Whānau Ora Update
for District Health Boards

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MANATŪ HAUORA
MINISTRY OF HEALTH

Waikato DHB backs Whānau Ora

Exciting Whānau Ora innovations in the Waikato are getting strong support from the Waikato District Health Board.

This includes DHB staff leading strategic planning work for the Waikato Whānau Ora Regional Leadership Group (RLG) and a DHB Māori health team member being seconded to help develop the expression of interest from an iwi alliance aiming to be a new Whānau Ora collective.

Waikato DHB general manager for Māori health Ditre Tamatea – also the DHB's representative on the local RLG – sees significant benefits in making a strong, upfront commitment to Whānau Ora.

'For me, Whānau Ora is one of the most important initiatives from a Māori health and Māori/whānau development perspective that we have got at the moment,' he said.

'That's how much I rate it. I am very supportive of Whānau Ora because I see huge opportunities for transformational change for whānau.'

The Waikato RLG is working hard to realise the vision in its 33-page strategic plan – a document with substantial input from the DHB's Māori health team – and associated communications and action plans.

'We want to build strong whānau, so that every mokopuna is born safe and well,' Ditre said.

In the first wave of Whānau Ora provider development, the National Urban Māori Authority and Waikato-Tainui Te Ope Koiora were selected as Whānau Ora collectives.

When a Raukawa-Maniapoto alliance was formed to establish a new collective in the second Whānau Ora provider development wave, Ditre offered the services of one of his staff to help the alliance develop its expression of interest (EOI).

Waikato DHB Māori health team members.

Back row: Manaaki Nepia (service development manager), Kingi Turner (pouherenga), Justine Solomon (personal assistant) and Jade Chase (service development manager).

Front row: Natania Katene (workforce development coordinator) Ditre Tamatea (general manager Māori health), and Rawiri Blundell (inequalities project manager).

Crucial to this process was a high level of trust and good relationships.

'It has been driven entirely by iwi and providers, with the focus being on whānau, and has been very successful,' Ditre said.

'It has enabled the DHB to support the process and it has been a privilege to be able to do this. Our staff get just as much back, in terms of learning and growth. Iwi have indicated that it has been of real value.'

A similar offer has been made to Hauraki iwi.

To eliminate any perceived conflict of interest, Ditre excused himself from RLG deliberations on Raukawa-Maniapoto's EOI.

The RLG recently moved into a new strategic phase by forming a Whānau Ora network with collectives and senior Māori managers in government departments to look at how Whānau Ora can be further progressed in the Waikato region.

There are 10 RLGs in the country. Their role is to provide regional strategic leadership to ensure whānau-centred initiatives contribute in positive and realistic ways to local communities. Waikato RLG members are: Harry Mikaere (co-chair); Tania Hodges (co-chair); Denise Messiter; Aroha Terry; Piritata Kirkwood; Te Rehia Papesch (Ministry of Social Development); Gail Campbell (Te Puni Kōkiri); Ditre Tamatea (Waikato District Health Board).

Governance Group makes business case recommendations

Last month the Whānau Ora Governance Group made a number of decisions about eight business cases submitted by Whānau Ora collectives.

These were Kotahitanga, National Urban Māori Authority, the Pacific Island Safety and Prevention Project, Alliance Health+ PHO, Waikato-Tainui Te Ope Koiora, Te Whare Maire o Tapuwae, Te Ao Hou Whānau Ora Network, and Te Oranganui Iwi Health Authority PHO.

DHBs took part in these business case assessments in September.

Governance Group decisions include recommending that Te Puni Kōkiri (TPK) funds an investment package for each of the eight collectives. This funding – from the TPK-managed Whānau Ora appropriations – would focus on building collectives' capacity and capability to help them achieve Whānau Ora objectives and improve the lives of whānau.

TPK and the eight collectives will begin a negotiation and contracting phase, based on the Governance Group's decisions.

During the past month the Ministry of Health has been working with relevant DHBs to assess 10 further Whānau Ora collective business cases.

They are for Ngāti Whātua o Ōrākei Māori Trust Board, Hā o Te Ora o Wharekauri Trust, Pacific Care Trust, Te Arawa Collective & Tipu Ora, He Waka Kotuia Araiteuru, Hawke's Bay Hauora, Ngā Mataapuna Oranga Kaupapa Māori PHO, Te Hau Āwhiowhio o Otangarei, Te Pū o Te Wheke Ngāpuhi and Te Tai Tokerau.

It is expected that these new business cases will be considered by the Governance Group on 24 November.

Te Kete Hauora Deputy Director-General Teresa Wall regards DHB input into the Whānau Ora assessment processes as vital to ensure a strong health and disability sector perspective.

'Successful collaboration at all levels is critical to the implementation of Whānau Ora, and this intensive work requires resources, leadership and time,' she said.

'I want to acknowledge and thank DHB staff for the commitment, expertise and energy they have brought to the ongoing assessments processes. It is very much appreciated.'

A group of collectives are at various stages of finalising programmes of action and business cases. It is anticipated that the Governance Group will consider some of these at their December meeting.

Information systems planning

DHB technology requirements need to be reflected in Information System Strategic Plans (ISSPs) being put together by Whānau Ora collectives.

A total of 19 collectives have indicated they will submit an ISSP to Te Puni Kōkiri describing how they will invest in information systems to support improved service delivery.

Before they can complete the ISSP, collectives need input from their funders. This is to ensure funders' information requirements – especially those needed to measure how well collectives achieve Whānau Ora outcomes – are captured in the plan.

The ISSP will inform future information technology investment.

In May this year workshops were held by Te Puni Kōkiri and the Ministry of Health in Auckland, Rotorua and Wellington to explain ISSP requirements to collectives.

The Ministry later held further one-on-one sessions with collectives interested in extra ISSP guidance.

In brief

Annual plan guidance

Whānau Ora has been identified as a service priority area in Ministry of Health advice to DHBs on what to include in their 2012/13 annual plans.

The 2012/13 Annual Plan Guidance working draft was sent to DHBs for feedback in late October.

The National Health Board, which is leading the Annual Plan Guidance work, is aiming to release the final document to DHBs by mid-November.

DHBs will have until March next year to draft their annual plans and submit them to the National Health Board for assessment. ◆

Integrated contracts

The Ministry of Social Development (MSD) this month met with representatives from the Northland, Auckland and Counties Manukau DHBs to talk about the integrated contracts process.

Talks with Hawke's Bay DHB are scheduled next week. MSD expects to visit West Coast DHB in December.

MSD continues to work on its integrated contracts programme with Whānau Ora providers and funders. ◆