Tenā tātou katoa

Kia ora tātou – in this issue we take a closer look at integrated contracting with Hutt Valley DHB, and profile some of the joint Whānau Ora work underway in the Wairarapa between the Whānau Ora collective and the local DHB.

It’s been great hearing some of your stories – we’re really keen to keep profiling what is happening and how different regions and communities approach Whānau Ora together.

If you have a story you think we could follow up on, drop us a line at whanauora@moh.govt.nz.

Whānau Ora Commissioning Agency Updates

Two of the three Whānau Ora commissioning agencies were confirmed earlier this last month in announcements by Tariana Turia, Minister for Whānau Ora.

On March 7 it was announced that the Pasifika Medical Association has been selected as the agency that will operate on behalf of Pacific communities. The commissioning agency they are establishing as a result will be known Pasifika Futures.

Following this announcement, on March 13, the Minister also announced that Te Putahitanga o Te Waipounamu had been confirmed as the Whānau Ora Commissioning Agency for the South Island.

Finally, it was announced last night that Te Pou Matakanak – a new agency birthed from the National Urban Māori Authority – will serve as the North Island Commissioning Agency.

Full details are available in the Minister’s press releases visit: http://www.beehive.govt.nz/portfolio/wh%C4%81nau-ora. We will keep you up to date with further details once the Commissioning Agency for the North Island is confirmed.

Integrated contracts: a closer look with Hutt Valley DHB

Hutt Valley DHB has been putting integrated contracts in place for several years now. The integrated contract they have with Te Runanganui o Taranaki Whanui (for their Tamaiti Whangai – Supporting Hauora programme) is approaching its four year anniversary and they have two further integrated contracts currently being agreed – one with Kōkiri Marae in Seaview, Lower Hutt; and another with the Whaiora Whanui Trust in the Wairarapa.
We spoke with Nicholette Pomana, Population Health Manager for Hutt Valley DHB, about the approach to integrated contracts and what this has meant for the existing contract with Tamaiti Whangai.

“Integrated contracts assume a high-trust, high-relationship approach with a lead provider and at least two or more funders. They depend on a close working relationship across all of those involved to achieve the desired outcomes— it’s more than just a set of transactions or words in a contract document,” Nicholette explains.

“I think Māori health providers have always had a preference to work in this joint way when it comes to contracting. These agreements are the fore-runners now for setting the scene for other parts of the government sector to operate in the same way.”

The contract for Tamaiti Whangai is a perfect example of what Nicholette is describing. It’s been running almost four years now in a flexible funding arrangement, with a number of other funders who have come in and out of the agreement but Hutt Valley DHB, Te Punī Kōkiri, Hutt City Council and WelTec are the consistent funding partners involved.

Nicholette explains: “Tamaiti refers to the child obviously, and whangai speaks to the shared responsibility we all have to care for the children in our community. This programme in particular concentrates on pre-teen, Rangatahi and young adult age groups. This seemed the ideal place to start working in an integrated contracting approach.”

“Tamariki Ora and Whanau Ora are also services Te Runanganui delivers, both of which align and compliment the Tamaiti Whangai programme. A number of the younger people within the programme are themselves parents. So WellChild Checks, parenting support etc are relevant health outcomes and priorities too - this is as much about integrating services as it is about integrating funding,” Nicholette adds.

Ultimately the objective of Tamaiti Whangai is to help prepare these young people to be confident, capable and responsible adults by working with them to undertake a vocational pathway in a trade of some sort predominantly at the local WelTec institute based locally in Petone, Lower Hutt and Wellington city. Many of the students have left school with minimal educational achievements and would typically be classified as unskilled. The Tamaiti Whangai programme is run by the Runanga (Te Runanganui o Taranaki Whanui), with the programmes being delivered onsite at the WELTEC campus.

“We see the short-term benefits and outcomes or results every time we meet to jointly review the service. But it is always great to be able to see the longer-term gains made by the programme too. The past 3-years has seen graduates from the programme complete trade qualifications, and go on to be part of bigger projects such as the rebuild for Christchurch where numbers of graduates were involved with building some of the transportable units built here in Petone, and shipped down to Christchurch.”

Last week Te Runanga – the Tamaiti Whangai programme, WELTEC, Whirireia, whanau and friends celebrated gathered at Waiwhetu Marae, Lower Hutt, to celebrated the launch of the ‘Passport to Work’ for the Māori and Pasifika Trade Training scheme with the Minister for Whānau Ora, Tariana Turia, and the Minister of Pacific Island Affairs, Peseta Sam Lotu-Lig.

Part of the day’s celebration also saw Mrs Turia and Whaea Hina Luke lead the turning of the soil for the building of the Kokiri Unit that sits alongside the Tamariki Ora whare, behind the Waiwhetu Medical Centre.
Whānau Ora Update No. 21 – March 2014

This Kokiri Unit will continue to support training and education activities for the communities of Waiwhetu and the Hutt Valley. It will house a range of health activities, initiatives and services such as Rongoa – Mirimiri, Ante-natal, midwifery and Breastfeeding Lactation services, as well as screening programmes through Mana Wahine, and a range of health promotion and education activities.

Nicholette explained that the ‘passport’ programme also includes health and wellbeing checks, which get stamped as the students link with various health interventions, education and activities as they continue along their training pathways.

More information about the programme and the scholarships is available on the Weltec site: [http://www.weltec.ac.nz](http://www.weltec.ac.nz).

“All of this in itself is worth celebrating, but there’s a further link,” Nicholette explains. “The Maori and Pasifika Trade Training trainees will themselves be directly involved in helping build, develop, decorate, landscape, paint, plumb, and wire the Kokiri whare. That’s connecting local young people to not only their own pathway destiny but also being part of a legacy for future generations. That’s a sustainable health outcome for all involved,” Nicholette adds.

It’s a fantastic example and you can read our full interview with Nicholette in the next issue of Ngā Korero (published during April).

In the meantime, you can at the MSD website: [http://www.msd.govt.nz](http://www.msd.govt.nz) (search for ‘Funding for Outcomes’).

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**Whānau Ora going strong in the Wairarapa**

We spoke with Stephanie Turner, Director Māori Health for Wairarapa DHB for a closer look at how the DHB is working with the Whānau Ora Wairarapa Collective to achieve outcomes for their community.

In the Wairarapa, the collective is made up of both iwi (Ngati Kahungunu ki Wairarapa and Rangitāne o Wairarapa) and the two Māori health providers (Whaiora and HauOra). It’s quite a unique situation having all the region’s iwi and Māori health providers captured together within a single Whānau Ora collective and it offers some unique advantages.

“It’s really cool from our perspective – they’re the only iwi and the only Māori providers in the region and with a single collective it means we can form a really united understanding of the needs of our community and how we can support each other to really make a difference,” explains Stephanie.
“These guys already have a history of being active in the community – each of the providers already run all sorts of other stuff in their own individual capacity as well. The collective brings all that depth together so we can really co-ordinate the support and services we offer.”

“As an example, Hauora have existing experience with Alcohol and Drug support and some really innovative services and training for tangata whaiora. Whaiora specialize in primary care – running a low cost general practice and a whole range of other services that support our whānau in the community like Tamariki Ora, Aukati Kaipaia (smoking cessation), mana wahine (screening), outreach immunisation and more,” Stephanie adds.

“All of these things were already happening outside of the Whānau Ora collective forming. It’s great for whānau because of the continuity and relationships that are already in place. No one’s starting from scratch here.”

In terms of forming the close working relationship with the collective, it’s been built around very mutual exchanges of what Stephanie calls ‘in-kind’ support.

“It was a little different that our usual interaction with providers because we’re not the direct funder,” Stephanie explains. “The Whānau Ora collective process is led by Te Puni Kōkiri. This meant that our relationship has been built on our common aims and aspirations in terms of the health outcomes we’re trying to support for the Wairarapa community.”

“So with that in mind, we began providing in-kind support – sharing skills, resources and opportunities that help each other with these goals. We frequently invite the collective to join relevant training and development workshops or courses we have. We also share the various best practice examples and information we receive as well. In turn, they’ve involved us heavily in their recruitment processes – we’ve been on all of the interview panels for each of the key positions they’ve appointed. It’s a supportive partnership,” says Stephanie.

Stephanie has also made sure that this commitment to supporting the development of the collective is captured in the DHB’s Annual Plan and Māori Health Plan as well.

“If there’s anything important happening we keep each other in touch and ensure everyone is invited and involved – a bit of whakawhanaungatanga goes a long way,” Stephanie emphasises.

As Stephanie points out, one of the advantages of the Wairarapa is that it’s small enough for health services and providers to have quite developed, robust relationships with each other. In terms of forming relationships with a newly formed collective, it made things a lot easier as everyone already new each other’s history, background and services in the community.

As Stephanie explains, “Each of the individuals within the collective - the iwi and the providers - already had a track record of contributing their knowledge and skill in the community.”

“From our perspective as a DHB, it’s really exciting. The Whānau Ora Wairarapa Collective has done a whole lot of planning and work to develop a collective structure, approach and programme of action. As a newly formed collective, what they have done is pretty impressive. They have come together as four completely autonomous organisations to develop and progress a shared vision. We’re really excited by the plan of action they’ve developed - our role is just to support that and give them the space to operate,” Stephanie adds.

When asked what advice she’d offer to DHBs in other regions looking to cement a close working relationship with their collectives, Stephanie offered the following thoughts:

“It all comes back to the basics of whakawhanaungatanga – it’s not just the work of the collective; it’s all about the relationships you have for your community. It takes focus and a bit of effort – you’ve got to invest in developing and maintaining them. But it really pays off for everyone – especially the service users who
receive a much more integrated, client-centred service as a result,” explains Stephanie.

“It’s a balancing act. We need to ensure our work in the community is aligned together and provide confidence that we are achieving the outcomes we are all funded for. Equally, the collectives have developed their own ideology and practice and we need to allow the space for that to flourish. Provide access to collegial support and training and make sure people know that’s available, but you’ve also got to respect each other’s expertise.”

“I’m really pleased with the way the collective has come together and the people they have recruited - we’ve got an injection of new skills and knowledge in the community. Some of their recruitment processes and approach were really innovative,” Stephanie adds.

“It feels like we’ve gained incredible wealth as a resource for our whole community.”

Call for Volunteer Nominations

Nominations open soon for the 2014 Minister of Health Volunteer Awards which recognise individuals and teams of volunteers who demonstrate outstanding dedication and commitment to health services in New Zealand.

Do you know someone who deserves to be recognised?

Find out more at: www.volunteerawards.health.govt.nz

2014-2015 Annual Plans

Whānau Ora has been in the DHB Annual Plans for two years and continues to be a government priority in 2014/15.

DHB annual plans are expected to demonstrate how DHBs will support and actively engage with local Te Puni Kōkiri-led Whānau Ora provider collectives, and assist providers towards continuing to develop and mature in the quality and delivery of their services.

This will include a summary how the DHB will:
• Contribute to the strategic change for Whānau Ora in the district
• Contribute information about Whānau Ora within the district (and nationally) at appropriate forums
• Invest in provider collectives through deliberate activities
• Involve the DHB’s governors and management in the Whānau Ora activity in the district
• Demonstrate meaningful activity moving towards improved service delivery and building mature providers.

The Ministry will be assessing all DHB’s planned activities to support Whānau Ora over the coming weeks and the 2014/15 DHB Annual Plans will be confirmed in June 2014.