

# POU Minutes

Of the meeting held on Tuesday 17 April 2007 at 1.00 p.m. to 5.00 p.m.  
at **Committee Meeting of Counties Manukau District Health Board,  
Board Room, 19 Lambie Drive Manukau City**

<p><b>1. Present:</b></p> <p><b>Management in Attendance:</b></p> <p><b>Public in Attendance:</b></p> <p><b>Presenters:</b></p>	<p>Mr. Pat Snedden (Chairperson), Mr Tahuna Minhinnick, Mr Donny Rangiaho, Mr.Taitimu Maipi, Ms Denise Ewe, Ms Tania Kingi, Ms Jillian Dooley (from approx 2.20pm)</p> <p>Mr Geraint Martin (CEO) Mr Bernard Te Paa (GM Maaori Health), Mr Tony Kake (partial attendance). Mr Kerry Hiini.</p> <p>Ms Esther Blomfield (partial attendance); Ms Gail Wilson (partial attendance)</p> <p>Ms Hannah Honey (Minutes)</p> <p>Te Roopu Waiora</p> <p><b>CMDHB:</b></p> <ul style="list-style-type: none"> <li>§ Te Roopu Waiora - Tania Kingi, John Puhara, Mahuika Anderson, Richard Peri, Marlene Lindsay, Alan Witana, Adam Watling, Cory Watling, Dayna Tiwha, Ricki Leefe, Stephanie Awheto (NZSL interpreter).</li> <li>§ Primary Heath Care 3 Year Plan – Dr Alan Moffitt &amp; Ms Tina McCafferty</li> <li>§ Fit 4 Purpose – Ms Sharon Shea</li> <li>§ Hauora Marae Franklin – Ms Louisa Wall</li> </ul>	
<p><b>2. Apologies:</b></p>	<p>Mr Paul Cressey (Overseas) Prof. Colin Mantell Mr Tukuroirangi Morgan Ms Airini Tukerangi (sick) Mr Arthur Anae Ms Miria Andrews</p> <p><b>Acceptance of apologies:</b> <b>Moved:</b> by Mr Pat Snedden <b>Seconded:</b> by Ms Denise Ewe <b>Carried</b></p>	
<p><b>3. Karakia</b></p>	<p>Karakia and Mihimihi by Mr Donny Rangiaho</p>	<p><b>Action</b></p>
<p><b>4. Nga Mate</b></p>	<p>Noel Reeder</p>	

<p>5. Mihi Mihi</p>	<ul style="list-style-type: none"> <li>• The Chair Welcomed Members of the POU</li> </ul> <p>The following items were confirmed on the Agenda:</p> <ol style="list-style-type: none"> <li>1) Matters Arising</li> <li>2) Te Roopu Waiora</li> <li>3) Primary Health Care 3 Year Plan</li> <li>4) Treaty of Waitangi Update</li> <li>5) Fit 4 Purpose</li> <li>6) GM Report</li> <li>7) Hauora Marae - Franlin</li> <li>8) General Business <ol style="list-style-type: none"> <li>a) Disac Minutes</li> <li>b) Community Attendance</li> </ol> </li> </ol>	
<p>6. Minutes of Previous Meeting:</p>	<p><b>Motion:</b> Minutes taken as true and correct record</p> <p><b>Moved:</b> by Mr Donny Rangiaho</p> <p><b>Seconded:</b> by Mr Tahuna Minhinnick</p> <p><b>Carried</b></p> <p><b>Amendments</b></p> <ul style="list-style-type: none"> <li>• page 1, item 2, Jillian Dooleys late arrival, should read expected approx 1.30pm</li> <li>• page 2, item 8, the wording around Jillian Dooleys comment on breast screening, should read, "of the 90 women diagnosed with cancer, 15 are Maori"</li> </ul>	
<p>7. Matters Arising: (Action Points Update)</p>	<p><b>Under 7 Treaty Reference:</b> Mr Stephen McKernan unable to attend due to family illness. In lieu of this Mr Pat Snedden took the opportunity to speak with Minister of Health, Mr Peter Hodgson while here. He will feedback on his discussion later.</p> <p><b>Poukai Update</b></p> <p>Mr. Pat Snedden was very pleased to be invited to meet with the chairs of the Tainui waka to discuss issues relating to the Tainui Health Plan.</p> <p>He received a sense of strong support for the plan from Iwi with the challenge back to CMDHB to be open to comprehensive Maaori delivery of health services. The plan seeks to define manaaki issues within the Tainui area.</p> <p>Mr. Taitimu Maipi acknowledged &amp; thanked Mr Pat Snedden for his attendance.</p> <p>Mr Bernard Te Paa commented on the positive conversation with Tainui Waka. Has had subsequent discussions with his Waikato counterpart and will work with her to develop a cohesive approach to the plan.</p> <p>Mr Donny Rangiaho was interested to know about further thoughts related to Maataawaka engagement in the plan.</p>	

	<p>Mr Tahuna Minhinnick supported the by Tainui for Tainui approach to inspiring better health. Welcomes the chance to how their approach will inspire their people to better health.</p> <p><b>Oral Health</b></p> <p>Mr Bernard Te Paa feedback that a number of meetings have taken place and a working paper is being prepared. Once finalised, the paper will be circulated to POU prior to the next meeting.</p> <p>Mr Pat Snedden recommended that young mothers need to be included as part of the conversation.</p> <p>Ms Denise Ewe would prefer there be less emphasis on enrolment and more emphasis around simply getting the teeth fixed. Also wants to see a continuum approach to service delivery.</p>	
<p><b>8. Te Roopu Waiora</b> Ms Tania Kingi</p>	<p>The Chair welcomed Te Roopu Waiora Trust &amp; invited Ms Tania Kingi to present.</p> <p>The Chair thanked the Ms Tania Kingi &amp; Roopu and opened the floor for questions and discussion:</p> <p>Mr Tony Kake fully supports the Kaupapa which is similar to Mental Health approach to working with tangata whaiora (people seeking health). Have some questions in terms of development of Health &amp; Disability component, and engagement in creating a measuring tool.</p> <p>Ms Tania Kingi sees their work focussing on finding service delivery gaps and solutions for Whanau with disabilities.</p> <p>Mr.Taitimu Maipi asked why, with such issues is the proposal for only for three kaitiaki?</p> <p>Ms Tania Kingi replied that the number was arbitrarily picked as it is a number they can competently manage.</p> <p>Mr Tahuna Minhinnick advised that Manawhenua had been approached to support the initiative to build a marae for disabled people. Manawhenua confirmed their support, and he hoped POU would.</p> <p>Ms Denise Ewe commented that her background is working with and beside people with disabilities. Those with disabilities in the community are stranded without the resources needed in order to have a good quality of life. Totally supports every thing presented.</p> <p>Mr Geraint Martin inquired about MSD linkage.</p> <p>Ms Tania Kingi commented that in 2001 DSS funding was split, with over 65 being funded by the DHB while those under 65 year were addressed by the Ministry, and MSD. MSD develops policy but have not funding to implement the policies. The link between the sectors is poor.</p> <p>Purpose of presentation is to gain POUs support for the application for 4 FTE's in the next financial year.</p> <p>The Chair thanked Ms Tania King and acknowledged the Roopu. The request around 4</p>	

	FTE's would be addressed via normal operation process.	
<p><b>9. Primary Health Care 3 Year Plan</b> <b>(attached)</b></p> <p>Mr Allan Moffitt &amp; Ms Tina McCafferty</p>	<p>The Chair invited Mr Allan Moffitt &amp; Ms Tina McCafferty to present his report.</p> <p>He thanked them for their presentation and asked for discussion.</p> <p>Mr Tahuna Minhinnick saw a need for better post GP follow-up as part of the GP program.</p> <p>Ms Tania Kingi really liked the sector reconfiguration diagram and agrees that the privacy barriers need to be eliminated. Commended the team on their disability consultation.</p> <p>Ms Tina McCafferty responded that this was a positive enhancement of the process.</p> <p>Ms Jillian Dooley asked if the privacy legislation is prohibiting information sharing.</p> <p>Ms Tina McCafferty responded that the issue is generated by "us" and our interpretation as health professionals</p> <p>Mr Tony Kake commented that a measure might be our engaging with the disability community.</p> <p>Mr Geraint Martin supported the need for PHO's to connect in the community, as not happening currently. Used the Manurewa example of 5 PHO's serving the same population with no communication between them. How do we connect patients, PHO's via the DHB through a community lens?</p> <p>Ms Tania Kingi asked if the current PHO environment was too competition focussed. Perhaps there should be an incentive around sharing information.</p> <p>Mr. Pat Snedden identified the need to reflect on the community narrative and its meaning. How to get people from a place of disempowered to a process where people feel inspired? The real challenge is to address the 15% of people who feel like this does not pertain to them.</p> <p>Mr Bernard Te Paa asked about the role of information technology giving the right information?</p> <p>Dr Alan Moffitt responded that IT is a key enabler but has some further work to reach the ideal.</p> <p>Ms Denise Ewe felt it was a very good plan but needed to continue to address Maaori under service.</p> <p>Mr Geraint Martin queried the possibility of running this plan in conjunction with the Tainui Health Plan?</p> <p>Mr Alan Moffit commented that it was possible.</p> <p>Mr. Taitimu Maipi queried whether the plan would go back to the community.</p> <p>Dr Alan Moffitt responded that the DHB will go back out to community following this process.</p>	

<p><b>10. Treaty of Waitangi Update</b></p>	<p>Mr Pat Snedden commented on his discussion with the Minister. Mr Taitimu Maipi tabled the document, <i>'How to stay Maaori as we go Global'</i> by Rikirangi Gage.</p> <p>Mr Tahuna Minhinnick felt that the Treaty references needs to be replaced with more actions.</p> <p>Mr Donny Rangiaho felt the previous minutes which reflected the widespread disappointment of committee members to the changes could be used to draft a letter to the Ministry.</p> <p>Mr. Taitimu Maipi reminded POU that the Treaty was not just about health. What ever decision is made we should never accept it.</p> <p>Ms Denise Ewe suggested that Mr Pat Snedden &amp; Mr Taitimu Maipi draft the letter to the Ministry. This would be a letter of advocacy for the maintenance of the current position of having Treaty references directly in contracts based on the high impact such articulation of Treaty issues had had for the provider community.</p>	<p><b>Action:</b> Mr Snedden and Mr Maipi draft letter to Ministry</p>
<p><b>11. Fit 4 Purpose</b> Mrs Sharon Shea</p>	<p>The Chair invited Mrs Sharon Shea to address POU.</p> <p>The operations team has been established by Esther Blomfield. They are responsible for delivering the outcomes of 'Fit for Purpose'(FFP). The steering group comprising of DHB, Tainui MAPO and provider reps have met twice so far. They have endorsed the project terms of reference as tabled. They will continue to oversee the project.</p> <p>5 of 7 providers approached have confirmed their participation and work has commenced to prepare them for the review process. The FFP development tool to have been drafted and presented to the providers. This will be confirmed by the Steering Group shortly.</p> <p>Provider input has been high with on-going involvement in the process. Providers have challenged the MPDS annual process and its fit with the project. We are currently negotiating with MoH greater certainty with the MPDS process.</p> <p>Mr Snedden confirmed the need to get positive movement with the Ministry on MPDS as we do not want to risk provider pull out</p> <p>Mr. Taitimu Maipi felt the need to assure providers of the intent to build on the previous good work of providers.</p> <p>Mr Tahuna Minhinnick commented on the audit nature of the programme and the need to include innovation in the development tool</p> <p>Ms Esther Blomfield commented that providers were mostly aware of project and very excited. Some asked what the level of DHB commitment to the project was and were encouraged by the level of POU involvement.</p> <p>Mr Donny Rangiaho affirmed the DHB move to</p>	

implement FFP, as providers have had to manage this themselves for a number of years. A few of the providers are involved in some stellar work, which needs to be supported. The timeframe were ambitious.

Ms Louisa Wall commented on the alignment of FFP to with industry standards compliance.

Mr. Pat Snedden commented that at an operational level the DHB staff needed to explore whether Fit for Purpose should align with accreditation proposals for some providers and asked for feedback on this if their was a difficulty.

Ms Tania Kingi is with provider whoisn't currently funded by the DHB but is going to undertake the Fit for Purpose process anyway.

Ms Sharon Shea advised that MPDS evaluation tender has been put out by MOH. It is important that Fit for Purpose is in alignment with this where appropriate. Recommends we put some strategic thinking into a submission.

Ms Sharon Shea advised that the Assessment team comprise of herself, Wayne Williams and 1 Clinical representative.

Ms Denise Ewe Make a Declaration of Conflict: As a Trustee of Huakina Development. This was noted by the committee.

Mr Tony Kake summarised 3 key Points:

1. Provider development vs Audit.
2. Opportunity for suggestions for provider development and DHB performance
3. The need for good Governance/  
Operational communication.

Mr Pat Snedden summarised the discussion with the following points:

Note 1 The appointment of the steering group was an important operational oversight of the process.

Note 2 Innovation as a fundamental under-pinner of capacity building should be a separate dimension to be added to the development framework.

Note 3 The emphasis of this process is on capacity development, not compliance audit.

Note 4 This discussion explicitly recognises the declared nature of the interested parties around the table, the majority of whom have got relationships with Kaupapa Maaori providers in the community. Thus it is important all implementation decisions on this project including who is approved and funded for the process are made at an operational level, at arms length from the governance structure represented by the POU committee.

Note 5 There needs to be a future discussion on alignment of FFP with future accreditation requirements of Maaori providers.

Note 6 In approving the orientation of the process

	<p>outlined In these papers POU recognises there will be future resource requirements necessary to support the partnership between DHB and Kaupapa Maaori providers to sustain provision of care.</p> <p>Resolution</p> <p>Move : Ms Jillian Dooley</p> <p>Second: Mr. Pat Snedden</p> <p>Carried:</p> <p>Ms Esther Blomfield queried the ability to bring other providers into FFP this year, as this would have resource implications.</p> <p>Mr Pat Snedden asked that if any further providers come into the process, then the issue about additional resource requirements to allow for this can be brought back to POU. The decision (or not) to expand the current number of providers stays with the operational team.</p>	
<p><b>12. GM Report</b> Mr Bernard Te Paa</p>	<p>The Chair invited Mr Bernard Te Paa to present his report.</p> <p>Report Taken as read:</p> <p>Ms Tania Kingi requested that Homai College and Kelston Deaf school be invited to the EXPO.</p> <p>Ms Denise Ewe queried the current Hearing and Vision testing process, as her moko has had inconsistent service from them recently with no specialist referral. Mr Bernard Te Paa responded that the process should be:</p> <ol style="list-style-type: none"> <li>a) Initial test</li> <li>b) Subsequent testing</li> <li>c) If within a certain range then referral to a specialist.</li> </ol> <p>Ms Denise Ewe commented that parents need to understand that that is the process.</p> <p>Mr Tony Kake reminded POU that next month will be 6 months since we launched our Whanau Ora Plan and the need to go back to the community. To be added to the agenda.</p> <p>Mr Pat Snedden advised that there will be significant discussion around Conflict of Interest at the next POU meeting.</p> <p>Report Received</p> <p>Moved: Mr Pat Snedden</p> <p>Second: Ms Denise Ewe</p> <p>Carried.</p>	
<p><b>13. Hauora Marae - Franklin</b> Ms Louisa Wall</p>	<p>The Chair invited Ms Louisa Wall to present.</p> <p>The Chair thanked Ms Louisa Wall and opened the floor for questions and discussion</p> <p>Mr Denise Ewe: Commented that this initiative was wonderful and acknowledged the late Noel Leader who spearheaded this work in Marae. It affords</p>	

