori Health Planning and Review of Services completed and recommendations agreed Support mainstream staff to understand culturally appropriate approaches through the provision of Te Pikorua and Tikanga recommended Best Practice training. Work with general practice staff to increase awareness of the Māori health plan and to develop processes that aim to improve Maori health outcomes in 2012/13	A plan for the implementation of the recommendations of the review is developed. Number of DHB staff who have completed Te Pikorua and Tikanga recommended Best Practice training Increasing number of Maori enrolled in LTC management programme Maori health care plans are developed and available by June 2012	100
Reorient Māori Health Services to support mainstream services achieve national targets	Work with Māori health providers to implement a whanau-centred system based on individuals, whanau and community empowerment. Increase collaboration between Māori and mainstream providers to implement the *Better Sooner More Convenient* and better meet the needs of Māori and improve Māori health	Percentage of Māori aged 2 fully immunised. Percentage of eligible Māori has a CVD risk assessment every five years. Percentage of Māori patients hospitalised offered advice to help quit Percentage of discharges for elective surgery for Māori A reduction in inequalities between Tamariki Maori and the total population dental caries free at age 5	86% 80% 95% 9%
Implement Whanau Ora through the provision of Integrated services and contracting	DHB participation in the development of Integrated Contract with the Maori Provider.	Integrated contract is in place with the Maori Provider in 2012/2013	

Date: 16-03-2012

Dr Deborah Mason

Consultant Neurologist
Christchurch Public Hospital
MS Study Group
66 Stewart Street
Christchurch 8041

Dear **Gary Coghlan,**

Sub: Maori consultation of the research project titled "A national incidence study of Multiple Sclerosis (MS) in New Zealand"

This is to request your support in obtaining Maori consultation for our study on the incidence of Multiple Sclerosis in New Zealand. This study involves all persons within New Zealand with a new diagnosis of MS as well as anyone presenting with a first demyelinating episode between 1st of March 2012 and 28th of February 2014. We have obtained ethical approval by Multi-region Ethics committee, subject to local Maori consultation and locality assessment.

The details of the project with its relevance to the Maori population, ethics application form and approval letter have been included for your records. If you have any questions or require any further assistance with this please do not hesitate to contact myself or the research co-ordinator Dr Sridhar Alla at the New Zealand Brain Research Institute, Christchurch on 0800 MS STUDY (0800 677 8839). Thank you once again for your help.

Thank you

Yours sincerely,

Dr Deborah Mason
Consultant Neurologist
Christchurch Public Hospital
Phone: 03 364 0947

1. **Applicant (s) Name**

   Dr Deborah F Mason

   Dr Sridhar Alla

2. **Title of the proposed research project**

   A national incidence study of Multiple Sclerosis (MS) in New Zealand

3. **Contact name**

   Dr Sridhar Alla, New Zealand Brain Research Institute, Ph: 0800 677 8839

4. **Postal address**

   MS Study Group, 66 Stewart Street, Christchurch 8011, New Zealand

5. **Email address**

   allsr357@gmail.com

6. **Brief description of the proposed research**

Multiple sclerosis (MS) is a complex neurological disease that affects over 3,000 young New Zealanders. Over 1,000 experience moderate to severe disability and 400 are confined to wheelchair or bed. Advances in understanding the biology of MS support the need for early treatment if the debilitating effects of MS are to be mitigated. World-wide, the incidence of MS is known to vary by region and by latitude and there is evidence that the incidence of MS is increasing, particularly in females. Currently there are no national figures of the incidence of MS in New Zealand. The primary aim of this study is to determine the national incidence of MS by identifying all persons diagnosed with MS between March 1st 2012 and February 28th 2014. In addition all patients will be assessed at entry, and at 6, 12 and 24 months. Accurate, up-to-date data of the incidence and early natural history of MS would serve, not only to ascertain the impact of MS within the New Zealand population, but also predict treatment costs and facilitate the appropriate allocation of resources. This would be the first ever population-based study, of early MS and internationally, would be used to inform evidence-based recommendations for health care.

7. **Research process and cultural issues**

This is a prospective, nation-wide population-based observational study with follow-up at 6, 12 and 24 months. Based on our previous research of prevalence of MS in New Zealand (Taylor et al, 2010), the Ausimmune study (Lucas et al, 2007) and information from the New Zealand MS Society, we expect to identify between 150 and 200 persons with a first demyelinating episode in NZ. Complete case ascertainment will be assured by multiple overlapping sources of information of all new hospitalised and non-hospitalised cases in New Zealand, during a 24 month period from March 1st 2012 to February 28th 2014. We will utilise the patient

identification process of the national MS Prevalence study (Taylor et al, 2010). These will include:

- Private and public neurologists' records. All neurologists approached about this study so far have agreed to participate
- Multiple Sclerosis societies at both local and national levels.
- GP's and local health care workers particularly in areas with poor neurologist cover.
- Hospital discharge coding.
- Radiology reports.
- Special diagnostic services: i.e. Laboratories performing CSF analysis.
- Visual evoked potential reports: there are only 5 sites in New Zealand performing these studies.
- Specialist Neuro-Ophthalmology clinics.
- NHIS data of all cases of demyelinating syndromes. (Code: G35-G37 according to the International Classification of Diseases-10).

This study will potentially include all ethnic and cultural groups of New Zealand although MS is rare in persons of Maori origin; and extremely rare in pacific peoples and uncommon in Asian populations (Taylor, 2010). As this is an observational study. We do not foresee any potential cultural issues arising from this research.

8. Sampling framework

Ethnicity will be self-identified by the use of definitions from the 2013 New Zealand Census. Privacy considerations mean that the holders of information on people with demyelinating syndromes cannot provide us with the names and addresses of people directly. We will ask the holders of such information to identify people with demyelinating syndromes between 1st March 2012 and 28th February 2014 and to assign each individual an ID number for the purposes of this research. The ID number will incorporate the person's date of birth [dd/mm/yyyy], sex [M or F] and initials (first initial of first name and first initial of surname). Thus, the ID number for a female named Mary Jones, who was born on 2 June 1965 would be 02061965FMJ. We will ask the holders of information to forward ID numbers assigned in this way to us. We will record the ID numbers, and ask the holders of the information to forward a letter to each individual on our behalf asking if they would be prepared to take part in the study. Thus, the ID numbers will allow us to approach people without any identifying details being released to us, and allow us to detect people who are identified through several sources. This means we can avoid duplicate requests being sent. People, who contact us directly, will be assigned an ID number by the research team.

According to the National Prevalence of Multiple Sclerosis published in 2010 the prevalence of MS among Maori is low, 17.5/100,000 compared with Europeans 73.1/100,000.

9. Relevance of the proposed research to Maori generally

It is suggested by previous NZ incidence studies that Maori have a lower incidence of MS than persons of non-Maori origin. This may indicate a protective genetic effect of Maori heritage. Therefore we will measure age specific incidence rates of MS in Maori and non-Maori populations. Otherwise as this is an incidence study, there will be no difference in assessment between ethnic groups and all groups will have equal access to the study if they meet inclusion criteria. All data on ethnicity will be collected as anonymous unique identifier information. No person will be able to be identified in any report or presentation of this study. As a consequence all data will be analysed together with ethnicity as one of the co-variants.

This disease whilst rare in Maori affects about 61 people of Maori descent in NZ. Identifying factors which may help predict those who are more likely to develop disability will allow treatments to be targeted to those who may benefit most including Maori. Our research by including Maori will improve treating physicians understanding of demyelinating disease as it effects the Maori population with the potential for improved health outcomes. We expect to identify 5-8 persons with MS per year in the Westcoast DHB region, out of which there may be 1-2 persons with a Maori origin.

The results of this research will be actively disseminated to all Maori groups who have participated or indicated their interest in the project, and be presented at a Hui if requested. It is intended that results from this study will be published in a leading medical journal.

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5. Sellner J, Kraus J, Awad A, Milo R, Hemmer B, Stüve O. The increasing incidence and prevalence of female multiple sclerosis-A critical analysis of potential environmental factors. Autoimmunity Reviews. 2011;10(8):495-502.

6. Skegg DCG, Corwin PA, Craven RS. Occurrence of multiple sclerosis in the north and south of New Zealand. Journal of Neurology Neurosurgery and Psychiatry. 1987;50(2):134-9.

7. Taylor BV, Pearson JF, Clarke G, Mason DF, Abernethy DA, Willoughby E, et al. MS prevalence in New Zealand, an ethnically and latitudinally diverse country. Multiple Sclerosis. 2010;16(12):1422-31.

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Nau mai Haere mai

HUI

The West Coast District Health Board invites you to discuss the implementation of the Integrated Family Healthcare Centre in Kawatiri

Date: 16th April 2012
Time: 1 pm
Location: Salvation Army Hall
Henley Street
Westport

Supported by Kawatiri Maori Women's Welfare League Westport

TATAU POUNAMU – MAORI HEALTH ADVISORY COMMITTEE UPDATE

TITLE	WARM UP WEST COAST – HEHA & SMOKEFREE UPDATE
PREPARED BY	Claire Robertson
DATE	4 April 2012

Warm Up West Coast

During this reporting period information regarding the Warm Up West Coast project was distributed to schools and ECE's on the West Coast with the help of the Health Promoting Schools Team at C&PH, as well as including flyers in the B4 School Check packs.

Data below as of 4 April 2012

1. Applications Received

	Number
Applications received by Healthy West Coast	230
Applications forwarded to The Insulation Company	192
Applications to be processed	12
Number of applicants declined *	26
Number of homes insulated	97

2. Ethnicity

Ethnicity	**No. of applications forwarded to The Insulation Company (/192)**	**Percentage**
Maori	23	12%
NZ European	164	85%
Other	4	2%
Unknown	1	0.5%

Smokefree

ABC – Secondary Care

Quarter 3 Results to-date:
January 2012 – 86% (Maori 90%)
February 2012 – 96% (Maori 92%)

The percentage of smokers given support to quit continues to increase each month (December 83%), with February being the first month of 2011/12 the health target of 95% has been met. Most wards within the DHB are now regularly achieving 100% or close to for ABC, it is important support is continued in these wards but the focus of the smokefree staff will be to bring all wards to this standard and then sustain this positive change. Visibility of the smokefree staff and ABC message will continue to be a priority and identifying training gaps for to result in an increase in our quarter 3 result.

ASH Results – Year 10 Survey Results 2011

The Year 10 ASH smoking survey results were released 1 March 2012, showing a drop in youth smoking. The group making the biggest strides nationally were the 14-15 year old Maori females, historically the group with the highest rates of smoking. Their smoking rates have dropped dramatically from 16.3% in 2010, down to 11.3% in 2011.

Key findings – Maori and non-Maori:

- 10.3% of Maori and 2.7% of non-Maori students were daily smokers in 2011.
- 9% of Maori boys and 11.3% of Maori girls were daily smokers. 2.4% of non-Maori boys and 2.8% of non-Maori girls were daily smokers.
- 18.1% of Maori and 5.8% of non-Maori students were regular smokers.
- 46.2% of Maori and 76.4% of non-Maori students were never smokers.
- 47.8% of Maori boys and 44.8% of Maori girls were never smokers. 76.8% of non-Maori boys and 76% of non-Maori girls were never smokers.

West Coast specific figures in table below and comparisons to Nels/Malb DHB & CDHB.

	Nels/ Marlb 2011	Canty 2011	**West Coast 2011**	West Coast 2010	West Coast 2009	West Coast 2008	***West Coast 2006***	***West Coast 1999***
Daily Smoking %	3.8	3.8	**4.3**	10.4	5.9	3.2	***8.8***	***22.5***
Regular Smoking %	7.6	6.8	**7.1**	20.8	9.8	9.6	***13.7***	***36.4***
Never Smoking %	71.4	73.7	**74.5**	40.9	60.8	58.4	***49.9***	***25.7***
Daily smoking Girls%	4.8	3.9	**5.8**	11.9	7.1	3.6	***12.4***	***27.8***
Daily smoking boys %	2.7	3.9	**2.8**	8.6	4.4	2.9	***5.0***	***18.1***
Regular smoking girls %	8.6	7.3	**8.6**	23.8	8.9	12.5	***15.3***	***45.2***
Regular smoking boys %	6.3	6.4	**5.6**	17.1	10.9	7.3	***12.0***	***29.0***
Never smoking girls %	70.9	74.6	**74.8**	39.3	55.4	55.4	***45.3***	***20.9***
Never smoking boys %	71.9	72.7	**74.1**	42.9	67.4	60.9	***54.7***	***29.7***
Number of participants	1020	3572	**282**	154	102	125	***329***	253

HEHA

WCDHB are yet to hear about the future of HEHA funding with the contract ending 30 June 2012.

Breastfeeding

Breastfeeding education days were held in Westport and Greymouth in March. These were facilitated by Carol Bartle an international speaker on breastfeeding. The topics included an update on the latest breastfeeding research and also covered issues that were identified by the community Lactation Consultants as problem areas for mothers on the West Coast. Health professionals from both primary and secondary as well as organisations who work with families took part. A total of 49 attended the workshop (Westport – 14, Greymouth – 35).

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 Ngati 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

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

Te Rūnanga o Ngāti Waewae

Te Runanga 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 Tahi

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 Tahi

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..... FRANCOIS TUMMING .....

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

For Te Runanga O Ngati Waewae

Name..... Paul Madgwick .....

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

For Te Runanga O Makaawhio

Name..... Kim Colman P McCORMACK .....

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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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 it's 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 K Wallace

Chairperson ..... Date 27/7/2011

Tatau Pounamu

Name DAVID MEATES

Chief Executive Officer ..... Date 27/7/11

West Coast District Health Board

Witnessed by ..... Date 27.7.2011

Name Ben Hutchinson

TATAU POUNAMU CORRESPONDENCE FOR MARCH/APRIL 2012

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
No correspondence			

MINISTRY OF HEALTH CORRESPONDENCE

Date	Sender	Directorate	Addressee	Title
No correspondence				

PUBLICATIONS AND NEWSLETTERS

Date	Sender	Addressee	Title	Issue No
No correspondence				

TATAU POUNAMU
MANAWHENUA ADVISORY GROUP
2012 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 23 February	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Wednesday 11 April	1 pm – 3pm	Arahura Pa, Arahura
Thursday 24 May	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Wednesday 11 July	1 pm – 3 pm	Westport Motor Hotel, 207 Palmerston Street, Westport
Thursday 23 August	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 11 October	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 22 November	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

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: *(Attach Invoice if GST inclusive)*
MILEAGE REIMBURSEMENT		
Date	**Journey *(Please include reason for journey)***	**Mileage Claimed**
OTHER EXPENSES CLAIMED		
Date	**Details of Expenses *(Please attach GST Documentation supporting your claim)***	**Amount**
TOTAL REIMBURSEMENT		

The details above are true and correct, signed:

_____
Committee Member

Signed and approved: _____
Committee Chair