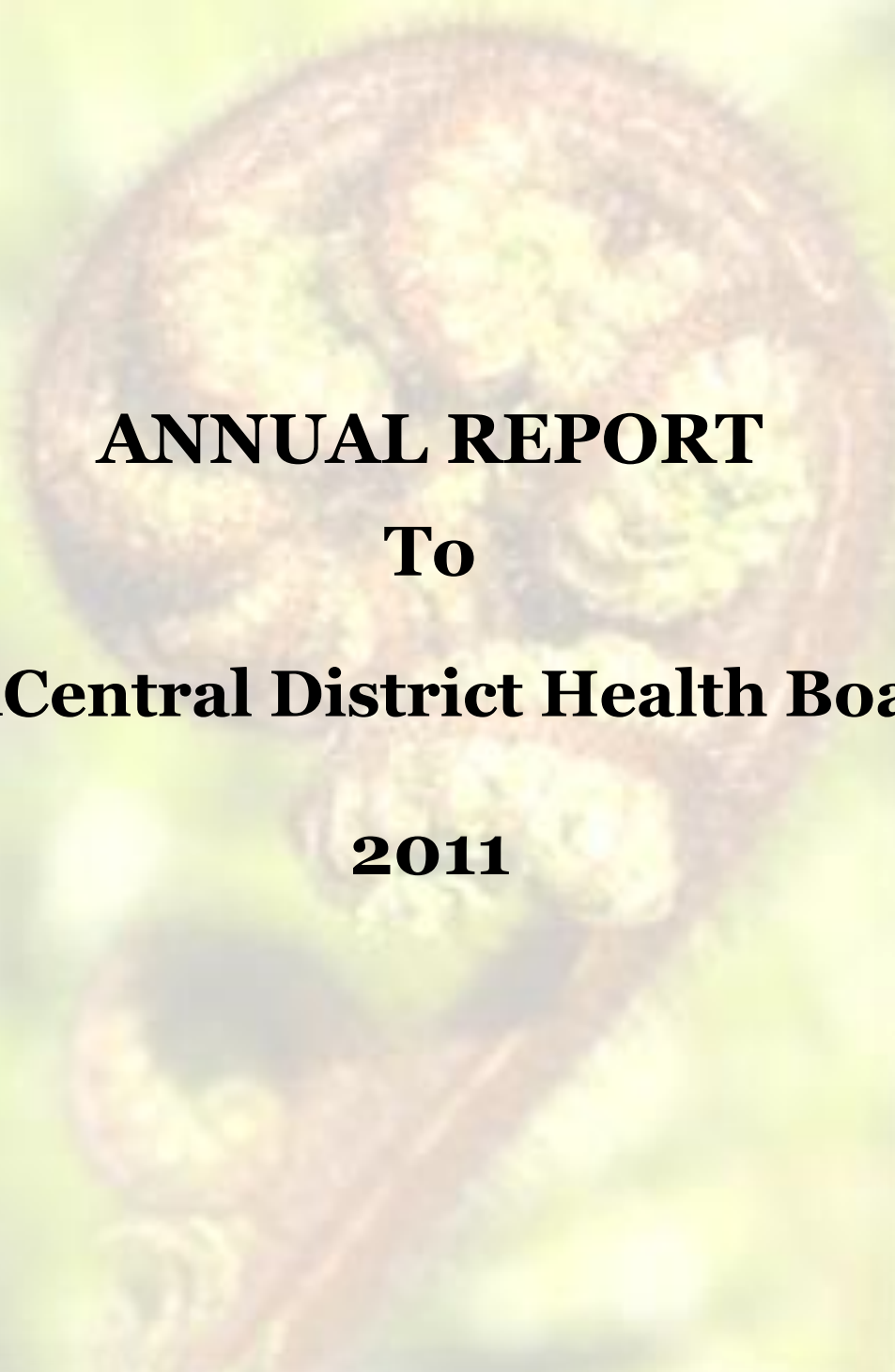




MANAWHENUA HAUORA

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



ANNUAL REPORT To MidCentral District Health Board 2011

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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

Haumi e, 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, Tihe Mauriora**

CHAIRMANS REPORT

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

Firstly, may I acknowledge, Phil Sunderland, Chair of the Mid Central District Health Board. The first twelve months of this role must have been daunting but under your stewardship and the leadership of the CEO Murray Georgel and his committed staff we have been able to address a deficit that has provided its own challenges in delivery of health services to our district.

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

The Annual Report produced is a way of encapsulating all the collaborative activities that Manawhenua Hauora and MidCentral District Health Board work together on. Some personal highlights to me were the involvement of Manawhenua Hauora in the 2010 Health Awards, the participation and representation of Maori into decision making at the committee and Board levels, developing a strategic relationship with the Te Whiti ki te Uru (Central Region Maori Relationship Board), the web based community survey and the development of the MidCentral Maori Health Plan, and the Regional Services Plan.

This Annual Report shows the outcomes achieved by Manawhenua Hauora from 2010-2011. Some highlights include;

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

An important meeting took place on May 17th between Hauora A Iwi and Manawhenua Hauora who represent the nine Iwi of the Mid Central and Whanganui Health Boards districts. We came together to discuss how we might work more strategically together under the Central Alliance kaupapa.



This photo back row from left to right

Teri Teki (HAI-Secretary), Sharlene Tapa-Mosen (HAI), Maira Taiuru (HAI), Gilbert Taurua (Director Maori Health, Whanganui DHB), Barbara Ball (HAI), Nancy Tuaine (HAI), Oriana Paewai (MWH), Richard Steedman (HAI), Debbie Te Puni MWH- Kai rangahau)

Front row left to right

Matt Matamua (MWH-Kaumatua), Rocky Hudson (MCDHB Kaumatua), Adrian Rurawhe (Chair HAI), Richard Orzecki (Chair MWH), Fleur Kore (HAI), Danielle Harris (Deputy Chair-MWH) and Darryn Ratana (HAI)

Part of this report contains the new Work Programme 2011-2012 that includes new priorities for the District Health Board and Manawhenua Hauora such as; the implementation of the Government's Better, Sooner, More Convenient Health care strategy and national priorities and targets.

The Consumer Survey results 2010-2011 have been evaluated in a report that has been developed to incorporate key themes and indicators identified in the Maori Responsiveness Framework. The Hui schedule for the remainder of 2011 as well as a draft' schedule for 2012 outlining all upcoming hui for Manawhenua Hauora is also included on pages 25-26.

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

My special thank you to the members of Manawhenua Hauora for their mahi this past year. To Pam Te Haate and Vanessa Hape from Kahungunu ki Tamaki hui-a-rua for rejoining our table, and to our Kairangahau Debbie Te Puni who makes this all possible with her skills and professionalism. I also want to acknowledge those members who have served on the MCDHB Board Committees and have recently been reappointed for another term. This I believe reflects their contribution above all else and to provide valuable input into these committee. A special welcome back to our rangatira Stephen Paewai who has been appointed to the Hospital Advisory committee. Last but not least to acknowledge and thank our Kaumatua Uncle Rocky Hudson for his continued support and guidance in tikanga and counsel to Manawhenua Hauora and to the Mid Central District Health Board. We are indebted for his contribution

Finally I am reminded of a phrase of Dr Martin Luther King – the ‘fierce urgency of now’.

The fierce urgency of now is about all of us considering what is in the best interests of our whanau, hapu, iwi – of our mokopuna. We have an opportunity in the next 2011-2012 to see that the fierce urgency of now is not lost and that by our working together to address the many issues facing the health sector that we might overcome some of them and make a difference.

“Ma Tini, Ma Mano, Ka Rapa Te Whai”
“By joining together we will succeed”



Richard Orzecki
Chairman, Manawhenua Hauora



1.0. Introduction

This plan outlines the outcomes from the Manawhenua Hauora Work Plan July 2010 to June 2011 and the planned activities from July 2011 to June 2012.

1.1 Background

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

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

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

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

MANAWHENUA HAUORA MEMBERS 2010-2011

TABLE 1.1A

IWI	MUAUPOKO	NGATI RAUKAWA KI TE TONGA	RANGITAANE	KAHUNGUNU
DELEGATES	Matt Matamua	Richard Orzecki <i>(Chairman)</i>	Danielle Harris <i>(Deputy Chair)</i> <i>Manawatu</i>	Pam Te Haate (Member as of 2/5/2011)
		Mary Sanson	Oriana Paewai <i>Manawatu</i> Chrissy Karena (Member 21/07/2008-22/11/2010) <i>Tamaki Nui a Rua</i> Henare Kani (Member as of 22/11/2010) <i>Tamaki Nui a Rua</i>	Vanessa Hape (Member as of 13/06/2011)
ALTERNATES	Steven Hirini	Ana Winiata	Kararaina Taite Manawatu	

OTHER ATTENDEES INCLUDE:

MDHB Maori Management Team	Position
Shane Ruwhiu	Maori Health Advisor, Funding
Te Aira Henderson	Division Maori Health Service Manager
ENABLE NZ	
Hare Arapere	Kaupapa Maori Manager
MidCentral District Health Board	
Mavis Mullins	Board Member
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 supports the ten priority areas identified by the MidCentral District Health Board. These are around vulnerable groups of its population, chronic diseases which are the major causes of mortality and morbidity within the region. Investment in these 10 areas will make the greatest impact toward improving the health of the district's population:

- Cancer;
- Cardiovascular disease;
- Child health;
- Diabetes;
- Health of older people
- Maori health;
- Mental health;
- Oral health;
- Respiratory disease; and
- Rural health.

To advance these areas Manawhenua Hauora will continue to work collaboratively with MDHB to monitor and provide advice on the implementation of the business case for “better, sooner, more convenient health care”, the Maori health plan and the child and adolescent oral health initiative.

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.

The Chair is a member of Te Whiti ki te Uru (formally known as the Central Region Maori Relationship Board), and Manawhenua Hauora have been involved in the review of the Regional Services Plan.

An annual hui with Hauora a Iwi Whanganui has been included on the Manawhenua Hauora and MDHB Work Programme for 2011/2012 with a purpose to monitor progress of the Central Alliance, particularly around renal, neonatal and Disease State Management services and responsiveness to Maori

At a local level, the roll out of the oral health programme for children and adolescents will continue, with a special focus on Maori and mental health.



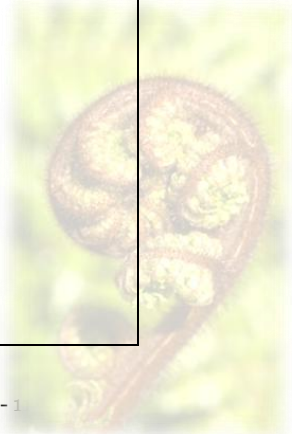
Manawhenua Hauora Work Programme 2010/2011

FINAL REPORT JUNE 2011

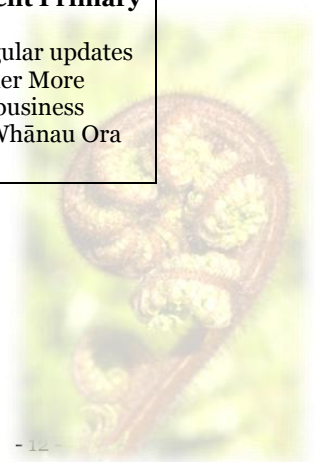
OBJECTIVE	INITIATIVE	MEASURE	PROGRESS
Objective One:	Coordinated leadership		
To provide coordinated leadership for Māori health within the DHB region ¹ .	<p>i. Engage with Iwi/Maori providers throughout the District to obtain information for Māori Health developments and issues.</p> <p>ii. Ensure MDHB Maori health strategies are aligned to and reflective of regional approach.</p>	<p>Community surveys will gain information on Māori health needs, developments, issues and experiences. Feedback of the functions and activities of MidCentral DHB and Manawhenua Hauora may also be sought from time to time.</p> <p>Recommendations arising from the surveys will be considered by Manawhenua Hauora with an annual summary report being provided to MDHB.</p> <p>Milestone: Ongoing</p> <p>Provide effective Iwi/ Māori health leadership to the Central DHB region at a governance level</p> <p>Milestone: Meet as part of a joint working group with members of the RSCP (Regional Committee RRC) every six months</p> <p>Milestone: Bi-Annually</p>	<ul style="list-style-type: none"> • In December 2010 Manawhenua Hauora reviewed the consumer surveys that are distributed annually to gain information on Maori health needs. After discussions with MDHB IT Manager an updated version was produced on a survey website (Kwiksurvey) and available for public access online from January 2011. The surveys were also distributed manually to compensate for those consumers who did not have access to the internet. 109 surveys have been completed. • Following on from the combined Chairs, Boards and CEOs meeting on the 10th March a revised version of the RSP was tabled by MWH 21 March 2011. <ul style="list-style-type: none"> ○ The main changes in the document were noted and members supported the highlighted amendments to the Regional Services Plan. • Manawhenua Hauora met with Hauora a Iwi Whanganui May 17 2011 with an aim to enhance whanaungatanga between the two groups, compare strategic directions moving forward, and an opportunity for Manawhenua Hauora to meet the newly appointed Whanganui Director of Maori Health.

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

	<p>iii. Continue to develop and grow the relationship between Manawhenua Hauora and MDHB through strong Māori leadership.</p> <p>iv. Build relationship with the Central Region Māori Relationship Board Forum (CRMRBF)</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>Chair to Chair hui</p> <ul style="list-style-type: none"> • 15 November 2010 12-2.00pm • 17 May 2011 1.30 – 3.00pm <p>Annual Board to Board hui</p> <ul style="list-style-type: none"> • July 19 <p>Manawhenua Hauora Chair is a member of Te Whiti ki te Uru (Central Region Maori Relationship Board) attends hui quarterly.</p>
Objective Two:	Guidance on Maori health needs and priorities		PROGRESS
To provide guidance to MDHB on Maori health needs and priorities.	<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>	<p>Manawhenua Hauora were involved in the DSP and DAP Planning cycle for 2011/2012 as follows:</p> <ul style="list-style-type: none"> • The MWH Chair attended the Board and Executive Management Team Planning workshop 15 February 2011. • General Manager Funding (& team) attended MWH 21 March 2011 to discuss the Annual Plan and Maori Health Plan draft documents. • The DHB 2011/2012 Annual Plan and Maori Health Plan were distributed to members for review; support for the plan was submitted via letter (4 April 2011).



<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 Responsiveness Plan • Oranga Pumau • Maori Health workforce strategy • Maori Health Strategy <p>EXTERNAL Maori Health Strategies</p> <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • Better Sooner more convenient Primary Health Care Strategy • Whanau Ora taskforce report • Tupeka Kore Aotearoa 2020 <p>iii. 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 Responsiveness Plan • Oranga Pumau • Maori Health workforce strategy • Maori Health Strategy <p>EXTERNAL Maori Health Strategies</p> <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • Better Sooner more convenient Primary Health Care Strategy • Tupeka Kore Aotearoa 2020 <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>Maori Health Needs Update</p> <p>Maori Responsiveness Plan and Maori Health Plan</p> <p>The Responsiveness Plan was published and released on the 30th of August 2010. Since its release discussion centred on how to successfully implement the framework as a living part of DHB operations. Two work streams were identified:</p> <ol style="list-style-type: none"> 1) District Health Board will produce a Maori Health Plan as part of the Planning framework and the Maori Health Responsiveness Framework provided a conceptual basis for such a plan. 2) Begin to report on responsiveness to Maori through the ongoing outcome reporting of the DHB and occasional Maori Health reporting. <p>On December 2 the Ministry of Health as part of the Annual planning overview described a requirement that DHBs develop Maori Health plans.</p> <p>In March 2011 the MDHB Draft Maori Health Plan was distributed to Manawhenua Hauora for comment. Members supported the draft and confirmed this with MDHB via letter sent 4 April 2011.</p> <p>Better Sooner More Convenient Primary Health Care Strategy</p> <p>Manawhenua Hauora receives regular updates on the progress of the Better Sooner More Convenient Primary Health Care business case, and the implementation of Whānau Ora in the Business Case.</p>
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OBJECTIVE	INITIATIVE	MEASURE	PROGRESS
Objective Three:	Monitor Māori health gain		
To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.	i. Monitor and evaluate the implementation of Māori Health Plans and Maori Responsiveness Framework ² in the district.	<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>	The Kairangahau and Maori Health Advisor meet regularly to discuss progress on implementation of Maori health plans and the Maori Responsiveness Framework. Comprehensive reports are submitted by the MHA six weekly.
	ii. PHO amalgamation reflects Kaupapa Tuatahi	<p>MDHB will provide a report on the PHO amalgamation development in terms of Maori health.</p> <p>Kaupapa Tuatahi assessment conducted re combined PHO.</p> <p>Milestones: Ongoing</p>	Ongoing

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.



	<p>iii. 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 • Monitor Māori health expenditure within the funding division and MidCentral Health • Monitor Maori Responsiveness Framework • Monitor service improvements in MidCentral Health against their Māori Health Action Plan • Monitor service responsiveness to Maori within Enable New Zealand (including Supportlinks) against their Māori Health Action Plan. • Monitor the implementation of Whanau Ora within MDHB. 	<p>Regular reports to be received from the funding, provider and disability support divisions of MidCentral DHB, including specific reporting against <i>Oranga Pumau</i>, <i>Maori Responsiveness Plan</i>, <i>DAP 2010/2011</i>, progress on Whanau Ora models of practice and the Māori Health Workforce Strategy.</p>	<p>Regular Reports are received from The Māori Health Advisor Funding, Māori Health Manager MidCentral Health, and ENABLE NZ Kaupapa Maori Manager, that include reporting against Oranga Pumau, DAP 2010/2011, Maori Responsiveness Plan, and the Māori Health Workforce Strategy.</p> <p>Key areas of discussion with Manawhenua Hauora recently include;</p> <ul style="list-style-type: none"> • Better Soon More Convenient Business Case • Regional Services Plan; • Maori Responsiveness Plan reports; • Maori Health Plan draft; • Whanau Ora Update; • Colposcopy (DNA rates); • Breastscreening coverage; • Family Violence Intervention Programme; • Kaumatua services; • Hauora Maori Scholarships; and • Cultural competency.
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OBJECTIVE	INITIATIVE	MEASURE	PROGRESS
Objective Four:	Expert advice and counsel at governance level		
To provide expert advice and counsel on important Māori issues which are appropriately considered at a governance level.	i. Give advice on matters that are of importance to Māori in the MidCentral district and that should be reported to the DHB Board	The MDHB Board receives timely advice. Milestone: Ongoing.	Ongoing
	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.	MDHB MHA (funding Division) updated Manawhenua Hauora on the Maori Culture Best Practice guidelines. Members reviewed and supported the draft document. MidCentral Health Kaiwhakahaere (Maori Health Manager) provides Manawhenua Hauora with updates on the progress of the cultural competency programme.
	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



Manawhenua Hauora Iwi Consortium and MidCentral District Health Board's

Work Programme for 2011/2012

1. Introduction

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

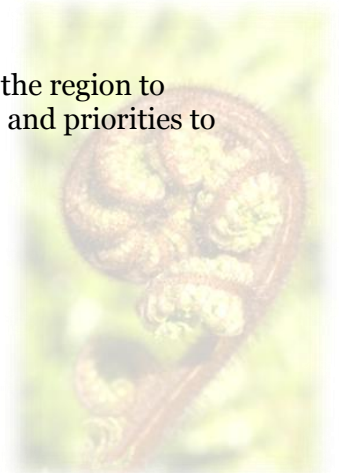
2. Fundamental Principles

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

3. Relationship

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

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



4. Objectives

4.1 Manawhenua Hauora will:

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

4.2 MidCentral District Health Board will:

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

4.3 Manawhenua Hauora Work Programme

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

- He Korowai Oranga Maori Health Strategy
- Whakataataka
- Whanau Ora Models
- Oranga Pumau MidCentral DHB Maori Health Action Plan
- MidCentral Maori Health Workforce Strategy
- MidCentrals Maori Responsiveness Plan
- Better Sooner More Convenient Primary Health Care Strategy
- District Annual Plan 2011/2012
- MDHB Maori Health Plan 2011/2012



Work Programme 2011/2012

OBJECTIVE	INITIATIVE	MEASURE
Objective One:	Coordinated leadership	
To provide coordinated leadership for Māori health within the DHB region ³ .	<p>v. Engage with Iwi/Maori providers throughout the District to obtain information for Māori Health developments and issues.</p> <p>vi. Ensure MDHB Maori health strategies are aligned to and reflective of regional approach.</p> <p>vii. Monitor progress of the Central Alliance, particularly around renal, neonatal and Disease State Management services and responsiveness to Maori</p>	<p>Community surveys will gain information on Māori health needs, developments, issues and experiences. Feedback of the functions and activities of MidCentral DHB and Manawhenua Hauora may also be sought from time to time.</p> <p>Recommendations arising from the surveys will be considered by Manawhenua Hauora with an annual summary report being provided to MDHB.</p> <p>Milestone: Ongoing</p> <p>Provide effective Iwi/ Māori health leadership to the Central DHB region at a governance level</p> <p>Milestone: Meet as part of a joint working group with members of the RSCP (Regional Committee RRC) every six months</p> <p>Milestone: Bi-Annually</p> <p>Provide advice to Board regarding centralAlliance activities Meet with Hauora a Iwi Whanganui annually</p>

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

	<p>viii. Continue to develop and grow the relationship between Manawhenua Hauora and MDHB through strong Māori leadership.</p> <p>ix. Build relationship and work strategically with Te Whiti ki te Uru (Central Region Māori Relationship Board Forum)</p>	<p>Manawhenua Hauora and the MDHB continue to meet at regular intervals:</p> <p>Milestone:</p> <ul style="list-style-type: none"> • Board to Board annually • Chair to Chair bi-annually with support if required • Provide advice on how relationship between Manawhenua Hauora and Board can be further strengthened <p>Provide advice to Board regarding regional Maori health matters Meet quarterly with Te Whiti ki te Uru.</p>
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Objective Two:	Guidance on Maori health needs and priorities	
To provide guidance to MDHB on Maori health needs and priorities.	iv. Provide direction and advice to MDHB on Māori health and disability issues as part of the Regional Services Plan and the Annual Plan planning cycle.	Timely advice is given to MDHB on matters that concern district planning and effective consultation processes with local iwi and Māori community groups. Milestone: Ongoing.
To contribute to strategies for Māori health.	v. Provide direction and advice to MDHB on the DHB's Māori health gain strategies i.e. <ul style="list-style-type: none"> • Maori Health Responsiveness Framework • Oranga Pumau • Maori Health workforce strategy • Maori Health Plan • Kaupapa Tuatahi EXTERNAL Maori Health Strategies <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • BSMC Business Case • Whanau Ora Taskforce report iii. Monitor progress of the Better Sooner more convenient business case to ensure Maori health needs are met. iv. Health needs assessment takes into account Maori health needs.	The Board and its statutory committees receive timely, expert advice on: <ul style="list-style-type: none"> • Maori Health Responsiveness Framework • Oranga Pumau • Maori Health workforce strategy • Maori Health Plan EXTERNAL Maori Health Strategies <ul style="list-style-type: none"> • He Korowai Oranga • Whanau Ora Tool • Whakataataka • BSMC Business Case • Tupeka Kore Aotearoa 2020 MDHB Maori Health Advisor (funding) liaise with CPHO Maori Director of Health to provide updates regarding the Better Sooner More Convenient business case. Health Needs Assessment update is presented to Manawhenua Hauora, identifying trends and any emerging issues regarding Maori health needs. Work with the MDHB to provide key data indicators for whanau ora, and assist in the development of whanau ora implementation plan. Milestone: Ongoing.



OBJECTIVE	INITIATIVE	MEASURE
Objective Three:	Monitor Māori health gain	
To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.	iv. Monitor and evaluate the implementation of Māori Health Plans and Maori Responsiveness Framework ⁴ in the district.	<p>The Kairangahau (Manawhenua Hauora) will work with the MDHB Māori Health Advisor, Funding, to monitor the Māori Health Responsiveness Framework</p> <p>Milestone: Six monthly reports are provided.</p> <p>The Kairangahau will work with the MDHB Maori Managers when updating the Manawhenua Monitoring Framework.</p> <p>Milestone: Six weekly reports are provided.</p>
	<p>v. Evaluate DHB activity for the advancement of Māori health</p> <ul style="list-style-type: none"> • Monitor the implementation of <i>Oranga Pumau</i>, Maori Health Workforce Strategy and Māori Health Service Plan, and Maori Health Plan. • Monitor Māori health expenditure within the funding division and MidCentral Health • Monitor Maori Health Responsiveness Framework • Monitor service improvements in MidCentral Health against their Māori Health Action Plan • Monitor service responsiveness to Maori within Enable New Zealand (including Supportlinks) against their Māori Health Action Plan. • Monitor the implementation of Whanau Ora within MDHB. 	<p>Regular reports to be received from the funding, provider and disability support divisions of MidCentral DHB, including specific reporting against <i>Oranga Pumau</i>, <i>Maori Responsiveness Plan</i>, <i>DAP 2011/2012</i>, <i>Maori Health Plan</i>, progress on Whanau Ora models of practice and the Māori Health Workforce Strategy.</p>

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



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



Subcommittees and Membership REPRESENTATION 2010-2013

NAME	STAKEHOLDER GROUP	POSITION
Richard Orzecki	Te Whiti Ki Te Uru	Manawhenua Hauora Chairman
	Transitional Steering Group	
Stephen Paewai	Hospital Advisory Committee	Rangitane o Tamaki nui a Rua
Danielle Harris	MidCentral Health Clinical Council	Manawhenua Hauora Deputy Chair
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 General Manager

MANAWHENUA HAUORA MEETING DATES 2011
 PO BOX 1341
 PALMERSTON NORTH 4412
 (06) 357 3400

HUI SCHEDULE 2011

IMPORTANT DATES -

MANAWHENUA HAUORA
 Feb 7, March 21, May 2, June 13, July 25, September 5, October 17, November 28

DHB BOARD

DHB BOARD COMMITTEES

February 1: HAC/CPHAC/ENZGG

March 1: HAC/CPHAC/DSAC

April 5: HAC/CPHAC/DSAC

May 3: HAC/CPHAC/ENZGG

June 7: HAC/CPHAC

July 5: HAC/CPHAC/DSAC

August 2: HAC/DSAC/ENZGG

Sept 6: HAC/CPHAC

Oct 4: HAC/CPHAC/DSAC

Nov 1: HAC/CPHAC/ENZGG

Dec 6: HAC/CPHAC

EMT HUI

PUBLIC HOLIDAYS

CRMRBF

14 February, 2 May, 8 August, 7 November

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MEETING VENUE: MIDCENTRAL DHB OFFICES, GATE 2B HERETAUNGA STREET, PALMERSTON NORTH. MEETING STARTS 1 0.00AM

Manawhenua Hauora 2012 Hui Schedule

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Important Dates

DRAFT

Public Holidays

Manawhenua Hauora Hui

DHB Board Meetings

DHB Committee Meetings

Te Whiti ki te Uru Hui

TBC

Executive Management Team Hui

TBC

MCH and MWH Chair/Chair hui

TBC

MCH and MWH Annual Board hui

TBC

Meeting Venue:

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



Te Runanga o Raukawa Inc
Te Runanga o Raukawa He Ariā Raukawa Te Ngākau Raukawa



Muaupoko

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MANAWHENUA HAUORA

Mana Whenua Partners to Te Pae Hauora O Ruahine O Tararua MidCentral District Health Board

Muaupoko, Rangitaane, Ngati Raukawa ki te Tonga, Kahungunu ki Tamaki-nui-a-rua

Monitoring Report

Overview	<p>Manawhenua Hauora have developed and implemented this report as a monitoring tool.</p> <p>It is important to keep track of progress, ensure we are heading in the right direction and identify any perils on the horizon.</p>
Purpose of this Monitoring Report	<p>To monitor the overall performance, risk and kaupapa of Te Pae Hauora O Ruahine O Tararua (Manawhenua Hauora)</p>
Level of Responsibility	<p>Manawhenua Hauora is the Iwi Partnership Board to the MidCentral District Health Board and responsible for monitoring Maori Health Strategies and Maori Health gains in the District through impacts of MidCentral District Health Board's health service delivery and investment.</p>

Reporting Period JULY 2010-JUNE 2011

KEY CONTRACT OBJECTIVES

1.0 **Objective One:** Manawhenua Hauora Work programme and Terms of Reference

2.0 **Objective Two:** Committee representation

3.0 **Objective Three:** Projects

LEGEND

>	KPI on schedule
<	KPI not on schedule
C	KPI completed
X	KPI will not be achieved this year
!	KPI due on this date
NS	KPI not started









1.0 Objective One: Manawhenua Hauora Work Programme		MONTHS											
		J	A	S	O	N	D	J	F	M	A	M	J
1.1.	To provide coordinated leadership for Māori health within the DHB region ⁱ												
1.2	To provide guidance to MDHB on Maori health needs and priorities. ⁱⁱ												
1.3	To contribute to strategies for Māori health. ⁱⁱⁱ												
1.4	To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment. ^{iv}												
1.5	To provide expert advice and counsel on important Māori issues which are appropriately considered at a governance level. ^v												
1.6	To appoint iwi and Maori representatives with relevant expertise and experience to MidCentral District Health Board Statutory Committees.												
1.7	To report regularly to MDHB												

Comments

- The annual consumer survey was available online and distributed manually to Maori whanau/hapu/iwi throughout the rohe. 109 completed surveys completed.
- The Regional Services Plan was reviewed by Manawhenua Hauora in March 2011.
- Manawhenua Hauora met with Hauora a Iwi Whanganui May 17 2011.
- Manawhenua Hauora Chairmain is a member of Te Whiti Ki Te Uru and attends quarterly hui.
- Manawhenua Hauora reviewed and provided feedback for the MDHB 2011/2012 Annual Plan February to April 2011.
- Manawhenua Hauora reviewed and provided feedback for the MDHB 2011/2012 Maori Health Plan February to April 2011.
- The Board receives regular updates on the progress o the Better Sooner More Convenient Business Case and the implementation of Whanau Ora.
- Regular liaison and progress reports are coordinated and provided to Manawhenua Hauora from the MDHB Maori Managers against Oranga Pumau, Annual Plan, Maori Responsiveness Plan and the Maori Health Workforce Strategy.
- Policies impacting on Maori health and service delivery are considered and advice is given where appropriate.

2.0		Objective Two: Committee representation											
		Months											
		J	A	S	O	N	D	J	F	M	A	M	J
2.1	Clinical Network Structure	KPI on schedule											
2.2	Transitional Steering Group	KPI on schedule											
2.3	HAC	KPI on schedule										KPI not on schedule	
2.4	CPHAC	KPI on schedule											
2.5	DSAC	KPI on schedule											
2.6	ENABLE	KPI on schedule											
2.7	Te Whiti Ki Te Uru	KPI on schedule											

	KPI on schedule
	KPI not on schedule
	KPI completed
	KPI will not be achieved this year
	KPI due on this date
	KPI not started

Comments

- Clinical Network Structure - A Discussion document was distributed to a wide range of clinical and management personnel within secondary and primary health care service providers in the district. The comments received primarily focused on support for and inclusion of Maori health needs and processes. Scope for this has been allowed at a senior level of the Clinical Network Structure by way of the Maori Health and Whanau Ora Steering Group.
- Manawhenua Hauora Chairman and Board member are members of the Transitional Steering Group.
- The Chair's appointment to the board created a vacancy on HAC. Manawhenua Hauora submitted a nomination for HAC that was confirmed in June 2011.
- Appointments to CPHAC, DSAC and ENABLE will continue for another term.
- The regional Māori Health Action plan has been developed and is named Tu Ora. The aim of the plan is to facilitate synergies through the DHBs and leverage across our work programmes to achieve grater gains in Māori health outcomes. In the period the Central Regions Maori Relationship Board forum met in Hastings and received a presentation by Dr Kevin Snee Chief Executive of the Hawke's Bay District Health Board on the Regional Services Plan *RSP*. The plan was endorsed by the Central Regions Māori Relationship Board now known as Te Whiti Ki Te Uru.

3.0 Objective Three: Projects		Months											
		J	A	S	O	N	D	J	F	M	A	M	J
3.1.	Health Survey	Green										Blue	Purple
3.2	Cultural Competency Framework	Green											
3.3	Maori Responsiveness Plan	Green											
3.4	Maori Health Plan	Green											
3.5	Maori Workforce Development	Green											
3.6	One Heart Many Lives	Green											
3.7	Mate Ohore	Green											

Comments

- A report for the 2010/2011 Consumer survey is included with the Manawhenua Hauora Annual report.
- A stock-take in Central DHB's in 2009 highlighting variances provided an opportunity for the CR Maori managers to collaborate on coordinating a regional program providing congruent and consistent outputs. Two workshops for CRDHB's have been hosted in Hawkes Bay in March and April 2011. The details of delivery are yet to be decided.
- The Māori Health Responsiveness Framework has been used as the conceptual basis for the district Māori Health Plan for 11/12.
- The existence of Māori Health Plan is empowered by Section 6.4 of the 2011/12 Operational Policy Framework which states that Annual Plan are to be informed by MHPs. The annual plan for 11/12 has key components that connect to the Māori Health Plan to ensure that opportunities provided by the Better Sooner and More Convenient Business Case and the Whānau ora cross sector programme are maximised towards improving the health status of Māori in the region. Manawhenua Hauora reviewed and supported the draft MHP.
- Whakatūtuki Moemoea Māori Health Workforce continues to meet and is moving steadily through the new programme of action for 2011/12. The Action Framework publication will be complete by the end of June ready to be launched in late July early August. The workforce programme of activity is set to December 2011.
- One Heart Many Lives initiatives target local Māori and Pacific men within the MidCentral District. Events have been held in Horowhenua and at the Cloverlea flea market, the group had on cancelation which was on Waitangi Day. Champions will be identified to influence and promote this project within their communities. The Project expiry date has been extended from 31 October 2010 to 30 June 2011.

Community Survey REPORT 2011

TO MDHB and Manawhenua Hauora
FROM Kairangahau
Policy and Research
DATE July 2011
SUBJECT Community Survey Report 2011

1. INTRODUCTION

1.1 In December 2010 Manawhenua Hauora promoted and distributed an annual internet based consumer survey that was available for public access online from January 2011. In addition, surveys were distributed manually to compensate for those consumers who did not have access to the internet or computers.

2. BACKGROUND

- 2.1 Objective one of the Manawhenua Hauora Work Programme 10/11 is to provide coordinated leadership for Māori health within the DHB region, the initiative is to engage with Iwi/Maori providers throughout the District to obtain information for Maori Health developments and issues.
- 2.2 A total of 109 surveys were completed and evaluated and a report was submitted to Manawhenua Hauora for review in June 2011.
- 2.3 It was agreed that a further report should be developed to incorporate key themes and indicators from Te Aroturuki (Maori Responsiveness Framework), that could be utilised by MDHB as a tool to enable a strategic approach to Māori health development that supports informed planning, policy development, service purchasing, service delivery, and monitoring.
- 2.4 The purpose of the framework is to:
- Provide and monitor over time key indicators of Māori health outcomes;
 - Enable assessment of how Māori outcomes compare with non-Māori; and
 - To help identify key issues and areas where action needs to be taken, which can in turn help with planning and decision-making.
- 2.5 There are six key outcome areas that describe significant aspects of how Māori view their health and wellbeing as well as what they value.
1. **Te Kawai Maori** - Being Māori
 2. **Te Hā O Te Māramatanga** - Good Environment
 3. **Ngā Painga Pūmau** - Good Services that fit people
 4. **Te Pai Oranga** - Wellness and Illness
 5. **Te Pū Arataki Whaihua** - Leading and making decisions
 6. **Te Mana Rangatira** - Having a full and enjoyable life
- 2.6 Manawhenua Hauora have collated statistics and comments/feedback from the Community surveys distributed during 2010/2011, and measured these against the six outcome areas (listed above) as per Te Aroturuki Framework.



3. OVERVIEW

3.1 SURVEY RESPONDENT DEMOGRAPHICS

- 50% of those surveyed were between 40–59 years; and
- 67% reside in the Palmerston North area.

3.2 Table 1. (Pages 32-34) outlines each of the 6 core themes of how Maori view their own health and wellbeing, sub-theme(s), and samples of consumer responses extracted (verbatim) from the Manawhenua Hauora surveys 2011.

3.3 Comments listed represent a small minority of feedback received. However they are indicative of the most prevalent issues noted from the Manawhenua Hauora 2010/2011 Community Surveys.

Priority areas identified were:

- Accessibility
 - Transport;
 - Lack of GP's; and
 - Rural services.
- Cultural Connectedness
 - Increase in Maori workforce within health services; and
 - cultural awareness.

It is recommended:

that this report be received

Nga mihi

Debbie Te Puni

Kairangahau, Policy and Research

Manawhenua Hauora



Table 1

Core Theme	Sub-Theme(s)	SAMPLE OF RESPONSES (MWH Community Survey 2011)
<p>Kawai Maori</p> <p>Being Māori</p>	<ul style="list-style-type: none"> • Access to, maintenance and development of Traditional Knowledge Traditional Cultural expressions and practices • Iwi population and patterns of migration • Ownership, access, use, • permanent sovereignty of lands, territories, natural resources, waters 	<ul style="list-style-type: none"> • Clinicians being aware that Maori have another worldview and to acknowledge we do not fit into boxes. Leaving personal views and biases at the door when dealing with Maori whanau. • Most services are centralised in the Palmerston North area and so are not so easily accessible to those in more rural areas, who have very limited access to phones or transport. • Kaumatua(elderly people)and young people struggle to access the services that they mostly require are predominately delivered and centralised in Palmerston North. • Services need to deliver a service that meets the need of the clients, NOT, clients meeting the needs of the service for example office or service hours need to be flexible to meet the needs of a family where both parents work and one works the day shift and the other night shift so that one is always home for the tamariki. • Kaumatua have alot of pride or feel like they are being a nuisance, so people services need to be more social and connect with the kaumatua - it's amazing how much you can learn about someone just over a cup of tea. • Young people won't know what is available out there for them if services haven't done their research. Connecting and gaining a young persons trust is a good starting point to assist in finding a service that would best cater for their needs - services have to remember they don't own people/clients, they are here to do what's best for them - but avoid the "bounce affect"...nothing worse than being bounced from provider to another!!!! And remember... some barriers are up sometimes as we have been victims of a bad service.
<p>Te Hā O Te Maramatanga</p> <p>Good Environment</p>	<ul style="list-style-type: none"> • Health of eco-systems • Engagement of Māori communities, hapū and iwi in environmental activity 	<ul style="list-style-type: none"> • We need Mental Health Services for Children being raised in homes by parents with Mental Illness. It is an important service for children to be supported and to have a trusting person for them to connect with when a parent is hospitalised, or perhaps not so well, they need to be assured of the likely options and also to understand what the illness is and be able to express how this upsets them.

<p>Ngā Painga Pumau</p> <p>Good Services that fit people</p>	<ul style="list-style-type: none"> • Māori involvement in service planning • Māori health service provision • Responsive mainstream health services 	<ul style="list-style-type: none"> • just having the right people employed in all services and hospitals who are culturally aware, could have nurse aids to support busy nurses to do non clinical mahi for people • More Maori staff employed, especially at the hospital. It helps me to feel comfortable, safe and welcomed when I see a Maori face but most of the time I see none and wonder why not. • We need more doctors here, cant keep asking whanau to run us up so we try not be a hoha but if thekids are crook we got no choice. Hospitals alright they got a good kaiwhina up there she always wears purple and good at awhing us the other one at a&e bit over the top and does not know much about services • Make dental costs more affordable for everyone. Dentists are too expensive and the older generation does not go to the dentist due to not having the money to pay up front. Dentist need to have a time payment for those who need it. • Make Maori Health Providers more accessible in terms of: * availability i.e. have a step in service / as well as appointment * open after normal working hours • Nursing services within the hospital wards is not flooded with ethnic origins that cannot speak english. Begin to re-employ our own NZ and Maori nurses so we can speak english to them.
<p>Te Pai Oranga</p> <p>Wellness & Illness</p>	<ul style="list-style-type: none"> • Mortality • Disease • Lifecycle 	<ul style="list-style-type: none"> • In the community it would be great to see kaimahi from health services, not smoking and/or grossly obese. It sends a message of "do what I say and not what I do" and goes against the basics of Maori leadership in the community • Tararua has a small poplulation of 17,000 people and we need to bring health services working alongside community services to work for the people of Tararua. • Separate little services are not the only way to work in a sparsely populated, large rural area it would be good if we put more support services in for families, not everything requires a clinician instead a good community worker going to ascertain the need can do a lot of good work for the carer that helps them to continue their good work. • Families often want to keep their loved ones with them and with a bit of support they can do this, respite care would also be appreciated and this can be done within rural area if a good social worker has the skills for whakapapa and putea is good, but other help can be arranged maybe help with food and transport vouchers. I think we can be a little more imaginative then to just do assessments that cost money and then nothing happens so the carers do not get a break at all. • We need free sexual health services in Dannevirke for our youth. Also family

		<p>planning clinic for improved youth/wahine sexual health and contraception. Services "i roto i te reo Maori" mo nga kohanga reo me te kura kaupapa maori.</p> <ul style="list-style-type: none"> • Community health nurse services that are free - this includes cervical mobile nurse, community nurse and mobile breast screening bus - is a major reason for accessing the service. Healthcare is better for the client: communication is better as well.
<p>Te Pu Arataki Whaihua</p> <p>Leading and making decisions</p>	<ul style="list-style-type: none"> • Community Action • Health of communities • Māori governance and management systems • Participation and Choice 	<ul style="list-style-type: none"> • To provide more encouraging support from the existing health services in my area, when we start new groups up in our community. • More sharing of information • Maori Led services
<p>Te Mana Rangatiratanga</p> <p>Having a Full and Enjoyable Life</p>	<ul style="list-style-type: none"> • Lesiure • Whanau • Education • Housing • Occupation • Family Type • Income 	<ul style="list-style-type: none"> • Bring back our rest home and community hospital beds so whanau are serviced at home and whanau can visit. • Support for poverty (community gardens) and employment/housing, drug and alcohol abuse is a problem. • HEALTH FOR MAORI HAS IMPROVED • Maori health has gone along way. Maori kaumatua and kuia are comfortable with Maori aspects of Maori health. • The costs for healthcare is too expensive for families that are working and don't have community services card.