

MANAWHENUA HAUORA

Manawhenua Partners to Te Pae Hauora o Ruahine o Tararua
MidCentral District Health Board

ANNUAL REPORT

To

MidCentral District Health Board

2012



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He Mihi Whakatau

Ina rarapa i runga

Tangi ake tio kona ahau

Ko te hau o wiwini

Ko te hau o wawana

Ko te hau o tuturu

Whakamaua kia tina, tina

Haumie, Hui e, Taiki e

**E nga mana, e nga reo karangatanga maha e noho mai rai i raro i te Pae
Hauora o Ruahine o Tararua tae noa ki nga waikaukau me nga awa tapu o
ratou ma i te po iokioki ai. He maimai aroha ki a ratou, he maioha ki te hunga
ora tena koutou, tena koutou, Tihei Mauriora**

CHAIRMANS REPORT

E nga mema o te komiti whāiti Te Pae Hauora o Ruahine o Tararua, tena koutou katoa. Nau mai! Piki mai! Haere mai!

E nga mana, e nga reo, Ngati Kahungunu, Ngati Rangitane, Ngati Raukawa, Muaupoko, tena koutou katoa. E nga iwi e huihui nei ki te whakanui i te kaupapa o te ra, tena koutou katoa.

Firstly, may I acknowledge, Phil Sunderland, Chair of the Mid Central District Health Board, the CEO Murray Georgel and his committed team.

Sir Maui Pomare dedicated his life to lifting the health and wellbeing of tangata whenua, and was passionate about advancing the aspirations of our people.

The journey that we have taken over generations to improve the health status of our people. While we face our challenges today, it is true that if it were not for leaders such as Sir Maui Pomare, alongside Sir James Carroll, Sir Peter Buck, Sir Apirana Ngata and others – the health of our people would have deteriorated to a point of no return.

There are no better words to describe their passion, than Sir Maui's own "we seek the regeneration of Maori, and unless we affect that we are doomed. We will do it, we must!"

Almost 100 years later, I look around today and see the fruits of his work. We may still have our challenges, we may still face specific issues in the areas of health and wellbeing – however, the fact that we are still here as a people, that we are still holding on to our whanau, our whakapapa, and our identity is a tribute to the work of this man.

This third annual report is an indicative measure of how the relationship between Manawhenua Hauora and the MidCentral District Health Board has grown over the last eleven years. We continue to build on a relationship that is proactive, productive, and progressive as we strive to improve the health outcomes in our Maori population.

We also acknowledge the signing today of our Memorandum of Understanding and the foresight of Sir Mason Durie and others to bring the District Health Board and four iwi who have Manawhenua within the boundaries of the Mid Central District Health Board

The Manawhenua Hauora Annual Report is a way of encapsulating the collaborative activities that Manawhenua Hauora and MidCentral District Health Board work on together. Some personal highlights to me are the involvement of Manawhenua Hauora in the annual Health Awards, the participation and representation of Maori into decision making at the committee and Board levels, developing a strategic relationship with the Te Whiti ki te Uru (Central Region Maori Relationship Board), the web based community survey and the development of the MidCentral Maori Health Plan, and the Regional Services Plan.

This Annual Report shows the outcomes achieved by Manawhenua Hauora from 2011-2012. Some highlights include;

- Utilising consumer survey feedback as a tool to measure implementation of key outcomes indicated in the Maori Responsiveness Framework;
- Involvement in the MDHB Strategic workshops and Annual planning processes;
- Involvement with the Better Sooner More Convenient Primary Health Care business case, and the implementation of Whānau Ora in the Business Case as well as the nomination of a Maori representative on the Whanau Ora Better Sooner More Convenient Steering Goup;
- Manawhenua Hauora Chair is a member and the Chair of Te Whiti ki te Uru governance group. This forum provides an effective mechanism to engage and to ensure that Maori health is addressed as a priority across the Region; and
- Forging closer links with the Whanganui Iwi Relationship Board to monitor the progress of the Central Alliance.

Part of this report contains the new Work Programme 2012-2013 that includes new priorities for the District Health Board and Manawhenua Hauora such as; the implementation of the Government's Better, Sooner, More Convenient Health care strategy and national priorities and targets.

The Consumer Survey results 2011-2012 have been evaluated in a report that has been developed to incorporate key themes and indicators identified in the Maori Responsiveness Framework. The Hui schedule for the remainder of 2012 as well as a draft' schedule for 2013 outlining all upcoming hui for Manawhenua Hauora is also included on pages 25-26.

Looking forward in 2013 – 2014

One of the governments' health priorities amongst others is for District Health Boards to think and plan regionally. Originally the Maori relationship boards were not part of the thinking and hence very little or no view of Maori thinking or priorities were put into the regional plan.

Te Whiti Ki te Uru was established by the six Maori relationship boards in the central region. We meet every four months around the region and every six months we meet with the Chairs and CEO's of the six DHB's. This has been a useful forum to have a number of critical discussions around regional issues and the effect on Maori.

The staff in the central region who fill the role Directors, and Managers of Maori Health have worked hard to to prepare a regional Maori health plan called Tu Ora. We have asked that the same staff to prepare a 2013/2014 Tu Ora Maori Health Plan. This plan is to be ready for the Tu Kaha Conference in Whanganui on 12 - 14 September 2012. The plan is to ask the attendees to provide feedback on the plan and then to provide a final report to each District health board to be incorporated into their annual plans.

Our aspiration from this process is that we have agreement about what are the three target areas to help improve Maori health in the central region and to provide a local focus through the District Health Boards Annual plans.

If we can achieve outcome this which I believe we can there we have made a difference. We will be remembered as the thinkers of our generation who made a worthwhile contribution to the basket of knowledge that is to be handed down to generations yet to come. "Ma Mua a muri ka totika" What we are saying now is that knowing what has already happened (mua) will aid in understanding what is yet to come (muri).

Finally, we acknowledge the support and advice provided by the MDHB Chairman, MDHB CEO, Maori Managers, and Funding Division and all work of the MDHB staff throughout the year, and look forward to another successful and productive year.

A special thank you to the members of Manawhenua Hauora for their mahi this past year. I also want to acknowledge those members who have served on the MCDHB Board Committees. This I believe reflects their contribution above all else to provide valuable input into these committee.

My last thought is in reference to – knowledge and wisdom.

And for those who don't know the difference, this little saying might help: *Knowledge is knowing a tomato is a fruit; Wisdom is not putting it in a fruit salad.*

The **knowledge** of being able to assess against standards, and putting in place the strategies to achieve our goals and aspirations. The **wisdom** comes in the way in which the whole team is recognized as essential to the success of quality health services.



Richard Orzecki

Chairman, Manawhenua Hauora

1.0. Introduction

This plan outlines the outcomes from the Manawhenua Hauora Work Plan July 2011 to June 2012 and the planned activities from July 2012 to June 2013.

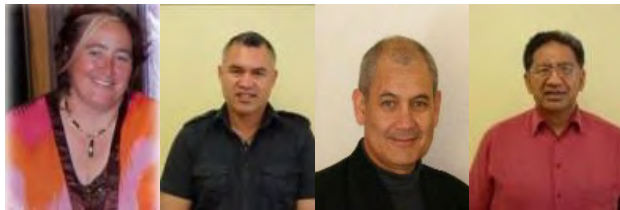
1.1 Background

In 1999 Manawhenua established a strategic relationship with the MidCentral District Health Board (MDHB) in order to participate at the governance level in reducing health inequalities and improving health outcomes for all Maori living in the District.

In 2001 the Memorandum of Understanding (MOU) between Manawhenua Hauora (MWH) and the MDHB Board was formalised.

Manawhenua Hauora is a consortium of iwi in the Manawatu, Horowhenua and Tararua. The iwi are:

- ❑ Ngati Raukawa (Horowhenua, Manawatu);
- ❑ Muaupoko (Horowhenua);
- ❑ Rangitaane (Manawatu, Palmerston North, Tamaki-nui-a-rua); and
- ❑ Ngati Kahungunu (Tamaki-nui-a-rua).



Left to Right: Danielle Harris, Steve Hirini, Henare Kani, Matt Matamua



Back Row- Left to Right: Pam Te Haate, Vanessa Hape, Kararina Oldridge, Debbie Te Puni, Paddy Jacobs.
Front Row: Oriana Paewai, Richard Orzecki, Mary Sanson

MANAWHENUA HAUORA MEMBERS 2011-2012

TABLE 1.1A

	MUAUPOKO	NGATI RAUKAWA KI TE TONGA	RANGITAANE	KAHUNGUNU
DELEGATES	Matt Matamua	Richard Orzecki (Chairman)	Danielle Harris (Manawatu) (Deputy Chair)	Pam Te Haate
		Mary Sanson	Oriana Paewai (Manawatu) Henare Kani (Tamaki Nui a Rua)	Vanessa Hape
ALTERNATES	Steven Hirini	Ana Winiata	Kararina Oldridge (Manawatu)	Hayden Hape

OTHER ATTENDEES INCLUDE:

MDHB Maori Management Team	Position
Shane Ruwhiu	Maori Health Advisor, Funding Division
Te Aira Henderson	Maori Health Service Manager
ENABLE NZ	
Hare Arapere	Kaupapa Maori Manager
MidCentral Health Public Health Unit	
Paddy Jacobs	Advisor, Maori Health
Central PHO	
Materoa Mar	Director, Maori Health

1.2 Fundamental Principles

The primary aim of Manawhenua Hauora is the advancement of Maori health.

MidCentral District Health Board and Manawhenua Hauora share the fundamental principles of:

- ❑ a common interest and commitment to advancing Maori health,
- ❑ building on the gains and understandings already made in improving Maori health,
- ❑ applying the principles of the Treaty of Waitangi to work to achieve the best outcomes for Maori health, and
- ❑ Partnership and mutual regard.

1.3 Primary Function

The Primary function of Manawhenua Hauora is to:

- provide co-ordinated leadership for Maori health within the DHB region;
- provide guidance to MidCentral District Health Board on Maori health needs and priorities;
- contribute to strategies for Maori health;
- monitor Maori health gains in the district through the impacts of MidCentral District Health Board’s health service delivery and investment, and
- provide expert advice and counsel on important Maori issues which are appropriately considered at a governance level.

2.0 Manawhenua Hauora Priorities & Focus Areas

The Government's key expectation for the 2012/13 year is to "deliver better, sooner, more convenient care and lifting health outcomes for patients within constrained funding increases".

Manawhenua Hauora support the eleven priority areas outlined in Section 3 of the 2012/2013 Annual Plan. It includes planning approaches and activities that aim to strengthen the integration of clinical services between hospital, primary care and community based services, further develop clinical leadership networks and the work the DHB will contribute to and undertake as a partner within the central region – in particular with Whanganui DHB.

The activities and performance improvements for the 2012/2013 period are geared toward the following priorities and targets:

1. Building clinical integration of services across the whole system
2. Strengthening primary care development and clinical networks
3. Improving clinical effectiveness and quality of services
4. Better managing unplanned, urgent care together with shorter stays in the Emergency Department
5. Shorter waiting times for surgery, cancer and cardiac services, and Increasing immunisation coverage for children
6. Earlier identification of health risk and improved management of long term conditions, in particular cardiovascular disease and diabetes
7. Promoting successful quit attempts for people who smoke tobacco
8. Supporting coordinated wrap around services for older people
9. Increasing access to specialist child and youth mental health and addiction services
10. Promoting Whanau Ora centred services
11. Providing value for money with efficient service delivery models and investment in future service developments and infrastructure

Manawhenua Hauora support the initiative to build on the Whanau Ora approach to service delivery, by strengthening the Whanau Ora focus in MidCentral DHB, this will provide a more interconnected health and disability system, reduce inequalities and improve Maori health outcomes.

3.0 Monitoring delivery of Priorities & Targets

Manawhenua Hauora support the actions set out for the next three years to advance all national health targets and Government priority areas.

To advance these areas Manawhenua Hauora will continue to work collaboratively with MDHB to monitor reporting against *Oranga Pumau*, *Maori Responsiveness Plan*, *AP 2012/2013*, *Maori Health Plan*, progress on Whanau Ora models of practice and the Māori Health Workforce Strategy and specifically on priority areas:

- Oral health;
- Women's health; and
- Smoking Cessation.

Manawhenua Hauora continue to liaise with Hauora a Iwi Whanganui to monitor the progress of the Central Alliance, particularly around renal, neonatal and Disease State Management services and responsiveness to Maori, and the Manawhenua Hauora (Chair) continues to work strategically with Te Whiti Ki te Uru (Central Region Maori Relationship Board Forum) on a quarterly basis, and Manawhneua Hauora have been involved in the review of the Regional Services Plan.

Work Programme 2011/2012 – FINAL Report June 2012

OBJECTIVE	INITIATIVE	MEASURE	PROGRESS
Objective One:	Coordinated leadership		
To provide coordinated leadership for Māori health within the DHB region ¹ .	<p>i. Engage with Iwi/Maori providers throughout the District to obtain information for Māori Health developments and issues.</p> <p>ii. Ensure MDHB Maori health strategies are aligned to and reflective of regional approach.</p> <p>iii. Monitor progress of the Central Alliance, particularly around renal, neonatal and Disease State Management services and responsiveness to Maori</p>	<p>Community surveys will gain information on Māori health needs, developments, issues and experiences. Feedback of the functions and activities of MidCentral DHB and Manawhenua Hauora may also be sought from time to time.</p> <p>Recommendations arising from the surveys will be considered by Manawhenua Hauora with an annual summary report being provided to MDHB.</p> <p>Milestone: Ongoing</p> <p>Provide effective Iwi/ Māori health leadership to the Central DHB region at a governance level</p> <p>Milestone: Meet as part of a joint working group with members of the RSCP (Regional Committee RRC) every six months</p> <p>Milestone: Bi-Annually</p> <p>Provide advice to Board regarding centralAlliance activities Meet with Hauora a Iwi Whanganui annually</p>	<ul style="list-style-type: none"> • Consumer Surveys distributed online and manually from January 2011. • 112 completed surveys - May 2012. • Final report completed June 2012 (see Appendix 1). • MWH Chair continues to update members following Central Alliance Sub Committee meetings (ongoing). • Tu Ora to be drafted September 2012, which would allow timing of it to be discussed at the Tu Kaha conference in Whanganui

¹ Its four territorial authorities Tararua, Manawatu, Palmerston North and Horowhenua define MidCentral region. This includes the Otaki ward of Kapiti Coast District Council.

	<p>iv. Continue to develop and grow the relationship between Manawhenua Hauora and MDHB through strong Māori leadership.</p> <p>v. Build relationship and work strategically with the Te Whiti ki te Uru (Central Region Māori Relationship Board Forum)</p>	<p>Manawhenua Hauora and the MDHB continue to meet at regular intervals:</p> <p>Milestone:</p> <ul style="list-style-type: none"> • Board to Board annually • Chair to Chair bi-annually with support if required • Provide advice on how relationship between Manawhenua Hauora and Board can be further strengthened <p>Provide advise to Board regarding regional Maori health matters Meet quarterly with Te Whiti ki te Uru</p>	<ul style="list-style-type: none"> • Chair/Chair Hui 27 February & 14 May 2012. • Annual Board to Board hui 30 July 2012. • Quarterly updates, and minutes provided from the Chair ref: Te Whiti ki Te Uru agenda items includes: <ul style="list-style-type: none"> ○ Tu Ora/Regional Services Plan; and ○ Measuring and reporting. • Manawhenua Hauora members attended the MDHB Health awards in October 2011.
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Objective Two:	Guidance on Maori health needs and priorities		
<p>To provide guidance to MDHB on Maori health needs and priorities.</p>	<p>i. Provide direction and advice to MDHB on Māori health and disability issues as part of the Regional Services Plan and the Annual Plan planning cycle.</p>	<p>Timely advice is given to MDHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups.</p> <p>Milestone: Ongoing.</p>	<ul style="list-style-type: none"> • Consultation with MDHB Planning and Funding occurred 28th November 2011 and 26th March 2012. • MWH requested regular update reports on the progress of 3 priority areas over the period 2012-2013, Oral Health, Smoking Cessation; and Womens Health (this has been included as an initiative in the Annual Work Programme).

To contribute to strategies for Māori health.

ii. Provide direction and advice to MDHB on the DHB's Māori health gain strategies i.e.

- Maori Health Responsiveness Framework
- Oranga Pumau
- Maori Health workforce strategy
- Maori Health Plan
- Kaupapa Tuatahi

EXTERNAL Maori Health Strategies

- He Korowai Oranga
- Whanau Ora Tool
- Whakataataka
- BSMC Business Case
- Whanau Ora Taskforce report

iii. Monitor progress of the Better Sooner more convenient business case to ensure Maori health needs are met.

iv. Health needs assessment takes into account Maori health needs.

The Board and its statutory committees receive timely, expert advice on:

- Maori Health Responsiveness Framework
- Oranga Pumau
- Maori Health workforce strategy
- Maori Health Plan

EXTERNAL Maori Health Strategies

- He Korowai Oranga
- Whanau Ora Tool
- Whakataataka
- BSMC Business Case
- Tupeka Kore Aotearoa 2020

MDHB Maori Health Advisor (funding) liaise with CPHO Maori Director of Health to provide updates regarding the Better Sooner More Convenient business case.

Health Needs Assessment update is presented to Manawhenua Hauora, identifying trends and any emerging issues regarding Maori health needs.

Work with the MDHB to provide key data indicators for whanau ora, and assist in the development of whanau ora implementation plan.

Milestone: Ongoing.

Manawhenua Hauora have members on the following committees:

- MidCentral District Health Board;
- Hospital Advisory Committee;
- Community & Public Health Advisory Committee;
- Enable NZ Governance Group;
- Ethics Advisory Group;
- Central Alliance Group;
- Te Whiti ki te Uru; and
- Clinical Leadership Committee.

Regular reports and six weekly updates are tabled from the Planning and Funding Maori Health Advisor and the Kaiwhakahaere Maori Health Services Manager. Reports included updates as follows:

- Better Soon More Convenient Business Case;
- Regional Services Plan;
- Maori Responsiveness Plan implementation;
- Maori Health Plan;
- Whanau Ora Update;
- Colposcopy (DNA rates);
- Breastscreening coverage;
- Family Violence Intervention Programme;
- Kaumatua services; and
- Cultural competency.

Health needs assessment report highlighted priority health need areas:

- **CHILD:** immunisation, respiratory, household crowding, breastfeeding; exposure to smoking, nutrition, hearing and injuries and oral health.
- **YOUTH:** Injury, tobacco, mental health and addiction, sexual health and oral health.
- **ADULTS:** Cardiovascular, diabetes, cancer, oral and mental health.
- **OLDER:** Cardiovascular, diabetes, cancer, oral, mental and disability.

OBJECTIVE	INITIATIVE	MEASURE	
Objective Three:	Monitor Māori health gain		
To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.	i. Monitor and evaluate the implementation of Māori Health Plans and Maori Responsiveness Framework ² in the district.	The Kairangahau (Manawhenua Hauora) will work with the MDHB Māori Health Advisor, Funding, to monitor the Māori Health Responsiveness Framework Milestone: Six monthly reports are provided. The Kairangahau will work with the MDHB Maori Managers when updating the Manawhenua Monitoring Framework. Milestone: Six weekly reports are provided.	<ul style="list-style-type: none"> • The Kairangahau and Maori Health Advisor meet regularly to discuss progress on implementation of Maori health plans and the Maori Responsiveness Framework. • Comprehensive reports are submitted by the MHA six weekly.
	ii. Evaluate DHB activity for the advancement of Māori health <ul style="list-style-type: none"> • Monitor the implementation of <i>Oranga Pumau</i>, Maori Health Workforce Strategy and Māori Health Service Plan, and Maori Health Plan. • Monitor Māori health expenditure within the funding division and MidCentral Health • Monitor Maori Health Responsiveness Framework • Monitor service improvements in MidCentral Health against their Māori Health Action Plan • Monitor service responsiveness to Maori within Enable New Zealand (including Supportlinks) against their Māori Health Action Plan. • Monitor the implementation of Whanau Ora within MDHB. 	Regular reports to be received from the funding, provider and disability support divisions of MidCentral DHB, including specific reporting against <i>Oranga Pumau</i> , <i>Maori Responsiveness Plan</i> , <i>DAP 2011/2012</i> , <i>Maori Health Plan</i> , progress on Whanau Ora models of practice and the Māori Health Workforce Strategy.	<ul style="list-style-type: none"> • Report tabled (March 2012) on the Maori Health Responsiveness Framework progress for 2011/2012 that highlighted DHB activities implemented to improve responsiveness to Maori as well as potential areas for improvement to be considered within Whanau Ora alignment in 12/13 Annual Planning.

² This framework will assist future planning and health service investment in primary, secondary and tertiary care for the MidCentral population covering the next five years.

OBJECTIVE	INITIATIVE	MEASURE	
Objective Four:	Expert advice and counsel at governance level		
To provide expert advice and counsel on important Māori issues which are appropriately considered at a governance level.	i. Give advice on matters that are of importance to Māori in the MidCentral district and that should be reported to the DHB Board	The MDHB Board receives timely advice. Milestone: Ongoing.	<ul style="list-style-type: none"> • Manawhenua Hauora members received a Position Paper (July 2011) on the District Wide Arrangement for Clinical Governance MDHB and provided advice and feedback (August 2011). • Nomination supported for Iwi candidate to fill the current vacancy on the District Health Board.
	ii. Consider and provide advice on specific MDHB policies that impact on Māori health and service delivery.	Policies impacting on Māori health and service delivery are considered and advice given. Milestone: Ongoing.	<ul style="list-style-type: none"> • MWH members attended the Ministry of Health Maori Relationship Board Hui “Our contribution to improving Maori Health in our District Health Board area” at Pipitea Marae, Wellington 26 August 2011.
	iii. Manawhenua Hauora’s members maintain skills and competencies to carry out their role.	Participate in annual development of MidCentral District Health Board’s governance assessment and training programme Milestone: Annually	<ul style="list-style-type: none"> • A regional framework is being developed to deliver a Cultural Competency programme. This has been discussed and supported by Manawhenua Hauora. • Tu Kaha Conference will be held 2012 hosted by Whanganui DHB 2 x MWH members will attend.

Manawhenua Hauora Iwi Consortium and MidCentral District Health Board's

Work Programme for 2012/2013

1. Introduction

Manawhenua Hauora Iwi Consortium (Ngati Raukawa, Muaupoko, Rangitaane, Ngati Kahungunu) and MidCentral District Health Board have committed to a formal relationship to improve the health status of Maori people residing in Manawatu, Tararua Horowhenua, and Otaki.

2. Fundamental Principles

- Common interest and commitment to Whanau Ora - Healthy Maori families supported to achieve their maximum health and wellbeing.
- Build on the gains and understandings already made in improving Maori health.
- To give effect to the New Zealand Public Health and Disability Act, the New Zealand Health Strategy, the New Zealand Disability Strategy, *He Korowai Oranga* (Maori Health Strategy), *Whakataataka* (Maori Health Action Plan), MidCentral District Health Board's *Oranga Pumau* (Maori Health Strategy) and MidCentral District Health Board's Maori Health Workforce Strategy.
- The application of Section 4 of the New Zealand Public Health and Disability Act, including the following the Treaty of Waitangi principles: Partnership, Participation and Protection.

3. Relationship

The purpose of the relationship between Manawhenua Hauora and MidCentral District Health Board is to enable both parties to work together to achieve the best possible health outcomes for Maori people living in the Manawatu, Horowhenua, Otaki and Tararua districts.

Manawhenua Hauora will continue to engage with hapu and iwi throughout the region to obtain a collective view of Maori health needs and communicate those needs and priorities to the MidCentral District Health Board.

4. Objectives

4.1 Manawhenua Hauora will:

- Provide coordinated leadership for Maori health within the DHB region;
- Monitor Maori health gains in the district through the impacts of MidCentral District Health Board service delivery and investment;
- Provide expert advice and counsel on important Maori health issues which are appropriately considered at a governance level;
- Provide guidance to MidCentral District Health Board on Maori health needs and priorities; and
- Contribute to strategies for Maori health.

4.2 MidCentral District Health Board will:

- Continue to recognise Maori health as a priority area in line with the Government's strategic policy guidelines;
- Undertake a needs assessment of its geographical region determining, among other things, the health needs of Maori;
- Prioritise and allocate funding according to the Government's and the district's Maori health priorities;
- Implement a consultation and/or engagement process with appropriate parties;
- Deliver on the Maori health priorities for the district through health service delivery;
- Provide Maori health reports giving progress against the Government's priorities and local Maori health strategies; and
- Monitor and audit those services funded by MidCentral District Health Board.

4.3 Manawhenua Hauora Work Programme

Measures used by Manawhenua Hauora to monitor Health gains in MidCentral Maori Health strategic direction are from the following documents;

- He Korowai Oranga Maori Health Strategy
- Whakataataka
- Whanau Ora Models
- Oranga Pumau MidCentral DHB Maori Health Action Plan
- MidCentral Maori Health Workforce Strategy
- MidCentrals Maori Responsiveness Plan
- Better Sooner More Convenient Primary Health Care Strategy
- Annual Plan 2012/2013
- MDHB Maori Health Plan 2012/2013

Work Programme 2012/2013

OBJECTIVE	INITIATIVE	MEASURE
Objective One:	Coordinated leadership	
To provide coordinated leadership for Māori health within the DHB region ³ .	<p>vi. Engage with Iwi/Maori providers throughout the District to obtain information for Māori Health developments and issues.</p> <p>vii. Ensure MDHB Maori health strategies are aligned to and reflective of regional approach.</p> <p>viii. Monitor progress of the Central Alliance, particularly around renal, neonatal and Disease State Management services and responsiveness to Maori</p>	<p>Manawhenua Hauora will undertake a series of engagement hui annually with Iwi/Maori providers, to gain information on Maori health needs, developments, issues and experiences.</p> <p>Recommendations arising from the Iwi/Maori providers hui will be considered by Manawhenua Hauora with an annual summary report being provided to MDHB.</p> <p>Milestone: Ongoing</p> <p>Provide effective Iwi/ Māori health leadership to the Central DHB region at a governance level</p> <p>Milestone: Meet as part of a joint working group with members of the RSCP (Regional Committee RRC) every six months</p> <p>Milestone: Bi-Annually</p> <p>Meet with Hauora a Iwi Whanganui annually</p>
	<p>ix. Continue to develop and grow the relationship between Manawhenua Hauora and MDHB through strong Māori leadership.</p> <p>x. Build relationship and work strategically with the Te Whiti ki te Uru (Central Region Māori Relationship Board Forum)</p>	<p>Manawhenua Hauora and the MDHB continue to meet at regular intervals:</p> <p>Milestone:</p> <ul style="list-style-type: none"> • Board to Board once annually • Chair to Chair twice annually (six monthly) with support if required <p>Meet quarterly with the Te Whiti ki te Uru</p>

³ Its four territorial authorities Tararua, Manawatu, Palmerston North and Horowhenua define MidCentral region. This includes the Otaki ward of Kapiti Coast District Council.

Objective Two:	Guidance on Maori health needs and priorities	
To provide guidance to MDHB on Maori health needs and priorities.	iii. Provide direction and advice to MDHB on Māori health and disability issues as part of the DSP and DAP planning cycle.	Timely advice is given to MDHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups. Milestone: Ongoing.
To contribute to strategies for Māori health.	iv. Provide direction and advice to MDHB on the DHB's Māori health gain strategies i.e. <ul style="list-style-type: none"> • Maori Health Responsiveness Framework • Oranga Pumau • Maori Health workforce strategy • Maori Health Plan • Kaupapa Tuatahi EXTERNAL Maori Health Strategies <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • BSMC Business Case • Tupkeka Kore Aotearoa 2020 iii. Monitor progress of the Better Sooner more convenient business case to ensure Maori health needs are met. iv. Health needs assessment takes into account Maori health needs.	The Board and its statutory committees receive timely, expert advice on: <ul style="list-style-type: none"> • Maori Health Responsiveness Framework • Oranga Pumau • Maori Health workforce strategy • Maori Health Plan • Kaupapa Tuatahi EXTERNAL Maori Health Strategies <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • BSMC Business Case • Tupeka Kore Aotearoa 2020 MDHB Maori Health Advisor (funding) liaise with CPHO Maori Director of Health to provide updates regarding the Better Sooner More Convenient business case. Health Needs Assessment update is presented to Manawhenua Hauora, identifying trends and any emerging issues regarding Maori health needs. Work with the MDHB to provide key data indicators for whanau ora, and assist in the development of whanau ora implementation plan. Milestone: Ongoing.

OBJECTIVE	INITIATIVE	MEASURE
Objective Three:	Monitor Māori health gain	
To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.	iii. Monitor and evaluate the implementation of Māori Health Plans and Maori Responsiveness Framework ⁴ in the district.	<p>The Kairangahau (Manawhenua Hauora) will work with the MDHB Māori Health Advisor, Funding, to monitor the Māori Health Responsiveness Framework</p> <p>Milestone: Six monthly reports are provided.</p> <p>The Kairangahau will work with the MDHB Maori Managers when updating the Manawhenua Monitoring Framework.</p> <p>Milestone: Six weekly reports are provided.</p>
	<p>iv. Evaluate DHB activity for the advancement of Māori health</p> <ul style="list-style-type: none"> • Monitor the implementation of <i>Oranga Pumau</i>, Maori Health Workforce Strategy and Māori Health Service Plan, and Maori Health Plan. • Monitor Māori health expenditure within the funding division and MidCentral Health • Monitor Maori Health Responsiveness Framework • Monitor service improvements in MidCentral Health against their Māori Health Action Plan • Monitor service responsiveness to Maori within Enable New Zealand (including Supportlinks) against their Māori Health Action Plan. • Monitor the implementation of Whanau Ora within MDHB. 	<p>Regular reports to be received from the funding, provider and disability support divisions of MidCentral DHB, including specific reporting against <i>Oranga Pumau</i>, <i>Maori Responsiveness Plan</i>, <i>AP 2012/2013</i>, <i>Maori Health Plan</i>, progress on Whanau Ora models of practice and the Māori Health Workforce Strategy.</p> <p>Quarterly reports to be received from planning and funding of MidCentral DHB, specifically on priority areas:</p> <ul style="list-style-type: none"> • Oral health • Women’s health • Smoking Cessation

⁴ This framework will assist future planning and health service investment in primary, secondary and tertiary care for the MidCentral population covering the next five years.

OBJECTIVE	INITIATIVE	MEASURE
Objective Four:	<i>Expert advice and counsel at governance level</i>	
To provide expert advice and counsel on important Māori issues which are appropriately considered at a governance level.	ii. Give advice on matters that are of importance to Māori in the MidCentral district and that should be reported to the DHB Board	The MDHB Board receives timely advice. Milestone: Ongoing.
	iv. Consider and provide advice on specific MDHB policies that impact on Māori health and service delivery.	Policies impacting on Māori health and service delivery are considered and advice given. Milestone: Ongoing.
	v. Manawhenua Hauora's members maintain skills and competencies to carry out their role.	Participate in annual development of MidCentral District Health Board's governance assessment and training programme Milestone: Annually

Subcommittees and Membership REPRESENTATION 2011-2012

NAME	STAKEHOLDER GROUP	POSITION
Richard Orzecki	• MidCentral District Health Board	Manawhenua Hauora Chairman
	• Central Alliance Subcommittee	
	• Hospital Advisory Committee	
	• Enable NZ Governance Group	
	• (Deputy Chair)	
	• Te Whiti Ki Te Uru	
	• Transitional Steering Group	
Stephen Paewai	• Hospital Advisory Committee	Rangitane o Tamaki nui a Rua
	• Disability Support Advisory Committee	Central Primary Health Organisation
Tawhiti Kunaiti	• Hospital Advisory Committee	Rangitane o Tamaki nui a Rua
	• Disability Support Advisory Committee	
Matt Matamua	• Enable NZ Governance Group	Manawhenua Hauora Board Member
	• BSMC Whanau Ora Leadership Group	
Oriana Paewai	• Child and Adolescent Oral Health Steering Group	Manawhenua Hauora Board Member
	• Renal Services Steering Group	
	• Community and Public Health Advisory Committee	Committee Member
Rawiri Kiriona	• Family Violence Intervention	Te Runanga o Raukawa Social Services

Manawhenua Hauora 2012 Hui Schedule

January						
Su	M	Tu	W	Th	F	Sa
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February						
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Important Dates

Public Holidays

Manawhenua Hauora Hui

DHB Board Meetings

DHB Committee Meetings

Te Whiti ki te Uru Hui

TBC

Executive Management Team Hui

TBC

MCH and MWH Chair/Chair hui

TBC

MCH and MWH Annual Board hui

TBC

Meeting Venue:

MIDCENTRAL HEALTH DHB offices
Gate 2B, Heretaunga Street
Palmerston North
Hui commences: 10.00am



DRAFT

Manawhenua Hauora 2013 Hui Schedule

January '13						
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July '13						
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August '13						
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September '13						
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October '13						
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November '13						
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December '13						
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29	30	31				

Important Dates

<http://www.vertex42.com/calendars/>

PUBLIC HOLIDAYS

Manawhenua Hauora Hui

DHB Meetings

DHB Committee Meetings

Te Whiti ki te Uru

Executive Leadership Hui

MDHB/MWH Chair/Chair Hui

May/November (TBC)

MDHB/MWH Board/Board Hui

July 22 (TBC)

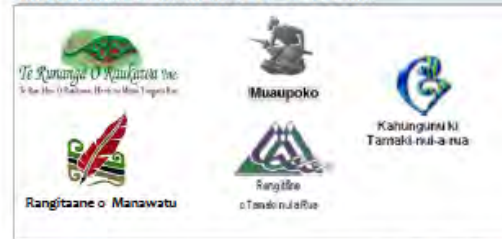
MEETING VENUE:

MidCentral District Health Boardroom

Heretaunga Street

Palmerston North

MWH Hui commences: 10.00am



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TO MDHB and Manawhenua Hauora
FROM Kairangahau
Policy and Research

DATE July 2012
SUBJECT Community Survey Report 2011/2012

Community Survey REPORT 2011/2012

1. INTRODUCTION

- 1.1 In December 2011 Manawhenua Hauora promoted and distributed an annual internet based consumer survey that was available for public access online from January 2012. In addition, surveys were distributed manually to compensate for those consumers who did not have access to the internet or computers.

2. BACKGROUND

- 2.1 Objective one of the Manawhenua Hauora Work Programme 11/12 is to provide coordinated leadership for Māori health within the DHB region, the initiative is to engage with Iwi/Maori providers throughout the District to obtain information for Maori Health developments and issues.
- 2.2 A total of 112 surveys were completed and evaluated and a report was submitted to Manawhenua Hauora for review in June 2012.
- 2.3 It was agreed that a further report should be developed to incorporate key themes and indicators from Te Aroturuki (Maori Responsiveness Framework), that could be utilised by MDHB as a tool to enable a strategic approach to Māori health development that supports informed planning, policy development, service purchasing, service delivery, and monitoring.
- 2.4 The purpose of the framework is to:
- Provide and monitor over time key indicators of Māori health outcomes;
 - Enable assessment of how Māori outcomes compare with non-Māori; and
 - To help identify key issues and areas where action needs to be taken, which can in turn help with planning and decision-making.
- 2.5 There are six key outcome areas that describe significant aspects of how Māori view their health and wellbeing as well as what they value.
1. **Te Kawai Maori** - Being Māori
 2. **Te Hā O Te Māramatanga** - Good Environment
 3. **Ngā Painga Pūmau** - Good Services that fit people
 4. **Te Pai Oranga** - Wellness and Illness
 5. **Te Pū Arataki Whaihua** - Leading and making decisions
 6. **Te Mana Rangatira** - Having a full and enjoyable life

- 2.6 Manawhenua Hauora collated statistics and comments/feedback from the Community surveys distributed during 2011/2012, and measured these against the six outcome areas (listed above) as per Te Aroturuki Framework.

3. OVERVIEW

3.1 SURVEY RESPONDENT DEMOGRAPHICS

- 57% of those surveyed were between 40—59 years; and
- 32% reside in the Manawatu;
- 28% reside in Palmerston; and
- 36% in Tararua.

- 3.2 Table 1. (Pages 27-28) outlines each of the 6 core themes of how Maori view their own health and wellbeing, sub-theme(s), and samples of consumer responses extracted (verbatim) from the Manawhenua Hauora surveys 2011/2012.

- 3.3 Comments listed represent a small minority of feedback received. However they are indicative of the most prevalent issues noted from the Manawhenua Hauora 2011 and 2012 Community Surveys.

Priority areas identified were:

- Accessibility, i.e.
 - Transport (cost of car parking);
 - Accessibility of services after hours; and
 - Cost (reduced fees for dental and GP).
- Cultural Connectedness, i.e.
 - Increase in Maori workforce within health services; and
 - Lack of cultural awareness in service delivery (by staff).

It is recommended:

that this report be received

Nga mihi

Debbie Te Puni

Kairangahau, Policy and Research

Manawhenua Hauora

Table 1

Core Theme	Sub-Theme(s)	SAMPLE OF RESPONSES (MWH Community Survey 2012)
<p>Kawai Maori</p> <p>Being Māori</p>	<ul style="list-style-type: none"> • Access to, maintenance and development of Traditional Knowledge Traditional Cultural expressions and practices • Iwi population and patterns of migration • Ownership, access, use, • permanent sovereignty of lands, territories, natural resources, waters 	<ul style="list-style-type: none"> • <i>Easier access to specialist appointments, instead of travelling like asthma clinics, orthopaedic clinics, xrays at cheaper prices in Dannevirke. We travel to Palmerston North and the Xray is free!</i> • <i>Travelling nurses etc..When I was living in Perth and was sick, a nurse would come morning and night to give me fluid intravenously. But in my last pregnancy I was told to travel to Palmerston North - far too stressful.</i> • <i>More access for Maori Whanau living in Fielding and surrounding districts including the Rangitikei Valley!</i>
<p>Te Hā O Te Maramatanga</p> <p>Good Environment</p>	<ul style="list-style-type: none"> • Health of eco-systems • Engagement of Māori communities, hapū and iwi in environmental activity 	<ul style="list-style-type: none"> • <i>Maori receptionists/Maori nurses and Maori environment surroundings.</i> • <i>More room in medical waiting areas. More private reception area. Not being rushed through appointments. Maori staff at medical centres.</i> • <i>Clean environments, patient staff (she'll be right attitude) Staff understanding Kaupapa Maori not to be stuck in corner</i>
<p>Ngā Painga Pumau</p> <p>Good Services that fit people</p>	<ul style="list-style-type: none"> • Māori involvement in service planning • Māori health service provision • Responsive mainstream health services 	<ul style="list-style-type: none"> • <i>Better coordination amongst health providers Health Centres in communities -Doctors, Dentists, pharmacies etc.</i> • <i>On a recent stay in hospital (Palmerston North) every staff changeover was done on the ward at the nurses' station, which is right beside patient beds. I could hear, the whole ward could hear, what each person was in there for, each person's history etc..Talk about embarrassing. I couldn't wait to get out of there.</i> • <i>Increase levels of understanding for kaupapa Maori services - to reduce barriers for Maori put up by clinical staff.</i>

<p>Te Pai Oranga</p> <p>Wellness & Illness</p>	<ul style="list-style-type: none"> • Mortality • Disease • Lifecycle 	<ul style="list-style-type: none"> • <i>More alternative healing practises over the modern day pharmaceutical approach would be more beneficial for our people. Looking more at what people are putting in their mouths first and foremost, and getting rid of the myths of nutrition. "You are what you eat". Let medicine be thy food & food thy medicine.</i> • <i>Dentists need to lower their cost!!!! As well as Doctors.</i> • <i>Paying for prescriptions is a problem at times.</i>
<p>Te Pu Arataki Whaihua</p> <p>Leading and making decisions</p>	<ul style="list-style-type: none"> • Community Action • Health of communities • Participation and Choice 	<ul style="list-style-type: none"> • <i>Cut out car parking. What happens to revenue from car parking? Why can't we use rural car parking space after 4pm and the weekends? There are not clinics or appointments after 4pm or weekends!</i> • <i>If there was cheaper dental services for everyone not just those on the benefit. Those who work don't make enough money to go to the dentist, I for one work, but can't afford to go to the dentist.</i> • <i>Easier access to specialist appointments, instead of travelling like asthma clinics, orthopaedic clinics, xrays at cheaper prices in Dannevirke. We travel to Palmerston North and the Xray is free!</i>
<p>Te Mana Rangatiratanga</p> <p>Having a Full and Enjoyable Life</p>	<ul style="list-style-type: none"> • Lesiure • Whanau • Education • Housing • Occupation • Family Type • Income 	<ul style="list-style-type: none"> • <i>To make things better in our community. We need to lower cost. Such as living expensive, food, housing.</i> • <i>More affordable, if it isn't affordable then people may struggle to get to a doctor, therefore may get even more unwell!</i> • <i>Making sure whanau are seen at or around their time allocated. Not making them wait for over an hour or more. Having better peoples service at reception not making you feel like you should not be there. Making waiting rooms more friendly spaced.</i>