Notes from the CONVID -19 hui held on 17 March 2020

in the Te Whakakitenga debating chamber at Hopuhopu.

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1. 5:30 pm: Mihi mihi / karakia by Tom Moana
	1. The meeting adjourned for afternoon tea.
2. 6:00 pm: The meeting resumed.
3. Housekeeping update by Jason Ake.
4. Observed whakawhanaungatanga, with everyone introducing himself or herself.
5. Mihi by Parekawhia McLean (Te Whakakitenga Chairperson) who then handed over to Terina Moke (Raukura Hauora CEO).
6. **Terina Moke (Raukura Hauora o Tainui, CEO)**
* As Maaori health providers, we will be at the front line.
* Thank you to Waikato for their support. Acknowledged the other iwi who are present – Raukawa, Hauraki, Maniapoto.
* Referred to the proposed CIMS structure and terms of reference.
1. **Te Pora Thompson-Evans (Waikato DHB, Iwi Maori Council, Chairman)**
* Presented a paper laying out the CIMs structure in place at the Waikato DHB.
* Referred to the kaupapa Maori CIMs ‘plug in’.
* Referred to how the Iwi group plugs in to the main CIMs structure.
1. **Kevin Snee (Waikato DHB, CEO)**
* CIMs structure developed in response to CONVID-19 is evolving.
* There is a long road ahead of us.
* It will be with us for a while.
1. **Rukumoana Schaafhausen (Te Arataura [Waikato], Chairman)**
* Want a work stream within the existing that considers iwi Maaori.
* Waikato Tainui are offering to be a key link for the funding stream that has been announced by the Government today.
1. **John Whaanga (Ministry of Health, Deputy Director-General Maaori Health)**
* Would have like to have greeted everyone in a more appropriate Maori way.
* When crisis sets in it is our people who suffer.
* MOH is focusing on public health messaging.
* Focusing on keeping the illness at the border.
* Over 100 people from other agencies are involved in the national response to CONVID-19.
* (Aside) His cousin had suggested going bush for a few months; John suggested that they go bush for a year because the virus will be around for a while.
* Need to give our people confidence that something is happening.
* We are the masters of manaaki tangata.
* There is one single source of truth and that is the Ministry of Health website, which provides goo practical advice on what to do.
* We do have solutions.
	+ Good messaging
	+ Advice on simple things to do should things change.
* What do we need to do to protect our whanau?
1. **Terina Moke (Raukura Hauora o Tainui, CEO)**
* Simple examples of how simple messaging assumes a ‘one size fits all’ approach.
	+ Washing hands for 20 seconds.
	+ Assumes that everyone is on town supply of water, but is not good if you are on tank water.
* Structure
	+ Around a co-ordinated approach.
	+ We need a common framework that is scalable and able to react in a timely manner.
* Scope
	+ In scope - Everything in Hauora Maori.
	+ Out of scope – anything outside of Hauora Maori.
* Our purpose is to protect and preserve life.
* Terms of reference has been developed with the intent that whanau receive support in a timely manner.
* Need funding; resources; personnel.
* Asked, how do we transition to recovery?
* CIMs team can be set up within two weeks.
* Have offered Raukura Hauora’s boardroom at the Base as the CIMs headquarters.
* Three important groups
	+ Tainui Waka leadership
		- Advocate
		- Advice
		- Cultural leadership / advice
		- Need to keep safe.
* Tainui Waka clinical advisors: Te Amo Ora
	+ Korowai across the response.
	+ Decisions will be based on science and evidence.
	+ Acknowledged the doctors who whakapapa to Tainui Waka.
* Communications.
	+ Jason Ake??
	+ Need credible communication going out to our people.
* Liaise
	+ Liaise; to provide advice out.
* Marae
	+ Need representation
	+ Development of marae toolkits
* Whanau ora provides the glue.
* Primary Health providers
	+ Front line service
	+ Can be stressful.
* Maori public health messages need to be strong.
* Risk, Health and Safety
	+ We need to look after our staff
		- Resources
		- Information
* Need good intelligence and data
* Planning
	+ Need to co-ordinate so we are not tripping over each other.
* ASKED:
	+ Should we have a response?
	+ Should we have a CIM?
	+ Who is up for it?
* What changes?
1. **Hori Awa (Waahi Whaanui, CEO)**
* Acknowledged that a response has been prepared.
* Want to be able to continue to live a normal life.
* Need a holistic approach.
* When things go wrong, domestic violence goes through the roof.
1. **Glenda Raumati (Ngamiro Health Trust, General Manager)**
* Congratulations for calling this hui.
* Turangawaewae Marae grew out of a pandemic.
* Have been checking the MOH page regularly to ensure we are up to date with the information.
* Perhaps we need a structure that the people want.
* Need people who are alert to how our communities work.
* How do we ensure that whanau in non-Maori GP practices are being taken care of?
1. **Timi Maipi (Raukura Hauora o Tainui, Kaihautu)**
* Want tribe to step up and look after their elderly.
* People whom are in leadership roles need to step up and look after the iwi.
1. **Rukumoana Schaafhausen**
* In response to Timi Maipi’s comments
	+ The tribe will step up.
	+ The tribe will provide a hand up.
	+ Focus will be on kaumatua.
* Response to the structure
	+ Agree.
	+ We need something that is agile and can move at pace.
* Iwi governance does not move at pace.
* Resourcing the proposed CIMs structure
	+ Do not want money going into a bureaucracy.
* Entities have databases.
1. **Parekawhia McLean (Te Whakakitenga, Chairman and Counties Manukau DHB, Director of Strategy and Infrastructure)**
* Support the kaupapa
* Mana motuhake should be our starting point.
1. **Hori Awa**
* We have supported the initiative to do something.
1. **Parekawhia McLean**
* Have a responsibility for providing advice to our marae whanau.
1. **Linda Elgar from Te Kohao Health (Te Kohao Health, Clinic Practice Manager)**
* Have confidence in Tainui Waka doing something good that comes from working together.
* Taking stock of staff and kaumatua.
* Would appreciate it if WINZ could reduce the pressure on whanau to:
	+ Come into the clinic every three months to have benefit signed off.
	+ Could this be extended to six months?
* Would appreciate it if ACC could reduce the pressure on whanau to:
	+ Come into the clinic each month to have their forms signed.
	+ Could a more extended time frame be introduced?
* The time that doctors spend filling out forms to meet the requirements of government departments is time away from patients with a genuine illness.
* Mainstream GP practices also need to look after their Maori patients.
* DHB has good communications.
	+ We need to make sure that our communications matches that from the DHB.
* National Welfare Co-ordination Group (???)
1. **Noleen Apiata (Waahi Whaanui, Manager)**
* Home visits
* Need to make sure that the information we have for our people is correct and up to date, eg phone numbers and email addresses.
* Modems
* Have sources a modem that provide 30GB per month at $5 per month.
* Kai
* Advocacy for WINZ to be able to get kai to families, including food parcels to supplement their existing food sources.
1. **Te Aira Berryman (Waahi Whaanui, HR Manager)**
* Need to instil confidence in our workers so they can work safely. Our workers need to be able to go home to their families.
* Temperature tests.
* Children being kept home from school.
* Want information (??) the tribe.
1. **Justeena Leaf from Two Maori Nurses (Two Maori Nurses, Nurse)**
* How do we get/send our messages out?
* How has the databases?
* So employers are requesting that their staff gets special clearance from the doctor.
* Need more time slots so people can get the clearance?
1. **Hori Awa**
* Translation
1. **Parekawhia**
* See the rohe of Tainui Waka.
1. **Kevin Snee**
* Acknowledge that iwi; DHB; PHO; GP practices that work well together.
1. **Terina Moke**
* Thanked everyone for coming to the meeting and contributing.
* Agree that Tainui Waka will work together.
* Raukura Hauora o Tainui will move. We will move together.
* Closing comments and karakia were offered by Tom Moana.
* Meeting closed at approximately 7 pm.