

TE POARI HAUORA A ROHE O TAI POUTINI
West Coast District Health Board



TE KAUPAPA HAUORA MĀORI
Māori Health Plan
2007-2011

NGA KAI A ROTO

Table of Contents

COVERPAGEI	1
NGA KAI A ROTO	2
TABLE OF CONTENTS	2
MIHI	4
GREETING	4
WHAKATAUKI	4
PROVERB	4
TE TIMATA	5
INTRODUCTION	5
HE KUPU WHAKATAKI	6
EXECUTIVE SUMMARY	6
WAWATA	7
OUR VISION	7
COMMUNITY OUTCOMES AND PRIORITIES	7
IMPROVING HEALTH OUTCOMES FOR MĀORI	7
KAUPAPA	8
OUR PRINCIPLES	8
OUR VALUES	8
TE TIRITI O WATANGI	9
THE TREATY OF WAITANGI	9
MĀORI AND THE CROWN	9
IMPROVING HEALTH OUTCOMES FOR MĀORI	10
THE NEW ZEALAND HEALTH AND DISABILITY ACT 2000	10
THE NEW ZEALAND HEALTH AND DISABILITY STRATEGIES	10
HE KOROWAI ORANGA	11
THE CLOAK OF WELLNESS	11
HE KOROWAI ORANGA FRAMEWORK	11
NUINGA TANGATA MĀORI O TE TAI O POUTINI	13
WEST COAST MĀORI POPULATION	13
MĀORI HEALTH PRIORITIES AND NEEDS	15
KEY DIRECTIONS	17
<i>TE ARA WHAKAMUA</i>	17
<i>The pathway ahead</i>	17
<i>TE ARA TUATAHI</i>	17
<i>Development of whānau, hapū, iwi and Māori communities</i>	17
<i>TE ARA TUARUA</i>	17
<i>Māori participation in the health and disability sector</i>	17
<i>TE ARA TUATORU</i>	17
<i>Effective health and disability services</i>	17
<i>TE ARA TUAWHA</i>	17
<i>Working across Sectors</i>	17
TE ARA WHAKAMUA: THE PATHWAY AHEAD	18
TE ARA TUATAHI: DEVELOPMENT OF WHĀNAU, HAPŪ, IWI AND MĀORI COMMUNITIES	20
TE ARA TUARUA: MĀORI PARTICIPATION IN THE HEALTH AND DISABILITY SECTOR	21
TE ARA TUARUA: MĀORI PARTICIPATION IN THE HEALTH AND DISABILITY SECTOR	22
TE ARA TUARUA: MĀORI PARTICIPATION IN THE HEALTH AND DISABILITY SECTOR	23
TE ARA TUARUA: MĀORI PARTICIPATION IN THE HEALTH AND DISABILITY SECTOR	25

TE ARA TUATORU: EFFECTIVE HEALTH AND DISABILITY SERVICES	26
TE ARA TUATORU: EFFECTIVE HEALTH AND DISABILITY SERVICES	27
TE ARA TUATORU: EFFECTIVE HEALTH AND DISABILITY SERVICES	29
TE ARA TUAWHA: WORKING ACROSS SECTORS	30
ACRONYMS	31
IMPLEMENTING THE PLAN	32
<i>Te Ara Whakamua: The pathway ahead</i>	32
<i>Te Ara Tuatahi: Development of whānau, hapū, iwi and Māori communities</i>	33
<i>Te Ara Tuarua: Māori participation in the health and disability sector</i>	34
<i>Te Ara Tuarua: Māori participation in the health and disability sector</i>	35
<i>Te Ara Tuatoru: Effective health and disability services</i>	36
<i>Te Ara Tuatoru: Effective health and disability services</i>	37
<i>Te Ara Tuatoru: Effective health and disability services</i>	37
<i>Te Ara Tuawha:</i>	38
<i>Encourage initiatives with other sectors that positively affect Whānau ora</i>	38
APPENDIX 1	39
TE ROHE O TE TAI O POUTINI	39
APPENDIX 2	40
TE POARI HAUORA A ROHE O TE TAI POUTINI	40
APPENDIX 3	41
TATAU POUNAMU MĀORI HEALTH ADVISORY COMMITTEE	41
APPENDIX 4	42
WEST COAST DHB ENGAGE WITH MAORI	42
<i>West Coast DHB Board meeting held at Marae</i>	42
<i>Diabetes Awareness Hui held with Māori communities</i>	42
APPENDIX 5	43
A HEALTH EQUITY ASSESSMENT TOOL (HEAT)	43
APPENDIX 6	44
MĀORI SPECIFIC HEALTH SERVICES.....	44
<i>General Manager Māori Health</i>	44
<i>Hospital Kaiawhina</i>	44
<i>Māori Registered Nurse Smear Taker /Health Promoter</i>	44
<i>Whānau / Primary Health Care Nurse</i>	45
<i>Māori Health staff training programmes</i>	45
APPENDIX 7	46
MĀORI MENTAL HEALTH TEAM (MMH).....	46
APPENDIX 8	47
WEST COAST MĀORI HEALTH PROVIDER; RATA TE AWHINA TRUST.....	47
APPENDIX 9	48
TE WHARE KO WHAKARURU HOU; WEST COAST DHB WHĀNAU/ FAMILY HOUSE	48
APPENDIX 10	50
DHB GOVERNANCE	50
<i>Hospital Advisory Committee (HAC)</i>	50
<i>Community and Public Health Advisory Committee (CPHAC)</i>	50
<i>Disability Support Advisory Committee (DSAC)</i>	50
<i>Tatau Pounamu Māori Health Advisory Committee</i>	50
REFERENCES	52

MIHI
Greeting

Ka tangi te manu tiori

Like the chant of the bird crying out

Ka tangi te ngakau tangata

The hearts of the people cry out

No reira, tenei te mihi

And so this is the wish

Kia koutou kia ora ra

“May you have a healthy happy life”

WHAKATAUKI
Proverb

“Ko tau rourou, ko taku rourou, ka ora ai te iwi”

With your contribution and my contribution we will be better able to serve the people

TE TIMATA

Introduction

E ngā reo, e ngā mana, tēnā koutou katoa

Nga mate, nga aitua o koutou, ara, o matou ka tangihia e tatou i tēnei wa.

Haere haere haere.

Karanga mai ki a matou e whai nei i nga taonga o nga tipuna.

He mihi whānui tēnei ki a koutou e awhi nei i tēnei kaupapa.

He putanga tēnei mahi na koutou.

No reira, e rau rangatira ma

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

It is the intention of this plan to map clear and defined pathways that enable the utilisation of accessible and appropriate health services by all Māori who live on Te Tai Poutini (see Appendix 1). Furthermore this plan will continue to build on the progress made relating to objectives within the last Māori health plan 2003-2006, and to set the direction that Māori health will follow in 2007-2011. This plan incorporates national and local strategic directions, adopting the key principles of He Korowai Oranga: New Zealand Māori Health Strategy 2002, and Whakatātaka Tuarua; the national strategies that outline Māori health priorities and directions for Māori health. Whānau ora is the theme of the West Coast DHB Māori Health Plan / Te Kaupapa Hauora Māori o Te Poari Hauora a Rohe o Tai Poutini (see Appendix 2).

It is a responsibility of the West Coast District Health Board (West Coast DHB) to advocate for those who are most disadvantaged in terms of their ability to adequately access health services and enjoy health outcomes. The West Coast DHB must confront issues of poorer Māori health head on and without compromise; to challenge its own performance in relation to Māori health, and that of its providers. An acceptance of the significant role that socio-economic and cultural determinants have in relation to health status and outcomes is essential, as is a commitment by leaders within the West Coast DHB to work and advocate for Māori outside the health arena.

The formation of Tatau Pounamu/ Māori Health Advisory Committee (see Appendix 3) was an important milestone and is indicative of the West Coast DHB's commitment to reducing health inequalities between Māori and non-Māori. This ensures that Māori have participation and involvement in the decision-making and strategic planning processes in the development of Māori capacity in the health and disability sector. This forum consists of representatives from Te Runanga o Makaawhio, Te Runanga o Ngati Waewae, and Nga Maata Waka representatives from the Buller and Greymouth districts. Overall, it is the intention of the West Coast DHB to build upon the gains made and improve on the progress achieved from those gains. This plan will be central to the direction provided in achieving further improvements.

Gary Coghlan

General Manager Māori Health

HE KUPU WHAKATAKI

Executive Summary

Māori on the West Coast make-up 9.3 percent of the population, the 2006 Census recorded an increase in the Māori population to 2919 Māori living on the West Coast amongst a total population of 31,326 who reside within a vast land area of 2.3 million hectares (the distance between Auckland and Wellington) and where deprivation and barriers to accessing health services are prevalent.

National health information statistics show that Māori experience considerable and often complex health and social issues and as elsewhere in New Zealand, Māori West Coasters health statistics are poorer than those of non-Māori West Coasters. The development of the 2005 -2015 District Strategic Plan based on an analysis of the Health Needs of the West Coast population, identified Māori as a population priority area. The West Coast DHB is committed to working in a partnership approach to achieve positive improvements in Māori health.

For health outcomes to improve for Māori to at least as good as the health outcomes of non Māori, the West Coast DHB has prioritised its focus for the next 4 years:

- Increasing investment in Māori health
- Development of whānau /hapū /iwi and Māori communities
- Māori participation in health and disability sector
- Effective health and disability services
- Working across sectors

The national profile of Māori provider development where estimated funding expenditure targeted specifically for Māori health providers accounts for only about 3 percent of the national health and disability expenditure is synonymous to the West Coast DHB situation which currently supports one Māori health provider; Rata Te Awhina Trust (see Appendix 11) that services the entire West Coast region. It is therefore of high importance to provide ongoing support for current and potential “by Māori for Māori” providers, workers, and organisations. The West Coast DHB will also continue to ensure that mainstream services (where the majority of service for Māori will continue to be provided) are accessible and effective for Māori.

Through the Māori health plan, the West Coast DHB aims to strengthen the delivery of health services accessed by Māori and reduce associated health inequalities so that Māori enjoy the same high health status as non-Māori. This Māori health plan is a local implementation plan for the Government’s Māori Health Strategy: He Korowai Oranga, and focuses on collaborating with other sectors to improve Māori health, developing Māori health services, and ensuring that ‘mainstream’ services are responsive to the needs of Māori.

WAWATA

Our Vision

“To be the New Zealand centre of excellence for rural health services”

Community outcomes and priorities

- West Coasters will be as healthy as possible - physically active non-smokers, who abstain from recreational drug use and gambling, eat a balanced diet and consume alcohol only in moderation.
- Māori in Te Tai o Poutini will enjoy the same high health status as non-Māori.
- All West Coasters will have affordable and equitable access to health services near where they live which they can contact directly for diagnosis, treatment and referral to specialised services, if necessary.
- West Coasters will have access to specialised medical and surgical services at least as quickly as other New Zealanders with similar need and provided as close to where they live as possible, given the money available.
- There will be a meaningful commitment to the idea of “children are the future” with a range of coordinated services to keep children well and safe, and to intervene as early and effectively as possible to deal with any problems that arise.
- We will be working in partnership with local Government and other organisations to ensure that the physical, social and cultural environment that West Coasters live in promotes health, inclusion and participation in society and maximises the independence of people living with disabilities.
- As West Coasters become older they will have access to services that will help them remain in their own homes for as long as possible, and then to continue to live in or near their communities to the extent that resources allow.

Achievement of this vision will require commitment and collaboration from many organisations and individuals, and will face considerable obstacles, not least of which will be the money required.

Improving health outcomes for Māori

The West Coast DHB recognises that there are considerable disparities between the health of Māori and non-Māori and that decreasing inequalities between the health of Māori and other New Zealanders is a priority in current health policy. There is a clear expectation for the services of the West Coast DHB to identify how inequalities in health between Māori and others will be identified and addressed.

The West Coast DHB aims to strengthen the delivery of health services accessed by Māori and reduce associated health inequalities so that Māori enjoy the same high health status as non-Māori. The Māori health plan is a local implementation plan for the Government’s Māori Health Strategy: He Korowai Oranga, and focuses on collaborating with other sectors to improve Māori health, developing Māori health services and ensuring that ‘mainstream’ services are responsive to the needs of Māori.

KAUPAPA

Our Principles

To achieve improved health for the people of the West Coast through better:

- **Access**

Provide the people of the West Coast with equitable access to a comprehensive range of primary and secondary health services in the most appropriate location.

- **Integration**

Establishment of closer working relationships between all health care professionals to provide more comprehensive, better coordinated person centred health care services and to ensure seamless continuity of care for patients.

- **Quality**

The degree which services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- **Equity**

Increasing our understanding of the cause of health inequalities; and the action we can take to reduce these inequalities through the funding and service provision decisions we make at a local level.

Our values

That all activities of the West Coast District Health Board will reflect the values of:

- Manaakitanga; caring for others
- Whakapapa; identity
- Integrity
- Respect
- Accountability
- Valuing people
- Fairness
- Whānaungatanga; family/extended family and relationships

TE TIRITI O WATANGI

The Treaty of Waitangi

Māori and the Crown

The Crown recognises the Treaty of Waitangi as New Zealand's founding document and is committed to fulfilling its obligations as a Treaty partner. As a Crown agent, the West Coast DHB accepts its responsibilities to Māori as set out in the New Zealand Public Health and Disability Act 2000. As part of this, the West Coast DHB acknowledges and respects the principles of the Treaty of Waitangi: partnership, participation and protection.

Partnership

- A relationship that supports shared decision-making between both partners and enables Māori to exercise control, authority and responsibility for their health
- Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services

Participation

- Establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health gain
- Involving Māori at all levels of the sector in planning, development and delivery of health and disability services

Protection

- Protection and improvement of Māori health status
- Ensuring that Māori enjoy at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values and practices

The West Coast DHB has Treaty-based relationships with Poutini Ngai Tahu: Te Runanga o Ngati Waewae and Te Runanga o Makaawhio. The Board encourages, supports and regularly consults with Tangata Whenua and the Māori community both directly and through Tatau Pounamu, it's Māori health advisory group.

Improving Health Outcomes for Māori

The New Zealand Health and Disability Act 2000

The introduction of the New Zealand Health and Disability Act 2000 (NZHDA) was significant for the New Zealand health system as this initiated the introduction of democratically elected 'District Health Boards'. Of particular interest to Māori was the intention to improve Māori health and the eventual elimination of health disparities between Māori and non-Māori.

In terms of background, it is important to understand the Government's strategy in relation to Māori health. In section four of the Act, there are several references to the Treaty of Waitangi that refer to recognising and respecting the principles of the Treaty in terms of improving Māori health. Part three of the Act provides mechanisms that enable Māori to participate in decision-making regarding the delivery of services to Māori. In summary, District Health Boards must acknowledge their obligations to Māori in their annual plans regarding Article Two of the Treaty, and in particular to the principles of the Treaty.

Section Three of the Act has a number of points of relevance to Māori, for example there are clear instructions from Government on how to develop opportunities for Māori participation in strategic planning processes and the development of Māori capacity in the health and disability sector.

In addition to improving Māori health status, it is also important to achieve goals based on equity, partnership, and economic and cultural security. Improving Māori health requires building on the gains already made through the continued implementation of He Korowai Oranga¹ and Whakatātaka.²

The New Zealand Health and Disability Strategies

The activities of District Health Boards are guided by two overarching strategies for the health and disability sector; the New Zealand Health Strategy (Minister of Health 2000) and the New Zealand Disability Strategy (Minister for Disability Issues 2001). District Health Boards are supported by the Ministry of Health who provide national policy advice, regulation, funding, and monitoring of performance of agencies.

The New Zealand Health Strategy highlights the need for better access to relevant information to improve decision-making at both health and disability sector level and community level. Reducing inequalities in health is a key goal of the strategy (Minister of Health 2000) and this document aims to provide pathways of action that can assist to achieve this goal.

¹ (2002) *He Korowai Oranga: Māori Health Strategy*. Ministry of Health (Manatu Hauora), Wellington. New Zealand

² (2002) *Whakatātaka: Māori Health Action Plan*. Ministry of Health (Manatu Hauora), Wellington. New Zealand

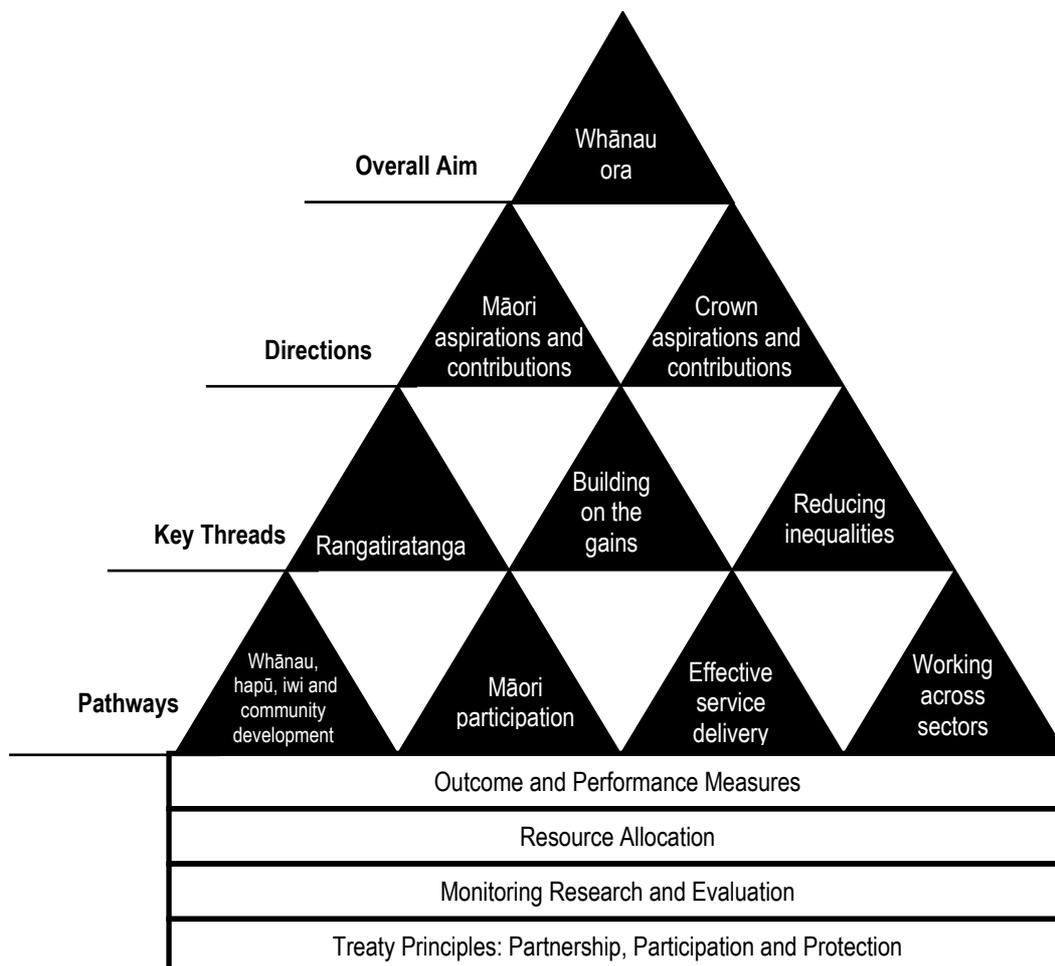
HE KOROWAI ORANGA

The Cloak of Wellness

The overall aim of He Korowai Oranga: Māori Health Strategy published in 2002 is 'whānau ora: Māori families that are supported to achieve the fullness of health and well being within Te Ao Māori and New Zealand society as a whole.' This builds directly from the New Zealand Health Strategy and the seven fundamental principles reflected across the health sector, including acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi. Realising Māori and Government aspirations for whānau health requires putting Treaty of Waitangi principles of partnership, protection, and participation into practice.

He Korowai Oranga guides the entire Māori health and disability support sector including the Ministry of Health, and particularly DHBs' to meet responsibilities for whānau health. The strategy was released in November 2002 and sets the direction for Māori health for the next 10 years. The accompanying documents Whakatātaka: Māori Health Action Plan and Whakatātaka Tuarua provide the implementation pathways for the Ministry of Health and DHBs' to take to put He Korowai Oranga into action. The West Coast DHB recognises and supports the principles of He Korowai Oranga; Māori Health Strategy 2002 that supports Māori aspirations including the objective to deliver health services that assist to achieve whānau ora.

He Korowai Oranga Framework



Three key threads woven throughout the strategy are:

1. Acknowledging Māori aspirations for rangatiratanga (control) over their own lives
2. Maintaining and building on the gains already made in Māori health
3. Reducing the inequalities that currently exist between the health and well-being of Māori and other population groups

Whānau ora will be achieved through actions along four pathways:

1. Development of whānau, hapū, iwi and Māori health
2. Māori participation throughout the health and disability sector
3. Effective health and disability services
4. Working across sectors

NUINGA TANGATA MĀORI O TE TAI O POUTINI

West Coast Māori Population

Although it occupies 8.5% of New Zealand's total land mass, the West Coast is home to only 0.7% of New Zealand's population. A total of 31,326 usually resident "West Coasters" (Census 2006) reside over 3 territorial authorities with 42% of the population, residing in the Grey District, 31% in the Buller District and 27% in the Westland District.

Despite predictions to the contrary the West Coast region has seen a 3% increase in the usually resident population between 2001 and 2006. The growth has not occurred evenly over the 3 territorial authorities with the population in Buller increasing by only 45 (+0%), Greymouth by 339 (+3%) and Westland by 642 (+8%).

The population increase has also not occurred in proportion to the current ethnic distribution of the region with Māori making up 9.3% of the West Coast population but 24% of the population growth seen from 2001 to 2006 (Census, 2006).

West Coast Population distribution by territorial authority and ethnicity 2001 to 2006

District	Total population 2001	Māori population 2001	Total population 2006	Māori population 2006	Total population change	Total population percentage change
Buller	9657	845	9702	804	45	0%
Grey	12882	978	13221	1098	339	3%
Westland	7761	848	8403	1017	642	8%
West Coast	30300	2671	31326	2919	1026	3%

Census 2006 figures show there were 2,919 Māori usually resident on the West Coast which is 9.3% of the total West Coast population, considerably less than the national average of 15% but an increase of 8.8% from 2001.

Geographic Distribution

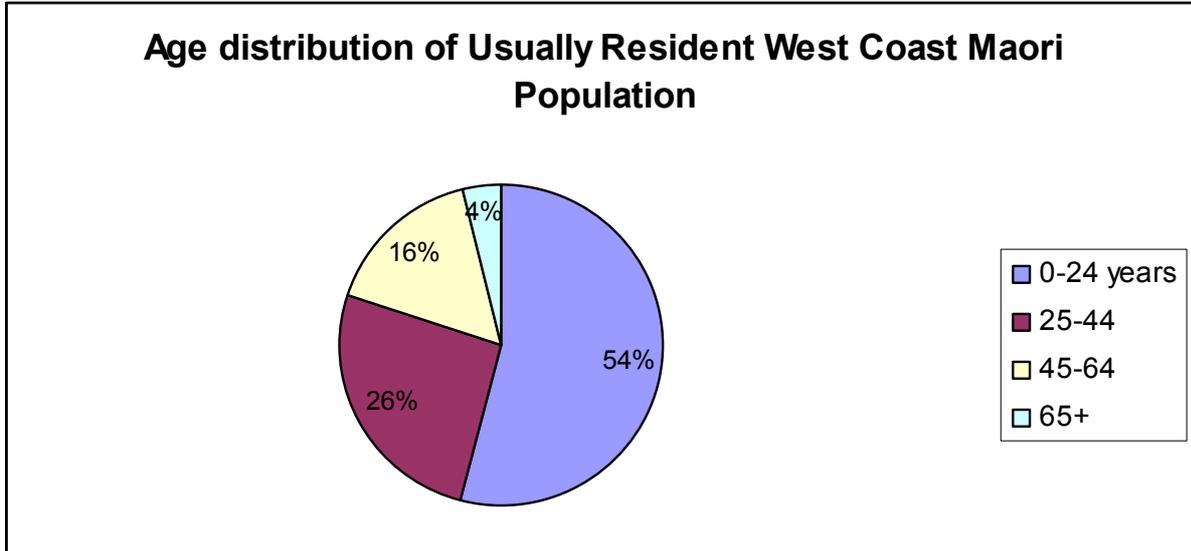
The distribution of the Māori population is more even across the 3 territorial authorities, with 38% of Māori residing in the Grey District, 35% in the Westland District, and 27% residing in the Buller District. The change in population distribution since 2001 has seen the population of Māori in the Buller district decline by 41 (-5%), while Grey increased by 120 (+12%) and Westland by 169 (+20%).

Age Distribution

The distribution of the Māori population by age differs from the total population with 54% of the Māori population usually resident on the West Coast age 24 years or under, compared with 22% of the total population. The West Coast has a younger average age than the total population with 38% of Māori under 15 years and an additional 16% aged 15-24.

West Coast Māori Population distribution by age (2006 Census)

	0-4 Years	5-14 years	15-24 years	25-44 years	45-64years	65-84 years	85+
Number	318	777	471	753	471	114	3
% of Māori population	11%	27%	16%	26%	16%	3.90%	0.10%



Māori Health Priorities and Needs

Māori on the West Coast make-up approximately 9% of the population and as is elsewhere in New Zealand their health statistics are poorer than those of non-Māori. The population of Māori on the West Coast is expected to increase as a proportion of the whole population, not only with a big increase in the proportion of children who are Māori but also a significant increase in the number of Māori over the age of 65 years.

Early identification of illness, preventative interventions and early treatment are often significant in reducing the likelihood of long term debilitating illness or death. Māori are more likely to access health services that not only address their health needs but also support the cultural and social contexts in which they live. Currently in the West Coast, evidence that shows Māori do not access health services early, there is also anecdotal evidence to show that some Māori by-pass primary care services for direct admission into hospital.

Priority areas for Māori on the West Coast have been identified as:

- Primary health
- Improving chronic conditions
- Implementing the Cancer Control Strategy
- Cardiovascular disease
- Diabetes
- Healthy lifestyles
- Healthy Eating Healthy Action (HEHA)
- Māori workforce development

Planning and monitoring the development of better health and disability services for Māori relies on timely and accurate data about the current usage of services, quality of staff, and which health services are available to meet their needs. Although there have been small improvements in the accuracy of health data about Māori in the sector, there are still significant gaps, for example, in Māori health workforce information.³

Investing in Māori health and especially in preventing avoidable illness and injury will reduce the overall impact on whānau and the wider society. The health and disability sector requires initiatives to build better outcomes for Māori communities grounded in Māori beliefs and knowledge. It is therefore essential that Māori are part of the decision-making processes for health and disability service development in the West Coast.

Through the Māori health plan particular focuses for West Coast DHB over the next 5 – 10 years will be:

- Further develop robust relationships with the two Papatipu Runanga of Tai Poutini
- Further develop the capacity of Māori health service providers

³ (March 2003) Health Workforce Advisory Committee: Framing Future Directions

- Ensure that Māori health provider services are available to all Māori on the West Coast
- Ensure that 'mainstream' health services are provided in ways that are respectful of Māori beliefs and values
- Implement a Māori health workforce plan to increase the number of Māori working in health professions in Tai Poutini
- Work with agencies across sectors to collaborate on issues to improve Māori health

Key Directions

<p>TE ARA WHAKAMUA</p> <p>Priorities</p>	<p>The pathway ahead</p> <p>0.1 Increase relative investment in Māori health</p>
<p>TE ARA TUATAHI</p> <p>Priorities</p>	<p>Development of whānau, hapū, iwi and Māori communities</p> <p>1.1 Fostering Māori community development</p>
<p>TE ARA TUARUA</p> <p>Priorities</p>	<p>Māori participation in the health and disability sector</p> <p>2.1 Establish effective relationships and communications between iwi and West Coast DHB</p> <p>2.2 Iwi, Māori communities and West Coast DHB will work in effective relationships to achieve Māori health objectives</p> <p>2.3 Increasing Māori provider capacity and capability</p> <p>2.4 Developing the Māori health workforce</p>
<p>TE ARA TUATORU</p> <p>Priorities</p>	<p>Effective health and disability services</p> <p>3.1 Improve health outcomes for Māori on Tai Poutini</p> <p>3.2 Improve Māori health information</p> <p>3.3 Improve the responsiveness of mainstream services to Māori needs and concerns</p>
<p>TE ARA TUAWHA</p> <p>Priorities</p>	<p>Working across Sectors</p> <p>4.1 Encourage initiatives with other sectors that positively affect whānau ora</p>

TE ARA WHAKAMUA: The pathway ahead

STRATEGIES	0.1 Increase investment in Māori health				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
<p>0.1.1 Increase investment into Māori health</p> <ol style="list-style-type: none"> West Coast DHB to establish baseline Māori provider/Māori service funding West Coast DHB will actively seek additional funding to improve Māori health and reduce Māori health and disability inequalities as it becomes available, and will work collaboratively with its Iwi partners and other government agencies to achieve this first year West Coast DHB reports on targeted investment for specified Māori initiatives 	GM Māori CEO GM P&F CFM	Internal P&F TP	<ul style="list-style-type: none"> Annual report to state expenditure on Māori health Quarterly Crown Funding Agreement reports on targets for services for specified Māori initiatives A 5% growth in the overall level of funding for Māori dedicated health during 2006/07 A further 5% growth in each of the subsequent two years (2007/08 & 2008/9) Positive progress reported within the RIS-02⁴ reports 	<ul style="list-style-type: none"> P&F to provide a summary of the total Māori NGO provider Budget expenditure P&F to set targets for expenditure across all Māori service-related initiatives over the next 5 years Report on specified Māori initiatives within Quarterly Crown Funding Agreement reports 	Quarterly Begin 2006 Quarterly
<p>0.1.2 Focus on health gain priority areas</p> <ol style="list-style-type: none"> To focus on West Coast DHB health gain priority areas, utilising the HEAT tool, and resource accordingly Primary Health Organisations actively meet service and health needs of Māori in the West Coast Scope and implement Older Person's Health initiatives for service development Scope and implement Child & Youth Health initiatives for service development Scope and implement Mental Health initiatives for service development Maintain Māori Mental Health input into Mental Health Services 	GM Māori GM CPS/MHS GM SHS GM P&F PHOs CPH	EMT MMHT TP NROTPP	<ul style="list-style-type: none"> An accurate informed position of the Māori health status as it relates to each priority area Key development initiatives implemented in each area of identified need Māori input into mental health service areas maintained Well Child statistics e.g. breastfeeding, immunisation, smoking exposure, 	<ul style="list-style-type: none"> Identify and evaluate the Māori health status in each priority areas 	6 monthly report Ongoing

⁴ RIS-02: Financial reporting requirements to Ministry of Health (1) DHBs to report actual expenditure on Māori Health Providers by GL code and by Purchase Unit, (2) DHBs to report actual expenditure for mainstream services components targeted to improving Māori health, (3) DHBs to report a comparison between the targets set in the DAPs to increase funding for Māori health and actual expenditure.

<p>0.1.3 Key areas of inequality and access to services identified and resourced accordingly</p> <ol style="list-style-type: none"> 1. Planning and Funding review inequality & access to services to assess level of need and prioritise resources accordingly 2. Develop, implement, monitor & review funding of services to Māori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health, Primary Health, Older Persons Health and Disability services, together with Iwi/Māori 3. Mental Health – implementation of Te Puawaitanga, Māori Mental Health National Strategic Framework, and other mental health frameworks, as well as continued implementation of Mental Health Blueprint and Te Wero (Mental Health Workforce Development Plan) 4. Review the West Coast DHB Maori mental health services and implement recommendations aligning with national strategies. 	<p>GM Māori GM P&F GM CPS/MHS GM SHS</p>	<p>P&F PHOs MMHT NGOs RMPPM HR</p>	<ul style="list-style-type: none"> ▪ Report on West Coast DHB measures for resources allocation, Māori staff employed, number and range of initiatives provided ▪ Plan for Māori to be developed by Secondary Health Services and updated annually ▪ Mental health strategies implemented by key service areas ▪ A review of the Maori mental health service is completed. ▪ Recommendations from the review are resourced and implemented. 	<ul style="list-style-type: none"> ▪ Utilise the HEAT tool to determine equity gaps in service funding, access & utilisation of health services and service developmental needs ▪ Assess level of need and prioritise resources accordingly ▪ Develop, implement, monitor & review focus on and funding of services to Māori ▪ Review Maori mental health services ▪ Implement recommendations 	<p>6 monthly report</p> <p>Ongoing</p> <p>Ongoing</p> <p>2007</p> <p>2007</p>
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TE ARA TUATAHI: Development of whānau, hapū, iwi and Māori communities

STRATEGIES		1.1 Fostering Māori community development				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
1.1.1 Māori engagement processes strengthened						
<ol style="list-style-type: none"> Undertake regular, comprehensive engagement processes with Nga Maata Waka groups, Māori communities, organisations and providers, including West Coast DHB Māori staff Further progress the forum for whānaungatanga and cultural development for Māori staff working within the provider arm Support national and regional Māori focused initiatives, e.g. Tatau Pounamu (Māori Health Advisory Committee), Te Herenga Hauora o te Waka o Aoraki (South Island DHB Māori Managers Network), and Tumu Whakarae (National DHB Māori Managers Reference Group) 	GM Māori GM P&F GM SHS	CPH TP NROTTP MCG INTER MHPs PHOs TAs NGOs EDU	<ul style="list-style-type: none"> West Coast DHB holds forums to update community and to distribute key information to stakeholders Involve Māori community and Māori staff forums in strategic planning and service development initiatives Positive progress reported within the HKO-01⁵ report 	<ul style="list-style-type: none"> Further develop forum for whānaungatanga and cultural development for Māori staff working within the provider arm GM Māori meets regularly with key regional Māori Management organisations 	Ongoing Ongoing	
1.1.2 Identify Māori led community development initiatives						
<ol style="list-style-type: none"> Conduct research into community initiatives which contribute to the greater Whānau ora vision Engage with Maori communities and the West Coast PHO to develop and promote strategies that improve Maori health. 	GM Māori GM P&F	External P&F CPH	<ul style="list-style-type: none"> Health initiative model is reported on Effective working relationship maintained with He Oranga Pounamu Develop relationship between DHB / PHO and Maori. 	<p>Identify Māori community initiatives which assist and enhance the provision of Whānau ora services</p> <p>Establish a tri partite memorandum of agreement</p>	Ongoing 2007	
1.1.3 Research						
<ol style="list-style-type: none"> Support Māori research activities and consolidate a developmental relationship with research institutes and organisations 	GM Māori	MIHI P&F	<ul style="list-style-type: none"> West Coast DHB to provide a transparent process to consult and assess research applications Kaupapa Māori research frameworks are used when undertaking research 	<ul style="list-style-type: none"> Work in partnership with research institutions to provide a transparent process to consult and assess research applications Conduct research within kaupapa Māori frameworks 	Ongoing Ongoing	

⁵ HKO-01: Local iwi/ Māori engagement reporting requirements to Ministry of Health (1) Provide a copy of the Memorandum of Understanding (MOU) between the DHB and its local Iwi/Māori health relationship/ partner, and report achievements against key objectives in the MOU, (2) A progress report that demonstrates how local Iwi/Māori are engaged in decision-making, implementation, monitoring and evaluation, with respect to prioritisation, service delivery and planning documents, including the District Strategic Plan, District Annual Plan, Health Needs Assessment, Māori Health Plan, (3) Specific initiatives achieved as an outcome of DHB engagement with their local Iwi/ Māori health relationships (4) Treaty of Waitangi training (including any facilitated by the Ministry of Health) has, or will, take place for Board members, and what percentage of Board members have undertaken the training, (5) Achievements against key deliverables in the implementation of the DHB's Māori Health (Strategic) Plan (or more detailed annual Māori Health (Action) Plan), (6) Reports 1,2, and 3 and 5 have been endorsed by the local Iwi/ Māori health relationships.

TE ARA TUARUA: Māori participation in the health and disability sector

STRATEGIES	2.2 Iwi and Māori communities and the West Coast DHB will work in effective relationships to achieve Māori health objectives				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
<p>2.2.1 Māori health needs prioritised with Māori</p> <ol style="list-style-type: none"> 1. Engage with Mana Whenua and other Māori communities to enable them to influence the planning, purchasing and delivery of services to build Māori health 2. Tatau Pounamu Advisory Committee Meetings routinely attended by the GM Māori Health, GM Planning and Funding and CEO 3. West Coast DHB Board meetings held at least annually in a Māori environment i.e. Arahura Pa or Te Tauraka Waka a Maui Marae 	<p>CEO GM Māori EMT GM P&F</p>	<p>CEO GM P&F TP NROTPP</p>	<ul style="list-style-type: none"> ▪ Mana Whenua and other Māori communities have effective participation in ongoing West Coast DHB Health Needs Assessment, planning and review processes which is demonstrated in HKO-01 and other reporting areas ▪ An accurate informed position of the Māori health status as it relates to each priority area is provided to Māori stakeholders on a regular basis 	<ul style="list-style-type: none"> ▪ Consolidate consultation forums with mana whenua ▪ Regular 6-weekly hui occurs with Tatau Pounamu / Māori Health Advisory Committee includes Te Runanga o Makaawhio, Te Runanga o Ngati Waewae, and Nga Maata Waka 	<p>As required</p> <p>6 weekly</p>

TE ARA TUARUA: Māori participation in the health and disability sector

2.3 Increasing Māori provider capacity and capability					
STRATEGIES					
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
NB: *Denotes regional projects undertaken by Te Herenga Hauora / South Island DHB Māori Managers Network					
2.3.1 Support Māori provider and workforce development					
<ol style="list-style-type: none"> 1. *Stocktake of Māori provider capacity and capability to highlight areas of priority development first year 2. Work with others toward matching workload/ client need to provider skill mix and capacity 3. *The West Coast DHB will support Māori health provider workforce development through initiatives undertaken by the South Island DHB Māori Managers following final ratification of the South Island Māori Workforce Development Plan (in April 2006) 4. The West Coast DHB will work with the Māori health provider on the development of a Hui for consultation with the Māori community including Nga Maata Waka and Mana Whenua regarding Māori health issues 5. *Māori Provider Development Scheme and Māori health scholarships supported and enhanced where needed 6. Support the development of Māori services within the mainstream services 7. Continued work in partnership with Rata Te Awhina Trust in PRISM project and monitor on a regular basis 8. West Coast DHB to work with Māori communities throughout Tai Poutini and Papatipu Runanga to look at possibilities for further Māori health provider development particularly in the Buller and Greymouth Districts 	<p>GM Māori THH GM P&F HR Mgr DONM</p>	<p>Internal CFM IT Mgr P&F CEO MHPs GM SHS</p>	<ul style="list-style-type: none"> ▪ Māori Provider capacity assessed and evaluated ▪ Ongoing review of services ▪ Māori Workforce Development Plan consolidated ▪ PRISM Project and delivery of information technology infrastructure and systems are implemented and operational ▪ Hui and consultation completed ▪ Gradual increase in capability and capacity for delivery of services to Māori by Māori ▪ Positive progress reported in HKO-02⁶ report 	<ul style="list-style-type: none"> ▪ *Focus on workforce and provider development included in business plans to GM (P&F) and MPDS priorities ▪ *Consolidate Māori Workforce Development Plan ▪ *Establishment of an annual Hui Whakapiripiri Ratonga for South Island Māori providers ▪ *Review of Māori Provider Development Scheme ▪ *Introduction of Te Waipounamu health training and education package ▪ *The South Island Māori health provider website feasibility study completed ▪ Organise Hui for consultation with the Māori community including Nga Maata Waka and Mana Whenua regarding Māori health issues ▪ Updates to GMs & Board 	<p>Ongoing</p> <p>Ongoing 2006</p> <p>Ongoing 2006</p> <p>2006</p> <p>TBC</p> <p>Ongoing</p>

⁶ HKO-02: Development of Māori health workforce and Māori health providers reporting requirements to the Ministry of Health (1) provide a copy of the DHB Māori Health Workforce Plan (or agreed regional Māori Workforce Plan), or the timeframe to complete the Plan (2) achievements based on key deliverables in the DHB (or Regional) Māori Workforce Plan, or if the Plan is being developed, describe at least 2 key DHB Māori health workforce initiatives that the DHB has achieved (3) report the number of (i) management (ii) clinical (iii) administrative and (iv) other FTEs held by Māori **out of the total numbers** of (i) management, (ii) clinical, (iii) administrative and (iv) other FTEs in the DHB.

<p>2.3.2 Support Māori staff within West Coast DHB and community providers</p> <ol style="list-style-type: none"> 1. General Manager Māori Health assists and supports West Coast DHB-wide developments 2. Support recruitment, development and retention of Māori staff within Māori and mainstream providers 3. Promote cultural support groups and facilitate hui 4. Promote and support Māori staff 5. Work collaboratively with the Rata Te Awhina Trust and Tatau Pounamu to enhance Whānau ora service delivery 6. Develop strategic links to educational providers and relevant professional organisations to gain support for increasing capability and capacity of Māori workforce 	<p>GM Māori HR Mgr GM P&F DONM EMT</p>	<p>External EDU MOH CTA PHO NGO HR MHPs</p>	<ul style="list-style-type: none"> ▪ Measurable quality improvement in Māori workforce capacity ▪ Gradual increase of Māori staff across West Coast DHB ▪ Māori staff forums continually supported ▪ Key Māori Health staff attend leadership forums where appropriate ▪ Positive progress reported in HKO-02 report 	<ul style="list-style-type: none"> ▪ Tatau Pounamu & the Māori Health Unit work with HR to develop frameworks that support career pathways ▪ Cultural awareness programs & Te Pikorua maintained ▪ Collate Māori health workforce data to identify baseline and project priority areas ▪ Develop a DHB workplan to implement an HR strategic directional plan for Māori health workforce needs, and ▪ Support regional Whakataataka projects including workforce development and recruitment strategies 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p>NB: *Denotes regional projects undertaken by Te Herenga Hauora / South Island DHB Māori Managers Network</p>					
<p>2.3.3 Internal provider departments develop priority focus on Māori health</p> <ol style="list-style-type: none"> 1. *Sustainable Māori provider development occurs 2. *Quality & Accreditation programmes meet Māori requirements 3. *Internal & External Māori accountability requirements are met 4. Clinical & Cultural best practice guidelines, including ethnicity data collection and Māori pathways to care are developed, implemented and evaluated 	<p>GM Māori GM CPS/MHS GM SHS</p>	<p>Internal CEO IT Mgr TP</p>	<ul style="list-style-type: none"> ▪ West Coast DHB recognised as a leader in Māori Healthcare ▪ DNA rates are reduced and Māori utilisation rates enhanced across the West Coast DHB and NGO sectors 	<ul style="list-style-type: none"> ▪ Provide expert support and advice to internal provider departments ▪ GM Secondary Health Services & GM Māori Health Services will consult regularly with Māori communities regarding issues accessing secondary health services 	<p>Ongoing</p>

TE ARA TUARUA: Māori participation in the health and disability sector

STRATEGIES	2.4 Developing the Māori health and disability workforce				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
2.4.1 Working in partnership with education institutes					
1. Collaborate with Education institutions at secondary and tertiary levels to enhance Māori participatory rates in the health education and employment areas	GM Māori HR Mgr CEO	External EDU MOH CTA PHO NGO HR	<ul style="list-style-type: none"> ▪ Collaborative relationships established with key organisations and reported to the Board ▪ A measurable increase in Māori participation in health careers and employment within the West Coast DHB 	<ul style="list-style-type: none"> ▪ Work with CTA, Education funders & institutions to promote health careers ▪ Implement quality improvement & development support for Māori providers ▪ Updates to GMs & Board 	<p>Begin 2007</p> <p>Ongoing</p> <p>Ongoing</p>
2.4.2 Promote health as a career for Māori					
1. Support recruitment activities aimed at Māori school leavers and Māori considering re-entering the workforce	GM Māori HR Mgr TP	External EDU MOH CTA PHO NGO CLO	<ul style="list-style-type: none"> ▪ Effective relationships established with key organisations within the education sector ▪ A measurable increase in Māori within the West Coast DHB workforce ▪ An increase in Māori accessing scholarships and scholarships are allocated accordingly ▪ Positive progress reported in HKO-02 report 	<ul style="list-style-type: none"> ▪ Support recruitment drives, work programmes, cadetships, scholarships, career planning & support, and involvement of Māori staff in leadership development programmes 	Ongoing
2.4.3 Workforce development consolidated					
<ol style="list-style-type: none"> 1. Support West Coast DHB HR Strategic Directions, February 2002 2. Support appropriate recruitment practices and cultural training opportunities 3. Cultural direction is available through Kaumatua/Kuia, Taua/Poua, and Tatau Pounamu 	GM Māori HR Mgr TP	Internal GM CPS/MHS IT HR CEO EMT	<ul style="list-style-type: none"> ▪ Measurable improvement of Mainstream workforce development and response to Māori competency criteria ▪ Corporate, departmental and service induction programmes, and availability of Māori specific training ▪ Positive progress reported within the HKO-02 report 	<ul style="list-style-type: none"> ▪ Engage DHB staff to participate in and support health education activities ▪ West Coast DHB to develop a Māori recruitment strategy 	<p>Ongoing</p> <p>Begin 2007</p>

2.4.4 Remove barriers for Māori with disabilities so they can fully participate in New Zealand society including Te Ao Māori	GM Māori GM P&F TP	WCDIS	<ul style="list-style-type: none"> ▪ Increase Māori health and disability workforce 	<ul style="list-style-type: none"> ▪ West Coast DHB Disability Action Plan completed 	Ongoing
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TE ARA TUATORU: Effective health and disability services

STRATEGIES	3.1 Improve health outcomes for Māori on Tai Poutini				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
3.1.1 Gather and communicate Māori specific information <ol style="list-style-type: none"> 1. Collate Māori specific information at a local level of health status, service provision and utilisation, health workforce and models of healthcare 2. Develop a framework to communicate Māori specific health information across all sectors of the community 	GM Māori GM P&F IT Mgr	Internal IT GM CPS/MHS CPH	<ul style="list-style-type: none"> ▪ Regular Māori health plan updates are provided 	<ul style="list-style-type: none"> ▪ Collate Māori specific information ▪ Identify a range of communication processes to inform and update service providers, DHB staff and the wider community about Māori health information 	Ongoing 2008

TE ARA TUATORU: Effective health and disability services

STRATEGIES	3.2 Improve Māori health information				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN
3.2.1 Implement effective ethnicity data collection					
1. Improve processes to collect and report ethnicity data to the same as the national recommended average	GM P&F GM SHS GM CPS/MHS CFO	GM Māori EMT 1. IT 2. Board P&F	<ul style="list-style-type: none"> ▪ Implementation of Ethnicity Data Collection Project includes a training package for key staff. ▪ Project implemented and regular reports received ▪ West Coast DHB utilise accurate ethnicity data to improve decision-making and service development ▪ Positive progress is reported in HKO-03⁷ and other reporting areas specific to EDC utilisation 	<ul style="list-style-type: none"> ▪ Implement ethnicity data collection project(s) ▪ Liaison with MOH and CPH to conduct regular evaluations on priorities ▪ West Coast DHB performance targets assessed annually by department for: 'Not Stated' 'Other' 'Māori' & 'Pacific' ethnic groups ▪ Develop an audit tool to ensure ethnicity data is being collected accurately 	2007
2. EDC project plan implemented by each department	GM CPS/MHS	NGOs			Ongoing
3. 6 monthly report generated	GM SHS	PHO			Ongoing
4. Contracted NGO health providers report on ethnicity data	GM P&F	IT Mgr PHOs			2007

⁷ HKO-03: Improving mainstream effectiveness reporting requirements to the Ministry of Health (1) provide a report describing the reviews of pathways of care that have been undertaken in the last 12 months that focussed on improving access to effective services for Māori, (2) report on an example(s) of actions taken to address issues identified in the reviews.

<p>3.2.2 Health Status Monitoring, Disease Prevention and Management</p> <ol style="list-style-type: none"> 1. Undertake a Māori Health Needs Analysis (HNA) on the West Coast in partnership with Community and Public Health 2. Contracted NGO health providers consolidate Māori health plans 3. Effective monitoring of Disease Management and Māori utilisation 4. Population health activities continue to focus on priority health gain areas for Māori 5. Early identification and intervention measures encouraged and supported through Māori health plans and population health activities 	<p>GM Māori GM P&F</p> <p>GM P&F</p> <p>GM P&F GM CPS/MHS GM SHS</p> <p>GM P&F GM CPS/MHS</p> <p>GM Māori GM P&F</p>	<p>TP NROTP PHOs NGOs CPH QR Mgr</p>	<ul style="list-style-type: none"> ▪ Māori HNA conducted ▪ NGO Māori health plans include accurate collection of ethnicity data ▪ Enhanced outcomes on disease prevention behaviours such as smoking cessation, obesity, physical activity, sexual and mental health ▪ Effective communication of data to the West Coast DHB and other services associated with client health 	<ul style="list-style-type: none"> ▪ Conduct Māori HNA ▪ Review of provider and PHO Māori health plans ▪ Identify key areas of service development with each portfolio within P&F, and through consultation with contracted providers ▪ Identify key initiatives for early identification and intervention of disease prevention in priority areas 	<p>Ongoing</p> <p>Begin 2007</p> <p>Ongoing</p>
<p>3.2.3 Changes in Māori health monitored with Māori</p> <ol style="list-style-type: none"> 1. Establish a monitoring programme based on the Health Needs Assessment 2. Māori are involved and participate in monitoring processes 3. Māori initiatives will be included in reporting processes 	<p>GM Māori GM P&F TP CEO</p> <p>TP</p>	<p>NROTP TP CPH MHU</p>	<ul style="list-style-type: none"> ▪ An effective monitoring framework which is readily accessible is established ▪ An accurate informed position of the Māori health status as it relates to each priority area is provided to Māori stakeholders on a regular basis 	<ul style="list-style-type: none"> ▪ Establish a monitoring framework that meets internal and external accountabilities with Mana Whenua and the Māori Health Unit 	<p>Immediate</p> <p>Ongoing</p>

TE ARA TUATORU: Effective health and disability services

STRATEGIES		3.3 Improve the responsiveness of mainstream services to Māori needs and concerns				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
NB: *Denotes regional projects undertaken by Te Herenga Hauora / South Island DHB Māori Managers Network						
3.3.1 Develop and implement effective funding frameworks						
1. Develop and implement effective funding & policy frameworks with Māori input 2. *Projects collaborate with Māori and mainstream provider objectives 3. Managers have access to cultural training and support to work effectively with Māori health providers and services 4. Work in partnership with Tatau Pounamu to ensure existing and proposed services are effective in addressing inequalities	CFO GM P&F CEO GM Māori GM SHS	CEO CFO GM CPS/MHS PHOs External HOP THH TP NGOs	<ul style="list-style-type: none"> ▪ Frameworks developed and readily available ▪ Objectives include Māori projects ▪ Key Māori health gain areas prioritised 	<ul style="list-style-type: none"> ▪ Apply clinical, cultural & priority-need frameworks to ensure responsiveness to Māori ▪ Updates to GMs & Board ▪ Inequalities training and Te Pikorua extended to third and fourth level management 	Ongoing Ongoing 2007/2008	
3.3.2 Develop Māori Health Policy & Quality Frameworks						
1. *Establish frameworks to ensure health providers and DHB staff understand cultural aspects of service specifications 2. *Service policy and quality frameworks provide direction to address Māori health issues 3. Tatau Pounamu to monitor policy development and implementation of all policies that are of significant interest to Māori health across all departments 4. West Coast DHB monitoring, audit and review programmes contain appropriate Māori elements and ensure providers, including the West Coast DHB provider arm, meet their Māori contracted responsibilities e.g. ethnicity data collection, Māori health plans 5. *Māori providers participate in quality improvement programmes 6. Review of care pathways for Māori	GM Māori GM P&F CPH TP West Coast DHB wide QR Mgr GM P&F via SISSAL GM Māori DONM	Internal P&F CFM External PHOs NGOs WISE THH	<ul style="list-style-type: none"> ▪ Access appropriate staff when working with Māori providers and community groups ▪ Contractual and accreditation programme standards met ▪ Annual consultation hui held ▪ Regular review of Māori Quality Plans and policies ▪ Mechanisms established to ensure mainstream health providers and West Coast DHB staff attain appropriate cultural advice and training ▪ At least 50% of the West Coast DHB personnel receive cultural training ▪ 100% of Board and Advisory Committee members will have undertaken inequalities training by end of 2006/07 ▪ Māori are involved in planning 	<ul style="list-style-type: none"> ▪ Establish cultural training programme to enhance understanding of cultural requirements ▪ Present to NGO quality and forum meetings ▪ Require, implement and review Māori health policy & quality frameworks in the West Coast DHB and community providers ▪ Identify and support Māori-led community development in priority areas ▪ *Support Māori providers in participating in quality improvement programmes ▪ Review & support continuum of care approach/pathway to 	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing	

			<p>processes to implement district initiatives</p> <ul style="list-style-type: none"> ▪ Effective support provided to NGOs with individual Māori health plans resulting in robust and effective Māori health plans ▪ DNA rates are reduced and Māori utilisation rates enhanced across the West Coast DHB and NGO sectors ▪ Positive progress is reported within the HKO-02 and HKO-03 reports respectively 	clients & whānau	
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TE ARA TUAWHA: Working across sectors

STRATEGIES		4.1 Encourage initiatives with other sectors that positively affect whānau ora				
PRIORITIES	RESPONSIBILITY	KEY LINKS	KEY SUCCESS INDICATORS	ACTIONS	WHEN	
<p>4.1 Develop and evaluate innovative models of service integration</p> <ol style="list-style-type: none"> 1. Develop intersectoral relationships with other funders who contract with Māori health and disability service providers or train Māori health staff 2. Services identify common clients and provide integrated continuum of care in partnership with primary care & clients 3. Work with existing Intersectoral forum to develop initiatives that improve social and health outcomes for Māori 	<p>GM Māori GM P&F P&F HR Mgr INTER</p>	<p>External TP NROTP MCG INTER MHPs PHOs TAs NGOs EDU</p>	<ul style="list-style-type: none"> ▪ Intersectoral relationships enhanced with other funders who contract with Māori health and disability service providers, or train Māori health staff ▪ Integrated continuum of care in partnership with primary care and clients established ▪ Best practise framework for Māori Health provision established with all health providers ▪ Regular Intersectoral hui and consultation with Papatipu Runanga and Māori communities 	<ul style="list-style-type: none"> ▪ Develop and maintain intersectoral relationships ▪ Identify opportunities for planning and working together with providers and other funders ▪ Scope intersectoral and health sector opportunities to develop services that will support Whānau ora ▪ Plan how best to advance Māori health with Intersectoral Forum 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>2008</p>	

Acronyms

CEO = Chief Executive Officer West Coast DHB	MHPs = Māori Health Providers
CLO = Communications Liaison Officer	MHU = Māori Health Unit, West Coast DHB
CFM = Chief Financial Manager	MIHI = Māori Indigenous Health Institute (Otago /Christchurch School of Medicine)
CPH = Community & Public Health	MMHT = Māori Mental Health Team
CQIT = Clinical Quality Improvement Team	MOH = Ministry of Health
DNA = 'Did not attend' (elective surgery, consultation, etc.)	MOU = Memorandum Of Understanding
DONM = Director Of Nursing & Midwifery	MW = Mana Whenua (Te Runanga O Ngati Waewae, Te Runanga O Makaawhio)
EDC = Ethnicity Data Collection	NGO = Non-Government Organisation
EDCT = Ethnicity Data Collection Team	NROTTP = Nga Runanga o Te Tai Poutini
EDU = Education institutions	P&F = Planning & Funding Department
EMT = Executive Management Team	PHO = Primary Health Organisation
GM = General Manager	QR Mgr = Quality Risk Manager
GM Māori = General Manager Māori Health	SISSAL = South Island Shared Service Agency Limited
GM CPS/MHS = General Manager Community & Primary Services / Mental Health Services	TA = Territorial Authority
GM P&F = General Manager Planning & Funding	THH = Te Herenga Hauora (South Island DHB Māori Managers Network)
GM SHS = General Manager Secondary Health Services	TP = Tatau Pounamu / Māori Health Advisory Committee
HR = Human Resources Department	TPMH-PrISM = Tai Poutini Māori Health Primary Integrated Systems Management Project
HR Mgr = Human Resources Manager	RMPM = Regional Māori Project Manager
INTER = Intersectoral Forums	West Coast DHB = West Coast District Health Board
IT = Information Technology Department, West Coast DHB	WCDIS= West Coast Disability Information Service
MCG = Māori Community Groups	WISE= West Coast Improving Services for Elderly

Implementing the Plan

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
Te Ara Whakamua: The pathway ahead	0.1.1: Increase relative investment in Māori health	Establish baseline Māori provider/Māori service funding Seek additional funding	Report on targeted investments	
	0.1.2: Focus on health gain priority areas	Focus on health gain priority areas using the HEAT tool PHOs meet service and health needs of Māori Maintain Māori Mental Health input	Scope and implement Older Person's Health initiatives Scope and implement Child & Youth Health initiatives Scope and implement Mental Health initiatives	
	0.1.3: Key areas of inequality and access to services Identified and resourced accordingly	Review inequality & access and prioritise resources accordingly Review the Maori mental health service. Implement recommendations of the Maori mental health review.	Develop, implement, monitor & review funding of services to: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health, Primary Health, Older Persons Health and Disability services, with Iwi/Māori Continue implementation of Te Puawaitanga, Māori Mental Health National Strategic Framework, and other mental health frameworks, and continued implementation of Mental Health Blueprint and Te Wero (Mental Health Workforce Development Plan)	

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
Te Ara Tuatahi: Development of whānau, hapū, iwi and Māori communities	1.1.1: Fostering Māori community development	<p>Undertake regular, comprehensive engagement processes with Māori communities, organisations including Māori staff</p> <p>Progress the forum for whānaungatanga and cultural development for Māori staff</p> <p>Support national and regional focused initiatives, e.g. Tatau Pounamu, Te Herenga Hauora o te Waka o Aoraki, and Tumu Whakarae</p>		
	<p>1.1.2: Identify Māori led community development initiatives</p> <p>Engage with Maori communities and the West Coast PHO to develop strategies that improve Maori health</p>	Engage in key partnerships through the GM Maori, PHO manager and Maori communities (manawhenua and maata waka)	<p>Conduct research into community initiatives</p> <p>Develop joint agreed strategies that are targeted at increasing access for Maori to primary care</p>	Review the relationship between the DHB / PHO and Maori.
	1.1.3: Research		Support Māori research activities and consolidate relationships with research institutes and organisations	

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
Te Ara Tuarua: Māori participation in the health and disability sector	2.1.1: Treaty based relationship maintained and enhanced with Māori	Conduct stakeholder treaty based relationships with iwi Māori Consolidate a relationship with Nga Runanga o Te Tai Poutini		
	2.2.1: Māori health needs prioritised with Māori	Engage with Mana Whenua and other Māori communities to influence the planning, purchasing and delivery of services Tatau Pounamu Advisory Committee Meetings routinely attended West Coast DHB Board meetings held annually in a Māori environment i.e. Arahura Pa or Te Tauraka Waka a Maui Marae		

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
<p>Te Ara Tuarua: Māori participation in the health and disability sector</p>	<p>2.3.1: Support Māori provider and workforce development</p>	<p>*Stocktake of Māori provider capacity work toward matching workload/ client need to provider skill mix and capacity</p> <p>*Support Māori health provider workforce development through initiatives undertaken by the South Island DHB Māori Managers</p> <p>Work with Māori health provider on consultation Hui regarding Māori health issues</p> <p>*Māori Provider Development Scheme and Māori health scholarships supported and enhanced</p>	<p>Support the development of Māori services within mainstream services</p> <p>Continued work in partnership with Rata Te Awhina Trust in PRISM project</p>	<p>Work with Māori communities to look at further Māori health provider development</p>
	<p>2.3.2: Support Māori staff within West Coast DHB and community providers</p>	<p>General Manager Māori Health assists and supports West Coast DHB developments</p> <p>Support recruitment, development and retention of Māori staff</p> <p>Promote cultural support groups and facilitate hui</p> <p>Promote and support Māori staff</p> <p>Work collaboratively with the Rata Te Awhina Trust and Tatau Pounamu to enhance Whānau ora service delivery</p>	<p>Develop strategic links to educational providers to increase capability and capacity of Māori workforce</p>	

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
Te Ara Tuarua: Māori participation in the health and disability sector	2.3.3: Internal provider departments develop priority focus on Māori health	*Quality Accreditation programmes meet Māori requirements &	*Sustainable Māori provider development occurs	*Internal & External Māori accountability requirements are met Clinical & Cultural best practice guidelines, including ethnicity data collection and Māori pathways to care are implemented
	2.4.1: Working in partnership with education institutes		Collaborate with Education institutions to enhance Māori participatory rates in the health education and employment	
	2.4.2: Promote health as a career for Māori		Support recruitment activities for Māori school leavers and Māori re-entering the workforce	
	2.4.3: Workforce development consolidated	Cultural direction available through Kaumatua/Kuia, Taua/Poua, and Tatau Pounamu	Support HR Strategic Directions, February 2002 Support appropriate recruitment practices and cultural training	
	2.4.4: Remove barriers for Māori with disabilities so they can fully participate in New Zealand society including Te Ao Māori			Identify specific actions to address the participation of Māori with disabilities through the development of the West Coast Disability Action Plan
Te Ara Tuatoru: Effective health and disability services	3.1.1: Gather and communicate Māori specific information		Collate Māori specific information at a local level of health status Develop framework to communicate Māori specific health information	
	3.2.1: Implement effective Ethnicity Data Collection (EDC)	Improve processes to collect and report ethnicity data Contracted NGO health providers report on ethnicity data	EDC project plan implemented by each department 6 monthly report generated	

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
Te Ara Tuatoru: Effective health and disability services	3.2.2: Health Status Monitoring, Disease Prevention and Management	Undertake a Māori Health Needs Analysis (HNA) on the West Coast Population health activities focus on priority health gain areas Early identification and intervention measures encouraged and supported through Māori health plans and population health activities	Contracted NGO health providers consolidate Māori health plans Effective monitoring of Disease Management and Māori utilisation	
	3.2.3: Changes in Māori health monitored with Māori	Māori involved and participate in monitoring processes	Māori initiatives included in reporting processes	Establish monitoring programme based on the Health Needs Assessment
Te Ara Tuatoru: Effective health and disability services	3.3.1: Develop and implement effective funding frameworks		Develop/implement effective funding & policy frameworks Collaborate projects with Māori and mainstream provider objectives Managers have access to cultural training and support to work with Māori health providers and services Work in partnership with Tatau Pounamu to ensure services are effective in addressing inequalities	

OBJECTIVE	PRIORITY	ACHIEVABLE 1 ST YEAR	ACHIEVABLE 2 ND YEAR	ACHIEVABLE 3 RD YEAR
	3.3.2: Develop Māori Health Policy & Quality Frameworks	<p>Tatau Pounamu to monitor policy development and implementation of policies that are significant to Māori health</p> <p>Māori providers participate in quality improvement programmes</p>	<p>*Establish frameworks to ensure health providers and DHB staff understand cultural aspects of service specifications</p> <p>*Service policy and quality frameworks provide direction to address Māori health issues</p> <p>Monitoring, audit and review programmes contain appropriate Māori elements and ensure providers and provider arm meet Māori contracted responsibilities e.g. ethnicity data collection, Māori health plans Review of care pathways for Māori</p>	
<p>Te Ara Tuawha: Encourage initiatives with other sectors that positively affect Whānau ora</p>	4.1: Develop and evaluate innovative models of service integration	<p>Develop intersectoral relationships with other funders who contract with Māori health and disability service providers or train Māori health staff</p> <p>Work with existing Intersectoral forum to develop initiatives that improve social and health outcomes for Māori</p>	Services identify clients and provide integrated continuum of care in partnership with primary care & clients	

APPENDIX 1

Te Rohe o Te Tai o Poutini



The Māori name for the West Coast is “Te Tai o Poutini”. Māori talk about a mythological monster or taniwha called “Poutini” who is said to be the guardian of the pounamu/jade from this region. The West Coast DHB area covers a vast distance between Karamaea in the North and Big Bay in the South and is bounded on the Western side by the Tasman Sea and on the Eastern side by the main divide of the Southern Alps. The length of this landmass is approximately equal to the distance between Auckland and Wellington, has a land area of 2.3 million hectares and has a population of 32,500. It is the most sparsely populated DHB in the country with a population density of 1.4 people per sq km.

APPENDIX 2

Te Poari Hauora a Rohe o Te Tai Poutini

The West Coast DHB is the major provider and largest employer of health services on the West Coast. Health services are provided at Grey Base Hospital (Greymouth), Seaview Hospital (Hokitika), Buller Hospital (Westport), Reefton Hospital and Hokitika Health Centre. There are also 8 rural clinics around the region.

Because the West Coast DHB covers a large geographical area, has a sparse population, isolated areas, high deprivation and low socio-economic status, it is a very difficult and expensive area in New Zealand for delivering any public or personal health service. The West Coast DHB has also played a leading role in sustaining primary health services on the West Coast, and purchased GP practices in both Westport and Greymouth. In addition, a number of General Practitioners were recruited with the backing of the Ministry of Health.

In October 2001, a Primary Health Organisation (PHO) was established. There are three Māori representatives on this PHO Board: a representative from Te Runanga O Makaawhio, Te Runanga o Ngati Waewae and a representative from Rata Māori Womens Welfare League.

APPENDIX 3

Tatau Pounamu Māori Health Advisory Committee

'Tatau Pounamu' was established in July 2005. This forum consists of two members from Te Runanga o Makaawhio and Te Runanga o Ngati Waewae, as well as two members from the Maata Waka community. The West Coast DHB assisted in organising hui around the West Coast with Māori communities to find Maata Waka representation within this new advisory group. There are now two Nga Maata Waka representatives on Tatau Pounamu; Nga Maata Waka o Kawatiri (Westport) and Nga Maata Waka o Mawhera (Greymouth).

The West Coast DHB continues to meet regularly with Tatau Pounamu on a 6-weekly basis. The General Manager Māori Health, Chief Executive, and clinicians and senior managers continue to work closely with Tatau Pounamu.

Tatau Pounamu members have attended 'Te Manu Whakahiato' which was facilitated in Christchurch during April and May 2006. Te Manu Whakahiato is

a governance and advisory skills programme whose target audience is DHB Māori relationship board members (includes PHO and DHB advisory committee members). This programme is sponsored by the Ministry of Health and offers a unique opportunity for representatives to build the knowledge, strategies and skills needed to enable better planning and delivery of health aims and priorities for communities'. Comments regarding this hui included that the West Coast region had the highest number of attendees per region which signifies the importance placed by participants in the development of Tatau Pounamu as an advisory committee.

Tatau Pounamu is currently working with the West Coast DHB to develop a Memorandum Of Understanding (MOU) between Poutini Ngai Tahu; Te Runanga O Ngati Waewae and Te Runanga O Makaawhio..

The Terms of Reference were agreed to and signed by the West Coast DHB Chief Executive Officer, Kevin Hague, and Tatau Pounamu Chair, Richard Wallace at a meeting in the Board Room at Grey Hospital in Greymouth on the 29 May 2006.



29 May 2006, Kevin Hague CEO and Richard Wallace, Tatau Pounamu Chair hongi after signing agreed Terms of Reference.

APPENDIX 4

West Coast DHB engage with Maori

West Coast DHB Board meeting held at Marae

The West Coast District Health Board held its first ever Board meeting at Te Tauraka Waka a Maui Marae in Bruce Bay, South Westland. The DHB has identified five priority population groups in its District Strategic Plan; they are children, youth, older people, those with long-term mental illness, and Māori. As part of identifying Māori as a population group the Board realised there was a need to develop stronger links with the two Papatipu Runanga of the region. Holding a Board meeting at the Marae appeared to be an excellent opportunity for Board members and management to actively engage with Māori. Also attending the meeting was Ria Earp, Deputy Director-General Māori Health and Ron Paterson, Health and Disability Commissioner.



Pictured from left to right: West Coast DHB CEO Kevin Hague, Health & Disability Commissioner Ron Paterson, Deputy Director General Māori Health Directorate Ria Earp, and West Coast DHB Board Chairman Professor Gregor Coster at the Board meeting held at Te Tauraka Waka a Maui Marae in April 2006.

Diabetes Awareness Hui held with Māori communities

Diabetes Hui were held throughout the West Coast region in Hokitika, Westport, and Greymouth during July 2006. The aim of these hui was to encourage people to attend the free annual diabetes checks available to all West Coasters. It was especially important to raise the awareness of this within the Māori community as statistics clearly show that Māori and Pacific Islanders are more likely to develop diabetes. A wide range of physical activity was promoted, and people had the opportunity learn about services available for diabetics in the community, healthy and tasty cooking on a budget, healthy living information, smoking cessation programmes, health checks, and screening.



Screening for Diabetes undertaken by Rata Te Awhina Trust workers at Diabetes Hui held in Cobden, Greymouth in 2006



Taiaha performers 'Nga Tama Toa' from Arahura

APPENDIX 5

A Health Equity Assessment Tool (HEAT)

The following set of questions has been developed to assist you to consider how particular inequalities in health have come about, and where the effective intervention points are to tackle them. They should be used in conjunction with the Ministry of Health's Intervention Framework (Ministry of Health 2002)⁸.

1. What health issue is the policy/programme trying to address?
2. What inequalities exist in this health area?
3. Who is most advantaged and how?
4. How did the inequality occur? (What are the mechanisms, by which this inequality was created, is maintained or increased?)
5. What are the determinants of this inequality?
6. How will you address the Treaty of Waitangi?
7. Where/how will you intervene to tackle this issue? Use the Ministry of Health Intervention Framework to guide your thinking.
8. How could this intervention affect health inequalities?
9. Who will benefit most?
10. What might the unintended consequences be?
11. What will you do to make sure it does reduce/eliminate inequalities (to manage the consequences)?
12. How will you know if inequalities have been reduced/ eliminated?

(Adapted from Bro Taf Authority 2000)

Source: Ministry of Health et al. 2002.

⁸ (2004) *Tackling Inequalities: Moving theory into action; Appendix 2: A Health Equity Assessment Tool*, pg 27. Ministry of Health (Manatu Hauora). Wellington. New Zealand.

APPENDIX 6

Māori Specific Health Services

General Manager Māori Health

The General Manager (GM) Māori Health is part of the Executive Management Team and reports directly to the Chief Executive. Having a voice for Māori in this forum is important in addressing Māori health issues and hopes on the West Coast. The Kaiwhakahaere is responsible for ensuring West Coast DHB responsiveness to Māori and the implementation of a bicultural framework within the organisation. Within this role the GM Māori Health provides leadership, direction and accountability alongside the Executive Management Team for implementation of kaupapa Māori within West Coast DHB services to ensure the quality and performance of those services meet contractual requirements.

Hospital Kaiawhina

A part-time Kaiawhina has been employed at Grey Base Hospital since July 2004. The purpose of this position is to assist in the reduction of barriers to Māori in terms of liaising between clinical staff and Māori patients accessing West Coast DHB services. The Kaiawhina ensures that Māori are aware of all services available to them, as well as assisting them to understand their rights to service provision and the complaints process.

Additionally, the Kaiawhina maintains a working relationship with clinical staff and the social work team to continue a patient focused multi-disciplinary approach to patient care. Collaboration with clinical staff is necessary to ensure the cultural needs of each client and their whānau is being addressed, as is building and maintaining networks with Māori and community health providers.

Māori Registered Nurse Smear Taker /Health Promoter

This is 1 FTE position within the Cervical Screening Department located at Community Services at Grey Base Hospital whose purpose is to plan, implement and evaluate Cervical Screening / Health Promotion activities on the West Coast as they relate to Māori and Pacific Island women by utilising the Ottawa Charter framework and the Treaty of Waitangi. This position utilises both clinical and promotional functions whilst actively contributing as a team member in working towards the National Cervical Screening Programme goals.

The Māori Nurse Smear-taker / Health Promoter takes a shared role in the provision of Cervical Screening Health Promotion / Education in partnership with the NCSP Health Promoter, with emphasis on Māori and Pacific Island women on the West Coast. There is to be a particular emphasis on increasing the coverage / enrolment rate of women who are unscreened or under-screened through health promotion strategies.

Whānau / Primary Health Care Nurse

One of the priorities in the Innovations funding from the Ministry of Health is to address Māori health, which of course reflects the primary health care strategy. Creating a 0.5 FTE position with a focus on the Māori community has improved on this priority. The role of the Whānau Nurse is focused on the provision of nursing care that addresses the health needs of a caseload of individuals, families/whānau, schools and groups in a specific community. Care is provided across the lifespan, on a continuum encompassing health promotion, disease prevention and disease management. This role carries a particular (but not exclusive) focus on the needs of the local Māori community.

Māori Health staff training programmes

- The Treaty of Waitangi relating to Māori Health
- Te Pikorua Bi-Cultural Training
- Inequalities Training
- Te Awatea / Cultural Awareness Training Programme

APPENDIX 7

Māori Mental Health Team (MMH)

Manaakitanga, the Inpatient Unit, is located at Grey Hospital alongside the Community Mental Health team. This co-location provides improved integration between inpatient and community mental health services. Psychogeriatric services are provided at Seaview Hospital, Hokitika. Inpatient services include intensive, acute and sub-acute services. Dementia care, long term intellectual disability and psychiatric disability services are provided as well as level III and IV hostel accommodation.

Services currently provided by the 3 mainstream Community Mental Health teams include:

- Alcohol and Drug
- Methadone Programme
- Child, Youth and Family
- Forensic Nursing
- Community Mental Health Nursing
- Māori Mental Health
- Psychiatric Emergency Services

The Māori Mental Health Team (MMH) of the West Coast District Health Board provides both clinical and cultural services to all areas of mental health on the West Coast. The WCDHB receives funding for 3.5 Full time equivalents to work in Maori mental health. Currently there is a review underway to determine how this service will be provided in the future.

APPENDIX 8

West Coast Māori Health Provider; Rata Te Awhina Trust

Rata Te Awhina Trust (Rata) is the only Maori health provider active on the West Coast and has been operational for over a decade. Its very existence came about because of health restructuring and the decision to devolve funding to Māori community groups so they could provide health services to Māori in a community setting. Current health services contracted to Rata include:

- **Whānau ora Service: Total 3.0 FTE (1.0 Buller, 1.0 Greymouth, 1.0 Westland)**

The overall aim of the service is that individuals and whānau are supported and encouraged to make decisions on their health and well being, to provide or facilitate information or education sessions on relevant lifestyle, health and illness issues, and to support and act as an advocate for clients and whānau when engaging with multi-sector agencies.

- **Support Services for Mothers and their Pepi: Total 1.0 FTE (0.4 Buller, 0.3 Greymouth, 0.3 Westland)**

The aim of the service is to provide education, support and advice to Māori mothers during pregnancy, following birth, and up until the newborn child is 24 months old. This support service is designed to generate a warm, therapeutic, non-judgemental and culturally appropriate environment.

- **Tamariki Ora Service: Total 2 FTE (0.7 Buller, 0.7 Greymouth, 0.6 Westland)**

Tamariki Ora/Well Child Care services provide enhanced preventative health services, based in the home and in community settings for Māori tamariki at highest risk of not accessing health services. This service provides the whānau with more intensive care and support services to ensure that they understand the value of tamariki ora/well child checks, and to encourage and support them to access these services.

- **Mobile Primary Nursing Services: Total 2 FTE (0.7 Buller, 0.7 Greymouth, 0.6 Westland)**

Mobile nursing services provide health education, screening and monitoring, assessment and nursing diagnosis referrals, primary nursing management of illness within a nursing scope of practice, health care support and follow up, well child care, facilitation of access to services, and advocacy for Māori health gain.

APPENDIX 9

Te Whare ko Whakaruru Hou; West Coast DHB Whānau/ Family House

For many years, the West Coast Māori community and the Māori Women's Welfare League had been advocating for a whānau facility at Grey Base Hospital. A paper prepared by the General Manager Māori Health was presented to senior management and staff and was well supported. The whānau facility proposal was then approved by the West Coast District Health Board members.

In 2002 the project started as a result of consultation with the Māori community on the West Coast District Health Board Strategic Plan. A number of community groups including the two local Runanga, Ngati Waewae and Ngati Mahaki, the Cancer Society and Māori Women's Welfare League all made donations towards fixtures and fittings and household items for the facility.



At 5.30am on Thursday 4 March 2004, a small group of around thirty-five people attended a blessing of the whare by kaumatua from the local host iwi; Ngati Waewae and Ngati Mahaki. Over 200 people then attended the official powhiri later in the day. Speakers for the manuhiri who came from all around the South Island included Te Tau o te Ihu (Nelson Marlborough) and Kaumatua from Canterbury DHB. Several South Island Māori health managers attended along with Māori health workers supporting the kaupapa.

After the powhiri a speech by West Coast DHB Chair highlighted the West Coast DHB's commitment to working with Māori to improve Māori health. A beautiful carving by renowned West Coast carver Tony Manuel from Ngati Porou was unveiled and wonderful kapa haka group performances were given by Westland High School and Cobden Primary School students.

This whānau house is available for up to seven nights to those supporting patients at Grey Base Hospital. The whare is located on the Grey Base Hospital site, built on level ground with easy access to the hospital. The design is simple and straight-forward with wheelchair access to open plan living room plus bedroom. There are two toilet and shower areas, and kitchen and small laundry areas. The open plan design allows families and extended families to sleep on fold down couches and extra mattresses.

The Social Work Department is available to support the whānau during their stay in the house when requested. Assistance is also given to whānau with applications for travel and accommodation costs. The Whānau House is seen as a community within the hospital and whānau are asked to uphold the mana of the Whānau House and care for it with us. The facility and outside areas are Auahi Kore / smokefree, drug and alcohol free and guests are asked to remove shoes before entering the house.

APPENDIX 10

DHB Governance

The governance structure for DHBs is set out in NZPHD Act 2000. The Board consists of up to eleven members and they have overall responsibility for identifying and servicing of the health needs of the West Coast Region. Seven of the members are elected as part of the three yearly local body election process (last held in October 2004) and up to four are appointed by the Minister of Health. The Board can delegate matters to the Chief Executive Officer of our DHB. There are a number of sub committees to the Board and these are made up of Board members, DHB staff and community representatives. Three of these committees are requirements of the NZPHD Act 2000 i.e. they are statutory committees. The Board is required to publish when and where it, or any of its subcommittees, is meeting.

Hospital Advisory Committee (HAC)

The HAC is a statutory committee covering hospitals within our DHB. The HAC monitors the financial and operational performance of the hospitals and assesses strategic issues relating to the provision of hospital services.

Community and Public Health Advisory Committee (CPHAC)

The role of the CPHAC, which is also a statutory committee, is to provide the Board with advice on the health and disability needs of our region's population. The committee reports on anything significant that may affect our population's health and it also advises the board on which issues are most important. The Child, Youth and Health Committee provide advice to CPHAC on areas specific to child and youth health. The CPHAC advises the Board on how services funded and/or provided by the DHB, and the DHB's policies, will impact our population. The Committee also analyses relevant reports and makes recommendations to the Board. The CPHAC makes sure that any advice it provides the Board is consistent with the national strategies and government policy.

Disability Support Advisory Committee (DSAC)

The role of the DSAC, another statutory committee, is to advise the Board about the needs of the people with disabilities in our region and prioritise the use of the money provided for those with a disability. The committee makes sure that the services provided or funded, and the policies adopted, promote the inclusion and participation of people with disabilities in our society, and maximise their independence.

Tatau Pounamu Māori Health Advisory Committee

Tatau Pounamu is the new Māori health advisory committee, which is working with the West Coast DHB concerning DHB Treaty-based relationships.

The West Coast DHB expects that Tatau Pounamu will continue to maintain effective Iwi involvement (both Mana Whenua and Maata Waka) in general service monitoring and evaluation. It will also be an appropriate forum for monitoring progress towards the implementation of He Korowai Oranga and Whakatātaka Tuarua.

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