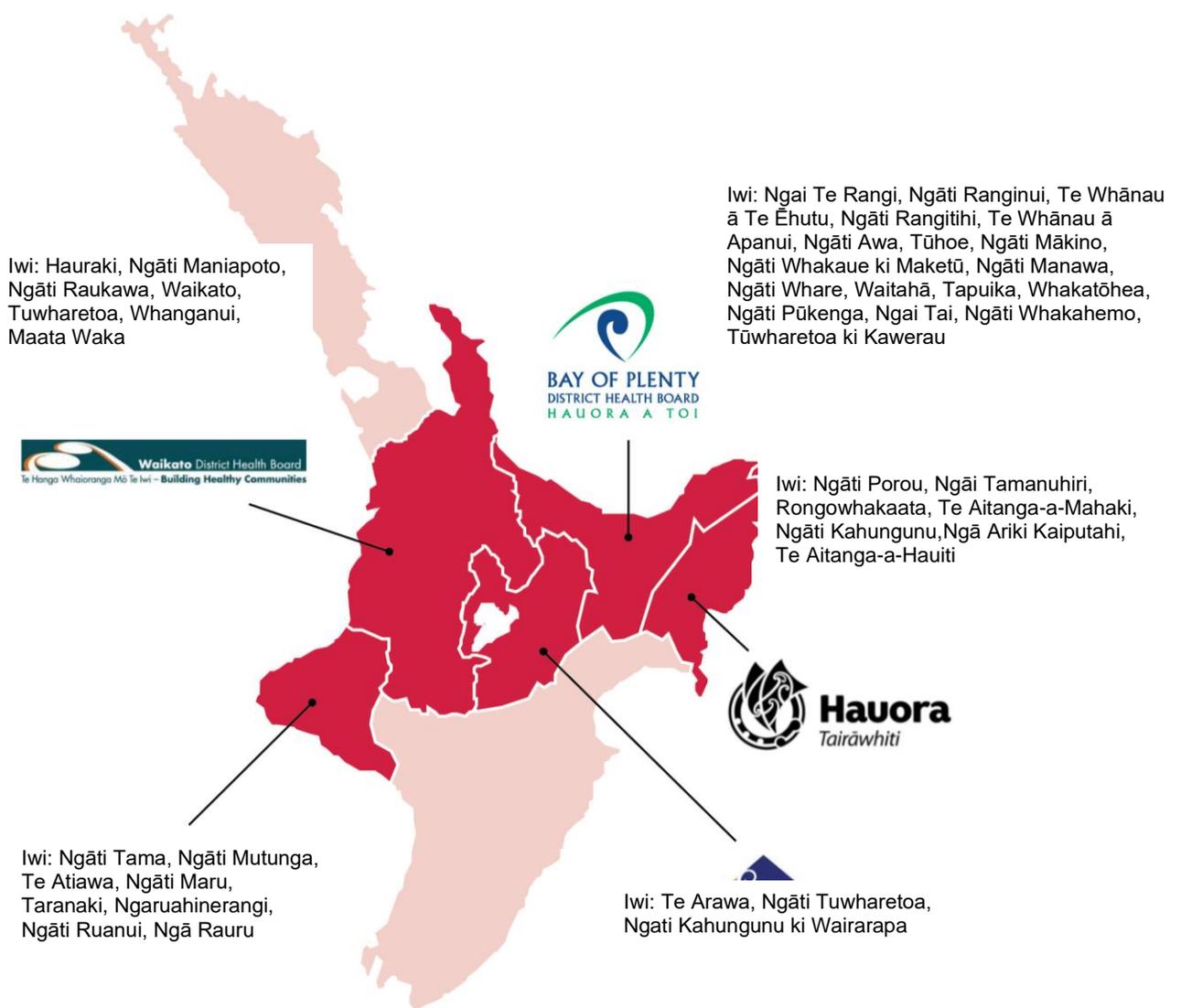


Partnership Manual



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1. Introduction

This collaboration manual is a sentinel document in the strategic relationship between Te Manawa Taki DHBs and Iwi. This document describes the way the DHBs and Iwi (represented via Te Manawa Taki Māori - the Iwi Relationships Board) will partner as a region under the auspices of Te Tiriti o Waitangi, and how both parties operationalise their mutual commitment to achieving health equity for Māori and improved health and wellbeing for all Te Manawa Taki peoples. The formalising of regional collaboration structures, and their respective accountabilities, provides the strategic framework for aligning work as a region (or part thereof)¹.

Te Manawa Taki region is defined by the boundaries of five appointed District Health Boards (DHBs) - Bay of Plenty, Lakes, Taranaki, Hauora Tairāwhiti and Waikato. The DHBs have a history of co-operating on issues of regional importance and on new programmes of change.

Te Manawa Taki Māori comprises the five elected Chairs of each mandated DHB Iwi group collective being: Bay of Plenty – Māori Health Runanga; Lakes District – Te Rōpu Hauora o Te Arawa and Ngāti Tuwharetoa; Tairāwhiti – Te Waioira o Nukutaimemeha; Taranaki – Te Whare Pūnanga Kōrero Trust and Waikato – Iwi Māori Council.

It is acknowledged that regional work is complex and occurs as part of DHBs and Iwi mutual responsibilities to meet the current respective health needs of their populations/iwi. However, as the region continues to plan for service improvement within the current and mid-term environments, via the Regional Equity Plan (REP), the DHBs and Iwi have signalled their desire to take a longer-term, more integrated, approach to improving health and community wellbeing. They see the development of a more formal regional collaboration framework as supporting improving health and community wellbeing for all.

This partnered relationship is also a natural step arising from the signing of a Memorandum of Understanding (MoU) by Te Manawa Taki Māori and the Chairs of the DHBs on 7 June 2019:



¹ This manual was originally developed in 2014/15. Iterative versions capture the collaboration framework that the region has implemented over time since and which has been reviewed periodically.



The MOU signalled the creation of a new and exciting horizon for Māori health in Te Manawa Taki region and is an agreement that provides a solid foundation for this Manual.

2. A working and 'living' document

This is a working and 'living' document. This means that at any time, Te Manawa Taki Governance can amend the same based on its usual decision-making processes. This flexibility enables both parties to be agile and to adapt as required in order to meet its agreed Vision and Mission.

It is anticipated that 'good practice' will require a formal annual review, so the Manual retains its currency.

3. Document Purpose

The purpose of this document is to:

- **Embed** the importance of establishing an authentic, shared governance relationship, between Te Manawa Taki DHBs and Iwi – a relationship that is premised upon maximising a shared approach to implementing Te Tiriti o Waitangi Articles/Principles² for the benefit of all people in the region.
- **Set out** the collaboration arrangements for the region – it identifies the key collaboration groups operating within the region, their relationships, and accountabilities.
- **Set out** the collaboration structure - with key principles and policies. Full Terms of Reference (TOR) for two regional groups are detailed in the appendices, with reference made to two other regional groups.

² Articles: Article 1: Ko te Tuatahi Kawanatanga (Governance); Article 2: Ko te Tuarua Tino Rangatiratanga (Authority/Autonomy); Article 3: Ko te Tuatoru Oritetanga (Equity); Declaration/Whakapuakitanga Ritenga Māori (protecting Māori customs and beliefs). Principles: Partnership: Partnership and Tino Rangatiratanga; Active Protection and Participation: Options and Equity (Wai 2575 Hauora Report, Waitangi Tribunal, 2019).

4. Te Manawa Taki Partnership Model

The following diagram documents the key regional bodies:

- Te Manawa Taki Governance
- Te Manawa Taki Māori
- Te Manawa Taki Chief Executives

The model does not include operational steering/governance groups that work regionally, at a lower level, notably for REP programme executive, IS, workforce and clinical networks.

5. Partnership Model Overview

Te Manawa Taki Governance is the key governance group for the region, overseeing and taking accountability and responsibility for regional direction, strategy, and key programmes of change. These are described in the Regional Equity Plan (REP) (see website - [link](#)), a document signed by each DHB Chair and CE, and by Te Manawa Taki Māori.

Te Manawa Taki Governance comprises the FIVE DHB Board Chairs and the FIVE Iwi Relationship Board Chairs.

Alongside this manual, there are two other documents which embed and inform Te Manawa Taki Governance:

- a Memorandum of Understanding (MoU) signed by Te Manawa Taki Māori and the Chairs of the DHBs, dated 7 June 2019.
- A Terms of Reference (ToR) (Appendix 1)

The MoU and ToR recognise the statutory functions and obligations of the Te Manawa Taki Governance and the mana motuhake (self-determination/autonomy) of the Te Manawa Taki Māori.

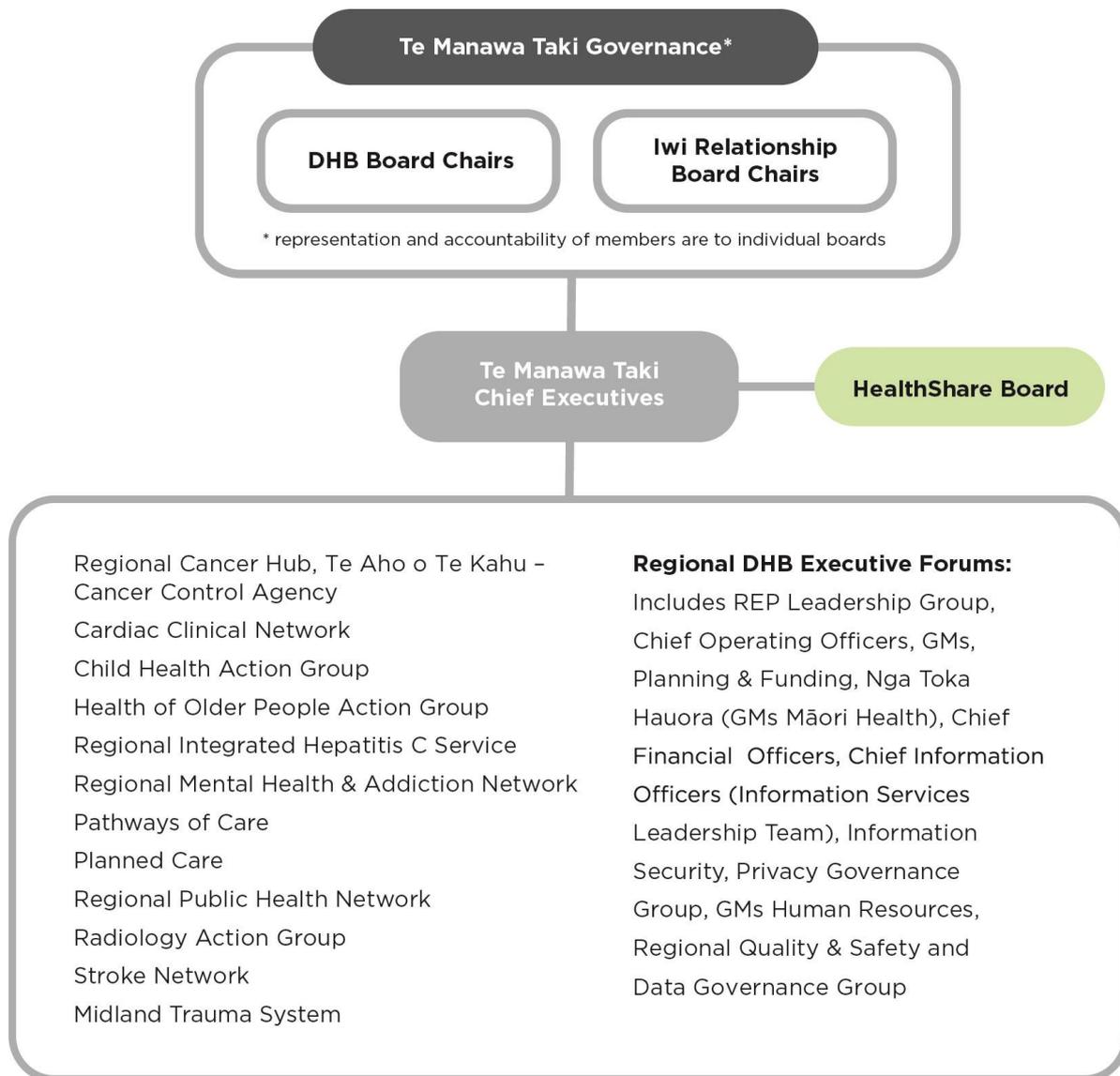
In their own right, each DHB member is accountable to their DHB Board and is responsible for informing their DHB of matters of significance, including risk and mitigation strategies, for matters arising from the group's deliberations. Each Te Manawa Taki Māori member is accountable to their nominating Iwi.

Together however, both DHB members and Te Manawa Taki Māori members are jointly accountable to each other to implement the agreed Te Manawa Taki REP and to uphold the integrity of this Te Tiriti partnership.

For full Terms of Reference see Appendix 1.

Te Manawa Taki DHB Chief Executives (CEs) provides active leadership and operational decision making for regional initiatives and activities. The group is responsible for the resourcing, and the ongoing support and monitoring of progress, for agreed regional initiatives and activities. The group manages any associated issues and risks for the region and/or its DHBs and works closely with the Regional Equity Plan Leadership Group to operationalise the Regional Equity Plan.

For full Terms of Reference see Appendix 2.



Te Manawa Taki CEs meet specifically as Te Manawa Taki Capital Committee. This committee is responsible for taking a regional overview for the capital investment by each DHB. Strategic discussions on possible new DHB capital investment are held at Te Manawa Taki Governance and subject to individual DHB Board approval through the normal approval processes.

HealthShare is the DHBs' Shared Service Organisation and is a limited liability company with the five DHBs holding equal shares. The Terms of Reference of the HealthShare Board can be found in the HealthShare Board Manual. An outline of HealthShare's functions can be found in the introductory booklet to HealthShare Ltd. (see HealthShare website).

6. Partnership Values, Vision and Mission

6.1. Our Values

The Values below have been co-designed and co-decided by Te Manawa Taki Māori Chairs and the DHB Board Chairs. They are represented by the acronym T.A.H.I which is also the Māori kupu (word) for Number 1.

TAHI aptly reflects our commitment to achieve Equity, Māori health gain and a successful Te Tiriti embedded Partnership. These issues and those in this plan are our combined #1 priority. TAHI also aligns with our Vision statement, which reflects our singular commitment.

T	Tautoko (mutual support) – of each other; supported by our commitment to mahi tahi (a united cause)
A	Auahatanga (innovation) - is at the centre of what we want to do; supported by our kaitiakitanga (shared guardianship of our mahi/work) role
H	Hauora (Māori health and wellbeing) – is our priority; supported by our commitment to equity and rangatiratanga (partnered leadership) role
I	Ihi – the power of our integrity towards each other and what we do; supported by manākitanga (mutual support), whakawhanaungatanga (working together) and whakapakari (strengthening each other)

6.2. Our Vision - He kapa kī tahi – a singular pursuit of Māori health equity

Our Vision literally means a group of a single word and reflects the fact that we have a common or single purpose: to pursue Māori health equity. We will work in unison to effect Māori health equity and wellbeing through multiple means, including:

- A health system that actively prioritises achieving Māori health equity.
- Mutual respect for braiding the best of kaupapa Māori and western science best practice evidence, thinking and worldviews to benefit Māori health equity.
- Shared accountability for measuring and achieving success.
- Shared decision-making and authority.
- Sharing resources (financial, technical, human, other).
- Working in partnership to create a system that enables Māori to lead solutions that are based on kaupapa Māori and mātauranga Māori.
- Creating and enabling champions to lead solutions that drive equitable outcomes for Māori.

6.3. Our Mission - C3 - Co-design, Co-decide, Co-implement

Our Mission reflects the way we will work together in order to implement true Te Tiriti o Waitangi based relationships to effect sustainable and positive partnered change over time.

7. Partnership Principles

7.1. Decision Making Principles

The purpose of these principles is to facilitate greater levels of regional co-operation and integration across Te Manawa Taki DHBs and regional health system. The principles apply to any significant and substantive decision of a Te Manawa Taki DHB that impacts another Te Manawa Taki DHB. The principles apply to Te Manawa Taki Governance, and Te Manawa Taki DHB CEs.

Any significant decision taken shall:

- Require the agreement of all Te Manawa Taki DHBs and Te Manawa Taki Māori members

- Be approved through appropriate approval processes in each DHB and Iwi (via Te Manawa Taki Māori)
- Provide that no DHB shall opt out of their commitments around decisions that they have agreed to

An implementation process will be agreed. It is not necessary that all Te Manawa Taki DHBs or Te Manawa Taki Māori will be involved in the implementation of the decision. Te Manawa Taki Governance will however monitor implementation.

Definition: Te Manawa Taki collaboration can mean a number of DHBs and/or Iwi working together virtually across Te Manawa Taki on a particular function, service or programme of work. Te Manawa Taki collaboration may also mean either clinical or non-clinical service provision between two or more DHBs.

Decision making criteria

The following criteria shall be applied to any decision:

- It contributes to implementing Te Tiriti o Waitangi Articles/Principles.
- It is client/patient and their family/whānau-centric.
- It improves equity of access, experience, and outcomes across the region³.
- It makes the service more sustainable by improving any or all -
 - Effectiveness (providing the right services at the right time)
 - Efficiency (providing services the right way, to spend the health dollar once)
 - Economy (input costs lower now or in the future)
- It reduces service risk, particularly around vulnerable services.
- It is aligned to national expectations.
- There is an opportunity for local say on clinical services (i.e., localisation)
- It builds clinical capability.
- It prioritises achieving cultural competence and eliminating racism.
- It reduces duplication in clinical and non-clinical services.
- It aligns with regional services (clinical and non-clinical) plans.
- It acknowledges that all other things being equal that the provision of clinical and non-clinical services be located as close to the patient (virtual or otherwise) as may be reasonable given the application of the criteria above. This supports patients and their family and whānau to have an optimal experience with the NZ Public Health system.
- It supports partnerships with iwi to co-design and co-implement services.

Decision making processes

The following principles provide guidance to the processes that support regional decision making:

- At all times, members will aspire to make decisions based on consensus. This does not preclude robust discussion or initial disagreement about matters. However, it may require members to engage in further wānanga (discuss and debate), negotiate and/or compromise to reach consensus. If after all efforts to wānanga have been reasonably exhausted, and a member(s) still wish to disagree with a matter; those member(s) have the right for the same to be noted in the Minutes. However, once a decision is made⁴, all members will abide by the same.

³ All prospective projects and activities should be assessed by an equity assessment tool e.g. HEAT or equivalent (as agreed).

⁴ By majority voting if necessary.

- Decision making processes should support timely decision making.
- Decisions should be agreed, documented, visible and enacted.
- Key initiatives will have a lead appointed who will be accountable for progressing the agreed milestones.
- Common briefings to DHB Boards and Te Manawa Taki Māori will be used wherever possible.
- In relation to decisions made, members of each regional collaboration group have a responsibility to:
 - Communicate with colleagues locally and consult if necessary.
 - Ensure that decisions are communicated to and acted on within their own DHB.

7.2. Code of Ethics

Good collaboration/governance requires members to exhibit behaviour of the highest ethical and professional standards. Members of regional collaboration groups and any committees or working parties formed because of regional initiatives and activities shall exhibit the following behaviours:

- **Te Tiriti o Waitangi** – Acknowledge, respect, and take action to operationalise Te Tiriti Articles and Principles as part of a progressive Aotearoa health and disability system.
- **Good faith:** Act honestly and in good faith at all times in the best interest of the region and its communities.
- **Care:** Exercise diligence and care in fulfilling the functions of membership.
- **Regional knowledge:** Maintain sufficient knowledge of Te Manawa Taki region's business and performance to make informed decisions.
- **Participation:** Attend regional meetings and devote sufficient time to preparation for the meetings to allow for full and appropriate participation in the group's discussions and decision making.
- **Decisions:** Abide by the regional group's decisions once reached, notwithstanding a member's right to pursue a review or reversal of a regional group decision.
- **Relationships:** Foster an atmosphere conducive to good working relations.
- **Behaviour:** Treat all others fairly and with dignity, courtesy, and respect.
- **Due diligence:** Not agree to Te Manawa Taki DHBs incurring obligations unless he or she believes that such an obligation can be met when required.
- **Confidentiality:** Not disclose to any other person confidential information other than as agreed by the regional group or as required under law.
- **Collective responsibility:** Not to make, comment, issue, authorise, offer, or endorse any public criticism or statement having or designed to have an effect prejudicial to the best interests of the Te Manawa Taki DHBs.
- **Conflicts of interest:** Declare all interests that could result in a conflict between personal and regional priorities and comply with the Conflicts of Interest policy in this manual.
- **Champion the elimination of racism and bias** – Champion norms, behaviours and values that promote the active elimination of racism and bias in the system.

8. Partnership Policies

8.1. Regional Governance and Management Authorisations

Te Manawa Taki DHB Boards approve regional plans, including Te Manawa Taki Regional Equity Plan (REP). Once these plans are approved, Te Manawa Taki DHB Boards shall authorise their Chairs to undertake regional governance through the Te Manawa Taki Governance in respect to strategy, activity and performance against these plans.

The Te Manawa Taki Governance collectively deliberates on significant regional matters to establish a regional viewpoint that can be considered and endorsed by each of the DHB Boards and Iwi via Te Manawa Taki Māori.

For any matters arising outside of approved plans, Boards and Iwi will clearly state their expectations to their respective Chairs, and in some situations, Boards and Iwi (via Te Manawa Taki Māori) may need to sign off a new proposal or strategy. In these cases, once developed by the region, the proposal/strategy will be referred to Boards and Te Manawa Taki Māori, subsequently each respective Chair will bring back his/her DHB's position on the matter to the Te Manawa Taki Governance.

Each DHB Chair and CE will ensure that systems are in place to provide individual Boards with accurate information to enable each Board to consider properly all regional matters before it. A similar process will be undertaken by the Te Manawa Taki Māori Chairs and their respective Iwi CEs (or equivalent).

Each DHB CE has authority to act on matters relating to the delivery of the agreed regional plans or other agreed strategy once approved by the Board or as is consistent with that CE's delegations, set by DHB's Delegated Authority Policy. The CE will engage with other Te Manawa Taki DHB CEs as required.

8.2. Disclosure of Information

In the course of regional discussions group members may have access to information that is commercially sensitive or valuable, or that could be personally sensitive to others. This information must be handled with the highest standards of care and integrity.

Group members must not disclose to any person, make use of, or act on information they have received as a member, and to which they would not otherwise have had access, unless:

- It is in the performance of the regional group's functions.
- It is complying with the requirement for the member to disclose his or her interests.
- The disclosure will not prejudice the five Te Manawa Taki DHBs or HealthShare or Iwi.

Where it is necessary to interact with the media, for issues relating to Te Manawa Taki Governance related mahi/work, the Te Manawa Taki Governance members will agree a regional spokesperson for the matter.

8.3. Conflict of Interest

To address conflicts of interest in Te Manawa Taki the following guidelines should be adhered to by members of regional groups.

Declaration

- Any business or personal matter which could lead to a conflict of interest of a material nature involving a member should be declared by the member at the earliest time after the conflict is identified.
- Details of the conflict should be registered in the Register of Interest, presented to the regional group and minuted at the first group meeting following the entry into the register.

Determination

- The regional group shall determine whether the conflict is of a material nature to the region and advise the member accordingly.
- Where a conflict of interest has been determined the member shall not vote on any resolution relating to the conflict.
- The member may only remain in the meeting, during the related discussion, with the full group's approval.

Recording

- The regional group will determine what records and other documentation relating to the matter will be made available to the member with the registered conflict.
- All decisions relating to the conflict will be minuted.

8.4. Formation of a regional group

The need for a formal regional group may arise from:

- A Ministry of Health initiative that requires a regional approach.
- The development of a new regional strategy or work programme which requires a formal mechanism to ensure successful delivery.
- A regional service or function that can be enhanced with support from a cross functional group.
- An informal regional group that has identified that a more formal regional structure would support their work programme.

As appropriate Te Manawa Taki Governance or Te Manawa Taki DHB CEs will endorse the formation of all new formal regional groups to ensure that the group's mandate is aligned to the Te Manawa Taki strategic direction and other change programmes that are underway.

Where appropriate, depending on the nature of the work programme, a new group may be required to develop a Terms of Reference (TOR) which includes the principles relating to Decision Making and the Code of Ethics (section 5) and the policies relating to a Conflict of Interest and Disclosure of Information (section 6.2 and 6.3) of this collaboration manual.

Detail on membership, to ensure appropriate representation, may also be required within the TOR. At all times, it is anticipated that Māori representation on working groups is prioritised.

9. Appendices

Appendix 1: Te Manawa Taki Governance Terms of Reference

Purpose

Te Manawa Taki Governance is the key governance group for the region, overseeing and taking accountability and responsibility for regional direction, strategy, and key programmes of change. It actively implements Te Tiriti o Waitangi Articles and Principles through its member composition, its commitment to sharing decision-making authority between DHBs and Iwi, and its prioritisation of Māori health equity alongside working for the collective good of the region.

Each DHB member is accountable to their DHB board and is responsible for informing their organisation of matters of significance, including risk and mitigation strategies, for matters arising from the meeting's deliberations. A similar accountability rests with Te Manawa Taki Māori (Te Manawa Taki Māori) members to their respective Iwi.

In 2011 the regional chairs agreed some principles to underpin their role in regional governance, their discussions, and decision making. As principles the following are still relevant:

- To create a compelling case for change through the development of a shared vision
- To facilitate regional leadership at all levels
- To focus on:
 - Future value
 - Strategic alignment
 - Performance improvement.

In 2019, the regional chairs and Te Manawa Taki Māori, via its Memorandum of Understanding (dated 7 June 2019), enhanced these principles. They adopted a progressive approach to working in partnership aligned with an authentic and enduring Te Tiriti inspired relationship, that incorporates Te Ao Māori views and mātauranga Māori⁵ as the health system norm.

Functions

The functions are to:

- Embed an enduring and authentic Te Tiriti inspired relationship between Te Manawa Taki DHBs and Iwi.
- Shape thinking on the future of Te Manawa Taki health and disability services.
- Oversee regional collaborative initiatives and activities.
- Oversee the development of a strategic framework, including a roadmap and associated regional initiatives and activities that support the MIRB partnership.
- Approve regional strategy.
- Monitor performance against, and progress of, regional plans, initiatives, and activities.
- Monitor DHB capital investment via reports from Te Manawa Taki Capital Committee.
- Make determinations on matters of significance that have been escalated to the group.

Membership

The membership of Te Manawa Taki Governance comprises the Chair of each Te Manawa Taki DHB Board and the Chair of each DHB Iwi Relationship Board. Te Manawa Taki DHB CEs are in attendance.

⁵ Put simply, mātauranga Māori means all forms of Māori knowledge.

The DHB and Chair of that DHB's Iwi Relationship Board co-chair Te Manawa Taki Governance, with the chair rotating to another DHB every 6 months.

Meetings

Frequency

Meetings are held monthly at DHB locations across Te Manawa Taki according to an agreed schedule. Te Manawa Taki DHB Chief Executives are in attendance. Members may tele/videoconference in if unable to make the face-to-face meeting.

Quorum

A quorum requires representation from each of the FIVE Te Manawa Taki DHBs and FIVE Te Manawa Taki Māori members. If a member is unavailable an alternate from their DHB Board may fulfil the duty of attendance. In the absence of three or more representatives from DHBs and Te Manawa Taki Māori, any agreement reached will have no standing until ratified by all DHB and Te Manawa Taki Māori Chairs. This ratification / sign-off may occur and be recorded electronically.

Secretariat

Te Manawa Taki Governance secretariat support and facilitation is provided by HealthShare.

Agenda

The Te Manawa Taki Governance co-chairs (or delegate) are responsible for contacting members ten working days prior to the meetings to seek agenda items.

The focus of the agenda is on items that are pertinent to the Te Manawa Taki Governance and its function including:

- Progress reporting against equity for Māori - agreed REP, dashboards etc.
- Items of strategic importance, including national and cross sector initiatives.
- Te Manawa Taki matters that have come via Te Manawa Taki DHB CEs.
- Escalated individual DHB operational issues that have relevance to Te Manawa Taki and have been unable to be addressed in Te Manawa Taki DHB CEs group.
- Notification of regional risk.

The agenda and associated pre-reading will be distributed to members at least five working days prior to the meeting and late papers will only be sent with approval from the Chair(s).

Minutes will be distributed to the Chair(s) for review within five working days of the meeting and to other members upon the completion of the review and amendments.

Reporting

Reports to the Te Manawa Taki Governance will be received from the:

- Te Manawa Taki DHB CEs group – on regional work programmes and Te Manawa Taki Capital Committee
- External agencies.

Reports from the Te Manawa Taki Governance include reports to:

- Te Manawa Taki DHB Boards when a regional plan or collective decision needs DHB approval.
- Central agencies when appropriate or required.
- Te Manawa Taki DHB CEs group on actions required.
- Others as required.

Appendix 2: Te Manawa Taki DHB Chief Executives Terms of Reference

Purpose

Te Manawa Taki DHB Chief Executives provides active leadership and operational decision making for Te Manawa Taki regional initiatives and activities. The group is responsible for the resourcing, and the ongoing support and monitoring of progress, for agreed regional initiatives and activities. These initiatives and activities are facilitated by Te Manawa Taki DHBs and HealthShare and include:

- Te Manawa Taki strategies, plans and work programmes agreed at Te Manawa Taki Governance.
- REP initiatives and activities including:
 - clinical service development initiatives
 - e-health IT systems implementation
 - workforce development and intelligence.
- Capital planning.
- Matters undertaken by the DHB executive and clinical groups across the region.

Each member is accountable to his/her DHB Board and is responsible for informing their organisation of matters of significance, including risk and mitigation strategies, for matters arising from the meeting's deliberations.

Functions

The functions are to:

- Ensure collaboration between DHBs for regional initiatives and activities.
- Support the development of regional strategy.
- Support and resource regional initiatives.
- Monitor the REP and ensure alignment of DHB Annual Plans and the REP.
- Manage issues and risks highlighted by Te Manawa Taki's strategies, plans and operations.
- Approve the establishment or disestablishment of regional work groups and networks and monitor their effectiveness. (NB: The monitoring of the effectiveness of HealthShare's facilitation service for regional groups/networks is a HealthShare Board/CE responsibility).
- Approve the regional capital plan via its role as the Te Manawa Taki Capital Committee.

Membership

The membership of the group comprises the CEs of each Te Manawa Taki DHB, with the CE of HealthShare in attendance.

The role of the chair will rotate periodically between the DHB CEs, the timing of which will be determined by the group.

Meetings

Frequency

Meetings are held monthly at DHB locations across Te Manawa Taki according to an agreed schedule. Members may tele/videoconference in if unable to make the in-person meeting.

Quorum

A quorum requires representation from three Te Manawa Taki DHBs. If a CE member is unavailable an alternate from their DHB executive may fulfil the duty of attendance.

Secretariat

Secretariat support for the development and releasing of the agendas is provided by the Personal Assistant to the HealthShare CE. Minute taking is the responsibility of the Personal Assistant to the HealthShare CE.

Agenda

The CE Chair (or delegate) is responsible for contacting members ten working days prior to the meetings to seek agenda items.

The focus of the agenda is on items that are pertinent to the CEs and its function including:

- Items of strategic regional importance.
- Progress reporting against plans e.g., REP, Capital.
- Items that come via the Te Manawa Taki executive groups (DHB and HealthShare) for regional decision making.
- Te Manawa Taki business cases that have come via DHB work programmes and HealthShare.
- Escalated individual DHB operational issues that have relevance to Te Manawa Taki.
- Communication of regional successes, issues, and decisions.

The agenda and associated pre-reading will be distributed to members at least five working days prior to the meeting and late papers will only be sent with approval from the Chair.

Minutes will be distributed to the Chair for review within five working days of the meeting and to other members upon the completion of the review and amendments.

Reporting

Reports to Te Manawa Taki DHB CEs will be received from the:

- Te Manawa Taki Governance on actions required.
- Te Manawa Taki executive groups and regional groups, at least quarterly.
- HealthShare Board as required.
- External agencies.

Reports from Te Manawa Taki DHB CEs may include reports to:

- Te Manawa Taki Governance on discussions / decisions from the CEs' deliberations.
- Te Manawa Taki DHB Boards when a regional plan or collective decision needs DHB approval.
- Central agencies when appropriate or required.
- HealthShare Board on relevant discussions / decisions.
- DHB Communications teams for distribution to staff.
- Others as required.