



Manawhenua ki Waitaha

**MKWCT Board Hui**  
**Tuesday 19 May 2020, 1036 to 1432**  
 Via Zoom

<b>Karakia Timatanga</b>	Nau mai, karakia timatanga by Michelle Turrall	
<b>Kai Te Hui</b>	Michelle Turrall Jaana Kahu Toriana Hunt Tumanako Stone-Howard Wendy Dallas – Katoa Ruth Chisholm	Tūāhuriri Trustee Kaikōura Trustee Taumutu Trustee Rāpaki Trustee Ōnuku Trustee Kaiawhina
<b>Tuku Aroha</b>	Ana Rolleston Ngairie Briggs	Wairewa Trustee Koukourārata Trustee
<b>Manuhiri</b>	Cara Meredith Hector Matthews  Matthew Rush	CDHB Equity Manager CDHB Executive Director Māori and Pacific Health Ngāi Tahu, Legal Team
<b>Rūnanga Round</b>	<p>Taumutu – whānau gathered. Mahi with lots of preterm births. New mahi, really enjoying it, pandemic has helped as slowed services down to comprehend. Neat staff.</p> <p>Kaikōura – township busy. Emphasis on Whale Watch – after November. Tourism thriving (approximately 400). Physical distancing challenging. New innovations creating mahi – how to attract domestic market. Nobody required kai parcels last couple of days. Zoom not effected when involved with violence community. New need – coming into winter period. No permits for kaimoana – likely poaching vs whanau needs. Low truancy since return to kura. Long term – how to work with whanau.</p> <p>Ōnuku – last week moving whare (archive MKWCT collected). No wifi so in another whare. Mahi with ESR – covid-19 antibody; ALT zui – secondary care covid-19 journey, Nga Hau E Wha covid-19 screened – PHO and NGO enrolled.</p>	

	<p>Rāpaki – mahi, whānau can visit now – pepi went home early and return underweight. New pepi arrives next week – fences up, take up their whole whānau, new way to keep tamariki connected.</p> <p>Kaiawhina – new norm, lovely to see tamariki return happily to kura, continues nightshift with 5month old mokopuna mahanga.</p> <p>Tūāhuriri – mokopuna home kura workable – familiar with education curriculum. MKWCT mahi constant – CDHB, MoH – equity highest priority, covid-19 testing – lack of equity (supported clinic, Nga Hau E Wha 62 attendees, set up with conjunction with He Wakatipu, Papatipu Runanga involved – logistic on Tūāhuhiriri Marae, 60 attended. Manaki20 – covid-19 response centred around Whānau Ora rather than Marae. Centred on whānau rather navigators.</p>
<p><b>In-Komiti</b></p>	<p>1.0 Kaitiaki Moni Verbal Report</p> <p>1.1 – 1.13</p> <p>1.14 <b>Motion</b> Moved adoption of the Financial Verbal Report dated 19 May 2020, and approval of Honorarium and invoice payments. Moved Taumutu / Kaikōura Carried</p>
<p><b>Manuhiri</b></p>	<p>2.0 At 1132 Cara Meredith arrived, introduction round. Health Equity Lead – energy best spent, seek MKWCT whakāro. Completing a masters degree at Canterbury University – Indigenous and Māori Leadership titled “Waitaha maternity Māori equity”:</p> <ol style="list-style-type: none"> <li>1. Location of new birth centre rather than Rolleston. Letter by MKWCT - Nicky Smithie, suggest to cc Norma Campbell, NZCOM, Cara Meredith <b>ACTION</b> Letter emailed by Kaiawhina</li> <li>2. Role – work with health pathways, effect Māori, Pasifika and youth. Highlight to general practices, contract only until December 2020, Pegasus and Canterbury Initiative innovation</li> <li>3. GP Lucinda Whiteley and Hector Matthews interviewed for this role</li> <li>4. Access journey pathway for whānau, general practice initiative, did not consult MKWCT</li> <li>5. MKWCT to assist Cara’s key priorities with maternity and chronic diseases</li> <li>6. MKWCT want to turn this all around, avoid diluted role focus on one focus <b>ACTION</b> MKWCT to talk to Hector to not create roles with people with limited resources that achieve more inequity</li> </ol>

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|  | <p>7. Cara surprised MKWCT not consulted. MKWCT concerned with setting up individual Māori regarding equity. Connect with Jane Huria, Jane Cartwright, Irihapeti Mahuika<br/><b>ACTION</b> Cara invited to June MKWCT Board Hui</p> <p>8. Health Pathways does not currently allow access to other professionals other than general practitioners, referral tool into secondary care<br/><b>ACTION</b> Jaana to agenda at Maui Collective</p> <p>9. Equity roles must involve MKWCT from design, interview, tautoko. Could be a role for Cara</p> <p>10. Hector arrives 1200, covid-19 – MoH rhetoric around equity (in 1918 death rates 8 times higher influenza epidemic, census 1916 data, most Māori lived in hapu whānau, 5 times infection rate) have to make sure this doesn't happen again. Not 5 times infection rates (5% Canterbury covid-19 were Māori, total population of which 10% in Canterbury are Māori). Māori haven't been effected by inequity. However redundancy, welfare benefits, unemployment, 11 deaths in Canterbury – all from Rosewood (expect 1 Māori death – not covid-19 related, unconfirmed, MoH suggest 3). Nationally raised attendants for tangihanga is from 10 to 50. Messages is universal – get your influenza vaccinations, wash hands, physical distancing, running campaigns, might achieve this as highest 20% at any time of the past in vaccinating, access to vaccination – there is a shortage, supply issue (world wide) eg Rangiora pharmacist happy to visit home while medical practice does not. High demand despite priority people eg hapu wāhine, kaumatua. Catch ups with child hood vaccinations, kura tamariki. Covid-19 Pasifika effected double to Maori (related to Rosewood)</p> <p>11. Rangiora Health Centre – Southpoint Health got contract (Dunedin, Southland, IPA Ashburton now Rangiora)<br/>MKWCT advise Cara to consider to focus on plans to build a birth facility in Rolleston. MKWCT through a letter written by Rāpaki Trustee, a letter of rejection given the closure of Burwood Birthing Unit on the East side. Cara's role is around health pathway with those most vulnerable wouldn't have access to health pathway. Hector's responded because there's little or no Māori pathways within the health pathway tool. This is a Pegasus initiative, Hector approached Pegasus to include more Māori, into an all existing system. MKWCT believe Māori equity is about working on relationships. MKWCT Tumuaki concerned Cara's role will achieve this and therefore not solve equity. Employing a Māori and who decided from Pegasus not to consult with MKWCT. Equity Manager is a key position – it is a \$1.4billion workforce issue however it is a part time project to achieve for doctors, any Māori equity decisions MKWCT to part of the design.</p> |
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	<p><b>ACTION</b> MKWCT Tumuaki and Hector to meet re Māori equity.</p> <p>12. Informed consent – MKWCT concerned with covid-19 screening with men not enrolled in general practice. Data collected from covid-19, if in meetings nobody is to discuss testing data other than what purpose it was collected for. It transpired two prominent CDHB employees were talking at a meeting discussing testing data and when challenged stated they only knew the patients through their NHI numbers. MKWCT believe no conversation should exist. Subject to data consent any CDHB employee are unable to share especially as Canterbury has a small population of Māori and Pasifika and too challenging as can identify who they are eg covid-19</p> <p>13. New hospital – commissioned last year, covid delayed further, blessing by Hector – in case of covid-19 eg name by Hagley Hospital  <b>ACTION</b> MKWCT Tumuaki and Hector to meet re Rangiora Health Hub</p> <p>14. At 1237 Matt Rush arrived, Trustee Acts 2019, initial key points – not new law, existing law, comes from old common law. If existing trust deed – most likely necessary to rewrite. What’s the point – empower beneficiaries. Sets regium eg beneficiaries to access information. Rūnanga, Charitable Trusts, MKWCT don’t have a group or defined specific beneficiaries. Community trust eg neighbourhood. Charitable purpose – doing objects of the trust. Good news for MKWCT – eg mailing list. Chops out a lot of mahi. Law is dealing with trustees running a trust not benefiting beneficiaries eg dairy farm, beneficiaries are mokopuna but helicopter purchased for touring farm</p> <p>15. Piece of law – co defy trustees, mandatory duties and default duties.</p> <p>16. Mandatory – there are 5 clauses: know what trust says, do what trust deed says, honest, benefit of beneficiaries, exercise powers</p> <p>17. Default duties – specific, exercise reasonable care, don’t exercise trust deed for own benefit, consider regularly powers trust – eg don’t do nothing, ie have meetings – decide to do things, avoid conflict of interest – managing them eg MKWCT meetings with two hats ie employed with organisation involved in MKWCT, Not profit from your position – trust, exclude default duties ie meeting fees paid, trust deed must be reimbursed. Act humanistly – where possibly to act humanist. (12.2) – “materially influenced...” eg 7 trustees, meeting fee, cannot participate fees modification, discuss when out of room for each trustee “...arms length”. Cannot pay yourself and at market rate. Conflict of Interest – often two hats as trustee (know the industry and trust knows them) around Ngāi Tahu trusts, all manages (clause 12.2 and 12.3 of MKWCT Trust</p>
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	<p>18. Deed) having conversations</p> <p>19. Administrative requirements – dail up trust deed (Diligent access). Age of majority is 18 rather than 20 years of age. New regium – trustees disappear or in act eg no retirement letter. Used to have to go to high court – do it yourself now.</p> <p>20. Trust law that imposes trustees differently – act competently and reasonably however if a lawyer or accountant on Board eg even if you are a lawyer or accountant or if you get it wrong you still aren't responsible</p> <p>21. If large gift of money – aside and not use immediately. New law, talk to investment advisor – go to financial advisor. Measure \$10,000 intentions – already budget, already allocated over 3-4 years, pays next round of bills. \$30,000 in term deposit – just over 2 years. Investment – subjective – current state of market, term deposit is the best option – likely an authorised financial advisor. Probably in the right place. If \$30,000 due costs then not prudent to repeat term deposit. If 90% option loss vs profit. Take account – what proportion of your overall money circle – if \$millions vs \$60,000 – analyse needs and percentage. If business of trust functioning whether \$30,000 or not – how it performs  <b>ACTION</b> Matt to consult lawyer colleague. Agenda item - \$30,000, miniti discussions and proper processes</p> <p>22. New requirements on lawyers – full script that trust deed says and if not, then can sue them</p> <p>23. <b>ACTION</b> Matt Rush to send an email – excising care as trustees</p> <p>24. Patai – Trust deed amendments - write to charities commission, Ngāi Tahu would do this for MKWCT, approved deed to charity register, upload to website. MKWCT beneficiaries is the 7 Papatipu Rūnanga. Not much changes then from there. It is whoever is attached to Papatipu Rūnanga eg by name</p> <p>25. TRoNT has a membership of over 65, 000 as registered Ngāi Tahu peoples, charitable trust written – anybody Ngāi Tahu identified</p> <p>26. Who would take a charitable trust to court</p>
<p><b>Previous Miniti</b></p>	<p>3.0 April Miniti to be deferred to May Board Hui.</p>
<p><b>General Business</b></p>	<p>4.0 Oranga Tamariki – Kaitiaki Moni to sign with Teputy Tumuaki. Agreement corrections:</p> <p><b>a)</b> seven not six rūnanga – contract boundaries</p> <p><b>b)</b> service area – Kaikōura (Hurunui), Akaroa (Christchurch – clarity, Banks peninsula) not local authorities</p> <p><b>c)</b> add into statement “seven rūnanga”. Kaikōura with Blenheim and MKWCT is with Canterbury</p>

	<p><b>d)</b> not clear of project description – yearly, modest grant/contribution, leave it loose, formalised relationship with seven Papatipu Rūnanga</p> <p><b>e)</b> goal with Oranga Tamariki and MKWCT is developing a relationship site eg care homes, co-design of all services, transition eg intensive intervention services ie rūnanga site, site comparisons, for tamariki in their care</p> <p><b>f)</b> do you want to know.....start asking for data. Connection with tamarki – Papatipu Rūnanga readiness. Keep whānau connected with whānau, hapu, iwi</p> <p><b>g)</b> builds – away from Te Puna Wai (Kingsley) but rather smaller remand homes in communities, manawhenua to run – on Māori land, 70% are Māori, purpose built homes</p> <p><b>h)</b> care and protection panels – Canterbury must have manawhenua representation and as paid positions</p> <p><b>i)</b> interviews to involve manawhenua, social workers, site workers</p> <p><b>j)</b> talk to Papatipu Rūnanga, MKWCT has \$60,000 to set up, consult with Papatipu Rūnanga, build the relationship and what it looks like. Set it up properly. Equal relationship</p> <p><b>k)</b> Ōnuku and Rāpaki already consulted two years ago. Met with Koukourāata. Kaikōura aware. Do it in stages, formalise relationship, working party - strategy hui with Papatipu Rūnanga (meeting fees)</p> <p><b>l)</b> Rāpaki Trustee abstain until determine who is the best representative (whether MKWCT health or rangatahi and tamariki portfolio holder)</p> <p><b>m)</b> Taumutu Trustee and Tumuaki to visit Taumutu Rūnanga together</p> <p><b>n)</b> Kaikōura - in principle agree to signing the contract, need due diligence, strategy – first organisational, second strategy – structural .</p> <p><b>o)</b> As MKWCT being the principal umbrella. Children interest at heart. Make up of MKWCT is a great group. Make sure we are aligned to what Oranga Tamariki is looking for. Either MOU or legislation – MKWCT should be the group to be doing this. Not necessary to restructure – trust deed states not necessary just for health. Purpose of mahi is somewhat different so long as MKWCT remains as the identity.</p> <p><b>p)</b> Governance – what would the regions look like. Consider Guy Royal, Mokowhiti or Kaitiaki Advisor Group TOR. MKWCT to consider additional different members eg Rāpaki, Papatipu Rūnanga already in place, MKWCT with Oranga Tamariki – kano ki te kano. Needs to be umbrella – the moni. MKWCT structure – right mix, trustees to certain degree, start a new structure with Oranga Tamariki specific, governed purpose of this Board, specialty person to do this up</p> <p><b>ACTION</b> TOR to be compiled by MKWCT Tumuaki and Teputy Tumuaki</p> <p><b>MOTION</b> Approval to Oranga Tamariki Agreement with changes of description, date of reporting, second signature with common seal to be added. Moved Kaikōura/Taumutu Carried</p> <p>5.0 Mailbox – MKWCT to re-purchase a mailbox. Moved Taumutu/Tūāhuriri. Carried</p>
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	<p>6.0 Next hui in a fortnight to kororero as a strategy structure meeting either via zoom or physical venue. <b>ACTION</b> Kaiawhina to arrange</p> <p>7.0 MKWCT Tumuaki rung to inform Ōnuku Trustee that as her time is up on the CPHAC DSAC and HAC groups the positions will be taken up by the MKWCT Tumuaki from May going forward. <b>ACTION</b> Kaiawhina to inform Sir John Hansen</p> <p>8.0 SI HOP SLA Māori appointment – Irihapeti Bullmore to be considered</p> <p>9.0 Engagement Chart – <b>ACTION</b> facility development group MKWCT representative is now Toriana Hunt</p>
<p><b>Karakia Mutunga</b> Closing Prayer</p>	<p>Trustees katoa at 1432.</p> <p>Next MWKCT Board Hui to be held in a fortnight starting when most MKWCT Trustees available either by zoom or physical venue</p> <p>AGENDA Oranga Tamariki strategy and structure CDHB draft aligned with Ngāi Tahu Te Rautaki Hauora Strategy MKWCT strategies to be compiled in draft <b>ACTION</b> Kaiawhina to compile</p> <p>Tumuaki Signature <u>                    <i>M. J. Curran</i>                    </u> Date <u>16 June 2020</u></p>

	<b>Action</b>	<b>By Who</b>	<b>By When</b>	<b>Completed/Update</b>
May 2.1	Letter to Maternity Work Planning Group	Kaiawhina	June	Completed
2.6	Korero with Hector re Māori equity for MKWCT to be informed	MKWCT	May	Completed
2.7	Cara Meredith invited to June Board Hui	Kaiawhina	June	Completed
2.8	Health Pathway mentioned at Maui Collective	Teputy Tumuaki	June	Update
2.11	Korerorero re Māori equity	Tumuaki/Hector	June	Update
2.13	Korerorero re Rangiora Health Hub	Tumuaki/Hector	June	Update
2.20	Matt Rush consult with legal team	Kaiawhina	June	Completed
2.22	Matt Rush to email korero summary	Kaiawhina	June	Completed
4.0p	TOR Governance re Oranga Tamariki	Tumuaki/Teputy	June	Completed
6.0	Fortnight Board Hui – zoom or venue	Kaiawhina	June	Completed
7.0	HAC & CPHAC representation	Kaiawhina	May	Completed
9.0	Update Engagement Chart	Kaiawhina	June	Completed
Agenda	Compile MKWCT strategies & policy manuel	Kaiawhina	June	Update
April 1.4	Māori Caucus - training for CCN representatives	Tumuaki/Kaiawhina	May	Update
1.10	Kaitiaki Moni to email Claim Form to MKWCT	Kaitiaki Moni	May	Update
1.13	Hui	Tumuaki/Kaitiaki Moni	May	Update
2.4	CDHB Annual Business Plan F/U with Greg Hamilton	Kaikōura	May	Update
3d	F/u Leanne Te Paru Pharmacist Turanga gout project	Tumuaki	May	Update
3f	Māori Health Plan - CCN Action Plan F/U with Jane Cartwright	Tumuaki	May	Update



3.1	Approach Rūnanga Chairperson and inform re appointed CDHB deputy role	MKWCT	May	Update
3.2	Hui between MKWCT and CDHB. Arrange appointment	Kaiawhina	May	Completed
3.3	Approach Rūnanga Chairperson re Oranga Tamariki	MKWCT	May	Update
3.5	Arrange zoom hui in a fortnight	Kaiawhina	May	Completed
<b>March 2.0</b>	Email Greg Hamilton's presentation to MKWCT	Kaikōura	May	Update
<b>3c</b>	Contact Tumuaki TKOP for data review	Tumuaki	May	Update
<b>3d</b>	MKWCT letter to PHO CEO's re alopurinol	Kaiawhina	May	Update
<b>3e</b>	Irihapeti Mahuika invited to Kaikoura	Kaikōura	May	Update
<b>3f</b>	Meet Jane Cartwright re Māori Health Action Plan	Tumuaki	May	Update
<b>3k</b>	Letter to Maternity Strategy Group re concerns with building birth facilitate in Rolleston and not on East side	Rāpaki	May	Completed
<b>Feb. 4.3</b>	F/U Sponsor Group	Tumuaki	March	Update
<b>Jan.</b>	CDHB Māori Action Plan/Strategy for Waitaha, collection of info, working party, Tumuaki to contribute opening statement or on hold	MKWCT		Update

<b>Conflict of Interest Register</b>	
<b>TRUSTEES</b>	
<b>Tūāhuriri Michelle Turrall (Tumuaki)</b>	Member, Alternate Representative TRONT Director, Christchurch PHO Member, Executive Committee Tūāhuriri; Child and Youth Workstream Member, Grievance Panelist Te Poutama Arahi Rangatahi Teputi Tumuaki, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB
<b>Kaikōura Jaana Kahu (Teputi Tumuaki)</b>	Member, Te Rūnanga o Kaikōura Member, Rural work stream CCN Member, Te Tai o Marokura Trustee Member, Te Rōpu Arahi (Gov. NZRGP Network) Member, Māori caucus CCN Member, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB
<b>Ōnuku Wendy Dallas-Katoa</b>	Member, CDHB – CPHAC Member, Rapaki MWWL Branch - Teputi Tumuaki Researcher/Evaluation, IHI Research – Social change and innovation Researcher/Kaumatua, Victoria University – Women’s Health Lecturer/OSCE Marker, Māori Indigenous Health Institute (MIHI) OUC Kaumatua, RANZCOG – He Hono Wahine (Māori O&G Group) Member, NZBA - Māori Advisory Group Tumuaki, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB Member, Ōnuku Rūnanga (health & Wellbeing Portfolio Manager) Member, Population Health and Access SLA- MKWCT Representative Member, Maui Collective - Māori/Pasifika NGO Provider Collective Co-Tumuaki, CCN Māori Caucus Representative Member, Te Kahui o Papaki ka Tai - Māori Primary Health Advisory Group, MKWCT Representative Member, Te Waipounamu Māori Cancer Advisory Group National Māori Governance Group – Health Care NZ/Geneva Healt
<b>Taumutu Toriana Hunt</b>	Member, Family Advisory Committee Staff Member, CDHB Member, New Zealand Children and Youth Clinical Network Member, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB
<b>Koukourāata Ngaire Briggs</b>	Member, Te Rūnanga o Koukourāata Member, Oral Health Service Development Group Member, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB
<b>Rāpaki</b>	Member, Co-Design of Maternity Staff Member, CDHB

<b>TumanakoStone-Howard</b>	Member, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB
<b>Wairewa Ana Rolleston</b>	Member, Christchurch Primary Health Organisation Member, CDHB Hospital Advisory Member, Manawhenua Ki Waitaha Wairewa representative Staff member, New Zealand Police Member, Manawhenua Ki Waitaha Charitable Trust – Iwi Relations Board to CDHB
<b>ALTERNATES</b>	
<b>Koukourārata Elizabeth Cunningham</b>	Member, Te Rūnanga o Koukourārata Manawhenua Alternate Member, Representative on TRONT for Koukourārata Member, Councillor Environment Canterbury Chair Rāpaki Branch M.W.W.L
<b>Rāpaki Christina Henderson</b>	Member, Alternate Representative TRONT Member, Te Hapū o Ngāti Wheke Member, Alternate Representative Manawhenua Ki Waitaha Charitable Trust
<b>Wairewa Maire Kipa</b>	Member, Alternate Representative Manawhenua Ki Waitaha Charitable Trust
<b>Ōnuku Ngaio Tuari</b>	Member, Alternate Manawhenua Ki Waitaha Charitable Trust

