



Whanganui



Ngā Rauru



Ngāti Hauiti



Ngā Wairiki - Ngāti Apa



Mōkai Pātea



Ngāti Rangī



MANATU WHAKAAETANGA MEMORANDUM OF UNDERSTANDING

Between

Hauora A Iwi

and

Whanganui District Health Board

2017 - 2020



Mihi

E ngā tini, e ngā mana, e ngā reo
E ngā pae whanaunga
Kua whakaruruhautia e Te Kahui Maunga
Tae noa atu ki Tangaroa

“Kua whakapuputia te kakaho kia kore e whati.”

Tuia i runga
Tuia i raro
Tuia i roto
Tuia i waho
Tui, tui, tuia
Kia pai ai Tama-a-roto
Kia pai ai Hine-a-waho
Iwi tu, iwi ora
Iwi noho, iwi mate

*To the many, of great standing and dignity, whose language of identity
And close relationship
Who are protectively sheltered?
From the mountains to the sea
Listen closely to the proverbial message of strong participation*

“Bind the reeds tight so that they shall not break.”

*Furthermore, bring together those throughout the district
So that the wellbeing of every person is addressed
For people who stand with purpose grow in wellbeing.
People who sit and languish may wither and die.*

BEHOLD THE BREATH OF LIFE!

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Manatu Whakaaetanga

Memorandum of Understanding

Between

Iwi as represented by Hauora A Iwi
and the
Whanganui District Health Board

Introduction

The Whanganui District Health Board and Hauora A Iwi (“the boards”) formalise this Manatu Whakaaetanga, Memorandum of Understanding on the basis of improving equity in health outcomes for Māori people residing in the Whanganui District Health Board’s region.

1.0 Parties

The parties to this agreement are:

Hauora A Iwi: are *representatives of the Iwi* (tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board region) and their organisations who represent *Tangata Whenua* (members of tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board region) who are committed to upholding their responsibilities to manaaki (care and support) and tiaki (protect) all people who reside within their tribal areas that are concurrent with the area of the Whanganui District Health Board.

The Iwi are Whanganui; Ngā Rauru Kītahi; Ngā Wairiki Ngāti Apa; Mōkai Pātea; Ngāti Hauiti and Ngāti Rangi.

The primary aim of Hauora A Iwi is to contribute to the advancement of Māori Health strategically to ensure proper access and delivery of health services to Māori.

Whanganui District Health Board: is a statutory organisation established under the New Zealand Public Health and Disability Act 2000 and owned by the Crown. The objectives and functions of the Board are outlined in Sections 22 and 23 of the New Zealand Public Health and Disability Act 2000. The principles of the Treaty of Waitangi are recognised and respected as described in part 3 and 4 of the Act and in the New Zealand Health Strategy 2016, enclosed in schedule one.

Board members are community elected or ministerial appointments. The chair is appointed by the Minister and may be elected or an appointed member.

Whanganui District Health Board (WDHB) is the body appointed by Government to fund, purchase, plan and provide health and disability services within its region in accordance with devolved funding and the national coverage schedule.

2.0 Purpose

- 2.1 The purpose of this memorandum is to describe how “the boards” shall work in partnership to improve equity in health outcomes for Māori people, residing in the Whanganui District Health Board area.

3.0 Guiding principles

- 3.1 “The boards” agree that this relationship shall be built on good faith, honesty and integrity, open communication, shall be maintained in a spirit of friendship and co-operation and is recognised as a mature and growing relationship on the basis of mutual respect and experience.
- 3.2 “The boards” share these fundamental and guiding principles of:
- A common interest and commitment to improving equity and advancing Māori Health.
 - Building on understandings and gains already made in improving Māori Health.
 - Acknowledge the impact of health determinants and the importance of across sector collaboration and participation.
 - Taking responsibility for where we can influence and effect change.
 - Recognising our various roles and accountabilities the boards will work collaboratively across the sector as a whole.
 - Recognises the limitations and expectations of both boards.
 - That the values, beliefs, practices of both organisations be considered and respected when taking into account any legal obligations of a Crown Agency, Public Sector Organisation or Iwi entity.

4.0 Aim and Goals

Both parties agree that the following aim and goals expands the purpose of this memorandum.

4.1 Aim

Building a relationship that enables an effective partnership that takes us **beyond** our legislative requirements to achieve the goals.

4.2 Goals

One: Giving effect to Whānau Ora – the right service, at the right time, in the right place, in the right way.

Two: Achieving health equity for Māori - monitoring performance through reporting.

Three: Improving capacity and enhancing capability – systems, delivery options and workforce.

5.0 Commitments

5.1 The following commitments will give effect to the memorandum.

- That the respective Iwi of this agreement have signalled their commitment to a relationship with the Whanganui District Health Board and have chosen those named in this agreement as their legitimate representatives of tangata whenua (*Members of tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board Region*) within the region covered by the Whanganui District Health Board.
- That Hauora A Iwi is involved in all governance decision-making processes that impact on Māori health.
- Jointly monitoring improvement in equity in health outcomes for Māori. Where little or no progress is made consider the reinvestment of resources to focus on service improvement initiatives to achieve equity for Māori.
- “The boards” agree that the New Zealand Māori Health Strategy He Korowai Oranga 2014 will be adopted by the WDHB to provide strategic direction and guidance for Māori health improvement.
- That WDHB Board policy will direct and monitor the intent of He Korowai Oranga 2014.
- That WDHB Māhere Tau Annual Plan shall demonstrate the strategic intent of He Korowai Oranga 2014, aim and goals of the memorandum and the priorities described in the boards work plans, clause 6.0 of this agreement.
- That WDHB will provide statistical information and report on achievement against the WDHB Māhere Tau Annual Plan and He Korowai Oranga 2014 to monitor Māori health gain as described in clause 7.0 of this agreement.

5.2 Commitments achieved through:

- Meetings between the chair and other members of Hauora A Iwi with the district health board chair, deputy chair, and chief executive as appropriate to mutually exchange strategic ideas and any other matters as agreed between the parties.
- “The boards” Work Plans will be developed annually.
- Quarterly combined board hui between “the boards” to confer on strategic matters and discuss progress on Māori health outcome targets and achieving equity. This hui shall require four (4) members from each board in attendance.
- Attendance at the combined board meetings will be acknowledged and recorded in the Whanganui District Health Board Annual Report.
- Two Hauora A Iwi representatives appointed onto the Whanganui District Health Board's Combined Statutory Advisory Committee.
- That Hauora A Iwi provides feedback and information on matters that may impact on the health of Māori within the Whanganui rohe.
- Whanganui District Health Board's chief executive and the executive management team be afforded the opportunity to meet Hauora A Iwi as appropriate through its meeting schedule/cycle to update and review on key material issues in respect to health initiatives, annual and strategic planning.

- The director Māori Health, Whanganui District Health Board provides the ongoing interface between Hauora A Iwi and the Whanganui District Health Board.
- Hauora A Iwi participating with Te Whiti Ki Te Uru (The Central Region Māori Relationship Boards) and Hauora A Iwi chair participating with Central Region DHB chairs and chief executives for the purposes of regional planning and priorities for Māori health outcomes.
- Hauora A Iwi participating with Manawhenua Hauora (the Iwi relationship board for the MidCentral District Health Board) for the purpose of sub-regional planning and priorities for Māori health outcomes.
- Hauora A Iwi Chair participating with centralAlliance working group six-monthly to provide input into the centralAlliance work programme.
- Hauora A Iwi member to participate in process and panel for recruitment of WDHB's chief executive.
- Hauora A Iwi to contribute to the WDHB chief executive's performance appraisal process.
- Director Māori health to participate in the recruitment panel for all executive and senior management positions.

6.0 Work plans

- 6.1 "The boards" work plans shall be agreed in line with the DHB annual planning cycle, for implementation 1 July each year.

The purpose of the work plans is to identify a minimum of three priority areas/initiatives that the Boards will work on over the following 12 months.

Progress on the work plans will be reported to the combined boards' hui.

7.0 Reporting

- 7.1 The WDHB Board will:

- Send Combined Statutory Advisory Committee and board agendas to the Hauora A Iwi administrator on the Friday prior to the meeting date.
- Present to "the boards" every six months, or as and when required, progress reports against WDHB Māhere Tau Annual Plan and He Korowai Oranga work programme.

- 7.2 Hauora A Iwi will produce an annual report, to be included in the Whanganui District Health Board Annual Report.

8.0 Funding to Support Hauora A Iwi

- 8.1 The WDHB Board agrees to fund the activities of Hauora A Iwi, within available funding resources, as described in schedule three of this agreement.

- 8.2 The WDHB Board will establish a contract with the administration support provider nominated by Hauora A Iwi, which clearly states the required administration functions and activities, agreed between Hauora A Iwi and the provider in line with the terms of this memorandum.

9.0 Inclusion of additional parties or change in representation

- 9.1 The “the boards” accept that other Iwi may wish to be included in this memorandum through Hauora A Iwi.
- 9.2 Hauora A Iwi will notify the WDHB Board within one month following the inclusion of additional parties or changes to named Iwi representative.

10.0 Review of Manatu Whakaaetanga, Memorandum of Understanding

- 10.1 That the memorandum shall be reviewed at least every three years, within six months of the appointment of the incoming district health board. The review is to ensure that the new board has the opportunity to affirm its commitment to this agreement and relationship with Hauora A Iwi.
- 10.2 The parties to this memorandum can agree to review this agreement more frequently as required.
- 10.3 The parties to this memorandum shall be free to withdraw from it upon giving three months’ notice to the other parties.

11.0 Compliance

- 11.1 That no party to this agreement shall take action or participate in any **health** strategy or policy activity that may adversely affect this agreement and associated documents, without prior discussion or consultation between parties.
- 11.2 That the execution of this memorandum recognises Hauora A Iwi, subject to any restraints imposed on the Whanganui District Health Board, full participation and decision-making with the Board at the strategic level on all matters pertaining to the impact of health and disability services of Māori.
- 11.3 While this memorandum of understanding is based on a commitment to uphold the principles of the Treaty of Waitangi and in doing so shall not contradict the objectives of District Health Boards as defined in Clause 22, 23 and 26 of the New Zealand Public Health and Disability Act 2000. Hauora A Iwi shall be guided by the principles and values contained in its strategic intent.

12.0 Confidentiality

- 12.1 Hauora A Iwi will have access to information and material that is confidential to Whanganui District Health Board and its associates, agents, customers and clients. Such confidential information is not to be disclosed to or discussed with other people, either inside or outside Hauora A Iwi or Whanganui District Health Board. Any personal information or any information concerning the condition or medical history of any client who is receiving, or has received, services provided by Whanganui District Health Board, may not be disclosed without the additional prior consent of the client or the client’s representatives. Such is the importance of confidentiality of information that any breach of confidentiality may provide grounds for immediate termination of this memorandum and legal action taken.
- 12.2 Hauora A Iwi will, on termination of the memorandum, collectively return to Whanganui District Health Board forthwith any books, records, papers or other properties in his/her possession or on their premises belonging to Whanganui District Health Board.

- 12.3 Any member representative of Hauora A Iwi as he/she vacates their seat on Hauora A Iwi will return to Whanganui District Health Board, through Hauora A Iwi, forthwith any books, records, papers or other properties in his/her possession belonging to Whanganui District Health Board.
- 12.4 Survival - following expiry or termination of this agreement, clauses 12.0 (Confidentiality) and together with other provisions that are by their nature intended to survive, will remain in effect.

Signed this date 23 February 2018

Signatories of Whanganui District Health Board Members



WDHB Chair

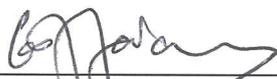


Chair, Hauora A Iwi

Signatories of Hauora A Iwi Representatives



Whanganui Iwi

Ngā Wairiki Ngāti Apa

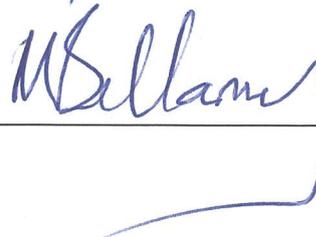



Ngāti Hauiti

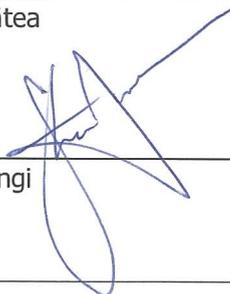
Ngā Rauru Kītahi




Mōkai Pātea



Ngāti Rangī



Schedule One

Treaty of Waitangi

As a Government agency, the Whanganui District Health Board operates under the NZ Public Health and Disability Act 2000. Section 4 of the Act says:

"Treaty of Waitangi: in order to recognise and respect the principles of the Treaty of Waitangi and with a view to improving health outcomes for Māori, part 3 (of the Act) provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services".

The New Zealand Health Strategy 2016 acknowledges the special relationship between Māori and the Crown under the Treaty of Waitangi.

"This strategy pursues equitable outcomes for all New Zealanders. It reinforces the provisions in the New Zealand Public Health and Disability Act 2000 to recognise and respect the principles of the Treaty of Waitangi with more support to participate in the sector and in making decisions on services. Given the poorer health experienced by Māori, the Strategy also stresses that services must be provided more effectively for Māori."

To date, the relationship between Māori and the Crown in the health and disability sector has been based on three key principles:

- Participation at all levels
- Partnership in service delivery
- Protection and improvement of Māori health status.

The "relationship between Māori and the Crown" of the Treaty was more precisely a relationship between the Crown and the corresponding authority structures of the Māori world. There were and are tribal structures of the hapu and the Iwi.

For this reason the Whanganui District Health Board says that the New Zealand Māori Health Strategy He Korowai Oranga 2014 revolves around the relationship between Iwi communities of the district health board region". At governance level, the partnership is with Hauora A Iwi.

Schedule Two

Named representatives of the Iwi of this agreement

This is a schedule of the named representatives of the Iwi of this agreement referred to in clause 1.0 of this agreement.

Whanganui Iwi	Keria Ponga Sharlene Tapa-Mosen
Ngā Rauru Kīhahi	Hayden Potaka Mary Bennett
Ngā Wairiki Ngāti Apa	James Allen Grace Tairaoa
Mōkai Pātea	Barbara Ball Maraea Bellamy
Ngāti Hauiti	Maria Potaka
Ngāti Rangī	Cassandra Reid

Schedule Three

Funding to Support Hauora A Iwi

The remuneration and funding to support Hauora A Iwi in line with clause 8.0 of this memorandum will be agreed between Hauora A Iwi and the Whanganui District Health Board.

The purpose of the funding is to cover attendance fees, general administration and secretariat, meeting costs and any other costs such as reports and plans agreed between the boards.

Any surplus funding will be carried forward to the following year to be used as agreed by the Boards.

The boards may agree additional funding by exception.

Funding will be reviewed each financial year, facilitated by the WDHB chief executive between the chairs of Whanganui DHB and Hauora A Iwi.

Appendix 1

Glossary

“The Boards” means Whanganui District Health Board and Hauora A Iwi.

The Iwi means the tribes of: Whanganui Iwi, Ngā Rauru Kītahi, Ngā Wairiki Ngāti Apa, Ngāti Hauiti, Mōkai Pātea and Ngāti Rangi and other Iwi not listed in clause 1.0, but hold mana whenua status (*Tribal entities whose area of influence and obligations falls within or partly within the Whanganui District Health Board Region*) in the Whanganui District Health Board region who may wish to join Hauora A Iwi.

The Treaty of Waitangi means as referred to in the NZ Public Health and Disability Act 2000, Section 4 referred to in Schedule One.

Combined Statutory Committees means one committee including the Community and Public Health Advisory Committee, the Hospital Advisory Committee and the Disability Support Advisory Committee of the Whanganui District Health Board, as defined in the New Zealand Public Health and Disability Act 2000.

The Act means the New Zealand Public Health and Disability Act 2000.

The Act provides for the mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services, (Section 4).

These mechanisms include:

- A function of establishing and maintaining processes to enable Māori to participate in strategies for Māori health improvement, (Section 23);
- A function of fostering the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori, (Section 23); and
- Providing for Māori representation on the statutory committees required by the Act, (Sections 34-36).