

**NOTES OF THE HUI-A-IWI  
HELD 2<sup>nd</sup> August 2011 AT 10am – 12.10PM  
AT THE NGATI RUANUI TAHUA BUILDING**

Sandra Boardman (TDHB GM Planning, Funding & Population Health), Jackie Broughton (TDHB Project Manager), Ngawai Henare (Chief Advisor Maori Health), Vicki Kershaw (Portfolio Manager Primary Health & Pharmacy) Fran Davey (TDHB Administration Assistant) chaired by Martin Davis (Ngati Ruanui Tahua).

A whakatau welcoming TDHB and other stakeholders was held.

Sandra Boardman started by stating that the Hawera Hospital is not closing. She then presented a Powerpoint which gave an overview of where the information for the draft proposal had come from, who was involved in the process and what the main points of the draft proposal were.

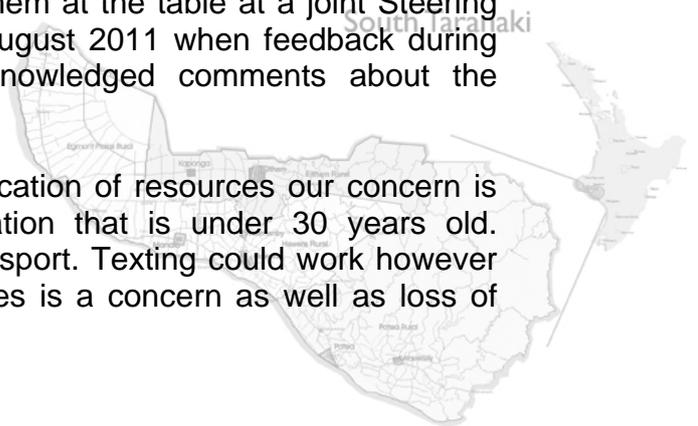
She highlighted why Whanau ora was in the diagram on the presentation and the proposal noting that this referred to the integration of health and services around whanau following a whanau ora assessment and stated that the TDHB Planning & Funding team had been working closely with National Hauora Maori Coalition and Ngati Ruanui Health Centre since 2010. She also spoke about the same team working closely with Midland Health network on their plans to develop a Integrated Family Health Centre with South Care Medical Centre.

After the presentation the group were provided an opportunity to ask questions below is some of the questions and answers captured from the afternoon;

**Q.** There were concerns about Iwi not being involved in the process and requests that the correct Ngati Ruanui representative be included in discussions going forward. There were also concerns about whanau going to Base Hospital and losing support of their families while they are there.

**A.** The need for involvement with correct Ngati Ruanui representatives has been noted and it will be critical to have them at the table at a joint Steering Group and TDHB board meeting on 29 August 2011 when feedback during the consultation will be discussed. Acknowledged comments about the importance of family support.

**Q.** While we appreciate the positive reallocation of resources our concern is for the 70% of the Southern Iwi population that is under 30 years old. Communication is an issue as well as transport. Texting could work however having these younger people in rest homes is a concern as well as loss of



beds and afterhours Doctors. Kaumatua require help from kaiawhina. Service at present work well and Ngati Ruanui works well for me.

**A.** We acknowledge rest homes may not be ideal for Maori. The best model would be to have them in their own home. Transport has been identified as a big issue and we will link with others that fund transport eg. WITT, TRC, STDC, etc...to see if we can work smarter and maybe pool resources. An assumption in the proposal is vital the TDHB will increase the Kaiawhina service.

**Comment.** Two issues

- amalgamation of Maori Providers, Nga Ruahine Iwi have not been sufficiently involved. Good that we have strong links with Nga Rauru, Ngati Ruanui but we need more professionals for the Kaiawhina to refer to.
- Poverty with our people, what we see is that they can't afford to go to the doctor and then purchase medicines. Cellphone coverage in Manaia and other Southern areas is not appropriate. Good to see there are some subsidies and the buses to take them to base.

**Q.** Where will whanau stay if going to base? And people don't like resthomes and won't go.

**A.** Acknowledge concerns, please let us know if you have any ideas. Nga Ruahine is an important player in Health in South Taranaki now and will be in the future.

**Q.** Are we looking at Whanau ora to prop up this proposal?

**A.** Whanau ora will be essential in this whole proposal going forward this will strengthen and support whanau, hapu and Iwi services.

**Q.** We have Fonterra & Kupe here, thinking 50 years on why can't we have the specialists here also people are hitch hiking to see Doctors as they have no transport.

**A.** Specialists are not based in Hawera as they need access to resources at Base hospital such as intensive care, operating theatres and complex diagnostics'. We will utilise technology so that people can see a specialist via video conferencing. Specialist will also continue to undertake outpatient appointments in South Taranaki.

**Q.** Is this like skype? Does this mean we won't need Hawera hospital?

**A.** No it is like they are sitting on the other side of the desk, it is a big video screen that could provide local access to for example Starship in Auckland or

Waikato as well as Base Hospital. Patients would be supported by a nurse with them at Hawera Hospital.

**Comment.** Shared information could be dangerous. I hope there will be cuts in the North too. Ngapari needs to be on the Steering Group not Te Whare Punanga Korero representatives as John represents Nga Ruahine Iwi. We oppose cuts.

**Q.** Is this an Iwi hui or is this a last gasp effort? I came to hear how we could help you or how you could help us. Whanau ora encompasses everyone, however with Iwi dynamics we as Ngati Ruanui can not go into Nga Ruahine or Nga Rauru for example and tell them what to do.

**A.** This hui can be whatever you want it to be we were asked to present what we have delivered to other public hui and this is what Sandra has done. TDHB acknowledges that Whanau ora is much bigger and broader than just health however it has a very large part in this project.

**Q.** Concerns that issues are still here from 30 years ago. There needs to be more communication between Taranaki District Health Board & Whanganui District Health Board, has anything been talked about moving the borders? As services get cut are there opportunities to provide the community with training especially those that live in the outlying areas?

**A.** Taranaki District Health Board & Whanganui District Health Board, have communication allowing patients to go to the facility that is most convenient to them. From comments raised by the community it appears that the Waverley community is falling through the cracks. We will have more discussions around this area. A trained first responder in the community makes perfect sense thank you for putting forward this suggestion.

**Q.** We need representation from those that aren't funded by TDHB otherwise people may not say what they really want to with their funder at the table. We may have missed the opportunity for a public private partnership when we go back to get good representation ensure you scoop up the people that can truly help. The approach of a one stop shop will only work if we have strong leadership. We need to protect every job in the sector Maori need to keep whatever we have.

**A.** Acknowledge the need to do better going forward. We didn't change the presentation as Iwi had the right to comment on the proposal and see the same as others had received. Will move forward as suggested.

**Q.** As RLG we look forward to better communication. As me, we don't want any cuts, Minister said redo. We need a place at the table when decisions are made. Inequalities exist, we need to address these to ensure Maori live longer. More Kaiawhina involvement excites me. We need to increase the Maori workforce and educate and train non- Maori to be

more responsive. Decisions made on the Rapid health profile is not good as some data around Maori is missing and better data is required. The timing of this proposal is not good as the RFP and whanau ora are all rolling out at the same time.

**A. Points noted**

**Comment.** Waverley does need extra support. Concern around using whanau ora to prop up this proposal. Digital health service is not Maori friendly.

**Comment.** Digital health service won't work here as Maori may only tell you one thing and then you find out so much more when they are sitting in front of you. Waverley need a doctor. Elderly will move to be closer to better health services. People need face to face service.

**Comment.** If there is a gap in services for Waverley give the funds to Nga Rauru. This person shared an example of services not working well and then again stated Nga Rauru may be able to help.

Mary Bourke (TDHB Chair) Acknowledged all of the board members in attendance; Ella Burrows, Alex Ballantyne, Alison Rumble, Colleen Tuuta and said the board has been listening, that they are in a process and that there have been some challenges and thanked those in attendance.

Colleen Tuuta (TDHB Board member) Thanked those present for providing areas for opportunity and acknowledged that things could be done better but that TDHB are leading the change.

Karakia concluded hui at 12.10 pm.