

# TATAU POUNAMU

Ki Te Tai o Poutini



## MANAWHENUA ADVISORY GROUP

**Friday 19 October 2018**

*@ 10.00 am Board Room, Corporate Services*

**Agenda and Meeting Papers**

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

**TATAU POUNAMU ADVISORY GROUP MEETING**  
**Board Room, Corporate Services West Coast DHB**  
**10.00 – 12.30pm – Friday 19 August 2018**

**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**

Tuesday 7 August 2018

**3. Carried Forward/Action List Items**

**4. Discussion Items**

- Phillip Wheble Grey/Westland Update 10.30am
- Maori Mental Health Review – Gary Coghlan
- Annual Planning Update – Kylie Parkin
- Terms of Reference – Gary Coghlan
- Memorandum of Understanding – Gary Coghlan

**REPORTS**

- 5. **Chairs Update – Verbal Report** Susan Wallace, Chair
- 6. **GM Maori Health Update – Report** Gary Coghlan, General Manager
- 7. **Community Public Health – Report** Gail McLachlan (Apologies – paper only)

**INFORMATION ITEMS**

- Tatau Pounamu 2018 Meeting Dates

**ESTIMATED FINISH TIME 12.30pm**



# TATAU POUNAMU ADVISORY GROUP

## MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Susan Wallace - Chair Te Runanga o Makaawhio	<ul style="list-style-type: none"> <li>• Tumuaiki, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Makaawhio</li> <li>• Member, Te Runanga o Ngati Wae Wae</li> <li>• Director, Kati Mahaki ki Makaawhio Ltd</li> <li>• Director, Kōhatu Makaawhio Ltd</li> <li>• Co-Chair, Poutini Waiora Board</li> <li>▪ Area Representative-Te Waipounamu Maori Womens' Welfare League</li> <li>▪ Representative, Te Runanga O Ngai Tahu (Makaawhio) TRONT</li> <li>▪ Member of Westland High School Board of Trustees</li> <li>▪ Trustee, Te Pihopatanga O Aotearoa Trust</li> </ul>
Francois Tumahai Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> <li>▪ Chair, Te Runanga o Ngati Waewae</li> <li>▪ Director/Manager Poutini Environmental</li> <li>▪ Director, Arahura Holdings Limited</li> <li>▪ Project Manager, Arahura Marae</li> <li>▪ Project Manager, Ngati Waewae Commercial Area Development</li> <li>▪ Member, Westport North School Advisory Group</li> <li>▪ Member, Hokitika Primary School Advisory Group</li> <li>▪ Member, Buller District Council 2050 Planning Advisory Group</li> <li>▪ Member, Greymouth Community Link Advisory Group</li> <li>▪ Member, West Coast Regional Council Resource Management Committee</li> <li>▪ Co-Chair Poutini Waiora Board</li> <li>▪ Member, Grey District Council Creative NZ Allocation Committee</li> <li>▪ Member, Buller District Council Creative NZ Allocation Committee</li> <li>▪ Trustee, Westland Wilderness</li> <li>▪ Trustee, Westland Petrel</li> <li>▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre</li> <li>▪ Trustee, West Coast Primary Health Organisation Board</li> <li>▪ Wife is Lisa Tumahai, Chair</li> <li>▪ Board Member of West Coast District Health Board</li> </ul>
Gina Duncan Kawatiri	<ul style="list-style-type: none"> <li>▪ Maori Community Representative – Incident Reporting Group, Buller Hospital</li> <li>▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream</li> <li>▪ Buller High school Iwi Representative, Board of Trustee</li> <li>▪ Contract Advisor for Te Putahitanga o Te Waipounamu</li> </ul>

Member	Disclosure of Interest
Ned Tauwhare	<ul style="list-style-type: none"> <li>▪ West Coast community Response Forum (MSD) Ngai Tahu Rep</li> <li>▪ Te Rununga o Ngati Waewae Member</li> <li>▪ Te Rununga o Ngati Waewae Advisor – Kawatiri Role</li> <li>▪ Te Rununga o Ngati Waewae Advisor – Te Ha o Kawatiri</li> <li>▪ Te Rununga o Ngati Waewae Advisor – Buller Inter Agency</li> <li>▪ Te Rununga o Ngati Waewae Advisor – Reefton Partership Forum</li> <li>▪ West Coast District Health Board Consumer Council – Maori Representative</li> <li>▪ Te Whare Akoanga Committee (Grey High School)</li> </ul>

## MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING Corporate Office Boardroom, Tuesday 7 August 2018 11.00am – 12.15pm

### PRESENT:

Anne Ginty, Mawhera Community Representative  
Chris Auchinvole, WCDHB Board Representative  
Francois Tumahai, Te Rūnanga O Ngāti Waewae (11.35am)  
Gina-Lee Duncan, Maori Community Kawatiri (phone)  
Ned Tauwhare, Te Rūnanga O Ngāti Waewae  
Susan Wallace, Te Runanga o Makaawhio (Chair) (phone)

### IN ATTENDANCE:

Gary Coghlan, General Manager Maori Health  
Kylie Parkin, Programme Manager, Maori Health  
Philip Wheble, General Manager West Coast District Health Board

**MINUTE TAKER:** Louise McLean, Assistant to General Manager WCDHB

### WELCOME / KARAKIA

Gary Coghlan

### AGENDA / APOLOGIES

#### 1. DISCLOSURES OF INTEREST

Updates or amendments please provide these to Megan in writing.

#### 2. MINUTES OF THE LAST MEETING

There were no minutes available for the meeting held 13 July 2018.

#### 3. CARRIED FORWARD/ACTION LIST ITEMS

There were no carried forward/action items

#### 4. DISCUSSION ITEMS

**Maori Mental Health** – a review of the Maori Mental Health service is currently underway. Two Hui have been held so far – these have been well attended. The next Hui is in Buller on 14 August. Some of the themes emerging from the hui have been on developing Maori models that are holistic; doing work of a more preventative nature in the community with fewer constraints than the current Mental Health service presently allows.

**Annual Plan** – Kylie provided members with the working draft of the Annual Plan. There is a strong focus on equity throughout the document (a Ministry of Health requirement) and these areas have been highlighted throughout for ease of identification. Currently looking at ways to extract the equity items out and look at how they will impact on Maori to embed them in the current accountability reporting. This is a great opportunity for the DHB to get a more structured approach to equity.

**ACTION** – Kylie will put a brief together, by Thursday, with the main focuses to put some context around it. Read and feedback to Kylie by Friday 24 August.

Focus on the pieces about improving access. The Chair noted that the most effective way to deliver services to Maori is to get out and about to the people and currently there is not a lot of funding for community based activity. This is a conversation that needs to be had before the next round of contracting.

**ACTION – set some dates around when and how to kick this process off – Megan.**

- **Cancer Pathway Update** – this project has come to an end. Education is still occurring at the Practices and 3 hui aimed at increasing awareness and understanding of cancer prevention and care for Maori are being organised in partnership with other services. This is a significant piece of work that will be ongoing for some time.

## 5. CHAIRS UPDATE

Still have to prepare a presentation to the Board around how to best achieve what we want to around whanau ora, improving equity and access to health services,, who we are, what we do, our aims etc. There is a DHB Committee workshop happening on 28 September so would like an outline in preparation for this by 7 September.

**ACTION – Gina and Susan will catch up around this and Susan will send out the presentation outline**

## 6. GM MAORI HEALTH UPDATE

- **Kia ora Hauora Rangatahi Placement** – there are 11 rangatahi in this year's placement, with some as young as Year 10. Seeing success as a result of engagement in this programme.
- **Maori Health Workforce** – currently only 7.5% of WCDHB employees identify as Maori. The team are working with People & Capability on a recruitment strategy and workforce plan for Maori. Diversity, racial equity and inclusion are key themes in this area.
- **Health Equity Assessment Tool (HEAT)** – good to understand this tool better.

**ACTION – Gary will provide more information**

- **Tumu Whakarae** – GM's Maori submission to the Mental Health Enquiry - once this document is ratified, it will be circulated to Tatau Pounamu members.
- **Mental Health submission by Human Rights Commission** – Kylie to circulate to members.

## 7. UPDATE BY GENERAL MANAGER WCDHB

- **Buller Rebuild** - there will be a presentation to the community in the next month or so, to feedback on the submissions received. This should then provide a clear pathway moving forward.
- **Grey Rebuild** – Targeted for completion March/April 2019, but not yet confirmed. There is work to be done in unplanned care before then.
- There is a new leadership structure in Buller, with the new Manager, Rhoda McDonald, coming on board next week. She is very passionate about things Maori. An Administration Manager has started and she will look at ways to reduce the administration burden on clinicians. Still looking for a medical lead and a quality/facilities nursing lead.

The model for the northern region is around health services coming together as a single team – would like this to be rolled out across the Coast.

## MATTERS ARISING OCTOBER MEETING 2018

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	August 2018	<b>Workforce Development Plans/Annual Plan</b>  Strong focus on equity throughout the current annual plan and these were provided as highlights. Currently looking at ways to extract the equity items and how they impact on Maori to embed into accountability reporting. Kylie will prepare a brief for feedback	Kylie Parkin	October Meeting
2.	August 2018	<b>Whanau Ora</b> The purpose of these discussions is to have an outline of the use of language and what direction we should be using this in.  Poutini Waiora have finalised a draft which will be distributed to all Tatau Pounamu members for comment.  Ongoing	Chair	October Meeting
3.	August 2018	<b>DNA Update</b> Ongoing work and discussions continue in this area,	General Manager, Maori	October Meeting
4.	August 2018	<b>Improved Access to Hokitika Health Services</b>  Ongoing.	Chair	October Meeting
6.	August 2018	<b>Hospital Rebuild</b> Positive engagement and korero continues to occur.. Local iwi continue to stay engaged with the facilities team as work progresses in these areas.	Francois Tumahai/Susan Wallace/Lisa Tumahai	October Meeting



## DISCUSSION ITEMS

**TO:**           **Members**  
                  **Tatau Pounamu Advisory Group**

**SOURCE:**   **Chair**

**DATE:**       **19 October 2018**

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Report Status – For:      Decision ☐            Noting ☒            Information ☐

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### **1. ORIGIN OF THE REPORT**

The verbal and in person updates from the following:

### **2. RECOMMENDATION**

That Tatau Pounamu Advisory Group notes the following updates:

- Maori Mental Health Review, Gary Coghlan
- Terms of Reference, Gary Coghlan
- Memorandum of Understanding, Gary Coghlan
- Community Public Health Report Update
- Grey/Westland Update, Phillip Wheble





**TATAU POUNAMU KI TE TAI O POUTINI**

Manawhenua Advisory Group to the West Coast District Health Board

# **TATAU POUNAMU**

## **Terms of Reference**

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## **1. Mission Statement**

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

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

- 1.1.1 Good health and wellness outcomes for Māori will be advanced through the West Coast District Health Board (WCDHB) working with Iwi/Maori 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/Maori 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/Maori 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. Role of Tatau Pounamu Manawhenua Advisory Group**

- 3.1 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, in accordance with the Memorandum of Understanding between WCDHB and Tatau Pounamu..
- 3.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:
- 3.2.1 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.
- 3.2.2 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).

### **4. Composition of Tatau Pounamu**

#### **4.1 Membership**

The total membership of Tatau Pounamu shall be seven (7) and the composition shall be determined as follows:

- 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).
- 4.1.3 In addition Tatau Pounamu will select 2 Māori community representatives (2) from Tai Poutini communities.
- 4.1.4 One member of the West Coast District Health Board shall be appointed by West Coast District Health Board to attend Tatau Pounamu Manawhenua Advisory Group meetings.

- 4.1.5 Elected members not resident in Te Tai O Poutini costs may be met by their nominated body.
- 4.1.6 Alternatives or proxy voting will be allowed for Committee members.
- 4.1.7 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.
- 4.1.8 A quorum shall consist of not less than four (4) members and must include at least one (1) member from each of the Poutini Papatipu Rununga

## **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**

**Membership is determined as in Clause 4.**

### **5.1 Members of this Committee will remain in office for the period of three (3) 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 ie; Papatipu Rununga, in the case of the Maori community representatives to Tatau Pounamu.
- 5.2.2 The Tatau Pounamu Chair will ensure that performance reviews are conducted 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. Tatau Pounamu may on occasion go into public excluded meetings for discussion of a sensitive nature. These meetings will only be open to members and invitees.
- 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/Maori.**

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 Cell phones will be on silent 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: .....

Chairperson:.....

For Tatau Pounamu

Date: .....

Name: .....

Chief Executive Officer:.....

For West Coast District Health Board

Date: .....

Witnessed by: .....

Name: .....

Date: .....



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

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

**MEMORANDUM OF UNDERSTANDING**

**BETWEEN**

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

**AND THE**

**WEST COAST DISTRICT HEALTH BOARD**



*Te Rūnanga o Makaawhio*



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## **1 Ngā Mana Parties**

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

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

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

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

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

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

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

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

## **2 Te Take Purpose**

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

### **3 Te Putake**

#### **Foundation**

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

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

## **REPORT to Tatau Pounamu Advisory Group COMMUNITY AND PUBLIC HEALTH (CPH)**

**July/August 2018**

### **Nutrition**

Barrytown School has taken part in a “water and milk only” schools pilot project delivered weekly over Term 2 by CPH’s nutrition health promoter. The full primary school has 26 students and two classes – one senior and one junior. Since the introduction of the programme, noticeable results can already be seen at the school, and parents have commented that their children are changing their habits at home, too. Principal Rachael Whyte said, “This is a great programme that engages the students and makes them think about what goes into their bodies. It would be fantastic to see this being used in other schools”. 92% of students agreed that they now think more about what they put into their bodies than before, and recommend other schools participate in the project. Runanga Primary School will be the next to take part in this project.

CPH’s staff were also busy providing nutrition education to other groups across the lifespan in June and July. A six week Appetite for Life Course for Kawatiri kaumātua facilitated by CPH staff with the assistance of Poutini Waiora was attended by 17 kaumātua. Everyone who attended enjoyed how the programme was adjusted to include hands on cooking lessons. Eating what was made was an added bonus. Learning how to plan easy, healthier meals was well received by all.



In Hokitika, CPH’s nutrition health promoter ran an education session (along with tasting of healthy recipes) for a joint session of the Westreap Mums’n’Bubs and Pipsqueaks groups. The session was attended by 24 parents (and their children!).



## **Alcohol**

CPH's Alcohol Licensing Officer, along with Police and the Westland District Licensing Inspector, have commenced discussion with 'Destination Westland Limited', who have taken over the organisation and operation of Hokitika Wildfoods Festival from Westland District Council, regarding the alcohol licensing aspects of the 2019 festival. Their aim is to ensure that the festival is an enjoyable event for all and alcohol-related harm is minimised.

## **Smoke-Free Enforcement**

Earlier this month, CPH's Smoke-free Enforcement Officer (SFEO) finished conducting six monthly compliance visits to tobacco retailers across the West Coast. This was followed by a Controlled Purchase Operation (CPO) later in the month in South Westland. All eight tobacco retailers tested in this CPO refused to sell cigarettes to the under-age volunteer. It's important to remember that retailers are required to comply with the law, so 100% compliance is expected.

## **Healthy Public Policy**

CPH assisted the Westland District Council to undertake a Social Impact Assessment workshop to inform the review of their Gaming Venue and TAB Venue Policy. A summary of the SIA report will go to Council, along with a recommendation for the Council to consider. CPH staff attended the Social Investment Agencies hui held at Shantytown. This was an opportunity to discuss how agencies and communities can be supported to improve wellbeing and how data should/could be gathered and shared to assist with this.

## **Youth Health Development**

In response to community partnership meetings in Buller and Grey to increase connection and collaboration, CPH hosted and facilitated a Youth Development sector-wide networking day under the banner of Ara Taiohi (Ara means 'pathway, lane, and passage way to/from' and taiohi means 'young person'). A range of agencies and services attended from health, schools, councils, education, social services, justice, mental health, church and youth work. The objectives of networking, sharing organisational information, and setting shared objectives to contribute to across the Coast were met with enthusiasm. In addition, the participants were given an hour's workforce development on understanding the adolescent brain, using a presentation developed by the Brainwave Trust, which was well received.

## **Physical Activity**

CPH has continued to promote physical activity and nutrition to kaumātua. CPH responded to a request to provide a weekend tai chi learning workshop during the Karamea Winter Learning Festival. Six people took part in the workshop and we provided other resources to assist in the participants' ongoing practice of tai chi. CPH has also arranged for the Tai Chi community instructors to undergo training revalidation at the end of September.

## **Oranga Hā Tai Poutini Stop Smoking Service**

Oranga Ha has worked hard in the community to encourage and support smokers to quit this year.

The service offers personalised Smokefree support to help West Coasters stop smoking. The service includes face-to-face meetings, texting and group sessions. We have a stop smoking practitioner based at Poutini Waiora in Westport. The service also works closely with Coast Quit and WCDHB stop smoking practitioners.

**Data for Period 1<sup>st</sup> Jan – 30<sup>th</sup> Sept 2018**

	Quarter	Quarter	Quarter	Total
<b>Clients referred</b>	96	115	83	294
<b>Clients enrolled*</b>	93 (97% of referred) Māori 42 (45%)	107(93% of referred) Māori 43 (40%)	83 (100% of referred) Māori 30 (36%)	283 (115 Māori)
<b>Set TQD</b>	64 (69%)	55 (51%)	52 (62%)	171
<b>Clients quit **</b>	29 (45%)	25(45%)	13 (25%)	67

*\* # clients enrolled defined as a person attends at least one session with a practitioner*

*\*\* Clients successfully quit defined as successfully quit at four weeks post Target Quit Date (CO vailidated)*



**TO:**           **Members**  
                  **Tatau Pounamu Advisory Group**

**SOURCE:**   **Chair**

**DATE:**       **19 October 2018**

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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**

Note and discuss the attached correspondence.

**2. RECOMMENDATION**

That the Tatau Pounamu Advisory Group notes and approves the reports/discussion items as per below.

**TO:** Chair and Members – Tatau Pounamu Manawhenua Advisory Group

**SOURCE:** General Manager, Maori Health

**DATE:** October 2018

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 note the General Manager Maori Health Update.

**Kia ora Hauora – West Coast DHB Rangatahi Placement**

The West Coast DHB in collaboration with Mokokwhiti Consulting held a successful Kia ora Hauora Rangatahi placement visit from the 8-10 August. This years Hui was opened with a Powhiri at Arahura Marae which provided a setting of importance and manaaki to all the students, organisers and presenters.

We had 7 students participating in this years programme, 5 from Grey High and 2 from Westland High School. A closer relationship was formed with school principals to ensure that the students who attended were those who were best suited to the opportunity.

The provider and department leads throughout the DHB and West Coast organisations were once again instrumental to the success of this programme. The Rangatahi visited Poutini Waiora, Westland Medical Centre, St Johns, Community Public Health, Primary Health Organisation as well as the Emergency Department, Nursing, Occupational Therapy, Maternity Services and Theatre. As a result of this placement, Kia ora Hauora will be working with a student who is very interested in medicine to arrange for him to shadow a doctor in the Emergency Department.

The feedback from students regarding the value and relevancy of sessions has been really positive and these students will continue to receive any support they need to take up study and career opportunities that will support a career in the health sector.

**Maori Health Workforce**

The GM Maori Health was invited to the recent SI Alliance Operational Group meeting to provide clarity and context to Te Herenga Hauora's (South Island GM's Maori) Position Statement on DHB Maori Workforce. The following feedback was received:

- The aim of the Position Statement is to set strong, clear, direct expectations and measures to which DHBs commit to achieve increases in the Maori Health workforce
- **Noted** there are mechanisms currently used to attract Maori into health system roles e.g. Kia Ora Hauora, but more needs to be done, and more people and groups need to be involved. to achieve a comprehensive sustained pipeline.
- **Noted** the Position Statement needs to be discussed and agreed within each DHB, and then operational plans developed to implement

- **Agreed** a workshop would be useful to agree a consistent SI methodology to capture ethnicity data, and operationalize the position statement. This may include leadership from Te Herenga Hauora, SI WDH and GMs HR. This group will be interested in progress.

### **Maori Workforce Development - West Coast and Canterbury DHB**

We have been working with People and Capability and more specifically with the Recruitment team to support the development of strategies for Canterbury and West Coast DHB aimed at achieving a comprehensive and co-ordinated approach to Māori health workforce development.

Gary Coghlan was invited to facilitate a session for the recruitment team in Canterbury that would look at the application of the Health Equity Assessment Tool (HEAT) to recruitment processes.

The first session was provided in May 2018 at the Canterbury DHB and largely focused on providing context to the team about the cause of inequities, understanding health inequalities – structural bias, colonisation, equality vs equity and structural, system level, organisational and individual factors that influence Maori choosing or being successful in achieving a career in health. We also studied National and local data that showed proportionality of workforce and how that translated into FTE and ethnicity population growth data. The HEAT tool was then introduced in the second session and the team begun the process of identifying interventions and enablers that aim to grow the Maori workforce.

The People and Capability team really rose to the challenge and we and we look forward to the ongoing work with the team. Achieving equity in health workforce representation should remain both a political and ethical priority.

### **Te Herenga Hauora**

#### **South Island Alliance planning day – October 8<sup>th</sup>**

The South Island Alliance and Planning Office have responded to the government's renewed focus on equity by working alongside Te Herenga Hauora (South Island GM's Maori) to facilitate a planning day with the aim of focusing on five top areas of inequity in the South Island and applying an equity tool. The aim of the session was to engage with leaders across the South Island to challenge their thinking and processes used when planning for measurable improvement in achieving health equity.

In a (very) brief summary, the group tables delivered the following discussion and action points that range from specific, exemplar services targeted to a sharply defined inequity, to longer term pieces of work aimed at improving the cultural understanding, behaviours and competencies in the South Island health system.

<b>Child Health:</b>	Proposed the implementation of Kaupapa Māori led service to address smoking rates for young Māori mothers
<b>Mental Health:</b>	Identified an inequity in that Māori in mental health services are subject to restrictive practice more than others, and that a review of specific pathways is required
<b>Older People:</b>	Identified that we do not understand the nature and challenges facing older Māori very well at all, and will look to improve our use and leverage of the InterRAI dataset in this area
<b>Social Determinants:</b>	Acknowledged that the current service presentation models may not be relevant to Māori – better engagement with Māori in a range of communities (i.e. not just targeting Iwi)
<b>Acute Demand:</b>	Identified concern that Māori do not follow 'regular' pathways in accessing acute services, and that this is actually not well understood, nor have we set up processes to address it.

The SIAPO team will summarise the more detailed notes from the groups, and will ensure that the overall direction covers the range, as identified above, from specific service programmes to broader workforce

development in cultural competency, and further past the current horizons and limits to expand the discussion to other sectors, agencies and communities.

As mentioned, this is a very brief summary. The SIAPO team will put together a range of next steps, and work through the Alliance leadership processes, with the participant group, to ensure that the day's efforts deliver actions that we can all sign up to.

### **Takarangi Cultural Competencies**

We are starting to see a steady number of portfolios come through for assessment and it is very pleasing to see that they are of an extremely high standard. The team has worked very hard with the group in supporting them through the portfolio process which has been very rewarding resulting in learning and innovation that has enriched and added to the experience. We are beginning to see a slow but steady change in practice from those Managers who are participating through to frontline practitioners. Moe will be here on the Coast on the 23<sup>rd</sup> October to undertake the assessment and feedback phase for the students who have completed the first stage of their portfolios. Although the demand to hold another Wananga is high we have made the decision to hold off until we have received more completed portfolios, this will ensure that we have a robust Tuakana/Teina process to support the next group of participants.

Furthermore we have submitted an abstract to the National Rural Health Conference being held in Blenheim in 2019. The focus of this will be to share early experiences of introducing the Takarangi competency framework.

# TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2018 MEETING SCHEDULE

DATE	TIME	VENUE
Friday 9 March 2018	10.00 – 12.00pm	Board Room, Corporate Services
Friday 27 April 2018	10.00 – 12.00pm	Board Room, Corporate Services
Friday 8 June 2018	10.00 – 12.00pm	Board Room, Corporate Services
Tuesday 7 August 2018	11.00 – 1.00pm	Board Room, Corporate Services
Friday 7 September 2018	10.00 – 12.00pm	Buller Health Training Room, Buller
Friday 19 October 2018	10.00 – 12.00pm	Board Room, Corporate Services
Wednesday 12 December 2018	10.00 – 12.00pm	Poutini Waiora Meeting Room, Hokitika

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