

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

Friday 28 January 2022

@ 11.00 am Tatau Pounamu Board Meeting

Join Zoom Meeting: <https://cdhbhealth.zoom.us/j/84462001635>

Meeting ID: 84462001635

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 – Board Room

Zoom Link: <https://cdhbhealth.zoom.us/j/84462001635>

Meeting ID: 844 6200 1635

Friday 28 January 2022 – **11.00 – 1.30pm**

KARAKIA

ADMINISTRATION

Apologies

1. **Interest Register**

Update Interest Register.

2. **Confirmation of Minutes of Previous Meetings**

Previous meeting minutes – 12 November 2021 – *Chair*.

11.00am

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

4. **Discussion Items**

11.15am

- Localities and prototypes – update and discussion
- West Coast Integrated Covid Community Coordination Centre (WCICCCC)
- Hauora Direct Prototype
- Transition Planning Work – document attached
- Operational Projects

REPORTS

5. **GM Māori Health**

Kylie Parkin - *General Manager (Acting)*

6. **Chairs Update**

Susan Wallace - *Chair*

FYI only

INFORMATION ITEMS and UPDATES

7. **Presentation**

Helen Gillespie – Covid19 Programme Manager
12.00 – 12.30am

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
-

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE MEETING FRIDAY 12 November 2021 Corporate Board Room - 10.00 AM

PRESENT: Marie Mahuika-Forsyth, Te Runanga O Makaawhio Representative (Chair)
Chris Auchinvole, WCDHB Board Representative (Zoom)
Joseph Mason, Te Rūnanga O Ngāti Waewae Representative
Anne Ginty, Mawhera Community Representative (Zoom)

IN ATTENDANCE Kylie Parkin, Portfolio Manager, Māori Health (In person)
Marion Smith, Portfolio Manager, Māori Health (In person)
Philip Wheble, General Manager, West Coast DHB (In person)
Helen Gillespie, Covid Programme Manager (In person)

APOLOGIES: Susan Wallace, Te Rūnanga o Makaawhio Representative
Richelle Schaper, Kawatiri Representative.
Gary Coghlan, General Manager Māori Health
Ned Tauwhare, Te Rūnanga O Ngāti Waewae Representative

Mihi Whakatautau/Karakia

Joseph Mason

AGENDA

1. DISCLOSURES OF INTEREST.

1. Updates/amendments discussed.

2. MINUTES OF LAST MEETING.

1. Minutes of the previous meeting (15th October 2021) agreed as a true and correct record.

Moved: Chair

Second: Joseph Mason

3. ACTION POINTS FROM PREVIOUS MEETINGS.

1. Disability Steering Group

Mike Nolan has agreed to represent Tatau Pounamu. Mike to be invited to attend February meeting.

2. Alliance Leadership Team

Yet to be appointed.

3. Suicide Prevention.

Presentation by Suicide Prevention Co-ordinator - carry over to February 2022

4. DISCUSSION ITEMS / A G E N D A

1. COVID19 (see below).

2. Transition planning

Hauora Māori staff to send draft Transition plan to the Chair for comment and review.

3. Mental Health Update

as noted in GM report.

4. Consumer Council

Ongoing discussion on the role of the Consumer Council. Tatau Pounamu Board recommended we nominate Davida Simpson to be a representative. Others (as per Matters Arising) be approached as additional options.

5. **Mana Taurite – Transalpine Work Plan FY22**

Hauora Māori staff gave an overview of the Work Plan. Document to be tabled at the next meeting.

6. **Mana Ake – West Coast Project Team (report tabled)**

Invite Planning and Funding Team to January 2022 meeting to discuss.

7. **Alliance Leadership Team**

Report tabled and discussed

8. **Pae Ora (Heath Futures) Bill and Pae Ora Commissioning Framework**

Included in Meeting document

9. **MH Dashboard**

Tabled.

10. **General**

Send Anne Ginty information on Mana Wāhine Breast and Cervical Screening Clinic.

Expense forms to be sent to Tatau Members. Hauora Māori Staff to check payment schedule.

5. **Phil Wheble – WCDHB GM Report.**

a. Key Points.

- Overview of SIQ process and support processes available.
 - Primary Care model in the community
 - Kaiawhina led
- WCDHB Covid Management recognize the importance of the Māori Equity Group which sits alongside the Clinical Advisory Group.
- Providing care and caring for our staff continues to be a challenge as we build resilience across the team.
- Work continues with Poutini Waiora to align the strategies of Pae ora and Rural Generalism.

6. **Helen Gillespie – Covid19 Programme Manager**

a. Key Points – see attached presentation

7. **GM Māori Health Update**

Gary Coghlan - *General Manager*

Tabled

Meeting ended at 12.30pm.

Next meeting is to be held at Board Room Friday 28th January 2022.

TATAU POUNAMU

ACTION LIST ITEMS 15 October 2021

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	July 09	3.2 Suicide Prevention. - Action: Reschedule Suicide Prevention Coordinator to the next meeting.	Kylie Parkin	January
3.	July 09	3.5 Working Groups. - Disability Steering Group - Alliance Leadership	Hauora Team	Completed January
4.	October 15	4.1 Covid 19. - Action: Creation of an easy Self isolation plan document. Marion Smith to put together -look at civil defence model, for whanau who need to isolate, due to covid in the house hold. - Action: Self isolation, quarantine process - Chairs report to the Board to include, that there is an obligation under the MOU to be early when it comes to major strategies that will effect Māori communities. - Action: Self-isolation review meeting organised. - Action: Marie Mahuika-Forsyth to talk to Veronica Baldwin. - Action: Email Patricia Joseph in the Ministry of Health to find out about the information package being developed. - Action: Philip Wheble – Send through Webinar link for Canadian Covid care model to Tatau Pounamu.	Marion Smith Susan Wallace Kylie Parkin Marie Forsyth Kylie Parkin Phil Wheble	Completed January Completed Completed Completed January
5.	October 15	4.2 Working Groups. - Action: Organise a meeting with Michael Nolan who is currently serving on the Disability committee. - Action: Email the Disability Steering Group application out with assurance that support will be given by Tatau Pounamu. - Action: Reframe advertisements for positions to be placed in the newspaper. - Organise a meeting with Dr Matt Sollis to discuss ALT nomination.	Marion Smith Melanie Wilson Marion Smith / Melanie Wilson Kylie Parkin	Completed Completed January Completed

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
6.	October 15	4.3 Workforce Development - Build Capability and Capacity. <ul style="list-style-type: none"> - Action: Hauora team to send through information about the workforce numbers and rolls of Kaiawhina in the DHB to Susan Wallace. - Action: Invite the Equity team to the next Tatau Pounamu meeting. - Action: Send through the Equity team Workforce Plan to Chair. 	Kylie Parkin Marion Smith / Melanie Wilson Marion Smith	
7.	October 15	4.4 MOU. <ul style="list-style-type: none"> - Action: Chair to have discussion with other areas to see what they are currently doing around their MOUs. - Action: Chair to discuss MOU with Rick Barker. 	Susan Wallace Susan Wallace	
8.	October 15	4.5 Transition Planning Work / Assessment Tool. <ul style="list-style-type: none"> - Action: Clarification required on the transition plan, training and completion. - Action: Meeting to be organised to discuss and complete the transition plan assessment. 	Marion Smith Kylie Parkin	Completed
9	October 15	4.7 Annual Plan. <ul style="list-style-type: none"> - Action: Summary to be added to the back of the next Board report. 	Marion Smith / Kylie Parkin	January
10	October 15	4.8 Consumer Council. <ul style="list-style-type: none"> - Actions: Organise a meeting to discuss the values and principles document. - Actions: Davida Simpson, Miriama Johnson, Rachael Forsyth, Nicki Lee, Helen Rasmussen, Rangatahi - to be approached to attend the reframe and of the Terms of Reference. - Actions: Davida, Miriama and Rangatahi invited to attend current consumer council. 	Kylie Parkin Kylie Parkin	
11	October 15	4.9 Meeting Attendance. <ul style="list-style-type: none"> - Action: Marie Mahuika-Forsyth to discuss representation with Francois Tumahai and Joseph Mason. 	Marie Forsyth	Completed

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Hauora Maori Team**

DATE: **28 January 2022**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

2. RECOMMENDATION

Review of Tatau Pounamu meeting schedule

WEST COAST DHB Tatau Pounamu – MEETING SCHEDULE JANUARY – JUNE 2022

DATE	MEETING	TIME	Papers	Venue
Friday 28th January	Tatau Pounamu	11.00am	24 th January	Board Room, Corporate Office
Friday 4th March	Tatau Pounamu	10.00am	28 th February	Board Room, Corporate Office
Thursday 14th April	Tatau Pounamu	10.00am	8 th April	Board Room, Corporate Office
Friday 3rd June	Tatau Pounamu	10.00am	30 th May	Board Room, Corporate Office

NOTE: The above dates and venues are subject to change

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE:

DATE:

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

1. ORIGIN OF THE REPORT

Verbal Update

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes and approves any verbal discussion of update.

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE:

DATE:

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

1. ORIGIN OF THE REPORT

Verbal Update

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes and approves any verbal discussion of update.

WCDHB CVIP Programme Update to Tatau Pounamu

12/11/2021



For details of your nearest
vaccination clinic check:

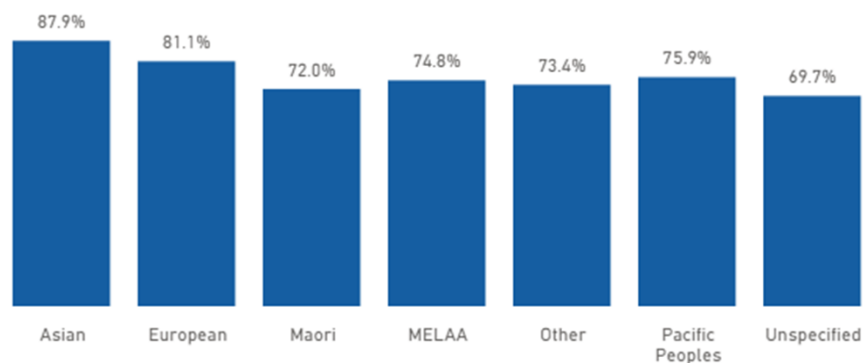
VaccinateCanterburyWestCoast.nz

Progress and Performance

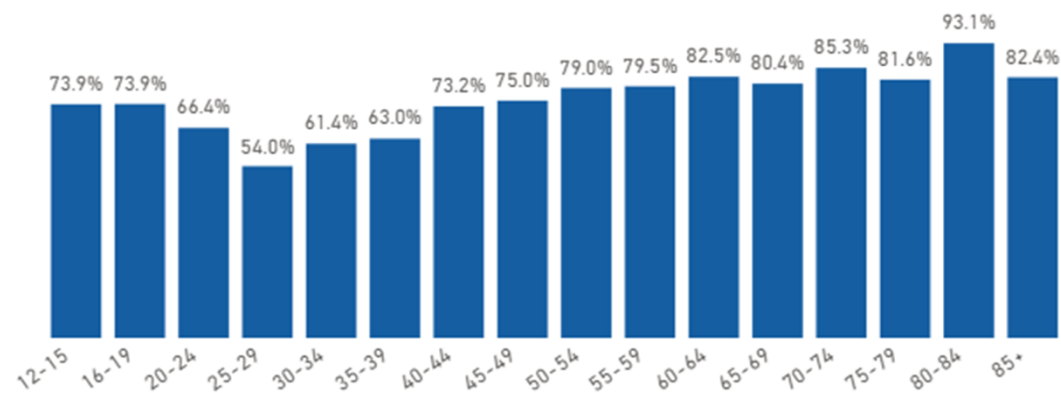
- Over 3,700 vaccinations
- 76% 1st dose
- 59% 2nd dose
- 392 1st doses required to reach 90%

% Vaccinated At Least Once

Reached % of Population by Ethnicity Group



Reached % of Population by Age Group

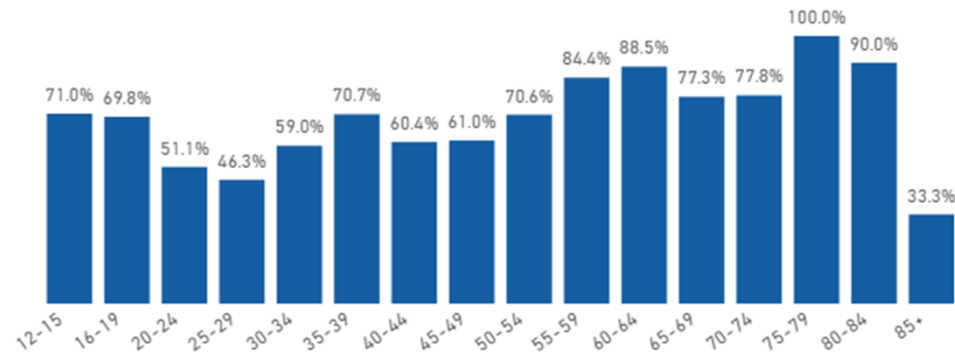


*indicative only

Māori Engagement Rates by TLA

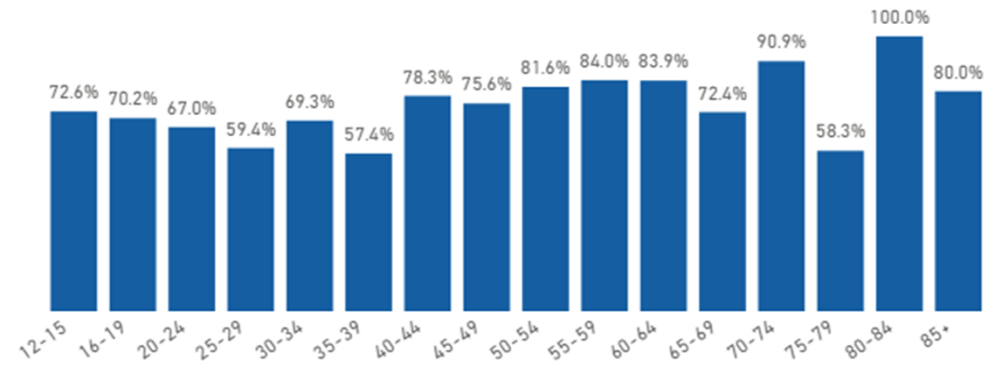
Reached % of Population by Age Group

Buller



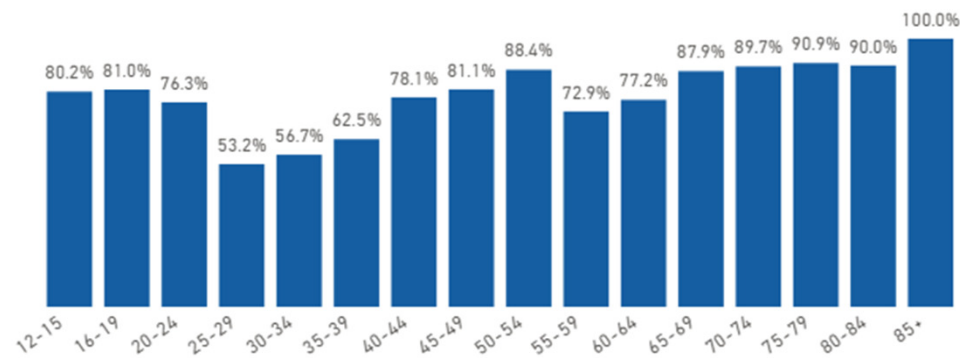
Reached % of Population by Age Group

Grey



Reached % of Population by Age Group

Westland



*Measure - % vaccinated at least once or booked
Indicative only

Current context for Māori vaccination

- Progress has been steady but more urgency required
- Some themes are common across
- Kaumatua leading the way
- C'mon Coasters campaign
- Door knocking, street by street, pop-up, marae, drive throughs, clinics
- Q&A opportunities
- Working together to make vaccination accessible
 - Hauora Maori Health
 - Poutini Waioira
 - Te Hā O Kawatiri

Wero

90% Māori vaccinated on Te Tai
Poutini by 28th November



90% in 17 days

Need:

23 1st doses each day for
Māori across the Coast

Roughly:

7 1st doses per day in
Buller

9 1st doses per day in Grey

7 1st doses per day in
Westland

Westland

Hokitika Ward	53
Northern Ward	54
Southern Ward	30

Grey

Central Ward	81
Eastern Ward	47
Northern Ward	32
Southern Ward	13

Buller

Inangahua Ward	38
Seddon Ward	23
Westport Ward	87

*indicative only

Daily and Weekly Data source

[COVID-19: Vaccine data | Ministry of Health NZ](#)



GUIDELINES & TOOLS FOR IWI TO ESTABLISH IWI MĀORI PARTNERSHIP BOARDs (IMPBs)

23 December 2021

Guidelines for Iwi establishing new Iwi Māori Partnership Boards

The following tools are designed for Iwi once the Iwi has made early decisions on the establishment of its new IMPB to operate from 1 July 2022 alongside Health NZ and the Māori Health Authority.

It is acknowledged that Iwi may choose to draw on all or some of the members of current DHB Māori Relationship Boards to appoint them to the new Iwi Māori Partnership Board.

Tool 1: Establishment Plan

This plan needs to be completed to help the Iwi identify the tasks they need to perform to form their new IMPB. Ideally the Iwi will form their Board by April 2022 latest so that work can be done to recognise the Board within legislation from 1 July 2022.

The Establishment Plan, when submitted to the Ministry of Health, will also form the basis of funding to be provided to support the Iwi to carry out the tasks in their plan.

Tool 2: Skills and Competencies Guideline for selecting members to IMPBs

The tools are aimed at helping to guide Iwi to discuss and select the most appropriate members of the IMPB that will 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.

Iwi Māori Partnership Boards (IMPBs) in the future

Characteristics of IMPBs

Government has already agreed to the fundamental characteristics of Iwi Māori Partnership Boards:

- (1) they will be independent, without government character. They do not report to the Crown – they are accountable to Iwi and hāpori Māori within their respective coverage areas
- (2) they will operate predominantly at the locality level of the health system but will also have a role at the regional and national level. The locality layer of the system is where tino rangatiratanga and mana motuhake are most emphasised.
- (3) they will be closely involved in locality commissioning from assessing needs of whānau, identifying priorities and monitoring service provision

Purposes of IMPBs

- (1) exercise tino rangatiratanga as the tangata whenua partner with HNZ and MHA, in planning around health priorities and services at the locality level, within their rohe or coverage area.

- (2) ensure the voices of whānau Māori are elevated and made visible within the health system
- (3) embed mātauranga Māori within locality plans, which then influences regional and national planning.

Core Functions of IMPBs (subject to further engagement led by the Maori Health Authority and report back to Government – see IMPB FAQs)

IMPBs are involved at a strategic commissioning level in influencing priorities, outcomes, and allocation of the overall locality budget into priority areas – but are not expected to be involved in operational functions such as procuring specific individual provider contracts. In summary, the strategic commissioning role could include:

- engaging with whānau and hapū, and sharing the resulting insights and perspectives
- assessing and evaluating the current state of hauora Māori in their locality or localities; and to identify local priorities for improving hauora Māori
- working with Health NZ and the Māori Health Authority commissioners to negotiate strategic Māori health outcomes and priorities, service-level priorities, unique or significant local issues, and broader observations on wellbeing and social determinants of health in the locality
- monitoring the performance of the health system in their locality or localities, including against the locality plan
- engaging with the MHA to support its national stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation, to support a ‘ground up’ approach to oversight and investment decisions by the MHA; and
- reporting on the IMPBs activities to whānau and hāpori Māori, and other relevant partners as a measure of accountability of the IMPBs to Māori in each locality.

Legislation is expected to permit further roles for IMPBs without defining them. These would be negotiated with HNZ or MHA on an individualised basis by IMPB, as maturity and capability develop.

Support for IMPBs to carry out core functions from 1 July 2022

- (1) To deliver on the above roles, it is acknowledged that Iwi-Māori Partnership Boards will need a measure of resourcing and support in addition to the membership of the board. This support includes secretariat functions, the provision of data analysis, writers and policy advice, as well as support for engagement activities to influence locality planning
- (2) The Māori Health Authority and HNZ will provide this support as well as Mātauranga Māori, research, best practice or other Māori subject-matter support including support with policy advice and drafting in locality planning, if the IMPB desires it. The nature of the support will be decided once the final MHA-led engagement on IMPB roles and functions is completed and decisions made by Government.

Ongoing engagement and support

The Transition Unit also plans to convene further rounds of engagement with Iwi and to check in on progress with implementation of Establishment Plans. This will also help us to understand any challenges or issues faced by the Iwi that need to be resolved by the Transition Unit, interim HNZ or interim MHA and Ministry of Health.

Over the next 9 months, functions of the Transition Unit may be transferred to the interim HNZ and MHA, and it is possible that support for IMPB development may be assumed by these entities from the Transition Unit. This should not affect the level of support being available to Iwi

Any question on this Guideline please contact:

Bernard Te Paa: Bernard.tepaa@dpmc.govt.nz

OR Rawinia Mariner: rawinia.mariner@health.govt.nz

DRAFT

TOOL 1: ESTABLISHMENT PLAN TEMPLATE

Delete the italics when you complete and before you send your Establishment Plan. We anticipate that this plan should be no longer than 4-6 pages

AREA COVERED BY YOUR GROUPING: _____

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
Current Iwi partners in DHB partnerships <i>Identify your approach to communications / engagement with the current Māori Relationship Board in your area working with the DHB (so that they are clear that their role will conclude by June 2022, and what process you have for creating your new Board)</i>	<i>Continue to meet with the existing board (Tatau Pounamu) to keep them informed and updated on the transition process.</i> <i>Identify potential of existing members to contribute to the establishment of the new IMPB.</i> <i>Identify key areas that current members would like to see a continued focus on when the new IMPB is established.</i>	<i>Joint DHB and Tatau Pounamu hui to acknowledge the contributions of members. Presentation made to the WCDHB on transition process.</i> <i>Outline of specific member contributions made during their tenure on Tatau Pounamu.</i> <i>Identify existing members who want to apply for new IMPB.</i> <i>Identify a pool of potential people to be considered and supported to apply for the new IMPB.</i>	<i>Farewell held to acknowledge exiting members.</i>
Composition / constitution of IMPB	<i>Work with Iwi to understand their requirements of IMPB and how they see the make-up of the membership.</i>	<i>Run a targeted recruitment campaign to attract Iwi and Hapori Maori ensuring a broad range of potential applicants are aware and a</i>	<i>Appointments confirmed and Iwi Maori Partnership Board in place to ensure the board has a strong level of understanding and capability in</i>

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>Utilising the Skills and Competency tool (Tool 2 in this pack) identify your process you will undertake to identify suitable candidates for your new IMPBs</i></p> <p><i>Acknowledging the core functions of IMPBs, will the IMPB have the right skill mix and competencies? ENSURE mandate from the Iwi Māori Authorities in the area to ensure the members on the IMPB have authority to act on their behalf in the new system.</i></p>	<p><i>Understand skill gaps identified by Capacity Assessment within existing IMPB and target recruitment strategies to fill these gaps.</i></p>	<p><i>supportive process for application is in place.</i></p> <p><i>Begin appointment process.</i></p>	<p><i>Tikanga Māori and how it applies to Iwi/Mana whenua.</i></p>
<p>Reflecting Iwi and Hāpori Māori</p> <p><i>Does the composition of the IMPB include Iwi and representation of your local Hāpori Māori? What process is used to appoint and replace members? Iwi may choose to select people based on skills and expertise rather than an Iwi</i></p>	<p><i>Begin identifying potential candidates for appointment and discuss requirements of the role.</i></p> <p><i>Members should be widely known amongst the community and perceived as actively engaged and highly responsive to the needs of the community</i></p>	<p><i>Appointment process in place to ensure the board composition is made up of members who can confidently represent the views and experiences of whānau Māori.</i></p> <p><i>Candidate specifications are developed to ensure IMPB members fully understand Iwi aspirations and have the capability to advocate for the health needs of Hāpori Māori.</i></p>	<p><i>A timetable of hui to be conducted with Hāpori Māori throughout the Ropu is programmed and agreed. Purpose to establish key relationships and develop a process for regular engagement.</i></p> <p><i>Relationships are formed and sustained through regular forums, engagement and/or communications.</i></p>

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>delegate from the Iwi Authority. This is their choice to do so</i></p>			<p><i>A local Māori Needs Assessment to be initiated by the DHB to inform the MHA and HNZ and feed into the localities planning. Informed by:</i></p> <ul style="list-style-type: none"> <i>• Maori health snapshot</i> <i>• Mental Health redesign/co-design</i> <i>• Pae ora o Te Tai o Poutini</i> <i>• Rural Generalism</i>
<p>IMPB Terms of Reference</p> <p><i>Plan to develop a TOR so that the new IMPB rules are set out and ready for operating alongside HNZ and the MHA. What is the name of the new IMPB?</i></p> <p><i>Define the boundaries (map appended is fine). TOR needs to cover name, membership (who, how appointed, replaced), mandates, numbers, roles, meeting protocols, Chairing meeting, frequency of meetings, conflict resolution,</i></p>	<p><i>TOR template options are sourced via HNZ and/or MHA to ensure all expectations outlined (in focus area) are met.</i></p> <p><i>The Terms of Reference clarifies all roles and protocols of the Board.</i></p>	<p><i>Draft TOR is developed and signed off prior to the disestablishment of the current WCDHB Manawhenua Partnership Board (Tatau Pounamu).</i></p>	<p><i>Draft TOR discussed – amended as necessary and ratified by incoming board.</i></p>

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>method of reporting back to Iwi / hapu etc.</i></p> <p><i>NB: Final roles and functions to be determined after MHA-led engagement process and government decisions.</i></p>			
<p>Training and development</p> <p><i>Identify training needs desired by Iwi for themselves or for the new IMPB members to prepare for new environment. What knowledge, information, training might the DHB provide to support new IMPB members to learn more about the system in the meantime?</i></p> <p><i>What information would help any members feel confident they understand the system and the transformational changes before they formally take up the role?</i></p>	<p><i>Scoping undertaken to understand training requirements to prepare IMPB for the new environment.</i></p>	<p><i>Training opportunities identified.</i></p> <p><i>List of information for potential candidates is collated and available to enable members to confidently exercise tino Rangatiratanga as the tangata whenua, to partner with HNZ and MHA and to ensure an understanding of what its working relationship with the future Health NZ might look like from an IMPB perspective.</i></p>	<p><i>Identify additional support functions that are needed, to include but not limited to:</i></p> <ul style="list-style-type: none"> <i>Secretarial support</i> <i>Data analysis</i> <i>writers and policy advice</i>
<p>Preparing to undertake Core Functions</p>		<p><i>Continue to scope and understand the pieces of work that can</i></p>	

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>What work does the Iwi or new IMPB want to do over the 9-month period (and beyond) on the core functions (1) and (2) in order to inform & develop the Hauora Māori Wellness Priorities? This is not ESSENTIAL to do any of this work before 1 July – some IMPBs have stated that they MAY start this work in 2021-2022. If you choose NOT to do this – leave this section blank</i></p> <ul style="list-style-type: none"> - <i>Whānau Engagement and Locality Assessment</i> - <i>Determining Locality priorities. Are there locations the Iwi / IMPB needs to study further? Are there areas where whānau voice hasn't been gathered? Are there communities with significant issues?</i> - <i>Does the Iwi need to request and review data from the DHB and other</i> 		<p><i>contribute to determining Locality priorities.</i></p> <ul style="list-style-type: none"> • <i>Maori health profile</i> • <i>Mental Health redesign/co-design</i> • <i>Pae ora o Te Tai o Poutini</i> • <i>Rural Generalism</i> 	

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<i>sources to help inform their new IMPB members?</i>			
<p><u>Other Possible Functions</u></p> <p>The Māori Health Authority has been asked to provide further advice to Government on roles and functions of IMPBs for consideration. Please discuss and comment here on:</p> <p>a) Your views on the current planned functions for IMPBs – are they clear? Sufficient?</p> <p>b) Your views on <u>other</u> potential functions that IMPBs would be interested in. This will help to shape further advice to Government.</p>			

Submitted by the Iwi working group for the new _____ IMPB who has delegated the person named below the authority to submit this Establishment Plan to request funds to implement this plan.

Signed: _____

Name(s) who signed: _____

Nominated Legal Entity for payment: *Name, address, phone and contact person*

Email this completed document to:

Bernard.tepaa@dpmc.govt.nz and cheree.shortland-nuku@health.govt.nz

TOOL 2: SKILLS AND COMPETENCY GUIDELINE FOR IWI TO SELECT DELEGATES TO THEIR NEW IMPB

Capacity elements	Desired skills and capability on the IMPB
1. Tikanga and Te Ao Māori	
1.1: Understanding of basic tikanga Māori	The Board as a whole will have 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 will have 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	
2.1: Clear overall understanding of roles and responsibilities in relation to Health NZ and the Māori Health Authority in the future system	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 meaningful outcomes for whānau and communities.
2.2: Documented roles and protocols	Members understand 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	Members have a comprehensive understanding of its role of requirements of good governance, and understanding of its potential accountabilities as a governing body
3. Ability to lead or contribute to current state assessment of whānau & hāpori Māori needs and aspirations across the coverage area of the IMPB	
3.1 Community and whānau engagement strategy	Members are competent in leading processes established for regular engagement with the community (and has ability to do this work regularly each year over a long period of time).
3.2 Presence in local community(s) in the coverage area	Members and the Board will be widely known amongst the community and perceived as actively engaged and highly responsive to the needs of the community
3.3 Gather and consolidate Iwi Māori aspirations to reflect Iwi Māori priorities within the rohe	The member's links with local Iwi are highly developed and strongly linked. The Board is fully aware of and understands Iwi aspirations for Pae Ora, and their expectations of the Board as an advocate for Iwi aspirations in health

Capacity elements	Desired skills and capability on the IMPB
3.4 Ability to access and review quantitative data and identify trends and opportunities (data from DHB/HNZ, MOH, Public Health etc)	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 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 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 will have 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.
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 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 will produce local needs assessment reports from an Iwi-Māori perspective, that identifies whānau, hapu, Iwi and hāpori Māori needs and aspirations across the coverage area
4. Ability to develop “Hauora Māori Wellness Priorities” for HNZ and MHA (to contribute to locality plans and regional plans)	
4.1: Assessing opportunities and priorities	The Board will have 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 will need to track progress against the desired outcomes.
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	
5.1 Financial acumen	Strong confidence in financial decision-making and reviewing financial analyses and budgets

Capacity elements	Desired skills and capability on the IMPB
6. Communications and Information Technology IMPB meetings may be frequently online, with paperless meetings. IMPB members need to be able to communicate effectively online. This may include liaising with other IMPBs nationally	
6.1 Information technology	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)	All members of the Board can confidently use communications technology.
7. Understanding the anticipated Health New Zealand relationship	
7.1 Clear understanding of the anticipated future relationship with Health NZ	Members have ability to develop an 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	
8.1: Clear understanding of the anticipated future relationship with the Māori Health Authority	The members will have a clear understanding of what its working relationship with the future Māori Health Authority 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 Māori Health Authority as a Crown agent, and the aspirations of both settled and non-settled Iwi.