

*“Hapaitia te Waiora o te whānau, hapū, Iwi.”*

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## NOTICE OF MEETING

# IWI HEALTH BOARD

## MEETING AGENDA

**A meeting of the Iwi Health Board will be held on  
10 February 2011, 12.30pm – 2pm,  
Seminar Centre, Nelson**

*Ngā Hihī o te Rā*

*Kei kōnei mātou ngā iwi e  
I raro i te maru o Onetahua  
Kei waenganui ngā tamariki  
O Tanemahuta e moemoe a  
kīhi ana ngā hihī o te rā  
Hei oranga mō ngā iwi Māori e*

*Piki te kaha, hapai te wairua  
Homai te aroha aue*

*Kei waenganui ngā tamariki  
O Tanemahuta e moemoe a  
E kīhi ana ngā hihī o te rā  
Hei oranga mō ngā iwi Māori e  
Hei oranga mō ngā iwi Māori e*

Waiata: composed by the IHB March 04





# IWI HEALTH BOARD AGENDA

**Thursday, 10 February 2011**

<b>TIME</b>	<b>SECTION</b>	<b>ITEM</b>	<b>Page</b>
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12.35	2.1	2 September, 2010	<b>9</b>
	2.2	- Matters Arising	<b>13</b>
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	3	<b>Papers for Information/ Decision</b>	
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1.30	3.2	Maori Health Plans	<b>29</b>
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1.50	3.4	IHB Executive – Membership Composition	<b>33</b>
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**SECTION 1: APOLOGIES**

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**SECTION 1: APOLOGIES**

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# **MINUTES**

## **SECTION 2: MINUTES**

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## SECTION 2.1: MINUTES-2 SEPTEMBER 2010

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### Minutes of Iwi Health Board meeting Held 2 September, 2010

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**Present:** Joe Puketapu (Chair, Ngati Rarua & Te Atiawa); Judi Billens (Ngati Tama); Trisha Falleni (Ngati Kuia); Wilmarae Rodrigues (Ngati Toarangatira); Lovey Gieger (Ngati Koata); Tahī Takao (Maata Waka); Harold Wereta, Caroline Sainty (NMDHB)

**Attendance:** Dr Melissa Cragg (Karake Consultancy), Mark Garisch (Portfolio Manager, NMDHB)

**Apologies:** Sonny Alesana (CPHAC), Andy Joseph, Graeme Grennell (NMDHB Kaumatua)

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## SECTION 2: MINUTES

### Motion:

That the Minutes of the Iwi Health Board held on 10 June, 2010 is a true and accurate record.

**Ngati Kuia/ Ngati Tama  
Carried**

No matters arising.

## SECTION 2.1: MINUTES

### Motion:

That the Minutes of the closed Iwi Health Board held on 10 June, 2010 are a true and accurate record.

**Ngati Kuia/ Maata Waka  
Carried**

No matters arising.

## SECTION 3: IHB EXECUTIVE RECOMMENDATIONS

### Motion:

Iwi Health Board approves the recommendations of the Iwi Health Board Executive;  
- revised 2010/2011 workplan

## **SECTION 2.1: MINUTES-2 SEPTEMBER 2010**

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- IHB terms of reference
- IHB appointments to PHO Boards policy

### **Ngati Kuia/Maata Waka Carried**

Meeting goes into Committee.

## **SECTION 5: RESEARCH REQUESTS – ETHICAL APPROVAL**

Discussion with Dr Andrew Hamer (Cardiologist and co-ordinator with Diabetes and Cardiology) and Robyn Price (Research co-ordinator, NMDHB).

Explanation on the long history of clinical research in Nelson Marlborough; Nelson people open to clinical research and have high participation. Participation is voluntary; consent can be withdrawn at any time. Region is not big enough to carry out own research so the DHB gets involved in multi centred trials generally funded by drug companies. Health and disability ethics committees provide protection for participants in research in the health and disability sector. Ethics committee also includes an independent safety committee and independent judicial committee. Independent committee can stop trial if unsafe and prevent studies that pose an unacceptable risk of harm to participants from going ahead. Ethics approval is to ensure that as ideal as possible that drug is good for patients.

Rationale of the different kinds of trials undertaken and the preference for outcomes that is pertinent to our community. Clarification was given on of bias, double blind, randomized, placebo control, multi centred. Ethical considerations are taken into account; Phase 1 trial – usually given to animals, sometimes to healthy individuals, Phase 2 trial - is there enough evidence that the drug is probably beneficial, usually given to bigger group of healthy people and people that we want to trial the drug.

- Small Maori population inhibits the level of participation in trials.
- Gene sub-studies are best for smaller groups as they provide more statistics for the group.
- Sub-studies involving blood is consented separately to allow for storage and return of blood.
- Trials are beneficial to Maori when a gene is found (good or bad). In the future, the genetic pool may better tell us that specific drugs are better for that gene pool by assisting in reducing the number of pills needed to be taken.
- The Pukenga Hauora team have assisted with talking to Maori participants. There are studies emerging in the USA which supports this approach.

Expression that National Ethics Committee requires that there only be a process in place, however IHB want consultation. IHB happy with the process of receiving research requests through Karake Consultancy and the timeliness in feeding back approvals, however is open to streamlining the process further, may also look to setup up a clinical committee in the future. Robin confirmed that any outcomes received as a result of trials would be forwarded to IHB secretariat.

Chair thanked Andrew and Robyn for the information as it assists the IHB in understanding the outcomes of these research requests and the pressures in managing trials. The offer

## **SECTION 2.1: MINUTES-2 SEPTEMBER 2010**

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was made to inform Maori health providers of the type 2 diabetes studies that are imminent.

*RECOMENDATION: Proposal for a clinical leadership group including terms of reference, budget and resource considerations is prepared for IHB.*

### **SECTION 6: IHB RESEARCH REQUESTS**

Dr Melissa Cragg introduced herself and outlined her process for assessing research requests on behalf of the IHB.

The process is;

- Contracted by DHB to provide this service to IHB.
- Receives research requests directly for analysis.
- Corresponds with researcher.
- Assesses against IHB policy criteria.
- Provides report to IHB.
- Follows up with responses from IHB

Dr Cragg noted the vast ethical considerations around research which are important, but noted Maori sense of consultation might not always be same as others.

Dr Cragg mentioned that grants are available to develop Māori capability and knowledge from the Health Research Council (HRC) Nga Kanohi Kitea Maori Knowledge and Development Research. The grants provide opportunities for iwi, hapu and other community groups to address community identified health needs. A total pool of \$0.8M is available for 2010-20, applications in by 8 October.

The IHB supports and recommends that Dr Cragg assists the Maori Health Providers to apply for research funding for use in this rohe.

*ACTION: Melissa to support Maori Health Providers with a HRC application at their next meeting on 4 October, 2010.*

### **SECTION 7: NURSING**

Discussion led by Robyn Henderson (Director of Nursing & Midwifery, NMDHB) & Lois Boyd (Nurse Consultant, NMDHB).

- Looking to put a diabetes service into the community, wanting a social model.
- Currently working with Te Rau Matatini on their dual competency training. A cohort going through, but would like to pilot with DHB.
- 25 NETP nurses for next year, 13 going into community. Mentors and infrastructure required for these nurses. Past experience of having nurses working in Maori Health Providers highlighted the emphasis on medicine and not primary care. Model needs to be changed to a social model. Opportunities for nursing going forward is to have it delivered in a new cultural holistic framework.
  
- Discussion on a process or tikanga for coloured sheets for tupapaku. IHB agreed that coloured sheets not be required.

## **SECTION 2.1: MINUTES-2 SEPTEMBER 2010**

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- Discussion on pay disparity of nurses in Maori Health Providers. Robyn and Lois happy to provide support and guidance on this issue.

## **SECTION 8: ALLIANCE FRAMEWORK**

Presentation by Mark Garish (Portfolio Manager, NMDHB) an overview of Nelson Marlborough Patient Care Alliance.

- Description of what is an alliance
- Contrasting approaches, traditional as opposed to Alliance
- Explanation of the governance model
- Description of leadership team and project teams
- Factors for considering the delivery model
- What the compensation model covers
- The organisational psychology
- Alliance agreement principals
- Legal implications
- When do alliances work best
- Christchurch very clinically driven. Christchurch has similar model, huge start up costs but seeing benefits now.
- See compatibility with Maori Health Providers coalition model
- Discussion on including a consumer group involved in the modelling, also nurses and community workers

*ACTION: Copy of presentation will be sent out to IHB members.*

**Meeting concludes.**

## **SECTION 2.2: MATTERS ARISING**

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**SECTION 2.2: MATTERS ARISING**

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**2.3: MINUTES – 2 SEPTEMBER IN COMMITTEE**

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**Minutes of Iwi Health Board – IN COMMITTEE  
Held 2 September, 2010**

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**2.4: MATTERS ARISING**

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**Iwi Health Board & NMDHB joint meeting  
held 14 October 2010 at Te Hora Pa Marae, Canvastown**

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**Present:** Joe Puketapu (Chair, Ngati Rarua); Judi Billens (Ngati Tama); Trisha Falleni (Ngati Kuia); Wilmarae Rodrigues (Ngati Toarangatira); Tahī Takao (Maata Waka); Lovey Gieger (Ngati Koata); Sonny Alesana (IHB Executive); Graeme Grennell (NMDHB Kaumatua); Suzanne Winn (Chair NMDHB), Liz Richards, Judy Crowe, Lynnette Jones, John Moore (NMDHB); John Peters (CE NMDHB), Mike Cummins (Board Secretary NMDHB); Harold Wereta, Caroline Sainty (NMDHB)

**Apologies:** Sharon Brinsdon, Jenny Black, Graeme Faulkner, Ian MacLennan (NMDHB)

**Welcome**

A formal welcome or powhiri brought the members onto the marae. After refreshments following the powhiri the members gathered in the wharenuī. Kaumatua Graeme Grennell opened the meeting with karakia. Iwi Health Board Chair greeted the members and welcomed them to Te Hora Pa marae.

**Ngati Kuia**

Kaumatua for the marae Tom Wirihana gave a historical account of Ngati Kuia's settlement in Canvastown and the community spirit that existed in the early days of the settlement.

- Originally there were several pa in the area, either close to the waters edge or on higher ground at obvious lookout points. Canvastown was likened as an octopus head where Ngati Kuia branched out inland from.
- Gold could be found in the area, however hard times were felt by all. Life expectancy was short due to significant premature mortality.
- Premature deaths and the movement of people resulted in the loss of the language, however younger ones are learning the language and are returning and bringing the language back with them.
- As Canvastown is a half way point between Nelson and Blenheim it was agreed to build a whare by the urupa so that whanau could stay over during tangihanga. COGS and various PEP schemes assisted in the establishment of the marae.

**Iwi Settlements**

Ngati Kuia are currently preparing for final sign off of their Treaty of Waitangi claim in a fortnight at the marae. The Iwi is also working towards retention of their waiata and history;

- The paepae is learning te reo and the associated tikanga
- Ngati Kuia songs are being translated and taught

Director of Maori Health summarised the treaty process and the options to either go through the Waitangi Tribunal or enter into direct negotiations with the Crown through the Office of Treaty Settlements. Post settlement Iwi are able to move on, their mana restored allowing them to focus on;

## **2.5: MINUTES 14 OCTOBER 2010**

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rebuilding an economic base, families, enhancing te ao Maori and te reo, all of this aligning to health objectives.

### **A celebration of the last 3 years, a farewell to the Board**

NMDHB CE spoke about the relationship between management and governance as the unseen glue that holds the organisation together. The good relationship was a tribute to the leadership of both Chairs and the unique relationship that exists between the Board and Iwi Health Board. The relationship was one of respect and confidence where each other maintained their mana and well supported by NMDHB Kaumatua.

The Chair credited good communication, respect and confidence amongst each other that allowed for an openness to raise issues. These attributes assists the organisation to work to its maximum.

A powerpoint presentation celebrated the achievements and the people who had been on the journey over the last 3 years.

Acknowledgements were made to the following people;

- Glennis Baldick
- Alex Grooby
- Julie Rogers
- Roma Hippolite
- Josephine Faragher
- Nicola Ehau
- Aroha Metcalf
- Uncle Rangi Joseph
- Melanie McGregor

Achievements:

- He Oranga Maori Best Practice Guidelines is approved by both Boards
- Joint meetings are held at various marae
- Both Boards approve and sign the Memorandum of Understanding in 2007, then resigned in 2010
- Maori Health and Strategic Wellness framework is approved
- There is approval for the Maori Health Workforce review to proceed
- Minister Tariana Turia unveils the art work in Nelson hospital foyer
- Both Boards support as part of Whanau Ora, four new services
- The research project Te Hoe Nuku Roa is supported
- The formation of Maori & Pacific reference groups
- New Maori policies; Kaumatua on interview panels, mihi whakatau, powhiri and poroporoaki policy.

### **Acknowledgements**

Chair of Iwi Health Board acknowledged the great support from the Board to the members of Iwi Health Board, and reflected on how this co-operation had influenced the manner of conduct at Iwi Health Board meetings.

## **2.5: MINUTES 14 OCTOBER 2010**

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Chair of NMDHB Board reflected on the first ever Board to Board meeting occurring in Argyle meeting room and how the meetings had progressed to real time experience on the marae. This had created an opportunity for members to get an understanding of the Maori Health Providers operations.

Acknowledgements were made to past Chairs of the IHB and Kaumatua. Also the Chief Executive who had always been available and willing to achieve better health for all. The Chair made a plea that the new Board would further work towards improving Maori health to the same level as non-Maori.

Open floor, NMDHB members spoke about;

- Understanding as the bricks that underlie respect, and that since the first meeting of both Boards how the relationship had successfully evolved.
- Learning about maoridom has helped to understand 'he tangata, he tangata, he tangata'. Marae visits have strengthened the relationship, have gained respect and understanding through listening and hearing.
- As a metaphor the journey has been like a waka journey, started tenuously and wobbly, but leaving now confident that the waka is strong.
- Leaving the Board has provided an opportunity to move afield and take the skills learnt to be a different kind of Board member.

IHB members;

- The joint meeting at Onetahua marae was a turning point where we recognised our own strengths and utilised them to forge a true partnership.
- The relationship is one of respect and inclusiveness.
- Endorsed the strong leadership of the Chair and the Chief Executive, and thankful for the support of initiatives such as Kaumatua and the financial support given to the Tane Ora Conference.
- Acknowledgement of the contribution to Pacific health and the relationships that have developed.
- The relationship has grown significantly from the first joint meetings which have allowed for understanding to develop. Thankful for the Chair and Chief Executive for bringing the two groups together.
- For those not leaving, we as a group must not forget the big picture.

Chair of IHB finished the poroporoaki with a whakatauki likening how the prow of the waka sits above the water, so should the members of the Boards also stay on track.

Uncle Graeme closed meeting with karakia.

## 2.5: MINUTES 14 OCTOBER 2010

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Iwi	Tribe
Karakia	Prayer
Kaumatua	Elder
Marae	Meeting area of whanau or iwi
Mihi	Greet
Mihi Whakatau	Less formal process of greeting/welcoming
Ngati Kuia	Iwi resident in Te Tau Ihu
Paepae	Orators bench
Poroporoaki	Process of farewell
Powhiri	Formal welcome, usually on a marae
Tangihanga	Mourning
Te reo (Maori)	Language (Maori)
Te Tau Ihu	Area at the top of the South Island
Tikanga	Issues of principle/integrity of intent; values and respect; processes
Urupa	Cemetery
Waiata	Song, sing
Whare	House
Wharenui	Meeting house
Whanau	Family
Whakatauki	Proverb

**2.6: MATTERS ARISING**

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**2.6: MATTERS ARISING**

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# **PAPERS FOR INFORMATION/DECISION**

**SECTION 3: PAPERS FOR INFORMATION/DECISION**

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Nelson Marlborough  
District Health Board

*Strategy & Planning  
Maori Health & Whanau  
Ora Directorate*

# MEMO

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**To:** Iwi Health Board  
**From:** Harold Wereta, Director of Maori Health & Whanau Ora  
**Date:** 25 January 2011  
**Subject:** **Maori Health Directorate Update**

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## RECOMMENDATION

That the IHB:

- *Receives the update report*
- *Gives direction to Maori Health Directorate about meetings*
- *Confirms an appointment to DiSAC*

## PURPOSE

This paper seeks IHB advice on proposed changes to your meeting date calendar. At the meeting of the DHB Board on 1 February 2011 they agreed to a monthly meeting format.

At the conclusion of that meeting a meeting was held between IHB members (Joe Puketapu, Aunty Judy Billens, Uncle Tahi Takao and Sonny Alesana) and the two appointed Maori DHB Board members (Roma Hippolite and Patrick Smith).

Items covered at the meeting included:

- DHB Presentation on Maori health & Whanau ora
- How the working relationship will happen?
- Aligning IHB meeting to fit around the DHB timetable?
- Frequency of meetings?

A discussion on a working relationship focussed on the tikanga to the relationship, guided by the following principles:

- Openness, respect, and trust
- What is said, stays between parties
- No surprises towards each other
- A commitment to Maori health and whanau ora
- Tikanga Maori will guide out actions and interactions
- We agree to meet regularly on a monthly basis

This paper now submits questions to IHB on what considerations might be discussed in order for you to agree a direction for these matters.

## DISCUSSION

### *Change in NMDHB Board meeting timelines*

## **SECTION 3.1: DIRECTOR MAORI HEALTH UPDATE**

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NMDHB Board met on 1 February 2011 where it was agreed:

- Change to monthly meetings; and
- Combined CPHAC and DiSAC as one committee.

The Maori Health Directorate seeks clarity on two questions:

- Should IHB meet monthly and follow the format of the DHB Board?
- Does IHB want to appoint a member to the newly formed CPHAC & DISAC Committee?

NMDHB Board has approved the appointment of Statutory Committees Chairs. They are Gerald Hope who is the Chairperson for CPHAC & DiSAC, Judy Crowe is the HAC Chairperson, and Roma Hippolite has been appointed as the Chair for the Audit and Risk Committee (a non-statutory Committee of the Board). This is Roma's second appointment to this committee.

After some discussion on this shift/ change, there was agreement that IHB should consider aligning IHB meetings to fit around the DHB timetable.

### ***IHB Board Monthly Meetings***

There are two areas which need to be considered by IHB:

- Changing to a monthly board meeting format; and
- Arranging additional meetings with the Maori DHB Board members?

### ***Monthly formats***

There are a number of issues which arise should IHB chose to move to a monthly workplan. Namely:

- IHB would need to review their existing workplan to ensure there is sufficient work to support an extended meeting programme?
- IHB would need to consider the timing of advice to NMDHB? This may mean a re-look at the level of information that should be reported to NMDHB Board?
- IHB would need to look at the implications in terms of the TOR which was reviewed in 2010?
- Do people have additional time in there dairies to commit to more meetings?

The Maori Health Directorate is not suggesting these questions can't be answered. A review would need to happen to ensure appropriate resources are available and there is alignment to the TOR. In addition, the work programme will significantly increase to support the turn around in advice that would be needed.

Our advice would be to keep the status quo whilst monitoring things like timing and advice to NMDHB Board.

### ***Meetings with Maori DHB Board Members***

Amid the discussions was the option for IHB Chair and Deputy Chair to meet with the Maori DHB Board members at the conclusion of the monthly NMDHB Board meetings. The purpose of those meetings was to update members from both Boards as to the direction and strategies of the respective Boards and provide a base for significant issues to be discussed which may require IHB input. Given this, and in line with the earlier discussion, do we need to have additional meetings? The current scenario includes:

- Chair to Chair meetings with NMDHB
- Chair and Maori Health Directorate meetings to set meeting agendas and Hui

Additional request is for:

- Chair/Deputy Chair to meet with Maori DHB Board Maori members

## **SECTION 3.1: DIRECTOR MAORI HEALTH UPDATE**

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At the weekend it was confirmed that one of the Maori DHB Board Maori members (Roma Hippolite) has been appointed to IHB to represent Ngati Koata. However, how do we maintain the links to Patrick Smith? There are two possibilities:

- Co-opt Maori DHB Board members onto IHB?
- Or, take the less formal approach and invite Maori DHB Board meetings to attend meetings of IHB?

### Co-opting

This would mean a change in the TOR to allow for this to happen. Basically, when Maori DHB Board members are appointed they become automatically appointed through the co-opt option to IHB. This will mean they can participate in the discussions/ debates but may have no voting rights unless IHB gives delegation for this to happen. A variation to the TOR would be needed for this to happen.

This option will incur additional cost to the DHB by including two additional meeting fee attendances and associate travel expenses (if required).

### Open Invitation

This option is similar to the co-opt option. Clause 6.5.3 of the TOR allows for attendance by NMDHB Board members to attend IHB meetings. This is subject to the Chairperson giving approval for this to happen. This will mean they can participate in the discussions/ debates but may have no voting rights unless IHB gives delegation for this to happen.

This option will incur additional cost to the DHB by including two additional meeting fee attendances and associate travel expenses (if required).

### Budget Implications

Both scenarios will include cost to IHB. If there was agreement to either option to proceed, the Maori Health Directorate would need to consider the additional cost associate to holding these meetings. Presently, the DHB has allocated funds to support 8 (for IHB Exec/ IHB Board) diarised meetings per-annum plus additional meetings/workshops as required. The DHB has allocated \$54k towards supporting IHB governance cost for 2011/12. These cost cover meeting fees, hosting, catering, mileage, travel and guest speakers.

### ***DiSAC Appointment***

IHB to date has not confirmed an appointment on DiSAC, notwithstanding that CPHAC & DiSAC have joined. Advice from the DHB suggests that IHB can make two appointments to the joint committee. Presently, Sonny Alesana was reconfirmed as the CPHAC representative at your meeting in November 2010.

The Maori Health Directorate seeks IHB Board decision on whether a further appointment is required to cover the DiSAC position?

**SECTION 3.1: DIRECTOR MAORI HEALTH UPDATE**

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Nelson Marlborough  
District Health Board

*Planning & Funding  
Maori Health  
Directorate*

# MEMO

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**To:** Iwi Health Board  
**From:** Harold Wereta, Director for Maori Health and Whanau Ora  
**Date:** 25 January 2011  
**Subject:** **Maori Health Plans**

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## Recommendation

That the Iwi Health Board:

- *Receives this report.*
- *Notes the tight deadlines for preparing a Maori Health Plan.*
- *Note that the DHB has scheduled a special meeting of IHB for 18 February 2011 to allow for advice/ input into the plans draft development.*

## Overview

In 2009 Bay of Plenty and Lakes DHB led a project, on behalf of Te Tumu Whakarae/ National Maori GM Forum, to develop standardise Maori health plan templates for implementation nationally by DHBs.

Up to and include the last Te Tumu Whakarae meeting held in October 2010, the templates had not been finalised. There was no indication from the Ministry of Health (MOH) or Te Tumu Whakarae that these templates would be rolled out in the foreseeable future.

In December 2010 the DHB was in receipt of the Funding Envelopment. This envelop explains what the DHB will receive in 2011/ 2012. As part of this document, the DHB receives instructions through the Operating Framework (OPF). Simply put, the OPF tells the DHB what it can and can't do with the funds it receives. There are strict policy parameters the DHB must work within.

As part of the OPF the DHB was advised that it must prepare a Maori Health Plan for 2011/2012. There are templates available to DHB which we are required to follow.

## What are the implications?

MOH advises that all DHBs must have a first draft of their Maori Health Plan (MHP or Plan) submitted by 04 March 2011. We (DHBs) are expected to consult with Iwi Partnership Boards before the plan goes forward.

## SECTION 3.2: MAORI HEALTH PLANS

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The Plan must include:

- A summary of the Maori population and their health needs
- National Maori health priorities
- Regional Maori health priorities
- Local Maori health priorities

The MHP is structured so that the DHB and MOH have a clear picture of:

- The Maori population in the district and their health need
- What the DHB plans to do to address national priorities and indicators set by MOH
- What Maori priorities the DHB has identified for their district at a regional and local level
- How it will measure progress for regional and local priorities
- What it will do to improve regional and local priorities

The key implication for the DHB is the very tight timeframe to get a first draft written for submission. This plan does not do away with local Maori health strategies which DHBs have in place.

The MOH has included a one-off incentive payment associated to the production of the 2011/2012 MHP for each DHB. This information will be made available at a later date.

A copy of the MOH template is attached for your information.

### What will be our timeframes?

So that the DHB is able to achieve the result by 4 March 2011, we have prepared the following timetable on the key actions the DHB will pursue:

	<b>Activity</b>	<b>By Whom</b>	<b>By When</b>
1.	Working party formed (PHO/DHB/Maori Providers/IHB)	MHD	7 Feb 2011
2.	Strategic Priorities – national, regional, local are identified	MHD	16 Feb 2011
3.	MHP templates populated	MHD	17 Feb 2011
4.	IHB (Special) workshop on draft plan	MHD	18 Feb 2011
5.	Submission to MOH	MHD	4 Mar 2011
6.	Submission to NMDHB Board	MHD	8 Mar 2011

The dates are indicative. However, the workshop for IHB will not be changed given there is an expectation that Iwi Partnership Boards be consulted on the documents development.

## SECTION 3.3: RECOMMENDATIONS

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**To:** Iwi Health Board  
**From:** Iwi Health Board Executive Group  
**Date:** 2 February, 2011  
**Subject:** **Recommendations**

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The following recommendation was approved at the IHB Executive Group meeting on 2 September 2010, and is now put forward for final approval from the Iwi Health Board.

1. The Cultural Supervision policy is approved.

The following recommendations were approved at the IHB Executive Group meeting on 30 November 2010, and are now put forward for final approval from the Iwi Health Board.

1. Graeme Grennell is confirmed as Iwi Maori appointment to Kimi Hauora Wairau.
2. Joe Puketapu is confirmed as Chair of Iwi Health Board.
3. Judy Billens is confirmed as Deputy Chair of Iwi Health Board.
4. Uncle Tahi Takao is confirmed as the IHB representative on HAC.
5. Sonny Alesana is reconfirmed as the IHB representative on CPHAC.

- \* **Propose that the IHB approve the recommendations of the IHB Executive Group**

## **SECTION 3.3: RECOMMENDATIONS**

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## SECTION 3.4: IHB EXECUTIVE – MEMBERSHIP COMPOSITION



Nelson Marlborough  
District Health Board

# MEMO

**To:** Iwi Health Board  
**From:** Harold Wereta, Director of Maori Health & Whanau Ora  
**Date:** 8 February 2011  
**Subject:** Iwi Health Board Executive – Membership Composition

## RECOMMENDATION

That the Iwi Health Board:

- Receives the update
- Makes a further appointment to the Iwi Health Board Executive

## Background

At today's meeting the Iwi Health Board has been asked to confirm an appointment to DiSAC. In reviewing the makeup of the Iwi Health Board Executive it is noted from the last meeting in 2010 that appointments were made to HAC and CPHAC, however as per the Terms of Reference 10.1 the Executive has not confirmed all five members who would form the Executive.

Upon an appointment of a representative for DiSAC a further Iwi Health Board member needs to be appointed to the Executive group. Should the Iwi Health Board decide not to appoint a member to DiSAC two members are then required to be appointed to the Iwi Health Board Executive to makeup its full composition.

The following table outlines the current makeup of advisory committees.

Iwi Health Board	IHB Executive	CPHAC	DISAC	HAC
Ngati Rarua (Chair) - Joe Puketapu		Gerald Hope (Chair)		Judy Crowe (Chair)
Te Atiawa - Joe Puketapu	Joe Puketapu (Chair)	Patrick Smith		Roma Hippolite
Ngati Tama (Deputy Chair) - Judi Billens		John Moore		John Inder,
Ngati Kuia - Trisha Falleni		Fleur Hansby		Ian MacIennan
Ngati Koata - Roma Hippolite		Gordon Currie		Russell Wilson
Rangitane - Richard Bradley		Judith Holmes - Community	George Truman - Community	Jennifer Black - Community
Ngati Apa - Margaret Bond		Jos Van Der Pol - Community	Glenys MacIellan - Community	Francis Gargiulo – Community
Ngati Toarangatira - Wilmarae Rodrigues		Sonny Alesana - IHB	Vacant - IHB	Tahi Takao - IHB
Maata Waka - Tahi Takao	Tahi Takao (HAC)			
	Sonny Alesana (CPHAC)			