

**TO** Community and Public Health and  
Disability Support Advisory Committee



**FROM** Ngawai Henare, Chief Advisor Māori  
Health

**DATE** 20 June 2011

**SUBJECT WHĀNAU ORA  
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**1. Introduction**

This paper is presented by way of background and as a discussion document to inform the Taranaki DHB's approach to implementing Whānau Ora locally.

**2. Background - Policy**

2.1. In 2002 the government under joint ministerial leadership of Hon Annette King, and Hon Tariana Turia, released He Korowai Oranga, the national Māori Health Strategy. The overall aim of He Korowai Oranga is Whānau ora: Māori families supported to achieve their maximum health and wellbeing.

2.2. In April 2010 the "Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives" commissioned by Hon Tariana Turia, Minister responsible for Whānau ora, was released. The Taskforce was asked to construct an evidence-based framework that would lead to:<sup>1</sup>

- Strengthened whānau capabilities
- An integrated approach to whānau wellbeing
- Collaborative relationships between state agencies in relation to whānau services
- Relationships between government and community agencies that are broader than contractual
- Improved cost-effectiveness and value for money.

The report identifies six 'Whānau Outcome Goals' as indicators of successful whānau-centred initiatives. The goals will be met when whānau are:

- Self-managing
- Living healthy lifestyles
- Participating fully in society
- Confidently participating in te ao Māori / the Māori world
- Economically secure and successfully involved in wealth creation
- Cohesive, resilient and nurturing.

Collectively the goals make up the agenda for whānau-centred interventions.<sup>2</sup> This is the approach referred to as the TPK-led Whānau Ora model. Attached as Appendix A is a Fact Sheet published jointly by TPK, MSD and MOH to describe this initiative.

2.3. *Better, Sooner, More Convenient* (BSMC) Primary Health Care is the Government's health sector initiative to deliver a more personalised primary health care system. Primary health care has an important part to play in helping reduce acute demand pressure on hospitals by better managing

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<sup>1</sup> Whānau Ora: Report of the Taskforce on Whānau-centred Initiatives", pg 6

<sup>2</sup> Whānau Ora: Report of the Taskforce on Whānau-centred Initiatives", pg 7

chronic conditions and proactively supporting high need populations. Integrated Family Health Centres and Whānau Ora Centres are important components of these developments. For the purposes of BSMC Taranaki is part of the Midlands Region which also incorporates Waikato, Bay of Plenty, Lakes, Tairāwhiti.

2.4. Te Kawau Maro (TKM), Taranaki Māori Health Strategy adopted formally in February 2010 uses the wellness model “Te Pae Mahutonga” to describe whānau ora which is its aspirational goal. The aims of Te Pae Mahutonga closely align with the whānau outcome goals described by the Whānau ora Taskforce (para 2.2 above), and include these concepts:

- Mauri Ora - Access to te ao Māori
- Toiora - Healthy lifestyles
- Te Oranga - Participation in society
- Waiora - Environmental protection
- Nga Manukura – Leadership, and
- Mana Whakahaere - Autonomy

TKM has three strategic priorities – 1) improving access, 2) building capacity and 3) improving mainstream services, which are applied in their broadest sense. These are supported by enabling priorities – developing strategic relationships and monitoring performance. Together these priorities are the means to achieving the whānau ora outcome goals for the Taranaki population, over 25 years.

2.5. *The Community Response Forum* (CRF) is a model which Minister of Social Development Hon Paula Bennett has in place to review the delivery of critical social services across the country. Though the CRF is outside the gambit of whānau ora, the users of critical social services are typically the same whānau / users of health services who have high and complex needs.

### 3. Background – Implementing Whānau ora

3.1. In 2009 the MOH called for Expressions of Interest for delivery of “Better, Sooner, More Convenient” primary health care. Two business cases cover Taranaki:

<b>BSMC PHO</b>	<b>Local PHO</b>	<b>Providers</b>
Midlands Regional Health Network	<ul style="list-style-type: none"> <li>• Formerly Hauora Taranaki PHO</li> <li>• Formerly Peak Health PHO</li> </ul>	<ul style="list-style-type: none"> <li>• Numerous GP clinics</li> <li>• Tui Ora and its affiliated providers</li> </ul>
National Coalition	Te Tihi Hauora PHO	<ul style="list-style-type: none"> <li>• Te Atiawa Medical services Trust</li> <li>• Ngati Ruanui Tahua</li> </ul>

3.2. The Midlands Regional Health Network business case covers 95% of the Taranaki Māori population while the National Hauora Coalition covers the remaining 5%. Both business cases include Whānau Ora Centres, Tui Ora based at the Maru Wehi site in New Plymouth and Te Tihi/NHC based around the services of Ngati Ruanui in Hawera / South Taranaki. Integrated Family Health Centres are a feature of the Midlands Network business case.

- 3.3. In September 2009 Te Ao Auahatanga Hauora Māori: Māori Health Innovations Fund was launched by MOH. The overall goal of the Fund is to advance whānau ora by affirming Māori approaches that improve Māori health outcomes. Tui Ora Ltd was successful with its project to, over three years, research and develop a Whānau Ora model of care.
- 3.4. In April 2010 under the TDHB Te Haumi - Māori Health Investment plan local providers were invited to submit proposals to implement innovative whānau ora focused services. More Kaiawhina / service navigation positions were established as a result of this RFP under Tui Ora and Ngati Ruanui, as was a regional Cancer navigation and support service under Tui Ora. The Fund also implemented significant Māori workforce development activity and up-graded the IT capacity of Māori providers to bring them to a common operating platform for improved collaboration and infrastructure support. A small minority of providers chose not to take up this opportunity.
- 3.5. In June 2010 Te Puni Kokiri (TPK) as lead agency on behalf of the TPK, MOH and MSD sought Expressions of Interest from providers/provider collectives to develop and deliver whānau-centred services following the release of the Taskforce's report. 25 providers / provider collectives around the country have been selected to do this. Tui Ora Ltd and Tu Tama Wahine were separate proposers, but asked to work jointly as a provider collective. This partnership is the only current Whānau ora provider in Taranaki under the TPK-led approach.
- 3.6. In July 2010 the Minister responsible for Whānau ora Hon Tariana Turia appointed 10 Regional Leadership Groups (RLG's) based on TPK regions. Made up of TPK, MSD, DHB and community representatives, the role of the RLG's is to provide recommendations to the National Whānau Ora Governance Group on the selection of Whānau Ora service providers and the development and implementation of programmes and initiatives. Taranaki is within the Tai Hauauru RLG region which covers the western side of the lower North Island, from the Mohakatino River in the north to the Manawatū River in the south. The role of health in this initiative is to ensure the nominated whānau ora provider is fit for purpose, that areas of informed consent and privacy are covered, will have a funder role in relation to health sector funding, ensure integrated delivery of services is supported and that clinical considerations are met.
- 3.7. In September 2010 the Minister of Social Development set up 14 regional Community Response Forums to align with 14 MSD regions. The panels include MSD, TPK, DHB and community representatives. The MSD region of which Taranaki is part covers the area from Otorohanga in the north to Ruapehu in the east and Rangitikei in the south.

#### **4. Midlands Region Developments**

- 4.1. The Midland Iwi Relationship Board and Midland GM's Māori have proposed the adoption of certain principles to underpin whānau ora implementation across the region. These principles have been supported by TWPk with some modification to ensure local decisions are made locally. The principles proposed include:
  - a. An over-arching acknowledgement that what's good for Māori, is good for all;
  - b. Adoption of the whānau ora principles and outcomes goals described in the Whānau ora Taskforce report;

- c. Building on the gains of Māori development by protecting and growing Māori health investment and building Māori capacity and capability across the board;
- d. Acknowledging and supporting collaboration at all levels
- e. Reducing Māori health inequalities as a key priority
- f. Acknowledging the tikanga of each iwi within the region.

## 5. **Taranaki Leadership Forum**

- 5.1. Between June 2010 and February 2011 TWPK convened five open meetings for government agencies, providers, iwi and whānau to discuss what whānau ora means for Taranaki. The initial meeting was called in response to the Taskforce's report and the proposal to appoint regional RLG's. It was felt that the RLG would require support to better understand and respond to the needs of the Taranaki community given the geographic coverage of Te Taihauauru region and the limited representation on the RLG.
- 5.2. The outcome of the series of hui was agreement on Taranaki Whānau ora Strategy Principles at Appendix B. Note the intention to establish a Taranaki Leadership Forum (TLF) to inform local, regional and national whānau ora strategy development and implementation by government agencies. This would include initiatives of MOH, MSD, TPK, MOE, Justice, DIA, Housing NZ, and others.
- 5.3. Arising from the latest agreements on setting up a TLF, Taranaki iwi will need to consider the on-going role of TWPK as the iwi representative voice alongside the TDHB in relation to Māori health. As the intended role and make-up of the TLF across multiple departments follows the purposes of the TWPK / TDHB relationship it may be that TWPK's role is extended to incorporate Whānau ora across the multiple agencies. Alternatively TWPK could be superseded by a reshaped iwi-representative group.
- 5.4. Te Taihauauru RLG has contributed to the discussions about this initiative and expressed support of it to the extent of anticipating the TLF to supercede the RLG arrangement in years to come, perhaps as early as the end of the current RLG term.
- 5.5. The next step on this initiative is for TWPK to brief the various iwi boards on the final recommendations developed and to seek the formal support of iwi to implement the establishment of the TLF.

## 6. **Current Projects Status**

- 6.1. TDHB has a number of major projects in the pipeline which contribute to the results expected of the whānau ora framework described in 2.2 above. These include (not exhaustive):
  - a. The National Hauora Coalition BSMC business case has achieved the support of the local providers to move to a single integrated contract of all non-PHO contracts. The impact of this will be to create maximum scope for innovation and cost-effectiveness in delivery of services to high needs populations. In the meantime the RFP to integrate Māori health service contracts under a single provider have overtaken the developments initiated with the NHC;
  - b. The RFP for a single Māori health provider and integration of contracts under a results or outcomes-based accountability (RBA) framework is

significant. The anticipated benefits are of capacity building, broadening the scope for service innovation, and economies of scale to support high service performance built around the needs of whanau;

- c. Increasing investment in Maori health services is reflected in the current RFP pricing. The increase is required to support current innovation in the Maori sector while also increasing the scope for new innovation to occur;
- d. TDHB Māori Health Plan and Annual Plan 2011-12 incorporates support of whānau ora centre developments and RBA contracting. These planning documents contain Māori health priority indicators of performance that will be monitored to track progress in reducing Māori health inequalities over time, an approach that has been standardised nationally for the first time for the 2011-12 year. Discussed and agreed in principle with PHO's and representatives of the Māori sector, the approach heralds a new style of engagement with the sector to plan and implement changes to improve Māori health. All PHO's and providers in the sector will henceforth, be required to develop and submit plans of action to specifically address the Māori health priorities established under TDHB's Māori health plan. While it may appear that the plan does too little and is inadequately resourced, in fact the value of being able to leverage the Māori and mainstream sector to explicitly plan to address Māori health and be held accountable for delivery against it, can not be overstated;
- e. Project Splice aims to improve access to a wide range of services by the elderly and those with chronic conditions by shifting as much as possible to a community base and by strengthening provider networks. The philosophy behind the project aligns with the whānau ora concept of services configured around the needs of patients though stops short of shifting management of the services, or the infrastructure behind them, to the same community base. In the short to medium term these will continue to be managed by the TDHB provider arm;
- f. Whakatipuranga Rima Rau takes a whole-of-life approach to Māori health and disability workforce development and involves a number of innovative approaches to support Māori into health careers. It recognises the importance of whanau being on a positive learning journey towards employment, not just in health, and is attempting to connect with other industry opportunities to be able to refer those that have non-health aspirations. It places high emphasis on supporting students from an early age, in an education system which to date has generated significant and disproportionate Māori educational under-achievement. The approach not only aims to increase the Māori health and disability workforce but has a more holistic philosophy which is wholly consistent with whānau ora;
- g. Oranga Kai, Oranga Pumau (Healthy Eating, Health Action) is a multi-agency approach to supporting Māori and community capacity building to live healthy lifestyles and reduce obesity. Significant projects within this strategy have been implemented or are in progress to build community awareness, capacity and capability. The Community Action Fund is in particular a key support to get communities at grass roots engaged to make the required lifestyle changes;

- h. The Family Violence Intervention and Prevention project brings a wide range of Government and NGO stakeholders together to discuss and agree family violence interventions and referral protocols for people who present to hospital services. The network is a powerful vehicle for multiple stakeholders to identify and develop solutions to address whanau violence;
  - i. The Kaiawhina Project is a significant community development project which places support for whanau to navigate their way through a multitude of services, in communities with high needs. The support needed may range from transport assistance to advocacy at doctors appointments to getting budgetary advice to helping with child-minding or elder-minding to enable attendance at appointments, or a multitude of other conditions that act as barriers to whanau accessing timely health care. The role involves supporting whanau to access services and supporting them on a journey to being able to self-manage. Kaiawhina are key 'whānau ora' resources in our communities;
  - j. The Child and Adolescent Mental Health services review has resulted in major changes to the way services are delivered primarily through strengthened relationships across TDHB and NGO services. Consequently services have been reconfigured to varying degrees to be able to respond better, sooner to the needs of tangata Whaiora and their whanau and families. A similar exercise is being undertaken across the Adult Mental Health services continuum.
- 6.2. In addition to the initiatives that are managed out of the TDHB, a range of other projects and services are funded and delivered to the same communities. An indicative schedule of these is at Appendix D. The list, compiled from a desktop and departmental website search is by no means exhaustive, but is indicative of the range of services that are being delivered to Taranaki communities. Many questions arise from this e.g. what is the extent of duplication, could we be more strategic in the building of service capacity and capability, what is the extent to which economies of scale can be achieved. The whānau ora space seeks to bring coherence to the wide range of services available, and to have them delivered in a way that empowers whanau to become self-reliant in identifying and addressing their own needs.

## **7. Advancing the Whānau ora Strategy**

- 7.1. A well coordinated approach is needed to enable the required transformation of systems and services within the health sector initially and then across other sectors. A three-pronged approach is recommended:
- i. Engaging an inter-sectoral funding regime that strategically builds a highly responsive, coordinated and cost-effective whanau support network. The network would have increased capacity to also be able to better support the delivery of mainstream services, and
  - ii. Improved intra and inter-sectoral provider collaboration to underpin seamlessness of services and to ensure whanau do not fall through gaps, and
  - iii. Building provider capacity and capability to be outstanding and innovative service delivers wholly focused on the needs of whanau and committed to the vision of whanau being self-managing.

- 7.2. In practical terms there are two key service providers that are able to fulfil the full scope of whānau ora imperatives i.e. the TPK Whānau ora provider collective of Tui Ora / Tu Tama Wahine, and the National Hauora Coalition. TDHB is well down the track of supporting the implementation of their respective BSMC business cases.
- 7.3. To support the implementation of whanau ora we need to ensure there is alignment between the various programmes and new models of care being developed. The following issues need to be considered:
- a. The TPK-led whānau ora provider model envisages MSD, DHB and TPK service contracts held by the chosen providers being integrated into a single outcomes-based contract. TDHB needs to consider the impact on this intention, of integrating all Māori health service contracts into a single provider contract;
  - b. The impact of Project Splice on whanau ora service integration needs to be considered. The intention of Project Splice is to coordinate services from GP clinic-based service hubs. This needs to be considered in the context of whanau ora and whether that model would continue to isolate some of our most vulnerable populations. The inclusion of delivery of Project Splice from Whānau ora centres makes good sense in the scheme of things;
  - c. TDHB's funding and contracting approach across both funder and provider need to assure consistency in building Maori capacity to support the whanau ora approach. Where services are required to focus on high needs communities the preferred provider of those services is soon to be determined by the outcome of the current RFP. TDHB would need to incorporate the delivery of future services into the outcomes-based contracting framework, thereby progressively widening the scope for provider innovation to meet the needs and wants of whanau.
  - d. Some service contracts are held between the MOH and providers directly, e.g. public health contracts such as breast screening education and awareness. On-going discussions with MOH would want to bring about closer alignment of MOH contracting with the TDHB whanau ora approach.
- 7.4. There has been very little engagement by Te Tai Hauauru RLG with TDHB in relation to the Tui Ora / Tu Tama Wahine provider Program of Action. The RLG community representative Will Edwards is supporting the development of the provider relationship through facilitation of meetings between them. I am informed by the local TPK office that the parties are some distance from being able to discuss the contracting arrangements.
- 7.5. RLG's are focused on the TPK Whanau Ora initiative. To date they have not become involved in other developments of TDHB. Where DHB's have representatives on RLG's the scope for strategic alignment is naturally better.
- 7.6. The Community Response Forum for Taranaki / Whanganui (of which I am part) has identified the need to meet with the RLG and other funder agencies to attempt to establish the extent of cross-over on provider, services and/or strategic approach to addressing the needs of communities. This promises to be an interesting and enlightening discussion.

## 8. **Summary**

- 8.1. The appendices attached illustrate the complex set of considerations involved in the whānau ora environment. They include:
- a. Appendix A – TPK – Whānau ora model fact sheet
  - b. Appendix B – Draft Strategy Principles, role and make-up of the proposed Taranaki Leadership Group on whānau ora
  - c. Appendix C – A diagram representing the Whānau ora System
  - d. Appendix D – An indicative schedule of national, regional and local initiatives funded and/or carried out by various government agencies in the Taranaki region
  - e. Appendix E – Whānau ora Funder and Service Integration diagram
  - f. Appendix F – How Could It Work For Whanau?
  - g. Appendix G – Map showing the boundary cross-overs of Midlands DHB, Taranaki / King Country / Whanganui MSD and Te Tai Hauauru TPK regions
- 8.2. This paper is referred for discussion.

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