

TERMS OF REFERENCE

MĀORI HEALTH RŪNANGA

UNDER

REVIEW

BAY OF PLENTY DISTRICT HEALTH BOARD

Hauora ā Toi

THE MĀORI HEALTH RŪNANGA

NGĀ KAWA ME NGĀ TIKANGA
WHAKAHĀERE Ō TE RŪNANGA
HAUORA MĀORI Ō TE MOANANUI Ā TOI

TERMS OF REFERENCE

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BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

MEANING OF THE LOGO

Hauora a Toi translates to mean the sacred breath of life that begins from the Creator and transcends to all facets of the universe

- Hā means the breath of life
- ū means the life force instilled within the human element
- ō is the nourishment and sustenance received from the Creator, from the ancestors, which connects us to the land and to the people
- rā is the energy and well being of all things
- Toi Is the ancestor who established the boundaries within the Bay of Plenty region. Toi also translates to mean people - holistic dimensions of Health.

This logo was designed by Edward Hunia of Ngāti Awa and the Māori name was proposed by Pouroto Ngāroto to the District Health Board.

TERMS OF REFERENCE

These Terms of Reference are developmental and will be reviewed as part of a continuous quality improvement process

THE MĀORI HEALTH Rūnanga

The Tiriti o Waitangi/Treaty of Waitangi Partner of the Bay of Plenty District Health Board – Hauora a Toi (hereinafter referred to as “the Rūnanga”)

Moemoea

Ē hoki koe ki ō Maunga, ki ō Awa. Kia pūrea koe ē ngā Hauora ō Tāwhirimatea.

Return to your sacred mountains and rivers. So that you can be purified by the sacred winds of Tāwhirimatea.

Functions

The Rūnanga is the Tiriti ō Waitangi/Treaty of Waitangi Partner of the Bay of Plenty District Health Board Hauora-ā-Toi and, in accordance with the New Zealand Public Health and Disability Act.

The functions of the Rūnanga are to:

- Ensure that the Tangāta Whenua Determinants of Health including Mana Atua, Mana Tūpuna, Mana Whenua, Mana Tangata, are integrated into the culture of the District Health Board.
- To provide input and direction to the Board at the governance and strategic level on all matters pertaining to the impact of health and disability services on Māori in the Bay of Plenty District Health region.
- To ensure that solutions that address the health needs of Māori are acted upon
- To ensure policy and procedure reflects the needs of Māori
- To ensure the active engagement of Māori at all levels of the health sector and the District Health Board structure.
- To ensure Māori capacity building and development are an integral part of the District Health Board structure.
- To monitor with the District Health Board, a database that identifies Māori provider activity so that successful models can be identified and areas of need determined.
- To monitor the gathering of data from across the region to enable issues to be identified and solutions recommended, excluding individual client or patient information.
- Receive and review reports and make recommendations on gaps and ensure that Māori issues are addressed.
- To assist in developing a
 - 10 year Māori Health Plan - Te Ēkenga Hōu
 - 10 year District Strategic Plan
 - District Annual Planthat will respond to identified needs in the most efficient and cost effective manner in order to maximise the health outcomes for Māori.
- To consult with the Māori community on the plans and adapt accordingly.
- Review the plans prior to District Health Board signoff.
- Recommend to the Board to action the plans.

Aim

- To optimise the total wellbeing of Māori, so that the focus is consistent with Tangata Whenua Determinants of Health i.e broader than health and disability support services, but encompasses employment, income, Housing, education, justice and social services.

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Specific Responsibilities

To respond to the Board, either directly or following the completion of consultation undertaken by the Rūnanga itself, on matters in respect of which the Board seeks advice from Iwi, Hapu, Whānau and the wider Māori communities.

To ensure appropriate protocols of consultation are established where consultation extends beyond the boundaries of the Bay of Plenty.

To maintain a strategic overview of the Board's activities and to provide advice that reflects the interest of Iwi Hapu and Whānau and the wider Māori communities.

To affirm the Rūnanga's position as an advocate for Iwi, Hapu, Whānau and Māori, as the strategic and governance level in relation to the Board.

To maintain a strategic overview of the Board's programme to build capacity within Māori providers and Māori Health Services working in mainstream.

The Bay of Plenty District Health Board and the Rūnanga engage in a strategic overview of:

- 10 year Māori Health Plan - Te Ēkengā Hōu
- 10 year District Strategic Plan
- District Annual Plan

for:

- Building capacity in addressing areas of concern relating to Māori health
- It's annual plan and statement of intent on the consultation of a strategic plan
- To provide advice and guidance on behalf of Iwi, Hapu, Whānau and the wider Māori communities.

In relation to the responsibilities mentioned above, to maintain a strategic overview of, and provide comment on and input to the Board on, it's Annual Plan and Statement of Intent.

To support the General Manager Māori Health Planning & Funding in developing a co-operative framework that acknowledges and addresses the needs of Community Māori providers, between Provider Arm/Māori Health Services in mainstream.

To nominate persons to represent Iwi, Hapu, Whānau and the wider Māori communities on the statutory committees of the Bay of Plenty District Health Board Hauora-a-Toi (the Rūnanga may recommend representatives on all statutory committees of the District Health Board).

All Rūnanga nominated representatives to statutory committees will be required to report back to the Rūnanga.

To support the Board in ensuring they undertake Tiriti o Waitangi/Treaty of Waitangi training in accordance with the PH&D Act

NB: All actions taken will be within the terms of the NZ Public Health & Disability Act.

Constraints

The Rūnanga shall not concern itself with the following:

- (1) Decisions of Provider Arm, Māori provider and other private providers to the extent that such decisions concern business planning, the welfare of individual patients or groups of patients or operational management.
- (2) Employment matters arising in relation to Bay of Plenty District Health Board, Provider Arm, Māori providers and other private providers to the extent that such matters concern individual employees or positions.

MEMBERSHIP

The Iwi representatives for the Rūnanga will be:

1	Ngāti Awa	Representative Amohaere Tangitū
2	Whakatōhea	Representative Watene Horsfall
3	Te Whānau-ā-Apanui	Representative Astrid Tawhai
4	Ngai Tai	Representative Muriwai Jones
5	Ngāti Whare	Representative Lena Brew
6	Tūhoe	Representative Hine Kane
7	Ngāti Manawa	Representative Mangu Clarke
8	Ngāti Rangitihui	Representative Marie Marr
9	Tūwharetoa kī Kawerau	Representative Trudy Ake
10	Ngāti Mākinō	Representative Te Ātauia Ngātai
11	Ngāti Whakahemo	Representative No mandated representative
12	Ngāti Whakauē kī Maketū	Representative Moerangi Potiki
13	Tapuika	Representative Rutu Maxwell
14	Waitahā	Representative Punohu McCausland
15	Ngāiterangi	Representative Kipouaka Marsden
16	Ngāti Pūkenga	Representative Verna Ohia Gate
17	Ngāti Ranginui	Representative Sylvia Willison
18	Te Whānau ā Te Ēhutu	Representative Astrid Tāwhai

Māori Whānau, who want to bring issues of concern forward, may take that through to the Iwi delegate of that region.

The criteria for membership may include the following

- Commitment
- In-depth broad knowledge of the health sector
- Governance background, experience and commitment to developing this skill base
- A strong tikanga Māori base and Te Reo Rangatira
- Accountability to the Rūnanga
- Excellent written and communication skills
- Strong knowledge and understanding of the Tiriti o Waitangi/Treaty of Waitangi and it's application at a governance level
- Politically astute
- Strong understanding and experience of intersectorial relationships
- Sound understanding of the Health & Disability Act 2000 and statutory responsibilities

Legal Compliance for Members

- No criminal record
- Has integrity and mana with Whānau, Hapu, Iwi, Māori providers and Māori within the community
- Iwi representatives must declare conflicts of interest

Spokesmanship

All public comment pertaining to the Rūnanga shall be made by the Rūnanga chairperson or his/her delegate. All public comment pertaining to the Māori Health Planning & Funding's operational matters, shall be made by the General Manager Māori Health Planning & Funding Unit in partnership with the Bay of Plenty District Health Board's Chief Executive Officer or his/her delegate.

Naming of the Rūnanga

REFERENCE

These Terms of Reference are supported by the following documents:

Tiriti ō Waitangi/Treaty of Waitangi
Declaration of Independence
Hē Korowai Ōranga Māori Health Plan
Whakatātaka Māori Health Actions
The Mataatua Declaration 1993
Hē Ritenga Treaty of Waitangi Principles: Health Audit Framework
Tē Ēkengā Hōu Māori Health Strategic Plan
Hē Pūāwaitanga

Ngā Tikangā-ā-Iwi, Ngā Tikanga-Hapu, Mai I Ngā Kurī-ā-Whārei kī Tihirau
New Zealand Public Health & Disability Act, 2000
Bay of Plenty District Health Board's Meeting Guideline (attached)
Bay of Plenty District Health Board's Code of Conduct (attached)

ESTABLISHMENT AND CONDITIONS

The Rūnanga will have 18 members with a quorum of 9 members, which will be reviewed as required.

The members will be mandated by their respective Hapu/Iwi.

Proxy Member

Having gone through the same process of mandating as the principal representative, the proxy will sit in the absence of the principal representative for 2 meetings only, per annum. Notification to the Secretary in writing.

Members will hold office for three years, unless he or she:

- Resigns
- Is unable to perform his or her duties.
- Does not attend four (4) meetings per annum. By the third (3rd) meeting of non-attendance there will be a process to explore reasons for non-participation with the Iwi concerned.
- Dies – interim member until further notice. Notwithstanding the death, a proxy/interim member can attend until further notice.
- Is replaced by the Hapu/Iwi he or she represents.

Any Hapu/Iwi representative may resign from the Rūnanga by giving two weeks notice in writing to the Secretary and the resignation will take effect from the date the notice is received by the Secretary. The Hapu/Iwi involved must elect and mandate a new representative immediately.

Rūnanga Meetings

The Rūnanga will hold a minimum of (10) ten meetings a year.

At the first meeting of the Rūnanga, the Rūnanga will appoint the following executive officers:-

- (1) A Chairperson who will be responsible for convening and chairing the Rūnanga meetings.
- (2) A Deputy Chairperson will also be appointed.
- (3) Four members of the Rūnanga for the Executive.
- (4) The Rūnanga Executive has the right to co-opt members onto the Executive committee taking consideration of gender and skill mix, four plus co-opted members

Process for Elections

1. Indicate availability for following positions
2. Elections for Chair conducted first by ballot
3. Result communicated to Rūnanga
4. If the Chair is elected from amongst Eastern Hapu/Iwi then the Deputy Chair must be elected from the Western Hapu/Iwi vice versa.
5. Elections for Deputy Chair
6. Result communicated to Rūnanga
7. Election of (4) four Executive officers.
8. Result communicated to Rūnanga
9. Call for nominations for statutory committees

Criteria for Election of Rūnanga Executive

Membership

- Chair
- Deputy Chair
- 2 Executive Officers - balanced East & West representation

Attendance at Meetings

- Rūnanga Executive
- Board Executive
- GM Māori Health
- Rūnanga Secretary
- Other attendees as required

Frequency of Executive Meetings

- Bi-monthly meetings to coincide with Rūnanga meetings, 8.30am to 9.30am
- Rūnanga Executive members must attend all meetings

Role of the Executive

- To provide partnership with the Board Executive
- Monitor implementation and progress of Rūnanga resolutions to Board
- Provide leadership to the Rūnanga
- Continue to develop effective relationship with the Board
- Attendance at Board meetings

Criteria for Membership

- Commitment
- In-depth broad knowledge of the health sector
- Governance background, experience and commitment to developing this skill base
- A strong tikanga Māori base and Te Reo Rangatira
- Accountability to the Rūnanga
- Excellent written and communication skills
- Strong knowledge and understanding of the Treaty of Waitangi and its application at a governance level
- Politically astute
- Strong understanding and experience of intersectorial relationships
- Sound understanding of the Health & Disability Act 2000 and statutory responsibilities

IMPORTANT

If the Chairperson is elected from amongst the Eastern Hapu/Iwi, then the Deputy Chairperson must be elected from the Western Hapu/Iwi. Similarly, if the Chairperson is from the Western Hapu/Iwi the Deputy Chairperson must be elected from the Eastern Hapu/Iwi.

Attendance of DHB representatives

The Board of the Bay of Plenty District Health Board including the Chairperson, the Māori Board members, the Chief Executive, or his/her delegate are invited to attend all the Rūnanga meetings. Board Chair & Board members attend in ex-officio capacity. Māori Board members attend in ex-officio capacity.

Notice of Rūnanga Meetings

Notice of all Rūnanga meetings will be given in writing to each Iwi representative and advertised in the local newspaper at least fourteen (14) days prior to the meeting. All meetings are open to the public. If all Rūnanga members agree, however, a meeting may be called at any time (special meeting).

Special Meeting

The Rūnanga may call a special meeting, should they wish to do so. The process will be determined by the elected Rūnanga. Rūnanga Workstream Committees shall operate under same conditions as Rūnanga Executive Committee.

Decision Making Process

- All issues will be discussed and agreed upon by the Rūnanga, at a governance level
- Decision making at any meeting will be by consensus, but failing a consensus, decision by 75% of the Rūnanga present at the meeting.
- Each Hapu/Iwi representative present at a meeting is entitled to one vote.
- The Rūnanga will delegate the Executive to formally appoint representatives/persons who will be members of the Executive, to represent the Rūnanga on the Board meetings

Minute Book

- All proceedings of meetings will be recorded in a minute book by the Secretary and signed by the Chair or delegated representative.

Alterations and Additions

The Rūnanga may alter, add or cancel, any rules at meetings provided that:-

- Written notice of the proposed change is included in the notice of calling the meeting
- The meeting may amend the proposed change
- 50% of the Rūnanga at the meeting agree to change
- No alterations, additions or cancellation will be made to these rules that are in conflict with:-
 - The New Zealand Public Health & Disability Act 2000
 - The aims, functions and responsibilities of the Rūnanga

Attendance of the Executive Committee at the Bay of Plenty District Health Board Meetings

- The Chairperson, Deputy Chairperson and two Rūnanga members (these two Rūnanga members will rotate so all Rūnanga members are able to attend District Health Board meetings), will attend the Bay of Plenty District Health Board, Hauora-ā-Toi, meetings to give a report to the District Health Board. The Chairperson and Deputy Chairperson will represent the Rūnanga at the Board meetings.

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APPENDIX 1

OPERATIONAL REQUIREMENTS OF THE RŪNANGA

- 1) The Rūnanga shall be 18 members, each member representing one of the 18 Hapu/Iwi in the Bay of Plenty District Health Board region.
- 2) The Rūnanga shall advise the Board of their members appointed to the Rūnanga and of any subsequent change to their members.
- 3) The Rūnanga shall meet once every month. This shall not however preclude the Rūnanga from holding special meetings as required.
- 4) The members of the Rūnanga shall receive a fee for their attendance at the rate of \$250 per person per meeting.
- 5) Members of the Rūnanga shall be reimbursed for expenses incurred in attending meetings of the Rūnanga at the same rate as Board members. That is **\$0.62** per kilometre covered in travelling directly to and from meetings (for a maximum of 3000kms, after which the rate will reduce to \$0.19 per kilometre).
- 6) The point of origin for determining the reimbursement of expenses shall be the member's normal residential address.
- 7) Except with the consent of the Board, no member shall be appointed who has a normal residential address outside of the district of the Board.
- 8) The Rūnanga shall meet at a location determined by the Rūnanga within the district of the Board, alternating between East and West, within the district of the DHB.
- 9) The Rūnanga shall be serviced by the Māori Health Planning & Funding Unit of the Board in accordance with protocols agreed with the General Manager upon his/her appointment.
- 10) The Rūnanga shall compile its own agendas. However, the Board may, through the Māori Health Māori Health Planning & Funding Unit, request that specific items be considered by the Rūnanga.
- 11) For each of the statutory committees the Rūnanga will recommend appropriate representatives from the Rūnanga Hapu and Iwi to be a member.
- 12) The persons recommended by the Rūnanga to the membership of the statutory committees shall be chosen having regard to the skills and expertise required by the committees as advised to the Rūnanga by the Board at any time that a vacancy arises.
- 13) In making recommendations for the appointment of persons to the statutory committees, the Rūnanga shall recognise that the Board has authority, in law, to determine who shall be appointed and cannot abrogate its responsibility to do so in favour of another party.
- 14) The mana of the Rūnanga in respect of a person recommended for appointment to a statutory committee shall be deemed to continue for such period as the Board shall appoint any such person⁶.

⁶Appointments will ordinarily be made for a period expiring at the end of the calendar year in which the triennial DHB elections are held.

APPENDIX 2

MEETING GUIDELINES

1.0 Introduction

- 1.1 The following meeting guidelines are intended to provide guidance in relation to the conduct of all Rūnanga meetings. If the Meeting Guidelines prove to be insufficient to manage the meeting process, they can be added to, amended or re-written entirely in order to provide correctly managed meetings.
- 1.2 The New Zealand Public Health & Disability Act 2000 shall at all times be the 'default option' to these Meeting Guidelines.
- 1.3 The Chairperson shall have the discretion and authority to rule on meeting guidelines with respect to the Rūnanga behaviour.

2.0 Resolutions

- 2.1 Discussion on any proposal shall be broad and informal and constrained as to time by the guidance of the Chairperson rather than through procedural motions.
- 2.2 Resolutions require the identification or recording of a mover and seconder.
- 2.3 Silence when a motion is put shall be deemed to constitute an intention not to vote against the motion.
- 2.4 Votes for and against shall not be recorded unless requested.
- 2.5 Amendments to motions shall be accepted and any opposition to a particular motion shall be accommodated by further discussion.
- 2.6 Any resolution may be rescinded by resolution at a subsequent meeting but with recourse to procedural motions.

3.0 Public

- 3.1 No comment shall be permitted during a meeting from any member(s) of the public present unless an invitation to this effect is extended by the Chairperson.
- 3.2 In the event of unauthorised comment is made by any member of the public present during a meeting, no response shall be made by members.
- 3.3 Deputations will only be permitted to meet with the Rūnanga with the prior agreement of the Iwi delegate from their region, and the Chairperson.

4.0 Minutes

- 4.1 The Rūnanga secretary shall prepare minutes in conjunction with the Chairperson.
- 4.2 Minutes shall have no status and be able to be amended at any time up until they are confirmed.
- 4.3 The minutes shall note those decisions that require adoption by the Rūnanga and should carry enough detail that the proposal can be understood by a person or persons who did not attend the meeting.

5.0 Agendas

- 5.1 Agendas shall be prepared in conjunction with the Chairperson or deputy Chairperson.
- 5.2 Where both the Chairperson and the deputy Chairperson are not able to be contacted to discuss an agenda, the agenda shall be deemed to have the Chairperson's approval.
- 5.3 The General Manager of the Māori Health Māori Health Planning & Funding Unit, in agreeance with the DHB's Chief Executive Officer, shall have the authority to make formal recommendations on all matters appearing on the agenda.
- 5.4 In accordance with statute, no item not on an agenda shall be discussed unless a resolution is passed indicating why the item is not on the agenda and why it cannot be held over until a subsequent meeting.

6.0 Excluding the Public

- 6.1 That portion of the minutes pertaining to a part of the meeting when the public is excluded shall be publicly available once the draft minutes have been agreed by the Chairperson and the secretary unless a special resolution to the contrary effect has been passed.

7.0 Spokesmanship

- 7.1 All public comment pertaining to the Rūnanga governance role shall be made by the Chairperson or his/her delegate.
- 7.2 All public comment pertaining to the Rūnanga operational matters shall be made by the General Manager of the Māori Health Māori Health Planning & Funding Unit, in agreeance with the DHB's Chief Executive Officer.
- 7.3 Rūnanga members have speaking rights at any Rūnanga Meeting on agenda items.

8.0 Voting

- 8.1 Rūnanga Members have voting rights at all Rūnanga meetings.

APPENDIX 3

CODE OF CONDUCT

1. Whilst the Rūnanga is now made up of 18 Iwi representatives representing the Bay of Plenty, once elected or selected they act in the interests of all Hapu/Iwi and the wider community.
2. In representing the Rūnanga, a Rūnanga Member must not allow the interests of business or pecuniary interests, associates, societies, friends or family to conflict with those of the Rūnanga .
3. If conflict does arise, the Rūnanga Member must consider immediately whether it should lead to making a decision to refrain from participating in the debate, and the consequent voting, or to resign from the Rūnanga. In any case, full disclosure of the conflict or potential conflict should properly be made to the Rūnanga prior to discussion of the issue.

NB Conflict of Interest issues are governed by the New Zealand Public Health and Disabilities Act 2000.

4. A Rūnanga Member, who believes that a course of action proposed by, or already undertaken by, the Rūnanga is against the best interests of the Rūnanga , must be prepared to oppose that course of action and insist that his/her objection be fully documented and noted.
5. To meet this obligation Rūnanga Members must
 - Act honestly
 - At all times exercise due care in their duties
 - Be diligent, attend meetings and make themselves as knowledgeable as possible about the activities and processes of the Rūnanga and the physical and social environment in which it operates
 - Be independent in their judgement and actions
 - All Rūnanga members are to declare conflict of interests
 - Rūnanga Members will be required to sign a 'Confidentiality' document.
6. Rūnanga Members may acquire information not generally known. This information is property which does not belong to the Rūnanga Member individually and it is improper, whether deliberately or carelessly, to disclose it to any other person unless the disclosure has first been authorised by the rightful owner. It is also improper for any Rūnanga Member to use such information acquired for their own personal advantage.