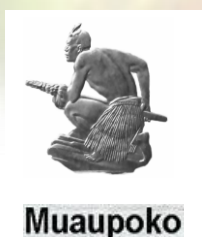


MANAWHENUA HAUORA

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

ANNUAL REPORT To MidCentral District Health Board 2010





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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

FOREWORD

In preparing our first Annual Report it is another indicative measure of how the relationship between Manawhenua Hauora and the MidCentral District Health Board has grown. The retirement of MCDHB Chairman Ian Wilson and the appointment of Phil Sunderland I believe has been a smooth transition and I have personally enjoyed the relationship that has been developed.

The Annual Report produced in hard copy this year has been a way of encapsulating all the activities that hopefully have been of some help to the MidCentral District Health Board. Some personal highlights to me were the involvement of Manawhenua Hauora in the 2009 Health Awards, the participation and representation of Maori into decision making at the committee and Board levels, the web based community survey and the development of the Regional Clinical Services Plan.

It would be true to say that we are living in a time period where the health sector is under much pressure to provide more for less. Although service reviews, work place and work flow efficiencies can reduce waste and duplication it ultimately comes down to peoples perceptions. A lot of the work that Manawhenua Hauora does cannot be valued in dollars and cents but I am hopeful that the real value is in the relationships that allow the MidCentral District Health Board, the CEO and staff and Iwi to stand together to address these challenges, and as the whakatauiki say's "Ma Tini, Ma Mano, ka Rapa Te Whai" – By joining together we will succeed"

This Annual Report shows the outcomes achieved by Manawhenua Hauora from 2009-2010. Reports for the past year include; *MWH Work Plan Final Report 2009/2010 and the Monitoring report to June 30 2010.*

Some highlights include;

- Development of web based surveys available for consumers (on the MDHB website), these are measured using 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 of the Central Region DHB Maori Relationship Board Forum. This forum is an effective mechanism to engage and to ensure that Maori health is addressed as a priority across the Region; and
- Manawhenua Hauora have seen a shift in emphasis back to regional approaches and have forged closer links with the Whanganui Iwi Relationship Board and expect to see positive gains from this relationship.
- Governance Training by way of Te Mana Whakahiato programme over the last three years

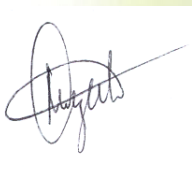
With so much change in the past year and refocus of priorities New Zealanders understandably seek better services from the huge sums of money already invested in the health sector. The challenge for all of us is to improve the delivery of services at the same time coping with ongoing fiscal restraint and constraints. 2011 will be a year of consolidation and collaboration, but more importantly we want to ensure that we build on significant gains that have been made, and that new ideas that surface will be beneficial to the health and wellbeing of all people but in particular for Manawhenua Hauora our whanau/hapu and Iwi Maori people in our District.

Part of this report contains the new Work Programme 2010-2011 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 2009-2010 have been evaluated in a report that has been developed to incorporate key themes and indicators identified in the Maori Responsiveness Framework, also being launched today. The Hui schedule for the remainder of 2010 as well as a draft' schedule for 2011 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, throughout the year and look forward to another successful and productive year.

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



Richard Orzecki
Chairman

1.0. Introduction

This plan outlines the outcomes from the Manawhenua Hauora Work Plan July 2009-June 2010 and the planned activities from July 2010 to June 2011.

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, Taranaki); and
- ❑ Ngati Kahungunu (Taranaki).

MANAWHENUA HAUORA MEMBERS AS OF 1 JULY 2010

TABLE 1.1A

IWI	Muaupoko	Ngati Raukawa ki te Tonga	Rangitaane	Kahungunu
Delegates	Steven Hirini	Richard Orzecki (Chairman)	Christine Karena Tamaki Nui a Rua	Linette Rautahi
	Matt Matamua	Mary Sanson	Danielle Harris (Deputy Chair) Manawatu Oriana Paewai Manawatu	
Alternates	Mahanga Williams	Ella Kauri-Davis	Kararaina Taite Manawatu	Kahu Pene

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 priorities are based on the Minister of Health key target areas and expectations and the MidCentral District Health Board identified key areas for 2010/2011.

2.1 Key Priorities

- Support DHB with implementation of financial recovery strategies.
- Improving frontline services by ensuring "Better, Sooner, More Convenient Primary Health Care".
- Achievement of national health targets.
- Centralisation and/or regionalisation of back-office functions.
- Implementation of the central Alliance Work Programme and the Regional Clinical Services Plan.

2.2 Maori Health

Manawhenua Hauora have included reporting against Oranga Pūmau Māori Health Strategy in the annual Work plan (Objective 3iii) as a process to monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.

Oranga Pūmau sets a direction that will support and inform the way services will be orientated toward Maori health improvement in the District. It aligns with key district strategies like the Primary Health Care strategy and uses as its base the national strategy, He Korowai Oranga.

Oranga Pūmau identifies a vision and four strategic directions:

1. Strategy One: Enhanced iwi and Maori community capacity to contribute to whanau ora;
2. Strategy Two: A collaborative skilled Maori health workforce;
3. Strategy Three: Commitment to the health of MidCentral's community; and
4. Strategy Four: Focusing on the whanau.

Ministry of Health have also identified key target areas for Maori Health 2010/2011, such as;

- Improved access and utilisation of health services amongst whanau;
- Maori enrolment with PHOs;
- Whanau ora assessments offered to Maori who are not enrolled with PHOs;
- Identifying options to reduce the level of hospital admissions for Maori due to accidents;
- Investigating options to reduce the high representation of Maori children hospitalised for respiratory conditions; and
- Identifying options to improve Maori-focused disability support for kaumatua and kuia, including marae-based support.

NOTE: Several of the initiatives above are to *investigate/identify* options.

Manawhenua Hauora will advocate and proactively support the development and implementation of Midcentral Maori Health strategy and acknowledge the year ahead will be challenging.

Manawhenua Hauora Work Programme 2009 / 2010 FINAL REPORT JULY 2009 - JUNE 2010

OBJECTIVE ONE	INITIATIVE	MEASURE	PROGRESS
<p>To provide coordinated leadership for Māori health within the DHB region¹.</p>	<p>Coordinated leadership</p> <p>i. Engage with Iwi/Māori providers throughout the District to obtain information for Māori Health developments and issues.</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>REFERENCE:</p> <p>DAP Initiative - Implement Oranga Pumau the Māori Health Strategy <i>Manawhenua Hauora will observe the developments of the MidCentrals DHB's Māori health strategy Oranga Pumau</i> Area of focus 09/10</p> <ul style="list-style-type: none"> • Mainstream effectiveness for Māori • Maori health provider effectiveness 	<ul style="list-style-type: none"> • In November 2009 Manawhenua Hauora and MidCentral Health developed a collaboration site on the MidCentral District Health Board website and produced an internet based community survey that was available for public access online from 1 December 2009. <p>The surveys were also distributed manually to compensate for those consumers who did not have access to the internet.</p> <p>90 respondents completed the surveys as of 12 April 2010.</p> <ul style="list-style-type: none"> • Manawhenua Hauora will take an active role in annual Central Region DHB Māori Health Development Conference (Tu Kaha) which promotes and celebrates the successes, leadership and strengths of Māori Health Development in the Central Region.

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

	INITIATIVE	MEASURE	PROGRESS
OBJECTIVE ONE	Coordinated leadership		
To provide coordinated leadership for Māori health within the DHB region ² .	ii. Continue to develop and grow the relationship between Manawhenua Hauora and DHB Board through strong Māori leadership.	<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 	<ul style="list-style-type: none"> • ONGOING <p>Chair to Chair</p> <ul style="list-style-type: none"> ○ November 17 2009 ○ June 22 2010. ○ <p>Annual Board Hui</p> <ul style="list-style-type: none"> ○ August 30 2010. <p>Other</p> <ul style="list-style-type: none"> ○ Mr Phil Sunderland attended MWH Hui 15 March 2010.
OBJECTIVE TWO	Guidance on Maori health needs & priorities		
To provide guidance to MDHB on Maori health needs and priorities.	iii. Provide direction and advice to MDHB on Māori health and disability issues as part of the DSP and DAP planning cycle.	<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 2010/2011.</p> <p>Manawhenua Hauora representative attended MDHB Strategic Workshop 16 October 2009.</p> <p>2010/11 DAP review timeframe</p> <ol style="list-style-type: none"> 1. Daft plan available mid January (<i>Draft plan v1. distributed</i>) 2. MWH/Board workshop mid February (16/02/10) 3. 15 Feb – 15 March – Opportunity for further refinement 4. MWH feedback for DAP 2010/2011 to MDHB 30 March 2010.

² Its four territorial authorities Taranua, Manawatu, Palmerston North and Horowhenua define MidCentral region. This includes the Otaki ward of Kapiti Coast District Council.

	INITIATIVE	MEASURE	PROGRESS
<p>OBJECTIVE TWO</p> <p>To contribute to strategies for Māori health.</p>	<p>Guidance on Maori health needs & priorities</p> <ul style="list-style-type: none"> • Provide direction and advice to the DHB Board on the DHB’s Māori health gain strategies i.e. <ul style="list-style-type: none"> • Māori Responsiveness Plan • Māori Health Workforce Strategy • Oranga Pumau • Māori Health Strategy <p>External Maori Health Strategies</p> <ul style="list-style-type: none"> • He Korowai Oranga • Whānau Ora Tool • Whakataataka 	<p>The Board and its statutory committees receive timely, expert advice on;</p> <ul style="list-style-type: none"> • Maori Responsiveness Plan • Māori Health Workforce Strategy • Oranga Pumau • Maori Health Strategy <p>External Maori Health Strategies</p> <ul style="list-style-type: none"> • He Korowai Oranga • Whānau Ora Tool • Whakataataka <p>Milestone: Ongoing.</p>	<p>The Board and statutory committees receive timely and regular advice on internal and external Māori Health strategies.</p> <p>ONGOING.</p> <ul style="list-style-type: none"> • MWH await the launch of the Māori Responsiveness Plan • MWH acknowledge the mahi undertaken by Whakatūtuki Moemoeā Māori Health Workforce Development Group, and Iwi providers actively participated and supported the Kia Maia Rangatahi Careers Expo May 2010. • MWH have been updated with progress on the Kia Ora Māori Health programme and support the kaupapa to implement strategies that influence, motivate and support Māori choice and entry into a health career pathway at a regional and national level.

OBJECTIVE	INITIATIVE	MEASURE	PROGRESS																																
Objective Three:	Monitor Māori health gain																																		
<p>To monitor Māori health gains in the district through the impacts of MDHB health service delivery and investment.</p>	<p>i. Monitor and evaluate the implementation of Māori Health Plans and Māori Responsiveness Framework³ 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 Milestone: Six monthly reports are provided.</p> <p>The Kairangahau will work with the MDHB Maori Managers when updating the Manawhenua Monitoring Framework. Milestone: Six weekly reports are provided.</p>	<p>A proposed schedule has been developed for 2010 to invite Portfolio Managers, and Data analysis experts to Manawhenua Hauora hui to provide updates on Maori health gains as follows;</p> <table border="1" data-bbox="1413 485 1935 967"> <thead> <tr> <th>GROUP</th> <th>DATE</th> <th>KAUPAPA</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Maori Caucus Funding</td> <td>15 March 2010</td> <td>Strategic view within funding</td> <td>Completed</td> </tr> <tr> <td>Data Analysis Experts</td> <td>23 April 2010</td> <td>Health Needs Assessment</td> <td>Completed</td> </tr> <tr> <td>Older Adults</td> <td>14 June</td> <td>Elder Health</td> <td>Completed</td> </tr> <tr> <td>Mental Health</td> <td>19 July</td> <td>Whanau health Ctr progress</td> <td></td> </tr> <tr> <td>Child Health</td> <td>30 August</td> <td>Imm rates/Oral</td> <td></td> </tr> <tr> <td>Primary Health Care</td> <td>11 October</td> <td>Overview/Update</td> <td></td> </tr> <tr> <td>DMG Chair</td> <td>22 November</td> <td>Overview/Update</td> <td></td> </tr> </tbody> </table> <p>The Kairangahau and Maori Health Advisor meet regularly to discuss progress on implementation of Maori health plans and Maori Responsiveness Framework. Comprehensive reports are submitted by the MHA six weekly.</p>	GROUP	DATE	KAUPAPA	Comments	Maori Caucus Funding	15 March 2010	Strategic view within funding	Completed	Data Analysis Experts	23 April 2010	Health Needs Assessment	Completed	Older Adults	14 June	Elder Health	Completed	Mental Health	19 July	Whanau health Ctr progress		Child Health	30 August	Imm rates/Oral		Primary Health Care	11 October	Overview/Update		DMG Chair	22 November	Overview/Update	
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	<p>ii. Measure PHO performance and responsiveness</p> <ul style="list-style-type: none"> Evaluate the implementation of the <i>Kaupapa Tuatahi</i> audit review 	<p>Provide timely advice to MDHB on the impacts of <i>Kaupapa Tuatahi</i> on PHO programme development and service delivery to iwi/</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>																																

³ 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>findings</p> <ul style="list-style-type: none"> Assess the impact of PHO development on Māori health gains 	<p>Maori enrolled populations.</p> <p>Milestones: Twice-yearly reports are provided.</p>	<p>Manawhenua Hauora members supported the nomination of a Maori representative on the Whanau Ora Better Sooner More Convenient Steering Goup</p>
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	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.	<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>, Māori 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 Māori within Enable New Zealand (including Supportlinks) against their Māori Health Action Plan. 	<p>Regular reports to be received from the funding, provider and disability support divisions of MidCentral DHB, including specific reporting against <i>Oranga Pumau , Māori Responsiveness Plan, DAP 2009/2010</i> and the Māori Health Workforce Strategy.</p> <p>REFERENCE:</p> <p>DAP Initiative - Maori Workforce Development</p> <p>Area of focus 09/10</p> <ul style="list-style-type: none"> Recruitment into workforce Training and education Up-skilling the current workforce 	<p>Regular Reports are received from The Māori Health Advisor Funding and the Māori Health Manager MidCentral Health that include reporting against Oranga Pumau, DAP 2009/2010 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 Whanau Ora Taskforce Diabetes and data analysis Immunisation project and statistics Iwi/Māori Cancer Coordinator evaluation Central Cancer Network Symposium Maori Health Workforce Development Kia Ora Hauroa Maori Health Programme Māori Responsiveness Plan launch One Heart Many Lives Project

	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.	<ul style="list-style-type: none"> • Implementation of the Tikanga Best Practice (TBP) document remains on hold until a full training package is developed. • MWH support the development of the TBP package and training that will improve the quality of services, minimise risk, increase safety and improve outcomes for patients accessing services within the MDHB region • Manawhenua Hauora has agreed to support MCDHB in providing guidance and training around Te Reo Maori, Marae protocol and waiata.
	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.	

2009-2010 Snapshot
Photos provided by MDHB Communications Unit



Maori Cultural Responsiveness in Practice Competencies at Kawiu Marae July 2010



Blessing of the MDHB linear accelerator (linac), radiation treatment machine 2010.



Signing of the MOU 2009



Maori Cultural Responsiveness in Practice Competencies at Kawiu Marae July 2010



Rev. Whaea Kahu and Nanny Noa

Manawhenua Hauora Iwi Consortium and MidCentral District Health Board's

Work Programme for 2010/2011

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 2010/2011

Work Programme 2010/2011

OBJECTIVE	INITIATIVE	MEASURE
Objective One:	Coordinated leadership	
To provide coordinated leadership for Māori health within the DHB region ⁴ .	<p>iii. Engage with Iwi/Maori providers throughout the District to obtain information for Māori Health developments and issues.</p> <p>iv. 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>

⁴ Its four territorial authorities Taranaki, Manawatu, Palmerston North and Horowhenua define MidCentral region. This includes the Otaki ward of Kapiti Coast District Council.

	<p>v. Continue to develop and grow the relationship between Manawhenua Hauora and MDHB through strong Māori leadership.</p> <p>vi. 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
Objective Two:	Guidance on Maori health needs and priorities	
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>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 <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>
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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.	ii. Monitor and evaluate the implementation of Māori Health Plans and Maori Responsiveness Framework ⁵ 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>
	iii. 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>

⁵ 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>iv. Evaluate DHB activity for the advancement of Māori health</p> <ul style="list-style-type: none"> • Monitor the implementation of <i>Oranga Pumau</i>, Maori Health Workforce Strategy and Māori Health Service Plan • 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>
OBJECTIVE	INITIATIVE	MEASURE
<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.	<p>ii. Give advice on matters that are of importance to Māori in the MidCentral district and that should be reported to the DHB Board</p>	<p>The MDHB Board receives timely advice.</p> <p>Milestone: Ongoing.</p>
	<p>iii. Consider and provide advice on specific MDHB policies that impact on Māori health and service delivery.</p>	<p>Policies impacting on Māori health and service delivery are considered and advice given.</p> <p>Milestone: Ongoing.</p>
	<p>iv. Manawhenua Hauora’s members maintain skills and competencies to carry out their role.</p>	<p>Participate in annual development of MidCentral District Health Board’s governance assessment and training programme</p> <p>Milestone: Annually</p>

Subcommittees and Membership REPRESENTATION 2009/2010

NAME	STAKEHOLDER GROUP	POSITION
Richard Orzecki	Hospital Advisory Committee	Manawhenua Hauora Chairman
	Ethics Committee	
Danielle Harris	MidCentral Health Clinical Council	Manawhenua Hauora Deputy Chair
Tawhiti Kunaiti	Disability Support Advisory Committee	Manawatu Primary Health Organisation
Matt Matamua	Enable NZ Governance Group	Manawhenua Hauora Board Member
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
Liat Greenland	Cardiology DMG	Te Runanga o Raukawa Senior RN
	Immunisation Stakeholder Group	
Delwyn Te Oka	Respiratory DMG	Te Wakahuia Manawatu Trust Health Manager
	Cancer DMG	
Amanda Pene	Maternity Services Strategy Reference Group	Maori Midwife
Ella Kauri Davis	Family Violence Intervention Programme Steering Group	Te Runanga o Raukawa General Manager

MANAWHENUA HAUORA MEETING DATES 2010

PO BOX 1341
PALMERSTON NORTH 4412
(06) 357 3400

2010

IMPORTANT DATES -

- **MANAWHENUA HAUORA**
Feb 1, March 15, April 26, June 14, July 19, August 30, Oct 11, Nov 22.
- **DHB BOARD**
February 16, March 16, April 20, May 18, June 15, July 20, August 17, September 21, October 19, November 16, December 21
- **DHB BOARD COMMITTEES**
February 2: HAC/CPHAC/ENZGG
March 2: HAC/CPHAC/DSAC
April 6: HAC/CPHAC/DSAC
May 4: HAC/CPHAC/ENZGG
June 1: HAC/CPHAC
July 6: HAC/CPHAC/DSAC
August 3: HAC/DSAC/ENZGG
Sept 7: HAC/CPHAC
Oct 5: HAC/CPHAC/DSAC
Nov 2: HAC/CPHAC/ENZGG
Dec 7: HAC/CPHAC
- **EMT HUI**
- **PUBLIC HOLIDAYS**

- JANUARY -

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- APRIL -

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- JUNE -

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- JULY -

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- AUGUST -

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- DECEMBER -

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

MANAWHENUA HAUORA MEETING DATES 2010

PO BOX 1341
PALMERSTON NORTH 4412
(06) 357 3400

**DRAFT HUI SCHEDULE
2011**

IMPORTANT DATES -

MANAWHENUA HAUORA
Feb 28, April 11, May 23, July 4, August 15, September 26, November 7, December 12.

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

- JANUARY -							- FEBRUARY -							- MARCH -							- APRIL -							
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- MAY -							- JUNE -							- JULY -							- AUGUST -							
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- SEPTEMBER -							- OCTOBER -							- NOVEMBER -							- DECEMBER -						
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MEETING VENUE: MIDCENTRAL DHB OFFICES, GATE 2B HERETAUNGA STREET, PALMERSTON NORTH. MEETING STARTS 10.00AM

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

Manawhenua Hauora have developed and implemented this report as a monitoring tool.

It is important to keep track of progress, ensure we are heading in the right direction and identify any perils on the horizon.

Purpose of this Monitoring Report

To monitor the overall performance, risk and kaupapa of Te Pae Hauora O Ruahine O Tararua (Manawhenua Hauora)

Level of Responsibility

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.

Reporting Period JULY 2009 - JUNE 2010

KEY OBJECTIVES

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

2.0 **Objective Two:** District Management Groups and Statutory Committee representation and updates.

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

COPY TO: Iwi delegates for:
Muaupoko
Rangitaane
Ngati Raukawa ki te Tonga
Kahungunu ki Tamaki-nui-a-rua

Manawhenua Hauora
P O Box 1341
Palmerston North
Phone +021 906 604
Email to:debbie.tepuni@xnet.co.nz

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

- FINAL report Work Programme 2009/2010 Completed JUNE 2010.
- WORK PROGRAMME 2010-2011 Completed.
- Annual Board to Board hui confirmed at Aorangi Marae 30 August
 Agenda to include: *MWH Hui*
Maori Responsiveness Plan Launch
Annual Board to Board Hui

2.0		Objective Two: District Management Groups and Statutory Committees											
		Months											
		J	A	S	O	N	D	J	F	M	A	M	J
2.1.	Oral Health	>	>	>	>	>	>	>	>	>	>	>	>
2.2	Depression	>	>	>	>	>	>	>	>	>	>	>	>
2.3	Diabetes	>	>	>	>	>	>	>	>	>	>	>	>
2.4	Cardiology	>	>	>	>	>	>	>	>	>	>	>	>
2.5	Respiratory	>	>	>	>	>	>	>	>	>	>	>	>
2.6	Cancer	>	>	>	>	>	>	>	>	>	>	>	>
2.7	Maternity Ref.Group	>	>	>	>	>	>	>	>	>	>	>	>
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2.13	ENABLE	>	>	>	>	>	>	>	>	>	>	>	>

Six weekly DMG updates provided by Maori Health Adivsor (funding).

CPHAC Representation: commenced May 2010.

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

3.0 Objective Three: Projects		Months											
		J	A	S	O	N	D	J	F	M	A	M	J
3.1.	Health Survey	>	>	>	>	>	>	>	>	>	>	>	>
3.2	Cultural Competency Framework	>	>	>	>	>	>	>	>	>	>	>	>
3.3	Maori Responsiveness Plan	>	>	>	>	>	>	>	<	<	<	<	
3.4	Maori Workforce Development	>	>	>	>	>	>	>	>	>	>	>	
3.5	One Heart Many Lives	>	>	>	>	>	>	>	>	>	>	>	

Comments

- 3.1 **Final Survey** Report completed measured against MRP key outcomes.
- 3.3 Maori Responsiveness Plan launch 30 August 2010.
- 3.5 **One Heart Many Lives Updates provided by MHA.**

TO Executive Management Team
FROM Kairangahau
 Maori Health Advisor (Funding)

DATE July 2010

Community Survey REPORT 2010

SUBJECT Community Survey Report 2010

1. INTRODUCTION

- 1.1 In November 2009 Manawhenua Hauora and MidCentral Health developed a collaboration site on the MidCentral District Health Board website and produced an internet based community survey that was available for public access online from 1 December 2009. 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 09/10 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 90 surveys were completed and evaluated and a report was submitted to Manawhenua Hauora for review in April 2010.
- 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 seven 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. **Tu Pakari, Tu Tangata** - Taking care of ourselves
7. **Te Mana Rangatira** - Having a full and enjoyable life

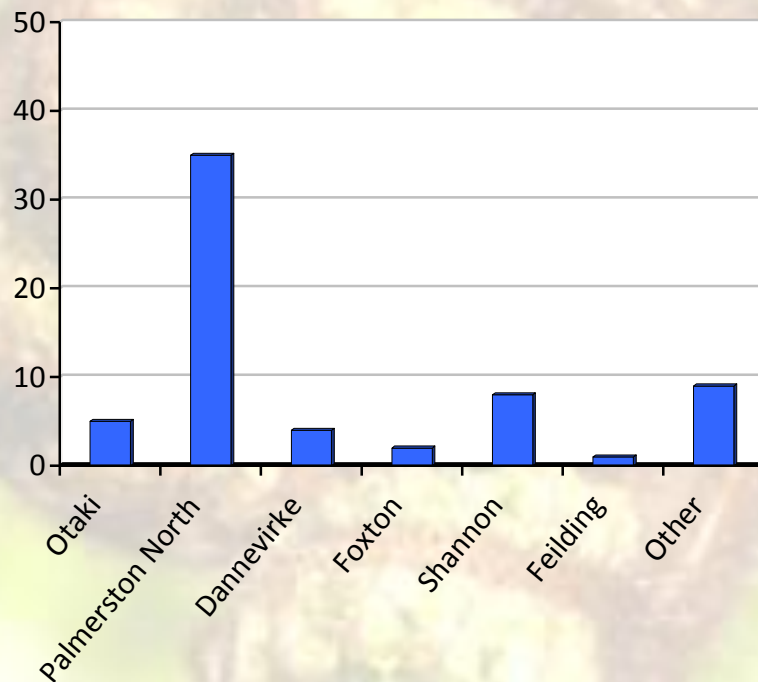
2.6 Manawhenua Hauora have collated statistics and comments/feedback from the Community surveys distributed during 2009/2010, and measured these against the seven outcome areas (listed above) as per Te Aroturuki Framework July 2010.

3. OVERVIEW

3.1 SURVEY RESPONDENT DEMOGRAPHICS

- 88% of those surveyed were between 20–69 years.
- 86% have between 2-5 people living in their household.

CHART 1



47% reside in Palmerston North

3.2 Table 1.(over page) outlines each of the 7 core themes of how Maori view their own health and wellbeing, sub-theme(s), examples of indicators followed by samples of validated responses extracted (verbatim) from the Manawhenua Hauora surveys.

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 2009/2010 Community Surveys.

Table 1

Core Theme	Sub-Theme(s)	Examples of Indicators	SAMPLE OF VALIDATED RESPONSES (MWH Community Survey 2010)
<p>Kawai Maori</p> <p>Being Māori</p>	<p>Access to, maintenance and development of Traditional Knowledge</p> <p>Traditional Cultural expressions and practices</p>	<ul style="list-style-type: none"> - Health and vitality of reo Māori - Health and vitality of marae - Health and vitality of hapū - Māori specific education - Kaumatua (health and vitality and of inclusiveness) - Wānanga - Institutional and cultural bias 	<ul style="list-style-type: none"> • <i>More demonstration of manaakitanga at hospital. Very clinical and cold most times. Practitioners do not give out a lot of information about what they are doing. If you question too much or challenge they label you difficult.</i> • <i>There is little acknowledgment of taha wairua.</i> • <i>There needs to be more liaisons between police, whanau and hospital around postmortems. Very insensitive to whanau.</i> • <i>An understanding in Tikanga, especially up at the hospital. Too many oversea practitioners that dont understand our culture obviously not well supported by hospital</i> • <i>It would be good to have Maori services available in our public hospitals, as well as an awareness of tikanga Maori, Maori culture and values in our non Maori GP's practice.</i> • <i>I think we have great services but access is probably the biggest issue for whanau. More maori staff, or non maori staff with a better understanding of Tikanga would encourage maori to better utilise what is available.</i>
<p>Te Hā O Te Maramatanga</p> <p>Good Environment</p>	<p>Health of communities</p>	<p>Community safety</p> <p>Number of preventive programmes to reduce violence against Māori women and families communities and percentage of these led by Māori</p> <p>State of violence against Māori women and in indigenous families (reports filed)</p> <p>Number of crimes and level of criminality in the areas where Māori live vs. in areas where there are mixed populations</p> <p>Rate of incarceration of Māori vs. general population</p> <p>Rate of youth suicide among Māori peoples versus general population</p>	<ul style="list-style-type: none"> • <i>More coordination - one point of contact to assess whole whanau needs and help for them to access services (could be social needs as well as health). Highly skilled coordinators to work with GPs, nurses, hospital, schools, etc</i> • <i>Marae based service provision</i> • <i>Hapu and Marae initiatives that reflect the environment/ people as a model of health</i> • <i>Professional development & structural support for Marae, Hapu to transition into contract delivery</i> • <i>Staff competent in Te Reo me ona Tikanga, whanau/ Maori delivery models</i> • <i>Increased delivery of natural/ traditional healing</i>

			<i>modalities</i>
<p>Ngā Painga Pumau</p> <p>Good Services that fit people</p>	<p>Māori involvement in service planning</p>	<p>Funding and Planning Māori capacity/ roles and processes % Number and % Māori specific staff and roles in the planning team Describe planning processes and Māori involvement and initiatives % of plans with Māori involvement % plans with Māori consultation % plans led by Māori % of initiatives in completed Māori plans implemented (milestones met) – each year</p>	<ul style="list-style-type: none"> • <i>Last year I note a couple of things that has impacted on whanau and iwi as whole. I don't believe Non Maori Management should be commenting on Maori Health issues they know nothing about - saying KIA ORA does not make them competent in kaupapa Maori. Another example that caught my eye was the article regarding the Maori Chaplain role, I know that there is a process that one must follow, however, Maori do not want to see Pakeha Chaplains they want someone whom they can relate too. Finally why does the DHB not have a General Manager of Maori Health Services.</i> • <i>Manawatu Supporting Families in Mental Illness - is the only organisation funded to provide family fieldworkers, support, advocacy, education resources, education programmes and family support groups for the MidCentral region (Mental Health Services). This organisation has field workers in Levin, Palmerston North, Fielding and Dannevirke. Manawatu Supporting Families is a mainstream organisation - with a mainstream kaupapa - full of a mainly Non- Maori workforce with limited to no knowledge of a Maori worldview, of manawhenua Maori and or Nga Hau E Wha Maori whom chose to reside within this region.</i>
	<p>Māori health service provision</p>	<p>\$ and % \$ into Māori health service provision (and over time) Number of Māori health providers vs. population Geographical match of Māori health providers vs. Māori population Match of Māori health services to Māori health</p>	<p>73% of respondents were familiar with Iwi/Maori providers within the District and able to list the services provided. The most effective advertising source is whanau, and advertising.</p>

		<p>needs in the population Complaints from Māori MOUs with other services and networks Case management Sustainability Māori rongoa services</p>	<ul style="list-style-type: none"> • <i>If they weren't so oriented towards medications and so limited to mainstream medical solutions. I would like to see more emphasis on holistic treatments and to wellness education.</i> • <i>More substantial funds for the Iwi / Maori providers to enable them to be more responsive to the general Maori communities</i>
	Responsive mainstream health services	<p>Accuracy of ethnicity data collection Culturally appropriate service provision Kaupapa Māori Protocols and Best Practice Action Plan DNAs Designated Māori positions - describe MOUs with Māori health providers Does discharge planning include Māori providers Māori satisfaction with services Complaints from Māori</p>	<ul style="list-style-type: none"> • <i>It is imperative that Iwi Maori organisations from this region are resourced to provide whanau support, whanau advocacy, whanau education resources (that take into consideration te reo, Maori symbols/art and stories), including whanau education programmes and whanau support roopu - that never forget the treasures and stories of resilience passed down from our ancestors - from generation to generation.</i> • <i>Not wanting this to be a complaint, but this is the reality for a lot of clients in our area.....and we wonder why Maori are not interested in main stream services and decide to go without medical care until it is too late.</i>
<p>Te Pai Oranga Wellness & Illness</p>	<p>Mortality Disease Lifecycle</p>	<p>Physical health Life expectancy (compared to general population as well as increases/decreases) Infant mortality rates Diabetes rates Alcoholism and substance abuse rates Non-intentional injuries (reports) Number of programmes for maintaining health Access to health care Number of hospitals, smaller health centres/clinics,</p>	<ul style="list-style-type: none"> • <i>That all of the services linked together and supported one another a lot better, it would be great to access traditional health care alongside mainstream healthcare providers especially for preventative health services such as mirimiri, rongoa.....also having a range of health services under one roof would be great...for rural marae, we need to have health services that can be accessible on the marae even if it was a 1 day or 1/2 day a week clinic....the best health and</i>

		<p>availability of doctors, health care providers, and medication</p> <p>These by the different age groups tamāriki, taitamāriki, pakeke, kaumatua</p>	<p><i>wellbeing is when we all come together on the marae, interact with each other, and offer traditional support where medical care does not figure. It can work hand in hand if people were a lot more open minded to traditional forms of health and well being as well.</i></p> <ul style="list-style-type: none"> • <i>It would be helpful if these services were connected to the Kohunga Reo, The Kura, The Whare Kura, Wananga Kidergardens, Play Centers, Primary Schools, Intermediate Schools, Colleges & Polytechnic, Universities and Marae as these are the main meeting places for this target audience and therefore they will be more effective.</i>
<p>Te Pu Arataki Whaihua</p> <p>Leading and making decisions</p>	<p>Māori governance and management systems</p>	<p>(describe what happening and what if any DHB support for)</p> <p>Recognition and inclusion of Māori governance by DHB</p> <p>Support for Māori capacity, leadership, policy and programme development by DHB, including number of programmes and people participating in and completing trainings</p> <p>Māori Director of Health or General Manager role established to lead kaupapa Māori pathways</p> <p>Māori Provider development initiatives/\$</p> <p>Iwi and Hapū development initiatives</p>	<ul style="list-style-type: none"> • <i>Strategy and funding to employ & retain appropriate senior management/ leadership and specialist staffing positions in DHB, PHO's, Maori Health Providers</i> • <i>Maori leadership is very important to whanau, hapu and Iwi Maori has noticed recently that the DHB is not really responsive to kaupapa Maori.</i> • <i>Competent auditors versed in Te Reo, Tikanga and Whanau delivery models</i> • <i>Increased funding of tikanga based professional development training for health staff</i> • <i>Funding recognition for innovative providers of quality services to and for whanau</i>
	<p>Prior, informed consent, full participation and self-determination in all matters affecting Māori</p>	<p>Recognition of the existence and rights of Māori in DHB policy</p> <p>Māori leadership in service</p> <p>Development of a Māori Health service unit inside</p>	<ul style="list-style-type: none"> • <i>Greater auditing/ monitoring of GP services, hospitals in delivery to Maori/ PI/ low income whanau in Mana whenua/ Iwi hauora delivery standards, benchmarks, accreditation</i>

	wellbeing	the hospital Number and effectiveness of consultations, prior and informed consent with Māori community members and representatives Percent of Māori participation DHB workforce leadership including the board	<ul style="list-style-type: none"> • <i>Establishment of Mana whenua/ Iwi standard boards to audit/ monitor quality delivery</i>
Tu Pakari Tu Tangata Taking care of Ourselves	Risk Factors	Health Needs Assessment	75% of the comments were based around; <ul style="list-style-type: none"> • <i>Need to improve quality of service delivery by frontline staff in public hospitals and GP practices;</i> • <i>Access (After Hours, Transport);</i> • <i>Lack of GP's</i> • <i>Reducing Fees.</i>
	Protective Factors	Health Needs Assessment	
	Whānau	Look for any indicators on what can go right and what can go wrong in the whanau (collective): <ul style="list-style-type: none"> • Family court • Violence • Crime • CYF 	<ul style="list-style-type: none"> • <i>Whanau Support/Advocacy/Education in Mental Health & Addiction Services is very much needed. Currently, only Manawatu Supporting Families in Mental Illness (mainstream) need Kaupapa Maori support, advocacy and education programmes delivered our whanau</i>