

MANAWHENUA HAUORA

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



ANNUAL REPORT

2013



Rangitāne
o Tamaki nui a Rua



Muaupoko



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



Kahungunu ki
Tamaki-nui-a-rua



Rangitaane
o Manawatu

INDEX

	PG
<i>Mihi Whakatau</i>	3
<i>Chairman's Report</i>	4-7
<i>Introduction</i>	8
<i>Background</i>	8
<i>Fundamental Principles</i>	9
<i>Primary Functions</i>	9
<i>Maori Priorities and Focus Area</i>	10-11
<i>Work Programme 2012/2013</i>	12-16
<i>Central Region Health Indicator Report</i>	17
<i>Subcommittees' and Representation</i>	18
<i>Manawhenua Hauora Iwi Provider Meeting Notes 2013</i>	19-21
<i>Hui Schedule 2013</i>	22

He Mihi Whakataua

Ka kitea a Matariki I te rangi	When Matariki (Pleiades) is seen in the night sky
Ka timata te tau hou o te Maori	It signals the start of the Maori New Year
He wa tirohia whakamuri	A time to reflect on the past
He arataki whakamua	And plan for the future
Ko Matariki te tohu o te tupu	Matariki signals growth
He wa e puta ke ai	A time for change
He wa whakariterite	A time to prepare
He wa kokiri kaupapa	A time for action
Mauri ora ki a tatou	Let us take heart
Haumi e ui e taiki e	The pathway is set

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 aku nui, e aku rahi, ngā mema o te kōmiti whaiti arā, Te Pae o Ruahine o Tararua piki mai rā, kake mai rā!
To the great and distinguished members of the komiti whaiti, namely of Te Pae o Ruahine o Tararua, welcome, welcome

E ngā reo, e ngā mana o Ngāti Kahungungu, koutou ko Ngāti Rangitane, ko Ngāti Raukawa, Ko Muaupoko, tēnā koutou
To the voices and prestige o Ngati Kahungungu, Ngati Rangitane, Ngati Raukawa, and Muaupoko, welcome

Nā koutou te karanga mō te kaupapa kei mua i te aroaro o te rā nei, hei tutuki ai ngā wawata mo te hui, nō reira rā
You, who have called this gathering that is before us , to meet the aspirations of the meeting

Tēnā koutou, tēnā koutou, ā, tēnā tātou
Welcome, welcome, welcome to all

Firstly, may I acknowledge, Phil Sunderland, Chair of the Mid Central District Health Board, who recently received in the Queens Birthday honours, the NZ Order of Merit for his services to health and education, and secondly to the CEO Murray Georgel who suffered a huge loss recently with the passing of his father Allan.

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. We continue to build on a relationship that is proactive, productive, and progressive as we strive to improve the health outcomes in our Maori population.



Left to Right :: Phil Sunderland, Chair of Mid Central District Health Board and Richard Orzecki, Chair of Manawhenua Hauora



Left to Right : Pat Kelly, Ana Winiata, Henare Kani, Debbie Te Puni, Kararaina Oldridge, Oriana Paewai, Diane Anderson, Matt Matamua, Rocky Hudson. Front: Phil Sunderland, Mary Sanson, Richard Orzecki.

At last year's Board to Board Annual Hui we signed the Memorandum of Understanding and acknowledge the foresight of Sir Mason Durie and others to bring the District Health Board and four iwi who have Manawhenua within the boundaries of the Mid Central District Health Board. We look forward to handing the Framed Memorandum of Partnership into the new Board offices once it is completed later this year.

- ***The Manawhenua Hauora Annual Report is a way of encapsulating the collaborative activities that Manawhenua Hauora and MidCentral District Health Board work on together.***

Looking forward in 2013 – 2014

Whanau Ora Collectives:

Two groups in our rohe are going through a process to become Whanau Ora Collectives, they are Te Tihi o Ruahine and Te Hono o Ruahine me Tararua. The role of these providers is to assist families to achieve their collective goals. Instead of 'fixing' the faults of individual situations, multiple agencies work in partnership to focus on family strengths and whānau are facilitated to address their own social, employment, economic and cultural developments.

Building capacity of the providers has been an important step in the development of Whānau Ora because it has required agencies to change the way they provide services and work with families. Instead agencies under Whānau Ora must now work in partnership with each other rather than in isolation from each. This will continue to be a key component of Whānau Ora.

The contracting environment for health services is competitive and has not necessarily encouraged cooperation in the past. Since the inception of Whānau Ora two years ago we have seen the growth of strong collaboration between providers who are constantly demonstrating a spirit of cooperation to work together in the best interests of whānau. Indeed in some areas, groups who may have been separate for over a hundred years have come together, for the future of whānau.

So how do we measure Whānau Ora success? It used to be that common measurements of success were seen in the number of home visits, health information booklets, immunisations, well-child checks or diabetes checks undertaken in a certain period. But what did the numbers ever tell us about the well-being of our families? The chair of the Whānau Ora National Governance Board, Professor Sir Mason Durie talked about how success is measured in New Zealand. “Measuring outcomes in New Zealand’s health service programmes has traditionally been done by measuring volumes and activities rather than results. For Whānau Ora the whole story is important not just quantitative but also qualitative results. In this way, Whānau Ora is leading us forward to a far more accurate picture of how well whānau are doing.”

As I penned my Chairs report today I received an email outlining the changes to Whānau Ora announced by Minister Turia. “The Government will establish a Crown-Iwi Whānau Ora Partnership Group comprising senior ministers, iwi chairs and experts on Whānau Ora.”

“Three Non-Government Organisation (NGOs) commissioning agencies will be established, these agencies will be required to have their own regional networks and capabilities to support their commissioning plans and decision-making.”

“This new commissioning model signals the wind down of the Regional Leadership Groups at the end of December. The governance group will also be wound down with its final task being the overseeing of the RFP process for the three NGO commissioning agencies. Te Puni Kokiri will remain the administering department for Whānau Ora at this point.”

I personally look forward, with excitement to the future in the health sector. This is not based on a dramatic change in the health outcomes for our whānau/hapu and Iwi members, but rather a sense of the work that has gone into building effective relationships.

As I noted in the previous paragraphs health goes **through seemingly endless changes** and my concern as a Maori person that we struggle to stay in front of it or even worst get left behind.

The role of Manawhenua Hauora has been to effectively engage and work with other stakeholders. We have been a positive contributor to Te Whiti Ki te Uru was established by the six Maori relationship boards in the central region to help in the planning of regional priorities from Maori. Meeting with the DHB Chairs every six months is an important step to help keeping us in front.

I believe our relationship with Hauora a Iwi (Iwi/Maori advisory board for the Whanganui DHB) will become a more important focus for Manawhenua Hauora as the Central Alliance will help to set the sub-regional clinical priorities for the Mid Central and Whanganui DHB's.

The last and most important relationship is that between Manawhenua Hauora and the MidCentral DHB Board. The Chair to Chair hui this week has me feeling positive about taking us to another strategic level in the relationship. This will be outlined in the Board to Board hui being held at Kauwhata ki Aorangi marae on July 22nd.

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

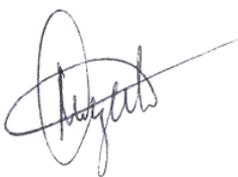
A special thank you to the members of Manawhenua Hauora, for their mahi this past year. In particular to Pam Te Haate and Vanessa Hape who have decided not to continue, due to work commitments. We are happy to welcome Adele Berquist on her new role. I also want to acknowledge those members noted in this report who served on the MCDHB Board Committees. This I believe reflects their contribution above all else to provide valuable input into these committees.

My last thoughts is in reference to – Why Intentions are Not Enough.

I read this quote which sums up my feelings about the universal truth that actions speak louder than words. “Remember, people will judge you by your actions, not your intentions. You may have a heart of gold - but so does a hard-boiled egg”.

Sir James Henare coined the whakatauki when he was commanding the 28th Māori Battalion. Before going on to the battlefields, Sir James would remind his troops of the importance of who they were, what they were fighting for and why they volunteered—to stand-up and be counted as Māori, to have pride in being Māori, to be unified in their strength of purpose, and understand the journey they were on, their place in history

Both these thoughts are a time of reflection about how we make a difference in the wellbeing of Māori. I am hopeful that we continue to work in a manner and a way that helps to achieve better health outcomes.



Richard Orzecki

Chairman, Manawhenua Hauora



HAUORA
MAORI

1.0. Introduction

This plan outlines the outcomes from the Manawhenua Hauora Work Plan July 2012 to June 2013 and the planned activities from July 2013 to June 2014.

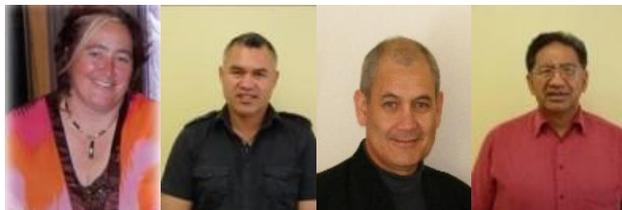
1.1 Background

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 Taranaki. The iwi are:

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



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



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

MANAWHENUA HAUORA MEMBERS 2012-2013

TABLE 1.1A

	MUAUPOKO	NGATI RAUKAWA KI TE TONGA	RANGITAANE	KAHUNGUNU
DELEGATES	Matt Matamua	Richard Orzecki (Chairman)	Danielle Harris (Manawatu) (Deputy Chair)	Pam Te Haate
		Mary Sanson	Oriana Paewai (Manawatu) Henare Kani (Tamaki Nui a Rua)	Vanessa Hape Adele Berquist (June 2013)
ALTERNATES	Steven Hirini	Ana Winiata	Kararaina Oldridge (Manawatu)	Hayden Hape

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
MidCentral Health Public Health Unit	
Paddy Jacobs	Advisor, Maori Health
Central PHO	
Materoa Mar	Director, Maori Health

1.2 Fundamental Principles

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

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

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

1.3 Primary Function

The Primary function of Manawhenua Hauora is to:

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

2.0 Manawhenua Hauora Priorities & Focus Areas

Manawhenua Hauora reviewed the Minister of Health's letter 2013 outlining key result areas identified for Better Public Services and results for New Zealanders. The letter highlighted Care Closer to home and the importance of integrating primary care with other parts of the health service for better management of long term conditions. Health of Older people is another area needing better integration of services.

The Minister highlighted the need for successful implementation of Regional service plans, including delivering on regional workforce, IT and capital objectives that are set and monitored in the NHB dashboard.

Annual Plan 2013/2014

Manawhenua Hauora support the priority areas for MidCentral Health for 2013-2014, and look forward to reviewing outcomes and monitoring progress of the initiatives under Maori Health and the measures indicated in the MDHB and Manawhenua Hauora work programme.

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

The Board continue to liaise with Hauora a Iwi Whanganui to monitor the progress of the Central Alliance, particularly around Womens Health and maternity services and responsiveness to Maori, and the Manawhenua Hauora (Chair) continues to work strategically with Te Whiti Ki te Uru (Central Region Maori Relationship Board Forum) on a quarterly basis.

Maori Health Plan 2013/2014

Manwhenua Huaora support the regional priority areas identified for Maori health as follows:

- Data Quality
- Access to care
- Child health
- Cardiovascular disease
- Cancer
- Smoking
- Immunisation
- Rheumatic Fever

- Sudden Unexpected Death of an Infant (SUDI)

Manawhenua Hauora will continue to monitor and review progress of these areas alongside MidCentral Health.

3.0 Monitoring delivery of Priorities & Targets

Manawhenua Hauora support the actions set out for the next three years to advance all national health targets and Government priority areas. To advance these areas Manawhenua Hauora will continue to work collaboratively with MDHB to monitor reporting against *Oranga Pumau*, *Maori Responsiveness Plan*, *AP 2013/2014*, *Maori Health Plan*, progress on Whanau Ora models of practice and the Māori Health Workforce Strategy and specifically on priority areas:

4 key priority areas have been identified to be included from the MDHB local priorities as follows:

- smoking cessation;
- oral health;
- women's health; and
- whanau ora.

Smoking Cessation

Manawhenua Hauora support the initiative by MDHB to eradicate tobacco related inequalities and reduce the proportion of MidCentral Maori who smoke, by redirecting locally-funded smoking cessation resources into Te Ohu Auahi Mutunga service. We are aware that the service has aggressive targets set this year to reduce smoking rates.

Oral Health

Manawhenua Hauora acknowledges the oral health mobile service is still in the implementation phase, and two additional fixed clinics are still to be established in conjunction with local Integrated Family Health Centre developments, in Feilding and Tararua.

Women's Health

The new model of care aims to improve the capacity and responsiveness of women's health services for local Maori whanau. Manawhenua Hauora is particularly concerned to ensure local services meet the needs of the local Maori population.

Whanau Ora

Manawhenua Hauora will continue to support the whanau ora collectives within our district into the implementation phase, and will provide advice and guidance to MDHB where needed.

Work Programme 2012/2013 FINAL Report

OBJECTIVE	INITIATIVE	MEASURE	PROGRESS
<i>Objective One:</i>	<i>Coordinated leadership</i>		
To provide coordinated leadership for Māori health within the DHB region ¹ .	<p>i. Engage with Iwi/Maori providers throughout the District to obtain information for Māori Health developments and issues.</p> <p>ii. Ensure MDHB Maori health strategies are aligned to and reflective of regional approach.</p> <p>iii. Monitor progress of the Central Alliance, particularly around renal, neonatal and Disease State Management services and responsiveness to Maori</p>	<p>Manawhenua Hauora will undertake a series of engagement hui annually with Iwi/Maori providers, to gain information on Maori health needs, developments, issues and experiences.</p> <p>Recommendations arising from the Iwi/Maori providers hui will be considered by Manawhenua Hauora with an annual summary report being provided to MDHB.</p> <p>Milestone: Ongoing</p> <p>Provide effective Iwi/ Māori health leadership to the Central DHB region at a governance level</p> <p>Milestone: Meet as part of a joint working group with members of the RSCP (Regional Committee RRC) every six months</p> <p>Milestone: Bi-Annually</p> <p>Meet with Hauora a Iwi Whanganui annually</p>	<ul style="list-style-type: none"> • Iwi/Provider hui held 25 March 2013. Attendees: (Te Wakahuia, Whakapai Hauora, Te Tihi, Te Hono, Muaupoko, Ngati Raukawa, Te Kete Hauora, He Puna Hauora and CPHO). <ul style="list-style-type: none"> • Meeting Notes attached • Annual hui with Hauora a Iwi Whanganui 29th October 2012. <ul style="list-style-type: none"> ○ Regional Womens Health Unit; ○ Tu Kaha Conference; ○ Board representation; ○ Te Whiti ki te Uru; ○ Coroners Act; and ○ Kotahitanga. • Ongoing communication continues on regional priorities.

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

	<p>iv. Continue to develop and grow the relationship between Manawhenua Hauora and MDHB through strong Māori leadership.</p> <p>v. Build relationship and work strategically with the Te Whiti ki te Uru (Central Region Māori Relationship Board Forum)</p>	<p>Manawhenua Hauora and the MDHB continue to meet at regular intervals:</p> <p>Milestone:</p> <ul style="list-style-type: none"> • Board to Board once annually • Chair to Chair twice annually (six monthly) with support if required <p>Meet quarterly with the Te Whiti ki te Uru</p>	<ul style="list-style-type: none"> • Annual Board Hui held 30 July 2012-MWH annual report completed and available for viewing online • Chair/Chair hui held 27th Feb • Quarterly Hui and updates continue with Te Whiti ki te Uru. • 3 MWH members to attended Tu Kaha conference 12-14 September 2012. <ul style="list-style-type: none"> ◦ Presentation by MWH Chair Ma Tini, Ma Mano, Ka Rapa Te Whai "By joining together we will succeed" ◦ Highlighting the successes of the MDHB and MWH relationship. • Manawhenua Hauora reviewed the Central Alliance Foundation Agreement and provided feedback June 2013.
<p>Objective Two:</p>	<p>Guidance on Maori health needs and priorities</p>		<p>PROGRESS</p>
<p>To provide guidance to MDHB on Maori health needs and priorities.</p>	<p>i. Provide direction and advice to MDHB on Māori health and disability issues as part of the DSP and DAP planning cycle.</p>	<p>Timely advice is given to MDHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups.</p> <p>Milestone: Ongoing.</p>	<ul style="list-style-type: none"> • MWH support Primary Birthing Facility proposal; • Poutama Project (Mortuary) MWH endorses potential improvements to whanau area. • MDHB Board member vacancy (MWH participated in the interview process Feb 2013) • District Plan and Maori health plan 2013/2014 - MDHB feedback sent Mid April 2013. • Maori Leadership. MWH support review of MDHB Maori leadership. <ul style="list-style-type: none"> • Rongoa business presented to MWH by CPHO. Advice provided by iwi representatives. Final draft for review by MWH due November 2012. • Draft Proposal on Primary Birthing Facility received December 2012.

<p>To contribute to strategies for Māori health.</p>	<p>ii. Provide direction and advice to MDHB on the DHB's Māori health gain strategies i.e.</p> <ul style="list-style-type: none"> • Maori Health Responsiveness Framework • Oranga Pumau • Maori Health workforce strategy • Maori Health Plan • Kaupapa Tuatahi <p>EXTERNAL Maori Health Strategies</p> <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • BSMC Business Case • Tupkeka Kore Aotearoa 2020 <p>iii. Monitor progress of the Better Sooner more convenient business case to ensure Maori health needs are met.</p> <p>iv. Health needs assessment takes into account Maori health needs.</p>	<p>The Board and its statutory committees receive timely, expert advice on:</p> <ul style="list-style-type: none"> • Maori Health Responsiveness Framework • Oranga Pumau • Maori Health workforce strategy • Maori Health Plan • Kaupapa Tuatahi <p>EXTERNAL Maori Health Strategies</p> <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • BSMC Business Case • Tupeka Kore Aotearoa 2020 <p>MDHB Maori Health Advisor (funding) liaise with CPHO Maori Director of Health to provide updates regarding the Better Sooner More Convenient business case.</p> <p>Health Needs Assessment update is presented to Manawhenua Hauora, identifying trends and any emerging issues regarding Maori health needs.</p> <p>Work with the MDHB to provide key data indicators for whanau ora, and assist in the development of whanau ora implementation plan.</p> <p>Milestone: Ongoing.</p>	<p>MWH reviewed the Health National Indicator report, February 2013.</p> <p>CPHO are coordinating with MDHB to report on local Maori Health data (work in progress)</p>
--	---	---	---

OBJECTIVE	INITIATIVE	MEASURE	
Objective Three:	Monitor Māori health gain		PROGRESS
To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.	<p>i. Monitor and evaluate the implementation of Māori Health Plans and Maori Responsiveness Framework² in the district.</p>	<p>The Kairangahau (Manawhenua Hauora) will work with the MDHB Māori Health Advisor, Funding, to monitor the Māori Health Responsiveness Framework</p> <p>Milestone: Six monthly reports are provided.</p> <p>The Kairangahau will work with the MDHB Maori Managers when updating the Manawhenua Monitoring Framework.</p> <p>Milestone: Six weekly reports are provided.</p>	<ul style="list-style-type: none"> • Consultation with MDHB Funding & Planning ref: Maori Health Plan; and • Review of the draft Maori Health Plan 2013/2014 <ul style="list-style-type: none"> • <i>feedback/support submitted to MDHB April 15 2013.</i>
	<p>ii. Evaluate DHB activity for the advancement of Māori health</p> <ul style="list-style-type: none"> • Monitor the implementation of <i>Oranga Pumau</i>, Maori Health Workforce Strategy and Māori Health Service Plan, and Maori Health Plan. • Monitor Māori health expenditure within the funding division and MidCentral Health • Monitor Maori Health Responsiveness Framework • Monitor service improvements in MidCentral Health against their Māori Health Action Plan • Monitor service responsiveness to Maori within Enable New Zealand (including Supportlinks) against their Māori Health Action Plan. • Monitor the implementation of Whanau Ora within MDHB. 	<p>Regular reports to be received from the funding, provider and disability support divisions of MidCentral DHB, including specific reporting against <i>Oranga Pumau</i>, <i>Maori Responsiveness Plan, AP 2012/2013</i>, <i>Maori Health Plan</i>, progress on Whanau Ora models of practice and the Māori Health Workforce Strategy.</p> <p>Quarterly reports to be received from planning and funding of MidCentral DHB, specifically on priority areas:</p> <ul style="list-style-type: none"> • Oral health; • Women's health; and • Smoking Cessation. 	<ul style="list-style-type: none"> • 2nd report for the Maori Health Responsiveness Framework completed and reviewed by members September 2012. • MDHB to provide updates (overview) on the 3 priority areas (Oral Health, Womens Health and Smoking Cessation) commencing April 2012. This will occur 2 x annually.

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

MWH WP 12/13 v1

OBJECTIVE	INITIATIVE	MEASURE	PROGRESS
<i>Objective Four:</i>	<i>Expert advice and counsel at governance level</i>		
To provide expert advice and counsel on important Māori issues which are appropriately considered at a governance level.	i. Give advice on matters that are of importance to Māori in the MidCentral district and that should be reported to the DHB Board	The MDHB Board receives timely advice. Milestone: Ongoing.	<ul style="list-style-type: none"> MWH Hauora representation on HAC, CPHAC, DSAC, Enable, Clinical Leadership Council, Ethics Committee
	ii. Consider and provide advice on specific MDHB policies that impact on Māori health and service delivery.	Policies impacting on Māori health and service delivery are considered and advice given. Milestone: Ongoing.	<ul style="list-style-type: none"> MWH updated and consulted on the Poutama (Mortuary) project, and support the need to amend plans following the seismic analysis report conducted at MCH. Maori Leadership. MWH support review of MDHB Maori leadership.
	iii. Manawhenua Hauora's members maintain skills and competencies to carry out their role.	Participate in annual development of MidCentral District Health Board's governance assessment and training programme Milestone: Annually	Ongoing

National Māori Health Indicators

Central Region DHBs Consolidated Reporting

April 2013 - Final

Purpose of the Report

This is the second consolidated report of the National Māori Health Indicators for the Central Region DHBs. The quarterly reports were included in the Māori Health priorities as part of the 2012/13 Regional Services Plan. The process allows Central Region DHBs to monitor progress on these indicators more objectively. They also provide opportunities for DHBs to learn and accelerate performance by identifying areas of best practice occurring in the Central Region. The report can be used at a local and sub-regional level to inform action, as well as in the development of action plans for future Regional Māori Health Plans.

Manawhenua Hauora has been a key stakeholder and driver for the development of this report. This report now forms the basis of our quarterly reporting about how Maori in the Mid Central DHB compare with other Maori within the Central Region. The purpose identifies which DHB is performing well with their Maori population.

Summary of Results

Priority	Indicator	Target	C&CDHB	HBDHB	HVDHB	MDHB	WaiDHB	WhaDHB	Central Region	CR Trend ²
Access to Care	Percent of the Māori population enrolled in PHOs	95%	84%	94%	85%	84%	103% ³	86%	88%	↑1%
Workforce	Percentage of Māori DHB staff	18% ⁴	5.0%	8.6%	6.6%	5.7%	6.3%	8.8%	6.3%	-
Immunisation	Percent full immunisation coverage for Māori at 8 months	85%	85%	87%	81%	82%	80%	89%	84%	↓1%
ASH Rate 0-74 years	Māori standardised Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000	N/A ⁵	2435	2766	3230	2141	3627	3151	Not available	-
ASH Rate 0-4 years	Māori standardised ASH rates per 100,000	N/A	4321	4894	7485	4755	8295	7562	Not available	-
ASH Rate 45-64 years	Māori standardised ASH rates per 100,000	N/A	3446	3969	3790	3019	4592	3929	Not available	-
Smoking	Percent of Māori hospitalised smokers provided with cessation advice	95%	98%	98%	98%	92%	100%	92%	96%	↑1%
Smoking	Percent of Māori PHO smokers provided with cessation advice	90%	59%	59%	30%	46%	58%	34%	Not available	-
Maternal Health	Full and exclusive breastfeeding for Māori at 6 months	27%	28%	18%	13%	12%	13%	11%	17%	↑2%
Cardiovascular Disease	Percent of the eligible Māori population completed a CV risk assessment in the past 5 years	75%	58%	62%	45%	40%	53%	49%	52%	↑1%
Diabetes	Percent of Māori with diagnosed diabetes who have attended a diabetes annual review	75%	85%	79%	69%	91%	60%	86%	Not available	-
Diabetes	Percent of Māori with diagnosed diabetes who attended a diabetes annual review and HbA1c <8%	85%	58%	69%	60%	61%	65%	69%	Not available	-
Cancer	Percent breast screening coverage for Māori women aged 50-69 years	70%	66%	62%	65%	63%	75%	66%	65%	↑1%
Cancer	Percent cervical screening coverage for Māori women aged 25-69 years	80%	60%	73%	63%	64%	76%	65%	65%	-

² The CR Trend shows the percent change in the Central Region average since the previous quarter

³ Blue highlighted values indicate the Central Region's best performing DHB

⁴ The workforce target is set at the proportion of Māori in the Central Region population

⁵ Consistent national targets are not set for Ambulatory Sensitive Hospitalisation (ASH) rates

Subcommittees and Membership REPRESENTATION 2012-2013

NAME	STAKEHOLDER GROUP	POSITION
Richard Orzecki	• MidCentral District Health Board	Manawhenua Hauora Chairman
	• Central Alliance Subcommittee	
	• Hospital Advisory Committee	
	• Enable NZ Governance Group Deputy Chair	
	• Te Whiti Ki Te Uru (Coordinating Chair)	
	• Transitional Steering Group	
	• Clinical Leadership Council	
	• Ethics Advisory Group	
Danielle Harris	<ul style="list-style-type: none"> • Te Ohu Auahi Mutunga (Chair) • Te Tihi o Ruahine (Chair) • Central PHO • Alliance Leadership Team 	Manawhenua Hauora Deputy Chair
Henare Kani	<ul style="list-style-type: none"> • Regional Cultural Advisory Maternity Group • Transitional Steering Group 	
Stephen Paewai	• Hospital Advisory Committee	Rangitane o Tamaki nui a Rua
Tawhiti Kunaiti	• Disability Support Advisory Committee	Central Primary Health Organisation
Matt Matamua	• Enable NZ Governance Group	Manawhenua Hauora Board Member
	• BSMC Whanau Ora Leadership Group	
Oriana Paewai	• Child and Adolescent Oral Health Steering Group	Manawhenua Hauora Board Member
	• Renal Services Steering Group	
	• Community and Public Health Advisory Committee	Committee Member
Rawiri Kiriona	• Family Violence Intervention	Te Runanga o Raukawa Social Services

Manawhenua Hauora

Iwi Provider Hui March 18th 2013

Meeting Notes

<p>Kaupapa</p>	<p>Transformation</p>
<p>ATTENDEES:</p>	<p>Representatives from: Te Runanga o Raukawa, Muaupoko Tribal Authority, Best Care Whakapai Hauora, He Puna Hauora, Te Wakahuia Manawatu Trust, Central PHO, Manawhenua Hauora members and MidCentral District Health Board.</p> <p><i>Richard Orzecki, Delwyn Te Oka, Materoa Mar, Danielle Harris, Dennis Emery, Matt Matamua, Mary Sanson, Henare Kani, Kaylene Kani, Hare Arapere, Te Aira Henderson, Doug Edwards, Tawhiti Kunaiti, Oriana Paewai, Geoff Kira (Massey), Kim Savage, Ana Winiata, Steve Hirini, Phil Sunderland, Deb Te Puni</i></p>
<p>Manawhenua Hauora (Chair)</p>	<p>Richard Orzecki</p> <p>“Ma Tini, Ma Mano, Ka Rapa Te Whai”</p> <p>Presentation (Notes distributed)</p> <p><i>Background, Board Members, Webpage, Success (priorities), highlights, Moving Forward (Regional planning 2013/2014)</i></p> <p>Regional Maori Health Plan Draft</p>
<p>Whana Ora Collectives Update</p>	<p>Te Tihi o Ruahine Update (Danielle Harris)</p> <ul style="list-style-type: none"> 🌀 Programme of Acton Draft 2, Hui tomorrow, due April 2013 🌀 Whanau vision 🌀 8 providers in alliance (diverse range of services and resources) 🌀 POA = 18 months <ul style="list-style-type: none"> • Relationship Management <ul style="list-style-type: none"> ○ Workforce development (internal and in wider sector) ○ Governance policies and procedures ○ Sustainability • Engagement (at all levels) Identified needs from engagement hui to be included in the POA; • Collaboration and Coordination (Puna Wananga, Puna Waiora) • Infrastructure and Development (virtual whanau centre) • Operational policies and procedures = alignment • Contract for flexi fund for programmes suggested by whanau • Whanau and staff Pathway • Outcomes framework (peaks of ranges) Te Ara Whanau Ora Model 🌀 MDHB support and input discussed 🌀 Indicators framework 🌀 Kahui Tautoko Action Researchers 🌀 Alliance contracting (TPK contracts to be included: won, oranga whanau, kaitoko whanau) 🌀 Social Housing alliance – feasibility study (development stage) 🌀 Information System service plan – this may go through an RFP process. 🌀 Feedback received Friday 🌀 Compass Health Maori Health Team working through the entire process with Te Tihi. <p>Te Hono ki Tararua me Ruahine (Ana Winiata & Steve Hirini)</p>

	<ul style="list-style-type: none"> • Hui with Whanau Ora Investment Moderation Panel to discuss plans; • Collective Vision; (<i>empowering Maori to believe in themselves</i>) • Collective members further discussions to be had with Te Atiawa; • Kaupapa Tuku Iho; • Large % Funding tagged for workforce development; • Business case submitted 31st January; • Feedback from moderation panel included: (clear vision, tangible commitment to transforming, strong community engagement, aspirational approach; • Models x2 He Oranga Hapori (planning evaluation) and Kia Maori 24/7 (2040); • 5 Year Strategic Plan; • Integrated contracting (may be a long term initiative); • Partnership arrangement (supporting a Limited Liability Partnership model); • Senior Management Structure; • Aim to engage with 300+ providers; • SWOT analysis and Risk Management plan; • Advanced Technology and equipment (mobile workforce); • ISSP development; and • Working with MSD. <ul style="list-style-type: none"> • MWH Member mihi to Collectives on driving this Kaupapa • MDHB Chair, acknowledged and thanked MWH for invitation and updates provided from WO collectives from a practical perspective appreciates the progress of this Kaupapa in theory and practice. • MWH Chair mihi to collectives for their time/presentations today.
<p>Provider Updates</p>	<ul style="list-style-type: none"> • <i>Discussed Maori Health Plan Draft and provided feedback to Manawhenua Hauora.</i> <p>CPHO Director of Maori Health Identified need to ensure there is some cohesiveness with Whanau Ora Kaupapa within the District;</p> <p>Te Wakahuia – Health Manager Also keen to see consistency across the District, Note: Lack of RLG support to Whanau Ora Collectives.</p> <p>He Puna Hauora – Manager Important that all stakeholders/funder/providers are up to speed and on the same waka.</p> <p>Te Kete Hauora Important to focus on values as part of MWH</p>

Manawhenua Hauora 2013 Hui Schedule

January '13						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February '13						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March '13						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April '13						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May '13						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June '13						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July '13						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August '13						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September '13						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October '13						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November '13						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December '13						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Important Dates

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

PUBLIC HOLIDAYS

Manawhenua Hauora Hui

DHB Meetings

DHB Committee Meetings

Te Whiti ki te Uru

Executive Leadership Hui

MDHB/MWH Chair/Chair Hui

May/November (TBC)

MDHB/MWH Board/Board Hui

July 22 (TBC)

MEETING VENUE:

MidCentral District Health Boardroom

Heretaunga Street

Palmerston North

MWH Hui commences: 10.00am



© 2008 Vertex42 LLC
