

Māori Health Rūnanga

AGENDA

Venue: The Orchard Church
20 MacLoughlin Drive
TE PUKE

Date: 9:30am, Wednesday 12 September 2018

Item No.	Time	Item	Page No
1.		Apologies	
2.		Interest Register - Amend with Secretary	
3.		Minutes 3.1 MHR 15 August 2018 3.2 DHB 18 July 2018 3.3 SHC 6 June 2018	
4.		Matters Arising 4.1 MHR 15 August 2018 4.2 DHB 18 July 2018 4.3 SHC 6 June 2018	
5.		Confidential Agenda 5.1 Resolution to Exclude the Public 5.2 Resolution to Move out of Confidential Agenda	
6.		Iwi Reports	
7.		Correspondence 7.1 Inward 7.2 Outward	
	10:30am	Morning Tea	
8.		Presentation: 8.1 Maori Outcomes Accountability Framework, Cynthia Turuwhenua, Project Leader, BOP DHB	
9.		GM, MHG&D Reports 9.1 Monthly Report	
10.		MHR Executive Report 10.1 MHR Executive meetings 10.2 MHR Action Register	
11.		Wai Claims 12.1 Wai 1315 – PHO Claim, Phillip Hikairo 12.2 Wai 2575 (Combined Maori Health Claims)	
12.		General Business 12.1 BOP DHB Annual Plan	

	1:00pm	Lunch	
		<p>Next Meetings</p> <p>MHR Hui</p> <p><u>9:30am</u>, Wednesday 10 October 2018</p> <p>Taneatua Room Regional Maori Health Services Whakatane Hospital Stewart Street WHAKATANE</p> <p>Combined DHB/MHR Hui</p> <p><u>12:30pm</u>, Wednesday 21 November 2018</p> <p>Matai Room Education Centre Tauranga Hospital 889 Cameron Road TAURANGA</p>	
		Karakia Whakamutunga	

MĀORI HEALTH RŪNANGA

MINUTES

Venue: Taneatua Room
Regional Māori Health Services
Whakatane Hospital
Stewart Street
WHAKATANE

Date & Time: Wednesday 15 August 2018 at 9:30am

PRESENT:

Iwi:

Ngati Awa	Pourotu Ngaropo
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngati Whakahemo	Marilynn Williams
Tuhoe	Terehia Biddle
Waitaha	Punohu McCausland
Ngati Rangitahi	Robin Cheung (arrived 10:15am)
Ngati Whakaue ki Maketu	Manu Pene
Tapuika	Rutu Maxwell-Swinton
Te Whanau Apanui/Te Ehutu	Astrid Tawhai
Ngati Manawa	John Porima
Ngati Makino	Stewart Ngatai
Ngati Tuwharetoa ki Kawerau	Karilyn Te Riini
Ngati Whare	Wikitoria Hona (teleconference)
Ngati Pukenga	Verna Gate

In attendance

Tricia Keelan, GM, Māori Health Gains & Development (9:30am to 12:30pm)
Kiri Peita, Senior Portfolio Manager, Māori Health Planning and Funding
Janis Kuka, CEO Nga Mataapuna Oranga
Jacqui Davies, Māori Health Planning and Funding
Connie Hui, Māori Health Planning and Funding
Graham Cameron, Māori Health Planning and Funding
Sandra Potaka (MHR Secretary)

Item	Discussion	Action Person Responsible
1.	<p>Karakia – Pourotu Ngaropo</p> <p>Mihi – Pourotu Ngaropo</p> <p>The Chair acknowledged the leadership of the past Chair, Punohu McCausland and welcomed everyone to the first official meeting under his Chairmanship. He also confirmed that the Board is holding a workshop today so there will not be a Combined DHB Board/MHR hui this afternoon.</p>	
2.	<p>Apologies</p> <p>Ngati Whakahemo Ngai Tai Ngati Pukenga Ngati Ranginui Whakatohea</p>	<p>Margaret Williams Linda Steel Titihuia Pakeho Phillip Hikairo Dickie Farrar</p>

Item	Discussion	Action Person Responsible
	<p>Ngati Rangitahi BOP DHB</p> <p>Robin Cheung (lateness) Anna Rolleston</p> <p>Motion: that the Apologies are received Moved: Ngati Whakaue ki Maketu Seconded: Tuhoe Carried</p>	
3.	Interest Register – amend with Secretary	
4.	<p>MHR Minutes – 13 June 2018</p> <p>Amendments – Noted that at Item 5, page 2 there should be a reference to the MHR Executive elected at the end of the June hui.</p> <p>Motion: that the amended minutes of the Māori Health Rūnanga hui held 13 June 2018 are received and confirmed Moved: Waitaha Seconded: Tapuika Carried</p>	
5.	<p>Matters Arising</p> <p>a. It was agreed that an Actions Register be compiled to track action points</p> <p>b. Item 9(c) Accountability Framework – Terehia Biddle and Kipouaka Pukekura Marsden attended the initial hui to develop the framework; it will be based on He Pou Oranga and Nga Pou Mana o Io; further work is being undertaken by the MHP&F team; GM advised that Cynthia Turuwhenua will lead this project; meetings have been arranged with analysts from Planning & Funding and Hospital Services teams to identify available indicators and to populate the framework</p> <p>c. Noted that the GM is able to give advice on matters raised by MHR and her team is also able to follow up on requests for information</p>	Ongoing, MPH&F Team
6.	<p>DHB Minutes 16 May 2018</p> <p>a. Consumer Council – very important to get our whanau involved to ensure more effective consumer feedback; MHR and DHB Board members are not eligible for this committee; GM advised she is considering establishing a Consumer Caucus that may include rangatahi, kaumatua/kuia and MHR representatives</p> <p>b. Item 6 – concerns about the financial reporting; deficit has increased from \$8,5m to \$10m; the Board need to know that MHR are not happy with deficit and that Maori health outcomes continue to decline</p> <p>c. AFRM – are responsible for monitoring financial and other risk; MHR previously raised with the Board that we are represented, but DHB Chair responded that it was not appropriate</p>	<p>MHR members to follow up with Iwi; advise GM if there are any nominations</p> <p>MHR Chair to raise concerns about financial situation and that copies of financial reports be made available to MHR</p> <p>MHR Chair to raise with DHB Chair about</p>

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		membership on AFRM
7.	<p>DHB Minutes 20 June 2018</p> <p>Nil</p>	
8.	<p>BOPHAC 2 May 2018</p> <p>a. Adverse Child Experiences (ACE) - MHR have an interest in impact on Maori patients and whanau</p> <p>b. Review of Quality Systems – reports indicate that while targets are met for non-Maori, many targets for Maori are not achieved, or if they are achieved, they are later than they should be</p> <p>c. Quality Health and Safety Committee – clinical training to be delivered to the Board; MHR query about how cultural quality is defined</p>	MHR representative to BOPHAC to raise on behalf of MHR
9.	<p>Combined DHB/MHR hui held 16 May 2018</p> <p>a) Item 5.3 He Ritenga & AFRM – note the Board Chair’s response to the request for MHR membership at AFRM</p>	
10.	<p>Motion: that the minutes of the Māori Health Rūnanga meeting held 13 June 2018 are confirmed and the minutes of the Combined DHB/MHR meeting held 16 May 2018, the BOP District Health Board meetings held 16 May 2018 and 20 June 2018, the BOP Hospital Advisory Committee held 2 May 2018 are noted.</p> <p>Moved: Ngati Awa Seconded: Ngati Whakaue ki Maketu Carried</p>	
11.	<p>Resolution to move into confidential</p> <p>Moved: Ngati Awa Seconded: Waitaha Carried</p>	
12.	<p>Iwi Reports</p>	
	<p>a. Waitaha – Iwi supports Wai 1315; awaiting developments</p> <p>b. Ngati Whakahemo – started health services at Pukehina Marae this month; 22 people attended the first clinic; Stewart Ngatai also attended on behalf of DHB; at a recent tangihanga, there were discussions about how whanau living away can be more involved with hauora and also what is happening at the marae</p> <p>c. Ngai Te Rangi – has someone interested in becoming a member of the Consumer Council on behalf of Maori</p> <p>d. Ngati Whakaue – in general are in support of Wai 1315</p> <p>e. Whanau Apanui/Ehutu – at the last hui raised complaints about the delivery of services; this has been an issue for the past 18 months; DHB, SupportNet and the provider have met to discuss; Whanau Apanui will provide letters of complaint for GM to follow up; hosting</p>	

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	<p>a Rurual Health Immersion Programme hui at the marae; gathering stories to help recent graduates (Auckland University) with delivery of culturally appropriate services, is important that MHR attend these hui to ensure participants are aware of the roles and responsibilities</p> <p>f. Ngati Pukenga – completing a submission for the review of Whanau Ora; also will be discussing with Iwi around the Wai 1315 and Wai 2575 claims</p> <p>g. Ngati Rangitahi – discussing Iwi strategies; Ngati Awa providing some services to whanau at Matata</p> <p>h. Ngati Makino – have a series of wananga with a focus on Makinotanga; 150th Anniversary of St Thomas Maori Anglican Church 25/26 August 2018, there will be a history wananga on the Saturday then church service and hakari on Sunday</p> <p>i. Tuwharetoa ki Kawerau – running wananga on the marae for Rangatahi; discussions around leadership of Maori, strengthening Tuwharetoa and succession planning, prioritising projects; new fund Oranga Marae is being delivered jointly by Dept Internal Affairs and Te Puni Kokiri with a focus on infrastructure (buildings and facilities) and people (cultural revitalisation)</p> <p>j. Tuhoe – has 4 key questions for DHB which they would like raised at a Board hui on their behalf;</p> <p>In the view of the BOPDHB;</p> <ol style="list-style-type: none"> 1. What would be the enabling principles for a productive, and sustainable relationship with Iwi? 2. What is the nature of an Iwi in comparison and contrast to a DHB? 3. What would be the three (3) fatal risk factors to an Iwi DHB relationship? 4. What is well-being health to Iwi? 5. What are the Iwi well-being health priorities? <p>k. Tapuika – totally support the Wai claims; support for Nga Kakano Foundation by the Iwi, NKF also provided a submission to the mental health inquiry; housing is a priority for Tapuika, many of our homes don't meet the building standards and respiratory illness and over-crowding are two of the issues being faced by whanau; have raised previously the concerns of Tapuika Iwi that the DHB is not meeting the needs of Maori and the role and obligations of the Maori Health Runanga</p> <p>l. Ngati Awa – have held a series of wananga to revitalise our reo as the ability to be fluent in te Reo o Ngati Awa is critical to implementing He Pou Oranga as a tribe; whakapapa is a key to the wananga so that our people know who they are; need to encourage more to come forward for karanga, whaikorero and to carry out our duties in the wharenu; most of our population earn less than \$14,000/year, many of the other social issues are a reaction to being unwell; issue of Otakiri Springs water being taken overseas – without water, where is wai ora; concerns about the levels of abuse (all levels</p>	

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	and all categories) especially of our tamariki, effect of alcohol and other abuse on our whanau	
13.	<p>Presentation: NUKA model, Janis Kuka, NMO</p> <ol style="list-style-type: none"> a. Recently attended a conference in Alaska, this presentation is about the South Central Foundation NUKA system of care; Janis will be presenting to the DHB Board on this system b. Several Iwi have promoted this system with their DHB's c. This is an option to address the issues raised in the Wai 1315 claim d. Nuka delivers to 65,000 people across 55 communities in the Arctic Circle (about same size as Mangere) and receive \$USD400m annually which is primarily funded through oil income e. The State funds it and has forced them to collectivise to receive funding f. Involves a system-wide transformation including community infrastructure and is a response to symptoms of oppression and a history of colonisation g. Main focus is the belief in relationships; the users are the owners and the system is based on shared values h. There are integrated services delivered by Primary Care Teams with facilities that reflect their indigenous cultures; the results have been positive since its inception i. The system has won the Baldrige Quality award twice j. The Board of Directors are older, with business experience and have a clear vision k. NMO is recommending a similar system which will involve legislation, structure change and a funding structure that supports designing our own services l. Most of the Western BOP Iwi have supported the Wai 1315 claim <p>Motion: that the NUKA presentation is received Moved: Ngati Awa Seconded: Whanau Ehutu Carried</p>	
14.	<p>Presentation: Health Care Homes, Graham Cameron, Interim Pou Tikanga, MHP&F</p> <ol style="list-style-type: none"> a. Health Care Homes - is a national collective b. Based on a triage system to improve access to urgent/unplanned health care c. Care plans are developed to include interdisciplinary teams; reflecting a Whanau Ora approach d. Better routine/preventative patient care e. Improved business efficiency based on the LEAN business model (Toyota) f. Equity – tangata whenua will benefit from better models of primary care; note that most Maori are accessing health care from mainstream services g. Pressures of quality health care – aging population, poverty, inequality; more multiple and chronic conditions; immigration 	

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	<p>h. Emergency Services (hospital) are at full capacity</p> <p>Discussion</p> <p>i. Appears to be a model for health clinics/services</p> <p>j. Need to be sure if this model incorporates He Pou Oranga; how will MHR be involved in ensuring this happens?</p> <p>k. Important that Health Care Homes model translates into Toi Ora</p> <p>Motion: that the Health Care Homes presentation is received Moved: Ngati Awa Seconded: Whanau Apanui Carried</p>	
15.	<p>MHR Executive Report</p> <p>a. Two full meetings have been held at Tauranga and Te Puke; the Executive also met this morning; notes have been tabled</p> <p>b. The Executive intend to expand the range of information and advice they receive and disseminate it to the MHR members</p> <p>c. MHR Terms of Reference to be updated; also have done some work on the roles/job description for the Executive members</p> <p>d. Work has started on the Maori Health Outcomes Accountability Framework – Terehia and Kipouaka will continue to represent the Runanga in its development</p> <p>e. MHR Chair has spoken to the DHB Chair about alternate representation at DHB meetings if the Chair is unavailable (MHR Deputy Chair is prepared to attend)</p> <p>f. MHR Executive to consider who should represent the MHR on DHB Statutory Committees (BOPHAC, CPHAC/DSAC, Strategic Health Committee); need for a focus on He Pou Oranga in all discussions; important to not be passive participants; MHR members to advise if they want to attend these committee meetings</p> <p>g. Review of Administration services underway</p> <p>h. Seeking a budget for ongoing MHR functions of \$200k per annum; Executive to develop a business case</p> <p>i. Steward Ngatai also asked that MHR membership on the Child, Youth Mortality Committee is also considered</p> <p>j. Recommendations (summarised) to MHR from the MHR Executive are that:</p> <ol style="list-style-type: none"> 1. The MHR Executive update the TOR 2. The MHR Executive seeks advice from the DHB Chair on a proxy if the MHR Chair is unable to attend DHB meetings 3. The MHR Executive determines who will represent the MHR on statutory committees 4. The MHR Executive/Members receive Board minutes and Statutory Committee minutes in a more timely manner and preferably online 5. The bank signatories are updated, direct credit facilities are made available, the MHR pays for the 	<p>MHR Secretary to circulate notes to MHR members</p> <p>MHR members to respond to what is raised and recommended in the notes to the MHR Secretary by 28 August 2018</p>

Item	Discussion	Action Person Responsible
	<p>MHR's monthly mobile account and MHR Administration support continues</p> <p>6. The MHR budget is reviewed and a business case developed to reflect the role/operations of the MHR</p> <p>Motion: that the MHR Executive Report is received and detailed recommendations are approved in principle. Moved: Ngati Awa Seconded: Waitaha Carried</p>	
16.	<p>Wai 1315 and Wai 2575 claims</p> <p>Noted that the DHB Board is meeting today to discuss the claims. The MHR members will be advised when the claims hearings will be held.</p>	
17.	<p>GM, Māori Health Development & Gains Reports</p> <p>Report tabled and taken as read.</p> <ul style="list-style-type: none"> a. Any operational queries to be raised directly with the GM b. Did not attend (DNA's) need a strategy; interest in whether providing transport will improve the % c. Breastfeeding – this is a general MOH target; issues raised about pressure for Maori mothers having to return to the workforce; unable to breastfeed in pack-houses and factories, not suitable workplaces for babies to be taken d. ASH – concerns about the numbers for 0-45 years and over 64 years; some issues about cost of GP care and/or prescriptions; PHO's are seeking information on pathways forward for primary health care e. Toi Ahorangi – workshop next week; concerns about whether it is delivering for Maori Health f. Kahui Kaumatua – meeting tomorrow; MHR members are also able to attend g. Oral health care – provided for tamariki and teens, but problems for adults e.g. young parents, elderly <p>Motion: that the GM, MHD&G reports are received Moved: Ngati Whakaue ki Maketu Seconded: Tuhoe Carried</p>	
	<p>The meeting closed at 2:20pm</p> <p>Karakia – Manu Pene</p>	
	<p>Next meetings:</p> <p>Māori Health Rūnanga Wednesday 12 September 2018, <u>9:30am</u></p> <p>The Orchard 20 MacLoughlin Drive TE PUKE</p>	

Item	Discussion	Action Person Responsible
	<p>Combined DHB/MHR Wednesday 21 November 2018, <u>12:30pm</u></p> <p>Taneatua Room Regional Māori Health Services Whakatane Hospital Stewart Street WHAKATANE</p>	