

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

27 November 2013

Agenda and Meeting Papers

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

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
<p>Lisa Tumahai (Chair) Te Runanga O Ngati Waewae</p>	<p>Directorships</p> <ul style="list-style-type: none"> ▪ Chair - Arahura Holdings Ltd 2005 – currently ▪ Chair -Te Waipounamu Maori Heritage Centre 2006 – currently <p>Committees</p> <ul style="list-style-type: none"> ▪ Ministry of Social Development Community Response Model (CRM) Forum – Marlborough/West Coast (new appointment 2013) ▪ Te Waipounamu Maori Cancer Network Committee 2012 - currently ▪ Te Runanga O Ngati Waewae Incorporated Society 2001 – currently ▪ Chair – Te Here (subcommittee Te Runanga o Ngai Tahu 2011 - currently) ▪ Member Maori Advisory Group to Vice Chancellor Canterbury University 2012 - currently <p>Trustee</p> <ul style="list-style-type: none"> ▪ West Coast PHO 2013 – currently ▪ Rata Te Āwhina Trust – April 2013 - currently ▪ Te Runanga O Ngai Tahu - Deputy Kaiwhakahaere (2011 - currently) ▪ Te Poari o Kati Waewae Charitable Trust – (2000 – currently) <p>Husband Francois Tumahai.</p>
<p>Francois Tumahai Te Runanga O Ngati Waewae</p>	<ul style="list-style-type: none"> ▪ Chair, Te Runanga o Ngati Waewae ▪ Director/Manager Poutini Environmental ▪ Director, Arahura Holdings Limited ▪ Project Manager, Arahura Marae ▪ Project Manager, Ngati Waewae Commercial Area Development ▪ Member, Westport North School Advisory Group ▪ Member, Hokitika Primary School Advisory Group ▪ Member, Buller District Council 2050 Planning Advisory Group ▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource Management Committee ▪ Member, Rata Te Awhina Trust Board

Member	Disclosure of Interest
	<ul style="list-style-type: none"> ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Te Poari o Kati Waewae Charitable ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board ▪ Wife is Lisa Tumahai, Chair
<p>Elinor Stratford West Coast District Health Board representative on Tatau Pounamu</p>	<ul style="list-style-type: none"> ▪ Member Clinical Governance Committee, West Coast Primary Health Organisation ▪ Committee Member, Active West Coast ▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust ▪ Deputy Chair of Victim Support, Greymouth ▪ Committee Member, Abbeyfield Greymouth Incorporated ▪ Trustee, Canterbury Neonatal Trust ▪ Board Member of the West Coast District Health Board ▪ Advisor to the Committee MS Parkinsons ▪ Contracted to Disability Resource Centre ▪ Trustee of Disability Resource Centre Queenstown
<p>Sharon Marsh Nga Maata Waka o Kawatiri</p>	<ul style="list-style-type: none"> ▪ President / Community Representative, Kawatiri Maori Women's Welfare League ▪ Kaiawhina, Rata Te Awhina Trust ▪ Member, Granity School Board of Trustees ▪ Member, Buller Budget Advisory Service ▪ Husband is Buller District Councillor
<p>Wayne Secker Nga Maata Waka o Mawhera</p>	<ul style="list-style-type: none"> ▪ Trustee, WL & HM Secker Family Trust ▪ Member, Greymouth Waitangi Day Picnic Committee
<p>Paul Madgwick Te Runanga o Makaawhio</p>	<ul style="list-style-type: none"> ▪ Chairman, Te Runanga o Makaawhio ▪ Editor - Greymouth Star, Hokitika Guardian, West Coast Messenger. ▪ Board member, Rata Te Awhina Trust
<p>Susan Wallace Te Runanga o Makaawhio</p>	<ul style="list-style-type: none"> • Tumuaki, Te Runanga o Makaawhio

Member	Disclosure of Interest
	<ul style="list-style-type: none"> • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Mother is an employee of West Coast District Health Board • Father member of Hospital Advisory Committee • Father employee of West Coast District Health Board • Director, Kōhatu Makaawhio Ltd • Appointed member of Canterbury District Health Board • Chair, Rata Te Awhina Trust ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League

DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
held in the Board Room Corporate Office, Grey Base Hospital, on
Thursday 22 August 2013 held at Community Services Meeting Room at 2.35pm

PRESENT: Lisa Tumahai, Te Rūnanga O Ngāti Waewae (Chair)
Elinor Stratford, West Coast DHB Representative on Tatau Pounamu
Francois Tumahai, Te Rūnanga O Ngāti Waewae
Paul Madgwick, Te Rūnanga O Makaawhio
Susan Wallace, Te Runanga O Makaawhio
Wayne Secker, Maori Community

IN ATTENDANCE: Richard Wallace, Te Rūnanga O Makaawhio
Gary Coghlan, General Manager Māori Health, West Coast DHB
Kylie Parkin, Portfolio Manager Maori Health

MINUTE TAKER: Kylie Parkin,
APOLOGIES: Sharon Marsh, Maori Community Westport
Dr Paul McCormack, West Coast DHB Chair
Michael Frampton, Programme Director, West Coast DHB
Claire Robertson, Planning & Funding, WCDHB

WELCOME / KARAKIA

1. AGENDA / APOLOGIES

Apologies were received from Sharon Marsh, Paul McCormack, Michael Frampton and Claire Robertson.

Motion: THAT the apologies are accepted.

Moved: Francois Tumahai **Seconded:** Lisa Tumahai
Carried.

2. DISCLOSURES OF INTEREST

Elinor Stratford

- Remove: Committee member of Community Alternative Resources for the Elderly (CARE)
- Add: Contracted to Disability Resource
- Add: Trustee of Disability Resource Queenstown

Susan Wallace

- Add: Rata Te Awhina Trust, Board member

Paul Madgwick

- Add: Rata Te Awhina Trust, Board member

Motion: THAT Disclosures of Interest with the above amendments are a true and accurate record.

Moved: Lisa Tumahai **Seconded:** Susan Wallace
Carried.

3. MINUTES OF THE LAST MEETING - THURSDAY 11 JULY 2013

- Include the Tatau Pounamu Terms of Reference changes to be recorded in the minutes.
- Change wording of name to West Coast Disability Resource Service Charitable Trust

Motion: THAT approval of the Minutes of Thursday 11 July 2013 was deferred until such time as the Terms of Reference amendments were included for acceptance.

Moved: Lisa Tumahai **Second:** Francois Tumahai
Carried.

4. MATTERS ARISING

4.1 Amendments for Tatau Pounamu Terms of Reference

The discussed amendments are to be included in the next minutes to give context to the process that was followed when reviewing and subsequently making changes to the Terms of Reference.

Also further consideration on clause 4.1.6 Quorum to be updated:

- On-going issues around Runanga members not being in attendance – at least one representative from each of the Runanga need to be in attendance to make a quorum.

Motion: THAT the discussed amendments are included in the next meeting papers that will give context to decisions made with regards to changes within the Terms of Reference.

Moved: Lisa Tumahai **Second:** Elinor Stratford
Carried.

4.2 Maori representatives

Names to be forwarded to the Chair or Minute Secretary.

Members agreed that a pool of people is required to be involved in committees and workstreams – this is an ongoing meeting action

A member suggested that Mere Wallace is very interested in the patient pathways working group

It was noted that there is an ongoing challenge with capacity of the people to be involved

GM Maori Health advised that Barbara Holland is the current Chair of the Consumer Council and that this is a good forum for consumer input – get the message out that this is an environment for consumer input and there is an opportunity for Maori to be involved.

4.3 Whare Whakaruru

The GM Maori Health advised that there have been three meetings. Members of the Steering Group are Richard representing Poutini Ngai Tahu, the Social Work Clinical Team leader, an Admissions

representative, Palliative care nurse representation and the GM Maori Health. The Group is implementing the changes as discussed by Tatau Pounamu. A committee member expressed that they would like a Manaaki Group to be established. Amended policies will be completed for the next meeting.

Action: GM Maori Health

4.4 Consumer Council/Pool of Maori

- GM Maori Health provided an update on the Consumer Council
- A member noted that when we look for consumers we need to look for people who don't work in the system and have an unbiased consumer view which is really refreshing, extremely valuable and real.
- A member commented that the name is not very user friendly.
- A member noted that it is not necessary to have the health expertise but could target people whom we could grow and nurture – would need to come from a strong kaupapa Maori focus
- A member suggested that the consumer approach could be used across the workstreams
- Names will be brought in to the next meeting

4.5 Change of meeting time / Meeting paper distribution

The new meeting time for Tatau Pounamu for future meetings will now be 2.00 pm. This will allow time for Board members and others to join for the last part of the meeting.

Committee papers to be provided to Richard Wallace, and Nigel Ogilvie, Rata Board member

5. DISCUSSION ITEMS

5.1 Suicide Prevention Action Plan

The Chair queried whether the WCDHB have a plan of its own and are not one of the 6 DHB's with a Co-ordinator. The GM Maori Health to check again if there is a Suicide Prevention Plan specific to the WCDHB

5.2 Kaizen report

The report was taken as read.

WAKA ORA - WHANAU ORA PRESENTATION

Richard welcomed the group.

Presentation to Tatau Pounamu on the Waka Ora Whānau Ora collective by the Programme Manager, Maania Farrar.

- He Oranga Pounamu are the fund holder for the Collective's Programme of Action, and are tasked with pulling together the transformational activities over the 3 year timeframe of the contract
- The Provider Collectives funding base is \$16 million – Te Waipounamu do not have GP clinics in their collective.
- Solid meaningful relationships with crown agencies, hapu, iwi – through transformational activities we need to be mindful of what the funders requirements are
- 6 hubs – Rata Te Awhina Trust form Te Tai Poutini Hub and the other hubs are situated in Te Tau Ihu, Te Tai o Marikura, Waitaha, Arowhenua and Murihiku
- Hub Co-ordinator – JD is very generic, to enable the 6 hubs to keep co-ordinated – core communication – events - support each other – connectedness.
- Direct funding is available to providers – what they identify to assist in their transformation to whānau centred service provision

- It is intended that there will be more communication about Whanau ora out to key stakeholders - a monthly panui will be extended to the DHB
- Pacific Trust Canterbury-Tony Fakahau – signalled his interest to engage with whanau on Te Tai Poutini
- Encouraged about the possibilities on Tai Poutini.

A member asked – who actually goes in and does the transformational activities/ Waka Ora – transformation hasn't started yet

A member commented re Whanau ora –its 4 years since taskforce was established – when do we see action? Waka Ora - Transformation Planning meeting with Poutini Waiora tomorrow 23/8. Te Puni Kokiri – provided template basis for reporting – feedback to TPK re template not being comprehensive enough – no room for broader whanau outcomes to be captured.

Programme of Action

- Whanau needs assessment
- Baseline, core what members are we working with – whanau consultations – whatever the whanau need – have raw data – hesitation from providers re what qualifies – direct beneficial
- Co-designed service model – looking at 5 models potentially – how do they apply to our rohe

Ray Watson – Waka ora Whanau ora Pathway group

Whanau ora pathway – providers business as usual have whanau ora care plans how do we support those to link in to other hub areas and

HOP

- PHARMAC - Marama Parore, currently developing an MOU between HOP and PHARMAC (want to sponsor 3 years of activities) willing to engage
- Pharmac – possible projects in Te Waipounamu, One Heart Many Lives and Iron Maori
- High level discussions with TPK, Bus and Innovation, MSD re contracting model.
- Whanau ora IT Advisory group request for nominations come out yesterday.

Tatau Pounamu

Patient pathway

Needs assessments

How does this transform the provider? Quality of services, multiple different ways people are doing things, back room functions, limited resource – how can we potentially do things differently?

Waka Ora

Business planning

Contracting

Recruitment

Sharing functions

Collegial support for managers

VIP – VIOLENCE INTERVENTION PLANNING PRESENTATION

Claire Newcombe, VIP Coordinator and Belinda Ballantyne, Care and Protection Co-ordinator were in attendance to provide a presentation on the Violence Intervention Plan.

The committee were advised that training has been provided for staff over the last 6 years, predominantly Clinical staff.

Presentation delivered

New programme has been developed for 1 day training – Takepu

How do you measure the practice – monitor and have feedback when it is incorporated into training.

Question from member Whanau – are people aware of this – excellent resources. Keen to see how the connectedness is happening within government agencies – a lot happening in Violence Intervention – is there collaboration?

Issues with having committed people attending meetings and become involved. GM Maori Health asked if the governance is too cumbersome – should it take another shape? Chair asked if Kaumatua Richard Wallace was engaged with this work given that there is a Maori framework. Committee was advised that the Kaumatua and Mere Wallace have provided advice to Claire and her team.

Richard advised that Rata Te Awhina lost the contract to provide violence training really since met with the Kaihoutu of Rata – has added name to application to add cultural input – helped to facilitate one of Poutini Waiora’s programmes. Richard would like to go as Kaumatua on to that committee to have some oversight – they have consulted in the past with regards to Take Pu Nb: Meaning behind the words is just as important as the trainings.

Kaumatua

Richard Wallace queried Kaumatua role.

Gary clarified that we have 2 x Kaumatua who work 1 day a week – Eileen Royal, Richard Wallace this is specifically for Maori Mental Health

Back to Discussion items

5.3 West Coast Alliance update

The committee expressed disappointment that no one involved in the Alliance work was available to speak to the West Coast Alliance update.

It was queried that there is currently no representation from Maori? The committee were advised that Contessa Popata Kaupapa Maori Nurse is still present on ALT.

Feedback:

- Concern that the purpose of the ALT is not clear
- Doesn't seem to be meaningful or of value to be spending time participating in and it is not obvious what the value of it is
- Don't believe that the Chair allows people to be heard
- Doesn't seem to be strategic
- When the Maori voices bring up integration they are shut down and told they should take to the ASG – when they take it to the ASG they are told to take it to the ALT
- Not outcomes oriented
- Not strategic in terms of design of services
- Challenged as is it a bit of nonsense and are things really still decided at EMT level?
- Commitment from Carolyn Gullery and Chair of Board that there will definitely be room for Maori input into Alliance planning
- Concern about who we put on these workstreams
- No one from P & F in attendance at the meeting when there was a clear commitment to have at least one person attend

5.4 Clinical Governance and Disability Board

It was mentioned that the West Coast Clinical Board does not have a Maori representative. A member also mentioned that currently the Disability Board doesn't have Maori representation.

5.5 Buller Service Level Alliance

The Chair enquired as to what is happening with the SLA in Buller? This will be included in the Matters Arising Action points

5.6 Maori Needs Assessor

A question was also asked about the Maori Needs Assessor position recruitment. The committee were advised that the incumbent will be transfer through to Complex Clinical Care Network and continue in the role.

Susan Wallace left the meeting at 4.27

Elinor Stratford left the meeting at 4.58

There being no further business the meeting closed at 5.11 pm

MATTERS ARISING AUGUST 2013

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
4.1	22 August 2013	Amendments for Tatau Pounamu Terms of Reference <ul style="list-style-type: none"> ▪ That the discussed amendments are to be included in the next minutes to give context to the process that was followed 	GM Maori Health	November meeting
4.2	22 August 2013	Maori pool of expertise <ul style="list-style-type: none"> ▪ Names to be forwarded to the Chair or Minute Secretary 	Chair	November meeting
4.3	22 August 2013	Whare Whakaruruhau <ul style="list-style-type: none"> ▪ Amended policies will be completed for next meeting 	GM Maori Health	November meeting
5	22 August 2013	Suicide Prevention Action Plan <ul style="list-style-type: none"> ▪ The Chair queried whether the WCDHB have a plan of its own 	GM Maori health	November meeting
6	22 August 2013	Buller Service Level Alliance <ul style="list-style-type: none"> ▪ A Maori representative was appointed – what has happened to this appointment? 	GM Maori Health	November meeting

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
7.	22 August 2013	Disability Board and Clinical Governance Board <ul style="list-style-type: none"> ▪ Maori expertise required for these to Boards 	Chair GM Maori Health	November meeting



TATAU POUNAMU KI TE TAI O POUTINI

Manawhenua Advisory Group

TATAU POUNAMU

Terms of Reference

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1. Mission Statement

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

This mission statement is reflective of the belief that:

- 1.1.1 Good health and wellness outcomes for Māori will be advanced through the West Coast District Health Board working with Iwi/Maori community.
- 1.1.2 Individuals will want to maximise their own health, wellbeing and independence.
- 1.1.3 Promoting health and preventing illness or injury is an essential investment.
- 1.1.4 People’s fundamental rights and responsibilities should be the focus of all services.
- 1.1.5 Tatau Pounamu Manawhenua Advisory Group (Tatau Pounamu) will have significant involvement in planning processes, which will help make better and more informed planning decisions.
- 1.1.6 Open decision making will contribute to Iwi/Maori community confidence.
- 1.1.7 Improved access to services should be fair and based on need
- 1.1.8 Improved co-ordination and integration of health providers and services will improve outcomes and contribute to reducing inequalities.
- 1.1.9 The spirit of all relationships should be collaborative and co-operative.
- 1.1.10 Working intersectorally (e.g. local government, education, employment and housing) is necessary to achieve improved health outcomes.
- 1.1.11 Good information will improve decision-making.
- 1.1.12 Iwi /Maori community throughout the region have a right to an efficient and effectively performing committee.

2. Mission and Objectives

2.1 Tatau Pounamu will focus on:

- 2.1.1 Strategic planning of service initiatives that positively impact on Māori for the region.
- 2.1.2 Specific cultural policy development for West Coast District Health Board.
- 2.1.3 Provision of Māori cultural guidance and support to West Coast District Health Board.

3. Role of Tatau Pounamu Manawhenua Advisory Group

3.1 The role of Tatau Pounamu is to give advice on:

3.1.1 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.

3.2 The West Coast District Health Board and Tatau Pounamu will take responsibility for the activities listed below:

3.2.1 The West Coast District Health Board will:

- a) Involve Tatau Pounamu in matters relating to the strategic development and planning and funding of Māori health initiatives in the Te Tai Poutini rohe;
- b) Establish and maintain processes to enable Maori to participate in, and contribute to strategies for Maori health improvement
- c) Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori
- d) Include Tatau Pounamu in decision making process that may have an impact on Poutini Ngāi Tahu; and
- e) Feedback information to Tatau Pounamu on matters which may impact on the health of Māori in Te Tai Poutini rohe.

3.2.2 Tatau Pounamu will:

- a) Involve West Coast District Health Board in matters relating to the development and planning of Māori health and disability;
- b) Feedback information to Ngā Rūnanga o Poutini Ngāi Tahu as required;
- c) Advise West Coast District Health Board on matters which may impact on the health of Māori in Te Tai Poutini rohe;
- d) Assist West Coast District Health Board to acquire appropriate advice on the correct processes to be used so as to meet Poutini Ngāi Tahu kawa (custom/protocol) and tikanga (rules of conduct).

4. Composition of Tatau Pounamu

4.1 Membership

The total membership of Tatau Pounamu shall be six (6) and the composition shall be determined as follows:

- 4.1.1 Tatau Pounamu is the recognised manawhenua advisory group regarding Māori health for Te Tai o Poutini
- 4.1.2 Each Papatipu Rūnanga of Tai Poutini, that being Te Rūnanga O Ngati Waewae and Te Rūnanga O Makaawhio will select 2 representatives each from respective hapu (4).
- 4.1.3. In addition Tatau Pounamu will select 2 Māori community representatives (2) from Tai Poutini communities
- 4.1.4 Elected members not resident in Te Tai o Poutini, costs associated with attending meetings may be met by their nominating

- 4.1.5 Alternatives or proxy voting will be allowed for Committee members.
- 4.1.6 Committee members will be provided with a copy of the New Zealand Public Health and Disability Act 2000 Whakatataka, He Korowai Oranga, and West Coast District Health Board Māori Health Plan.
- 4.1.7 A quorum shall consist of not less than one member from each of the Papatipu Runanga. (further wording required)

4.2 Chairperson

- 4.2.1 The appointed Chairperson MUST be from one of the Poutini Ngai Tahu Runanga and rotate between Runanga every 3 years and will remain in this position until such time as:
- 4.2.2 The Chairperson ceases to be a member of the Committee; or
- 4.2.3 The Chairperson is removed from the chair by a consensus vote within Tatau Pounamu
- 4.2.4 The Chairperson is responsible for the efficient functioning of the Committee and sets the agenda for meetings.
- 4.2.5 The Chairperson must ensure that all Committee members are enabled and encouraged to play a full role in the activities of the Committee and have adequate opportunities to express their views.
- 4.2.6 The Chairperson is responsible for ensuring that all Committee members receive timely information to enable them to be effective Members.
- 4.2.7 The Chairperson is also the link between Committee members and the General Manager, Māori Health of the West Coast District Health Board.

4.3 Co-opted Membership

- 4.3.1 Tatau Pounamu may co-opt additional members to the Tatau Pounamu from time to time, for specific Kaupapa for specific periods and purposes as it deems necessary to assist the Committee.

4.4 Sub Committees

- 4.4.1 Tatau Pounamu may form sub committees from time to time, from within its members and co-opt experts in the specified fields for specified periods and purposes as it deems necessary to assist the Committee.

5. Term of Office

Membership is determined as in Clause 4.

5.1 Members of this Committee will remain in office for the period of three years or until such time as:

- 5.1.1 A member resigns from the committee.
- 5.1.2 A member is removed from the committee either by its members or the appointing body

5.2 Accountability

- 5.2.1 Tatau Pounamu and its members are accountable to the respective bodies who appointed them i.e. Papatipu Rūnanga, in the case of the Māori community representatives to Tatau Pounamu.
- 5.2.2 The Tatau Pounamu Chair will ensure that performance reviews are conducted of the Tatau Pounamu members, annually or sooner if the Chair and appointing committee deems it necessary.

5.3 Attendance at Committee Meetings

- 5.3.1 West Coast District Health Board members and members of the public will be welcome to attend meetings. Tatau Pounamu will on occasion go in committee for discussion of a sensitive nature. These meetings will only be open to members and invitees.

5.4 Management Reporting

- 5.4.1 The West Coast District Health Board management will be responsible for providing information / reporting on issues requested by Tatau Pounamu to the West Coast District Health Board.

5.5 Administrative Support

- 5.5.1 The Māori Health Unit and chair of Tatau pounamu will be responsible for the co-ordination and facilitation of Committee meetings.
- 5.5.2 The Māori Health Unit will ensure adequate administrative support for Tatau Pounamu.
- 5.5.3 Internal secretarial, legal, financial, analytical and administrative staff will also support Tatau Pounamu.

6. Annual Workplan

6.1 Tatau Pounamu will develop an annual work plan that outlines planned activity for the year.

The annual work plan will be monitored at committee meetings and a report written against the set objectives bi-annually and annually. Key elements are:

- 6.1.1 Communication strategy – reciprocal reporting to statutory committees, primary health organisation and back to appointing bodies.
- 6.1.2 Prioritise Māori strategies/projects
- 6.1.3 Monitor Māori health gains
- 6.1.4 Joint Board / Manawhenua Advisory Group meetings scheduled
- 6.1.5 Budget management
- 6.1.6 Leadership and succession planning
- 6.1.7 Monitor Implementation of Maori Health strategies

7. Collective Responsibility

7.1 Members recognise that at times there may be tension between the concepts of collective accountability of Tatau Pounamu and individual accountability to Iwi/Maori.

Members agree to support and abide by the following principles:

- 7.1.1 Members may clearly express their Iwi views at Tatau Pounamu hui and endeavour to achieve a particular decision and course of action. However, members accept that once a decision has been formally reached by Tatau Pounamu, this decision is binding.

- 7.1.2 It is inappropriate for a member to undermine a decision of Tatau Pounamu once made, or to engage in any action or public debate, which might frustrate its implementation.
- 7.1.3 Individual members will not attempt to re-litigate previous decisions at subsequent Hui, unless a majority of members agree to re-open the korero.
- 7.1.4 Members' personal actions should not bring Tatau Pounamu into disrepute or cause a loss of confidence in the activities and decisions of Tatau Pounamu.

8. Tatau Pounamu Agendas

8.1 Requests for Items to be placed on Tatau Pounamu Agendas

- 8.1.1 Members with a request for an item to be placed on the Agenda must notify the minute secretary no later than 48 hours prior to the hui. Personal agenda items; members must seek the support of its appointing body prior to it being placed on the agenda.
- 8.1.2 No new items will be accepted on the agenda, but placed on the agenda for the next scheduled meeting.
- 8.1.3 It is accepted that at times certain kaupapa will command priority. In these instances Tatau Pounamu will exercise its' own discretion and proceed accordingly.
- 8.1.4 The Agenda will be structured to ensure that decision papers have priority with information papers included under a separate section.

9. Behaviour and Attendance

9.1 Behaviour and Attendance at Hui

- 9.1.1 Members undertake to have read and familiarise themselves with the minutes of the previous Hui.
- 9.1.2 Members will only make a point if it has not already been raised and is relevant to the kaupapa.
- 9.1.3 Members will not interrupt each other or talk while another member is speaking.
- 9.1.4 Issues will be raised in an objective manner -no personal reference or innuendo will be made to persons associated with the matter being raised.
- 9.1.5 Members will endeavour to achieve closure on one point before another point is raised.
- 9.1.6 cell phones will be on silent during Tatau Pounamu hui.
- 9.1.7 Members, the Chair and the General Manager of Māori Health will endeavour to clarify questions, issues, and requests before taking actions or responding.
- 9.1.8 Will not use their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducements and which could compromise the Mana of Tatau Pounamu.
- 9.1.9 Will exercise care and judgement in accepting any gifts, and advise the Chair and/or the Tatau Pounamu of any offer received.

- 9.1.10 Non-attendance at three (3) consecutive hui without extenuating circumstances is deemed unacceptable resulting in notification to the Chair of their Iwi/ appointing body of their unavailability along with a request for consideration for a replacement.
- 9.1.11 All members will assist the Chair to uphold the behaviour protocols agreed to by Tatau Pounamu.

10. Conflict of Interest

10.1 The New Zealand Public Health and Disability Act 2000 sets out the definition and procedure for disclosure of member's interests:

- 10.1.1 A member who is 'interested in a transaction' of the West Coast District Health Board must, as soon as practicable, disclose the nature of the interest to Tatau Pounamu.
- 10.1.2 The member must not take part in any deliberation or decision of Tatau Pounamu relating to the transaction.
- 10.1.3 The disclosure must be recorded in the minutes and entered in a separate interest's register.
- 10.1.4 Recognise that where an interest is declared (or where considered that there is a clear "perception of interest") the normal practice is for the member concerned to leave the room. Tatau Pounamu can, however, exercise it's discretion in allowing the member to remain. In such circumstances the member may have speaking rights but would not participate in any decision.

11. Public Statements

11.1 Communications from the committee with the public and the media will be subject to the following principles:

- 11.1.1 Only the Chairperson or delegated spokesperson may speak on behalf of Tatau Pounamu.
- 11.1.2 If a dissenting member is approached by the media for comment after a hui the member is bound by the general decision, but may expand on an issue or point raised personally by the member at that particular hui.
- 11.1.3 The focus is to remain on the issue and not personalised in any way that is critical of employees or other members of Tatau Pounamu.
- 11.1.4 Members will advise Tatau Pounamu if they are contacted by or intend to speak to the media.

11.2 Should an opinion be sought from the media members should:

- 11.2.1 Make clear the capacity in which they are speaking; i.e. personal views and not those of Tatau Pounamu.

12. Training

12.1 Members are required where possible:

- 12.1.1 To be familiar with the obligations and duties of a member of Advisory Committees and avail themselves of opportunities for training in areas

deemed appropriate. This may include courses and or training provided by West Coast District Health Board.

13. Review

13.1 Tatau Pounamu may review these Terms of Reference at any time.

**SIGNED ON BEHALF OF
THEIR RESPECTIVE ORGANISATIONS**

Name:

Chairperson:.....

For Tatau Pounamu

Date:

Name:

Chief Executive Officer:.....

For West Coast District Health Board

Date:

Witnessed by:

Name:

Date:

The following amendments have been made to the Terms of Reference:

- References to Maata Waka has been replaced with Iwi throughout the Terms of Reference
- Clause 3 Functions of Tatau Pounamu Manawhenua Advisory has been replaced with Role of Tatau Pounamu Manawhenua Advisory
- Clauses 3.1 – 3.31 have been deleted and replaced with roles and responsibility clauses 6.1 – 6.2.2 from the Memorandum of Understanding
- Clause 4.1 Membership – Sentence added “The total membership of Tatau Pounamu shall be six (6) and the composition shall be determined as follows:”
- Amend Clause 4.1.2 – Reference to In addition, Nga Maata Waka people will select 2 representatives (2) from Tai Poutini communities (Total 6) and amend to an additional clause “4.1.3 – In addition, Tatau Pounamu will select 2 Maori community representatives (2) from Tai Poutini Communities.
- Clause 4.1.3 becomes 4.1.4 and has been amended to read as follows: Elected members not resident in Te Tai o Poutini costs associated with attending meetings may be met by their nominating bodies.
- Clause 4.1.4 becomes 4.1.5 and has the word “No” removed and now reads “Alternatives or proxy voting will be allowed for Committee members.
- Clause 4.1.5 becomes 4.1.6
- Add an additional clause 4.1.7 to read “A quorum shall consist of not less than one member from each of the Papatipu Runanga”.
- Clause 5 Term of Office – add “Membership is determined as in Clause 4”.
- Amend clause 5.1 from “Members of this committee will remain in office for the period specified in the notice of appointment and, not exceeding 6 years or until such time as to now read “Members of this committee will remain in office for the period of three years or until such time as:”
- Amend clause 5.2.1 remove “Nga Maata Waka” and replace with “in the case of the Maori community representatives to Tatau Pounamu”. Clause now reads “Tatau Pounamu and its members are accountable to the respective bodies who appointed them i.e. Papatipu Runanga, in the case of the Maori community representatives to Tatau Pounamu”.
- Amend clause 5.2.2 remove “Papatipu Runanga Chair and Nga Maata Waka Chair and replace with Tatau Pounamu Chair” Remove “review” “the” and amend sentence. Clause now reads The Tatau Pounamu Chair will ensure that performance reviews are conducted of the Tatau Pounamu members, annually or sooner if the Chair and appointing committee deems it necessary”.
- Amend clause 5.3.1 add “Tatau Pounamu will on occasion go in committee for discussion of a sensitive nature. These meetings will only be open to members and invitees” Clause 5.3.1 no reads “West Coast District Health

Board members and members of the public will be welcome to attend meetings. Tatau Pounamu will on occasion go in committee for discussion of a sensitive nature.”

- Amend clause 9.1.6 remove No and add silent. Clause now reads Cell phones will be on silent during Tatau Pounamu hui.

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **27 November 2013**

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

The verbal update.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

A verbal update will be given at the meeting.

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 27 November 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

3. SUMMARY

Health scholarships

The WCDHB will be awarding 20 scholarships of \$500. And 4 studentships of \$5,000 for the 2013 academic year.

The scholarships are offered to students pursuing undergraduate health related careers at a New Zealand University or Polytechnic, these are paid in arrears (or on invoice) for agreed and specific interventions – fees, books, software etc. At least 5 scholarships per annum are available to students with Maori or Pacific Island whakapapa. These have now been advertised and three Maori and one Pacific Island person have been successful. In addition one Maori has received a studentship and we have referred the successful candidates on to Mokowhiti to ensure that they receive the support and assistance available to them through the Kia ora Hauora programme.

The studentships are offered to applicants in their second to last year at either a Polytechnic or University in a clinical speciality. The work would be between November 2013 and February 2014, targeting research, primary care, Maori Health, and secondary services. One studentship will be available to students with Maori or Pacific Island whakapapa

Canterbury Clinical Care Network Hui September

The Canterbury Clinical care network CNN have agreed that Maori, Pacific and Rural health are current priorities for all workstreams and service level alliances. Dr Lynley Cook gave a presentation on equity at this workshop, and also took the opportunity to talk about the Canterbury Maori health framework. An example of the Canterbury Maori health frameworks application was briefly provided by Wendy Dallas Katoa. Wayne Smith Rural Canterbury PHO, provided a 'My story' presentation in terms of his own whanau health and experiences. The West Coast Maori health Plan was made available for the 70 to 80 course participants. The afternoon session included having a focus on Rural; Maori; Pacific/Migrant/Refugee/Asian health. It was within this session that the detail was discussed around how to apply the framework. We are presently looking at developing a suitable tool to assist workstreams with their planning for addressing equity. This needs to be simple to follow and as practicable as possible. The West Coast Maori Health Plan 2013/2014 will obviously provide the context for this planning work. It would be useful for West Coast DHB alongside Tatau Pounamu to develop a Maori Health

Framework that takes a system wide view of the health outcomes we seek. These are useful for the whole of system, as it aligns effort and resources to the outcomes.

Complex Clinical Care Network

We have been working closely with the complex clinical care network lately on a small number of cases involving Maori whanau. These have been of the nature that it has been quite time consuming. The outcomes so far have been very positive for the Maori patients and their whanau. What has been highlighted recently was the consolidation of the transalpine, CCCN and Aged Residential care processes.

Suicide prevention Planning

Further checking has revealed that there is not a Suicide Prevention plan but all Mental Health Service staff should be aware of and adhere to the National guideline. We do have a crisis management and risk management plan both of which would identify suicide risk and lead onto a case/care management plan. I have asked for this to be put on the agenda at the next Strategic and Business meeting for heads of departments within mental health.

Pacific Island Whanau

The Pacific island community on the West Coast is steadily growing, particularly in the Greymouth area. With this we have noticed a definite increase in some health barriers for this population group. This is a concern because we do what we can to assist but some of the issues are complicated and require more resourcing and time and strategy.

Poutini Waiora

On the 16th of November there was a day to celebrate the rebranding launch of Poutini Waiora (formally Rata Te Awhina Trust) in Hokitika 17 Sewell Street. There was a full programme for the day; this is a very exciting development for Maori health and social services on Te Tai O Poutini. It was pleasing to see such a good turnout of support from the community and the WCDHB.

Whakaruru Whanau house

The team that come together to evaluate and to make the necessary improvements in the actual management of the whare has worked hard to bring about the quality improvements needed. I'm very grateful to them for their time and efforts. This work will maximise efficiencies and make the whare more accessible for whanau in need. The changes are now incorporated into the Whakaruru booklet for users of the whare and also the procedures and policies documentation.

InterRAI

A hui was held on 19 September in Christchurch to further discuss the use of interRAI within the Maori community. The hui explored the interRAI training from a Maori perspective. A small reference group was established and they will be progressing the work through the GM Maori from West Coast DHB, the Maori representative from interRAI New Zealand Governance Board, and Brigitte Meehan interRAI Programme Manager Populations Policy of the Ministry of Health. The work is intended to relate to interRAI assessors in both DHB's in Aged residential care and Respite care C.

InterRAI is an international collaborative to improve the quality of life of vulnerable persons through comprehensive assessment system, it is designed to help staff assess the medical, rehabilitation and support requirements of the older person so they can stay at home for as long as possible. This tool will improve the assessment experience and outcomes for older people by identifying what help and support people require against a number of factors including vision, continence, and nutrition and health prevention.

While interRAI is an internationally recognised tool it does not specifically take into account the needs of Maori. The question remains what more can be done to ensure Maori have access to assessment that is not only clinically appropriate but culturally appropriate also.

Nurse Entry to Practice Programme (NETP)

This programme is designed to support newly qualified Registered Nurses in their first year of practice, to become competent and confident members of the health care workforce. The regional CDHB and WCDHB Nurse Entry to Practice Programme (NETP) are approved by Nursing Council of New Zealand and receive funding from HWNZ.

For the 13 NETP/NESP (Nurse Entry Speciality Practice - Mental Health) placements there have been 55 applicants for the Net P programme on the West Coast. The WCDHB is keen to attract as many nurses as possible to this programme who are Maori. There is a Canterbury/West Coast combined assessment centre who will screen the applicants. The NETP/NESP graduates will begin in January. Of the 13 nurses accepted to the West Coast 2 are Maori.

Te Ao Auahatanga - Maori Innovation Fund

Poutini Waiora has been successful in their application to the Te Auahatanga Maori Fund (Maori Innovation) for the proposal - Mana Tamariki - Mokopuna, Mana Whanau O Te Tai O Poutini.

The overall goal of the Fund for 2013–2017 is to advance Whānau Ora by affirming Māori approaches that improve Māori health outcomes focusing on improved whānau and child health outcomes.

The key objectives of Te Ao Auahatanga Hauora Māori are to:

- advance Whānau Ora and affirm positive Māori approaches that improve Māori health outcomes
- promote Māori service delivery systems that value health and social service collaboration and employ whānau centred interventions
- recognise service models that address the needs of whānau, hapū, iwi and Māori communities
- enhance physical, spiritual, mental and emotional health, giving whānau control over their own destinies.

Mana Tamariki-Mokopuna, Mana Whanau o Te Tai O Poutini will focus on the health and wellbeing of whanau and children through collaborative approaches to service delivery and where possible the use of technology to improve access to services.

The collaboration is an important aspect of the innovation due to the geographical and isolation barriers that face many whanau who reside on the West Coast. Instead of replicating services that already exist, this innovation will look at ways to enhance and more effectively link into what is already being offered while at the same time designing and implementing a programme that meets the needs and aspirations of the target population. The collaboration will include a wide range of key stakeholders over various different sectors: housing, welfare, justice, employment, education, health etc.

The application was ranked 3rd out of all the proposals that were presented to the Ministry - which numbered over 20. The WCDHB helped to support in the development and subsequent presentation of the proposal in Wellington.

Report prepared by: Gary Coghlan, GM Maori Health

Appendicies – Maori Health Quarterly Report

TO: Tatau Pounamu

SOURCE: [Maori Health]

DATE: 26 November 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

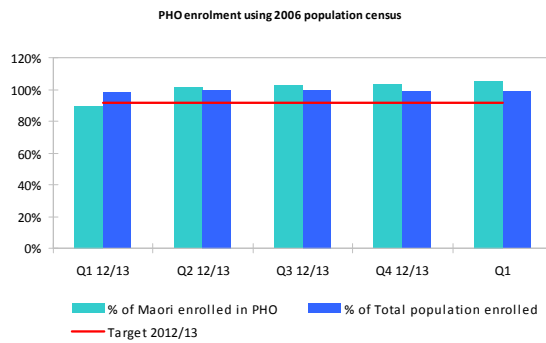
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3. SUMMARY

Maori Health Quarterly Report – Q1, 2013/14

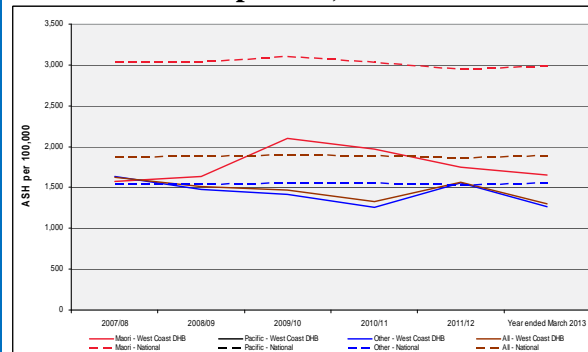
Access to care

Percentage of Maori enrolled in the PHO



Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation per 100,000



ACHIEVEMENTS/ISSUES OF NOTE

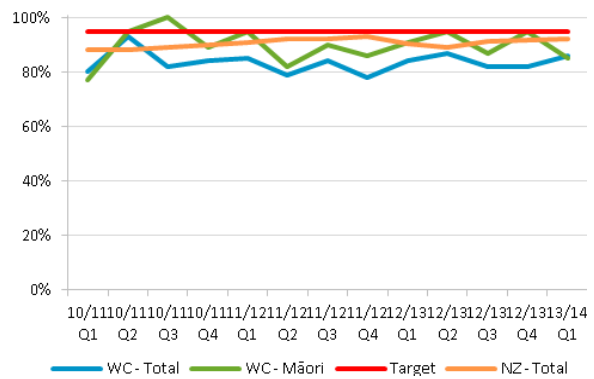
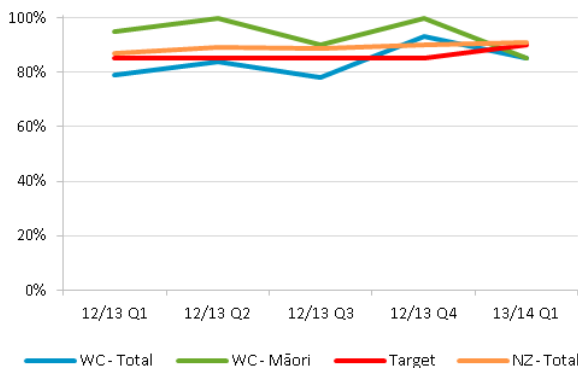
Enrolment in PHO: Using the 2006 population census figures 100% of Maori were enrolled with the PHO as at September 30 2013. Please see table below for further breakdown. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and exceed that of other ethnicities.

On the 20th June 2013 the Ministry of Health issued a Request for Proposal, to Implement the Primary Care Ethnicity Data Audit Tool. The West Coast PHO and the DHB have jointly developed the proposal and it was submitted in August. The Audit tool comprises Systems Compliance and Audit Checklist, Implementation of a staff survey, Data matching quality audit with the findings being collated and reported back to practices to enable a level of benchmarking for quality improvement. Any residual funding from the project will be used for ethnicity data collection education.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised

Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

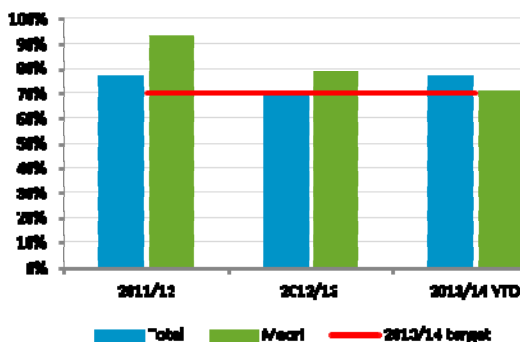
Eight-month-old immunisation: 85% of Maori babies have been immunised on time at 8 months of age in quarter 1. This equates to 17 babies out of 20.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 1 is 84%. - This remains high as was the case in Quarter 4 an indication of the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds sits at 90% so 17 from 20 eligible Maori babies have been immunised for this age milestone. Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

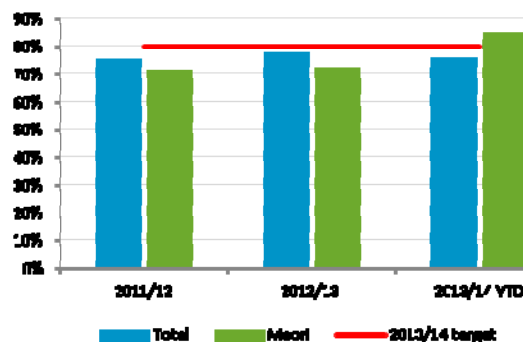
- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

Cardiovascular and Diabetes

Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year

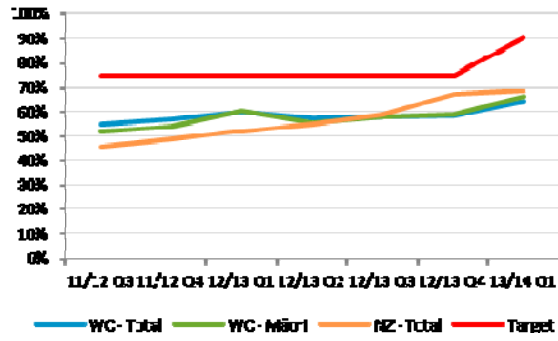
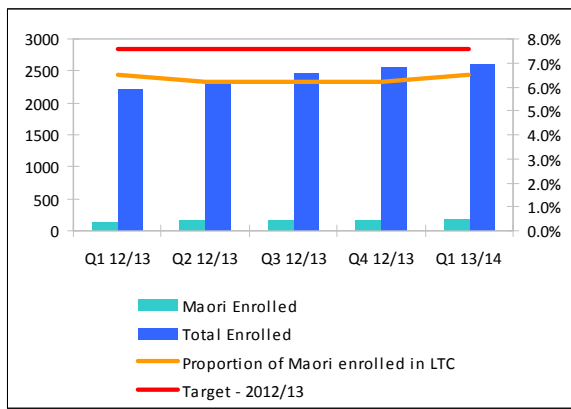


Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of Maori enrolled in LTC management programme

CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



ACHIEVEMENTS/ISSUES OF NOTE

CVD Health Target: A joint publicity campaign by West Coast DHB, West Coast PHO and the West Coast Diabetes Society is being run in *The Messenger* newspaper and at general practices in November to encourage people to become more active and to get checked for their cardiovascular disease (CVD) and diabetes risk. The campaign is designed to coincide with nationwide messages for national Diabetes Awareness Week in mid-November and television advertisements on CVD risk.

Performance against the heart checks health target has shown an increase from 58% in the June quarter to 64% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 September 2013. Rates for West Coast Māori are slightly higher than our overall total population, with 66.5% having had their CVD risk assessments undertaken. The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.

Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

Collaboration with Rata Te Awhina Trust, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Rata Te Awhina through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Rata Te Awhina began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

Diabetes care: The West Coast achieved our diabetes annual review target for Quarter 1, with 77% of people with diabetes having had an annual review. Results for Māori dipped to 71%, but still remain above the 70% target set for all population groups.

Among those who had their review during the quarter, 76% had satisfactory or better management of their diabetes, with better rates for Māori (85%). Our annual target for diabetes management is 80%.

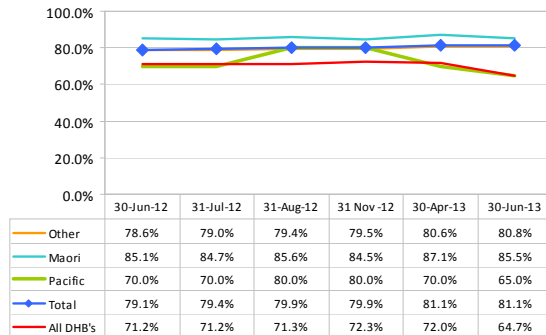
A diabetes retinal screening week of clinics was held in August, with clinics held in Franz Josef, Reefton and Westport. The next series of diabetes retinal screening clinics is scheduled for the week 11-15 November in Greymouth and Hokitika.

Green Prescription: As part of the larger 2013 Diabetes Budget package, the Ministry of Health have indicated an increase in funding for Green Prescription referrals over the coming four years. For the 2013/14 year, this is an increase from 360 to 500 referrals on the West Coast. Green Prescription has been identified as a key component to help slow or prevent the progression of pre-diabetes and diabetes, as well as a way to support the active management for those who already have diabetes.

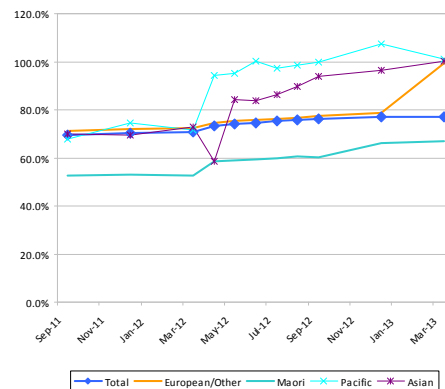
Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at June 30 2013 Maori enrolment makes up 6.2% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The target is 7.6%. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapa Maori Nurses and Kaiarataki.

Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending...



ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximately 81% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30th June 2013. The coverage for eligible Maori women (85.5%) is higher compared to other ethnicities on the West Coast.

Cervical cancer screening: At the end of June 2013, the three year coverage rate for cervical screening on the West Coast was 76.8% a small drop from last quarter. The coverage rate for Maori eligible women is at 69.4% an increase of 2% from last quarter and an increase of 10% from June 2012. We are closely monitoring the Maori cervical screening service and working with the DHB Screening Unit and the practices to ensure the option for the Maori Screener is offered and is being fully utilized by the practices to assist in engaging those hard to reach clients. The overdue priority lists are now being regularly referred to the Maori screener who is working with the Kaupapa Maori Nurses and Kaiarataki to follow up.

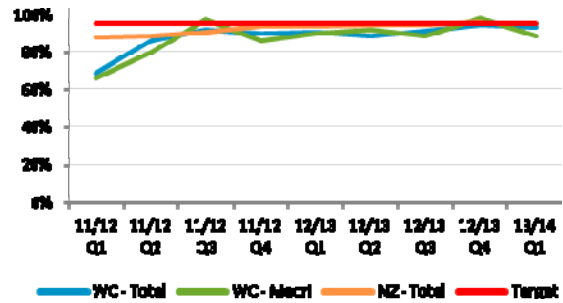
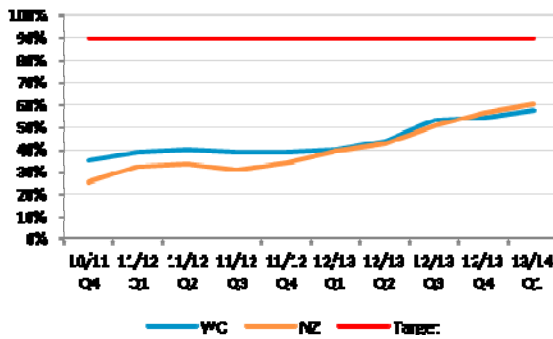
Cancer Nurse Coordinator: This role has now been in place for several months and we are working with the Co-ordinator, Andrea Reilly to develop specific objectives for the CNC role when working with Maori. Some of these will be:

- monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of inequality
- identify Maori patient utilisation of cancer services for cancer diagnosis
- to identify gaps that may occur in existing care pathways and act as a representative of West Coast DHB to incorporate national initiatives into care delivery in a way that solves problems and closes gaps
- to be the referral conduit to ensure Kaupapa Maori Nurses and Kaiawhina services are utilised
- work is occurring with the Southern Cancer Network to host a health promotion hui over on the Coast and they are having their network hui in December

Smoking cessation

Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit

Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Results for Quarter 1 2013/14 show an increase in performance of 3%, with 58% of smokers attending general practice offered advice and support to quit. The Smokefree Services Coordinator has liaised with individual practices regarding their tracking of performance over time and offered support where required.

Secondary Smokefree Health Target: It was disappointing that the West Coast DHB did not reach the hospital smokefree health target of 95%, with a Quarter 1 result of 93% of hospitalised smokers getting help and advice to quit. Small numbers contribute to month-to-month fluctuations. To mitigate this challenge, Clinical Nurse Managers continue to monitor ‘missed ABCs’ and act upon them to improve the next month’s results.

Aukati Kai Paipa: For the period 01 July 2013 to 30 September 2013 the AKP service is working with 51 clients, 34 who identify as Maori with 27% validated abstinence rate at 3 months.

4. DISCUSSION

For information

5. CONCLUSION

6. APPENDICES

Report prepared by: Kylie Parkin,
Gary Coghlan

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: Maori Health Department

DATE: 27 November 2013

Report Status – For: Decision Noting Information

1. **ORIGIN OF THE REPORT**

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

2. **RECOMMENDATION**

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

Report prepared by:
Maori health team

The Problems	What work is currently underway	Update as November 2013	Update as at July 2013
<p>1. patient pathways. Multiple services/agencies involved in the continuum of care with minimal communication.</p>	<p>Complex Clinical Care Network (CCCN) – development of Inter Disciplinary Teams (IDT) and single point of contact for client – allocated case managers</p> <p>Kaupapa Maori Nurses and Kaiarataki orientating into their new roles.</p>	<p>Maori Health team working with CCCN Manager and Gerontologist to identify Maori pathway and input. To date we have identified key people to attend the triage meetings where Maori clients are being discussed and a pool of other Maori health workers to attend any subsequent IDT meetings that will identify Hauora Maori supports and cultural needs.</p> <p>The Kaupapa Maori Nurses as part of their orientation are developing pathways with clinicians such as Cancer Care Co-ordinators, Diabetes Nurse Specialists, Cervical Screener and Immunisation Nurse. As these positions evolve the pathways for referral and collaboration will be embedded within the system.</p>	<p>Complex Clinical Care Network (CCCN)</p> <p>CCCN is a made up of health professionals with expertise in caring for older people who work together as an interdisciplinary team. The CCCN can provide comprehensive assessments and coordinate home based services and assist in management.</p> <p>A job description for a Maori Health Needs Assessor has been advised.</p> <p>Continue to advocate the benefits of the CCN to Maori</p> <p>In August a meeting was held at Rata Te Awhina Trust, attended by GM Maori Health, and Kaupapa Maori Nurses, Planning & Funding staff, Dr Michelle Dhank, Medical Officer/Geriatrician medicine. An agreement was reached that there will be Kaupapa Maori Nurse inclusion/participation at all IDT meetings at CCCN whenever possible.</p>
	<p>Cancer Care Co-ordinator position</p>	<p>Met with Mary Marr Clinical Leader, to drill down into the Kaizen outcomes in relation to the Cancer pathway. Decided to defer the meeting until the Cancer Care Co-ordinator was able to attend.</p>	<p>Southern Cancer Network are facilitating Signs and symptoms roadshow to come to the West Coast – identify an option to include more of a Health Promotion focus. We are pulling together a small team to work with Ana Rolleston on this mahi to ensure that we are getting the messages out to the appropriate people.</p> <p>Work is continuing with Andrea Reilly – Cancer Nurse Co-ordinator (CNC) to ensure that all Maori are linked into the service at the earliest point from diagnosis of cancer. Gary and Andrea will work on the assessment process and we are currently facilitating meetings between Andrea and the</p>

			<p>Kaupapa Maori Nurses and Kaiarataki.</p> <p><u>Objectives for the CNC role specific to Maori Health include:</u></p> <ul style="list-style-type: none"> • Monitoring Faster Cancer Treatment pathways and providing auditable data to review areas of inequality. • Identifying Maori patient utilisation of cancer services for cancer diagnosis • Identifying problems or gaps that may occur in existing care pathways and act as a representative of West Coast DHB to incorporate national initiatives into care delivery in a way that solves problems and closes gaps • Auditable data on Maori utilisation of cancer services to enable service development and funding are informed by current accurate facts. • Patient nursing support with specialist knowledge of systems and staff to ensure timely, appropriate and acceptable care, treatment and patient support/advocacy. • Having an open communication and collegial working relationship with Kaupapa Maori Nurses and Kaiarataki services so that culturally appropriate care is facilitated. • Providing updates and education around first diagnosis of cancer pathways, processes and systems • Referral conduit to ensure Kaupapa Maori Nurses and Kaiarataki services are utilised and advertised to the public/patient. Combined community activities to address public health/health promotion aspects of inequality for Maori with a Cancer diagnosis
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	Health Pathways development	Maori Health team working with Health Pathways to identify the process for inclusion of Maori lens to this work. Cancer Care Co-ordination Role has been successfully filled and started. Maori Health Team working with Cancer Care Co-ordinator and Oncology nurse to ensure Maori pathways are considered.	There are 2 threads to this work. 1. Generic – working with Marie West Health Pathways Co-ordinator to discuss how the Maori health perspective is incorporated into health pathways 2. specific – working with teams of health professionals to include Maori perspective into specific pathways currently being developed i.e., cognitive impairment and cancer pathways. Very much an ongoing process Continue to support the development and utilisation of Health Pathways through any trainings.
2. Chronic condition management including an appointed lead Co-ordinator of Care for the patient.	Specialised patient care plans for diabetes There are a number of chronic condition steering groups including the local cancer team, heart and respiratory group and local diabetes team; alongside the PHO West Coast Long Term Conditions Management programme.	Work is occurring with the Diabetes Nurse Specialists to identify whanau who have a whanau member with diabetes. Supported by Diabetes NS and GP who are not fully managing their condition. Develop plan with whanau that connects them with health services proactively and responsively when required. Three Kaupapa Maori nurses have been appointed. These roles are primarily focused on management of chronic conditions within Maori and will link across community primary and secondary. They will be involved in the CCCN and other multi-disciplinary team meetings. They will be supported by Maori Health Navigators.	Kaupapa Maori Nurses are now in place and will play a lead role with the Nurse Specialists and GPs in identifying whanau who can participate in this process. We are looking at broadening to include the one process for long term conditions so we would be working alongside Respiratory NS, Diabetes NS and Cardio NS.
3. Lack of co-ordination between community, primary care and hospital services.	Buller IFHS development. Grey IFHS development	Maori Health DHB is involved in the planning work occurring for the IFHS in Buller and Grey.	Grey IFHS Workstream Workplan has been approved by ALT. Buller IFHS Workplan is currently being developed.

		<p>Presentations have been delivered by GM Maori health to the Alliance Leadership team and Grey Integrated workshop. This has resulted in some focused work across the workstreams.</p> <p>Additionally an increased emphasis on monitoring Maori health outcomes by the ALT and through health work streams these being as follows:</p> <ul style="list-style-type: none"> - Health of the Older People - Pharmacy - Buller IFHS - Grey/Westland IFHS - Child & Youth Health - Public Health/ Health Promotion 	<p>Met with Kim Sinclair to align reporting against the Workplan to Tatau Pounamu.</p> <p>Maori Health team are providing project support to the activities within the Workplan as follows;</p> <ul style="list-style-type: none"> - continue implementation of the Kaizen Workshop findings in relation to alignment to CCCN, improving LTCM care coordination (working alongside RTAT IFHC LTC Kaimahi) and improving health pathways - Integrate nga Kaupapa Maori Nurse and Kaiarataki and Whanau Ora kaimahi into the Grey/Westland IFHC <p>Decision made at Alliance Leadership Team that workstreams need to have a very strong focus on Maori Health outcomes improvement. A strong focus on Equity assessment is now to be incorporated into the planning and reporting within all 6 Workstreams. They will be given the Whanau ora tool and the Heath Inequalities Assessment tool to guide them with this work and the Maori Health team are available to assist.</p> <p>These have been used in sporadically the past with success. We envisage that over time this work will increase with positive results. coming in Maori health.</p> <p>From this point quarterly reports will be provided to ALT with the workstreams reporting alternately at 6 weekly intervals. A quarterly summary will also be provided to Tatau Pounamu and CPHAC.</p>
4. Cultural training and assessment		<p>There is some training already undertaken within West Coast DHB.</p>	<p>Mauri Ora online cultural competency training is available to all staff who are undertaking professional development training.</p> <p>The Ministry of Health, has now extended FREE ACCESS to this course until the 31 March 2014</p> <p>GM Maori Health is working with the Learning and</p>

			<p>Development team to identify how we can integrate cultural competency training within the current timetable.</p> <p>Maori is discussed with new DHB staff at orientation</p> <p>Some training is provided via Kaumatua eg training provided to public health nurses in November</p> <p>Treaty of Waitangi will continue to be delivered and available to all staff. There is a section on Maori health and health inequalities in the days training for staff</p>
5. Transalpine work	<p>Dr Carol Atmore is leading Transalpine developments.</p> <p>Telemedicine utilisation will assist in avoiding the need to travel.</p>	<p>Te Waipounamu DHB Whanau Ora support services Report has been commissioned by the SI Maori Managers. The purpose of this report is to demonstrate how greater support can be given to patients and their whanau if they transfer between DHB's in the South Island. This report provides a number of recommendations for improvement.</p> <p>Initial discussion has been held with Eru Waite Kaiaratakii Nga Ratonga Hauora Maori to co-ordinate a visit to their services with a team of Maori health staff from WCDHB.</p> <p>Working with CDHB Maori Mental Health to enable greater support for West Coast colleagues and to form stronger linkages.</p> <p>Working with the Lorraine Eade Plannig and Funding and Hector Matthews Maori health director CDHB on several common</p>	<p>Te Rauawa o te Waka Oranga Hinengaro (Maori Mental Health WCDHB and Te Korowai Attawhai, Canterbury DHB are continuing to build a stronger working collaboration.. This is essentially looking at stronger working collaboration in areas such as cultural guidance, peer supervision, cultural assessments and leadership and training assistance. Te Korowai Attawahi recently assisted in interviews for the Pukenga Tiaki position in Westport.</p> <p>Monthly meeting via video conference working more collaboratively</p>

		<p>areas i.e.:</p> <ol style="list-style-type: none"> 1) whanau ora 2) Accelerated Maori Health Performance 3) Equity planning across workstreams <p>A review of Mental health services incorporating Maori mental health services is complete</p> <p>Expanded role for Pukenga Tiaki to include clients being seen by primary mental health teams.</p>	
6. shared patient records.	<p>A number of IT developments that are currently available, or in the process of development. These include:</p> <ul style="list-style-type: none"> ▪ Electronic Referral Management System. (ERMS) ▪ eSCRV ▪ ePharmacy ▪ A mental health solution. ▪ SI patient administration system. ▪ Telehealth expansion. 	<p>Regional laboratory System: <i>Delphi Multi Lab</i></p> <ul style="list-style-type: none"> – Regional Clinical Information System: <i>Health Connect South</i> – Regional eReferrals System: <i>ERMS LIVE</i> – Integration of primary and secondary care data directly from clinical workstation: <i>eSCRV</i> <p>– 26 x high definition telehealth units and 1 x mobile clinical cart</p> <p>Working with the Maori Health Provider to align IT systems.</p>	<p>We are working with the IT department to ensure that the Maori Provider can access (ERMS), Health Connect South and Medtech support. This work is evolving as it becomes clearer what the further requirements are as a result of the integration work.</p>
7. Improving access to primary care.		<p>Participation in work streams - Alliance Leadership Team, Grey Health Integration to include Maori health perspective in all Maori health planning.</p> <p>Delivery of Maori Health Plan.</p>	<p>Positive progression here Integration of Kaupapa Maori Nurse and Kaiarataki into the Buller/Grey/Westland IFHS – The Clinical Director PHO is the Clinical Lead in this work and is supporting the Kaupapa Maori Nurses to orientate into the practices. Poutini Waiora have now recruited all Kaiarataki and Kaiawhina in the Buller, Grey and Westland rohe.</p> <p>The Clinical Director PHO and the Kaupapa Maori Nurses have formed a working relationship with Grey Medical centre and Westland Medical Centre with the Kaupapa Maori Nurse</p>

			<p>having access to the Patient Management System to access lists that will enable work to begin with some of the Maori who may not be engaging within primary care. A current focus is on Cardiovascular Risk Assessments. The Clinical Director PHO and the Practice Nurse will provide support for the Kaupapa Maori Nurses with Medtech and other training.</p> <p>Overview Greymouth Medical Centre, Westland Medical Centre and Poutini Waiora are working together to provide support and health care for Maori and Pacific people with long term conditions.</p> <p>Purpose of the joint service The purpose of the service is two fold: To establish a relationship between a Registered Nurse Rata Te Awhina and a Practice Nurse from the Medical Centres to enable them to work together to identify Maori and Pacific patients who have, for a variety of reasons, not engaged with general practice. Initially this will be to support having their Cardio Vascular Risk Assessment (CVRA) or their Cardiovascular Disease Annual Review (CVD) completed.</p> <p>To develop a model for non government organisations and general practices to work together as a way to improve access, support and health care to Maori and Pacific people who may struggle to engage with general practice.</p>
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TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 27 November 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the implementation of 'Better, Sooner, More Convenient'.

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

PROGRESS OF NOTE:

- **Alliance Agreement** – The West Coast Health Alliance Agreement has now been signed by both Alliance partners, the West Coast DHB and the West Coast PHO.
- **Alliance Capability** - Members of the West Coast Health Alliance were invited to participate in a joint Canterbury & West Coast workshop, designed to enhance productivity across workstreams through building capability. The workshop also highlighted the need for Rural, Maori & Pacific Health Equity to be clearly considered in the individual workplans.
- **Pharmacy Workstream** - The Pharmacist2GP initiative has been approved to start from 1 October. This supports Community Pharmacists to work in four general practices for around 2 hours per week to integrate the medication-related care of complex patients and improve the quality of medicine related information held by practices. This initiative has a 12 month term but may be extended if it shows sufficient benefits for complex patients and the West Coast health system.
- **Grey/Westland Integrated Family Health Services** – Following a recent review of the workplan, and in light of resource constraint around project management, the development of an Acute Demand style of service has been identified as a priority. A proposal is before ALT detailing the structure and format for a potential gradual roll-out of this. Following endorsement, a working party will be set up to develop to implement this.
- **Buller Integrated Family Health System** - Progress in the development of this workstream has been significantly impacted by project facilitation resource constraints. Kathleen Gavigan has agreed to undertake some of the project work under this workstream and work has begun on prioritising activity.

- A permanent appointment has now been made to the Practice Manager role at Buller Health Medical Centre; this will allow the continuation of the work being done to stabilise General Practice, which in turn will allow further integration work to move forward.

- **Complex Clinical Care Network** – Progress on the development of a restorative homecare model through the Complex Clinical Care Network has accelerated. Progress to note is as follows:
 - A workshop has been held with Professor Matthew Parsons, University of Auckland to outline the restorative model of care. This gave the CCCN and home based support providers the overview of the model and encouraged them to consider and identify how this model can best be implemented on the Coast.
 - It has been agreed to utilise the *Community Services Operations Manual* from Canterbury as a basis for developing the West Coast's *Community Services Operations Manual*. Two working sessions have been completed by a subgroup and excellent progress on the revision has been made.
 - Education of assessors and Registered Health Professionals on goal ladder development is ongoing.
 - Discussions on the role of Allied Health in the CCCN have begun and are ongoing.
 - Consideration is being given as to how best to link the IDT and the CCCN to ensure the most seamless, efficient approach to client assessments and planning and service coordination.
 - All HBS provider staff will be trained in the use of InterRAI by end of September 2013.
 - The launch of the CCCN is planned for 3 October with a focus on informing the community of the CCCN role/ function and how to access it. Also a board overview of what restorative home based care is, and what it will mean for the patient.

- **Alliance Support** – Following a period of limited Project Facilitation support a new Project Specialist has been appointed to support the Alliance functions. Recruitment is underway to appoint more resource to Planning & Funding; this will further support activity at both workstream and Leadership Team level. There have been a number of high quality applicants and interviews are being planned.

Report prepared by: Jenni Stephenson, Planning & Funding

Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

TATAU POUNAMU ADVISORY GROUP HEALTHY LIFESTYLES SERVICES UPDATE

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: Planning and Funding

DATE: 28 November 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

Healthy Lifestyles Update is a regular agenda item.

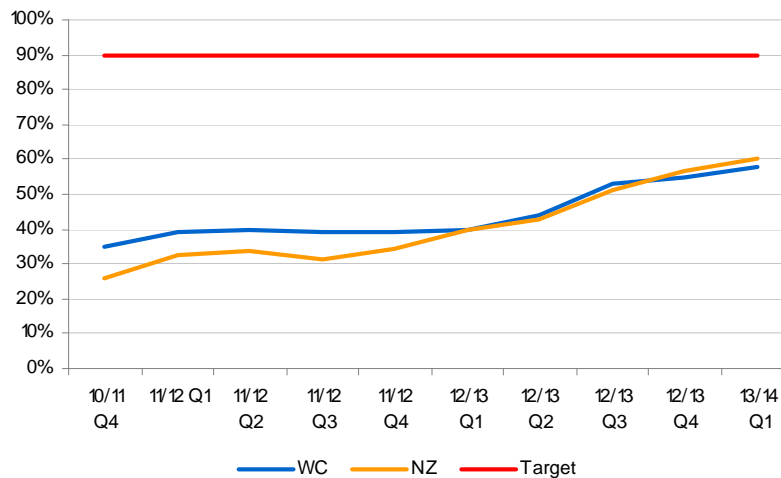
2. SUMMARY

This report includes an update on:

- Smokefree Health Targets – Primary and Secondary
- Te Whare Oranga Pai
- Green Prescription
- Appetite for Life

3. DISCUSSION

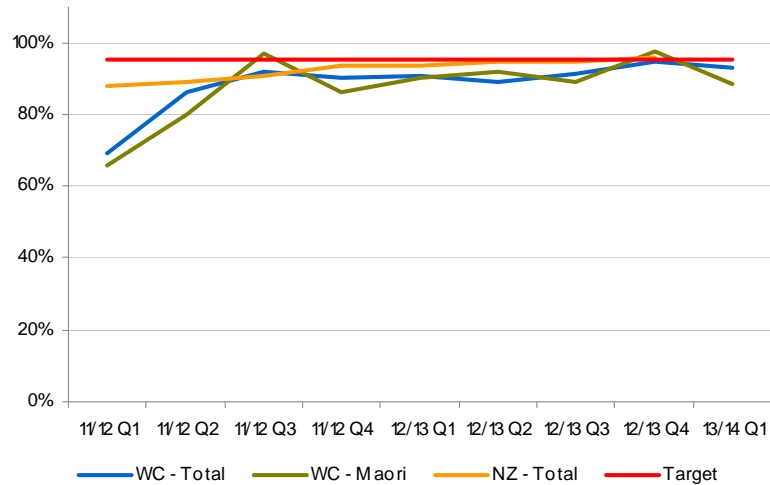
Primary Smokefree Health Target: 90% of smokers attending primary care given advice & help to quit



Quarter 1 Result: Total – 58%, Maori – 57%

Results for quarter 1 2013/14 show an increase in performance against the Primary Care Smokefree Health Target this quarter of 3%, with 58% of people who smoke attending general practice offered advice and support to quit. The MoH have set an expectation that DHBs take a more integrated approach to the Primary Care Health Targets, *Better Help for Smokers to Quit* and *More Heart and Diabetes Checks*. An action plan has been developed under Healthy West Coast on how we plan to build on the work already being done to take a more integrated approach and this has been endorsed by the Alliance Leadership Team and is due to be signed off by the MoH by the 5th December. This work also includes a shift of focus by the ministry from the Secondary Smokefree Health Target to the Primary Smokefree Health Target.

Secondary Smokefree Health Target: 95% of hospitalised smokers given advice & help to quit



Quarter 1 result: Total – 93%, Maori – 89%

It was disappointing that the West Coast DHB did not reach the secondary care smokefree health target of 95% for quarter one, with a total result of 93% (264/284) and 89% (31/35) for Maori, after reaching the health target in quarter one. Small numbers contribute to month-to-month fluctuations. Continued monitoring by Clinical Nurse Managers of 'missed ABCs' are acted upon to improve the next month's results as a way to mitigate the challenge of small numbers. The Smokefree Services Coordinator also spoke at the senior nurse meeting raise awareness and the value of Nicotine Replacement Therapy (NRT) charting on the wards with positive feedback, the NRT workbook was also revised.

Te Whare Oranga Pai

Te Whare Oranga Pai is a physical activity and healthy eating programme delivered in Hokitika that focuses on sustainable lifestyle changes for individuals and their whanau. The programme has been transferred from the original provider Te Runanga O Makaawhio to Poutini Waiora, with the current agreement set to expire in December 2013. A proposal from Healthy West Coast went to the Alliance Leadership Team to extend this programme past January 2014 using one-off underspend; this was endorsed by the Alliance Leadership Team in October 2013.

Green Prescription

For 2013/14 there has been an increase of MoH funded Green Prescription referrals from 244 to 500 for the West Coast. For quarter one this has resulted in a substantial increase of 46 referrals for the Buller region compared to last quarter from 13 to 59 referrals, with a total of 142 referrals for the West Coast (14% Maori).

Appetite for Life (AFL)

Appetite for Life is a group based facilitated 6-week course focused on developing a healthy relationship with food. During quarter one AFL was delivered in Buller for the first time, with an experienced facilitator recently moving to Westport. Recent courses include:

- Westport - 16 participants (2 Maori)
- Hokitika – 9 participants (6 Maori)
- Greymouth – 14 participants (0 Maori)

Kelsey Moore the Maori Health Promoter at Community & Public Health is a trained AFL facilitator and has been trained in the specific Maori/Polynesian ALF course.

TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2013 MEETING SCHEDULE

DATE	TIME	VENUE
Thursday 24 January 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 7 March 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 2 May 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 6 June 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 11 July 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth
Thursday 22 August 2013	3.30pm – 5.30pm	Board Room, Corporate Office, Greymouth
Thursday 10 October 2013	3.30pm – 5.30pm	Meeting cancelled
Thursday 28 November 2013	3.30pm – 5.30pm	Boardroom, Corporate Office, Greymouth

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

Work plan for Tatau Pounamu 2013 / 2014

	11 July	22 August	10 October	28 November	2014 Meeting Schedule to be set			
STANDING ITEMS	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items	Karakia Interest register Confirmation of minutes Carried forward items
DISCUSSION ITEMS	<ul style="list-style-type: none"> ▪ TOR review ▪ Whare whakaruruhau ▪ Grey integration workshop ▪ Grey data (T Love) 	<ul style="list-style-type: none"> ▪ Update on the Model of care ▪ Suicide Prevention Action Plan ▪ Family Violence Implementation Plan ▪ Whānau ora update ▪ ALT work streams ▪ Kaizen Maori Health Workshop 	<ul style="list-style-type: none"> ▪ Kaizen Maori Health Workshop ▪ Maori Health Plan 2013/2014 – Quarterly Update ▪ ALT work streams ▪ Mental Health Review ▪ Update on Vision for West Coast Health Services – Programme Director 	<ul style="list-style-type: none"> ▪ Kaizen Maori Health Workshop ▪ ALT work streams ▪ MH review ▪ Whānau ora ▪ Model of Care update 	<ul style="list-style-type: none"> ▪ Kaizen Maori Health Workshop 	<ul style="list-style-type: none"> ▪ MHP reporting 	<ul style="list-style-type: none"> ▪ Draft MHP 2014/2015 ▪ Whānau ora ▪ Review MH services 	

	11 July	22 August	10 October	28 November	2014 Meeting Schedule to be set			
STANDARD REPORTS	Chair's Report GM's Report HEHA / Smokefree Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report	Chair's Report GM's Report Healthy Lifestyle Services Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report	Chair's Report GM's Report Healthy Lifestyle Services Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report	Chair's Report GM's Report Healthy Lifestyle Services Report Alliance Update	Chair's Report GM's Report Healthy Lifestyle Services Report
INFORMATION ITEMS	2013 Schedule of meetings Committee Work plan	2013 Schedule of meetings Committee Work plan	2013 Schedule of meetings Committee Work plan	2013 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan	2014 Schedule of meetings Committee Work plan

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the St John Meeting Room – 112 Waterwalk Road (Back of DHB)
Wednesday 27 November 2013 commencing at 2.00 pm

KARAKIA

ADMINISTRATION

Apologies

1. **Interest Register**
Update Interest Register and Declaration of Interest on items to be covered during the meeting.
2. **Confirmation of the Minutes of the Previous Meeting**
22 August 2013
3. **Carried Forward/Action List Items**
4. **Discussion Items**
 - Terms of Reference/MOU and Changes made to the Terms of Reference
 - Hospital Rebuild

REPORTS

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|----------------------------------------------------------------------|---------------------------------------------------|
| 5. Chair's Update – Verbal Report | Chair |
| 6. GM Maori Health Report | General Manager Maori Health |
| 7. Healthy Lifestyle Services Report | Planning & Funding Service Development
Manager |
| 8. Kaizen/Maori Health Plan update | Maori Health |
| 9. West Coast Alliance Update/ Workstream 6
weekly Update | Planning & Funding Service Development
Manager |

INFORMATION ITEMS

- Tatau Pounamu meeting schedule
- Work Plan 2013 -2014

ESTIMATED FINISH TIME 5.00pm

NEXT MEETING

- Dates to be established for 2014