

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

Friday 15 October 2021

@ 10.00 am Tatau Pounamu Board Meeting

Join Zoom Meeting: <https://cdhbhealth.zoom.us/j/83114606764> Meeting ID: 831 1460 6764

Agenda and Meeting Papers

**All Information Contained In These Committee Papers
Is Subject To Change**

AGENDA OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



TATAU POUNAMU MANAWHENUA ADVISORY MEETING

Te Nīkau - **Corporate Board Room**

Zoom Link: <https://cdhbhealth.zoom.us/j/83114606764>

Meeting ID: 831 1460 6764

Friday 15 October - 10.00am – 12.30pm

KARAKIA

ADMINISTRATION

Apologies

1. Interest Register

Update Interest Register.

2. Confirmation of Minutes of Previous Meetings

Previous meeting minutes – 3 September – *Chair*.

10.00am

3. Carried Forward/Action List Items

4. Discussion Items

10.15am

- Covid 19 Update – *See report attached*
- Working group and committee vacancies
- ALT nominations
- Disability Group nominations
- Workforce Development
- MOU
- Transition Planning Work / Assessment Tool
- Mental Health update – *See GMs report*
- Annual Plan
- Consumer Council

REPORTS

5. GM Māori Health Update

Gary Coghlan - *General Manager*

FYI only

6. Chairs Update

Susan Wallace - *Chair*

FYI only

Presentations

7. Assisted Dying legislation

Graham Roper

11.00pm

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Susan Wallace - Chair Te Runanga o Makaawhio

- Member, Te Runanga O Makaawhio
- Member, Te Runanga O Ngati Waewae
- Director, Kati Mahaki ki Makaawhio Ltd
- Director, Kohatu Makaawhio Ltd
- Co-Chair, Poutini Waiora Board
- Area Representative – Te Waipounamu Maori Women's Welfare League
- Representative, Te Runanga O Ngai Tahu (Makaawhio)
- Trustee, Te Pihopatanga O Aotearoa Trust

Ned Tauwhare - Ngati Waewae Representative

- Member, Te Runanga O Ngati Waewae
- Iwi Engagement Manager (Kawatiri)
- Buller District Council (Iwi Rep)
- All Buller District Council Sub-committees (4)
- Buller District Council Recovery Governance
- Oparara Arches Governance
- Kawatiri Cycle & Trail Trust
- Coaltown Museum Trust

Chris Auchinvole – Board Representative

- Director Auchinvole & Associates Ltd
- Justice of the Peace
- Daughter-in-law employed by Otago DHB

Joseph Mason - Ngati Waewae Representative

- Greymouth High School – Te Reo Teacher

Richelle Schaper – Te Ha o Kawatiri Representative

- Chair for Northern Alliance Work-stream.
 - Member of Oranga Tamariki Care and Protection for Kawatiri
 - Tu Pono Connector for Te Ha o Kawatiri
 - Project Lead for Kawatiri Maara Kai
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MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE MEETING FRIDAY 03 September 2021 Te Nīkau – Meeting Room 1 10.00 AM

PRESENT: Susan Wallace, Te Rūnanga o Makaawhio Representative (Chair) (Zoom)
Chris Auchinvole, WCDHB Board Representative (Zoom)
Ned Tauwhare, Te Rūnanga O Ngāti Waewae Representative (Zoom)
Gary Coghlan, General Manager Māori Health (In person)
Marie Mahuika-Forsyth, Te Runanga O Makaawhio Representative (Zoom)
Richelle Schaper, Kawatiri Representative (Zoom)
Anne Ginty, Mawhera Community Representative (Zoom)
Kyle Parkin, Portfolio Manager, Māori Health (In person)
Marion Smith, Portfolio Manager, Māori Health (In person)

MINUTE TAKER: Melanie Wilson

APOLOGIES: Joseph Mason, Te Rūnanga O Ngāti Waewae Representative (In person)

Mihi Whakatau/Karakia

Gary Coghlan

AGENDA

1. DISCLOSURES OF INTEREST

1. Updates/amendments discussed.

2. MINUTES OF LAST MEETING.

1. Minutes of the previous meeting (3rd September 2021) agreed as a true and correct record.

Moved: Chair **Second:** All present

3. ACTION POINTS FROM PREVIOUS MEETINGS.

1. **Disclosure of Interest.**
Members to email any updates of disclosures of interest before the next meeting.
2. **Suicide Prevention.**
Reschedule presentation by Suicide Prevention Co-ordinator.
3. **WCDHB Staff Hui.**
Māori Staff Hui dates to be provided to Tatau Pounamu members.
4. **Working Groups.**
Hauora Team to prioritise working groups/committees and email to members prior to next meeting.

4. DISCUSSION ITEMS / A G E N D A.

1. COVID 19

- a. Discussed West Coast DHB Covid 19 response and vaccination.
- b. Key aspects, objectives and Strategies.
 - Data show shared, received from Covid Lead, analysing Maori specific data extrapolated by age, uptake and gender.
 - Project lead working with Poutini Waioara to ensure readiness for vaccination program planned at Arahura Marae.
 - Ensure all communication being released are informative and encouraging to Whanau.
 - Current Covid focus: Drive through clinics happening at Westport, Greymouth Aerodrome and Hokitika.
 - Te Ha o Kawatiri Kaimahi working with whanau in Kawatiri to book for a vaccination. Vaccine/appointments have been allocated and transport is offered.
 - Report on this Kaupapa required to analyse the prioritisation of Maori, analysing key partnerships of Iwi, Poutini Wairoa, PHO, DHB to understand who has done what in this space and what our learnings have been.

2. Pae ora o Te Tai o Poutini

- a. Discussed next steps for Pae Ora work to progress. This project has the potential to transform the way we currently work with Maori in the community. Pae ora aligns with the Rural Generalisim model of care. Next steps will involve WCDHB workforce to participate in clinical focus groups with Fiona and Tim (put in full names).
- b. Key aspects points
 - Steering Group has been created to provide feedback and guidance.
 - Hauora Maori Project Lead, to work with Fiona Pimm to co-ordinate clinical workforce focus group Hui.

3. Ra Whanau Rima Tekau, 50s

- a. Maori will be invited to a free health assessment which will include a comprehensive screening and clinical assessment. Tests will be dependent on result of assessment but could include; ultrasound, full blood work up, chest x-ray, bone density testing, prostate, cervical, bowel and breast cancer screening.
- b. Key aspects, objectives and Strategies.
 - Presentation to the Board at the next meeting.

4. Working Groups

- a. List of working groups, committees requiring Māori representation is currently being evaluated and prioritised. Priorities identified: Mental Health, Suicide Prevention, Central Alliance Work Stream and Alliance Leadership Team (ALT).
- b. Key areas of current consideration:
 - ALT - Alliance Leadership Team: GM currently attends. Tatau Pounamu to identify a potential candidate.
 - Disability Steering Group. Terms of Reference, to be sent to Members.

- c. Key points.
 - Crucial to build capacity of Māori who can contribute. Develop a strategy to ensure representatives are supported and mentored by Hauora Māori team.
 - Succession planning important to ensure there is always a member advocating positive outcomes for Māori.

5. Tumu Whakarae

- a. Report to be submitted to the next meeting.

6. Annual Plan

- a. Discussed the Annual Plan which has now been signed by Chair of Tatau Pounamu, Chair of the DHB and the Chief Executive.
- b. Key points of discussion.
 - The advisory report has been submitted. Screen South are coming to the West Coast in the next few weeks.

7. Consumer Council

- a. Discussed the Consumer Council.
 - Meeting planned with the Consumer Council and Tatau Pounamu members to discuss the values and principles document.

5. GM Māori Health Update.

- a. Report taken as read.

6. Chairs Update.

- a. Verbal report given.

7. Discussion on Draft Health Needs profile – Janice Donaldson

- a. Janice Donaldson gave an overview of the Draft Health Needs Profile. which highlighted the health and wellbeing of Maori on the West Coast covering Te Taupori – Population, Mauri Ora – wellbeing, life force, , with continued work on Hauora Whakutu – Health System Responsiveness and Pae ora – Healthy Futures: Priorities.
- b. Key points
 - Sustained increase in education qualifications.
 - Sustained Rise in employment for Maori and also rise in skill levels.
 - Westland – highest medium income with Buller having the lowest.
 - Important points - continue to build capacity and capability of Maori service provision as a valued and honored part of the health system.
- c. Next Stage – continuing this Mahi and progress to finalization.
- d. Encourage Maori to complete census to ensure good data is available.
- e. Schedule a hui with Executive Director Planning, Funding and Decision Support Tracy Masie Tracy Masie, Melissa Macfarlane and Janice Donaldson to agree priorities and where to from here.

8. Phil Wheble – GM Report

a. Key Points

- Reiterated the value of data, as the system changes over the coming year that we have the data that can reinforce the needs of our community on the West Coast.
- Poutini Waiora have started their vaccination program at the Arahura Marae this Monday.
- Continue to support Maori into Vaccination as their numbers are low at the moment.
- Covid lockdown reported on delay on planned care which was minimal this lockdown.
- New Transalpine clinician to be engaged with a focus on Diabetes.
- South Westland – looking into how best to support this area in terms of workforce and support.
- Pai Ora – aligns really well with Rural Generalisim principles.

9. Transition Planning - Health Reforms – Iwi Māori Partnership Boards

- Key focus is Equity for our people on the West coast.
- Tatau Pounamu are looking forward to the outcomes – By Māori for Māori.
- Timeframe: implementation 1st of July 2022.
- Legislation changes October 2021.
- Hui to be organised to discuss the Transition Plan document and our transition to the new health system.

Meeting ended at 12.30pm.

Next meeting is to be held at Te Nikau IFHC on the Friday 15th October 2021.

TATAU POUNAMU

ACTION LIST ITEMS September 2021



Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	July 09	1. DISCLOSURES OF INTEREST - Action: Members to email any changes re their disclosures of interest, before the next meeting.	All Members (To email to PA – MW)	October Meeting
2.	July 09	3.2 Suicide Prevention. Action: Reschedule Suicide Prevention Coordinator to the next meeting.	Gary Coghlan	October Meeting
3.	July 09	3.4 WCDHB Staff Hui - Action: Dates of Māori Staff hui to be sent to Tatau Pounamu members	Marion Smith	October Meeting
4.	July 09	3.5 Working Groups - Action: Hauora Team to prioritise working groups/committees and email to members prior to next meeting.	Hauora Team	October Meeting
5.	Sept 03	4.1 Covid 19 - Action: Report on this kaupapa required to analyse the prioritisation of Maori, analysing key partnerships of Iwi, Poutini Wairoa, PHO, DHB	Kylie Parkin	October Meeting
6.	Sept 03	4.2 Pae ora o Te Tai o Poutini - Action: Hauora Maori Project Lead, to work with Fiona Pimm to co-ordinate clinical workforce and focus group Hui.	Kylie Parkin	October Meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
7.	Sept 03	4.4 Working Groups <ul style="list-style-type: none"> - Action: ALT - Alliance Leadership Team requires nomination. Resend out to Tatau Pounamu with an outline of position. - Action: Disability Steering Group is currently undertaking interviews. Terms of reference, application and skill set recommendation, to be sent to Tatau Members for consideration. 	Melanie Wilson / Kylie Parkin Melanie Wilson / Kylie Parkin	October Meeting
8.	Sept 03	4.5 Tumu Whakarae <ul style="list-style-type: none"> - Action: Report to be submitted to next meeting 	Gary Coghlan	September Meeting
9.	Sept 03	7. Draft Health Needs profile <ul style="list-style-type: none"> - - Action: Organise Hui with Iwi Chairs, GM Planning and funding, Tracy Masie, Melissa McFarlane and Janice Donaldson to discuss this Mahi. 	Gary Coghlan / Melanie Wilson Gary Coghlan / Kylie Parkin	October Meeting

GM UPDATE TATAU POUNAMU



TO: Tatau Pounamu Chair & Members

SOURCE: General Manager, Maori Health

DATE: Friday 15th October 2021

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

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

People and Capability – Equity roles – West Coast and Canterbury DHBs

Three new roles have been recruited to within People and Capability, Equity, Recruitment and People Partnering team. The roles are:

- Workforce Development Partner – Māori and Equity
- Workforce Development Lead – Māori and Equity
- Kaimātai – Mana Taurite me Kanorau (Workforce Development Partner – Equity and Diversity)

These roles are a culmination of years of māhi led by Tē Herenga Hauora (GMs Māori South Island) that aimed to address the startling disparities within ethnicity of the Health workforce between Māori and other ethnicities, retention and recognition of Māori who work in the sector and the cultural competency of DHB workforce.

The DHB welcomed the successful applicants to the roles with a mihi whakatau in August. The Hauora Māori team are looking forward to working closely with the team to develop strategies that aim to achieve the following objectives as laid out by Tē Tūmū Whakarae (GMs Māori Health) in a Position Statement on Māori Workforce endorsed by all DHB CE's across the country in 2019:

1. All DHBs will actively grow their Māori workforce to achieve a Māori workforce that reflects the proportionality for their Māori population,
2. All DHBs will set in place steps to significantly and meaningfully realise cultural competence for all clinical staff, the Board and other staff groups that have regular contact with patients and whānau.
3. All DHBs will measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations.

Mental Health Update

A governance structure has been established for the following work programmes:

- MH&A System Collaborative Design – in partnership with Iwi, consultation and engagement with people whanau and communities about what they would like from MH&A services/system
- Integrated Primary MH&A Services (Te Tumu Waiora) – Health Improvement Practitioners (HIPs) and Health Coaches (HCs) in general practice teams to provide immediate access to support
- Mental Health and Wellbeing Support in Schools (Mana Ake) – in partnership with Education, development of a model for West Coast primary/intermediate school communities to strengthen wellbeing
- Psychosocial support for people impacted by loss of tourism in South Westland – wellbeing coordination in collaboration with local communities.

The first two projects now have Project Management via West Coast PHO so are progressing well. Alison McDougall has commenced work with the WCPHO to focus on the implementation of the Tē Tūmū Waiora models for Integrated Primary Mental health and Addiction Services

The education project is being led by WCDHB and MOE and the psychosocial support is sitting with Community and Public Health.

A structure has been established to support this work trans-alpine to date with the Iwi partnership via Lisa Tumahai and now Karaitiana Tickell from Purapura Whetu. Other expertise will be provided as required.

Purpose

To provide whole of system governance of design and implementation activities across the mental health and addictions system so that the system is more equitable and responsive to the needs of the local population. This currently includes:

- whole system co-design
- mental health support in schools
- integrated primary mental health and addiction services
- psychosocial support .

Expected Outcomes

- Plans are developed that align with direction signalled in key documents including He Ara Oranga, Kia Kaha, The Longterm Pathway, Whakamaui and any Service Frameworks that are developed, but tailored to the West Coast context.
- West Coast is building capacity and capability for better and faster change across the whole MH&A Service delivery system.
- Priorities are implemented according to resource availability.

Ra Whānau ki a Hauora – Māori 50th Health Check

Project planning is on track for this initiative. An expert advisory group has met to provide feedback to the scoping document to date. Main points for consideration and feedback; initiative to be presented to both the PHO and DHB Clinical Governance, robust consumer engagement to be undertaken with Maori, caution against too many investigatory tests, buy in from private practices will be critical, controlled suite as a starting point with further assessment, agreed that there is scope within existing FTE to manage the initiative. Support for the initiative was given with a clear direction of next steps.

Covid-19

The vaccination rollout on the West Coast continues with urgency as the country works towards the goal to have 90% of New Zealanders vaccinated by the end of the year. Static clinics are operating in Greymouth, Hokitika and Westport with a region wide drive through programme being completed in Greymouth 15th – 17th October.

Strategies are being developed to reach those in our communities who are not vaccinated or who have not booked for a vaccination. As of 11th October there were 7,723 (27.7%) on the West Coast who have not engaged which includes 1,067 Māori (38.6%). Programme Management are in negotiation with Maui Motorhome Rentals to use a campervan to go mobile and Poutini Waiora have launched their Mobile clinic on the 13th which will be rolled out to rural/remote communities next week.

Māori Workforce

Unfortunately due to Covid19 restrictions we had to postpone our Māori Staff Hui set for the 25th August and the Takarangi Cultural Competency workshop planned for 26th and 27th August at Arahura Marae. Both events had been well supported with 31 WCDHB kaimahi registered for the staff hui and there was a full programme developed – the content of the day was based on feedback received from previous hui. Moe Milne was our headline presenter who was to lead the korero on 'Na wai te Mātauranga' – who does this knowledge belong to, and 'Te Kaikiri'. Racism, he aha te Rongoa. What is the message?

There were 12 kaimahi registered for Takarangi, 11 from WCDHB and one from CDHB. Moe was again the lead facilitator for this event. The success of these programmes hinges on the support of the managers of our Māori staff, and their continued backing is appreciated.

Both programmes have been rescheduled:

Māori Staff Hui: 17th November (St Johns Rooms)

Takarangi: 18th – 19th November (Arahura Marae)

WCDHB Studentship Programme

A Steering Group consisting of representatives from Hauora Maori, Allied Health, Nurse Educators, the Team Administrator Workforce and the Nurse Director Workforce Development proposed a change to the strategic direction for the WCDHB's Studentship programme. The changes opened the Studentship to both clinical and non-clinical applicants with the vision to foster relationships between applicants and the WCDHB and to promote engagement across a broader range of study options rather than targeting tertiary study.

Six studentships of \$5,000 will be offered and students will undertake activities at the WCDHB, which benefit both the student's learning experience and advance or assist a WCDHB project/event. The students will be at the DHB for four to five weeks, over the summer between mid-November and January.

There were 16 applications received including 3 Māori and 1 Pacifica. The 3 Māori either attended a Rangatahi Placement Programme with Kia Ora Hauora or are involved in their mentoring programme and all three were successful.

A new initiative will see unsuccessful applicants offered an opportunity to meet with a person currently in their role of interest and where possible work experience will be offered to those who are unsuccessful.

Māori Did Not Attend – Quality Improvement Project

Following the success of the DNA project which looked at Māori Patients who did not attend outpatient appointments the CBU team implemented changes in booking practices and contact tracing processes.

Appointment communication has been updated and CBU staff are totally invested in the process. On average DNA numbers continue to be under 10% and work continues to reduce this number. As expected there was a spike in January (17%) due to holidays and there will be a flag noted for next year.

Clinics with the highest DNA rates:

- Paediatric Medicine
- Gynaecology
- Nutrition Services
- Emergency Medicine
- Otorhinolaryngology (ENT)
- Ophthalmology
- General Medicine

Administrative and clinical staff in these areas are working with CBU to ensure all avenues are explored to enable patients to attend, especially those clinics which affect children. There is work being done to cross reference the deprivation index data with the DNA figures to see if there are any areas that need special attention. This work is continuing.

Gary Coghlan

GENERAL MANAGER HAUORA MĀORI

WCDHB CVIP Programme Overview for Minister Henare

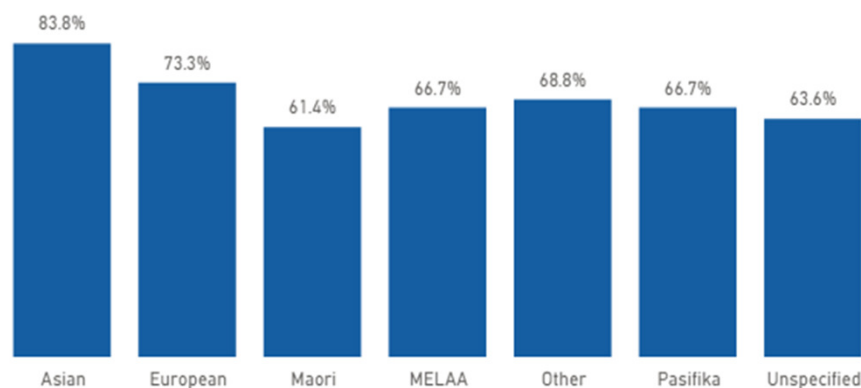
13/10/2021

Progress and Performance

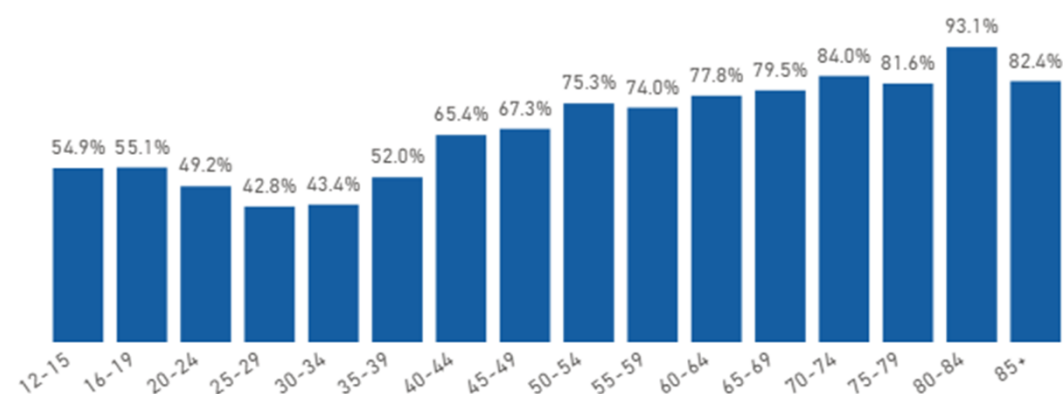
- Over 35,000 vaccinations total
- 2,600 (7.6%) to Māori

% Vaccinated At Least Once

Reached % of Population by Ethnicity Group



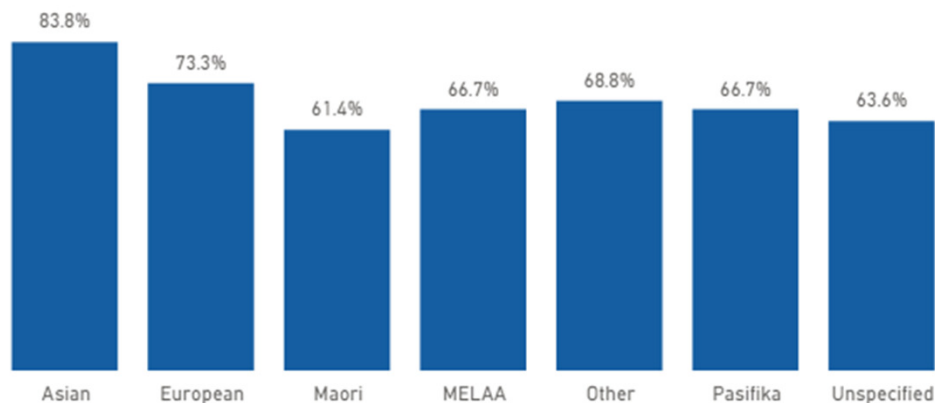
Reached % of Population by Age Group (Māori only)



Priority Groups

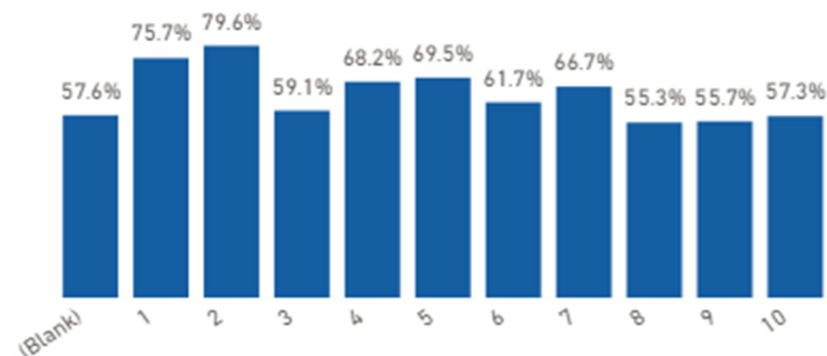
- Current vaccination programme has worked well for some but not all populations
 - Pockets of Socio Economic disadvantaged
 - Māori, Pasifika, MELAA
 - Rangatahi and Pakeke

Reached % of Population by Ethnicity Group



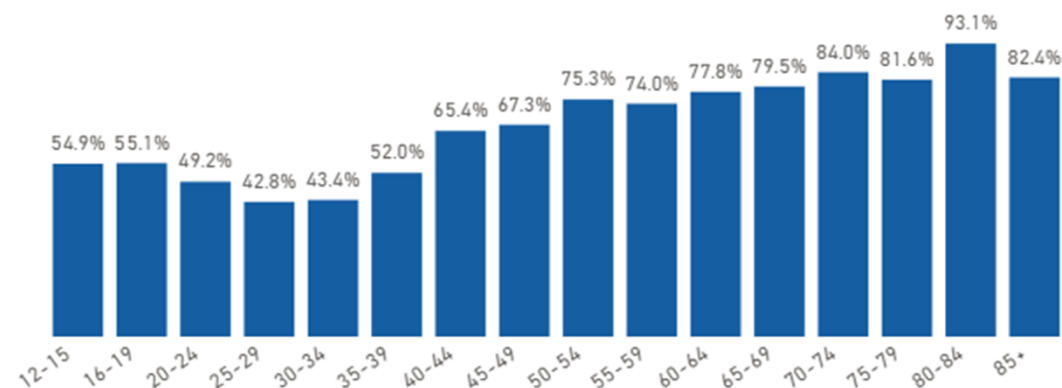
Deprivation Decile

(Māori only)



Reached % of Population by Age Group

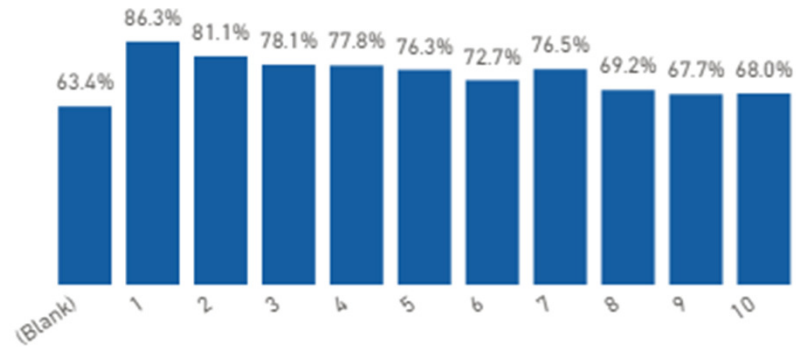
(Māori only)



*Measure - % vaccinated at least once or booked

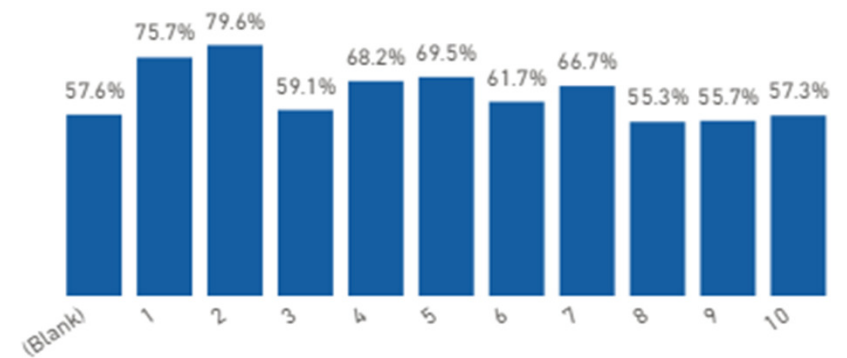
Deprivation Decile

(Total Population)



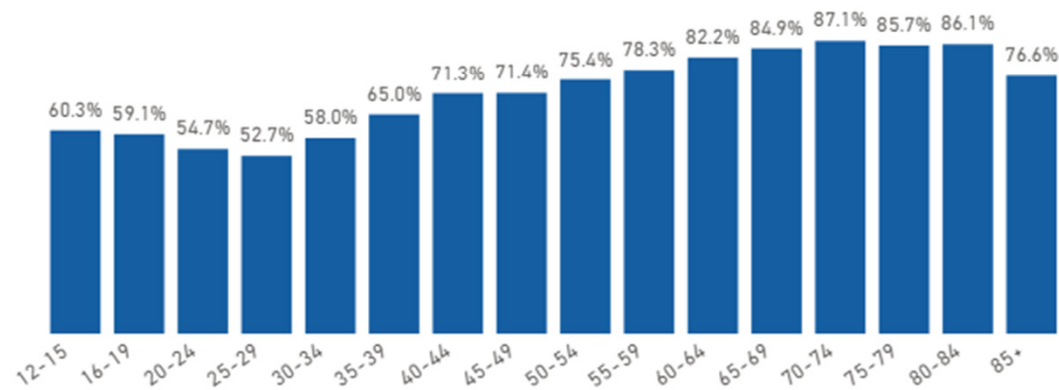
Deprivation Decile

(Māori only)



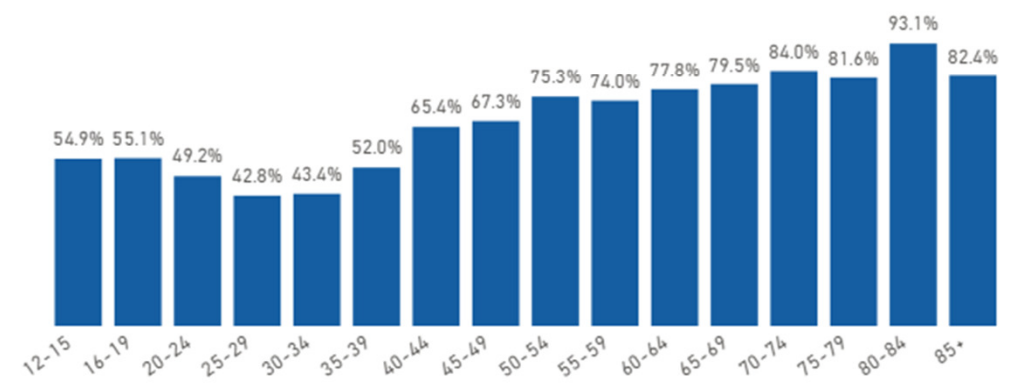
Reached % of Population by Age Group

(Total Population)



Reached % of Population by Age Group

(Māori only)



*Measure - % vaccinated at least once or booked

Māori Engagement Rates by TLA

TLA of Residence/Ward/Domicile



*Measure - % vaccinated at least once or booked

Māori Engagement Rates by Ward

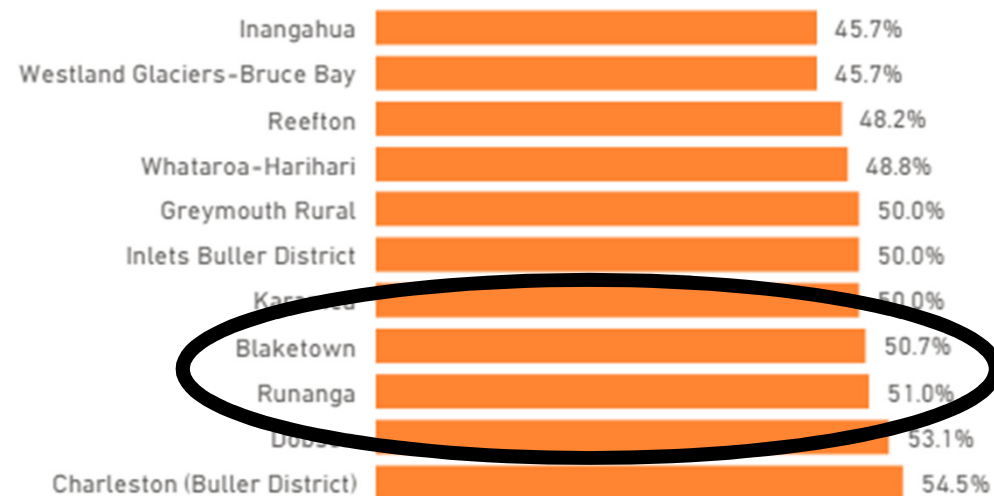
TLA of Residence/Ward/Domicile



*Measure - % vaccinated at least once or booked

Māori Engagement Rates by Domicile

TLA of Residence/Ward/Domicile



<200 people
~84 unvaccinated

*Measure - % vaccinated at least once or booked

Being Community Driven

- Identified Providers, Project Managers and Sponsors for priority populations
 - Māori
 - Rangatahi
 - Location based
- Learning from, developing and supplementing Maori Providers capacity, connections and capability
- Created prioritisation framework to identify best opportunities to vaccinate based on
 - Equity
 - Health Risk
 - Rurality – vaccinating entire communities from the start
- Pivoted operations teams to maximise outreach
 - Less capacity at mass vaccination centres
 - More staff out in community educating and vaccinating

What has and is working well

- Partnerships with providers
 - Whanau days at clinic in partnership with the Maori Health Provider – providing kai and whanau support
 - Working with Hauora Maori and DHB owned practice to target Maori males and those overdue for other clinical programmes (CVDRA) – bloods taken and clinical conversations had while waiting after covid vaccination – delivered by Maori RN, kai provided
 - Disability sector – low sensory clinics; in-home visits; group bookings for clients
 - Kaiarahi calling Māori patients for Whanau Clinics
 - Reserved spaces for Maori at all DHB clinics
 - During lockdown working with Maori kaimahi and Maori NGOs to support Maori to reserved spaces at mass drive through events
- General Practice & Community Pharmacy
 - Opportunities for staff to become involved through Drive-Through events
- Programme Principles
 - Whanau based approach
 - Familiar faces in familiar places
 - Data-driven decision making

Positive Stories

- Whanau Days
 - 307 vaccinations, 22% to Māori
 - Manaakitanga
 - Health education and checks offered in addition to vaccination
- Drive throughs
 - Greymouth 2359 vaccinations over 4 days during Alert Level 4 and 3, 11% to Māori
 - Hokitika 785 vaccinations over 2 days, 47% first doses, 12% to Maori
- Rural settings
 - Vaccine offered to all eligible people in rural communities, e.g. Haast and Karamea
 - RNS and PHO key to identifying vulnerable people
- Additional initiatives
 - Inpatient vaccinations
 - Support work with Gangs
 - Corrections – home detention and persons on probation
 - Clinics at key school locations in Term 4
 - Support offered to Gloriavale should they wish to host a vaccination clinic

Barriers and Challenges

- Programme Requirements
 - Booking requirement
 - Age-based rollout not prioritising Māori population demographic
 - Pay per dose funding model
 - Wastage policies
 - Data privacy
- Individual Factors
 - Indifference/apathy/hesitancy/uncertain/unsure
 - Social media
 - Transport & time to get vaccinated
 - Anti vax mail drops
- Scaling Programme

Priorities Going Forward

- Listening and responding to Māori leaders and communities – innovative Māori led approaches
- Work alongside Poutini Waiora and NGO partners to mobilise the vaccine teams – take the vaccine to the people – informed by domicile data
- Localise Māori communications strategy – codesign, easily accessible appropriate comms for NGOs to distribute
- Build on partnership with Poutini Waiora to assist with establishment of their service: shared workforce, clinical oversight/supervision and support with cold chain management and vaccine control
- Providing access to clinical information and education for people
- Maximising walk-in accessibility close to home, transport options and pop up events
- Principles:
 - Whanau based approach
 - Friendly faces in familiar places
 - Data-driven decision making

Super Saturday – 16th October

- <https://covid19.govt.nz/covid-19-vaccines/how-to-get-a-covid-19-vaccination/super-saturday/>
- Goals:
 - Maximise accessibility and awareness
 - Increase sense of urgency in community
 - Create a fun, festival type environment
 - Empower partners to mobilise unvaccinated
 - Focus on dose 1
- Currently 1272 bookings over 3 days – goal is 3,000 vaccinations
 - 2 sites

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
1. Tikanga and Te Ao Māori				
1.1 Tikanga		1	3	2
1.2 Te Ao Māori			4	2
2. IMPB Foundations				
2.1 Understanding of health reforms / HNZ & MHA	1	3	2	
2.2 Documented protocols		5	1	
2.3 Governance capability		4	1	1
3. Community needs assessment				
3.1 Community & whānau engagement		2	3	1
3.2 Presence / visibility in community		2	3	1
3.3 Ability to gather Iwi aspirations	1	2	3	
3.4 Ability to assess quantitative information		2	3	1
3.5 Ability to assess qualitative information		2	3	1
3.6 Relationship with Māori & non-Māori service providers			3	3
3.7 Relationship with other sectors, agencies & local authorities		2	2	2
3.8 Ability to consolidate and report information		4	2	
4. Strategic wellness priorities				

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
4.1 Ability to assess & identify needs and opportunities		4	1	1
4.2 Ability to develop & communicate priorities		2	2	2
5. Financial acumen				
5.1 Financial acumen		3	2	1
6. Communications & technology				
6.1 Capability with technology		1	4	1
6.2 Communications / online			5	1
7. Anticipated HNZ relationship				
7.1 Understanding and readiness for HNZ relationship		3	3	
8.1 Understanding and readiness for MHA relationship		3	3	
TOTAL # FOR EACH COLUMN				



IWI MĀORI PARTNERSHIP BOARD CAPACITY ASSESSMENT TOOL

August 2021

Iwi Māori Partnership Board: Capacity Assessment Tool

The following Iwi Māori Partnership Board Capacity Assessment Tool (IMPBCAT) is a self-assessment tool that will help guide Iwi Māori Partnership Boards to identify the capacity needed to function at a high-level once these Boards are established and functioning on 1 July 2022. Iwi Māori Partnership Boards (IMPB) will play an influential role in the system. With this role comes an increased workload and responsibility that will require expertise in a number of areas. This tool was developed to identify the key areas where IMPBs will need to have high expertise in the reformed health system. This tool will also analyse the areas where IMPBs should be supported to be developed in the reformed health system, as well as provide a useful assessment of how existing IMPBs can grow their capacity now to meet the requirements of their new roles.

Instructions

You will be rating your current IMPB on a variety of capacity elements. Each of these capacity elements will have a series of sub-elements that will explore specific aspects of each area. These being:

- | | |
|---|--|
| 1. Tikanga and Te Ao Māori | 5. Financial management and accountabilities |
| 2. IMPB foundations | 6. Communications / Information Technology |
| 3. Current state whānau and hāpori Māori needs assessment | 7. Anticipated Health New Zealand relationship |
| 4. Establishing Hauora Māori Wellness Priorities | 8. Anticipated Māori Health Authority relationship |

For each capacity element, there will be four levels that describe the capacity your organisation is currently at with said element. These being:

1. **Unfamiliar** – Little awareness of this competency or how to develop capability in this area
2. **Comfortable** – Knows basics, able to engage appropriately in a short-term transactional setting, but not yet developed strategic capability
3. **Confident** – Confident in being able to determine what is important based on thorough analysis of qualitative and quantitative information
4. **Capable** – Able to lead and advise others, has deep knowledge in the subject area, can speak on the matter confidently to others and needs little support to perform function

The objective of the Health and Disability System Transition Unit and Ministry of Health is to support IMPBs to reach a **‘confident’ level of capacity (Level 3) in all capacity elements before 1 July 2022**, and then for HNZ, MHA and the MOH to continue to support IMPBs to achieve ‘capable’ status across all areas.

Summary Assessment

Complete at end once tool fully reviewed – TICK RELEVANT RATING FOR EACH DOMAIN

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
1. Tikanga and Te Ao Māori				
1.1 Tikanga				
1.2 Te Ao Māori				
2. IMPB Foundations				
2.1 Understanding of health reforms / HNZ & MHA				
2.2 Documented protocols				
2.3 Governance capability				
3. Community needs assessment				
3.1 Community & whānau engagement				
3.2 Presence / visibility in community				
3.3 Ability to gather Iwi aspirations				
3.4 Ability to assess quantitative information				
3.5 Ability to assess qualitative information				
3.6 Relationship with Māori & non-Māori service providers				
3.7 Relationship with other sectors, agencies & local authorities				

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
3.8 Ability to consolidate and report information				
4. Strategic wellness priorities				
4.1 Ability to assess & identify needs and opportunities				
4.2 Ability to develop & communicate priorities				
5. Financial acumen				
5.1 Financial acumen				
6. Communications & technology				
6.1 Capability with technology				
6.2 Communications / online				
7. Anticipated HNZ relationship				
7.1 Understanding and readiness for HNZ relationship				
8. Anticipated MHA relationship				
8.1 Understanding and readiness for MHA relationship				
TOTAL # FOR EACH COLUMN				

1. Tikanga and Te Ao Māori

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
1.1: Understanding of basic tikanga Māori	The Board as a whole has very limited or no understanding or competency in tikanga Māori at present	The Board as a whole has a basic level of understanding of tikanga Māori; the Board is not confident in leading its facilitation of this, and Board capability needs to improve in this area	The Board as a whole has a reasonable level of understanding of tikanga Māori. The Board is somewhat confident in leading its facilitation of this, and Board capability needs to improve in this area	The Board as a whole has a strong level of understanding and capability in tikanga Māori, and how it applies across the Iwi / mana whenua within the coverage area.
1.2: Lived experience of te ao Māori	The Board has limited or no understanding of the lived experience of Māori.	The Board has a basic understanding of the lived experience of Māori; the Board struggles to represent the views of whānau and communities.	The Board understand the lived experience of Māori; the Board is able to represent some of the views and experiences of whānau and communities.	The Board has a comprehensive understanding of the lived experience of Māori; the Board confidently represents the views and experiences of whānau and Māori.

2. Iwi Māori Partnership Board foundations

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
2.1: Clear overall understanding of roles and responsibilities in relation to Health NZ and the Māori Health Authority	The Board has limited or no understanding of its place in the reformed health system; there is limited or no understanding of its potential accountabilities to the community.	The Board has an adequate understanding of role in the health system; Board understands its responsibility to create meaningful outcomes for the community	The Board has a clear understanding of its role in the health system; the Board understands it has powers and levers in its role; the Board understands it has a responsibility for creating	The Board has a comprehensive understanding of its role in the reformed health system and to its community; Board understands how it will use its powers and levers to develop

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
in the future system		but is unsure of its levers to achieve these outcomes.	meaningful outcomes for its community.	meaningful outcomes for whānau and communities.
2.2: Documented roles and protocols	The Board is unfamiliar with their roles and protocols; they do not have a Terms of Reference; they do not possess a Conflicts of Interest policy.	The Board is somewhat familiar with their roles; they have a Terms of Reference that explains simple processes and roles of Board members; they possess a Conflicts of Interest policy.	The Board is familiar with their roles; they have a Terms of Reference that clarifies key roles and protocols of the Board; they possess a Conflicts of Interest policy.	The Board confidently understands their roles and protocols and how to perform them; they have a Terms of Reference that clarifies all roles and protocols of the Board; they possess a Conflicts of Interest policy
2.3 Board has strong experience and capability in governance and partnering with Government and others	The Board has limited or no understanding of requirements of good governance, and understanding of its potential accountabilities as a governing body	The Board has an adequate understanding of requirements of good governance, and understanding of its potential accountabilities as a governing body	The Board has a clear understanding of requirements of good governance, and understanding of its potential accountabilities as a governing body	The Board has a comprehensive understanding of its role of requirements of good governance, and understanding of its potential accountabilities as a governing body

3. Current state assessment of whānau & hāpori Māori needs and aspirations across the coverage area of the IMPB

In the future this is a role required to inform Locality Plans

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
3.1 Community and whānau engagement strategy	The Board currently does not regularly engage with whānau and communities.	The Board engages with the community on an ad-hoc basis.	The Board has processes established for semi-regular engagement with the community.	The Board has processes established for regular engagement with the community and has done this work regularly each year over a long period of time.
3.2 Presence in local community(s) in the coverage area	The Board's presence is not recognised or may not be highly regarded or recognised in the local community OR the Board does not know the Māori community perception of its role and the membership.	The Board's presence is somewhat recognised and is generally regarded as positive in the local community	The Board is reasonably well-known within the community, and is perceived to be responsive to the needs of the community.	The Board is widely known amongst the community and is perceived as actively engaged and highly responsive to the needs of the community
3.3 Gather and consolidate lwi Māori aspirations to reflect lwi Māori priorities within the rohe	The Board's links with local lwi are un-developed in terms of understanding lwi aspirations for Pae Ora, and their expectations of the Board as an advocate for lwi aspirations in health	The Board's links with local lwi are somewhat developed in terms of understanding lwi aspirations for Pae Ora, and their expectations of the Board as an advocate for lwi aspirations in health – but needs improvement	The Board's links with local lwi are well developed in terms of understanding lwi aspirations for Pae Ora, and their expectations of the Board as an advocate for lwi aspirations in health – but there is still room for improvement	The Board's links with local lwi are highly developed and strongly linked. The Board is fully aware of and understands lwi aspirations for Pae Ora, and their expectations of the Board as an advocate for lwi aspirations in health
3.4 Ability to access and review quantitative data and identify trends and	The Board as a whole does not have strong capability or experience yet in being able to receive, review and consider a range of quantitative data / statistics to	The Board as a whole has variable capability and experience yet in being able to receive, review and consider a range of quantitative data / statistics to	The Board as a whole has variable capability or experience yet in being able to receive, review and consider a range of quantitative data / statistics to	The Board as a whole has well developed and strong capability or experience in being able to receive, review and consider a range of quantitative data / statistics to

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
opportunities (data from DHB/HNZ, MOH, Public Health etc)	determine issues and opportunities for hāpori Māori & whānau	determine issues and opportunities for hāpori Māori & whānau. There is much room for improvement so that Board is stronger in this area	determine issues and opportunities for hāpori Māori & whānau. There is still room for improvement so that the full Board is highly capable	determine issues and opportunities for hāpori Māori & whānau
3.5 Ability and experience in reviewing qualitative data and reports and to identify trends and opportunities (e.g. Māori research reports, Iwi reports)	The Board as a whole does not have strong capability or experience yet in being able to receive, review and consider a range of qualitative data / research reports / literature on Māori health in its coverage area, to determine issues and opportunities for hāpori Māori & whānau	The Board as a whole has variable capability in being able to receive, review and consider a range of qualitative data / research reports / literature on Māori health in its coverage area, to determine issues and opportunities for hāpori Māori & whānau. There is much room for improvement so that Board is stronger in this area	The Board as a whole has reasonably strong capability or experience yet in being able to receive, review and consider a range of qualitative data / research reports / literature on Māori health in its coverage area, to determine issues and opportunities for hāpori Māori & whānau. There is still room for improvement so that the full Board is highly capable	The Board as a whole is highly experienced and capable at being able to receive, review and consider a range of qualitative data / research reports / literature on Māori health in its coverage area, to determine issues and opportunities for hāpori Māori & whānau
3.6 Board has developed strong relationships with providers (Māori and mainstream) in the coverage area, to gather information from them about whānau needs and aspirations that they see, experience and respond to	The Board as a whole does not have strong relationships or visibility among Kaupapa Māori and non-Māori service providers in the coverage area – where it can source information on whānau health needs and aspirations	The Board as a whole has variable relationships or visibility among Kaupapa Māori and non-Māori service providers in the coverage area – where it can source information on whānau health needs and aspirations. There is much room for improvement.	The Board as a whole has fairly strong relationships or visibility among Kaupapa Māori and non-Māori service providers in the coverage area – where it can source information on whānau health needs and aspirations. However not all key providers are connected with the Board yet to provide advice and information on whānau health needs and aspirations	The Board as a whole has very strong and well-developed relationships and visibility among Kaupapa Māori and non-Māori service providers in the coverage area – where it can source information on whānau health needs and aspirations. These relationships are sustained through regular forums, engagement and/or communications.

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
3.7 Have developed or established partnerships or relationships with other sectors, agencies and local authorities to receive information about whānau needs, aspirations, state of environmental wellbeing & opportunities	The Board as a whole does not have strong or established relationships or visibility among other sectors/agencies within the coverage area – where it can source information on whānau health needs and aspirations and seek joint opportunities for collaboration to address whānau needs and environmental wellbeing	The Board as a whole has variable relationships or visibility among some other sectors/agencies within the coverage area – where it can source information on whānau health needs and aspirations and seek joint opportunities for collaboration to address whānau needs and environmental wellbeing. There is much room for improvement to connect with other agencies and to build a focus on environmental wellbeing	The Board as a whole has reasonable relationships or visibility among some other sectors/agencies within the coverage area – where it can source information on whānau health needs and aspirations and seek joint opportunities for collaboration to address whānau needs and environmental wellbeing. There is some room for improvement to connect with other agencies and to build a focus on environmental wellbeing	The Board as a whole has very strong established relationships and visibility among other sectors / agencies within the coverage area – where it can source information on whānau health needs and aspirations and seek joint opportunities for collaboration to address whānau needs and environmental wellbeing. There are several examples of joint initiatives and collaborations.
3.8 Capability to consolidate all of the above information into a cohesive documented assessment of whānau, hapu, Iwi and hāpori Māori needs across the coverage area	The Board does not yet have any experience or track record of producing local needs assessment reports from an Iwi-Māori perspective, that identifies whānau, hapu, Iwi and hāpori Maori needs and aspirations across the coverage area	The Board has minimal and variable experience or track record of producing local needs assessment reports from an Iwi-Māori perspective, that identifies whānau, hapu, Iwi and hāpori Maori needs and aspirations across the coverage area. The work has been inconsistent and is not a routine competency of the Board	The Board has fairly well-developed experience or track record of producing local needs assessment reports from an Iwi-Māori perspective, that identifies whānau, hapu, Iwi and hāpori Maori needs and aspirations across the coverage area. The work has been a regular deliverable of the Board.	The Board has significant experience and track record of producing local needs assessment reports from an Iwi-Māori perspective, that identifies whānau, hapu, Iwi and hāpori Maori needs and aspirations across the coverage area. The work has been consistent over a number of years.

4. Developing “Hauora Māori Wellness Priorities” document for HNZ and MHA (to contribute to locality plans and regional plans)

In the future this is a role required to inform Locality Plans

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
4.1: Assessing opportunities and priorities	The Board does not yet have any experience in drawing conclusions from a myriad of data (such as outlined in 3. above) to identify priorities for whānau and hāpori Māori in its coverage area – and to identify desired outcomes	The Board has some experience in drawing conclusions from a myriad of data (such as outlined in 3. above) to identify priorities for whānau and hāpori Māori in its coverage area – and to identify desired outcomes. There is however much room for improvement in this area	The Board has fairly well-developed capability to draw conclusions from a myriad of data (such as outlined in 3. above) to identify priorities for whānau and hāpori Māori in its coverage area – and to identify desired outcomes. There is some room for improvement in this area	The Board has very well-developed capability and experience in drawing conclusions from a myriad of data (outlined in 3. above) to identify priorities for whānau and hāpori Māori in its coverage area – and to identify desired outcomes. The Board is experienced at tracking progress against the desired outcomes.
4.2: Developing Position Statements & advocating for whānau needs and priorities	The Board does not yet have experience in developing position statements; reports; or communications to funders (e.g., DHB) to advocate for whānau needs and aspirations within its coverage area	The Board has variable experience in developing position statements; reports; or communications to funders (e.g., DHB) to advocate for whānau needs and aspirations within its coverage area. At times it has been done, but not in any consistent and regular way	The Board has experience in developing position statements; reports; or communications to funders (e.g., DHB) to advocate for whānau needs and aspirations within its coverage area. This has been done on a fairly regular basis over the years.	The Board has significant experience in developing position statements; reports; or communications to funders (e.g., DHB) to advocate for whānau needs and aspirations within its coverage area. This has been done on a very regular basis over many years.

5. Financial management and accountabilities

In the future, IMPBs will need to review financial budgets and information within Locality Plans to assess appropriateness of budget allocations to priorities

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
5.1 Financial acumen	Limited or no confidence in review and analysis of financial information & data;	Reasonable confidence in financial decision-making; decision-making is achieved in an adequate amount of time; decisions are informed.	Confidence in financial decision-making is expressed; decisions are made in an acceptable amount of time, but could be improved	Strong confidence in financial decision-making; quick turn-around on decision-making; decisions are well-informed.

6. Communications and Information Technology

In the future IMPB meetings may be frequently online, with paperless meetings. IMPB members need to be able to communicate effectively online.

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
6.1 Information technology	No members of the Board can confidently use technology; Limited or no use of computers and other technology in day-to-day activity.	Some members of the Board can confidently use technology; Computers and technology seldom used in day-to-day activity.	Most members of the Board can confidently use technology; technology is sometimes used in day-to-day activity.	All members of the Board can confidently use technology; technology is often used in day-to-day activity.
6.2 Communications technology (capability for virtual / online meetings locally, regionally, nationally)	No members of the Board can confidently use communications technology.	Some members of the Board can confidently use communications technology.	Most members of the Board can confidently use communications technology.	All members of the Board can confidently use communications technology.

7. Understanding the anticipated Health New Zealand relationship

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
7.1 Clear understanding of the anticipated future relationship with Health NZ	The Board has no understanding of what its working relationship with the future Health NZ might look like from an IMPB perspective.	The Board has limited or variable understanding of what its working relationship with the future Health NZ might look like from an IMPB perspective.	The Board has a fairly clear understanding of what its working relationship with the future Health NZ might look like from an IMPB perspective. There are still many unanswered questions that the Board needs to know.	The Board has a clear understanding of what its working relationship with the future Health NZ might look like from an IMPB perspective. The Board is ready from a proactive standpoint to enter into that relationship and be clear on upholding its mana motuhake on behalf of whānau in its coverage area. This includes have a clear expectation of its Tiriti o Waitangi relationship with Health NZ as a Crown agent, and the aspirations of both settled and non-settled Iwi.

8. Understanding the anticipated Māori Health Authority relationship

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
8.1: Clear understanding of the anticipated future relationship with	The Board has no understanding of what its working relationship with the future Māori Health Authority	The Board has limited or variable understanding of what its working relationship with the future Māori Health	The Board has a fairly clear understanding of what its working relationship with the future Māori Health Authority might look like from an IMPB	The Board has a clear understanding of what its working relationship with the future Māori Health Authority might look like from an IMPB

Capacity elements	Level one: Unfamiliar	Level two: Comfortable	Level three: Confident	Level four: Capable
the Māori Health Authority	might look like from an IMPB perspective.	Authority might look like from an IMPB perspective.	perspective. There are still many unanswered questions that the Board needs to know.	perspective. The Board is ready from a proactive standpoint to enter into that relationship and be clear on upholding its mana motuhake on behalf of whānau in its coverage area. This includes have a clear expectation of its Tiriti o Waitangi relationship with Māori Health Authority as a Crown agent, and the aspirations of both settled and non-settled Iwi.



TATAU POUNAMU KI TE TAI O POUTINI
Manawhenua Advisory Group

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



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1 Ngā Mana

Parties

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

“Kia eke a Poutini Ngai 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

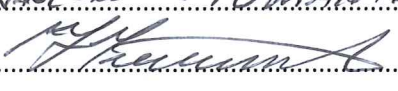
Problem resolution

- 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.

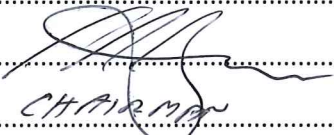
14 Term Of Memorandum Of Understanding

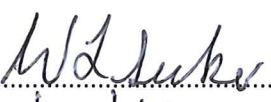
- 14.1 This Memorandum of Understanding commences upon signing by both parties;
- 14.2 This Memorandum of Understanding may be terminated by mutual agreement or by either party giving three months notice to the other party.

SIGNED ON BEHALF OF
THEIR RESPECTIVE ORGANISATIONS

Name:FRANCIS TUMAUAE.....
Signature:.....
Designation/TitleCHAIRMAN.....
For Te Runanga o Ngati Waewae
Date:31-3-2016.....

Name:Paul Madwick.....
Signature:.....
Designation/TitleChairman.....
For Te Runanga o Makaawhio
Date:31/03/16.....

Name:PETER BANLANTYNE.....
Signature:.....
Designation/TitleCHAIRMAN.....
For West Coast District Health Board
Date:31/03/16.....

Witness
Signature:.....
Date:31/3/16.....

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:

West Coast District Health Board Annual Plan 2021/22

Extract – Tatau Pounamu areas of responsibility

2.3 Give Practical effect to Whakamaua - Māori Health Action Plan 2020-25	
Planning Priority: Engagement and Obligations as a Treaty Partner	
Action to Improve Performance	Milestone
Engage our iwi Advisory Board, Tatau Pounamu, in the completion of a West Coast Māori Health Profile, to inform strategic thinking and identify opportunities to accelerate Māori health improvement and equity. (EOA) ¹	Q2: West Coast Māori Health Profile complete.
In partnership with Tatau Pounamu, work with iwi, hapū whānau and our Māori community to develop a longer-term strategy for improving Māori outcomes in line with Whakamaua (the national Māori Health Action Plan). (EOA) ¹	Q2: Consultation undertaken.
	Q3: Improvement plan developed and approved.
Establish a process for Tatau Pounamu to support Māori representation on workstreams or governance groups and develop a pool of Māori talent for people to draw upon, to grow Māori leaders across our system and ensure greater depth for succession planning. (EOA)	Q1: Two Māori members appointed to the West Coast Disability Steering Group.
	Q3: Talent pool identified.
Deliver a series of information/education sessions to the DHB's Board and Tatau Pounamu to enable informed participation in driving equity conversations and strategy. (EOA)	Q1: Programme in place.
	Q2-Q4: Sessions delivered.
Planning Priority: Whakamaua Objective: Accelerate and Spread the Delivery of Kaupapa Māori and Whānau-centred Services	
Action to Improve Performance	Milestone
Engage with Tatau Pounamu and Poutini Waiora, as the DHB transitions to Microsoft Teams, to increase access to telehealth services for Māori across the West Coast, particularly those in our more remote areas. (EOA) Seek feedback from Māori service users regarding their experience of telephone/video consults over the acute COVID-19 period to inform improvements in the service going forward. (EOA)	Q1: Feedback sought.
	Q2 Feedback reviewed and presented to Clinical Leads and Information Service Group.
Planning Priority: Whakamaua Objective: Reduce Health Inequities and Health Loss for Māori	
Action to Improve Performance	Milestone
Work with Tatau Pounamu to co-design an evaluation framework for reviewing specific service areas and the effectiveness of current programmes and service models in addressing areas of inequity for Māori. (EOA)	Q4 Evaluation framework developed, and first evaluation undertaken.

¹ This work was delayed in 2020/21 due to resource constraints and redeployments and has been prioritised for 2021/22.

Planning Priority: Whakamaua Objective: Strengthen System Accountability Settings	
Action to Improve Performance	Milestone
Engage with Tatau Pounamu on the redevelopment of the Mental Health Unit as the business case is progressed and agree on participation and consultation for design phases should approval of the business case be given. (EOA)	Q1:Q4: Ongoing engagement on the redevelopment of the Mental Health Unit.
Engage with Poutini Waioara, Tatau Pounamu, the wider Māori health sector and the West Coast PHO to build on the success of the Whakakotahi QI project and capture the opportunities identified in the Pae Ora o Te Tai o Poutini evaluation, to improve health outcomes for Māori. (EOA) In doing so, develop and submit a proposal for Te Ruinga funding, with Poutini Waioara, to engage a project facilitator to progress the development of the Pae Ora model. (EOA)	Q1: Socialisation of the Pae Ora evaluation.
	Q1: Funding proposal submitted to the Ministry.
	Q2: Facilitator engaged.
	Q4: Pathway for development of whānau ora community clinics agreed.
Appoint two Māori members to the newly formed West Coast Disability Steering Group, identified and supported by Tatau Pounamu, to ensure a strong Māori voice in the Disability Strategy implementation. (EOA)	Q1: Members in place.

