

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

23 March 2017

@ 10.00am Board Room, Corporate Services West Coast DHB

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Lisa Tumahai (Chair) Te Runanga O Ngati Waewae	<p>Directorships</p> <ul style="list-style-type: none"> Chair - Arahura Holdings Ltd 2005 – currently Chair -Te Waipounamu Maori Heritage Centre 2006 – currently <p>Committees</p> <ul style="list-style-type: none"> Te Waipounamu Maori Cancer Network Committee 2012 - currently Te Taumata to Te Putahitanga o te Waipounamu General Partnership Board. Te Runanga O Ngati Waewae Incorporated Society 2001 – currently Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently) Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently <p>Trustee</p> <ul style="list-style-type: none"> West Coast PHO 2013 – currently Poutini Waiora – April 2013 - currently Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently) Te Poari o Kati Waewae Charitable Trust – (2000 – currently) Husband Francois Tumahai.
Francois Tumahai Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> Chair, Te Runanga o Ngati Waewae Director/Manager Poutini Environmental Director, Arahura Holdings Limited 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 Management Committee Co-Chair Poutini Waiora Board Member, Grey District Council Creative NZ Allocation Committee Member, Buller District Council Creative NZ Allocation Committee Trustee, Westland Wilderness Trustee, Westland Petrel

Member	Disclosure of Interest
	<ul style="list-style-type: none"> ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board ▪ Wife is Lisa Tumahai, Chair ▪ Board Member of West Coast District Health Board
Gina Duncan Kawatiri	<ul style="list-style-type: none"> ▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream ▪ Buller High school Iwi Representative, Board of Trustee ▪ Contract Advisor for Te Putahitanga o Te Waipounamu
Wayne Secker Mawhera	<ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee
Paul Madgwick Te Runanga o Makaawhio	<ul style="list-style-type: none"> ▪ Chairman, Te Runanga o Makaawhio ▪ Editor - Greymouth Star, Hokitika Guardian, West Coast Messenger. ▪ Board member, Poutini Waiora
Susan Wallace Te Runanga o Makaawhio	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League ▪ Member, Te Runanga O Ngati Tahu (TRONT)

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING Board Room West Coast DHB Thursday 9 February 2017 3.00 – 6.00pm

PRESENT:

Lisa Tumahai, Te Runanga o Ngati Waewae (Chair)
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Susan Wallace, Te Runanga o Makaawhio
Elinor Stratford, Board Representative
Gina Robertson, Maori Community Kawatiri – VC from Buller

IN ATTENDANCE:

Kylie Parkin, Maori Health Team
Philip Wheble, Acting General Manager Grey/Westland
Claire Robertson/Cheryl Brunton – Community Public Health Update
Trudi Thompson – Kia ora Hauora Update
Karen Bousfield, Director of Nursing

APOLOGIES:

Wayne Secker, Maori Community Mawhera
Gary Coghlan, General Manager Maori Health

MINUTE TAKER: Megan Tahapeehi, Maori Health

KARAKIA

Susan Wallace

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

- **Remove:** Susan Wallace from member of Canterbury DHB.
- Elinor Stratford advised that this will be the final meeting.
ACTION: Follow up from Kay as to formal process of next appointment

2. MINUTES OF THE LAST MEETING

Moved: Susan Wallace **Second:** Francois Tumahai

Carried

3. Carried forward/Action List Items

Whanau Ora

On going.

DNA Update

Carried over April Meeting.

Improved Access to Hokitika Services

On going.

Rangatahi

Mokowhiti Consulting updating today.

Hospital Rebuild Update

Dual signage. Tatau Pounamu continue to request that provision be made in the Wayfinding Strategy for Te Tai o Poutini to incorporate a level of dual signage and would like a response regarding the timeframes. A request was made for the strategy to be sent out to members so that they could review more thoroughly.

A meeting seeking clarity around the strategy was held unfortunately only one person, the Chair from Ngatiwaewae Runaka attended. The strategy was reviewed and a better understanding of the rationale around wayfinding was gained. The member who attended was keen to present the strategy back to his Runaka for feedback. The conversations had at this meeting were around the areas we can have input with no issues, what areas can we capture for potential development and what areas are no go. There was also discussion around other opportunities that exist externally and internally i.e. glazing etc. It is not an expectation that everything has dual signage but there are certainly key areas where dual signage does need to be reflected.

A discussion took place about the ability to utilise the significant skill base within Ngai Tahu to ensure consistency with Te Reo throughout the Ngai Tahu rohe.

ACTION: Copies of the Wayfinding Strategy to be provided to Tatau Pounamu members and a request for further consultation and engagement around the dual signing.

Mental Health Update

Operations Manager

- Currently going through the recruitment process
- Key that this role understands who are the stakeholders that they need to engage with
- Tatau Pounamu members will have an opportunity to engage with the shortlisted applicants

Project Leader

- Currently going through the recruitment process
- again key stakeholders will be engaged at the earliest opportunity

Tatau Pounamu members requested an up to date list of the mental health working groups and advisory committees and who sits on these groups/committees.

ACTION: A list of the groups and its members and the function of these groups to be provided and confirmation of the reporting structure (if any currently) for these working groups.

Grey/Westland Update

- Home Based Support has been undergoing significant change around contracted staff members. This is an investment in the community. Continue to ensure we provide clear communication to clients and families.
- Orthopaedics – the shortage of surgeons continues to be a challenge for this service.
- Significant pieces of work around models of care are occurring within the Primary & Community Project. Reefton has just gone through a proposal for change in transforming services to be more

integrated. Reefton as a single integrated service under one banner. Learnings from this will be informative when we look at larger areas such as Buller and Grey.

Alliance/Workstream Update – Phillip Wheble

- Taken as read.

Takarangi Cultural Competency 2017/18

- Next steps are the implementation plan.
- Looking at the first hui in June/July. This hui will be targeting senior clinicians and some management and the next tier
- Looking to build local capacity in the delivery of the programme over time.

Tatau Pounamu members continue to support the programme and concept but wanted to ensure manawhenua were fully engaged particularly in protecting local tikanga.

In moving forward clarification is requested around the transition phase as we build local capacity.

ACTION: The Takarangi Development Group engages with Manawhenua

Maori Mental Health Kaumatua Appointment

Discussions have occurred regarding this and a number of positive opportunities were discussed with Susan Wallace, Francois Tumahai and Gary Coghlan. The Maori Health Team will advise as to the next steps required to progress.

A G E N D A

1. GM Maori Update

Maori Health Planning

- The requirement for stand alone Maori Health Plans has been replaced with an Equity focus
- The planning timetable does not include engagement with Tatau Pounamu
- The equity expectation is good but will require robust data collection and reporting

ACTION: Tatau Pounamu to be included in the planning timetable, And invite Melissa McFarlane to the next meeting.

Tatau Pounamu members also asked how are we going to ensure that the accountability and measurement is going to be monitored? And do we trust the heat tool and will this provide the outcomes of these inequalities? There needs to be a strategy to ensure that key people are using the heat tool accurately.

At the next Tatau Pounamu meeting on the 23 March there will be a draft for discussion. Expect to see threaded through every section referencing to Maori Health and equity outcome measures within those sections. Important to see the key indicators with references to Maori.

It is important to maintain our local actions from 16/17 around Healthy Lifestyles, suicide prevention and oral health.

Rangatahi Placement Updates

Trudi Thomson and Cazna Luke from Mokowhiti Consulting teleconferenced into the meeting to provide an update on the upcoming Kia Ora Hauora Rangatahi Placement scheduled for the West Coast from the 27-29 March.

The Annual report that was provided gave an indication of numbers registered, iwi, level of education, health pathway etc. Tatau Pounamu requested this data be broken down by region domicile.

It is important that some of our local champions on the ground are engaged in this kaupapa and are up to date with the opportunities for local rangatahi. This is another way of getting the message out wider into the community and not just through the schools.

It was suggested that a hui be arranged on the 28 March after the local placement with Mokowhiti Consulting and local champions to start engaging with a wider local audience.

ACTION:

- **Data broken down by domicile (regions)**
- **Activity Calendar**
- **Year 9/10 Resources – Information Pack**

Community Public Health Update

Report taken as read.

Oranga Ha Tai Poutini (Smoking Cessation) – There has been a great response to the new service and social media has been extremely successful with a very high number of referrals coming through the use of Facebook. The shared space with Poutini Waioara in the Buller is working really well.

Alcohol Health Promotion Space – Nathan Mikaere Wallace visiting secondary/area schools. Good engagement. NZ Police are involved in this and there will be ongoing engagement and strategy work undertaken as a result of these hui.

Additional Updates

Food Security Work – Looking at working with partners on the West Coast. What are some tools within the community? There will be a workshop shortly with agencies with the aim of broadly discussing and getting a better understanding of the issues and defining food security and what we will be doing in this space. The hui will take place at the end of April.

Mental Health Promotion – Wellbeing. Colleagues around the South Island within Public health units are working together on what generates well being in the community and how a framework can be created. What does this look like locally, who are some champions. Extending to council, community leaders, wave length. A two year project. Is “not bad good enough”?

Maori Mens Health – there have been a number of approaches from males within the 20-40s demographic wanting to talk about wellbeing, mates looking after mates etc. Community Public Health are seeking some guidance and leadership from Tatau Pounamu as to some potential approaches to creating a network for this group of men. A suggestion of a Mens breakfast with key speakers and encouraging check ups etc. The Chair emphasises collaboration with key providers and looking at these groups to form a collaborative

approach for Whanau ora or co-investment opportunities. An opportunity to build projects. A member also asked if there was a list of key male navigators working within teams in the sector.

The success of this will be having it led by Tane . A suggestion was made to look at the Tane Ora initiatives. Engagement with Carl Huchby and Ned Tauwhare on any potential projects would be beneficial.

Meeting Finished at 5.30pm

MATTERS ARISING FEBRUARY MEETING 2017

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	9 February 2017	<p>Whanau Ora The purpose of these discussions is to have an outline of the use of language and what direction we should be using this in.</p> <p>Poutini Waiora are currently working on their Maori Health Plan that details their definition of Whanau Ora. Once completed this could come to Tatau Pounamu to have further discussions.</p> <p>Ongoing</p>	Chair	March Meeting
2.	9 February 2017	<p>DNA Update Invite the new Central Bookings Manager, Candice Togia to a meeting in the new year.</p> <p>Ongoing work and discussions continue in this area.</p>	General Manager, Maori	March Meeting
3.	9 February 2017	<p>Improved Access to Hokitika Health Services This discussion is more about being specific around this service and how we can improve access to the whole system. The DHB is working to do community meetings not just with Hokitika but the wider West Coast.</p> <p>Ongoing.</p>	General Manager, Maori	March Meeting
4.	9 February 2017	<p>Rangatahi The 2017 placement has been confirmed with West Coast DHB from the 27-29 March. All key departments and organisations have been scheduled for this visit.</p> <p>Mokowhiti Consulting are continuing to engage with the DHB and key contacts and relationships are continuing to be established to ensure a full coverage of opportunity is reached for all rangatahi and whanau across the West Coast.</p>	General Manager, Maori	March Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
6.	9 February 2017	Hospital Rebuild Discussions continue with the Wayfinding strategy. Further hui and consultation to happen with local iwi and hospital rebuild team around duel signage.	Francois Tumahai/Susan Wallace/Lisa Tumahai	March Meeting

DISCUSSION ITEMS

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **23 March 2017**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The verbal and in person updates from the following:

- Wayfinding Strategy – Laura Alione, Margot Kyle, Pradu Dayaram
- Takarangi – Wayne Blissett
- Annual Planning Update – Melissa McFarlane

2. RECOMMENDATION

That Tatau Pounamu Advisory Group notes the updates.



The Takarangi Competency Framework

These are the essence statements especially interpreted for use with Ngā Pūkenga Ahurea (the 14 competencies) of the Takarangi Competency Framework

ARO MATAWAI

Assessment and on-going monitoring

- The on-going assessment and planning processes undertaken by Māori practitioners.
- Assessment and planning processes are informed by a Māori world view.
- The ability to conduct simultaneous multiple assessments in a range of situations.
- The investigation, observation and analysis of dynamics with tangata whaiora and whānau.
- Should promote partnership, transparency and participation with tangata whaiora and whānau.

PŌWHIRI

Transactional engagement

- Pōwhiri is an effective and continuous process for individual or group engagement which can be undertaken in any situation.
- There are different kawa and approaches to formal Pōwhiri and these should be informed by local iwi.
- Pōwhiri assists in the negotiation of a safe space for discussion to take place.

TĀTAI

Effective documentation

- Support the effective documentation of Māori processes and interactions.
- Encourage the use of Māori models and Te Reo Māori in tangata whaiora service documentation.
- Documenting formulations and considerations in care and intervention planning.
- Promotion of transparency in documentation with tangata whaiora and whānau.

AHU WHENUA

Consideration for the use of the environment

- Recognition of the importance of te taiao and the service environment in the healing process.
- The use of Māori models of practice.
- He tangata ahu whenua.
- Toitū te whenua, toitū te mana, toitū te tangata.

TUKU ATU TUKU MAI

Reciprocity

- The spirit and practice of generosity and reciprocity between tangata whaiora, whānau and kaimahi.
- Recognises the contributions of all in the creation of a harmonious and productive environment.

MIHIMIHI

Structured Communication

- A process of introduction and communication which establishes the unique Māori recognition and intimacy required to communicate effectively and appropriately.
- A requirement is established to uphold tikanga during communication.
- In this context, Mihimihi can be used to establish an understanding of roles.
- Important to assist in the transition from hui to other experiences.

WHAKAWHANAUNGA

Multiple system dynamics

- Recognition of the interconnectedness and relationships, particularly between whānau, hapū and iwi. Identity of self is through others.
- Whakawhanaunga concerns itself with the process of establishing and maintaining links and relationships with others (including but not limited to whānau toto).
- Promotion of inter-sectorial working and a multi system approach to working with whānau to achieve ora.

MANAAKI

Honouring and respecting

- To be involved in activity that enhances the mana of others – tangata whaiora or colleagues.
- He mana tō te kupu: te mana-ā-kii.
- To promote the active hosting and support of tangata whaiora and whānau.
- A kaupapa Māori service characteristic for both tangata whaiora, whānau and kaimahi.

NGĀKAU MAHAKI

Unconditional, positive regard

- Peaceful acceptance, openness and empathy.
- Accepting that everybody has whakapapa and mana.
- Promotion of destigmatisation practices and active demonstration of respect for others.
- Promotion of advocacy and quality practice.

AROHA

An empowering action

- An emotional engagement with a person, context or situation which most often manifests as compassion, healing and self-love.
- Aroha includes making tough decisions that are in the best interests of tangata whaiora and whānau, such as admission or cancellation of leave.
- The active use of encouragement, motivation and review in practice with tangata whaiora and whānau.
- Recognition that Aroha is both passive and active.

KARAKIA

The means by which spiritual pathways are cleared

- Effective engagement in a therapeutic milieu so that the process of transition – making ‘space’ for tangata whaiora, whānau and kaimahi can occur.
- Understanding there are different types, forms and approaches to Karakia: it’s not about religion.
- To promote the role of Karakia as fundamental in the care for ‘self and others’.
- Note: It is as much about the how it is spoken and the ‘spirit’ in which it is given. “Kia whakatau i te mauri”

TAUTOKO

Effective support

- The promotion and encouragement of effective support mechanisms for tangata whaiora and whānau.
- Promotion that support is structured and targeted to recovery goals.
- Recognition that support practices are sometimes hard.
- Tautoko (individual or kaupapa) provided responsibly, can be an active or passive process.

TE REO

Effective Communication

- To promote and use Te Reo Māori as an essential component of healing.
- Kei roto i te reo he rongoa hei mirimiri i te hinengaro, i te wairua i te mauri hoki.
- Whakamanatia te reo, kia tika te mahi.
- To promote a support system between kaimahi to assist the development of Te Reo Māori.

WHAKANGAHAU

Celebrating effective transition and service

- Celebration of achievements in recovery journeys.
- Promote understanding of backward ‘shifts’ in progress as an opportunity to review and plan.
- Support Whakangahau practices as an essential kaupapa Māori service characteristic.

Takarangi Competency Framework

Fact Sheet

He mihi

E piki ana taku pikitanga ki ngā maunga kōrero,
Ka tū, ka mihi, ka toro mātakitaki ake atu
ki uta, ki tai, ki runga, ki raro,
Ki ngā tihi whakataratara e tū whakatahuri ai i te hau mātao
i whea kē!

Ngā homaitanga i ngā kete o te wānanga,
i te tēpu kōrero o te wā iti nei,
Koutou tē kitea o naiane rangi, kā mihi!
E te tākohatanga i te puna ō!
Mauri Ora ki a koutou!
Tātou te pātōtōtanga i te tatau ki apōpō
Maranga ake ra!

He kohinga kete, He kohinga wānanga,
He kohinga moemoeā
Nei ra e takoto ana... E huri!



Takarangi: The benefits

The Takarangi Competency Framework provides a yardstick against which practitioners in the alcohol and other drug, problem gambling and mental health sectors can measure their professional capacity, capability and personal competency to work with Māori. The framework also provides a basis for creating workforce and service development pathways for individuals and organisations. The Takarangi Competency Framework is an important tool to assist in the development of competent practitioners working towards whānau ora. Here are some things people have said about the Takarangi Competency Framework,

“It reinforces my practice”

“Tino pai rawa mō te matauranga Māori tika”

“A way of understanding or giving reason to why I practise the way I do as Māori”

“Will awahi my mahi”

“It validates principles that underpin Māoritanga and intertwines these principles in practice”

“Thank you for inspiring me”

Te Takarangi: The symbol

Takarangi is an intersecting spiral pattern used in carving. It uses spaces to separate solid spirals; it is the space that allows us to see the spirals. For some, the open spiral represents the entry of light and knowledge into the world and depicts the linkage of man with wairua. For others, the spirals represent past knowledge and experience linking through time and space with the present. On the prow of waka they provide added stability and balance allowing wind and wave to pass through.



This is the carving found on the Auckland Māori Mental Health Service whare Manawanui. It depicts the Ngāti Whatua tupuna Kawharu and the Takarangi spirals on either side represent balance.

In the context of this competency framework, the Takarangi represents the fusion of cultural and clinical elements in practice. It is a reminder that when working with Māori, practice that is often considered clinical, needs to sit in a context that is Māori. In 2005, carver Tukaki Waititi (Ngāti Hine/Te Whānau-ā-Apanui) introduced the group who had been brought together by Ngā Manga Puriri to the Takarangi. After exploring the Takarangi symbology, the group was better able to articulate competency as the fusion of integrated elements as opposed to the intersection of two separate skills sets and knowledge codes. The Takarangi representation demonstrated the interdependence of Māori values and practices and clinical application and so was adopted from that point on.

Takarangi Competency Framework (TCF) Development Group



The Development Group has assumed the role of roopu Kaitiaki for the TCF, protecting its integrity, its history and future development.

L-R: Titari Eramiha, Nellie Rata, Moe Milne, Delaraine Armstrong, Te Puea Winiata, Dr. Paul Robertson, Salvesta Leef, Pam Armstrong.
Photographer Terry Huriwai

Whakataukī

During the development of the Framework, this whakataukī was given by Whaea Nellie Rata at Te Moemoeā Conference Centre. These few lines encouraged the developers of the Takarangi Competency Framework to find solutions (rather than to dwell on problems) and to keep working for the benefit of those to come.

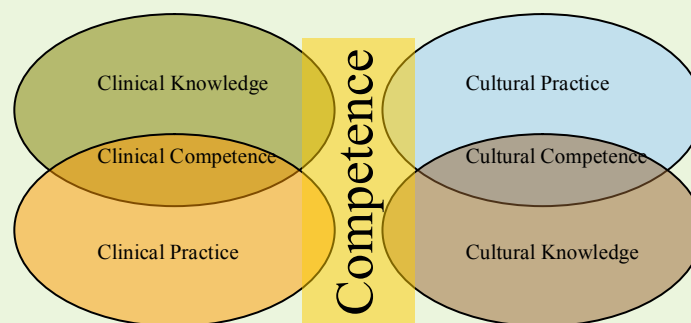
Tāhia te ara kia kitea ai te huarahi
Ahu atu te mata ki te Ao Mārama
kei kona ngā uri whakatupu
kahore ano i whānau mai
e tatari mai ana ki a koe

Clear away the obstacles so that the
pathway forward may be seen.
Turn your face to the world of light,
for there the unborn generations
are waiting for you.

Competence: A Māori perspective

An important component of competence is knowledge. For many Māori, the origins of knowledge and its transfer comes from the story of the ascension to the heavens for the three baskets of knowledge. Often the story of the journey only concentrates on the kete of knowledge he acquired, however the story is also very much about wānanga. It reminds us that competence is the convergence of knowledge and practice.

Competence through Cultural and Clinical knowledge and practice.



Developing the Takarangi Competency Framework

Once the conceptual model was achieved the group moved on to developing the competencies, developed with the intent of supporting kaimahi to enhance their competence in a consistent and considered manner. Aware of previous work and the need for more specific descriptions of practitioner competencies, Wayne Blisset and Moe Milne were commissioned by Auckland District Health Board Māori Mental Health Services and Matua Raki to develop the competencies - Ngā Pūkenga Ahurea.

The Takarangi Competency Framework focuses on demonstrated practice rather than just knowledge. It provides for the aspiration to excel in practice, to utilise Māori values, beliefs and experiences with therapeutic intent to not only improve access to and retention in services but to contribute to positive outcomes. The framework does not identify a minimum standard, but instead identifies a standard of excellence against which to measure practitioner competence.

The Takarangi Competency Framework

The framework contains 14 competencies.

Each competency is organised into four (4) levels:

- Whakaatu,
- Mōhio,
- Mātau,
- Mārama.

Each level is arranged into three (3) discrete stages:

- Papatahi (PT)
- Papatuarua (PR),
- Taumata (T).

This provides 12 graduated descriptors for each competency against which kaimahi and services can develop and assess their practice.

Descriptors for Ngā Pūkenga Ahurea (the 14 competencies) have been especially interpreted for the Takarangi Competency Framework. These are,

Karakia	Pōwhiri
Mihimihi	Te Reo
Whakawhanaunga	Manaaki
Tautoko	Tuku Atu Tuku Mai
Aroha	Whakangahau
Aro Matawai	Ahu Whenua
Ngākau Māhaki	Tātai



www.matuaraki.org.nz

Any further enquiries can be directed to Terry Huriwai terry.huriwai@otago.ac.nz

CHAIR'S UPDATE

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **23 March 2017**

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

A verbal update will be given at the meeting.



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth 7840

Telephone 03 769-7400

15th March 2017

Lisa Tumahai
The Chair, Tatau Pounamu
West Coast DHB
P O Box 387
Greymouth 7840

Tēnā koe Lisa,

You are invited to become a member of the Suicide Prevention Action Group or to nominate a representative from your organisation.

Suicide Prevention Action Group was formed at the beginning of 2014. The strategies of the group are:

1. Implement the West Coast district's suicide prevention plan including suicide postvention activities
2. Deliver coordinated responses as required to emerging suicide clusters/contagion risks
3. Collect and report data regarding completed and attempted suicides in the West Coast district.

The members of the Suicide Prevention Governance Group recently met and agreed that while the above strategies have been progressed, the activity of the Suicide Prevention Action Group needs to be rejuvenated and the membership reviewed.

There has been an increasing focus on prevention and postvention, and a recent mapping process identified three key areas that need to be addressed within the next twelve months:

- 20-30 years old males with a high rate of Maori and prevalent association with rugby league / rugby
- Males aged 40 years and over, exclusively European; frequently criminal charges pending
- Females aged 40 years and over, exclusively European; transient lifestyle; most with mental health / drug and alcohol issues.

In addition, there also needs to be ongoing focus on the rural male group aged 50-60 years.

Further components that require attention are:

- Training to increase response capacity
- Clear postvention plan specifying responsibilities and notifications in case an event occurs
- Follow up work with families six months and one year later.

The proposed next Action Group meeting is planned for mid April 2017.

Please confirm your interest in participating in the group or confirm your representative to Silvie Saskova on silvie.saskova@westcoastdhb.health.nz by 1st April 2017.

Ngā mihi,

Cameron Lacey, Chair, Suicide Prevention Governance Group

P.O. Box 387, Greymouth 7840

TO: Chair and Members – Tatau Pounamu Manawhenua Advisory Group

SOURCE: General Manager, Maori Health

DATE: March 2017

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes this report;

- i notes the General Manager Maori Health Update.

Health Equity Lens

FIRST

Flexible Integrated Rehabilitation Support Team (FIRST) is a new service that is being implemented to provide intensive rehabilitation in a person's home to optimise their ability to participate in life as independently as possible. Prior to the commencement of the service pilot, the project team had the opportunity to critique the service through the eyes of the equity lens, which is supported by Maori Health at the DHB. This session was invaluable for asking the right questions to better understand how well the service might respond to the needs of the whole community and where the gaps were. As a result of the session some changes have been made and actions agreed, including:

- The circle of care around the person has been extended to include Maori Health providers,
- The communications plan is being updated to better consider how conversations take place with the community through the use of IDEAL along with some changes to the language and jargon being used,
- Work is planned to consider how to provide easier access to the service for those living in the more rural areas of the Coast, particularly looking at how to leverage tele health as an enabler, along with better identification of the unreferred.
- Ongoing evaluation has been identified as a priority and a way to measure improvement in equity measures

The project team are confident that by applying the equity lens to FIRST the outcomes for the community will be better than they may otherwise have been, and the service will respond more comprehensively to the needs of the wider community.

Additionally we are providing support to apply the equity lens across the proposed changes to the model of care for urgent/unplanned care. Many of the actions agreed are similar to the FIRST actions. Such things as communication with Maori whanau, evaluation and engaging the Maori Provider. We will continue to work closely with the team as this model of care is developed.

Cultural Competencies - Tipu Ora

The Tipu Ora Certificate in Hauora Maori Level 4 commenced in Greymouth on 1 March 2017. This course is usually delivered in Christchurch or in the North Island so to host it on the West Coast is a first and means that our students don't have to travel. We have 17 participants from a variety of areas in the health sector participating. Students and Tipu Ora teachers were welcomed by a Powhiri. The key learning objectives for Tipu Ora are for participants to be better equipped to work with Maori whanau and to gain a greater understanding of Tikanga Maori and Te Tiriti O Waitangi. The course is NZQA

accredited and is for a period of 36 weeks in total which consists of three eight day wananga I must commend my small team for the great effort they have put into making this come to fruition.

E learning Orientation Maori Health. West Coast/Canterbury DHB.

“Nāku te rourou, nāu te rourou, ka ora ai te iwi”

With your basket and my basket the people will be well

We have been asked by Learning and Development to work with the Maori Health Team in Canterbury in the development of an E learning online module in Hauora Maori for new staff within both DHBs. The focus will be on “Pae ora” (Healthy future for whanau). There is considerable evidence of significant inequities for Māori in health. District Health Boards are required to reduce inequities and carry out principles based prioritisation processes to meet the objectives of the New Zealand Public Health and Disability Act 2000. A comprehensive and well thought out educative e learning module for all new staff is a good way for them to understand the causes of these inequities for Maori and arm them with tools and strategies that support reducing the health inequities Māori experience.

A key element of the tools required is appreciation of the cultural competencies required by health professionals to engage with Māori in the most effective ways to establish optimal communication, trust and confidence that support improved outcomes and progress towards the reduction of Māori health inequities.

Rangatahi Work based programme

Once again we are running a Rangatahi Work Placement hui from the 27-29 March 2017.

Local rangatahi will be supported by many services in both primary and secondary care. The variety of expertise they will be exposed to provides a great opportunity for these Maori students to gauge where in the health sector they may wish to develop a career.

A Mihi Whakatau to welcome them is scheduled for Monday 27 March at 9am in the West Coast DHB Lecture Room, all are welcome.

Inequalities

The Te Waipounamu Leadership group is actively involved in leading and supporting two projects focused on Maori Health. This is a regional project across all DHBs to understand and improve uptake of cervical screening across the Maori community. This commenced in October 2016. The Faster Cancer Treatment (FCT) funded project has a focus on providing coordinated and joined up service for Maori patients with cancer across the South Island.

TATAU POUNAMU ADVISORY GROUP MEETING

West Coast DHB Board Room – Greymouth

10.00 – 12.00pm – Thursday 23 March 2017

KARAKIA

ADMINISTRATION

Apologies

1. Interest Register

Update Interest Register and Declaration of Interest on items to be covered during the meeting.

2. Confirmation of the Minutes of the Previous Meeting

9 February 2017

3. Carried Forward/Action List Items

4. Discussion/Presentation Items

- | | |
|---|---------|
| ▪ Wayfinding Strategy – Laura Aileone, Margot Kyle, Pradu Dayaram | 10.15am |
| ▪ Takarangi Update – Wayne Blissett (Teleconferencing In) | 11.00am |
| ▪ Annual Planning Update – Melissa McFarlane | 11.45am |

REPORTS

5. Chairs Update – Report

Lisa Tumahai, Chai

- Suicide Prevention Action Group

6. GM Maori Health Update – Report

Gary Coghlan, General Manager

7. Alliance/Workstream Update

Philip Wheble, Grey/Westland Acting Manager

8. Community Public Health Update

Claire Robertson & Cheryl Brunton

INFORMATION ITEMS

- Tatau Pounamu Meeting Schedule
- Board Meeting Schedule 2017
- Takarangi

ESTIMATED FINISH TIME 5.30pm

