MANAWHENUA HAUORA

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

ANNUAL REPORT

Manawhenua Hauora

To

MidCentral District Health Board

2014

Annual Board to Board hui
MidCentral District Health Boardroom
September 23rd 2014

INDEX

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 whäiti 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 Rangitāne, Ngati Raukawa, Muaupoko Iwi, 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, and Murray Georgel our CEO and his senior management team.

It has been a crazy time and I am finally putting pen to paper or in this case, fingers to keyboard on the morning of election day. So tonight we should know what the next three years will look like on the health landscape at least.

One thing that will be missing is our local Member of Parliament the Hon Tariana Turia. "Over the last two terms of government, because of her positioning as a strong and independent Māori voice, her influence has been remarkable, whether it be in rheumatic fever prevention, tobacco reform, bariatric surgery, Māori and Pasifika health innovation, health literacy, oral health, Māori and Pasifika suicide prevention, Māori provider development and of course the Whānau Ora approach. Her influence extended further into negotiating free healthcare and prescriptions for all children under 13 years of age as well as a vast platform of initiatives in the disability support sector.

This fifth annual report is an indicative measure of how the relationship between Manawhenua Hauora and the MidCentral District Health Board has grown over the last twelve years. I have had the honour of being the Chair of Manawhenua Hauora and the privilege of being an appointed member to the Mid Central District Health Board, the Whanganui District Health Board and the Co-ordinating Chair of Te Whiti Ki Te Uru (Central Region Maori Relationship Boards). The great opportunity in these roles is to build some very important bridges to allow us to share our vision, plans, korero, and success. This all equates in reality to many, many important hui to achieve some health gains.

In the last twelve months the following are some if the notable highlights;

- The appointment of the new position of Director Maori Health and Disability was finally realised when Stephanie Turner was welcomed in one of the longest powhiri held at Mid Central DHB on 19th May 2014. This day was the culmination of a long process that encompassed a comprehensive report on Maori Leadership within the DHB which included consultation with a large number of stakeholders. We have seen the benefit after a short time with Stephanie in her role. The path ahead is exciting and we look forward to seeing the paper being prepared that outlines the vision, process and requirements to enable a Mid Central Maori Directorate.

- Central Region Governance Training for Maori Relationship Boards in the Central Region was held on June 26th and 27th in the new Board office for the MidCentral DHB. The was the first major hui since the building was blessed a few weeks before by Matua Rocky Hudson. The space was a great compliment to the effort that had gone into relocating the refurbishing the old social club. The participants felt it was a warm space and very conducive to learning. The training itself was very important for the five of the six Central region DHB's Iwi Relationship boards present to share and learn from one another about how governance and relationships, and strategic planning work at a local level, sub-regional level and regional level.

- Te Whiti Ki Te Uru (TWKTU) the Central Region Maori Partnership Boards (similar to the RGG -Regional Governance Group) setup in the Central Region to help determine and prioritise the Maori Health Priorities. Te Whiti Ki Te Uru meet four times a years and will alternate its meeting so it is able to meet with the RGG with CEO's present and then with the Central Region Maori Managers (CRMM made up of GM and or Director Maori). Over the last few years we have also participated in the Central Region Combined Boards Planning Days. The last planning day was held on Friday May 16th in the Wairarapa. TWKTU members met on the Thursday evening, then met with the RGG on Friday morning before we all attended the Combined Boards meeting planning day. The Combined Board Forum covering all six DHB's agreed that day that Maori Health was one of six priority areas to focus on. The three priority areas that were agreed that we should work on include:

  1. Use of the national Māori health indicator report to drive improvements in the health outcomes of Māori in our region;
  2. Develop the Māori workforce in health; and
  3. Consider cultural competency within the sector.

  The next steps is to work with the CRMM to put these into operational work plans.

- The Central Alliance between the Whanganui DHB and MidCentral DHB is a sub-regional relationship and is governed by a sub-Committee co-chaired by Phil Sunderland and Dot McKinnon. Both CEO's senior clinicians and management have been part of the planning and focus on priority areas. During this last year the sub-Committee has work with both DHB Boards to revise its Foundation Agreement. Part of the discussion has been to invite the Chairs of Manawhenua Hauora and Hauora a Iwi to the face to face sub-Committee meetings. This would allow the Iwi partners to discuss items relevant to Maori Health which focus on Maori Health outcomes, to be involved in the discussions and thinking around developing a joint strategic plan. Hauora a Iwi and Manawhenua Hauora have agreed that two or three of the Maori Health Priorities in the Maori Health Plan would be good to engage on a sub-regional activity and help to describe in some details what progress has been made to our combined Maori populations.

- Manawhenua Hauora has also been working with the CEO to discuss how funding for Manawhenua Hauora may be achieved moving forward. This has involved a number of discussions which has recently been finalised. The over-riding consideration has to include all funding of activities into one funding regime. This now gives Manawhenua Hauora a level of digression that was not previously available. The outcome is that an agreement has been reached with Manawhenua Hauora and Mid Central DHB which covers a three year period. The outcomes and have set out clearly which the fund holder will now report against. I think from my perspective this in indicative of a level of confidence in how Manawhenua Hauora operates and is a very elegant solution.

- Terms of Reference Review has again be undertaken for the next three years. This note a number of changes about how we operate. The question about if Taura here (Maori who live in the DHB area but do not whakapapa to one of the four Manawhenua Iwi) should have a voice around the table. We concluded after talking to members and other Iwi Relationship Boards that our korero has always focused on outcomes of all Maori who live in the DHB area and not just those who belong to one of the four Iwi partners.

- Manawhenua Hauroa has also supported the Manaaki Hauora Chaplaincy Training Initiative and Accreditation Programme which was developed and delivered by Te Whare Wananga, Anglican Maori Diocese of Te Waipounamu for Maori ministers' to work within a DHB environment providing spiritual and practical help to patients and staff. The Archdeacon Rev Te Hopehuia Hakaraia and the Rev Kelly Tipene have been working since July 21, 2014 in their capacity to each give 200 hours of service which is part of their practical training in Palmerston North. This is under the expert supervision of the Revd Tamati Pewhairangi who has also spent considerable time and effort to organising these placements. Both Te Hopehuia and Kelly presented their experiences so far to Manawhenua Hauora in its recent meeting. Manawhenua Hauora agreed this was an outstanding initiative to help support our Maori whanau who need to come to hospital to be helped and supported.

Archdeacon Te Hopehuia Hakaraia and Rev. Kelly Tipene, August 2014

- The Maori staff members in the Central Region who fill the role Directors, and Managers of Maori Health have worked hard to prepare Tu Kaha 2014 Conference to be held at the Hasting Racing Club on 29-31 October, 2014. We have been actively promoting this to our networks as the best forum to engage with Maori in the Health Sector. The Whanganui DHB have offered its Board members to attend this conference which might be offered to the Mid Central DHB Board members.

- I want to acknowledge another important relationship with the Central PHO and in particular the Director of Maori Health Materoa Mar and her staff. The Maori Wellbeing in the Mid Central DHB document is to provide information to District Groups (and others) who will find it useful when looking to work with Maori with regards to Health Service Improvement. Manawhenua Hauora have acknowledge how useful this document will become. Muaupoko and Kahungunu Iwi have provided some input into profiling their Iwi.

Finally, we acknowledge the support and advice provided by the MDHB Chairman, MDHB CEO, who have made themselves available to attend the Manawhenua Hauora hui this year. This has been appreciated. We also acknowledge in this report the support of Enable NZ to host a number of our hui this year as the new Board office was being built.

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 and in particular to our long standing member Matt Matamua who has not only been a valuable member of Manawhenua Hauora but also to the Enable NZ Governance Group for a number of years. We have all valued his contribution in whatever capacity he has served in.

My last thought for this report is again from Tariana Turia in her final valedictory speech in parliament she noted: "As whanau we may not have it all together, but together we have it all. I am hopeful that Manawhenua Hauora and Mid Central District Health Board "*together have it all*"

Richard Orzecki

Chairman, Manawhenua Hauora

Opening of the new Boardroom office, 6th June 2014

1. Introduction

The Annual Report highlights the outcomes from the Manawhenua Hauora Work Plan July 2013 to June 2014 and the planned activities from July 2014 to June 2015.

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.

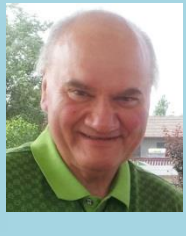
In 2001 the Memorandum of Understanding (MOU) between Manawhenua Hauora (MWH) and the MDHB Board was formalised.

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

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

MANAWHENUA HAUORA MEMBERS 2013-2014

TABLE 1.1A

	MUAUPOKO	NGATI RAUKAWA KI TE TONGA	RANGITĀNE	KAHUNGUNU
DELEGATES	Matt Matamua 	Richard Orzecki **(Chairman)** 	Danielle Harris **(RoM) (Deputy Chair)** 	Adele Berquist 
	Brenton Tukapua 	Mary Sanson 	Oriana Paewai **(RoM)** 	Henare Kani **(Tamaki Nui a Rua)** 
ALTERNATES		Ana Winiata	Kararaina Oldridge **(Manawatu)**	

OTHER ATTENDEES INCLUDE:

Attendee	Position
MDHB Maori Management Team	
Doug Edwards	Maori Health Advisor, Funding Division
Te Aira Henderson	Maori Health Service Manager
ENABLE NZ	
Hare Arapere	Kaupapa Maori Manager
Central PHO	
Materoa Mar	Director, Maori Health

Left to Right: Doug Edwards (MCH Funding & Planning), Matua Rocky Hudson (Kaumatua), Richard Orzecki (MWH Chair), Stephanie Turner (MCH Director Maori Health & Disability)6th June 2014

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.

Central Region Board Training, Palmerston North
26/27 June 2014

2. Manawhenua Hauora Priorities & Focus Areas 2014/2015

Manawhenua Hauora monitored progress reports against the 2013/2014 Annual Plan, Maori Health Plan, and Regional Service Plan, and also hosted the Maori Leadership Moving Forward Wananga on the 19th of November 2013. Members reviewed the Ministers Letter of Expectations received in February 2014, and acknowledge the following priorities at a National, Regional and Local level.

2.1 National Priorities 2014/205

Review of the Ministers Letter of Expectations for 2014/2015 outlined the national priorities as listed below:

- Increase Immunisation rates;
- Reduce incidence of Rheumatic Fever;
- Assist to reduce the number of assaults of children;
- Shorter stays in Emergency Departments;
- Improved access to elective surgery;
- Shorter waits for cancer treatments/transitioning to Faster Cancer Treatment;
- Increased immunisation;
- Better help for smokers to quit; and
- More heart and diabetes checks.

Manawhenua Hauora supported the actions set out for the next three years to advance all national health targets and Government priority areas. To advance these areas Manawhenua Hauroa will continue working collaboratively with MDHB to monitor reporting against the Annual Plan 2014/2015 and Maori Health Plan 2014/2015.

2.2 Regional Priorities 2014/2015

In May 2014 the Central Region Combined District Health Board's Forum met and established Regional priority areas for Maori Health as follows:

- Use of National Maori health indicator report to drive improvements in the health outcomes of Maori in our region;
- Develop the Maori workforce in health; and
- Consider cultural competency within the sector.

Manawhenua Hauora (MWH) will monitor those priorities as part of the MDHB and MWH Work Programme 2014/2015.

2.3 Local Priorities 2013/2014

2.3.1. Māori Health Leadership

Following the Māori Leadership review report in 2013, Manawhenua Hauora supported the establishment of a GM/Director Māori Health reporting directly to MCDHB Chief Executive as a positive step to strengthening Maori Health Leadership within our District that will ultimately contribute to improved health outcomes for the Maori Population.

It was our recommendation that an additional section for Māori Health Leadership is included in the Annual Plan such as: *"Strengthening of Māori Health Leadership within the DHB to contribute to improved health outcomes for the Māori Population"*

Manawhenua Hauora supported the establishment of a Māori Alliance Leadership team (MALT) that will provide improved integration between primary and secondary sectors, and support outcomes for Māori workforce development.

2.3.2 Health of Older Persons

Manawhenua Hauora supported the enhancement and establishment of community support services and Programmes that contribute to increased independence of elderly persons, and suggest the inclusion of an initiative within this section of the Annual Plan, such as *"Support Services and Programmes that contribute to increased independence of elderly persons".* Members supported the feasibility study to review the Re-design of older persons systems.

2.3.3 Womens Health (Maternal Health)

Manawhenua Hauora supported quality improvement activities for Maternal Health Services, and the proposal to develop a Primary Birthing Facility (Palmerston North) Business Case.

2.3.4 Mental Health and Addictions (Youth Mental Health)

Members supported the need to strengthen a district-wide suicide prevention approach, and child and youth mental health services, to address the disturbing number of youth suicides within our region.

Also "Supported increased health promotion initiatives to contribute to greater prevention and reduced hospitalisation".

2.3.5 Local Priorities – Results 2013/2014

Manwhenua Hauora note good progress and results against the actions and performance measures that were outlined in the 2013/2014 Annual Plan and Maori Health Plan. Some highlights:

- Target immunisation coverage rates for children are being consistently achieved;
- More Maori are enrolled with Central PHO;
- Increasing numbers of Maori are being given brief advice and help to quit smoking as well has having their risk assessed for cardiovascular disease;

- Lower than national rates for Maori being admitted to hospital for ambulatory sensitive conditions;
- Improved rates for Maori women participating in the cervical screening programme but still lag behind all other population groups;
- There were no hospitalisations for acute rheumatic fever in the 2013/1 4 year;
- Enrolments of 0-4 years of Maori children in the Child and Adolescent Oral Health Services increased significantly –exceeding target. Examinations according planned recall period for pre-school and primary school children also achieved target.
- Governance arrangements for Whanau Ora changed over the year. A move towards a "Commissioning for results' model has been initiated. Three NGO commissioning agencies have been established. MidCentral continues to meet with Te Hono ki Taraura me Ruahine, and Te Tihi o Ruahine Whanau Ora Alliance. Various Whanau Ora Policy Framework are being researched. The DHB are looking to adopt a framework that will best support the Collective/Alliance Programme of Action.

2.4 MWH LOCAL PRIORITIES IDENTIFIED FOR 2014/2015

Targets not achieved in the Maori Health Plan 2013/2014 include:

- The number of Maori having cardiovascular risk assessments increased and steady improvements were made each quarter, but the gap in rates between Maori and non-Maori was still evident.
- Breast Screening (2 year coverage) rate for Maori women (aged 50-69) continues to lag behind all others;
- Data shows above 90% of women are offered advice to quit smoking, considerably fewer accept cessation support. In Quarter 4 only 25% of Maori women (64 seen by LMCs) accepted cessation support;
- Adolescents utilising DHB funded Oral health services targets were achieved. However, there has been a reduction in Maori children who are caries free compared to 2012 data (some data collections issues were acknowledged).

4 additional key priority areas Manawhenua Hauora have been identified and included in the Work Programme for 2014/2015 includes:

- Smoking cessation;
- Oral health;
- Women's health; and
- Whānau Ora.

FINAL WORK PROGRAMME 2013/2014

Manawhenua Hauora and MidCentral DHB: 2013/14 Work Programme			JUNE 2014
Objective	**Focus Area**	**Measures**	**PROGRESS**
To provide **co-ordinated leadership for Maori health** within the DHB region	Identification of local Maori health priorities	Local Maori health priorities identified, as part of the annual planning process, by November each year.	Manawhenua Hauora members agreed that local priorities should include: ***Whānau Ora*** and ***Māori Health Leadership,*** as significant initiatives leading the transformation of Māori Health into the next decade. 3 other areas were also identified by Iwi representatives as key areas needing development and support to ensure better health outcomes for whānau. They include: ***health of Older persons, Women's health (maternal health); and Mental health and addictions (younger people).*** *(Maori Health local priorities submitted to MDHB November 2013).* ***COMPLETED***
To provide **guidance** to MDHB on **Maori health needs and priorities**	Health needs assessment	Health needs assessment results in respect of Maori Health, including trends and emerging trends, considered by Manawhenua Hauora and key issues for consideration in determining local Maori health priorities and strategy identified.	Health Needs assessment and MHP indicator report distributed and reviewed by Manawhenua Hauora November 2013. Maori Health Strategy Engagement process to be developed. Maori Leadership Wananga held November 2013 at Aorangi Marae - Kaupapa: Maori Health Leadership & Manawhenua Hauora Moving forward. (Report completed). ***ongoing***
	Feedback from Maori communities	Feedback obtained from local Maori communities through the Maori Health Strategy engagement process reported back to Manawhenua Hauora and MidCentral DHB's Board by 30 September 2014.	
To contribute to **strategies for**	Development of Maori	Proposed approach to reviewing Maori Health Strategy endorsed	To be reviewed with the Director Maori Health & Disability.

Maori health	health strategy	by Manawhenua Hauora and MidCentral DHB by 28 February 2014. (NB: approach to include engagement with local Maori communities.) Maori Health Strategy supported by Manawhenua Hauora and recommended to MDHB via CPHAC by 30 September 2014.	**ongoing**
	Development of Annual Plan Development of Annual Maori Health Plan	MDHB's Annual Plan and Maori Health Plan for 2014/15 reviewed by Manawhenua Hauora and advice provided on effectiveness of initiatives to advance Maori health, particularly local and national Maori health priorities.	MDHB Funding & Planning GM attended MWH hui 31st March to discuss AP and MHP 2014/2015. Feedback discussed with members and submitted to MDHB April 2014. ***COMPLETED***
To **monitor Maori health gains** in the district through impacts of MDHB's health service delivery and investment	Health Needs Assessment (as above)	Monitor trends in Maori Health via the annual health needs assessment (as above).	Reviewed by MWH November 2013 **ongoing**
	Local, regional and national priority measures (as attached)	Quarterly review of results against local, regional and national Maori Health measures reported to Manawhenua Hauora and MidCentral DHB's Board (via CPHAC). (NB: this includes Whanau Ora.)	Quarterly review of local/regional and national measures through the Planning and Support Operating report submitted to CPHAC. Reviewed by Manawhenua Hauora February and April 2014. Consolidated Maori Indicator report Central Region and MHP Indicator narrative report reviewed February 2014 **ongoing**
Provide expert advice and counsel on **important Maori issues** which are appropriately considered at a governance level	Major service changes	Major service change proposals considered by Manawhenua Hauora and advice given as to their likely impact on Maori Health	Manawhenua Hauora involved in the recruitment process for the Director Maori Health & Disability. Manawhenua Hauora endorsed the Regional Womens Health Tuia Framework developed by the Maori Cultural Advisory Group in February 2014. **ongoing**
		Significant service plans, eg site	1. The proposal relating to the reconfiguration of renal 1. Manawhenua Hauora members were advised that the Central Alliance Board

	redevelopment, renal	services with the centralAlliance is considered by Manawhenua Hauora and advice given as to its likely impact on Maori Health. 2. Manawhenua Hauora's views sought regarding the Master Health Service Plan being developed for MidCentral DHB and advice given as to its likely impact on Maori Health. 3. Manawhenua Hauora's views sought regarding the draft disability audit tool which is to be submitted to MidCentral DHB's Board (via DSAC) for approval by 30 June 2014.	sub committee received a renal services sub regional plan update in February 2014. The decision not to proceed with a satellite service was largely based on lack of numbers living in rural areas. Update provided in February 2014, noted that progress has been slow with only two actions being achieved. The aim was to have all activities underway in early 2014. Update provided in March with a reference to notes from February - progress ongoing. 2. Iwi and Maori health representatives have been sourced to participate in a Master Health Service Planning Steering Group. 2 x workshops (8th May, 29th May 2014). **Ongoing** **3. Not Achieved** (Draft disability audit tool has not been submitted for review)
	Treaty of Waitangi Policy	The regular review of MidCentral DHB's Treaty of Waitangi Policy involves Manawhenua Hauora as a key stakeholder. The next review to be completed by 30 June 2014.	**Not Achieved** (Treaty of Waitangi Policy has not been submitted for review)

Supporting Arrangements

To support this work programme, the following hui arrangements have been put in place:

• Annual hui between Manawhenua Hauora and MDHB's boards	July 2014 TBC
• Six-monthly review meetings between MH's Chair & Deputy Chair and MDHB's Chair and CEO	May 26th TBC
• Six-weekly meetings of Manawhenua Hauora, with MDHB management in attendance	Next 12th May 2014
• Participation (through Chair) in Te Whiti Ki te Uru – the Central Region's Maori Relationship Forum	Next 16th May 2014
• Participation (through Chair and Deputy Chair) in annual planning workshops	Planning workshop 25/2/2014 (Chair)

Governance workshop 8/4/2014 (Chair)

Whanau Ora	
Formal meetings held with each of the local Whanau Ora collectives by 31 December 2013 and 30 June 2014.	Te Tihi Whanau Ora Alliance and Te Hono were invited to speak at the Leadership wananga held in November 2013. Ongoing reports are received from Whanau Ora Alliance/Collective members on a six weekly basis.
Service contracts are reviewed in conjunction with Whanau Ora collectives by 30 June 2014.	No service contracts reviewed.
Explore other opportunities to support the Collectives Programme of Action	Ongoing

FINAL WORK PROGRAMME 2014/2015

Manawhenua Hauora and MidCentral DHB: 2014/15 Work Programme

Objective	Focus Area	Measures	Responsibility	
			MidCentral DHB	Manawhenua Hauora
To provide **co-ordinated leadership for Maori health** within the DHB region	Identification of local Maori health priorities	Local Maori health priorities identified, as part of the annual planning process, by November each year.	Incorporate local Maori health priorities into AP once advised by Manawhenua Hauora	Advise priorities to MDHB
To provide **guidance** to MDHB on **Maori health needs and priorities**	Health needs assessment	Health needs assessment results in respect of Maori Health, including trends and emerging trends, reported to Manawhenua Hauora and MidCentral DHB's Board (via CPHAC).	Provide updated Health Needs Assessment	Provide advice on HNA from Maori perspective, identifying key issues for consideration in determining local Maori health priorities and strategy
	Feedback from Maori communities	Feedback obtained from local Maori communities through the Maori Health Strategy engagement process reported back to Manawhenua Hauora and MidCentral DHB's Board by 30 September 2015. (Refer also Development of Maori health strategy below.)	Obtain community feedback and provide report on same	Provide advice on findings
To contribute to **strategies for Maori health**	Development of Maori health strategy	Proposed approach to reviewing Maori Health Strategy endorsed by Manawhenua Hauora and MidCentral DHB by 31 October 2014. (NB: approach to include engagement with local Maori communities.) Maori Health Strategy supported by Manawhenua Hauora and recommended to MDHB via CPHAC by 30 June 2015.	Develop approach for Maori Health Strategy review Develop Strategy	Provide advice on proposed approach and the resultant strategy
	Development of Annual	MDHB's Annual Plan and Maori Health Plan for 2015/16 reviewed by	Develop Annual Plan	Provide advice on Annual

	Plan Development of Annual Maori Health Plan	Manawhenua Hauora and advice provided on effectiveness of initiatives to advance Maori health, particularly local and national Maori health priorities.	Develop Maori Health Plan	Plan Provide advice on Maori Health Plan
To **monitor Maori health gains** in the district through impacts of MDHB's health service delivery and investment	Health Needs Assessment (as above)	Monitor trends in Maori Health via the annual health needs assessment (as above).	As above	As above
	Local, regional and national priority measures (as attached)	Quarterly review of results against local, regional and national Maori Health measures reported to Manawhenua Hauora and MidCentral DHB's Board (via CPHAC). (NB: this includes Whanau Ora.)	Provide quarterly reports	Provide advice on reports
		Annual report of results against the Maori Health Plan reported to Manawhenua Hauora and MidCentral DHB's Board (via CPHAC)	Provide annual report	Provide advice on report
		Six-monthly report of progress in implementing the Maori Leadership Review reported to Manawhenua Hauora and MidCentral DHB's Board (via HAC)	Provide six-monthly reports	Provide advice on reports
		Support and monitor the Regional Māori Health Priorities identified at the Central Region Combined District Health Board's Annual Forum, i.e: • Use of the national Māori indicator report to drive improvements in the health outcomes of Maori in our region; • Develop the Māori workforce in health; and • Consider cultural competency within the sector.	Provide quarterly reports	Provide advice on reports
Provide expert advice and counsel on **important Maori issues** which are appropriately considered at a governance level	Major service changes	Major service change proposals considered by Manawhenua Hauora and advice given as to their likely impact on Maori Health	Provide report on major service proposals	Provide advice on reports
	Significant service plans, eg site redevelopment and centralAlliance	Manawhenua Hauora's views sought regarding the Master Health Service Plan being developed for MidCentral DHB and advice given as to its likely impact on Maori Health.	Develop indicative business case for Master Health Service Plan Develop business case for Master Health Service Plan	Provide advice on reports

		Manawhenua Hauora's views sought on the Health Charter/Strategy being developed for MidCentral DHB	Develop Health Charter/Strategy	Provide advice on charter/strategy
		Manawhenua Hauora's views sought on the centralAlliance Strategy being developed by MidCentral and Whanganui DHBs	Develop Strategic Plan for centralAlliance	Provide advice on centralAlliance Strategic Plan in collaboration with Hauroa A Iwi.
	Treaty of Waitangi Policy	The regular review of MidCentral DHB's Treaty of Waitangi Policy involves Manawhenua Hauora as a key stakeholder. The next review to be completed by 31 December 2014.	Review Treaty of Waitangi Policy and provide report re same	Provide advice on policy

Supporting Arrangements

To support this work programme, the following hui arrangements have been put in place:

- Annual hui between Manawhenua Hauora and MDHB's boards
- Six-monthly review meetings between MH's Chair & Deputy Chair and MDHB's Chair and CEO
- Six-weekly meetings of Manawhenua Hauora, with MDHB management in attendance
- Participation (through Chair) in Te Whiti Ki te Uru – the Central Region's Maori Relationship Forum
- Participation (through Chair and Deputy Chair) in annual planning workshops
- Ongoing engagement and consultation by Manawhenua Hauora with the Governors of the 4 Iwi Boards regarding Maori Health priorities and outcomes within our region.

Signed:

23 September 2014

Phil Sunderland
Chairman
MidCentral DHB

23/9/14

Richard Orzecki
Chairman
Manawhenua Hauora

23/9/14.

MidCentral District Health Board
Te Poe Hauora o Ruahine o Tararua

Phil Sunderland & Richard Orzecki
Signing the 2014/15 Work Programme
September 23rd 2014

MANAWHENUA HAUORA

APPENDIX 1
Maori Health Update 2013/2014

Advancing the six national health targets

Shorter Stays in Emergency Department

- **Still trying.**

The non-achievement of this target was really disappointing. We aim for 95% of people presenting to our Emergency Department to be admitted, discharged or transferred within six hours but the rates we achieve are the lowest in the country. During the year we recorded 40,383 Emergency Department attendances. Of these, 88.3% (or 35,650) were managed within the six hour target. For those people who can be seen and treated within ED, they are generally seen within six hours. It is when people require admission to hospital and transfer from ED to another service, and we need to discharge inpatients from the wards, that we experience delays. This remains a priority area of the DHB.

Improved Access to Elective Surgery

- **Exceeded.**

The target of 6405 elective surgical discharges was surpassed, with 6951 achieved for the year. This equates to 108.6% of target, being an additional 4,000 discharges per year..

Shorter Waits for Cancer Treatment

- **Achieved.**

Everyone needing radiation therapy or chemotherapy, who is ready to treat, had it within four weeks of their first specialist assessment, so achieving the national target.

Increased Immunisation

- **Exceeded.**

The target of 85% of eight-months-olds receiving their primary course of immunisation was exceeded, with 96.9% achieved by year end, and 95% for the year in total. This result was achieved for both Maori and non-Maori children (2094 out of 2201 infants in total) which was extremely pleasing.

Better Help for Smokers to Quit

- **Major improvement achieved in primary care.**

The target is 95% of hospitalised patients who smoke, and 90% of patients who smoke seen by a health practitioner in primary care are offered brief advice and support to quit smoking. MidCentral achieved 92.6% and 81.3% respectively (an improvement over last year's results of 90.8% and 67.1%). We are confident of achieving target next year.

Better Diabetes and Cardiovascular Services

- **Major improvement achieved.**

The target is that 90% of the PHO enrolled eligible population will have had a cardiovascular risk assessment within the last five years. We achieved 87.1%. While not yet meeting target, this is a significant improvement on last year's result of 68% and saw 38,740 people assessed.

Advancing Maori health

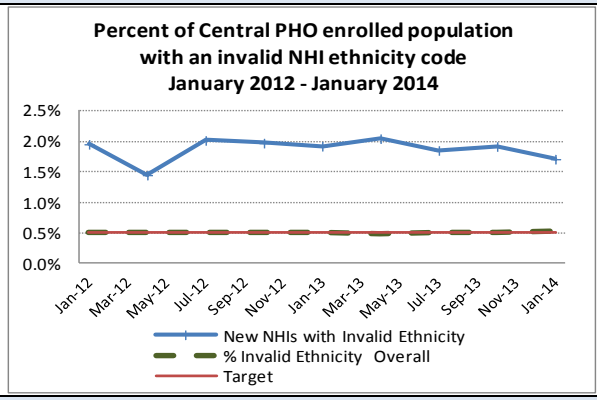
Reducing inequalities for our Maori population is a key target and we continue to make advances in this area.

National Indicators for Maori Health	MidCentral DHB's Result 2013/14
Access to Care	
100% Maori population enrolled with PHO	85%
Workforce (no national target)	
18% DHB employed staff who identify as Maori	6.6%
Immunisation	
90% 8-month-old Maori infants who have their primary course immunisation on time	97%
Ambulatory Sensitive Hospitalisations (no national target)	
Standardised rate per 100,000 for Maori aged 0-74 years	2,701
Standardised rate per 100,000 for Maori aged 0-4 years	5,505
Standardised rate per 100,000 for Maori aged 45-64 years	3,704
Better Help for Smokers to Quit	
95% Maori patients admitted to hospital who smoke and are offered brief advice and support to quit smoking	93%
90% enrolled Maori patients who smoke and seen by a health practitioner in primary care are offered brief advice and support to quit smoking	83%
Breastfeeding	
68% of infants fully and exclusively breastfeeding for Maori at 6 weeks of age	51%
59% of infants fully and exclusively or partially breastfeeding for Maori at 3 months of age	26%
59% of infants fully, exclusively or partially breastfeeding for Maori at 6 months of age	53%
Cardiovascular Disease	
90% eligible enrolled Maori population who have had their cardiovascular risk assessed in the last 5 years	79.8%
Breastscreening (2 year coverage)	
70% eligible Maori women aged 50-69 years participate in breast screening programme	64%
Cervical Screening	
80% cervical screening coverage for eligible Maori women aged 25-69 years.	66%

APPENDIX 2
Maori Health Update 2013/2014

2013/14 MAORI HEALTH PLAN IMPLEMENTATION UPDATE

<table>
<tr><th>2013/14 ACTIONS</th><th>INDICATORS / TARGETS</th><th>PROGRESS TO DATE – AS AT 30 JUNE 2014</th></tr>
<tr><td colspan="3">Data Quality</td></tr>
<tr><td>Maintain monitoring of the accuracy of PHO register ethnicity reporting.

Subject to successful RFP process and funding from the Ministry of Health, support PHOs and general practices to implement the Primary Care Ethnicity Data Audit Toolkit by end of June 2014.</td><td>% of PHO enrolled patients with an ethnicity code of “not stated” or “response out of scope”
2013/14 target: ≤0.5%</td><td> 

Consistent results; small improvement in invalid ethnicity codes of new registrations (NHIs) since May 2013. Target for overall rate continues to be achieved</td></tr>
<tr><td colspan="3">Access to Care</td></tr>
<tr><td>Maintain monitoring of Maori enrolment levels in PHO each quarter

Work with Maori Health Providers and Whanau Ora Collectives to support increasing enrolment of Maori in PHOs</td><td>Percentage of MidCentral Māori population enrolled in PHOs:
<table>
<tr><th>Group</th><th>As at 31.12.11</th><th>As at 31.12.12</th><th>Estimated Target as at 30.06.14</th></tr>
<tr><td>Maori</td><td>77.4%</td><td>80.6%</td><td>79.9%</td></tr>
<tr><td>Total</td><td>89.3%</td><td>89.9%</td><td>89.2%</td></tr>
<tr><td>Other</td><td>92.1%</td><td>91.7%</td><td>91.5%</td></tr>
</table>
(based on Statistics NZ medium population projections, Census 2006 base, September 2010)</td><td>Central PHO enrolled population at 30 June 2014:
<table>
<tr><th></th><th>Enrolled</th><th>2013 Census Population</th><th>Percentage</th></tr>
<tr><td>Maori</td><td>27,199</td><td>28,347</td><td>96.0%</td></tr>
<tr><td>Total</td><td>153,282</td><td>162,564</td><td>94.3%</td></tr>
<tr><td>Non Maori</td><td>126,083</td><td>134,217</td><td>93.9%</td></tr>
</table>
Of the 27,199 Maori enrolled with CentralPHO, 44.2% were aged up to 19 years, 17.8% aged 45 – 64 years and 5.3% aged 65 years or older.</td></tr>
<tr><td>Continue to develop the primary health care service to meet the acute needs patients in the community:
• the service components available to primary care to manage acute episodes (POAC, diagnostics, IV therapy, etc) are reviewed and relaunched by 31 March 2014.
• primary care skin cancer service is launched by 31 March 2014.
• elective ECG services - complete the transition from Palmerston North Hospital to primary care settings by 31 December 2013.</td><td>Ambulatory Sensitive Hospitalisation rates per 100,000 (standardised) for the 0-74, 0-4, and 45-64 age groups (expressed as a percentage of the national rate):
<table>
<tr><th>Population Group</th><th>Age Group</th><th>Baseline 12mths 30.9.12</th><th>Target 2013/14</th></tr>
<tr><td>Maori</td><td>0-74 yrs</td><td>73%</td><td>≤95%</td></tr>
<tr><td></td><td>0-4 yrs</td><td>91%</td><td>≤103%</td></tr>
<tr><td></td><td>45-64 yrs</td><td>72%</td><td>≤95%</td></tr>
<tr><td>Total</td><td>0-74 yrs</td><td>101%</td><td>≤100%</td></tr>
<tr><td></td><td>0-4 yrs</td><td>106%</td><td>≤103%</td></tr>
<tr><td></td><td>45-64 yrs</td><td>94%</td><td><95%</td></tr>
</table></td><td>Standardised ASH rate per 100,000 population (expressed as a percentage of the national all ethnicities rate)
<table>
<tr><th>Population Group</th><th>Age Group</th><th>Year to March 2014</th><th>Standardised rate</th></tr>
<tr><td>Maori</td><td>0-74 yrs</td><td>137%</td><td>2701</td></tr>
<tr><td></td><td>0-4 yrs</td><td>122%</td><td>5505</td></tr>
<tr><td></td><td>45-64 yrs</td><td>166%</td><td>3704</td></tr>
<tr><td>Total</td><td>0-74 yrs</td><td>103%</td><td>2040</td></tr>
<tr><td></td><td>0-4 yrs</td><td>103%</td><td>4645</td></tr>
<tr><td></td><td>45-64 yrs</td><td>102%</td><td>2281</td></tr>
</table>
Ambitious targets not achieved except for the total 0 – 4 year old group</td></tr>
</table>

Child and Maternal Health

Support quality improvement activities for maternal health services: Implement Maternity and Quality Safety Programme for 2013/14 year:

- Develop strategy to improve communication across the maternity sector
- Formalise referral pathways for primary and secondary care maternal/peri-natal mental health services
- Establish mechanisms to enable women/family centred booking of appointments
- Implement sub-regional approach to best practice/evidence-based maternity guidelines
- Prepare a business case to establish a primary birthing unit in Palmerston North
- Promote early booking with a LMC to improve access to antenatal services including ultrasound
- Review the maternity information and resource contracts, and pregnancy and parenting classes
- Implement the Well Child/Tamariki Ora quality improvement framework locally
- Continue baby friendly hospital accreditation
- Extend the Community Child Health Nurse Service to provide a greater range of clinics and a social work aspect: increase GP time to 16 hours per week; establish nursing and administrative support for the service; pilot a continence service for children and young people (building on the enuresis service)
- Expand the School Based Health Services (SBHS) to have all decile 1-3 schools in the MidCentral region provided with the opportunity for a school based health service, and increase use of HEEADS assessment tool
- Ensure children receive their Before School Checks: continue to establish partnership model between more Early Childhood Centres and B4SC provider; and, scope feasibility of options to deliver "twilight and Saturday clinics" or similar to enable better access for 'working families' and 'hard to reach' children

Proportion of babies discharged with breastfeeding established at time of discharge

Baseline 2010/11	2011/12	8mths to 8.2.13	2013/14 Target
81.9%	83.8%	83.3%	≥85%

The Maternity Quality & Safety Programme's 2013/14 work programme is implemented by 30 June 2014.

No wait times for LMC and DHB referred women for primary and secondary care maternal/peri-natal mental health services by 30 June 2014.

Facilities/models of care are developed at Palmerston North Hospital by 30 June 2014 for women experiencing pregnancy loss.

Two best practice/evidence based maternity guidelines are in place on a sub-regional basis by 30 June 2014, and each year thereafter.

A business case regarding a primary birthing unit for Palmerston North is completed by 31 December 2013.

By 30 June 2014, establish a formal process, using the Map of Medicine tool, for early booking of pregnant women for use by all health practitioners, including LMCs and GPs.

Business case for improved and/or free access to maternity ultrasounds is completed by 31 December 2013.

Proportion of (all) babies discharged with breastfeeding established at time of discharge: **79.9%**
The lower rate more likely reflects absence of data with an increase in the number of discharges where breastfeeding status was not recorded (301 versus 248 in 2012/13) – particularly over the period when the maternity unit was relocated to another ward for a three month period when the unit closed for lift replacement. The number of women recorded as providing artificial feeding for their babies was the same as last year (88) and average over the last four years.

Achieved.

Work in progress. Women are seen as related to their acuity.

Referral pathways developed and clinicians informed. Frequent reminders sent to LMCs helpful as new LMCs gain access to facilities

Out of scope - for the Master Health Plan. On hold.

One guideline in progress – Vaginal birth after caesarean section
In progress

In progress – project updates provided separately

About to commence. Clinicians have volunteered to participate in the development of the Map of Medicine Tool. Work to commence in Sept. 2014

O&G specialists and Radiologists working together to review and redefine clinical processes and protocols, including better use of available equipment and resources, to improve access to secondary referred ultrasounds

<table>
<tr><th colspan="3">Cardiovascular disease</th></tr>
<tr>
<td>Continue to increase the primary care sector's capacity and capability to manage long term conditions as close to home as possible:
• cardiovascular and diabetes checks are marketed direct to patients in the period 30 September 2013 to 31 March 2014
• audit protocols are developed for diabetes care by 31 December 2013
• undertake a targeted programme to increase CVD risk assessment rates for Maori by 30 June 2014.
• undertake a direct to patient social media campaign for Maori with diabetes promoting medicine use by 30 June 2014.
• chronic care management programme implemented in a further 3 practices
• uptake of Enhanced Care+ increases to 75% by 30 June 2014
• case management service provided in all general practice teams by 30 June 2014.
• specialist services provide case review sessions for general practice teams in diabetes, cardiovascular and respiratory by 30 June 2014.
• undertake a practice-based pre-diabetes pilot in a general practice team by 31 December 2013
• MidCentral pharmacies register patients in the Long Term Conditions</td>
<td>Percentage of eligible adult population who have had their cardiovascular risk assessed in the last five years.
<table>
<tr><td>Group</td><td>As at 31.12.12</td><td>Target 2013/14</td></tr>
<tr><td>Total</td><td>51.1%</td><td>90.0%</td></tr>
<tr><td>Maori</td><td>44.3%</td><td>90.0%</td></tr>
</table>

Clinical audit protocols are developed for diabetes care in general practice teams by 31 December 2013

Clinical audit process are piloted in 3 practices by June 2014

Reporting and monitoring of diabetes/CVD care to Clinical Governance Board is well established by March 2014

Media campaign is undertaken in September promoting diabetes, CVDRA and smoking, September 2013 (media campaign targeted at patient expectations of general practice)

A patient social media campaign for Maori with diabetes promoting medicine use by 30 June 2014

Uptake of Enhanced Care+ increases to 75% by 30 June 2014</td>
<td>Percentage of eligible adult population who have had their cardiovascular disease risk assessed in the last five years.
<table>
<tr><td rowspan="2">Group</td><td colspan="4">2013/14</td></tr>
<tr><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td></tr>
<tr><td>Total</td><td>74.9%</td><td>81.6%</td><td>83.7%</td><td>87.1%</td></tr>
<tr><td>Maori</td><td>65.0%</td><td>72.7%</td><td>74.8%</td><td>79.8%</td></tr>
</table>
Of the 7,133 enrolled Maori eligible for a CVDRA as at end June, there were 5,691 recorded as having had their risk assessment in the last 5 years. Steady improvements were made each quarter, but the gap in rates between Maori and non Maori is evident.

On track. The Diabetes Improvement Plan audit tool was trialled in two Practices by Clinical Quality Facilitators (CQF). A meeting was held to discuss the identified issues with the tool and plan the next steps in terms of training of CQF staff as they work in partnership with the practices to complete the clinical audit.
On track.

Completed

Completed. A range of direct to patient marketing approaches were utilised as part of a comprehensive communications plan during the campaign period to December 2013.

Completed. Radio interview Kai Ora FM took place in Jan 2014. The Integrated Medicines Management Leadership Alliance has been tasked with identifying further activities.

Underway. EC+ uptake remains at 56% of practices due to delays in roll out of the new Comprehensive Health Assessment tool</td>
</tr>
<tr>
<td></td>
<td>A further three practices undertake the Chronic Care Management programme by 30 June 2014

Case management services are provided in all general practice teams for diabetes, cardiovascular and respiratory by 30 June 2014</td>
<td>Redirected. The components of the original Chronic Care Management Programme (including Stanford self-management support) are now part of the Productive General Practice programme.

Completed. Case management services continue to be provided through alignment of CCN-LTCs with general practice teams. Case management also occurs for patients with mental health issues and</td>
</tr>
</table>

<table>
<tr>
<td></td>
<td>6,000 patients are registered in the Community Pharmacy Long Term Conditions Service by 30 September 2013.</td>
<td>for older people via PHO mental health co-ordination and through Health of Older Persons teams in Horowhenua and Tararua. These services are also strongly connected to general practice and PHO CCNS.

As at end June 2014, there were 5,398 LTC registrations in the MidCentral district. Initial estimates of service volumes were based on national estimates. Local population and provider characteristics look likely to have been largely responsible for reduced registrations compared with those anticipated using national estimates. Service volumes as a proportion of DHB population is not distinctly different from most other DHBs.</td>
</tr>
<tr>
<td>Continued implementation of the Cardiology Landscape Report:
• improve cardiac surgery intervention rates by 30 June 2014
• in conjunction with Palmerston North Site Redevelopment Project and investment planning work, develop a CATH lab for Cardiology Services by 30 June 2016.

Participate in national roll out of the ANZAC QI programme aligned to the Central Region's implementation plan for the management of Acute Coronary Syndrome
At least quarterly review of performance data will continue</td>
<td>Standardised intervention rate for cardiology procedures and cardiac surgery per 10,000 population:
<table>
<tr><th>Procedures</th><th>Baseline (12 mths to 30.9.12)</th><th>Target</th></tr>
<tr><td>Cardiac surgery</td><td>4.87</td><td>6.5</td></tr>
<tr><td>Angioplasty</td><td>6.91</td><td>11.9</td></tr>
<tr><td>Angiography</td><td>27.3</td><td>33.9</td></tr>
</table>
*Total population group – not available by ethnicity

70% of high-risk patients will receive an angiogram within 3 days of admission. ('Day of Admission' being 'Day 0')

95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZAC QI ACS and Cath/PCI registry data collection

85% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)</td>
<td>Standardised intervention rate for cardiology procedures and cardiac surgery per 10,000 population:
<table>
<tr><th colspan="4">Year to March 2014</th></tr>
<tr><td></td><td>Actual discharges</td><td>SIR</td><td>Difference from national target</td></tr>
<tr><td>Cardiac surgery</td><td>104</td><td>5.47</td><td>Not significantly different</td></tr>
<tr><td>Angioplasty</td><td>183</td><td>9.73</td><td>Significantly below</td></tr>
<tr><td>Angiography</td><td>592</td><td>31.32</td><td>Not significantly different</td></tr>
</table>

70% of high risk patients will receive an angiogram within 3 days of admission
<table>
<tr><th colspan="4">2013/14</th></tr>
<tr><td>Qtr 1</td><td>Qtr 2</td><td>Qtr 3</td><td>Qtr 4</td></tr>
<tr><td>N/a</td><td>80.3%</td><td>75%</td><td>63.6%</td></tr>
</table>
Occasional delays in transfer to Wellington Hospital, otherwise mostly achieving target. Smaller numbers also influence variation in rates.

95% of patients presenting with ACS who undergo coronary angiography have completion of ANZAC QI ACS and Cath/PCI registry data collection
<table>
<tr><th colspan="4">2013/14</th></tr>
<tr><td>Qtr 1</td><td>Qtr 2</td><td>Qtr 3</td><td>Qtr 4</td></tr>
<tr><td>N/a</td><td>37.7%</td><td>41.9%</td><td>36.2%</td></tr>
</table>
Lower rates influenced by incomplete data collections at CCDHB for patients transferred/discharged from Wellington Hospital

85% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
<table>
<tr><th colspan="4">2013/14</th></tr>
<tr><td>Qtr 1</td><td>Qtr 2</td><td>Qtr 3</td><td>Qtr 4</td></tr>
<tr><td>100%</td><td>81.2%</td><td>100%</td><td>98.8%</td></tr>
</table>
Achieving target</td>
</tr>
</table>

Cancer

Improve breast screening and cervical screening coverage rates for priority women:

- implement digital mammography across the Breastscreen Coast to Coast region by 31 December 2013
- continue focus on improving breast screening coverage rate for Pacific women
- work with PHOs to improve cervical screening rates

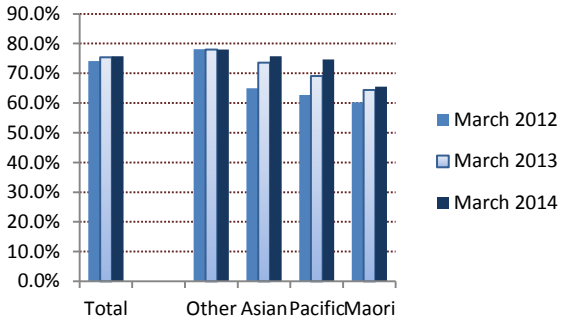
Cervical screening 3-year coverage rate for women aged 25-69 years (hysterectomy adjusted population)

Group	As at 31.12.12	2013/14 Target
Maori	64.0%	72.0%
Pacific	70.6%	75.0%
Other	78.0%	79.3%
Total	75.6%	78.0%

Breast screening 2 year coverage rate for eligible women (aged 50-69 years)

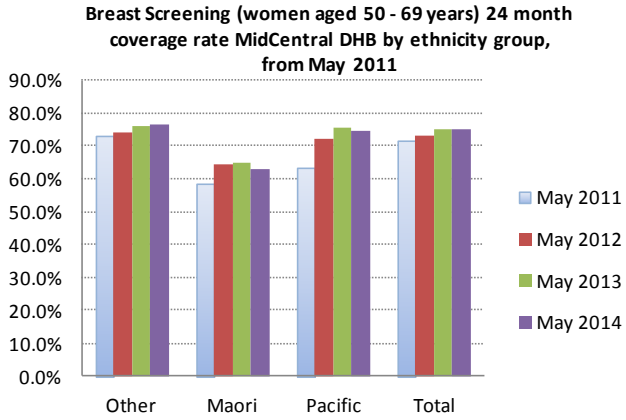
Group	As at 31.12.12	2013/14 Target
Total	73.5%	≥74%
Other	74.7%	≥75%
Maori	63.2%	≥70%
Pacific	71.8%	≥72%

Cervical screening 3 year coverage rate for women aged 25 – 69 years (hysterectomy adjusted population). Target ≥78%



Although screening rates for all population groups increased – particularly for Pacific women – compared to a year ago, the target (78%) was achieved for the European/Other population group only. As at end June, 30,820 women had participated in the screening programme over the last 3 years – a coverage rate of 75%.

Breast screening 2 year coverage rate for eligible women, aged 50 – 69 years. Target: ≥74%



Achieving target for total population at 75.2%, however coverage rate for Maori women at 63.0% continues to lag behind all others. 15,437 women , of whom 1,385 were Maori, aged 50 -69 years screened as at end May 2014

Smoking

The Te Ohu Auahi Mutunga service to continue to work with general practice teams and lead maternity carers to reduce smoking rates, particularly for Maori, Pacific and pregnant women

Work with midwives and LMCs to promote appropriate resources and services to pregnant women, through two structured forums, ensuring the links between SUDI and second-hand smoking are highlighted (refer MidCentral's Public Health Services Plan)

Central PHO to include promotion of ABC and smoking cessation in the General Practice key Patient Result Area featuring on the general practice dashboards by 30.9.13

Capitalise on smoke-free sponsorship of Turbos by holding mentoring/support workshops for young people at Waiopehu College, Life to Max and TOSS by 31.12.13

Te Ohu Auahi Mutunga to work with LMCs and Pregnancy & Parenting Education providers to increase uptake of smoking cessation for pregnant women by 31.3.14

Sustain improvements in secondary care setting (hospital) to ensure all service areas are consistently achieving target, including:

- Promote participation in ABC_D and STEPS training for staff
- Complete monthly reviews and provide regular feedback of performance results to all service areas
- Implement specific improvement plan in Emergency Department

Implement Smoking cessation taskforce collaborative activities with service areas and investigate potential to combine strategies with primary health care and TOAM collective

Proportion (%) of smokers offered advice and support to quit smoking

Group	2011/12	6mths to 31.12.12	2013/14 Target
Secondary			
• Total	90.4%	90.6%	95%
• Maori		91.3%	95%
• Other		90.3%	95%
Primary			
• Total	33.4%	47.0%	90%

	Actual 12 mths to 30.6.12	Projected 12 mths to 30.6.13	Target 12 mths to 30.6.14
% enrolled patients - smoking status ever recorded			
• high needs	83.9%	90%	85%
○ Maori	81.1%		
○ Other	87.0%		
• other	88.0%	90%	90%
Brief advice and/or cessation support/referral provided to patients seen in the last 12 months			
• high needs	46.9%	90%	53%
○ Maori	46.0%		
○ Other	48.3%		
• other	47.3%	90%	53%

Percentage of patients who smoke offered brief advice and help to quit smoking

Group	2013/14			
	Q1	Q2	Q3	Q4
Secondary				
• Total	93.3%	90.3%	93.6%	93.3%
• Maori	92.4%	92.0%	92.9%	94.3%
• Other	93.6%	89.6%	93.8%	92.9%
Primary				
• Total	76.9%	80.8%	81.4%	81.3%

Targets not achieved by year end.

Central PHO enrolled population statistics (March 2014)			
	High Needs		Other
	Maori	Other	
% enrolled patients - smoking status ever recorded	90.4%	93.9%	94.1%
Brief advice and/or cessation support/referral provided to patients seen in the last 12 months	85.7%	80.0%	80.8%

Provision of brief advice and help for pregnant women who smoke is progressing well; data available from MoH shows results consistently above 90% of women being offered advice to quit. Considerably fewer accept cessation support. For Maori women, the prevalence of smoking is higher (37.5% of 64 women seen by LMCs in quarter 4); in this quarter 25% accepted cessation support.

Te Ohu Auahi Mutunga (TOAM) GP liaison in conjunction with SmokeFree Health Promoter are visiting midwifery practices across the MidCentral region promoting the He Ara Hou card use and easy access to smoking cessation support.

TOAM has recently appointed a Maori liaison midwife as a result of funding made available through the Smokefree Aotearoa 2025 Innovative Projects round (Whakahau Ora). This 18 month project will focus on increasing the number of pregnant women and their families accessing smoking cessation support, working with LMCs, GP teams and PHO. The TOAM manager and GP liaison project officer have continued to work with Pharmacies, General Practice Teams and LMCs, promoting referral pathways, access to NRT, providing advice and staff training.

Immunisation

Immunisation Coverage Group will continue to ensure achievement of immunisation targets for children:

- Support GP Teams to utilise pre-call and recall
- Continue to work with GP Teams to ensure they are actively using their NIR overdue reports
- Investigate text messaging options for recall with GP Teams/Central PHO
- Improve the influenza vaccination uptake of the health care workforce across the district, this will include initiatives to work alongside the aged care workforce.

Implement year 2 of the 3-year 'Health Home' Programme (ensuring babies born are registered with general practice and well child providers)

Percentage of eight month old infants who have had their primary course of immunisation (six weeks, three months and five months immunisation events) on time

Group	12mths to 28.2.13	2013/14 Target
Maori	88.0%	≥90%
Total	90.4%	≥90%

95% of all two year olds fully immunised

95% of newborns enrolled on the National Immunisation Register at birth by 30 June 2014

Proportion of enrolled population aged 65+ years who have received flu vaccination

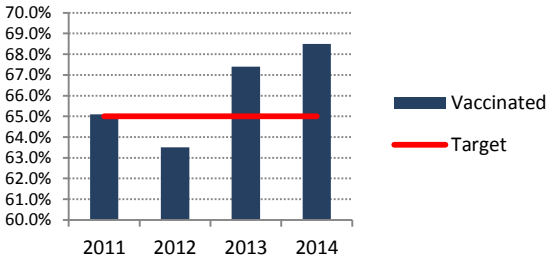
Groups	As at 31.12.12	2013/14 Target
Maori	55.7%	58%
Other	64.5%	68%
Total	64.0%	65%

12 months to 30 June 2014

Milestone Age	Maori	Total
8 months	95.6%	95.1%
24 months	95.5%	94.7%

Targets for on time immunisation exceeded throughout the year, and for all ethnicity groups. 755 Maori 8 month old infants were immunised over the year and 769 children were immunised at 2 years of age.

Percentage of enrolled population aged 65+ years receiving influenza vaccination



As at end June 2014, 18,288 enrolled people had had their flu vaccination – an increase of 1,233 compared to same month last year. (data not available by ethnicity groups at this time). Increasing the number of people receiving their flu vaccination was a key focus area for Central PHO and general practice teams over the 2013 and 2014 seasons, resulting in a 7.2% increase by the end of this financial year. It is anticipated that even more people will have had their vaccination by the end of season (August each year).

Rheumatic Fever

Ongoing monitoring of incidence of rheumatic fever

Support regional rheumatic fever initiatives (as per Regional Services Plan)

Support the research study into school-based ventilation

Hospitalisation rates for acute rheumatic fever – target: ≤2.0 per 100,000 population (n. 3 cases).

Regular progress reports received from Researchers.

Acute rheumatic fever hospitalisation rate for the 2013/2014 year remains at zero.

One acute rheumatic fever case diagnosed at an outpatient clinic in February 2014 was notified to the Public Health Service (not captured in the hospitalisation data). This case is being followed up by the Public Health Service and the MoH has been advised of this case.

The DHB's Rheumatic Fever Prevention Plan (RFPP) was endorsed by the Minister in December 2013. Implementation of the RFPP progressing as planned

The use of the newly developed MoH root cause analysis tool means

<table>
<tr><td></td><td></td><td>that there is no longer a need to develop a separate supplementary survey instrument.
School-based ventilation study is ongoing. The MidCentral Public Health Service is continuing to provide support.</td></tr>
<tr><td colspan="3">Sudden Unexpected Death in an Infant (SUDI)</td></tr>
<tr><td>Co-ordinate information/advice around sudden and unexpected death of infants and shaken baby prevention programme, providing consistent information for families through hospital and primary birthing facilities, well child providers and general practice teams.</td><td>National target of 0.5 per 1,000 live births

SUDI, safe sleeping and shaken baby prevention programme in place by 31 December 2013, and implementation monitored.</td><td>Up to date data not available.

Contract process completed and sitting with Central PHO. Coordinator for the SUDI programme has recently been appointed.</td></tr>
<tr><td colspan="3">Local Priority: Oral health</td></tr>
<tr><td></td><td>Number of adolescents accessing DHB-funded adolescent oral health services
2013 Target: 9,014 (Total)

Proportion of adolescent population utilising DHB-funded dental services
2013 Target Total: 85.0%

Number of 0-4 year old children enrolled
2013 Targets Maori: 2,150 Total: 8,500

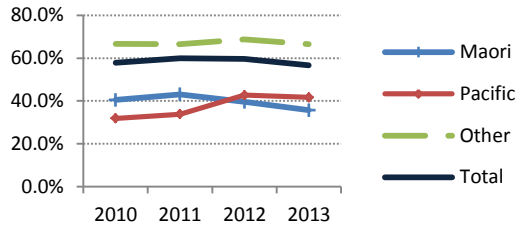
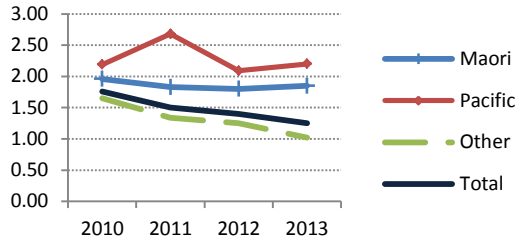
Number of pre-school and primary school children who have not been examined according to their planned recall period
2013 Targets Maori: 500 Total: 2,000

Proportion of pre-school and primary school children examined according to planned recall period
2013 Target Total: 91.8%

Percentage of 5 year old children who are caries free
2013 Targets Maori: 45% Total: 62%</td><td>Adolescents utilising DHB funded oral health services
<table>
<tr><td>Group</td><td>2012</td><td>2013</td></tr>
<tr><td>Total</td><td>8,949</td><td>8,693</td></tr>
</table>
In 2013, 82.1% of estimated adolescent population utilised dental services – a small reduction on the result for 2012 (82.8%). 79% of the 8693 adolescents were seen by contracted dentists.

0 – 4 year old children enrolled: 2013
<table>
<tr><td>Group</td><td>Number</td><td>Proportion of population</td></tr>
<tr><td>Total</td><td>10,010</td><td>86.1%</td></tr>
<tr><td>Maori</td><td>2,706</td><td>67.1%</td></tr>
</table>
Target numbers achieved.

Pre-school and primary school not examined in planned recall period
<table>
<tr><td>Group</td><td colspan="2">Pre-school</td><td colspan="2">Primary- school</td><td colspan="2">Total</td></tr>
<tr><td></td><td>Number</td><td>Percent</td><td>Number</td><td>Percent</td><td>Number</td><td>Percent</td></tr>
<tr><td>Total</td><td>253</td><td>2.5%</td><td>2,199</td><td>12.7%</td><td>2,452</td><td>9.0%</td></tr>
<tr><td>Maori</td><td>59</td><td>2.2%</td><td>546</td><td>11.7%</td><td>605</td><td>8.2%</td></tr>
</table>
91.8% of Maori children were examined according to their planned recall period (91% for all ethnicities – slightly below target but a good result considering the increase in the number of children enrolled).
Percentage of 5 year old children who are caries free: 2013</td></tr>
</table>

	Mean score of Decayed, Missing & Filled Teeth of Year 8 children 2013 Targets Maori: 1.70 Total: 1.45	 Mean score of DMFT – Year 8 children: 2013 	Targets not achieved, and, a further reduction for Maori children. Fewer children seen compared to 2012. Some data collection issues acknowledged. Target achieved for total year 8 children (1.25). A small decline in mean score for Maori children seen to 1.85 (1.80 in 2012).
Whanau Ora		
• Formal meetings held with each of the local Whanau Ora collectives by 31 December 2013 and 30 June 2014. • Service contracts are reviewed in conjunction with Whanau Ora collectives by 30 June 2014. • Explore other opportunities to support the Collectives Programme of Action		On track. The Te Hono ki Tararua me Ruahine Whanau Ora Collective took up the opportunity to formally meet with the DHB team as part of the 2014/15 Annual Plan process. The discussion and the input received were duly taken forward into the plan. The Te Tihi o Ruahine Whanau Ora Alliance chose not to meet with the DHB on the grounds that they are already well connected in with the DHB, PHO and the planning process. Limited progress. A session was planned with MSD to discuss integrated contracting, but this was cancelled by MSD because of the non-availability of staff. Meanwhile, the Funding team regularly talk to the Maori providers about how improvements can be made to their contracts. Various Whanau Ora Policy Framework are being researched/developed. The DHB will look at adopting a framework that will best support the Collective/Alliance programme of Action.

Subcommittees and Membership 2013/2014

NAME	COMMITTEE/ GROUP
Richard Orzecki	• MidCentral District Health Board; • Whangatui District Health Board; • Central Alliance Subcommittee; • Tamariki Te Tuatahi Childrens Action Plan Governance Group (Horowhenua/Otaki); • Hospital Advisory Committee; • Enable NZ Governance Group ; and • Te Whiti Ki Te Uru (Co-ordinating Chair).
Danielle Harris	• Te Tihi o Ruahine Whanau Ora Alliance (Chair); • Integrated Family Health Centre (member); • Te Ohu Auahi Mutunga collective (Chair); and • CPHO Finance and Audit Committee (member).
Stephen Paewai	• Hospital Advisory Committee.
Tawhiti Kunaiti	• Disability Support Advisory Committee.
Oriana Paewai	• Tararua Hauora Services; • Te Tihi Alliance Implementation Team; • Nga Kaitiaki o Ngati Kauwhata Management Committee; • Consumer Advisory Panel, MDHB; • Tamariki Ora Child Health District Group; • PHO ALT Board; • AMT (Alliance Management Team); • Te Rōpu Hokowhitu (Trustee); • Renal Services Steering Group; and • Community and Public Health Advisory Committee.
Adele Berquist	• Palliative Care District Group.
Mary Sanson	• Ngati Kauwhata Maori Womens Welfare League; • Nga Kaitiaki (Member); • Te Tihi Alliance (Member); and • Fielding Integrated Family Health Centre (Member).

Manawhenua Hauora Terms of Reference 2014

1. In accordance with the NZ Public Health and Disability Act, Section 2:DHB functions are to:

- **a.** *establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement:*
- **b.** *Continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori.*
- **c.** *Provide relevant information to Maori for the purposes of paragraphs (a) and (b) above.*

Manawhenua Hauora and MidCentral District Health Board are committed to establishing a formal relationship to work to achieve the best health outcomes for iwi and Maori people residing in Manawatu, Horowhenua, Tararua and Otaki.

2. Manawhenua Hauora and MidCentral District Health Board share the following fundamental principles:

a. A common interest and commitment to advancing iwi and Maori health.

b. Building on the gains and understandings already made in improving iwi and Maori health.

c. Applying the Treaty of Waitangi and its principles to work to achieve the best outcomes for iwi and Maori health.

d. Partnership and mutual regard.

3. The terms of reference for Manawhenua Hauora shall be:

a. To provide coordinated leadership for iwi and Maori health within the MidCentral District Health Board region.

b. To provide guidance to MidCentral District Health Board on iwi and Maori health needs and priorities.

c. To contribute to and advise on strategies for iwi and Maori health.

d. To monitor Maori health gains in the district through the impacts of MidCentral District Health Board's health service delivery and investment.

e. To provide expert advice and counsel on important iwi and Maori issues which are appropriately considered at a governance level, including progress on Whanau Ora and Whanau Ora Collectives.

f. To recommend iwi and Maori representatives with relevant expertise and experience to MidCentral District Health Board Statutory Committees.

4. The following points outline representation to Manawhenua Hauora:

a. Membership shall include up to three representatives from each of the following iwi who have mana whenua in the MidCentral District Health Board district:

i. Raukawa;

ii. Muaupoko;

iii. Kahungunu ki Tamaki Nui a Rua; and

iv. Rangitāne.

b. Manawhenua Hauora will be responsible for iwi representation within their consortium that represents Manawhenua Hauora with the highest regard.

c. Manawhenua Hauora will comprise of iwi representatives that:

i. Demonstrate sound leadership within their tribal community;

ii. Are accountable for the decisions they make at Manawhenua Hauora; and

iii. Are accountable to the Tribal Authority they represent.

d. Appointments and/or withdrawals to and from Manawhenua Hauora are made via:

i. A letter signed by the Iwi Organisation Board Chairperson confirming or withdrawing the appointment; and

e. Where a member wishes to resign from Manawhenua Hauora they shall communicate this to their Iwi Organisation Board who will in turn withdraw that person from Manawhenua Hauora and appoint a new representative in accordance with the processes outlined directly above.

f. Manawhenua Hauora will appoint the Chair and Deputy Chair from within its membership *(as per Section 5).*

g. Iwi are able to name one alternate to attend meetings on behalf of either of their representatives. If an alternate is to attend a meeting the representatives shall then be responsible for providing them with any relevant information and documentation.

h. To better serve Manawhenua Hauora, engagement with the Executive Leadership Team will improve and include a strategic relationship.

5. The Chair and Deputy Chair elections will be held every 3 years under the following conditions:

5.1 NOMINATIONS PROCESS

- Nominations for the Chair and Deputy Chair positions shall be called for at least 28 days before the FINAL scheduled meeting for the year, and forwarded (in writing) to the Kairangahau.

- All retiring members shall be eligible for re-election.

5.2 VOTING PROCESS

- Votes will be forwarded to the Kairangahau and shall close at 5.00pm on the 5th day before the meeting.
- Votes shall be in writing and submitted on behalf of each Iwi represented on Manawhenua Hauora.
- The Voting process will be held by ballot, administered by the Kairangahau and announced at the last hui scheduled for the year.

6. Manawhenua Hauora and MidCentral District Health Board shall develop an annual work programme which:

a. Will be approved by both organisations prior to implementation.

b. May also include objectives and initiatives which will form part of an internal Manawhenua Hauora work programme.

c. Will be monitored through six-monthly meetings between the Manawhenua Hauora Chair and Deputy Chair, and the MidCentral District Health Board Chair and CEO.

7. Manawhenua Hauora shall hold meetings as frequently as it sees necessary. It is anticipated that at least eight meetings a year will be held annually on a six-weekly cycle:

a. A maximum meeting time of 3 hours will be set aside per meeting.

b. The meetings will be held between 10.00am and 12.30pm and shall be followed by lunch.

c. Meetings will be held in the Board Room at the District Health Board offices in Palmerston North.

d. To ratify any business conducted at a Manawhenua Hauora meeting there must be at least one representative from at least three out of the four iwi present.

e. Any item that requires votes for and against shall be informed by one vote per iwi. In the event of a split position within any iwi the Chair shall allow the representative's concerned adequate time to reach a consensus.

f. External communication to Manawhenua Hauora shall either be directly to the Chair or the Kairangahau of Manawhenua Hauora.

g. The Kairangahau will ensure that all meeting information is distributed:

i. At least five days prior to the scheduled Manawhenua Hauora meeting date.

ii. Via email or in hard copy format.

h. Conflict of Interest
Any potential conflict should be advised at the meetings by the members on a case by case basis.

8. For monitoring purposes Manawhenua Hauora shall receive:

a. A six weekly report in accordance with the annual work programme will be provided by the Director Maori Health and Disability.

b. Public copies of the minutes of meetings of the MidCentral District Health Board and its Statutory Committees, but will only be included on the Manawhenua Hauora agenda if they are less than six weeks old.

c. A six weekly report from the Kairangahau which is to inter alia include progress against the annual work programme.

d. Manawhenua Hauora will provide an Annual Report to MidCentral DHB at the Annual hui.

e. MidCentral DHB will provide relevant papers to MWH as they arise in a timely manner.

f. Regular reporting will occur through Manawhenua Hauora engagement with Executive Leadership Team (ELT).

9. These terms of reference shall be reviewed annually as part of the Manawhenua Hauora annual work programme.

Manawhenua Hauora Hui Schedule 2015

DRAFT

2015

January

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
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February

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March

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29	30	31				

April

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26	27	28	29	30		

May

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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June

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28	29	30				

July

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August

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30	31					

September

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27	28	29	30			

October

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November

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22	23	24	25	26	27	28
29	30					

December

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20	21	22	23	24	25	26
27	28	29	30	31		

Manawhenua Hauora Hui Schedule

Manawhenua Hauora Hui
PUBLIC HOLIDAYS
Te Whiti Ki te Uru
Board and Committee Meetings
Central Alliance Hui
Tu Kaha Conference

BOARD AND COMMITTEE DATES
HAC (3 Feb,17 Mar,28 April,9 Jun,21 July,1 Sept,13 Oct,24 Nov)
CPHAC (3 Feb,17 Mar,28 April,9 Jun,21 July,1 Sept,13 Oct,24 Nov)
DSAC (17 March, 9 June, 24 Nov)
ENZGG (3 Feb, 28 April, 21 July, 13 Oct)
BOARD (24Feb, 7April, 19May, 30Jun, 11Aug, 22Sept, 3Nov, 15Dec)
GROUP AUDIT (24Feb, 30 June, 22 Sept, 15 Dec)
HOSP.AUDIT (7April, 19 May, 11Aug, 3Nov)
FUNDING AUDIT (7April, 19 May, 11Aug, 3Nov)

Manawhenua Hauora
MidCentral District Health Boardroom
Heretaunga Street
Palmerston North
MWH Hui commences: 10.00am

Te Runanga O Raukawa Inc.

Muaupoko

Rangitāne o Manawatu

Rangitāne o Tamaki nui a Rua

Kahungunu ki Tamaki-nui-a-rua