

MANAWHENUA HAUORA

Manawhenua Partners to Te Pae Hauora o Rauhine O Tararaua
MidCentral District Health Board



ANNUAL REPORT

2018



Rangitāne
o Tamaki nui a Rua



Rangitane
o Manawatu



Te Runanga O Raukawa Inc.
Te Rau Hou O Raukawa. He iti na Motai Tangata Rau



Muaupoko



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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 ra 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 okioki ai. He maimai aroha ki a ratou,

he maioha ki te hunga ora tena koutou, tena koutou, Tihei Mauriora

1. Executive Summary

E ngā mema o te komiti whāiti Te Pae Hauora o Ruahine o Tararua, tēnā koutou katoa.

E ngā mana, e ngā reo, Ngāti Kahungunu, Rangitāne, Ngāti Raukawa, Muaūpoko, tēnā koutou katoa.

E ngā iwi e huihui nei ki te whakanui i te kaupapa o te ra, tēnā koutou katoa.

Firstly, may I acknowledge the Chair of the MidCentral District Health Board, Dot McKinnon, the Chief Executive Officer, Kathryn Cook, General Manager Māori & Pacific Health, Stephanie Turner, Pae Ora Operations Director, Wayne Blissett along with their committed teams.

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

The most significant strategic change for the past year is the move to an Integrated Service Model. Manawhenua Hauora and MidCentral DHB envisage that this move will actively support and enhance the development of a Hauora Māori Integrated Services Approach that is composed of the Iwi and Māori providers within a Whānau Ora framework in partnership with Pae Ora - Māori Health Directorate.

Locality planning and engagement with communities is near completion and included consultation with Iwi/Māori providers throughout the rohe. The equity snapshot is due to be launched and Manawhenua Hauora look forward to implementation of the toolkit.

Manawhenua Hauora have developed a reporting schedule that covers the Board's responsibilities as per the annual Work Programme and MOU with MidCentral District Health Board. It was agreed that frequency of reporting should align with the HCAC and FRAC committees, enabling MWH to provide feedback and advice before the reports are submitted to MDHB.

We must acknowledge the progress in Māori health over the 2017/2018 year within our region in particularly, progress of Whanau Ora delivery across five areas: mental health, asthma, oral health, obesity and tobacco as reported at the end of Quarter 2.

Manawhenua Hauora acknowledge the work of Pae Ora who engaged across a number of clinical areas to actively support achieving the targets and improving health outcomes for Whanau across the district in the five priority areas. There are areas such as Child Health where MDHB is on target with the B4SC for Māori children and a slight reduction in the decline rate. MDHB has also a pleasing trend in the reduction of ASH rates for Māori children.

During the 2017/18-year MDHB through Pae Ora was actively engaged with Whanau Ora Providers across the District and Collective Impact Initiatives funded through Te Pou Matakana via Te Tihi o Ruahine as the Regional Hub for the Manawatu. Fusion is a Collective Impact Initiative funded via Te Pou Matakana through Te Tihi o Ruahine which is focused on Rangatahi and developing a secure identity as a key lever for wellbeing. It has brought together a range of Iwi, community and public services to work in an inter-sectoral collaborative manner to develop a programme structured around positive identity and active participation in society from Te Ao Māori to Te Ao Marama.

MDHB has also worked directly with Raukawa Whanau Ora Services and Muaupoko Tribal Authority to develop a proposal to undertake a Collective Impact initiative in the Horowhenua that is focussed on Rangatahi and the aspirations of the community. This proposal was submitted in December and was approved by Te Pou Matakana for progress.

Advancing Whanau Ora as more than a concept remains a challenge and opportunity. The systems, structures and processes remain individually focussed and disease orientated rather than family focussed, and wellness orientated. As the Commissioning methodology for Whanau Ora matures, there will be significant opportunity for MDHB to develop a Commissioning approach that actively encompasses the Whanau Ora Outcome domains alongside health and wellbeing for both Māori provider development and secondary services.

We also must acknowledge that we have iwi in our District whose Treaty claims have now been settled and others who are currently in Treaty Settlement processes with the Crown, it is important that MidCentral DHB acknowledge Te Tiriti o Waitangi and its key principles articulated in He Korowai Oranga (the Māori Health Strategy).

We look forward to the coming year with a sense of enthusiasm, a desire to enhance a true partnership approach based on mutual trust and transparency and will continue to scope opportunities for MDHB and Manawhenua Hauora engagement to ensure the monitoring of progress against shared goals.



Oriana Paewai
Chairperson

2. Introduction

The major developments occurring in the Whānau Ora model of care and service delivery have culminated in creating an environment where Māori Health and Disability can be an active contributor to overall whānau wellbeing. MidCentral Health is fortunate to have some of the leading Whānau Ora entities in the country in this locality. The Ministry of Health has been clear in the guidelines for the development of the Annual Planning Processes over the last 5 years, i.e., Whānau Ora is a health priority and is seeking actions and investment that demonstrate this contribution from DHBs. However MCDHB needs to show more leadership and commitment in this space in real terms.

MidCentral District Health Board's leadership development process signalled the transition to an area where services are focussed on the consumer or patient groups with each having responsibility for the full continuum of care across both Mid Central Health and provider organisations. For Māori Health and Disability this is a significant and exciting shift that creates a real opportunity to advance Māori health in a meaningful and proactive way through a true partnership approach underpinned by the Treaty of Waitangi, thus it needs to be acted upon.

In 2017, MidCentral Health CEO supported Manawhenua Hauora to develop a unique response to the Integrated Services Model to ensure that Māori Health remained at the forefront of design and delivery across Secondary and Primary Services. This is an important step in recognising the maturity of our Treaty relationship and is consistent with the new governments health priorities to address health inequalities for our Māori communities. We look forward to this becoming a reality in 2018.

The four local Iwi –Rangitāne o Manawatu me Tamaki nui a Rua hoki, Ngāti Raukawa ki te Tonga, Muaūpoko Tribal Authority, Ngāti Kahungunu ki Tamaki nui a Rua– centre their values on Tikanga Māori, knowledge of and linkage with their communities, and promoting a holistic health philosophy.

The shared commitment to Māori Health is contained in a Memorandum of Understanding between the Board of MidCentral DHB and Manawhenua Hauora (Appendix 1). This memorandum was given life on 17 April 2001 and is reviewed three-yearly. The Memorandum of Understanding is put into effect through an annual work programme. Manawhenua hauora look forward to strengthening this in its review.

This Annual Report highlights Manawhenua Hauora activities between 2017-2018 as highlighted in the Work Programme (Appendix 2).

3. Board Members 2018



Oriana Paewai

- Oriana Paewai
Chair
- Rangitāne o Manawatū
- Commenced 2008

• Oriana is the CE of a large Iwi health provider based in Dannevirke. She became involved in the health sector in 2001 when she joined the Public Health Service as the Health Promotion/Māori Health Advisor. Shortly after, she was appointed Māori Health Manager for MidCentral Health. In 2006 she took on the role of Health Manager, Te Kete Hauora o Rangitāne based in Dannevirke and in 2007 moved to her current role.



Danielle Harris

- Danielle Harris O.N.Z.M, LLB,
PGDipBusAdmin
- Deputy Chair
- Rangitāne o Manawatū
- Commenced 2001

• Danielle Harris is presently the Chief Executive Officer of Tanenuiarangi Manawatū Incorporated Roopu, the Iwi Authority for Rangitāne o Manawatū. Danielle holds a Bachelor of Law, a Post Graduate Diploma in Business and Administration and a Certificate In Company Direction. Danielle is also the Chair of Rangitāne o Manawatū Settlement Trust.

• Danielle was a member of MidCentral District Health Board from 2001 – 2008 and served on the Hospital Advisory Committee, Community Public Health Advisory Committee, Hospital Audit Committee (Chair), Funding Audit Committee (Chair) and the Group Audit Committee.

• Danielle is a member of Central Primary Health Organisation, Chair of Te Tihi o Ruahine Whanau Ora Alliance and Te Ohu Auahi Mutanga, the smoking Cessation Alliance

• Danielle's tribal affiliations include Rangitāne o Manawatū, Ngāpuhi, Ngāti Maniapoto, Ngāti Ruanui, Muaūpoko and Ngāti Apa.



Adele Berquist

- Adele Berquist
- Member
- Ngāti Kahungunu
- Commenced 2013

• Employed by the Central PHO, Adele works within the Māori Health Team and Te Tuahiwi o Te Tihi. Adele is also a representative on the Clinical Networks Palliative Care District Group. Adele's background is in Sport and Exercise Science; however she is very passionate about reducing health inequalities and improving outcomes for Māori.

• Adele was born and raised in Waipukurau, however she now resides in Dannevirke with her partner and children.

• *Adele is of Ngāti Kahungunu, Ngāti Toa and Ngāti Raukawa descent*



Stacey Hape

- Stacey Hape
- Member
- Ngāti Kahungunu
- Commenced 2018

• Stacey Hape is the currently employed as the General Manager of Kahungunu ki Tāmaki nui-a-Rua, holding a NZIM Dip in FLM. Her background covers a diverse range of areas from working in a Microbiological Laboratory to being a Quality Assurance Manager. Over the last several years, she has been involved in the health and social service sector beginning in 2007 working within an iwi provider service. Stacey was born and raised in Tokoroa, currently living in Dannevirke with her husband and six children. Iwi affiliations are Ngāti Raukawa ki te Tonga, Muaupoko, Ngāti Kahungunu

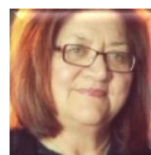


Robyn Richardson

- Robyn Richardson
- Member
- Ngāti Raukawa ki te Tonga
- Commenced 2015

• Robyn is a Programme Co-ordinator for Te Rau Puawai Māori Mental Health Workforce Development within the College of Health, Massey University since 2010. The programme was developed by Emeritus Professor Sir Mason Durie in 1999 between Health Workforce New Zealand (formerly Ministry of Health) and Massey University. Robyn became involved in the health sector in 1996 when she joined Enable New Zealand, then Te Runanga o Raukawa as a Mental Health Support Worker followed onto Public Health and Central PHO as a Health Promotion Advisor. Robyn is also a Rongoa Māori Practitioner.

Robyn represents Te Runanga o Raukawa as her hapu delegate, is a trustee for Te Roopu Hokowhitu, and Central PHO Board. Robyn is also of Ngāti Tuwharetoa, Ngāti Hauiti ki Rata, Te Whanau a Apanui and Ngāti Whanaunga ki Hauraki descent. Master of Management, NZIM Dip in FLM and Dip Rongoa



Paddy Jacobs

- Paddy Jacobs
- Member
- Ngāti Raukawa
- Commenced 2015

• Paddy Jacobs represents Raukawa ki te Tonga on Manawhenua Hauora. She holds a Bachelor of Māori Health Studies from Te Wananga o Raukawa, a Diploma of Frontline Management and Certificate in Business from the NZ Institute of Management.

• Paddy has worked within the Māori Health Development Unit, Te Whare Rapuora, MidCentral Health, and in health, disability, mental health and elderly care sectors of MidCentral Health for almost 40 years. Paddy is a project team member of the Supporting Older Māori and Pacific Peoples in the Central Region 2012.

• Paddy's other responsibilities include: Chair Ngāti Wehi Wehi Marae Committee; Deputy Chair Te Runanga o Raukawa, Trustee Raukawa and Ngāti Huia ki Katihiku Marae, Nga Karoro Trust Te Horo, Member of Raukawa Māori District Council, Treaty Claimant Member of Tumatani and Governance Board member of Raukawa Whanau Ora.

• Iwi affiliations are Ngāti Raukawa au ki te Tonga, Ngāti ToaraNgāti ra, Atiawa ki Whakarongotai, Ngai Te Rangi



Matt Matamua

- Matt Matamua
- Member
- Muaūpoko
- Commenced 2008

• Matt Matamua has long association with the intellectual disability sector. He has a psychopaedic nursing background and worked for many years at Kimberley Centre – a residential care facility for people with an intellectual disability. He also worked for NZCare Group as a residential clinical manager and For Healthcare of New Zealand as Māori Health Manager. Matt currently is the Māori Advisor and Kaumātua for Careerforce (ITO) Industry Training Organisation. He is also a member on the Te Ao Marama, Disability Advisory Group Māori (MOH) Ministry of Health.

• Matt's Iwi is Tuhoe ki Waikaremoana with an affiliation to Muaūpoko ki Kawiu Marae Levin Horowhenua. Matt has over many years been involved in a number of organisations and committees in Horowhenua and Manawatū with a focus on improving Māori Health and Māori Education. Matt lives in Levin and commutes to Wellington three days a week for work.

4. Manawhenua Hauora

Meeting Attendees

OTHER ATTENDEES INCLUDE:

ATTENDEE	POSITION
PAE ORA, MDHB Māori Directorate	
Stephanie Turner	General Manager, Māori & Pacific Health
Wayne Blissett	Pae Ora Operations Director
Hare Arapere	Tikanga & Cultural Competency Facilitator
CENTRAL PHO/TE TIHI WHANAU ORA ALLIANCE	
Materoa Mar	CPHO Director, Māori Health Te Tihi, Chief Executive Officer
AROHANUI HOSPICE	
Dennis Emery	Māori and Cultural Liaison Advisor
COMMITTEE REPRESENTATIVES	
Tawhiti Kunaiti	Disability Service Advisory Committee
ALTERNATE MEMBERS	
Betty-Lou Iwikau	Raukawa Whānau Ora
Diane Rump	Muaūpoko Tribal Authority
MANAWHENUA HAUORA GOVERNANCE SUPPORT	
Debbie Te Puni	Kairangahau

5. Committee Representation

Oriana Paewai	<ul style="list-style-type: none"> • Iwi representative, Korowai Kahui, Central Region Māori Advisory, NZ Police • Tararua Hauora Services; • Member, Te Tihi o Ruahine Whanau Ora Alliance • Te Tuahiwi (Te Tihi operational team) • Nga Kaitiaki o Ngāti Kauwhata Management Committee; • Child Health Tamariki Ora District Group; • PHO ALT Board; • AMT (Alliance Management Team) • Trustee, Te Rōpu Hokowhitu • Member, Te Ohu Auahi Mutunga • Marae representative, Nga Manu Taiko, Manawatū District Council • Co-ordinating Chair, Te Whiti Ki Te Uru (Regional Māori Relationship Board Collective) • Marae representative, Raukawa Māori District Council • Hapu representative, Te Runanga o Raukawa
Danielle Harris	<ul style="list-style-type: none"> • Chief Executive of Tanenuirangi Manawatū Incorporated. Rōpu which includes Tanenuiarangi Manawatū Incorporated, Kia Ora FM 89.8, and Best Care (Whakapai Hauora) Charitable Trust; • Executive Member Tanenuirangi Manawatū Incorporated; • Trustee Best Care (Whakapai Hauora) Charitable Trust; • Trustee Kia Ora FM Trust; • Deputy Chair, Manawhenua Hauora; • Chair, Te Ohu Auahi Mutunga Collective; • Chair, Te Tihi o Ruahine Whānau Ora Charitable Trust Alliance; • Totara Board Advisory Committee member; • Trustee, Central Primary Health Organisation; • Finance and Audit Committee Member, Central Primary Health Organisation; • Chair, Rangitāne o Manawatū Settlement Trust; • Member Te Apiti Governance Group; and • Chair Te Papaoiea Housing Alliance.
Paddy Jacobs	<ul style="list-style-type: none"> • Chair Ngāti Wehi Wehi Marae Committee; • Deputy Chair Te Runanga o Raukawa; • Trustee Raukawa and Ngāti Huia ki Katihiku Marae; • Nga Karoro Trust Te Horo; • Member of Raukawa Māori District Council, Treaty Claimant Member of Tumataniui; and • Governance Board member of Raukawa Whanau Ora.
Adele Berquist	<ul style="list-style-type: none"> • Palliative Care District Group.
Robyn Richardson	<ul style="list-style-type: none"> • Te Runanga Whaiti – Ngāti Raukawa Hapū delegate • Central PHO Trustee and Board member • Te Roopu Hokowhitu Trust – Trustee

7. Māori Health Progress

With the recent changes to the Annual planning processes by the Ministry of Health Manawhenua Hauora have undertaken strategic planning with MidCentral DHB and the Central Primary Health Organisation to ensure Māori Health measures are integrated as part of the MidCentral DHB Annual Plan 2017/2018 by contributing to and adopting the Strategic Framework *Ka Ao Ka Awatea* that identifies Māori health priorities for the next five years. To make significant gains in Māori Health, these seven priorities, combined with the seven goals from the Whānau Ora Outcomes Framework provide the foundation that underpins *Ka Ao, Ka Awatea 2017-2022*. The seven priorities are as follows:

- Whānau free of Violence,
- Women's Health,
- Mental Health and Addictions,
- Elder People,
- Child Health,
- Workforce Development, and
- Investment and Development in Iwi and Māori Providers.

From these priority areas stem the activities which provide practical steps that those within the health sector can implement from their scope of practice as follows:

Whānau Free of Violence

Whānau that are free of violence will be:

- Healthy, self-managing whānau that participate confidently in society.
- Cohesive, resilient and nurturing.
- Responsible stewards of their living and natural environments.
- Resilient, flourishing families, free of violence.

Women's Health

Important approaches to undertake include:

- Support existing and develop further screening programmes based on Kaupapa Māori frameworks.
- Actively work in accordance with the Tuia Framework.
- Explore alternative ways to relay smoking brief advice.

Mental Health and AOD

Actions to undertake include:

- Staff are supported to increase their knowledge and awareness of traditional Māori practices and beliefs.
- Increase access to talking therapies.
- Actively supporting the Turamarama Declaration.
- Increase Māori access to effective and appropriate Mental Health Services.
- Māori seclusion rates are reduced.
- Whānau are living well with confidence, integrity and inclusion, in safe and nurturing communities.

- Systemic changes are actively considered to address Ward 21.
- Actively support Rangatahi and increasing services available for Rangatahi.
- Reduce the number of Māori under Community Treatment Orders.
- Provide education around taking medicines optimally.

Elder People

Important aspects include:

- Elder people are safe and have healthy social connections.
- Elder people are supported to remain healthy and live independently within the community.
- Elder people are appropriately and adequately supported to manage any long term conditions.
- Health services for elder people are conducive to the needs of Māori.
- Assist Māori to understand medicines, how they work and the importance of continuing on with repeat prescriptions.
- Actively consider the affordability of medicines and how this might be addressed.

Child Health

Aspects to undertake include:

- Working in collaboration with Iwi and Māori Providers to support and encourage Māori mothers to breastfeed.
- Ensure Tamariki Māori have equitable access to referrals to specialist services.
- Work in collaboration with Iwi and Māori Providers to support new-born enrolments, immunisations and before school checks.
- Tamariki are well and thriving in happy and safe environments.
- Reduced hospital admissions for respiratory infections and asthma.
- Reduced hospital admissions for dental health conditions.
- Support parents to develop sound parenting skills through Māori parenting programmes.

Workforce Development

Approaches to embark upon include:

- Implement Cultural competency framework.
- Foster and encourage acceptance and use of Rongoā Māori.
- Succession planning.

Investment and Development in Iwi and Māori Providers

Methodologies to enact include:

- Increase Māori decision making at governance, funding, planning and management levels.
- Foster meaningful relationships with Iwi and Māori Providers.
- Identify opportunities for devolution of services and service funding to Iwi and Māori Providers.
- Positive, reciprocal relationships between funders and Iwi and Māori Providers.

8. APPENDICES

APPENDIX

- 8.1. Memorandum of Understanding 2018
- 8.2. Work Programme 2017/2018 FINAL REPORT

APPENDIX 8.1



Memorandum of Understanding between MidCentral District Health Board and Manawhenua Hauora Iwi Consortium

Background

The New Zealand Public Health & Disability Act 2000 requires District Health Boards to establish and maintain processes to enable Māori to participate in and contribute to strategies for Māori health improvement. These, and related requirements, are imposed in order to recognise and respect the Treaty principles and to improve the health status of Māori.

Section 4 of the Act states that:

To recognise and respect the principles of the Treaty of Waitangi, with a view to improving health outcomes for Māori, part 3 provides for mechanisms to enable Māori to contribute to decision making on, and to participate in the delivery of health and disability services.

Manawhenua Hauora was established in 2001 as Collective Treaty Partners to MidCentral District Health Board.

Introduction

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

The Parties

MidCentral District Health Board is a body corporate owned by the Crown with perpetual succession. The objectives of MidCentral District Health Board are outlined in Section 22 of the New Zealand Public Health and Disability Act 2000.

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

- ❑ Ngāti Raukawa ki te Tonga (Horowhenua, Manawatū, Ōtaki)
- ❑ Muaūpoko (Horowhenua)
- ❑ Rangitāne (Manawatū, Palmerston North, Tamaki Nui ā Rua)
- ❑ Ngāti Kahungunu (Tamaki Nui ā Rua)

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

Fundamental Principles

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

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

Roles and Responsibilities

To give effect to the principles (outlined above) each party will accept various roles and responsibilities.

For its part MidCentral District Health Board will:

- ❑ continue to recognise Māori 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 Māori,
- ❑ prioritise and allocate funding according to the government's and district's Māori health priorities,
- ❑ implement a consultation and/or engagement process with appropriate parties,

- ❑ deliver on the Māori health priorities for the district through health service delivery,
- ❑ provide Māori health reports giving progress against the Government's priorities and local Māori health & disability strategies, and
- ❑ monitor and audit those services funded by MidCentral District Health Board.

For its part Manawhenua Hauora will:

- ❑ provide co-ordinated leadership for Māori health & disability within the DHB region,
- ❑ provide guidance to MidCentral District Health Board on Māori health & disability needs and priorities,
- ❑ contribute to strategies for Māori health & disability,
- ❑ monitors Māori health & disability 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 Māori issues which are appropriately considered at a governance level.

Implementation

- ❑ MidCentral District Health Board and Manawhenua Hauora will jointly ensure that appropriate strategic policies and processes are in place to govern the relationship and to ensure there is joint ownership for Māori health & disability priorities in this district.
- ❑ MidCentral District Health Board will consult Manawhenua Hauora regarding Māori representation on the MidCentral District Health Board's Statutory Committees.
- ❑ MidCentral District Health Board will provide Manawhenua Hauora with minutes (Part I) of Board and Statutory Committee meetings.
- ❑ Manawhenua Hauora will provide MidCentral District Health Board with minutes of its meetings.
- ❑ Manawhenua Hauora will be represented at Board strategic and annual planning sessions.
- ❑ Meetings will occur between the Chair and Chief Executive of MidCentral District Health Board and the Chair and Deputy Chair of Manawhenua Hauora, at no less than six monthly intervals.
- ❑ The Board of MidCentral District Health Board and Manawhenua Hauora will meet from time to time.
- ❑ Notwithstanding other lines of accountability both parties will foster a close relationship with the DHB Executive Management Team, Internal Māori Reference Group, and where necessary other senior management.

- MidCentral District Health Board and Manawhenua Hauora will jointly agree the District Health Board related tasks and the annual cost of resourcing Manawhenua Hauora to undertake those tasks.
- MidCentral District Health Board, through its Internal Māori Reference Group, will provide regular reports giving updates on Māori health & disability progress in the district.

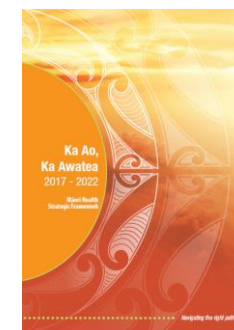
Tenure

This is a 36 month memorandum and will be reviewed three-yearly as agreed between the two parties unless either party seeks an earlier review date.

APPENDIX 8.2

WORK PROGRAMME FINAL REPORT

Manawhenua Hauora and MidCentral DHB: 2017/18 Work Programme					
OBJECTIVE	FOCUS AREA	MEASURES	RESPONSIBILITY		UPDATE
			MidCentral DHB	Manawhenua Hauora	
To provide clear and cohesive leadership for Māori health across the DHB region	Identification of local Māori health priorities to direct investment and focus from the DHB	Local Māori health priorities identified, as part of the annual planning process, by November each year to direct investment and work focus areas for the DHB in context with national health indicators.	Incorporate local Māori health priorities into AP, budget planning and portfolio workplans as advised by Manawhenua Hauora	Advise priorities to MDHB	<p>KA AO KA AWATEA, Māori Health Strategic Framework 2017-2022. Final printed copies were available September 2017.</p> <p>Manawhenua Hauora participated in workshops and provided advice and feedback throughout the planning stages for Ka Ao, Ka Awatea 2017-2022, the Māori Health Strategic Framework is the overarching framework for MidCentral. Manawhenua Hauora identified seven priorities for Māori that should be given a concentrated focus in the following five-year period, in order to make significant gains in Māori health., These priorities combined with the seven goals from the whanau ora Outcomes Framework provide the foundation that underpins Ka Ao, ka Awatea 2017-2022. The Seven priorities are:</p> <ol style="list-style-type: none"> 1. Whanau Free of Violence 2. Women’s Health 3. Mental Health and Addictions 4. Elder People 5. Child Health



					6. Workforce Development 7. Investment and Development in Iwi and Māori Providers
To provide direction, investment priorities and focus areas to MDHB on Māori health needs and priorities to support equity of outcomes for Māori	Equity assessment	Equity results in respect of Māori Health, including trends and emerging trends, reported to Manawhenua Hauora and MidCentral DHB's Board	Provide updated Māori Health Equity Snapshot	Provide advice on Equity needs from Māori perspective, identifying key issues for consideration in determining local Māori health priorities and strategy	<p>EQUITY SNAPSHOT</p> <ul style="list-style-type: none"> Manawhenua Hauora held a strategic workshop in July 2017. Dr Janine Stevens attended with Richard Fong (MDHB) to provide an update and overview of the Trilogy approach to the Equity Snapshot that included: <ul style="list-style-type: none"> Health Equity Thought Piece; Technical Report; and Toolkit. Manawhenua Hauora members considered the following: <ul style="list-style-type: none"> The moemeoa for Māori Health in MidCentral in 10-20 years. An ideal model of care for Māori patients and whānau How to adapt, develop or re-create the local health system to work better for Māori in terms of every day experiences. <p><i>Manawhenua Hauora response and Feedback was forwarded following the workshop.</i></p> <ul style="list-style-type: none"> Health Equity Data report noted and Thought Piece final draft tabled. April 2018 MWH recommended a launch of the Health equity programme. May 2018.
To provide strategic advice on the priorities and focus areas to MDHB across all strategic planning processes.	Strategic Imperatives Cluster development	Strategic imperatives will deliver on Manawhenua Hauora aspirations	Consistently obtain Manawhenua Hauora input across strategic imperative development. Ensure the monitoring and reporting of progress against the strategic imperatives is provided to Manawhenua Hauora.		<ul style="list-style-type: none"> Manawhenua Hauora supported the move to an Integrated service/cluster model and submitted feedback during the consultation process with the recommendation to establish a Hauora Māori Cluster by June 2018 to align with the transition timeframe. It was agreed at the Annual Board to Board hui held in September 2017 to facilitate a Hauora Māori Cluster workshop with the support of MDHB to provide an indication of What the Hauora Māori Cluster would look like and how it would be integrated into the new model. A Draft plan has been completed. Discussions underway. May 2018.

<p>To provide a clear direction and purposeful strategies for Māori health gains across the district</p>	<p>Development of Māori health strategy</p>	<p>Undertake the monitoring of Ka Ao Ka Awatea, that actively embraces the health and wellbeing aspirations of the Māori communities in the district.</p> <p>Māori Health Strategy supported by Manawhenua Hauora and recommended to MDHB by 30 June 2017.</p>	<p>Develop approach for the collective development of the Māori Health Strategy</p> <p>For MDHB that is achievable, aspirational and innovative to actively challenge the health inequalities currently experienced by Māori in the district</p>		<p>MANAWHENUA HAUORA MONITORING HAS INCLUDED:</p> <p>CHILD HEALTH</p> <p>Mokopuna Ora Presentation to Manawhenua Hauora September 2017 (Marama McGarth, Felicity Ware) included:</p> <ul style="list-style-type: none"> - <i>Wahakura (safe sleeping device to reduce (SUDI)</i> - <i>Community driven and Māori led</i> - <i>Quality Assurance</i> - <i>support and resources for wananga raranga within community</i> - <i>Developing Collective impact framework to formalise the structure and programme moving forward.</i> - <i>Research programme would be valuable to coincide with this.</i> <p>Child Youth Mortality Review Group (Materoa Mar)</p> <ul style="list-style-type: none"> - <i>Māori caucus members will be invited to korero with Manawhenua Hauora looking forward.</i> - <i>Regional Leadership Group for the Disabilities system transformation in MidCentral</i> - <i>Seeking support or interest for this group. Pae Ora will forward TOR for this to Kairangahau for distribution. Does not include Mental Health.</i> - <i>MWH member supported to continue as a representative on that Board.</i> <p>MENTAL HEALTH AND ADDICTIONS</p> <p>MSD/MDHB & ORION HEALTH DATA MATCHING PROJECT</p> <ul style="list-style-type: none"> - <i>Contracted to MDHB to provide support to the data sharing project.</i> - <i>Intended to inform further research</i> - <i>Research usage and collection discussed and mitigation around how to utilise this once collected.</i> - <i>Concerns around the simplicity of the resulting benefits, and importance of seeing more explicit benefits for whanau.</i> - <i>Data interpretation and evaluation will be key.</i>
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					<ul style="list-style-type: none"> - Query on literature review conducted and – it was noted there is not a lot of international or local research to inform this project. - Important for MWH to stay connected on this project. - Bicultural worldview and approach is significant for this project. - Māori Data Sovereignty Group will be engaged - Limited mention of Disabilities within the project <p>DECEMBER 2017</p> <ul style="list-style-type: none"> - Mental Health Addictions Model of Care model: Request to include Manawhenua Hauora to be included in the review. - Discussed the Mental Health Services “moving forward”. <p>FEBRUARY 2018</p> <ul style="list-style-type: none"> - Pae Ora have engaged with Mental Health Services this year and they are working through formalising the relationship with Oranga Hinengaro to strengthen cultural support. Attended the RSP “Mental Health” chapter, Pae Ora team member nominated on the Mental Health and Addiction Focus Group. <p>MARCH 2018</p> <ul style="list-style-type: none"> - Mental Health and Addictions Inquiry - Proposal and Draft Terms of Reference tabled. - Opportunity for MWH and Iwi/Māori providers to make a submission. - It was noted that “the Board members will be required to travel around New Zealand to conduct the inquiry”. - Materoa Mar declared an interest (both she and Barbara Disley are on the Emerge Board). Suggested that the Inquiry Board be formally invited by Manawhenua Hauora to meet with interested groups. - The importance of training for this workforce was a concern. It was noted that plans to address training is included.
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	Development of Annual Plan	MDHB's Annual Plan 2017/2018 reviewed by Manawhenua Hauora and advice provided on effectiveness of initiatives to advance Māori health, particularly local and national Māori health priorities.	Develop Annual Plan Portfolio Managers to provide presentations to Manawhenua Hauora on progress against the plans quarterly	Provide direction and advice on Annual Plan Provide direction and advice on Ka Ao, Ka Awatea Provide direction and challenges to portfolio managers in regard to progress on behalf of Māori communities	<p>DECEMBER 2017</p> <p>MDHB Annual Plan was approved by the Board in July 2017 but Ministerial approval was delayed.</p>

To monitor Māori health gains in the district through impacts of MDHB's health service delivery and investment	Equity and Health Needs Assessment (as above)	Monitor trends in Māori Health via the Locality Plans (as above) and health equity tools	As above	As above	LOCALITY PLANS <ul style="list-style-type: none"> Update provided February 2018 <ul style="list-style-type: none"> Engagement and consultation for locality plans ongoing Health & Wellbeing Plan priorities confirmed. Update Provided April/May 2018 (Health and Wellbeing Plans for the Tararua District, the Manawatū District, the Horowhenua District and Ōtaki completed May 2018). Locality Advisory Group Terms of Reference June 2018 – MWH member to apply for members for this group Palmerston North City Health and Wellbeing Plan in progress.
	Local, regional and national priority measures (as attached)	Quarterly review of results against local, regional and national Māori Health measures reported to Manawhenua Hauora and MidCentral DHB's Board (NB: this includes Whanau Ora.) Manawhenua Hauora will monitor implementation of Māori workforce development	Provide quarterly reports Accurate and meaningful data profiles are provided as part of the reporting process to Manawhenua Hauora	Provide direction and advice on reports Manawhenua Hauora will monitor Whanau Ora position paper. Monitor investment in Iwi/Māori providers workforce development	MDHB REPORTS <ul style="list-style-type: none"> ONGOING Provided Six Weekly from Pae Ora WHANAU ORA <ul style="list-style-type: none"> Updates provided from Pae Ora Māori health Directorate to note progress of Whanau Ora delivery across five areas: mental health, asthma, oral health, obesity and tobacco. WORKFORCE DEVELOPMENT <ul style="list-style-type: none"> Manawhenua Hauora received copies of the Kaimahi Ora, Whanau Ora, Māori Health Workforce Development Strategy Report 2017; and The Kaimahi Ora, Whanau Ora, MDHB Māori Health Workforce Implementation Plan 2017-2022. COMMISSIONING METHODOLOGY <ul style="list-style-type: none"> As the Commissioning methodology for Whanau Ora matures, there will be significant opportunity for MDHB to develop a Commissioning approach that actively encompasses the Whanau Ora Outcome domains alongside health and wellbeing for both Māori provider development and secondary services.
		Annual report of results against the Māori Health Plan reported to Manawhenua Hauora and MidCentral DHB's Board	Provide annual report	Provide advice on report	Annual Report Summary of Progress: Report covered Q1 of the 2017/2018 year November 2017. Government Planning Priorities achieved or on track this quarter: <ul style="list-style-type: none"> Supporting Vulnerable children Child health Childhood obesity plan Raising healthy kids

					<ul style="list-style-type: none"> • Reducing unintended teenage pregnancies • Bowel Screening • Disability Support Services • Health Ageing <ul style="list-style-type: none"> - Partially achieved this quarter • Healthy Mums and babies • Keeping kids healthy • Increased immunisation • Prime Minister’s youth mental health project • Better help for smokers to quit • Living well with Diabetes • Primary care integration • Shorter stays in ED • Improved access to elective surgery • Faster cancer treatments • Mental health • Improving quality • Living within our means • Delivery of the Regional Services Plan • Information Technology <ul style="list-style-type: none"> - Overall MDHB is performing well across the wide range of targets and measures that encompass the organisations commitment to government and Ministry. On most items, the Ministry rated MidCentral’s Quarter 1 performance as Achieved. Nearly all of the remainder were partially achieved. There was one item that was rated as Not Achieved (Better Help for Smokers to Quit, Hospital). <p>REPORT FEBRUARY 2018</p> <p>SI5: Delivery of Whanau Ora</p> <ul style="list-style-type: none"> • Pae Ora has worked across a number of clinical areas to actively support achieving the targets and improving health outcomes for Whanau across the district in the five priority areas. There are areas such as Child Health where MDHB is on target with the B4SC for Māori children and a slight reduction in the decline rate. MDHB has also a pleasing trend in the reduction of ASH rates for Māori children. Due to the reporting cycle not being in sync with National and regional data updates there are a number of the key areas;
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					<p>Oral Health; Mental Health; and Tobacco where 17/18 data were not available for the report.</p> <ul style="list-style-type: none"> • During the 2017/18 year MDHB through Pae Ora had been actively engaged with the Whanau Ora Providers across the District and actively engaged with Collective Impact Initiatives funded through Te Pou Matakana via Te Tihi o Ruahine as the Regional Hub for the Manawatu. • MDHB has also worked directly with Raukawa Whanau Ora Services and Muaupoko Tribal Authority to develop a proposal to undertake a Collective Impact initiative in the Horowhenua that is focussed on Rangatahi and the aspirations of the community. This proposal was submitted in December and was approved by Te Pou Matakana for progress.
		<p>Six-monthly report of progress in implementing the Māori Leadership Review reported to Manawhenua Hauora and MidCentral DHB's Board (via QEAC)</p>	<p>Provide six-monthly reports</p>	<p>Provide advice on reports</p>	<p>Update reports provided via Pae Ora (six weekly).</p> <ul style="list-style-type: none"> - Hauora Unleashed - Tu Kaha - Whare Rapuora - Mortuary - Health Needs Assessment - Integrated Service Model - Locality Planning - Equity Snapshot - Reporting Schedule - Ka Ao Ka Awatea Strategy - Regional Mahi
		<p>Support and monitor the Regional Māori Health Priorities identified via Te Whiti Ki Te Uru and Board's Annual Forum, i.e:</p> <ul style="list-style-type: none"> • Use of the national Māori indicator report to drive improvements in 	<p>Provide quarterly reports</p>	<p>Provide advice on reports</p>	<p>TE WHITI KI TE URU Hui hosted by MidCentral February 2018 Discussed:</p> <ul style="list-style-type: none"> - Regional Priorities; - Regional Services Planning Status Report; - Terms of Reference; - Māori Health Gain Indicator Report with measures in DRAFT; - Central Region planning symposium 26th March 2018. <p>TWKTU UPDATE MARCH 2018</p> <ul style="list-style-type: none"> - It was confirmed that a TAS group of analysts are currently drafting a Māori Health Gain Indicator Report

		<p>the health outcomes of Māori in our region; and</p> <ul style="list-style-type: none"> Develop the Māori workforce in health. 			<p>with measures (Measurement framework for Regional Priorities)– using Cardiac as a “straw man” to ensure it is accurate and relevant.</p> <ul style="list-style-type: none"> Central Region DHB Symposium in Wairarapa 26th March 2018, presentation by TWKTU members at 10am. Ideas to include: <i>Background/context/Purpose/Relationship & Partnership/Reassert RSP priorities and measurement indicators. Reaffirm TWKTU priorities that are spread across all areas to ensure Māori Health Gain.</i>
<p>Provide expert advice, direction and counsel on important issues that impact on Māori at a governance level</p>	Major service changes	Any potential Major service change proposals are actively considered by Manawhenua Hauora during the design phase to ensure any likely impact on Māori Health is considered at the earliest possible point	Provide report on any potential or major service proposals prior to a final position	Provide critique, direction and considerations on any major proposal for change with a specific focus on health gains for Māori and any potential impacts	<p>BI ANNUAL BOARD TO BOARD AND CHAIR TO CHAIR</p> <ul style="list-style-type: none"> Board to Board hui held September 2017 – FOCUS: <i>Transformation to Integrated Health Service System and Hauora Māori Cluster development.</i> <ul style="list-style-type: none"> It was agreed that MDHB would support Manawhenua Hauora with a facilitator to conduct Hauora Māori Cluster development workshop, that was planned for December 4 2017. Chair to Chair hui held 11 June 2018 Board to Board hui set for September 2018 – Agenda to be confirmed. <ul style="list-style-type: none"> MOU to be signed TOR Updated MWH Annual Report presented
	Significant service plans, eg site redevelopment and centralAlliance	Manawhenua Hauora views are sought regarding the Long Term Investment Plan being developed for MidCentral DHB as a Treaty Partner,	Ensure all aspects of the Master Health Service Plan actively considers equity of outcomes for Māori across all aspects of design, development and implementation	Provide direction. Advice, guidance and critique across all aspects of design, development and implementation of the Long Term Investment Plan.	<p>LONG TERM INVESTMENT PLAN</p> <p>No Update</p>
		Manawhenua Hauora direction, aspirations and views are sought on the Health Charter/Strategy being	Develop Health Charter/Strategy	Provide direction, advice and innovation on the design and	<p>HEALTH CHARTER/STRATEGY</p> <p>No Update</p>

	developed for MidCentral DHB		development of the charter/strategy	
	Manawhenua Hauora views sought on the CentralAlliance Strategy being developed by MidCentral and Whanganui DHBs	Develop Strategic Plan for CentralAlliance that actively considers both Iwi Relationship Boards perspectives as part of the Alliance	Provide advice and direction on CentralAlliance Strategic Plan in partnership with Hauora A Iwi.	CENTRALALLIANCE STRATEGIC PLAN ONGOING