

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

20 February 2014

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"> ▪ 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, Grey District Council Creative NZ Allocation Committee

Member	Disclosure of Interest
	<ul style="list-style-type: none"> ▪ 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 Centre West Coast ▪ Member of the Southern Regional Liaison Group for Arthritis New Zealand
<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
<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 Rrunanga 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, of the West Coast District Health Board

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

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING
held in the Board Room Corporate Office, Grey Base Hospital, on
Wednesday 27 November 2013, Board Room @ 2.00pm

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
Michael Frampton, Programme Director, West Coast DHB (Video Conference)
Susan Wallace, Te Runanga O Makaawhio
Wayne Secker, Maori Community
Sharon Marsh, Maori Community

IN ATTENDANCE: Richard Wallace, Te Rūnanga O Makaawhio
Gary Coghlan, General Manager Māori Health, West Coast DHB
Kylie Parkin, 0.6 Maori Health
Claire Roberston, Planning & Funding WCDHB
Jenny Stephenson, Planning & Funding WCDHB

MINUTE TAKER: Megan Tahapeehi, Maori Health
APOLOGIES: Dr Paul McCormack, West Coast DHB Chair

WELCOME / KARAKIA

1. AGENDA / APOLOGIES

Apologies were received from Paul McCormack,

Motion: That the apologies are accepted.

Moved: Francois Tumahai
Carried.

Seconded: Elinor Stratford

2. DISCLOSURES OF INTEREST

Elinor Stratford

- **Amend to Read:** Trustee of Disability Centre West Coast
- **Add:** Member of the Southern Regional Liaison Group for Arthritis Zealand

Sharon Marsh

- **Remove:** Husband no long on Buller District Council
- **Add:** Husband and I are Directors of Buller Fire Equipment

Lisa Tumahai

- **Remove:** Ministry of Social Development Community Response Model (CRM) Forum

Susan Wallace

- **Add:** Board member of West Coast District Health Board

Motion: That disclosures of interest with the above amendments are a true and accurate record.

Moved: Sharon Marsh **Seconded:** Wayne Secker
Carried.

3. MINUTES OF THE LAST MEETING -

Accepted.

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

4. MATTERS ARISING

NOTE that the minutes from the 11 July 2013 meeting were tabled as they were not approved due to the scheduled meeting being cancelled. They still require approval and will be tabled at the first meeting in 2014 to ensure this is noted as actioned.

4.2 Maori Representatives

Gary advised that he has spoken to up to 8 Maori representatives who have expressed an interest in helping on committees and working groups .

A verbal update was briefly provided.

The chair suggested for a short profile on each of the representatives to enable a clear sense of their experience and backgrounds. The group needs to be confident and happy with what has been put forward for various committees, working groups etc.

An update to be provided by Gary at the next Tatau Pounamu meeting .

Action: GM Maori

4.3 Whare Whakaruruhau

Hard copies of the final version were tabled at the meeting. It was advised that it has been finalised and in distribution for use.

The version consisted of the booklet, admission form and policy.

This was endorsed and that Tatau Pounamu supported the document.

Moved: Wayne Secker **Second:** Elinor Stratford
Carried.

NOTE: Susan Wallace abstained from this until she has had an opportunity to fully read the documents.

5.1 Suicide Prevention Action Plan

Gary advised that there has been a perceived increase in suicides and felt that there may well be a need for a specific strategy to address this locally,

Gary is happy to work as part of a team on this kaupapa, however it is important to firstly ascertain the right information.

The Chair requested for an update on how we are going to respond across the Ministry's plan or are we going to do a local plan and if so who is going to take the lead on this?

Richard Wallace also made comment about involving Victim Support in future discussions.

Continue to keep this as an ongoing agenda item for Gary to update.

Action: GM Maori

6.1 Buller Service Level Alliance

Gary updated that he has had a korero with Gina Robertson from the Buller . Not a lot is happening at the moment, seems to have stalled. Gina is arranging a meeting with Kathleen Gavigan, GM Buller Health.

7.1 Disability & Clinical Governance Board Appointments

Gary advised that there are no appointments at this point. Lisa asked that this be an agenda item for the next meeting.

Both Runanga will also have a discussion about the Disability and Clinical Governance board agenda at a meeting next week.

Action: GM Maori

Consumer Council (Additional Discussion Item)

Gary advised that at this stage he is the EMT sponsor helping to progress development of the consumer council. At this point in time advertising for appointments is occurring in the local news papers and will close on Friday.

The chair asked how many Maori positions are on the council at the moment. She was advised that there are currently no dedicated Maori seats, however Gary commented that Maori participation on the council is a priority

A member made comment around the importance of having a Maori voice on the council . A member said if we link those Maori consumers with Tatau Pounamu so they can be supported. It is important that Tatau Pounamu understand the process and ensure that they get a dedicated representation. If we had dedicated seats we could be more focused.

This coming Friday is the closing date for nominations. The Chair asked if we could seek an extension . Gary to request an extension.

Action: GM Maori to speak with Consumer Council Chair

It was also suggested that a recommendation be placed to the Consumer Council for consideration in asking for dedicated Maori seats on the council

Action: GM Maori to send Terms of Reference for Consumer Council

5. DISCUSSION ITEMS

(Michael Frampton, Programme Director West Coast DHB - joined the meeting via video conference)

Terms of Reference

The following amendments have been requested for change by Tatau Pounamu:

- Page 5 – 4.1.7 (additional wording) “A quorum shall consist of not less than 4 members and must include at least 1 member from each of the Poutini Papatipu Rununga.
- 4.1.4 (add bodies) One member of the West Coast DHB shall be appointed by WCDHB to be a member of Tatau Pounamu *(Note that existing 4.1.4 will become 4.1.5 and so on)*

The chair sought clarification about the approval process for Terms of Reference [ToR] changes through the DHB Board. Michael responded that any changes to the ToR must be passed to the chair of the DHB Board for consideration prior to being submitted to the full Board.

A Tatau Pounamu member commented that she doesn't see where the DHB representative from the Board fits into these ToR. It appears that there has never been official membership to Tatau Pounamu from the WCDHB. The chair said that this is a good point for the Board to discuss. The general consensus of Tatau Pounamu members was that it is important to have a formal WCDHB representative on Tatau Pounamu, because this provides another mechanism for the transfer of information from Tatau Pounamu to the Board and vice versa.

2014 | 2015 Annual Planning

Early in 2014, it is expected that we will start to see some of the planning documentation in relation to 2014 | 2015 being released by the Ministry of Health. In terms of the planning process, a conversation was had about some of the challenges associated with improving responsiveness of mainstream services to Maori, and the need for District Annual Planning and Maori health planning processes and documents to be aligned.

The chair expressed her surprise to see in the Canterbury plan that the Maori health had been changed to include both Maori and Pacific. It would be expected that if this was a consideration on the West Coast then consultation should occur in the very early stages

NOTE: Keep 3.2.1 as a live agenda item as this will give clarity to thinking and how we work within these.

Move: Susan Wallace **Second:** Francois Tumahai
Carried

Additional Discussion Richard Wallace Re: Kaumatua (Not on current agenda)

A conversation followed and the chair confirmed that Richard Wallace was more than welcome to attend meetings as was any member of the public, and if there was to be a kaumatua on Tatau Pounamu then a transparent appointment process would need to take place as to not to exclude others who may wish to be part of the process.

There is no formal membership for this role onto the committee.

The Chair reaffirmed that if the committee were to decide that there needed to be a formal Kaumatua position then the appointment process would need to be transparent as not to exclude others who may also wish to apply for the position.

OUTCOME: Currently there is no formal Kaumatua position within this committee.

Hospital Rebuild

Brief Update – Michael Frampton

25 September Minister Announcement

Outcome of process – functional brief of relocation

Michael provided a briefing about facilities development on the Coast. In the initial planning process, there has been some discussion around ways in which to engage with Iwi and ways in which to engage with the wider community and consumers. There is an absolute awareness that we need to consult, noting that currently we are still very much in the preliminary design phase. The process in Buller and Grey is being run in parallel.

A conversation occurred in relation to Buller, with reference to recent media about reduced bed numbers. Michael provided a quick update, explaining that it is disingenuous for the press to be making comparisons between the current IFHC proposal [with approximately 10 inpatient beds for flexible use] and earlier proposals that talked of up to 90 beds. This is because earlier proposals included all the aged residential care [ARC] beds in Buller.

Michael made it clear that it remains to be determined how care will be delivered for the aging population in Buller. While there is the aim to bring care to people's homes so that they can stay at home longer, it is unlikely that there would suddenly be a significant reduction in bed numbers.

Conflict of Interests (Additional Discussion Item from Michael)

Michael sought to provide clarity about issues of perceived conflict of interest between individuals who have a governance role on Tatau Pounamu while providing governance of Poutini Waiora, being the Maori health provider funded largely by the DHB. Michael wanted to be very clear, and to state for the record, that he has every confidence that these individuals who share governance roles have the ability to manage any conflicts and it is unrealistic to think that we are going to have total separation, due to the small number of very passionate, skilled and experienced people committed to governance of Maori health on the West Coast. He has no concerns presently and he noted that if concerns were brought to him, a free and frank conversation would need to occur.

The chair noted her commitment to building a better relationship with the DHB through Michael, and having the ability to deal with issues as they arise face to face and being transparent in order to develop a stronger working relationship. Michael stated that the relationship he has with Gary as the GM Maori Health is very important and along with the partnership with Poutini Waiora we are moving in the right direction towards building strong Maori health services and care on the West Coast.

Chairs Update

No update

GM Maori Health Report

Health Scholarships

A member wanted to know if there is an opportunity for the successful recipients as part of their work schedule to be placed with the Maori Provider.. Further discussion with the Kaihoutu of Poutini Waiora needs to occur to progress this.

ACTION: GM Update

Pacific Island Whanau

Gary expressed a need for some thought about Pacific people regarding supporting the increasing number of Pacific island whanau moving to the Greymouth area. The chair expressed that Pacific Trust Canterbury are happy to provide support over here. This is a planning and funding issue - Lisa would not like to see the use of Maori targeted funding to provide for Pacific people. A member also said that we don't silo our response because it is happening across the board in terms of illegal permits etc. Look at big picture responses i.e. to respond and this could also assist at this level. We need to be extremely mindful of cultural differences within the different Pacific communities and it is not expected at all from the Pacific community that Maori speak on their behalf. Consumer Council i.e.; should have representation for Pacific too etc.

Tatau Pounamu has a responsibility to ensure that the DHB advocates appropriately for the Pacific island community.

A member asked the question about 'other ethnicities'.

In Canterbury the growth of Asian is likely to be bigger than Maori. Research shows that Asians don't actually use mainstream services as much they continue to use alternative services.

A member reiterated the agreement of the treaty and the true obligations. Advocating is the more culturally appropriate thing to do.

Maori Health Update

Cervical Screening

The chair queried the 69% rate and didn't think that this was an acceptable rate and is interested in seeing improvement. Gary responded by saying that while there is still a considerable amount of work to occur to reach the target of 80% by June 2014 that it has risen from 53% just over a year ago to 69% and that we are tracking in the right direction.

There has been a very focused effort to improve cervical screening for Maori woman Dickie Dewes the part time cervical screening nurse is working with Poutini Waiora to provide weekend and evening clinics and a process has been put in place between the practices and the NCSP register Co-ordinator to regularly cross reference overdue lists and provide the high needs lists to her, so she will do her best to track people.

Te Waipounamu Leadership Group

The Te Waipounamu Cancer Roadshow was to be held in Hokitika In November but due to time constraints and availability it has been postponed until February. The roadshow will focus on signs and symptoms – the chair will get the agenda and get someone to speak about the cancer focus in this region. Kylie and Andrea Reilly are talking with Ana to identify a small group that can work with the MLG and the Southern Cancer Network to assist with the organisation of the hui.

Also on the local cancer team radar is the promotion of sun safety and signs and symptoms of melanoma on the West Coast. There has been a recent spike on the West Coast and the Local Cancer Team has prioritised a piece of work on this.

Healthy Lifestyles Services Report

Claire came and presented her paper with updates on:

- Smokefree Health Targets
- Te Whare Oranga Pai
- Green Prescription
- Appetite for life

Taken as read.

Smoking Cessations – Did report against the health targets did have a good first quarter. Better support for smokers to quit. Joe Mason doing a great job.

CVD Minimal Harm Diabetes Check – Primary smoke free health target graph, interesting direction from the MOH that we take a more integrated approach to our PHC targets. Developing an action plan in order to take a more integrated approach towards these health targets. Focusing on better clinical leadership within the PHC targets. Plus implementation plans to drive those health targets up.

Kylie added that the Healthy West Coast Governance Group will be responsible for oversight of the Ministry's 'More heart and Diabetes checks'. This is a good thing as they are a very strong clinical governance group with a good understanding of health equity issues.

Kaizen/Maori Health Plan Update

Taken as read

West Coast Alliance Update

Jenni Stephenson came to the meeting to speak to her paper. There have been various new appointments to address the gap that has occurred within Project Support of the Grey workstream over the last 6 months so we should start to see some movement and renewed momentum within this workstream as a result of these appointments.

Kathleen Gavigan taken up some of the Buller project lead work.

There followed a brief conversation about Interai

FIRST MEETING NEXT YEAR SCHEDULED FOR
Meeting scheduled for 20 February, 2014

MATTERS ARISING NOVEMBER 2013

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
5	27 November 2013	<p>Amendments for Tatau Pounamu Terms of Reference</p> <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. TOR also to be tabled for noting at the next WCDHB Board Meeting <p><i>Note: Regular standing item</i></p>	GM Maori Health	February meeting
4.2	27 November 2013	<p>Maori pool of expertise</p> <ul style="list-style-type: none"> Names have been provided to GM Maori and a list of these names with bios to be provided at next meeting. 	GM Maori Health	February meeting
5.1	27 November 2013	<p>Suicide Prevention Action Plan</p> <ul style="list-style-type: none"> The Chair requested an update on how we are going to respond across the Ministry's Suicide Prevention Plan or ? are we going to do a local plan. 	GM Maori Health	February meeting
7.1	27 November 2013	<p>Disability and Clinical Governance Board</p> <ul style="list-style-type: none"> Maori expertise required for these to Boards 	Chair GM Maori Health	February 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 One member of the West Coast DHB shall be appointed by WCDHB to be a member of Tatau Pounamu

- 4.1.5 Elected members not resident in Te Tai o Poutini, costs associated with attending meetings may be met by their nominating
- 4.1.6 Alternatives or proxy voting will be allowed for Committee members.
- 4.1.7 Committee members will be provided with a copy of the New Zealand Public Health and Disability Act 2000 Whakatataka, He Korowai Oranga, and West Coast District Health Board Māori Health Plan.
- 4.1.8 A quorum shall consist of not less than four members and must include at least one member from each of the Poutini Papatipu Runanga.

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 its 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:

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: General Manager Maori Health

DATE: 20 February 2014

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

Maori Health Plan and Annual Plan

Planning work has started on the Maori Health Action Plan 2014/2015. The first draft is due by the 7 March for approval by GM Maori, GM P & F and the CEO. The draft MHAP will then be submitted to the National Health Board by the 14 March 2013. The template appears to be basically the same as last year apart from the replacement of the Breastfeeding Measure with an Oral health one (yet to be confirmed which one). There is also a clear requirement that the PHO needs to be involved in jointly developing the plan. A reference group has been established to develop the details within the plan. This includes Poutini Waiora, West Coast PHO, Planning & Funding Maori Health will be leading this work. A timetable for development of the plan and feedback will be presented to Tatau Pounamu at their 20 February meeting. The Alliance Workstream Plans will be submitted to the WCDHB on the 27 February for approval with other Draft Annual Plan Sections due by 7 March, this will then allow us to finalise National Indicators drawing from existing measures in the Annual Plan.

Ethnicity Data Audit West Coast.

The Contract was signed off with MOH prior to Christmas. There have been delays with requests for proposal (RFP) and the contracting process which is unfortunate, so the closing date is now the 30th June 2015 to complete. MOH are currently looking at Ethnicity Data and audit training regional workshops, around \$4.5k is available for the West Coast. This could be based on general practice incentives, a part FTE, or post EDAT recommendation implementation. It is up to West Coast in terms of how best those funds are utilised

Whanau Ora Commissioning Agencies

Earlier in 2013 the Minister announced the new model for the future delivery of Whanau Ora which will see the establishment of three Non-Government Organisations (NGOs) commissioning agencies, one based in the North Island, one in the South Island and a Pacific focused agency.

The Regional Leadership Groups and the Governance Group are now being wound down. The final task for the Governance Group has been the overseeing of the RFP process for the three NGO commissioning agencies. Te Puni Kokiri will remain the administering department for Whanau Ora.

Census 2013

The latest Census update shows that our population is becoming more ethnically diverse. We now have greater proportions of Maori, Pacific and Asian ethnicities than in 2006. The percentage of Maori has increased from 9.7% to 10.5%. Our Maori population are younger, with 42.4% aged 0-19 years old (compared to 24.8% of the total West Coast population). *See Appendices*

Suicide Prevention

Since the last Tatau Pounamu meeting a governance group is in the process of being established for suicide prevention on the West Coast. Underpinning the governance group will be the establishment of an action group. This group will be charged with undertaking much of the actual work. It is likely that a Suicide Prevention Plan will be written for the West Coast.

Maori Health Presentations

To date there have been a number of presentations made to WCDHB staff and Poutini Waiora and to NET P graduate nurses regarding Maori Health. This work is important because an essential objective of the Maori health plan strategy is to enhance main stream responsiveness. In the case of Poutini Waiora it is important to engage Maori health provider in the development of the Maori health plan and to continue working together to develop better systems.

Update on West Coast DHB Consumer Council

The West Coast Health System is always keen to improve its service delivery and the users of our services are the best people to help us on our journey of continuous improvement. Recently a number of people have been interviewed from throughout the West Coast for vacant positions on the West Coast Consumer Council.

The role of the Consumer Council to help ensure the people who use the health system have a real say in how it works. The Council plans to meet monthly and will use technology such as video conferencing so its members can be situated anywhere in the West Coast district.

The group will take part in different projects, provide feed back and, provide that reality check on how and what information is communicated.

One of its regular tasks will be to look for information that is meant for consumers and suggest ways to make it easier to understand.

In total there are now ten new members on the Consumer Council, with representation from Buller, Westland, and the Mawhera areas. The calibre of applicants is extremely high with a great diversity of skills.

The first meeting will be held on the 25th of February, at Grey Base Hospital.

See Appendices (2) for TOR

Head Nurse General Theatre

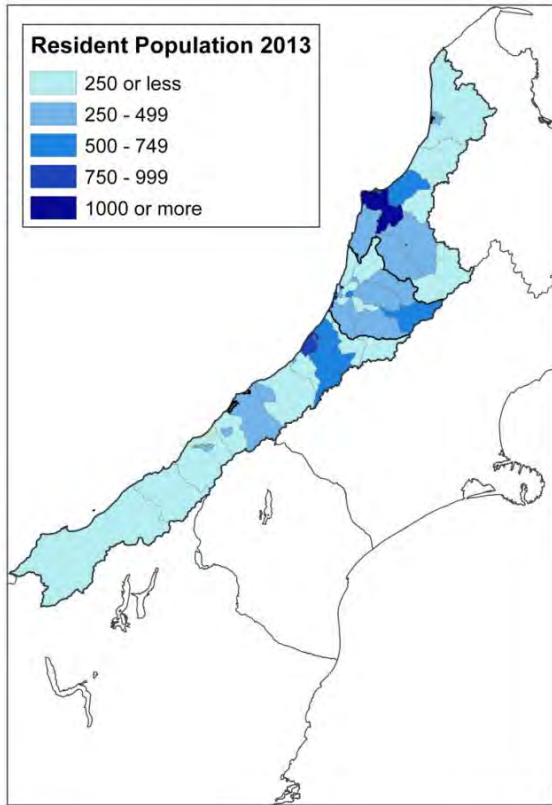
Recently Pare (Polly) Ormond, Ngati Kahangunu / Ngati Riki was appointed to the position of --
Head Nurse General Theatre this is great news for Maori nursing

Report prepared by: Gary Coghlan, GM Maori Health

Appendices 1 – Census Data

Appendices 2 – Consumer Council TOR

West Coast District Health Board – What the 2013 Census Tells Us



Our resident population has increased by 2.6% since 2006, to 32,150. This is a slower rate of growth than between 2001 and 2006. However, the rate of population growth has also slowed nationally.

The Grey District has the largest population in the region, with a resident population of 13,370. The Buller District has a population of 10,470 residents. The Westland District has a population of 8,300 residents,

Our population continues to age. 16.1% of our population are now aged 65 years or older. This is higher than the national proportion of people aged 65 years or older (14.3%).

There has been a decrease in the number of children aged 0-14 years old. This is in line with a decrease in the number of families with dependent children in the region. There has been an increase in the number of one-person households, consistent with the decrease in the number of families with dependent children.

The Highlights

32,150 West Coast residents in 2013. This has increased from **31,330** in 2006 (2.6% increase)

7.9% increase in the resident population of the **Buller District** since 2006

1.1% increase in the resident population of the **Grey District** since 2006

1.2% decrease in the resident population of the **Westland District** since 2006

10.5% of our population are Māori

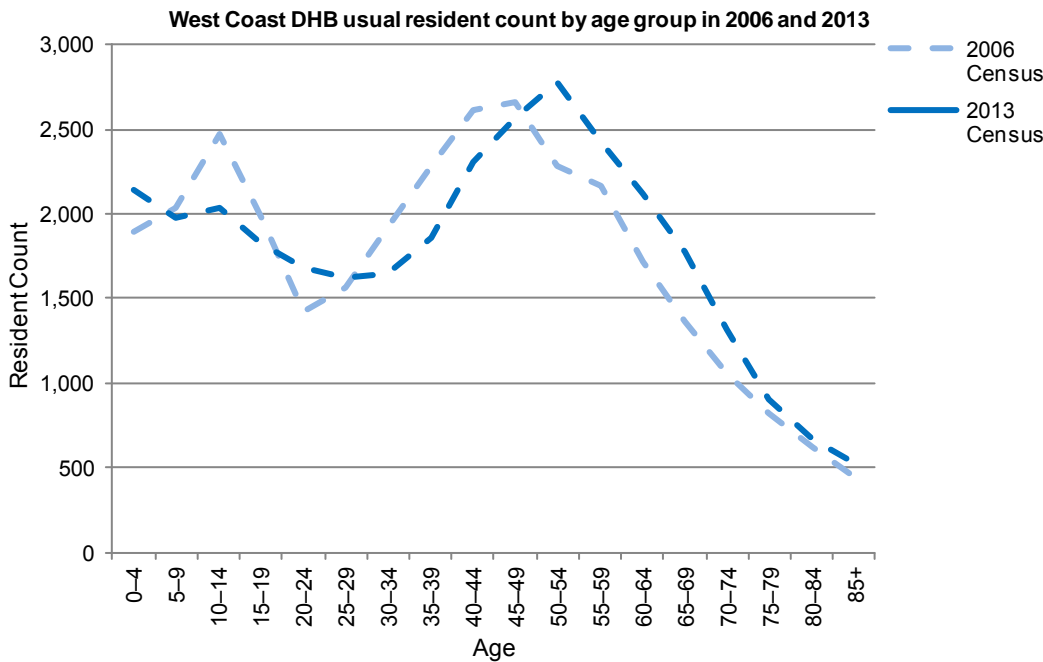
16.1% of our population are aged 65 years or older, up from **13.8%** in 2006

4.7% decrease in the number of families with dependent children. There has been a **15% decrease** in one-parent families with dependent children

30.7% of households only have a single resident

3.4% of households have no access to telecommunication systems. This is the highest proportion of any region in New Zealand

19.6% of those aged 15 years or older smoke regularly, down from **24.2%** in 2006.



Our population is also becoming more ethnically diverse. We now have greater proportions of Māori, Pacific and Asian ethnicities than in 2006. The percentage of Māori has increased from 9.7% to 10.5%. Our Māori population are younger, with 42.4% aged 0-19 years-old (compared to 24.8% of the total West Coast population).

What We Do Not Know

Updated population projections and estimates

The current Statistics New Zealand population projections are still based on the 2006 Census results. Projections based on the 2013 Census results will not be made available until December 2014. The current Statistics New Zealand population estimates (which our funding is based on) are also still based on the 2006 Census results. Updated population estimates will be made available in August 2014.

What Does This Mean?

Our aging population

The West Coast DHB has an increasing elderly population. While progress has been made to address the needs of older people, new service models will need to continue to be developed.

Our population distribution

We have a population that is spread over a vast geographic distance. We also have households that are hard to contact, with 3.4% without access to any telecommunications. This presents a challenge in the delivery of health services within the West Coast and demonstrates the importance of mobile delivery of services to the community.

Purpose:

The West Coast District Health Board (DHB) Consumer Council works in partnership with the DHB as an advisory body providing a collective perspective of those who use services, into health services planning, delivery and evaluation at all levels of the organisation.

Membership:

The Consumer Council will have a membership of 8-10 with members bringing a perspective as service users (past or present) which combined, cover a wide range of service areas and include a Maori and Pacific perspective. Additional members may be co-opted for specific project involvement.

Shared/proxy membership may be considered where consistent attendance will be difficult, to enable council business to continue.

Tenure is for two years with members able to consider reappointment to the council for a further term at the completion of this period.

Membership will be decided by way of a call for expressions of interest, with membership recommendations made to the Chief Executive. Recommendations will be based on what prospective members bring by way of skills, perspective, and ability to enhance the work of the council, along with the collective mix of council attributes.

Honorarium and Expenses:

Members attending face to face council meetings during their ordinary paid time will not receive payment for meeting attendance if employed in health and attendance is approved by their organisation. Members attending during unpaid time are entitled to be paid a meeting fee of \$65 per meeting. Mileage expenses incurred by individuals may also be reimbursed at a rate of 70c per kilometre.

The fees and reimbursing allowance (Mileage) are paid as an honorarium. The Inland Revenue department requires the West Coast DHB to deduct withholding tax from an individual that is earning an honorarium.

Chair:

To be selected at first meeting in 2014.

Authority, decision making and reporting line:

Executive Management Team, and Clinical Board through Quality and Patient Safety Manager reports. Agreement made at consumer council meetings regarding any issues and activities to report.

Meeting location, time and frequency:

Bi monthly with meetings in February, April, June, August, October, December, Monday 1.30 -2.30pm. Venue to be shared between DHB, PHO and Pact Peer Support House – to be confirmed at previous meeting.

Dates for 2014:

- 25 February
- 7 April
- 9 June
- 11 August
- 13 October
- 8 December

Minutes/Communication:

Administrative and minute taking support provided by Personal Assistant of Quality and Patient Safety Manager.

Minutes will be distributed within 10 working days following council meetings.

Agenda items may be registered with the Personal Assistant, with agenda being sent five working days prior to council meetings to ensure that all members are sufficiently prepared for council meetings.

Key Tasks:

- Projects which enhance the collection and use of feedback from a service user's perspective
- Projects which improve the organisation's information sharing responsibilities with service users
- Projects which contribute to the design or re-design of services and/or facilities by the DHB
- Projects that improve the quality of the patient journey
- Projects that remove barriers for consumers whilst enhancing safe service provision

Evaluation/Review:

Terms of Reference to be reviewed annually, at the first meeting in the calendar year.

Consumer Council Terms of Reference	Page 2 of 2
Document Owner: <u>Quality and Patient Safety Manager</u>	
WCDHB TOR001; Version 1; Issued 18/11/13	Master Copy is Electronic

TO: Chair and Members
Tatau Pounamu

SOURCE: Maori Health

DATE: 20 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

[Note for report author: consider - is this a standing report and regular agenda item, is it generated through a request from the Board/Committee, strategic direction or ministry requirement – why was the report written e.g. through which committees or groups has the report been presented/endorsed. It is not the Executive Summary.]

2. RECOMMENDATION

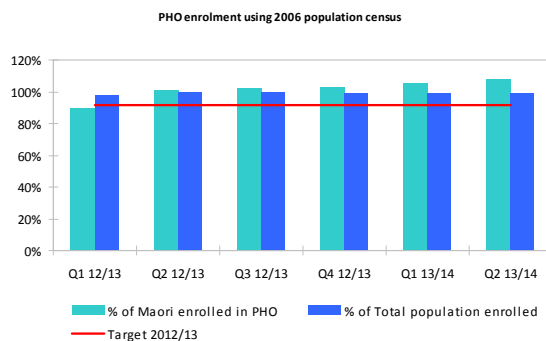
[Note for report author: The recommendation of a Decision Paper is to be in such a form that the Committee will vote for or against, i.e. the actual resolution for the Committee to pass. The recommendation needs to state if the recommendation needs to be forwarded to the West Coast DHB for the Board's approval. For a Noting Paper the usual recommendation will be That the Hospital Advisory Committee note the paper. An Information Paper does not contain a recommendation]

3. SUMMARY

Maori Health Quarterly Report – Q2, 2013/14

Access to care

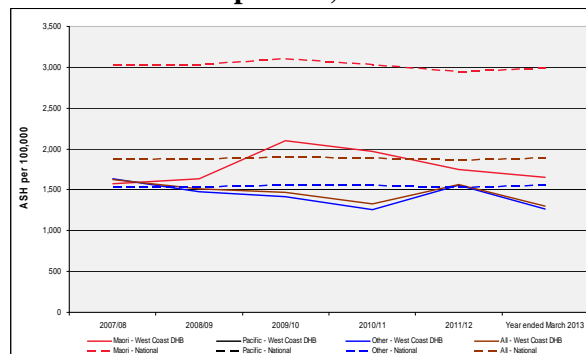
Percentage of Maori enrolled in the PHO



* 2006 census population was used as the denominator.

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation per 100,000



ACHIEVEMENTS/ISSUES OF NOTE

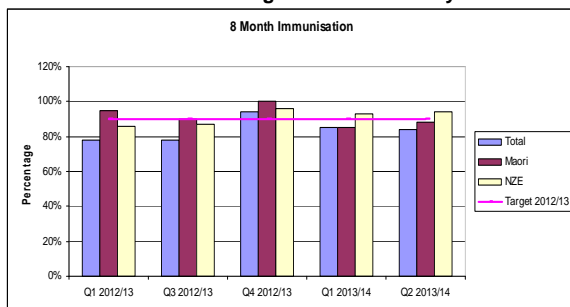
Enrolment in PHO: Using the 2006 population census figures 93% of Maori were enrolled with the PHO as at December 30 2013. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and exceed that of other ethnicities.

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

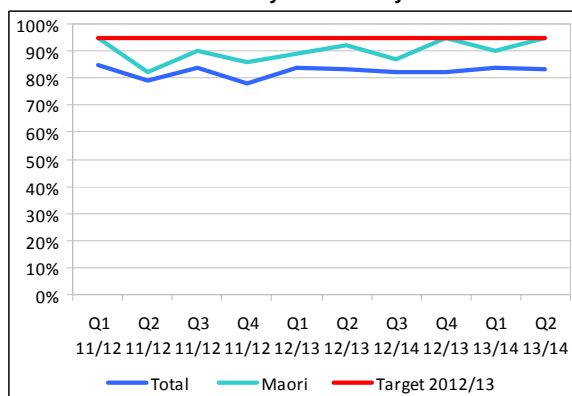
ethnicity data collection education.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation: 88% of Maori babies have been immunised on time at 8 months of age in quarter 2. This equates to 23 babies out of 26.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 2 is 83% of babies being immunised by 8 months of age. - 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 95% so 18 from 19 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

Breastfeeding: Breastfeeding results for the 12/13 year were released by the MoH during this reporting period. It is important to note that unfortunately the DHB is unable to present a full picture of breastfeeding results this year and it is Plunket services only. Poutini Waiora and the WCDHB also provide WCTO services, but due to national data issues with Plunket data the three data sources cannot be accurately combined as they have been in the previous years.

WCDHB 2012/13 results (Plunket data only):

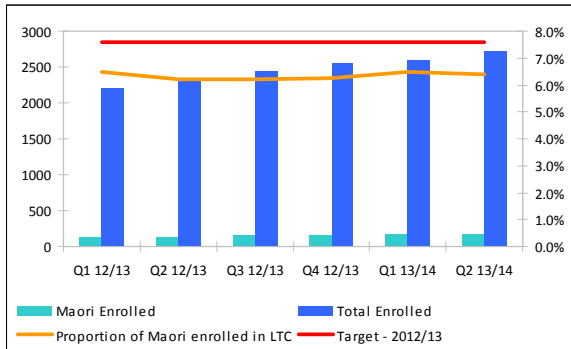
	Target	Maori	Total
6 weeks	74%	70%	61%
6 months	40%	15%	22%

Breastfeeding Support: Mum 4 Mums – Peer Counselling for this quarter has seen a marked increase in the number of Maori Mums being trained and graduating with 4 Maori Mums in the Buller. We are still looking to increase the number of Maori mums being involved in this initiative.

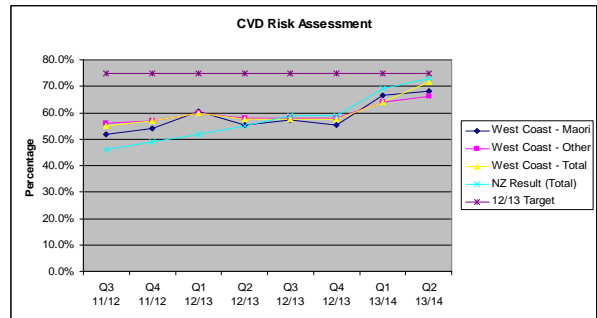
Newborn Enrolment: The Newborn enrolment form will now include a section where new Mums can consent to being contacted by a Lactation Consultant within a week of birth. The lactation consultant will then be able to determine whether support is required or not. This service can be provided in the home or clinic.

Long Term Conditions

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

More Heart & Diabetes Checks:

MoH is providing additional funding over four years (2013/14 = \$57,052 and decreasing annually) to support the achievement of the national Health Target *More Heart & Diabetes Checks* in Primary Care

A delivery plan on how to implement the *More Heart & Diabetes* service funding is being developed by the PHO alongside their clinical governance group. The delivery plan will be reviewed with secondary care and tabled with the ALT.

Activities discussed include; additional registered nurses FTE to carry out screening and after hours screening clinics at general practice. Increasing integration and collaboration with Kaupapa Maori Nurses.

CVD Health Target: Performance against this health target has shown an increase from 58% in the June quarter to 71.8% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 December 2013. Quarter 2 rates for West Coast Māori show 68.1% having had their CVD risk assessments undertaken which is an increase from 66% last quarter. Collaboration with Poutini Waiora, 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 Poutini Waiora through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Poutini Waiora 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.

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.

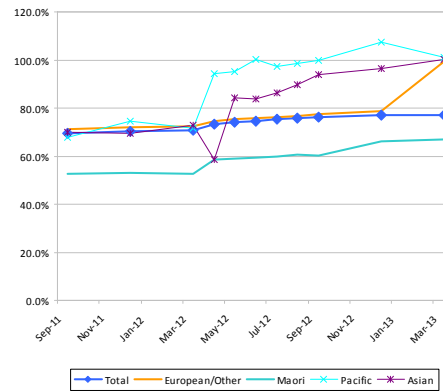
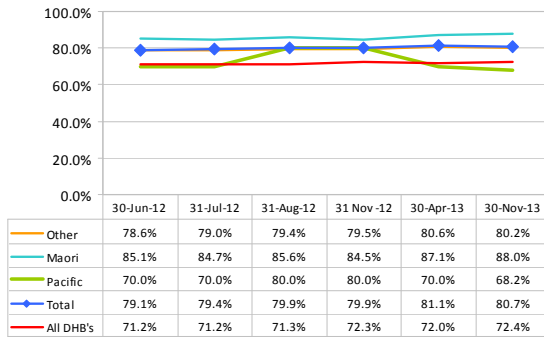
Green Prescription: Quarter 2 has seen a steady increase in Maori referrals in to the Green Prescription programme with 13% (10) in the Grey/Westland district and 26% (6) in the Buller district. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at Dec 30 2013. Year to date Maori enrolment makes up 6.4% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. This means that from the 2717 enrolments on the LTC programme 174 are Maori and 8 are Pacific. 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 and also to identify any Maori who should be enrolled in the programme but aren't.

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...



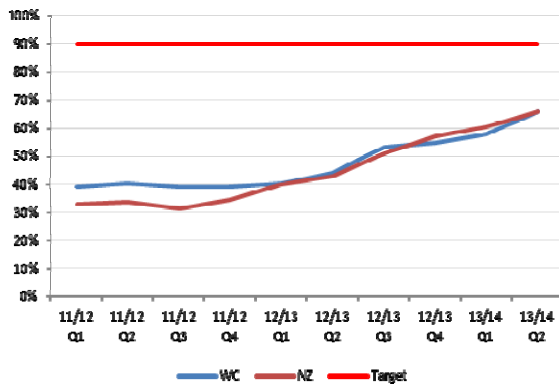
ACHIEVEMENTS/ISSUES OF NOTE

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 November 2013. The coverage for eligible Maori women (88%) is higher compared to all other ethnicities on the West Coast. The National Maori Health Plan Indicators report shows that the West Coast DHB is 2nd from 20 DHB's for this Indicator.

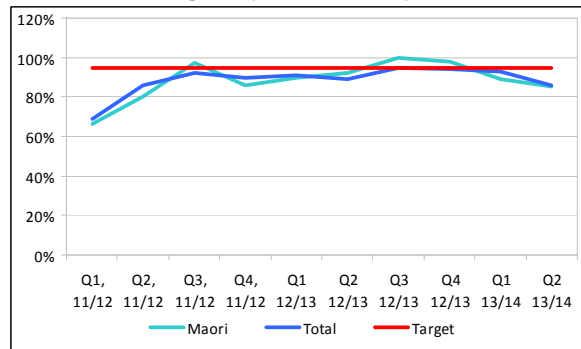
Cervical cancer screening: At the end of Dec 2013, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 78%. The coverage rate for eligible Maori women is at 71% an increase from last quarter and a sustained increase from June 2012. The process for cervical screening is being embedded into the practices with overdue priority lists regularly being forwarded through to the Maori cervical screening. Additionally to this the Maori cervical screener is working very closely with Poutini Waioira to locate those hardest to reach and holding community clinics.

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 2 2013/14 show the target has increased by 2% to reach 60% with 58% of Maori smokers who have attended general practice offered advice and support to quit. There is a comprehensive plan in place to improve this target. The majority of Poutini Waioira kaimahi are trained to give brief cessation advice and are aware of the pathways for referral.

Secondary Smokefree Health Target: The secondary target of 95% was not achieved this quarter with 86% of the total population being offered advice and 85% of Maori in the hospital being offered brief advice. More work is occurring with senior hospital management to ensure greater progress is achieved against this target.

Aukati Kai Paipa: For the period December 2013 the AKP service is working with 85 clients, 47 who identify as Maori with 20% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with Poutini Waioira which is resulting in increased referrals to the service.

4. DISCUSSION

[Note for the report author: the body of the report – consider issues such as, background, implications, ministry requirements, financial costs, options, recommended actions, consultation and communication plans, cultural and disability issues, impact on other divisions, technology requirements, legal and policy issues, risk and mitigation strategies etc]

5. CONCLUSION

[Note for the report author: outline the way forward/ options]

6. APPENDICES

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

TO: Chair and Members
Tatau Pounamu Advisory Group
West Coast Primary Health Organisation Board

SOURCE: Alliance Leadership Team

DATE: 20 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

Note: This paper is a copy of what will be submitted at the upcoming WCDHB Board Meeting on the 21 February 2014.

2. SUMMARY

Reinvigorate the West Coast Alliance

- **Alliance Leadership Team** – The Alliance Leadership Team will meet as a group on February 26th. This will be the first meeting since November 2013.
- **Annual Planning** - Individual members of the ALT have been involved at workstream level, contributing to the 2014/15 workplans, which will feed into the DHB Annual Plan.
- **Alliance Support** – The new Team Leader for Planning and Funding is now in post and will be supporting the work of the Alliance.

Implement the Complex Clinical Care Network [CCCN]

- Development of the case mix criteria continues with providers. The roll out of this new model of care is on track for quarter 4.
- Regular peer reviews and training sessions are being held with providers to ensure that that this new direction of restorative home based support services are in line with the model and that a collaborative delivery of service is rolled out to meet client need.

Establish an Integrated Family Health Service [IFHS] in the Buller Community

- Poutini Waiora staff are now on site in the Buller facility. This collocation is working well and enabling closer integration with the Buller Medical GP practice.
- A new Clinical Nurse Manager has been appointed to the GP practice and the Clinical Nurse Manager position for Aged Residential Care has been re-advertised. Filling these vacancies will allow staff to focus on wider service improvements rather than day to day running.
- The workstream have met to further develop the workplan as part of the Annual Planning process.

- A workshop to explore implementing a Single Point of Entry is being planned with involvement from staff in the GP practice, acute services, community mental health and the CCCN.

Establish an Integrated Family Health Service [IFHS] in the Grey/Westland Community

- The Grey/Westland workstream group met formally for the first time in mid-January to progress these discussions. Members are working to further define the process redesign needed in DHB-owned general practices that will support the health care home approach and privately owned practices have been invited to join these discussions.
- Work is also progressing to implement Standard Operating Procedures and Standing Order Delegation Systems within the DHB-owned practices.

Develop an Integrated Model of Pharmacy on the West Coast

- Pharmacists are now working regularly in three general practices to assist with the medicines-related care of complex patients and the input of pharmacists in the Complex Clinical Care Network is being formalised.
- Work on planned quality improvement processes is on hold pending release of the national community pharmacy quality framework.

Report prepared by: Jenni Stephenson, Planning & Funding

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

TO: Chair and Members
Tatau Pounamu Advisory Group

SOURCE: Portfolio Manager

DATE: 20 February 2014

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This is provided to Tatau Pounamu Manawhenua Advisory Group as an update to the annual planning process.

Māori Health Plan DHB Template

Background

The mandatory requirements for DHBs in relation to Māori health from section 6.4 are repeated below:

Summary of mandatory requirements

DHBs must:

- Create a standalone Māori Health Plan to improve the health outcomes of Māori in line with the guidance given in Appendix 3 (6.2)
- demonstrate that the MHP is developed jointly with the PHO(s) (6.2)
- demonstrate that the PHO(s) have actions in place necessary to effect the change they must achieve to implement the DHB Māori Health Plan (6.2)
- work with Māori at both governance and operational levels (6.3)
- enable Māori to contribute to decision-making on and to participate in the delivery of health and disability services (6.4)
- provide for the needs of Māori as set out in section 4 of the NZPHD Act 2000 to ensure there are mechanisms to enable Māori to contribute to decision-making on and to participate in the delivery of health and disability services, as well as responding to the Government's desire to reduce health inequalities and improve health outcomes for Māori (6.5).

Content of Māori Health Plan

The Māori Health Plan (MHP) should be no more than 15 pages in length and have the following sections:

1. **Summary of the DHB/PHOs Māori population and their health needs.** This information can be drawn from PHO performance programme information as well as DHB and Ministry data sources.
2. **National Indicators.** The National Indicators will be reviewed annually to ensure consistency with DHB/PHO Performance Measures and Health Targets. The latest indicator set and any updates will be provided to DHB via the Nationwide Service Framework Library website along with other DHB Performance Measures. In addition to the national indicators, DHB with high rates sudden unexplained death of an infant (SUDI) will be required to address these conditions.

3. **Local Indicators:** DHB will be able to put in indicators of importance at a local level. They should be consistent with the purposes and goals expressed in the first part of the MHP and also not already covered in the National indicators and SUDI for affected DHBs.

Features of Indicators

All indicators listed within the MHP should have the following features:

1. the most recent baseline performance result for the indicator.
2. a target that will be achieved within the twelve-month term of the plan. Health Targets are set by the Ministry. The other indicators targets are set as part of the AP process and will be the same for the total population¹.
3. clearly stated activities by the DHB and PHOs which are specific, time-bound, and evidence-based and are therefore most likely to increase the baseline rate towards the target.
4. explicit statements about monitoring processes which will be undertaken throughout the year such as quarterly review of performance data.

Summary of the DHB/PHO(s) Māori population and their health needs in the district

Instruction: This section should describe the DHB/PHO(s) Māori population and their health needs. This section should be no more than **four pages** in length and summarise key features of the DHB's Māori population such as: population size, growth, age distribution health service utilisation, and the leading causes of avoidable hospitalisation and mortality. Primary Health Organisation (PHO) Performance Programme data should be used.

National Indicators

Instructions: National indicators include Health Targets, DHB and PHO Performance Measures which link to the leading causes of mortality and morbidity for Māori. These measures are drawn from existing measures in DHB Annual Plans so that no new reporting burden is introduced. These targets and indicators will be agreed on as part of the AP process. DHB performance on the national indicators in the MHP is reported through the existing quarterly non-financial reporting database mechanism.

The reporting frequency for the national indicators is directed by the reporting schedule for performance measures and Health Targets so that no new reporting burden is created.

Data for national indicators that are not Health Targets or Performance Measures will be provided by the Ministry.

Each indicator should have a list of actions that clearly show what the DHB/PHO(s) is doing/planning to do, to address that health indicator. A **mix of universal and tailored interventions** will be required to reduce inequalities. There should be a **clear intervention logic** outlining how the activities listed will lead to improved health outcomes for Māori and the reduction of inequalities.

Health Issue	Indicator(s)Target
Data Quality	Accuracy of ethnicity reporting in PHO registers (by ethnicity)

Health Issue	Indicator(s)Target
Access to care	1. Percentage of Māori enrolled in PHOs 2. Ambulatory Sensitive Hospitalisations rates per 100,000 for the 0-74, 0-4, and 45-64 age groups The target setting process is listed with DHB Planning Package information. (by ethnicity)
Child health	Exclusive breastfeeding at 6 weeks, 3 months, and 6 months (by ethnicity)
Cardiovascular disease	1. Percentage of the eligible population who have had their CVD risk assessed within the past five years (ht) 2. Number of tertiary cardiac interventions (by ethnicity)
Cancer	1. Breast Screening 2. Cervical Screening (by ethnicity)
Smoking	1. Hospitalised smokers provided with advice and help to quit (ht) 2. Current smokers enrolled in a PHO and provided with advice and help to quit (ht) (by ethnicity)
Immunisation	1. Percentage of infants fully immunised by eight months of age (ht) 2. Seasonal influenza immunisation rates in the eligible population (65 years and over) (by ethnicity)
Rheumatic Fever	2013/2014 rheumatic fever target - number and rate reductions, 10% below 3-year average (by ethnicity)
Oral Health	Indicator to be confirmed (by ethnicity)

Activities and action that address each of the above health indicators should be listed in the MHP.

Note: All measures will be reported by: Māori, and total population for the DHB.

SUDI Indicator for Affected DHB

DHBs with high SUDI rates must develop and implement activities. The activities and targets for this indicator should be in the same format as the national indicators in that:

For SUDI you should have a list of actions that clearly show what the DHB is doing/planning to do. A mix of universal and tailored interventions will be required to reduce inequalities. There should be a clear intervention logic outlining how the activities listed will lead to improved health outcomes for Māori and the reduction of inequalities.

Actions to address SUDI are required from the following DHBs: Counties-Manukau, Northland, Waikato, Lakes, Hawke's Bay, MidCentral, Hutt Valley , and Whanganui.

Health Issue	Indicator(s)Target
SUDI	National SUDI target - 0.5 SUDI deaths per 1,000 live births (by ethnicity)

Local Indicators

Instruction: DHB will also have the flexibility to develop their own local indicator set which reflects the specific needs of the Māori population in their district. They should be consistent with the purposes and goals expressed in the first part of the MHP and also not already covered in the National indicators. The format for Local indicators should be the same as for National indicators.

Local indicators should be **quantitative, specific, measurable**, and changeable by the DHB/PHO(s). DHBs should also state clearly how improvement within the indicator translates into Māori health gain. Ideally, a small number of high-priority local indicators should be used. We recommend no more than three local indicators.

Each indicator should have a list of actions that clearly show what the DHB is doing/planning to do to address that health indicator. A **mix of universal and tailored** interventions will be required to reduce inequalities. There should be a clear **intervention logic** outlining how the activities listed will lead to improved health outcomes for Māori and the reduction of inequalities.

West Coast Annual Plan Timeframe

KEY PROCESS MILESTONES	DATE
Ministry provides planning package to DHBs	Fri 6 Dec
Ministry Meeting with DHB to provide verbal expectations	Wed 18 Dec
Ministry provides further planning information to DHBs	Fri 31 Jan
WAITANGI DAY	Thu 6 Feb
ALT approves draft Alliance work plans for 2014/15	27 Feb
Board approves draft financials and production plan	21 Feb
Ministry provides final planning information to DHBs if required	Fri 28 Feb
DHB submits draft Annual Plan Financials and Production Plan to NHB	Mon 3 Mar
DHB submits draft Annual Plan and MHAP to NHB	Fri 14 Mar
Regional Offices submit draft RHSP to NHB	Fri 14 Mar
DHB submits draft PHAP to Ministry Portfolio Managers for PHU	Mon 31 Mar
EMT reviews and provide feedback on draft Annual Plan and MHAP	TBC Mar
Board reviews and provide feedback on draft Annual Plan and MHAP	4 Apr
ALT reviews and provide feedback on draft Annual Plan and MHAP	10 Apr
EASTER	Fri 18 Apr Mon 21 Apr
ANZAC DAY	Fri 25 Apr
Ministry provides feedback on draft Annual Plans and RHSP Ministry Maori Health Business Unit provides feedback on MHAPs	Mon 28 Apr
Ministry Portfolio Managers provide feedback on draft PHAPs	Wed 30 Apr
ALT reviews and provide feedback on final Annual Plan and MHAP	22 May
EMT reviews and provide feedback on final Annual Plan and MHAP	TBC May
Board reviews and provide feedback on final Annual Plan and MHAP	Currently 9 May TBC 19-23 May
DHB submits final Annual Plans and MHAPs to NHB	Mon 26 May
Regional Offices submit final RHSP to NHB	Mon 26 May
DHB submits final PHAPs to respective Ministry Portfolio Managers	Fri 30 May
QUEENS BIRTHDAY	Mon 2 Jun
Ministry Maori Health Business Unit provide feedback on final MHP to DHBs	Mon 9 Jun
Minister's letters to DHBs indicating approval or changes required	From Mon 16 Jun
DHB submits signed Annual Plans, SOIs, SPEs and RSPs to Minister	Fri 20 Jun
DHB forwards SOI and SPE to the Bills Office at Parliament	Mon 30 Jun
DHB forwards MHAP to Maori Health Business Unit	Mon 30 Jun

TATAU POUNAMU MEETING DATES



TO: Chair and Members
Tatau Pounamu Advisory Group

DATE: 20 February 2014

Report Status – For: Decision Noting Information

Below are the dates that have been agreed by the Chair for the upcoming 2014 meeting schedule:

Thursday 20 February, 2014	2.00pm, Board Room WCDHB
Thursday 1 May, 2014	2.00pm, WCDHB
Thursday 24 July, 2014	2.00pm, WCDHB
Thursday 23 October, 2014	2.00pm, WCDHB
Thursday 4 December, 2014	2.00pm, WCDHB

***Noted:** That there is not a meeting in March, so will discuss at the February meeting as to if an April should take place.*

TATAU POUNAMU ADVISORY GROUP MEETING
To be held in the Board Room – Corporate Services, West Coast DHB
Thursday 20 February 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**

27 November 2013

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

4. **Discussion Items**

- Terms of Reference/MOU and Changes made to the Terms of Reference
- Hospital Rebuild & General Update – *Michael Frampton, Programme Director*

3.00pm

REPORTS

5. **Chair's Update – Verbal Report**

Chair

6. **GM Maori Health Report**

General Manager Maori Health

7. **Maori Health Plan update**

Maori Health

8. **West Coast Alliance Update**

Planning & Funding Service Development
Manager

9. **Maori Health Annual Plan Process 2014/15**

Portfolio Manager, Maori Health

INFORMATION ITEMS

- Tatau Pounamu meeting schedule
- Work Plan 2014/2015

ESTIMATED FINISH TIME 5.00pm

NEXT MEETING

Thursday 1 May 2014

