# TATAU POUNAMU

## Ki Te Tai o Poutini

## MANAWHENUA ADVISORY GROUP

## 23 August 2012

## Agenda and Meeting Papers

**ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE**

# TATAU POUNAMU MANAWHENUA ADVISORY COMMITTEE AGENDA

**TATAU POUNAMU ADVISORY GROUP MEETING**
**To be held in the Boardroom, Corporate Office, West Coast DHB**
**Thursday 23 August 2012 commencing at 3.30pm**

| | | | |
|---|---|---|---|
| **KARAKIA** | | | **3.30pm** |
| **ADMINISTRATION** | | | **3.35pm** |
| | **Apologies** | | |
| 1. | **Interest Register**<br>Update Interest Register and Declaration of Interest on items to be covered during the meeting. | | |
| 2. | **Confirmation of the Minutes of the Previous Meeting**<br>11 July 2012 | | |
| 3. | **Carried Forward/Action List Items** | | |
| **REPORTS** | | | **3.45pm** |
| 4. | **Chair's Update - Oral Report**<br>- Correspondence List | Ben Hutana<br>Chair | 3.45 – 3.50pm |
| 5. | **Maori Disability Action Plan and Marae Access Guide** | Roger Jolley<br>Senior Advisor<br>National Health Board<br>Ministry of Health | 3.50 – 4.15 pm |
| 6. | **Update on Rata Te Awhina Trust** | Michael O'Dea | 4.15 -4.45.pm |
| 7. | **Maori Health Planning and Review of Services by Neil Woodhams and Associates**<br>**Overview - Oral Report** | General Manager Maori Health | 4.45 – 4.50pm |
| 8. | **Update on Maori Health Plan 2012 – 13**<br>**Oral Report** | General Manager Maori Health | 4.50 – 4.55pm |
| 9. | **Maori Health Report** | General Manager Maori Health | 4.55 – 5.00pm |
| 10. | **HEHA Smokefree Report** | General Manager Maori Health | 5.00 – 5.05pm |
| 11. | **Selection of member for SLA Governance**<br>**Oral Report** | | 5.05 – 5.10pm |
| | **General Business** | Chair | 5.10-5.15pm |
| | **Workshop Planning** | Chair | |
| 12 | **Resolution to Exclude the Public** | Chair | 5.15 - 5.20pm |
| 13 | **Public Excluded Minutes of the Tatau Pounamu meeting 11 July 2012** | Chair | 5.20 – 5.25pm |
| **Information Items** | | | |
| Tatau Pounamu meeting schedule for 2012<br>List of Chaplains | | | |
| **ESTIMATED FINISH TIME** | | | **5.30pm** |
| **NEXT MEETING** | | | |
| Wednesday 10 October 2012, Office of Te Runanga O Makaawhio, 56 Brittan Street, Hokitika | | | 10.00 am |

# TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

| Member | Disclosure of Interest |
|---|---|
| Ben Hutana (Chair)<br>Te Runanga O Ngati Waewae | ▪ Member, Westland REAP Board<br>▪ Member, Rata Te Awhina Trust Board<br>▪ Department of Conservation Roopu – Kaitiaki Roopu<br>▪ Alternate for Te Runanga O Ngai Tahu |
| Richard Wallace<br>Te Runanga O Makaawhio | ▪ Upoko Te Runanga O Makaawhio<br>▪ Trustee, Kati Mahaki ki Makaawhio Limited<br>▪ Honorary Member, Maori Womens Welfare League<br>▪ Kaumatua Te Runanga O Aotearoa NZNO<br>▪ Employee West Coast District Health Board, Maori Mental Health<br>▪ Wife is employee of West Coast District Health Board<br>▪ Trustee, West Coast Primary Health Organisation Board of Trustees<br>▪ Daughter is a board member on West Coast and Canterbury District Health Boards<br>▪ Kaumatua, West Coast District Health Board<br>▪ Kaumatua Advisor for Iwi and Maori Multi Employment Collective Agreement<br>▪ Kaumatua, Health Promotion Forum Aotearoa<br>▪ Member Maori Reference Group New Zealand<br>▪ Member of Asthma Foundation |
| Marie Mahuika-Forsyth<br>Te Runanga O Makaawhio | ▪ Member, Combined Community Public Health Advisory Committee (CPHAC) / Disability Support Advisory Committee (DSAC)<br>▪ Executive Member Te Runanga O Makaawhio |
| Francois Tumahai<br>Te Runanga O Ngati Waewae | ▪ Chair, Te Runanga o Ngati Waewae<br>▪ Director/Manager Poutini Environmental<br>▪ Director, Arahura Holdings Limited<br>▪ Project Manager, Arahura Marae<br>▪ Project Manager, Ngati Waewae Commercial Area Development<br>▪ Member, Westport North School Advisory Group<br>▪ Member, Hokitika Primary School Advisory Group<br>▪ Member, Buller District Council 2050 Planning Advisory Group<br>▪ Member, Greymouth Community Link Advisory Group<br>▪ Member, West Coast Regional Council Resource Management |

| Member | Disclosure of Interest |
|---|---|
| | Committee<br>▪ Member, Rata Te Awhina Trust Board<br>▪ Member, Grey District Council Creative NZ Allocation Committee<br>▪ Member, Buller District Council Creative NZ Allocation Committee<br>▪ Trustee, Westland Wilderness<br>▪ Trustee, Te Poari o Kati Waewae Charitable<br>▪ Trustee, Westland Petrel<br>▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre<br>▪ Trustee, West Coast Primary Health Organisation Board |
| Elinor Stratford<br>West Coast District Health Board representative on Tatau Pounamu | ▪ Member Clinical Governance Committee, West Coast Primary Health Organisation<br>▪ Committee Member, Active West Coast<br>▪ Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust<br>▪ Deputy Chair of Victim Support, Greymouth<br>▪ Committee Member, Abbeyfield Greymouth Incorporated<br>▪ Trustee, Canterbury Neonatal Trust<br>▪ Board Member of the West Coast District Health Board<br>▪ Committee Member, CARE<br>▪ Committee Member MS Parkinsons<br>▪ Convenor, Southern Region Stroke Conference, West Coast, October 2012 |
| Sharon Marsh<br>Nga Maata Waka o Kawatiri | ▪ Member/Secretary, Kawatiri Maori Women's Welfare League<br>▪ Kaiawhina, Rata Te Awhina Trust<br>▪ Member, Granity School Board of Trustees<br>▪ Member, Buller Budget Advisory Service |
| Wayne Secker<br>Nga Maata Waka o Mawhera | ▪ Trustee, WL & HM Secker Family Trust<br>▪ Member, Greymouth Waitangi Day Picnic Committee |

# DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY GROUP MEETING HELD ON WEDNESDAY 11 JULY 2012 IN THE CONFERENCE ROOM, WESTPORT MOTOR HOTEL, WESTPORT AT 1.05 PM

| | | |
|---|---|---|
| **PRESENT** | Ben Hutana (Chair) | Te Rūnanga O Ngāti Waewae |
| | Marie Mahuika-Forsyth | Te Rūnanga O Makaawhio |
| | Sharon Marsh | Nga Maata Waka O Kawatiri |
| | Wayne Secker | Nga Maata Waka O Māwhera |
| | Richard Wallace | Te Rūnanga O Makaawhio |
| | Elinor Stratford | West Coast District Health Board Representative on Tatau Pounamu |
| | Francois Tumahai | Te Rūnanga O Ngāti Waewae |
| **IN ATTENDANCE** | Wayne Turp | General Manager Planning and Funding West Coast DHB |
| | Tom Love | Principal, Sapere Research Group Ltd |
| | Lisa Tumahai | Portfolio Manager Maori and Pacific Health, Canterbury DHB |
| | Linda Atkins | Administrator Maori Health, West Coast DHB, Minute Taker |
| **APOLOGIES** | Claire Robertson | HEHA and Smokefree Services Manager West Coast DHB |
| | Hecta Williams | General Manager, West Coast DHB |
| | Peter Ballantyne | Acting Board Chair, West Coast DHB |
| | Gary Coghlan | General Manager Māori Health, West Coast DHB |

## WELCOME

The Chair welcomed everyone to the meeting and said the karakia.

## 1. AGENDA / APOLOGIES

Agenda item 10 (Tumu Whakarae Hui Oral Update) deferred until the next meeting.

**Apologies:**

| | |
|---|---|
| • Claire Robertson | HEHA and Smokefree Services Manager |
| • Hecta Williams | General Manager, West Coast DHB |
| • Peter Ballantyne | Acting Board Chair, West Coast DHB |
| • Gary Coghlan | General Manager Māori Health, West Coast DHB Tangihanga |

**Moved: Marie Mahuika-Forsyth** **Seconded: Francois Tumahai**
**Carried.**

**Motion**
**THAT the apologies are accepted.**

## 2. DISCLOSURES OF INTERESTS

Elinor Stratford:

- Add Committee member CARE
- Committee member MS Parkinsons
- Convenor, Southern Region Stroke Conference, West Coast October 2012.

Richard Wallace:

- Add member of Maori Reference Group New Zealand
- Member of Asthma Foundation

Marie Mahuika-Forsyth

- Delete employed part time by Community Public Health as Maori Health Promoter for the Elderly
- Add Executive Member of Te Runanga O Makaawhio.

Francois Tumahai

- Delete Manager Cable Price New Zealand Limited Equipment Workshop Christchurch

## 3. MINUTES OF THE LAST MEETING –2012

Page 2: Change spelling and wording to: "Roger Jolley from the Ministry of Health would be happy to speak to Tatau Pounamu if invited."

Page 3: There was discussion about the figure of 400 Maori who are not enrolled in the West Coast PHO.

***Action: Richard Wallace and Francois Tumahai to ask CEO of West Coast PHO if this is the correct number and find out where it relates to.***

**Moved: Elinor Stratford** **Seconded: Sharon Marsh**
**Carried.**

**Motion**
**THAT the Minutes of the Tatau Pounamu Manawhenua Advisory Group meeting held 24 May 2012 be adopted as a true and accurate record, subject to the above amendments.**

## 4. MATTERS ARISING FROM THE LAST MEETING

Item 1 List of Chaplains:
In progress.

Item 2 Letter to Roger Jolley, Ministry of Health inviting him to attend Tatau Pounamu on 23 August 2012:
The letter has been drafted and is awaiting sign off from the General Manager Maori Health. The Chair to follow up.

Item 3 Workshop to create a Work Plan around the Maori Health Plan:
The Ministry of Health (MOH) has deferred the deadline for submission of Maori Health Plans from all 20 DHBs until 31 August 2012. They have given DHBs additional information that

they require input and adjustment to these plans so there is time to make changes to the MHP as required. Further feedback is due from the MOH on the latest version sent to them.
There was discussion about the health targets in the Maori Health Plan. A member noted they should be local targets not national, and that the Plan should reflect local issues for Maori, such as reducing disease and asthma. The General Manager Planning and Funding noted that the Annual Plan includes cardiovascular diseases as a target area, based on the regional Health Needs Analysis (HNA) and this would cover asthma and respiratory diseases.

It was noted that the Maori Health Plan follows a new format with national and regional priorities set by the ministry of health Local issues must align with the Annual Plan, and they may also be taken to the PHO for discussion.

## 5. CHAIR'S UPDATE.

The Chair noted that all 20 DHB Maori Health Plans have been deferred by the Ministry of Health.

No correspondence was received.

## 6. HEHA/SMOKEFREE UPDATE

**General Manager Planning and Funding**

This report was taken as read.

As of the end of June 2012 HEHA funding has discontinued. A number of programmes previously funded through HEHA (such as breastfeeding support and smokefree education) will continue. Some underspend from last year has also gone to the Whanau Ora programme, to continue for the next financial year. Funding also continues for Phase Three of Waka Ama across the three West Coast districts. The HEHA funding clawed back by the Ministry is going into a new healthy lifestyles funding pool that will be available on a contestable basis from October 2012

**Warm Up West Coast**

The goal is to insulate 500 homes over two years; the West Coast has processed 250 applications in 9 months so the scheme is going well. The significance of the low figure of 11% success rate for Maori homes was pointed out by a member. The factors were discussed, for example Housing Corporation homes do not qualify for this scheme. The Runanga home insulation scheme run by Francois Tumahai in Hokitika has had 74 applications, with 24 to process now, 7 already processed, and 7 with the WUWC scheme coordinator. He has had to turn some down as they do not meet the criteria.

**Smokefree**

It was noted that this is going well.

The Group received this report.

## 7. MAORI HEALTH REPORT TO TATAU POUNAMU

**Gary Coghlan, General Manager Maori Health**

This report was taken as read.

The Group noted this report.

## 8. REVIEW OF SERVICES – MAORI HEALTH PROJECT

**General Manager Planning and Funding**

The General Manager Planning and Funding gave a brief verbal update of the Review.

The final draft was received in early July 2012; there was no time for it to come to this Tatau Pounamu meeting. The next step is for it to be reviewed internally by the Executive Management Team and the Chief Executive.

Amongst the Review's recommendations was the expectation of Key Performance Indicators (KPIs) in clinical leaders' and senior managers' position descriptions emphasising Maori Health.

***Action: The General Manager Maori Health will provide a summary of the report's recommendations at the next Tatau Pounamu meeting (note agenda item).***

The Group noted this report.

## 9. MAORI HEALTH PLAN 2012-2013 DRAFT AND INTEGRATED FAMILY HEALTH CENTRES (IFHCS)

**General Manager Planning and Funding**

The General Manager Planning and Funding gave an overview of progress noting the Buller IFHC is in the implementation phase, and Kaupapa Maori staff are to be appointed to clinical and non clinical positions via Rata Te Awhina Trust by October/November 2012. There could be a Maori Health support team in the next few years in the IFHC staff.

Originally the Buller facility was to be developed via private funding, but now the Buller IFHC and Grey Hospital overall costs require commercial funding as the government will not fund construction, so the West Coast DHB must check affordability of the projects.
The model of care is the same, with a single point of entry for patients.

The Group noted this report.

## 10. SLA GOVERNANCE – BULLER

The Portfolio Manager Maori and Pacific Health, Canterbury DHB gave a presentation regarding the Buller SLA Governance, and advised Tatau Pounamu to consider a Manawhenua representative for the governance group before the next Advisory Group meeting on 23 August 2012. This person does not have to be a member of Tatau Pounamu, but must have good community connections and a strong voice for local Maori. Governance training will be available if required.

***Action: Tatau Pounamu to select a person to be on the Buller SLA Governance.***

The Group noted this report.

## 11. RESOLUTION TO EXCLUDE THE PUBLIC

**Moved: Marie Mahuika-Forsyth** **Seconded: Francois Tumahai**
**Carried.**

"That the Tatau Pounamu Advisory Group:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely item 1 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

| | **GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED** | Ground(s) for the passing of this resolution | Reference – official information act 1982 (section 9) |
|---|---|---|---|
| 1. | Grey Base and Grey Integrated Family Health Service Draft Indicative Business Case | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982".

There being no further business the public open section of the meeting closed at 2.05 pm.

**Signed** _____ **Date** _____

# MATTERS ARISING AUGUST 2012

| Item No | Meeting Date | Action Item | Action Responsibility | Reporting Status |
|---|---|---|---|---|
| 1 | 24 May 2012 | To put together a list of contacts of Kaiawhina/Chaplains. | Chair and General Manager Maori Health | Completed – attached as information. |
| 2 | 24 May 2012 | Letter to be sent to Roger Jolley at the Ministry of Health, inviting him to the Tatau Pounamu meeting to held on the 23 of August 2012. | Elinor Stratford and General Manager Maori Health | Letter was sent by Kay Jenkins on behalf of CPHAC in July 2012 to invite Roger Jolley to attend the 23 August CPHAC meeting, and Tatau Pounamu. Invitation accepted, see agenda item 5, 23 August 2012. |
| 3 | 24 May 2012 | Once the Maori Health Plan is approved by the Ministry of Health, a workshop will be held to look at a work plan aligned to the Maori Health Plan. | Chair and General Manager Maori Health | Defer to October meeting once Plan has been received by the Ministry of Health. |
| 4. | 11 July 2012 | **PHO ENROLMENTS:** To contact CEO of the West Coast PHO and check if the figure of 400 non-enrolled Maori is correct, and where they are from. | Richard Wallace and Francois Tumahai | |
| 5. | 11 July 2012 | **MAORI HEALTH PLANNING AND REVIEW OF SERVICES:** To give a summary of report and recommendations at the next meeting. | General Manager Maori Health | Agenda item 7, 23 August 2012. |

| Item No | Meeting Date | Action Item | Action Responsibility | Reporting Status |
|---|---|---|---|---|
| 7. | 11 July 2012 | **SLA GOVERNANCE – BULLER**<br>Tatau Pounamu to consider a Mana Whenua representative for the Buller governance group before the next meeting on 23 August. | Tatau Pounamu members | |
| 8. | 11 July 2012 | **IFHS BUSINESS CASE AND GREY FACILITY BUSINESS CASE UPDATE:**<br>• To put this on the agenda for the 10 October meeting. | Chair | October meeting. |

# TATAU POUNAMU ADVISORY GROUP CORRESPONDENCE AUGUST 2012

## INWARD CORRESPONDENCE

| Date | Sender | Addressee | Details | Response Date | Response Details |
|---|---|---|---|---|---|
| Email correspondence from the Office of the Hon Tariana Turia – (Associate Minister of Health, Co-Leader of the Maori Party)confirming visit to Grey Base Hospital on 31 October -1 November 2012. | | | | | |

## OUTWARD CORRESPONDENCE

| Date | Sender | Addressee | Details | Response Date | Response Details |
|---|---|---|---|---|---|
| Letter to Roger Jolley, Ministry of Health on behalf of the Chair of CPHAC/DSAC, inviting him to attend CPHAC/DSAC and Tatau Pounamu on 23 August 2012. | | | | | |

## FOR YOUR INFORMATION

| Date | Sender | Addressee | Details |
|---|---|---|---|
| No correspondence | | | |

## MINISTRY OF HEALTH CORRESPONDENCE

| Date | Sender | Directorate | Addressee | Title |
|---|---|---|---|---|
| No correspondence | | | | |

## PUBLICATIONS AND NEWSLETTERS

| Date | Sender | Addressee | Title | Issue No |
|---|---|---|---|---|
| New Zealand Healthcare Summit 2012 – conference 3-4 October in Auckland, including Maori Health with Hon Tariana Turia, Associate Minister of Health, Co-Leader of the Maori Party. | | | | |

# MAORI DISABILITY ACTION PLAN AND MARAE ACCESS GUIDE

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **Roger Jolley, Senior Advisor, National Health Board, Ministry of Health**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

This oral presentation if for noting only.

## 2. RECOMMENDATION

That Tatau Pounamu Manawhenua Advisory Group notes the report.

## 3. APPENDICES

I. Whaia Te Ao Marama – The Maori Disability Action Plan for Disability Support Services 2012 – 2017, Ministry of Health 2012.

II. Te Whakaaheitanga Marae – Kua watea te huarahi - Marae Access Guide, Marae Accessibility Project 2010.

# Whāia Te Ao Mārama:

## The Māori Disability Action Plan for Disability Support Services

2012 to 2017

Citation: Ministry of Health. 2012.
*Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Services 2012 to 2017.* Wellington: Ministry of Health.

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www.health.govt.nz

# Foreword

*Whāia Te Ao Mārama* literally translated means pursuing the world of enlightenment. It is an apt title for this document, which outlines a pathway towards supporting Māori with disabilities to achieve overall wellbeing, and bringing both them and our communities into a place of shared understanding and action.

Culture is an important component of our overall wellbeing, and providing culturally specific action plans such as this recognises the diverse contexts from which we all come, and the unique responses that are required to address the needs of the Māori disabled community.

One in five Māori are living with some sort of disability, and this represents a large proportion of our whānau, hapū and iwi. Each of these whānau will have different expectations and needs in terms of their health and wellbeing, although all tangata whenua have shared values and beliefs that underpin our respective aspirations.

This action plan provides a strong foundation and a clear direction for providing the support that Māori disabled people and their whānau require. It also outlines key principles that those of us working within the disability support sector need to acknowledge. In developing this action plan, we hope that we have created a resource which weaves us closer together as communities who are respectful and supportive of diversity.

This action plan was developed by Māori disabled people, their whānau, and those who work in the disability support sector; with support from the Ministry of Health. The collaborative approach used to bring this plan together outlines the importance that we place on bringing key stakeholders, particularly those who live with disabilities, into the process of developing shared solutions, and responses.

Helen Keller once said, 'No pessimist ever discovered the secret of the stars, or sailed to an uncharted land, or opened a new doorway for the human spirit.'

This Māori Disability Action Plan operates from an attitude of optimism – it is essentially encouraging us all to dare to be powerful, to operate from a position of strength. Our strength is inherent in our whakapapa; in whakawhanaungatanga; in our kaupapa, our tikanga.

Knowing our collective strength helps us to move us closer towards Te Ao Mārama and closer towards reaching a shared awareness about the needs of Māori disabled people.

Tikanga, after all, is about doing the right thing, at the right time for the right reason, and this is the essence that has been captured in this action plan.

Tēnā koutou katoa

Hon Tariana Turia
Associate Minister of Health

# Acknowledgements

## E kore e hekeheke he kakano rangatira

## I will never be lost for I am the product of chiefs.

The development of this document was driven by the Associate Minister of Health Hon Tariana Turia, and led by the Māori Disability Leadership Group.

Over 200 Māori individuals who participated in hui, focus groups and interviews, and organisations such as Te Piringa, NASCA, NZFDIC and disability support services providers contributed to the content of this over an 18-month period.

The consultation process was supported by the New Zealand Federation of Disability Information Centres. The individual stories and art work for Te Tōrino were produced by Te Rau Matatini.

The development of this document was led by the Disability Support Services Group of the National Services Purchasing Unit within the National Health Board.

Thanks to all the staff who contributed to this work from across the Ministry of Health and Te Puni Kōkiri.

**Māori Disability Leadership Group**

Sylvia Ratahi

Rainus Baker

Karen Pointon

Maaka Tibble

Ruth Jones

David Tamatea

# Contents

# Introduction

## Why an action plan?

A number of factors determine the outcomes for Māori disabled and their whānau. Some directly relate to how their needs are supported to participate in their own lives, communities and cultural worlds. This participation can shape their chances of attaining a quality of life that matches their aspirations.

The aim of *Whāia Te Ao Mārama: Māori Disability Action Plan 2012 to 2017* is to establish priority areas of action for achieving these aspirations, and to reduce barriers that may impede Māori disabled and their whānau from gaining better outcomes.

'Whāia te ao mārama' means to pursue and enable a good life that is self-determined, through enlightened supports. The tōrino double spiral diagram in the plan illustrates the four core elements needed for supports to be effective for Māori disabled:

- te ao Māori
- te ao hurihuri
- te rangatira
- tūhonohono.

Each element is interwoven and interdependent. Their purpose is to support Māori disabled to uphold their own mana and strong self-determination within their whānau, hapū, iwi and wider communities.

# Māori disabled

Disability is a significant issue for Māori. One in five Māori report having a disability, and due to the youthfulness of Māori communities and the higher susceptibility of Māori to disabling health conditions as they age, the incidence of disability is expected to increase.

It is widely acknowledged that culture and health are closely linked, and that those services that fail to take account of the significance of culture in the assessment and support of Māori disabled have the potential to create a greater likelihood of poor outcomes and reduced health gains.

# Māori aspirations

Māori disabled are clear about what will make a positive difference to their lives. They want:

- every opportunity to have leadership, choice and control over their lives (te rangatira)
- to be supported as both Māori and as disabled to thrive, flourish and live the life they want
- to be able to participate in te ao Māori (the Māori world)
- to have their whānau valued as their primary support system
- to be connected to natural support networks, including Māori and disability communities
- a holistic approach to their disability that also values the beneficial effects of Māori cultural views and practices on spiritual, mental, physical, emotional and whānau wellbeing.

# Government priorities

The Ministry of Health's *Disability Support Services Strategic Plan 2010–2014* outlines the overall purchasing strategy and actions for providing disability support services to eligible New Zealanders. It continues the Ministry's move towards a needs- and outcomes-based approach to purchasing national disability services.

*Whāia te Ao Mārama* provides direction over the next five years for actions to address the needs and priorities of Māori disabled. It has been informed by community and stakeholder consultations with a Māori Disability Leadership Group comprising Māori disabled from across the disability sector, who provided leadership and peer review for the development of the plan.

*Whāia te Ao Mārama* is based on three principles from te Tiriti o Waitangi: Māori participation at all levels, partnership in service delivery, and protection and improvement of Māori wellbeing. *Whāia Te Ao Mārama* also reflects New Zealand's obligations as a signatory to the United Nations Convention on the Rights of Persons with Disabilities (2007), and as a nation that has stated its support for the United Nations Declaration on the Rights of Indigenous Peoples (2010).

The five-year action plan is aligned closely with:

- the New Zealand Disability Strategy (2001)
- Disability Support Services' new initiatives designed to supporting disabled people and their whānau
- cross-Ministry of Health initiatives such as the Uia Tonutia: Māori Disability Research Agenda
- intersectoral initiatives, particularly those related to the Government's Whānau Ora programme.

# Reducing barriers

Māori disabled can experience discrimination and face significant barriers, both in everyday living and in accessing health, disability and other services. As a result of their disability experiences, Māori have reported feeling disconnected from their whānau, communities of choice and culture.

Reducing barriers to ensure Māori disabled and their whānau get disability information, resources and services is a key strategic challenge in supporting Māori disabled to achieve better outcomes.

# Disability support services

Anecdotal evidence indicates that Māori whānau commonly take care of their disabled whānau members without accessing the supports by the Ministry of Health-funded disability support services. Effective disability services are seen as critical to achieving improved disability outcomes for Māori, and these services are expected to be responsive to Māori needs and priorities. A key strategic challenge is to achieve better Māori access to effective disability support services that are appropriate at both the population and individual levels of need.

Supporting New Zealanders with disabilities to receive better disability supports contributes to the Ministry's outcome to promote and protect the good health and independence of New Zealanders.

The Ministry is introducing new ways of supporting clients of disability support services. These initiatives recognise that disabled people and their whānau are the best people to determine how they want to live and develop goals that will meet their needs. The Ministry is developing initiatives to take account of the diverse needs and concerns of Māori, and will play an important role in supporting Māori clients to achieve good outcomes from disability support services. The shift to increasing disabled people's choice and control is consistent with what Māori communities have said they want from the Ministry's disability support services.

# Māori data

Some of the following information has been sourced from the Ministry of Health's Disability Support Services database.

The 2006 New Zealand Household Disability Survey indicated that disability was a significant issue for Māori, with close to one in five Māori (approximately 96,700) reporting they had a disability.

Māori disabled make up approximately 5400 (16%) of people who access the Ministry of Health-funded disability support services. As a group, Māori disabled are predominantly youthful, with over a third (37.8%) under 15 years of age and 49% aged under 25 years. Maori disabled mainly have intellectual disability (50.9%) or physical disability (32.2%), and some Māori disabled have significant support needs, with 23% having very high levels of need.

Most live in the Auckland (26.4%), Waikato (12.3%) and Northland (10.6%) regions. Māori disabled predominantly live in urban areas (89%) rather than rural areas (11%). Those living in rural regions are mainly based in Northland (45.2%), Bay of Plenty (24.1%) and Gisborne (25.6%).

As at June 2011, almost two-thirds (64%) of disability support services funding from the Ministry of Health for Māori disabled was allocated to residential care, followed by home support (19.7%) and day programmes (5.2%).

# Future changes to disability support services

After talking with disabled people, their families, providers and the wider disability sector, the Ministry of Health has developed, and is testing, a new model for supporting disabled people. The aim of the new model is for disabled people and their families to lead good everyday lives. It will increase people's control and choice, and the flexibility of their supports, as well as ensuring information and support are available in their local communities.

The new model incorporates work to enhance Individualised Funding and Choice in Community Living. The current support services model lends itself more to someone else making the decisions about what, and when, support is given.

*Whāia Te Ao Mārama* requires Māori disabled and their whānau to be fully involved in the planning and implementation of current and future development programmes to improve the disability support system.

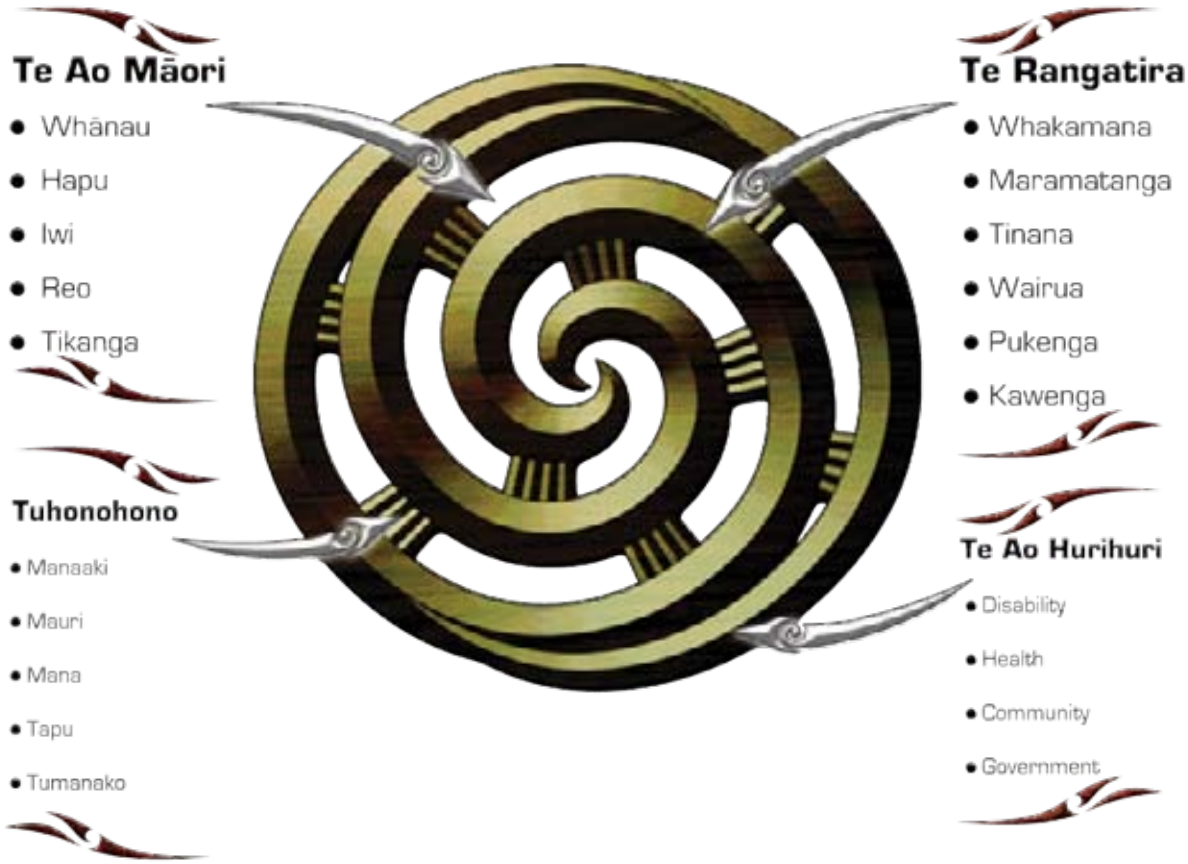
# Strategic response

## *Whāia Te Ao Mārama* responds to the wish expressed by Māori disabled and whānau for them to be able to live a good life, participate in te ao Māori and take part in their communities as other New Zealanders do.

There is no definitive word or description of disability in te reo Māori. Commonly te reo refers to a person's ability to flourish or function in relation to their ability to contribute to either their own, or others, wellbeing.

*Whāia Te Ao Mārama*'s vision, kaupapa, guiding principles and priority areas have been developed in collaboration with Māori disabled, key stakeholders and the Māori Disability Leadership Group (see Table 1). It is a culturally anchored approach to supporting Māori disabled and their whānau through Ministry of Health-funded disability support services. The approach has been developed from a Māori world view which also recognises that Māori disabled know what works for them.

**Figure 1:** Whāia Te Ao Mārama: To pursue a good life with enlightened support



*Whāia Te Ao Mārama* reflects the four core elements needed for supports to be effective for Māori disabled. Close relationships with and between Māori disabled, their whānau, hapū, iwi and communities, and the Ministry are essential to make a positive difference for Māori disabled. Included alongside the core elements discussed below are excerpts from the stories of Māori disabled who have generously guided and blended their experiences into this action plan.

## Te ao Māori

Te ao Māori (the Māori world) is represented by the space between the spirals, shown in Figure 1. This space represents a person's ability to participate in their own whānau, hapū and iwi, and as a Māori New Zealander. The person is included, and is able to draw on the support and opportunities, within whānau and the Māori community through te reo, whakapapa, whanaungatanga, manaaki and wairua.

**'For example, a taonga for Ngāti Kāpō might be the ability to make choices and the right to be Māori and access cultural resources. 'It's the balance – active participation. Not even my mum and dad would have thought that I would become one of the leaders in health and disability services in Tairawhiti, or that I would have a major influence in terms of indigenous issues around the world!**

**'I would have laughed at it myself, but it is about a vision. Ka pū te ruha, ka hao te rangatahi; mate atu he tetekura, ara ake he tētēkura – beautiful. So that's what our old people were thinking.'**

– Maaka, Ngāti Porou me Te Whānau ā Apanui)

## Te rangatira

The te rangatira spiral represents Māori disabled as individuals living life and having the whakamana to take up their various roles as they have a right to do within their whānau, te ao Māori and society as a whole, and who are responsible for their own lives.

**'One of the concepts in Maoridom, which is so vitally important, is about applying tino rangatiratanga, which means that I can take control of my life and destination. We all want that – what's important to give you a good life is the foundation and the legacy that we leave for others. Self-advocacy is also important. It's that notion that talks about we can, ka taea mātau, ahakoa te aha, ka taea tonu e mātau. And then the other one is, mehemea kei kōrero koe mōku, māku anō au he kōrero, so if it's about us,**

then don't talk about it without asking us. These are internally understood principles, which have been translated into Māori kupu.'

– Maaka, Ngāti Porou me Te Whānau ā Apanui)

# Tuhonohono

This is the solid link between the spirals, which represents the points in a person's life where both the spirals and the space between them must connect to provide balance and harmony. These connecting points are important and represent personal milestones and relationships that Māori disabled have with their whānau, hapū, iwi and caregivers, who are in turn supported through Disability Support Services or other agencies.

'We're still using the same old institutions. Why can't we join the dots together to show that perhaps there is a different way to achieve the outcomes that we all needed to achieve? The imported system can't be working for our people, and there's some indigenous ways which could be working maybe a lot better.'

– Gary, Ngāti Porou)

'Basically we go to people's houses that have ramps that we can access. Or we sit outside – we've sat outside in the rain with an umbrella, or if it's hot. So it really restricts you from doing the social things that you want to do with whānau. You sort of lose contact. And so of course contact with marae and wider whānau is also limited. We've had a lot of tangi and stuff. If I go, Tyler has to sit outside. So we can't do that, can't see the cuzzies or things . . . .'

–Andrea and Tyler, Ngāti Mutunga me Moriori)

# Te ao hurihuri

This is the spiral surrounding the disabled person. This spiral represents services, and the political, economic, social and environmental trends that support, influence and affect Māori disabled.

'Sometimes I do get labelled, and I don't like it. I look at myself as being treated like anyone else in the community. I don't have to go, "How come you're this handicapped fellow?" No, I'm a normal person just like you. I don't care if I've got a disability. I'm just a normal and loving person like you, and you should awhi it..'

–Rainus, Ngāti Awa)

Sylvia says she has been able to express her needs to disability services and have her needs met. But she says some other disabled people are not so able to do so.

'They're not speaking up for what they want, 'cause some of them don't know how. Staff should also develop better skills in listening and speaking simple language to encourage disabled people to speak up. They've been shut up, like shut down or "shut out". Sometimes it's because they might bear a grudge against a person or a service, or vice a versa..'

– Sylvia, Whakatōhea

# A focus for action

Table one contains key features of the plan that have been developed through extensive consultation. These include:

- a **vision for Māori disabled and their whānau**
- the **kaupapa**
- **guiding principles** that underpin the vision
- the **priority actions** which state how these elements will be accomplished.

**Table 1:** Māori disabled and their whānau

| Vision for Māori disabled and their whānau |
|---|
| > To achieve a good quality of life and wellbeing<br>> To participate in and contribute to te ao Māori<br>> To participate in their communities as other New Zealanders do |
| **Kaupapa** |
| Māori disabled will achieve a good quality of life through whānau support and high-quality disability support services |
| **Guiding principles** |
| **Enabling Māori disabled**<br>> Greater personal leadership, choice and control over disability supports accessed<br>> Acceptance of Māori diversity and disability experience<br>> Respect for Māori cultural values and preferences<br>> Māori disabled have roles within their whānau and their communities of choice<br>**Valuing whānau**<br>> Whānau as the principal source of support for many Māori disabled<br>> Whānau assisted to support disabled family members<br>> Socioeconomic solutions for Māori disabled<br>**Respecting community**<br>> Good partnerships with whānau, hapū, iwi, and Māori communities<br>> Full Māori participation in planning and delivering disability support services<br>> Change the attitudes of whānau, hapū, iwi and communities to support the vision for Māori disabled<br>**Delivering high-quality, effective disability support services**<br>> Culturally safe and trustworthy disability support services<br>> A high strategic priority placed on improving Māori disability outcomes<br>> Better Māori knowledge of and access to disability support services<br>> Equitable resource allocation for Māori-focused disability support services |

| Priority actions | | | |
|---|---|---|---|
| **1.1** | Require providers to ensure that personal plans to support Māori disabled are culturally appropriate and specifically identify and address the individual's cultural needs (2012–17) | **1.2** | Provide a range of new and innovative support options for supporting disabled people that offer Māori disabled and their whānau more personalised support arrangements and greater choice and control over the supports they use (2013–14) |
| **2.1** | Improve caregiver training to ensure whānau have access to culturally appropriate training to address the needs of Māori disabled (2013–17) | **2.2** | Develop the New Model for Supporting Disabled People to respond to whānau needs and priorities (2012–13) |
| **3.1** | Improve the quality, reliability and comparability of national information about the demographics of, and disability supports provided to, Māori disabled (2012–17) | **3.2** | Improve the quality of the community engagement process with Māori, particularly with hapū, iwi, and community leaders and groups (2012–17) |
| **4.1** | Strengthen the cultural competencies of workers in the disability sector through the development and delivery of Māori cultural training (2012–17) | **4.2** | Support the Māori disability workforce to develop leadership skills and career pathways (2012–17) |

# The action plan

## Priorities for *Whāia Te Ao Mārama* have been informed by:

- available Māori disability and needs data
- feedback from Māori consumers and whānau hui
- guidance from the Māori Disabled Leadership Group
- consultation with Te Piringa, the Māori Disability Provider Network
- special focus groups and Māori disability experience-gathering exercises in 2011
- the current difficult economic climate, which will mean that all actions will be resourced within existing funding.

### Priority 1:
### Improved outcomes for Māori disabled

| | |
|---|---|
| **1.1** | Require providers to ensure that personal plans to support Māori disabled are culturally appropriate and specifically identify and address the individual's cultural needs (2012–17) |
| **1.2** | Provide a range of new and innovative support options for supporting disabled people that offer Māori disabled and their whānau more personalised support arrangements and greater choice and control over the supports they use (2013–14) |

### Priority 2:
### Better support for whānau

| | |
|---|---|
| **2.1** | Improve caregiver training to ensure whānau have access to culturally appropriate training to address the needs of Māori disabled (2013–17) |
| **2.2** | Develop the New Model for Supporting Disabled People to respond to whānau needs and priorities (2012–13) |

### Priority 3:
### Good partnerships with Māori

| | |
|---|---|
| **3.1** | Improve the quality, reliability and comparability of national information about the demographics of, and disability supports provided to, Māori disabled (2012–17) |
| **3.2** | Improve the quality of the community engagement process with Māori, particularly with hapū, iwi, and community leaders and groups (2012–17) |

### Priority 4:
### Responsive disability services for Māori

| | |
|---|---|
| **4.1** | Strengthen the cultural competencies of workers in the disability sector through the development and delivery of Māori cultural training (2012–17) |
| **4.2** | Support the Māori disability workforce to develop leadership skills and career pathways (2012–17) |

# Monitoring and reporting on the implementation of *Whāia Te Ao Mārama*

## The high-level actions in *Whāia Te Ao Mārama* are supported by a detailed Ministry of Health Disability Support Services action plan, incorporating accountabilities, time frames and outcome measures.

Internal monitoring and reporting of the implementation of *Whāia Te Ao Mārama* will occur on a quarterly basis, alongside Disability Support Services' quarterly reporting on achievement of its annual service plan.

The Whāia Te Ao Mārama Monitoring and Advisory Group – a new external group of Māori disabled – will meet six-monthly to review implementation progress and provide advice to the Ministry.

# Appendix 1: Additional actions for future reference

The following actions were identified by the Māori Disability Leadership Group but were not included in Whāia Te Ao Mārama. These may inform future service planning for Maori disabled.

| | |
|---|---|
| **Priority 1:**<br>**Improved outcomes for Māori disabled** | › Develop learning and leadership training and development opportunities for Māori disabled, including tamariki (children) and taiohi (young people) |
| **Priority 2:**<br>**Better support for whānau** | › Develop indicators to measure whānau outcomes<br>› Support parents with disabled children, particularly in the areas of behaviour support and whānau-centred respite care<br>› Ensure whānau are involved in the funding, planning and delivery of disability services, including the development of service specifications<br>› Improve Māori provider capacity and capability to participate in Whānau Ora through Te Piringa |
| **Priority 3:**<br>**Good partnerships with Māori** | › Additional actions have been identified to enable Maori participation and inclusion in disability service prioritisation, specification and engagement<br>› whānau, hapū and iwi relationships are established to better engage disability awareness and supports through iwi health plans and whānau support options on marae |
| **Priority 4:**<br>**Responsive disability services for Māori** | › Review the Quality Assurance Outcomes Framework for Māori disabled to guide the approach for Māori receiving disability supports<br>› Use Māori disability research to inform service development for Māori disabled, including from Uia Tonutia: Māori Disability Research Agenda |

# Appendix 2: Glossary

| | |
|---|---|
| **Hapū** | Māori sub-tribe, clan or kinship group |
| **Iwi** | Māori tribe or clan |
| **Mana** | Spiritual power, authority, integrity, prestige or group |
| **Manaaki** | To support |
| **Marae** | Central area of a village and its buildings |
| **Māramatanga** | Understanding |
| **Pūkenga** | Skills |
| **Rangatira** | Leadership |
| **Rangatira-tanga** | Influence and control over life |
| **Taiohi** | Adolescent |
| **Tamariki** | Child |
| **Tangata Whenua** | Maori as indigenous people to this land |
| **Te ao hurihuri** | Contemporary society, including Disability Support Services and other services and factors that affect the individual |
| **Te ao Māori** | The Māori world in which the individual has a role within whānau and hapū, and is able to draw on the support and opportunities of whānau and also take up their role within whānau |
| **Te rangatira** | Disabled individual Māori living life and taking up their various roles within whānau, te ao Māori, and society as a whole |
| **Te reo** | Māori language |
| **Tikanga** | Customs, practices and protocols that reflect Māori knowledge and traditions |
| **Tinana** | Physical; bodily |
| **Tūhonohono** | Connectedness and relationships that Māori disabled have with their whānau, hapū, iwi and caregivers which provide balance and harmony in their lives |
| **Wairua** | Spirituality or spiritual health, which encompasses dignity and respect, cultural identity, personal contentment, and non-physical spirituality |

# Te Whakaaheitanga Marae

## Kua wātea te huarahi

**To enable kaumātua and whānau with health and disability impairments to actively engage at marae and remain effective contributors to their marae.**

# Contents



# Project information

# Te Kauri Marae

**Manaaki ki te Tāngata** – *Caring for people*

The vision to include facilities for our disabled whānau was the inspiration of the Te Kauri Building Team.

In general, most marae overlook the needs of people who have a disability or impairment.

When you arrive at Te Kauri Marae, we provide a disabled park for you by the main gate, concrete paving to the tūpuna whare (meeting house), easy access ramps, a spacious restroom, wide corridors to the whare kai (dining room), a balcony with shade to provide a magic view of Lake Waahi and time out to watch the sunset in the west.

Māku anō e hāngai tōku nei whare
Ko ngā poupou o roto he māhoe, he patate
Ko te tāhūhū he hīnau

This whakataukī takes into consideration:

- Waikato iwi commitment to rangatiratanga
- Whawhākia hapuu role as kaitiaki of the Kīngitanga
- Te Kauri Marae commitment to people as our major resource to create a safe, friendly and enjoyable environment for our guests and ourselves.

Te Kauri Marae

Back row: Thomas Noda, Dave Thompson, Donna Berryman, Luke Bredenbeck.
Front row: Kwanyke Bishop, Carl Berryman, Keritoke Noda.

# Tikanga

E ngā iwi, e ngā hapū o tēnā o tēnā o ngā marae o te motu. Tēnā koutou ngā kaitiaki e manaaki nei i ngā āhuatanga katoa ki runga marae. Ka huri ngā mihi ki te Kīngi ā Tū heitia ā, tae atu ki te kāhui ariki whānui tonu. Ki ngā mate kua tangihia, moe mai.

Ko te rōpu Te Whakaaheitanga Marae tēnei e takoto ana te tāonga, rauemi rānei hei āwhina i ngā ahi kā, e tautoko ana i ngā tāngata hauā atu ki ngā kaumatua kua eke mai ki runga marae. Pū hāngai ana te rauemi nei kī a māmā te nohonga, nekenga ki runga marae ī tona hauātanga. Ko te tūmanako kia hono ai ngā whakāro-a-ruri ki rō i ngā mā here a marae a kaunihera rānei.

Nō reira kāi te mihi

To the iwi and hapu throughout the country, you the guardians of our marae we acknowledge you. We mihi to our King and to the wider kāhui ariki, and to those that have gone to heaven.

We are a group called Te Whakaheitanga Marae presenting a resource that we believe will support our tangata hauā and kaumātua that come to marae.  The resource is pitched at supporting tangata hauā through marae incorporating features onto their marae that would improve their stay due to their disabilities. Therefore the intention is to include the specifics from the resource into marae development planning and building project planning.

Nō reira kāi te mihi

# Whakatūwheratanga Introduction

The Marae Accessibility Project is a collaborative approach to addressing the social and participatory needs of kaumātua and whānau with disabilities or impairments whilst on the marae.

We aim to do this by developing a toolkit to assist ngā marae to become more accessible by those living with a disability or impairment.

Improving access to the marae for this priority group is essential to ongoing health and wellbeing outcomes for iwi, hapū and whānau with disabilities or impairments.

The marae setting is an integral repository for Māori language, history and traditions. Customs and protocols are regularly performed and used to ensure Māori way of life is maintained and sustained on the marae.

The Marae Accessibility Project was created out of the need to ensure kaumātua and whānau in general, with health and disability impairments can continue to actively engage at marae and remain effective contributors at all forms of Māori hui held there.

Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have (New Zealand Disability Strategy).

The founding documents that will support this project are:
- Treaty of Waitangi
- New Zealand Disability Strategy
- To Have an Ordinary Life
- He Korowai Oranga
- Whakataataki II

People with disabilities or impairments are a diverse group. The New Zealand Disability Strategy notes: “Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments.

“Many people living with impairments face major discrimination in many areas of their lives. The resulting barriers often leave them isolated and segregated, preventing them from using their skills and talents to benefit their communities”.

Disability is an important health issue for a significant sector of the New Zealand population. One in five people of Māori ethnicity report having a disability resulting in some functional and / or role limitation.

The impact of a disability extends well beyond the individual to their whānau / family and all those they come into contact with.

# Whakamuri Background

Te Roopu Tīaki Hunga Hauā Māori Disability Network Group was established in 2005 to strengthen the collective capacity of service providers to achieve the best outcomes for whānau with disabilities and impairments.

This roopu is made up of kaimahi representing 23 organisations from Maniapoto, Waikato, Hauraki and Raukawa regions; however not exclusively.

One such initiative which provided the vision for the Marae Accessibility Project was to support the elimination of barriers at marae so that whānau become fully functional participants of marae hui as opposed to mere observers.

Te Roopu Tiaki Hunga Hauaa acknowledge the real obstacle to full participation on marae by whānau with impairments is not the impairment itself but rather the physical, environmental, and social barriers created by poorly informed attitudes.

As the Māori population increases in age, disease or illness will be the most common cause of disability.

There is therefore an opportunity for marae to increase responsibility for its physical environment where possible, and to embrace the true kaupapa of marae which is to "manaaki tangata ahakoa nō hea ahakoa ko wai - take care of people regardless of who they are and where they are from".

# Logo explanation

## "What ever the obstacle, together we can find a clear path forward."

The larger part of the logo symbolises an obstacle or mountain with the koru in the middle depicting clear pathways and eliminating barriers.

Te Whakaaheitanga Marae
Kua wātea te huarahi

The logo icon was drawn by Ora Kihi and then designed and formatted by Tamara Miles.

# Definitions of terms essential to disability access

**Accessible route**
Accessible route means a route that is practical for people with disabilities or impairments.

It should be a continuous route that can be negotiated unaided by a wheelchair user, walking device or by a person with a guide dog.

The route should extend from the street boundary and car parking area to those spaces within the building required to be accessible to enable people with disabilities or impairments to carry out normal activities and processes within the building (NZS 4121:2001-1.5.1 p.12.).

Right: Red arrows indicate accessible route in various marae layout concepts.

**International symbol for access**
This symbol is required to indicate all facilities that are accessible including the accessible route.

Example of sign indicating accessible facilities and its direction.

# Marae development process

| | | |
|---|---|---|
| **Marae development project** | **Marae governance:** Marae reservation and marae trustees are registered with the Mā ori Land Court. | Trustees are operational, have a strong administrative base and have provided written support for the Marae Development Project. |
| **Marae project manager and project team** | **Project manager:** Motivated, passionate driver of the project who acts on behalf of the trustees and whānau. The main role of the project manager is to liaise with stakeholders, i.e. the funders, consultants and construction team. | **Project team:** Comprises trustee representation, treasurer and whānau members. The team will have mandate from the trustees and whānau to progress the project from beginning to end. |
| **Hui a iwi: what / how the project will accommodate your needs** | The most important step in the planning process is to hui with the whanau and consider all dynamics of the marae, align everything you need with tikanga and kawa of the whānau, hapū, iwi and others who may utilise your marae. | Consider the needs of kaumātua and especially those with disabilities or impairment – incorporate their needs into the design of your facilities. This will help you to determine the size of the whare nui, whare kai, whare paku and car parks. |

| | | |
|---|---|---|
| **Funding and the engagement of reputable and registered constultants** | The dominant funder is Lotteries Marae Heritage www.dia.govt.nz<br><br>Organisations such as ASB, Trust Waikato and iwi authorities also contribute funding for projects. | Reputable and registered consultants are key to engaging consultants.<br><br>Get advice from marae who have completed their projects. This helps the tendering process and be mindful the cheapest tender is not always the best. |
| **Construction process and monthly reporting** | Building consent is approved and sufficient funds have been sourced to complete the project.<br><br>The project team will work with architects and a construction company to ensure construction is carried out correctly. | Project team will report back to the trustees and whānau.<br><br>Reporting provides a safety net for all parties and allows whānau to be updated on progress and any issues can be tabled, discussed and worked out at monthly hui. |
| **Completion of the project and financial accountability** | Project team will continue to be involved until the three-month retention period is over to ensure defects (if any) are rectified and that all accounts are paid to the appropriate entity. | The funding organisations that have supported the project will require financial accountability reports – all recipients of funding must complete an accountability report to funders as this can also help with any future applications from the marae. |

# Accessibility examples

## Level pathways






## Wider doorways / hallways





## Ramps / safety rails








# Checklists

# Checklist introduction

These checklists are intended for use by whānau who have responsibility for guiding a project when building renovations or new buildings are planned.

It is intended that these checklists give an indication of what facilities are required under the Building Act for access by people who have a disability or impairment.

Checklist areas:

1. **Turanga waka** Car park
2. **Paepae** Seating
3. **Whare kai** Eating house
4. **Whare nui** Meeting house
5. **Ngā whare paku me whare kaukau** Toilets and bathroom
6. **General access**

When working through these checklists you should consider whether:

- a whānau member who lives with an impairment or disability, to lead or assist with the checklist assessment
- a minimum of 2-3 people to assist with the assessment
- a measuring tape is available to assist with measurements where required
- a camera is available, if you wish to photograph things to follow-up on for improvement;
- addressing the general access checklist at the same time as other checklist areas as there maybe other useful considerations.

**Legislation versus best practice**

Legislation often is based on a minimum requirement, where best practice is based on practical application.

Examples of legislation requirements are provided at the bottom of each checklist with an example of best practice for marae to consider.

# Turanga waka Carpark

| | Yes | No | Comments |
|---|---|---|---|
|  Is there a designated (signed) area where disabled people can park or be dropped off? | | | |
| Is the car park surface:<br>• stable?<br>• firm?<br>• slip resistant? (A flat surface under all environmental conditions) | | | |
| Are there designated accessible parking spaces? | | | |
| Is there an accessible route from the parking area to the waharoa, through to the paepae? | | | |

| Legislation | Best practice |
|---|---|
| Buildings and facilities where disabled or impaired people are likely to visit must have car parks on an accessible route. | Car parks should be as close as possible to the main entrance and should provide shelter from the weather. |

# Paepae Seating

| | Yes | No | Comments |
|---|---|---|---|
| Are disabled people able to participate in proceedings and be seated as part of the audience (NOT separately) as others do? | | | |
| Is the seating on the paepae sheltered? | | | |
| Are there places designated for wheelchairs in the seating area of the paepae? | | | |
| Is the seating on the paepae user-friendly for disabled people / kaumātua / kuia? | | | |
| Is there an area where a guide dog can be placed? | | | |
| Is there an accessible route from the paepae to the whare nui and whare kai? | | | |

| Legislation | Best practice |
|---|---|
| The law requires that disabled people are seated as other people are and that wheelchair space within fixed seating is a minimum of 1000mm wide x 1500mm long. | This measurement is a minimum allocation. Some wheelchairs are made larger therefore a more adequate space would be 1200mm wide x 1900mm long. |
| Legislation provides for seating of one disabled person allocated per 250 seats provided. | At least five per cent of the seating area should be reserved for disabled people. The reserved seating should be integrated so that disabled people are not segregated from their whānau and friends. |
| The accessible route is defined in the New Zealand Building Code as; “an access route usable by people with disabilities. It shall be a continuous route that can be negotiated unaided by a wheelchair user.” | An accessible route is a flat level path that can be negotiated by an unassisted user of a wheelchair or walking frame. |

# Whare nui Meeting house

| | Yes | No | Comments |
|---|---|---|---|
| Is the entrance into the building accessible? | | | |
| Are there facilities to enable disabled people to be seated, speak and hear as others do? | | | |
| Do you have access to bedding that can be raised and lowered? | | | |
| Are emergency exits accessible for users of wheelchair and walking frame users? | | | |

| Legislation | Best practice |
|---|---|
| Legislation requires that there be a means of escape from fire or other emergencies for disabled people. | All entrances to the whare nui should serve as emergency exits for disabled people. |
| Step ramps should be a maximum height of 20mm. | Good building design can eliminate step ramps altogether. |
| Doorway width should be a minimum of 760mm clear opening width. | But for a public facility such as a marae where large numbers of people gather, 910mm clear opening width would be a good minimum measurement. |
| Door handles must be able to be used by disabled people. Therefore they should be at a height between 900mm and 1200mm from the floor. | Door handles should be of a lever type and be set at one meter from the ground. |

# Whare kai Eating house

| | Yes | No | Comments |
|---|---|---|---|
| Are aisles wide enough to accommodate wheelchairs? | | | |
| Are any hazards clearly marked? I.e. Glass doors. | | | |
| Are all spaces in the whare kai wheelchair accessible? | | | |
| Is the dining seating inclusive of wheelchair and walking frame users so that they may sit with their whānau? | | | |
| Is there a space for whānau in wheelchairs to support in the preparation of kai and other tasks in the kitchen? | | | |

| Legislation | Best practice |
|---|---|
| Legislation says that disabled people must be able to use the facilities for the purposes from which they were provided. New Zealand Standard 4141:2001 recommends a clear space from the underside of the table and kitchen bench to the floor of 675mm and 540mm depth. | The underside of the dining tables should be a minimum of 750mm clear space from the floor to allow wheelchair users to fit their legs under the table. There also needs to be a minimum of 750mm between the floor and the underside of the kitchen bench. |
| Legislation requires there be a means of escape from fire or other emergencies for disabled people. | All entrances to the whare nui should serve as emergency exits for disabled people. |
| Step ramps should be a maximum height of 20mm | Good building design can eliminate step ramps altogether. |
| Doorway width should be a minimum of 760mm clear opening width. | But for a public facility such as a marae where large numbers of people gather, 910mm clear opening width would be a good minimum measurement. |
| Door handles must be able to be used by disabled people. Therefore they should be at a height between 900mm and 1200mm from the floor. | Door handles should be of a lever type and be set at one meter from the ground. |

# Ngā whare paku me ngā whare kaukau
# Toilets and bathrooms

| | Yes | No | Comments |
|---|---|---|---|
| Is there a clear space on the open side of the toilet bowl for a wheelchair to enable a user to transfer to the toilet seat? | | | |
| Are the disabled toilet doors able to be opened from the outside if needed in an emergency? | | | |
| Can controls be operated with one hand? | | | |
| Are facilities inside the toilet compartment able to be used by a wheelchair user? | | | |
| Are there hand rails in the toilet and shower? | | | |
| Is there a shower seat? | | | |

| Legislation | Best practice |
|---|---|
| A minimum allowable compartment size for a toilet only is 1600mm x 1900mm. | A toilet compartment size is easier to us if 2000mm square. |
| The shower toilet combo compartment size minimum allowed is 1900mm x 2100mm. | A toilet / shower combo compartment has less maintenance costs and is easier to use if 2500mm. |
| Toilet compartment doors are required to be a minimum of 760mm 'clear opened width'. | Toilet compartment doors that have a minimum width of 910mm 'clear opened width' are much easier to use and have much less maintenance costs. |

# General access

## Stairs and ramps

| | Yes | No | Comments |
|---|---|---|---|
| Do stairs and ramps have handrails? | | | |
| Are stairs slip resistant? | | | |
| Does the gradient of your ramp allow wheelchair users and elderly easy access? | | | |

| Legislation | Best practice |
|---|---|
| Ramp gradients are required to be a maximum gradient of 1:12. | Ramp gradients of 1:16 or less are safer and much easier for disabled people to use. |

## Footpaths, doorways and exits

| | Yes | No | Comments |
|---|---|---|---|
| Are your footpaths wide enough to accommodate two wheelchairs to pass without one being required to leave the path? | | | |
| Are all doorways at least 760mm minimum 'clear open width' with a clear level space immediately before of 1200mm square? | | | |
| Are emergency exists accessible and clearly signed? | | | |

| Legislation | Best practice |
|---|---|
| Footpaths are required to be a minimum of 1200mm wide. | If pathways are three meters wide, two wheelchairs can pass without one having to leave the path. |
| The maximum riser height allowed on a stair is 180mm and the minimum length is 310mm. | Stairs are much easier to use if the riser height is 100mm and the going length is 350mm or more. |

## Controls

| | Yes | No | Comments |
|---|---|---|---|
| Are all controls able to be used by a wheelchair user? | | | |

| Legislation | Best practice |
|---|---|
| Controls on facilities are required to be set between 900mm and 1200mm from the floor. | Controls set at 1000mm from the floor are easy to use by everyone. |

## Hearing disabilities

| | Yes | No | Comments |
|---|---|---|---|
| Have you thought about using a sound amplification system for hearing impaired whānau? | | | |

| Legislation | Best practice |
|---|---|
| Hearing loops are required at meeting rooms and theatres where the audience is likely to be 250 people or more. | Hearing loops allow people with hearing aids to hear and cut out external noise when sound amplification equipment is used. Hearing impaired people benefit when hearing loops are employed in any meeting rooms where more than 25 people gather. |

## Sight disabilities

| | Yes | No | Comments |
|---|---|---|---|
| Are vision-impaired and blind whānau able to walk safely around and through the marae unassisted? | | | |
| Are hazards such as steps clearly identifiable from their surroundings? | | | |

| Legislation | Best practice |
|---|---|
| Tactile indicators or colour contrasting signs are required to indicate pathways and the location of facilities. | All steps, changes in direction and level should have both tactile indicators and vivid contrasting colours to ensure the safety of the vision impaired. |

## Awareness training

| | Yes | No | Comments |
|---|---|---|---|
| Has the marae had training around disability awareness? | | | |

# Support information

# Te Roopu Tiaki Hunga Haua Providers

| | |
|---|---|
| **CCS Disability Action**<br>17 Claudelands Road<br>PO Box 272, Waikato Mail Centre<br>Hamilton 3240<br><br>Ph: (07) 853 9761<br>Fax: (07) 853 9765<br>Email: waikato@ccsdiabilityaction.org.nz<br>www.ccsdiabilityaction.org.nz | **Community Living Trust**<br>180 Collingwood Street<br>PO Box 292<br>Hamilton 3240<br><br>Ph: (07) 834 3700<br>Fax: (07) 834 3701<br>Email: enquiries@clt.org.nz |
| **Deaf Aotearoa NZ**<br>(Waikato Branch)<br>292 Cambridge Road, Riverlea<br>PO Box 24 023<br>Hamilton 3253, New Zealand<br><br>TEXT : 021 540 193<br>Ph: (07) 856 2064<br>Fax: (07) 856 2047<br>www.deaf.org.nz | **Disability Support Link**<br>76 Rostrevor Street<br>Hamilton<br>Ph: (07) 839 1441<br>Fax: (07) 839 1225 |
| **Gracelands Group Of Services**<br>Ph: (07) 871 6410<br>www.gracelands.org.nz | **Hauraki Māori Trust Board**<br>41 Belmont Road<br>P.O.Box 33<br>Paeroa 3640<br><br>Free ph: 0508 468 288<br>www.hauraki.iwi.nz |
| **Head Injury Society (Waikato) Inc.**<br>Māori Services Field Officer<br>Ph: (07) 839 1191<br>Mob: 021 470 889<br>Fax: (07) 839 5648<br>Email: whisfieldofficer@gmail.com<br>www.whis.nzl.org | **Interactionz / Tari Whakawhitinga**<br>Community Connector<br>Mob: 027 451 4145<br>Email: tinihua@interactionz.org.nz<br>www.interactionz.org.nz |

| | |
|---|---|
| **Te Kōhao Health**<br>Free ph: 0800 4 TEKOHAO<br>Fax: (07) 856 5938.<br>Email: admin@tekohaohealth.co.nz<br>www.tekohaohealth.co.nz | **Te Korowai Hauora O Hauraki**<br>Thames office<br>210 Richmond St, Thames<br>Ph: (07) 8685375<br>Fax: (07) 8685389<br>www.korowai.co.nz<br><br>We have five sites; Te Aroha, Paeroa, Thames, Coromandel and Whitianga. |
| **The Western Community Centre**<br>Ph: (07) 847 4873<br>46 Hyde Ave, Hamilton<br>admin@wccham.org.nz<br>www.westerncommunity.org.nz | **Rauawaawa Kaumātua Charitable Trust**<br>Monday to Friday 9am to 5pm<br>50 Colombo St, Frankton, Hamilton<br>Ph: (07) 847 6980<br>Fax: (07) 847 6981 |
| **The Royal New Zealand Foundation of the Blind**<br>Aronga / Needs Assessor<br>Free ph: 0800 24 33 33<br>Ph: (07) 839 2266<br>Website: www.rnzfb.org.nz | **Ngāti Maniapoto Marae Pact Trust**<br>Maniapoto House<br>Cnr 51 Sheridan & Taupiri Streets<br>Te Kuiti<br>Ph: (07) 878 0028<br><br>Puketapu House<br>Miriama Street<br>Taumarunui<br>Ph: (07) 895 9081 |

# Links and references

**Barrier Free New Zealand Trust**
www.barrierfreenz.org.nz

**Building Act 2004**
www.legislation.govt.nz

**Buildings Regulations 1992**
www.legislation.govt.nz

**CCS Disability Action**
www.ccsdisabilityaction.org.nz

**Compliance document for New Zealand building code**
www.dbh.govt.nz

**Department of Building and Housing Te Tari Kaupapa Whare**
www.dbh.govt.nz

**New Zealand Standard 4121:2001 Design for Access and Mobility – Buildings and Associated Facilities**

# Funding links

**Waikato-Tainui Te Kauhanganui Incorporated**
Tribal Development Unit
451 Old Taupiri Road, Hopuhopu
Private Bag 542, Ngaaruawaahia
0800 TAINUI
www.tainui.co.nz

**Hauraki Māori Trust Board**
Marae Development
P.O. Box 33
Paeroa
0508 468 288
www.hauraki.iwi.nz

**Te Puni Kokiri**
info@tpk.govt.nz
www.tpk.govt.nz

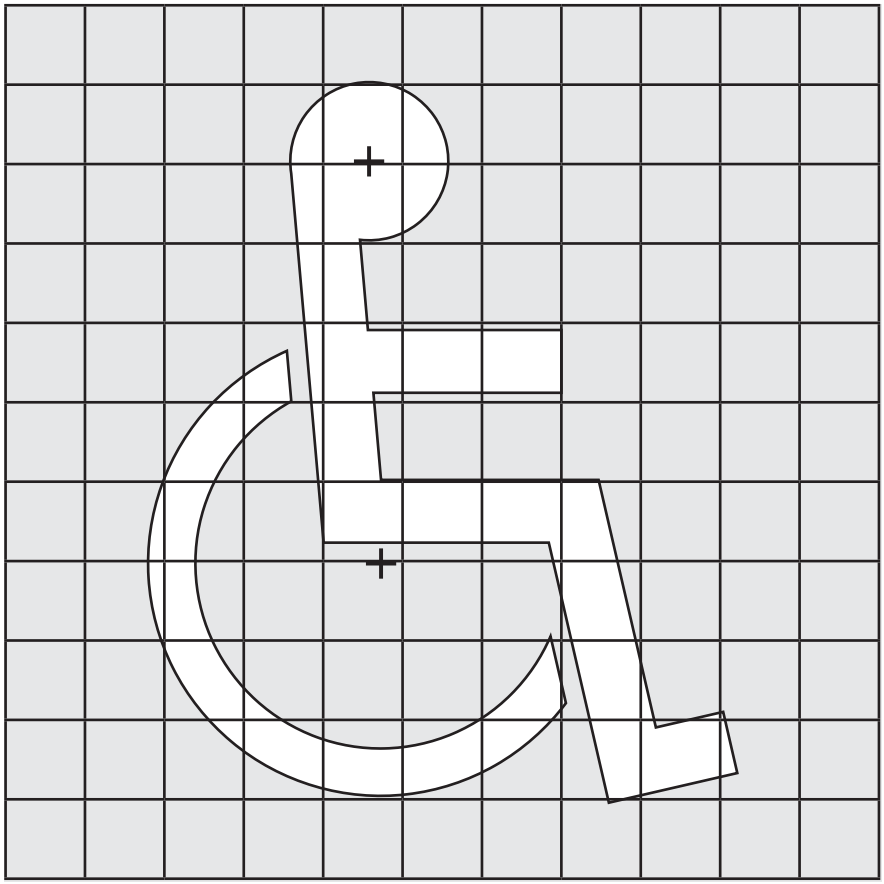
**Department of Internal Affairs**
Funding Advisor
0800 824 824
www.dia.govt.nz

**Trust Waikato**
Donations Advisor
0800 436 628
www.trustwaikato.co.nz

**ASB Community Trust**
Grants Advisor
0800 272 828
www.asbcommunitytrust.org.nz

# Appendix one

## International symbol for access



# Appendix two

**Marae layout (Pre-development)**

This page can be utilised to draw what the marae, or a particular area on the marae might currently look like.

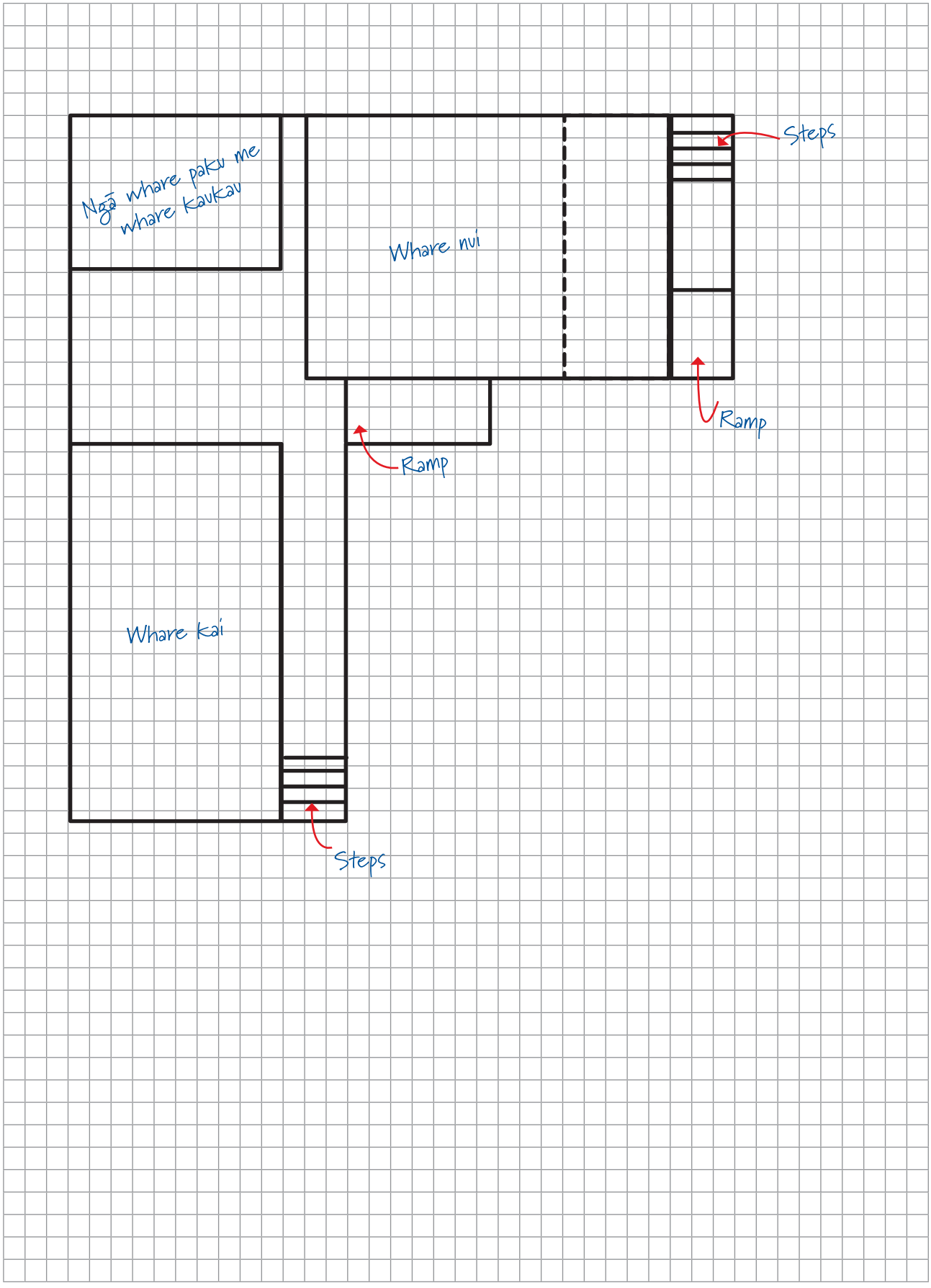
# Appendix three

**Marae layout (Planning development)**

This page can be utilised to draft potential or planned changes for the marae, or a particular area on the marae might currently look like.

# Appendix four

## Example of utilised layout grid



# Appendix five

**Example of filled in checklist**

## Paepae Seating

| | Yes | No | Comments |
|---|---|---|---|
| Are disabled people able to participate in proceedings and be seated as part of the audience (NOT separately) as others do? | | x | Key area for the marae to consider. |
| Is the seating on the paepae sheltered? | ✓ | | |
| Are there places designated for wheelchairs in the seating area of the paepae? | | x | No space other than in front of the bench seating. |
| Is the seating on the paepae user-friendly for disabled people / kaumātua / kuia? | ✓ | | Bench seats slightly low on the right side of the paepae; may need considerations. |
| Is there an area where a guide dog can be placed? | ✓ | | |
| Is there an accessible route from the paepae to the whare nui and whare kai? | | x | Improvement needed as assistance is required to access the whare nui. |

| Legislation | Best practice |
|---|---|
| The law requires that disabled people are seated as other people are and that wheelchair space within fixed seating is a minimum of 1000mm wide x 1500mm long. | This measurement is a minimum allocation. Some wheelchairs are made larger therefore a more adequate space would be 1200mm wide x 1900mm long. |
| Legislation provides for seating of one disabled person allocated per 250 seats provided. | At least five per cent of the seating area should be reserved for disabled people. The reserved seating should be integrated so that disabled people are not segregated from their whānau and friends. |
| The accessible route is defined in the New Zealand Building Code as; "an access route usable by people with disabilities. It shall be a continuous route that can be negotiated unaided by a wheelchair user." | An accessible route is a flat level path that can be negotiated by an unassisted user of a wheelchair or walking frame. |

**Date:** 15 December 2010

**Completed by:** Tamati Richards (Trustee), Michelle Hotene (Stroke victim), Hone Tutama (Project Manager).

# Appendix six

**Extra checklists**

## Turanga waka Carpark

| | Yes | No | Comments |
|---|---|---|---|
|  Is there a designated (signed) area where disabled people can park or be dropped off? | | | |
| Is the car park surface:<br>• stable?<br>• firm?<br>• slip resistant? (A flat surface under all environmental conditions) | | | |
| Are there designated accessible parking spaces? | | | |
| Is there an accessible route from the parking area to the waharoa, through to the paepae? | | | |

| Legislation | Best practice |
|---|---|
| Buildings and facilities where disabled or impaired people are likely to visit must have car parks on an accessible route. | Car parks should be as close as possible to the main entrance and should provide shelter from the weather. |

# Paepae Seating

| | Yes | No | Comments |
|---|---|---|---|
| Are disabled people able to participate in proceedings and be seated as part of the audience (NOT separately) as others do? | | | |
| Is the seating on the paepae sheltered? | | | |
| Are there places designated for wheelchairs in the seating area of the paepae? | | | |
| Is the seating on the paepae user-friendly for disabled people / kaumātua / kuia? | | | |
| Is there an area where a guide dog can be placed? | | | |
| Is there an accessible route from the paepae to the whare nui and whare kai? | | | |

| Legislation | Best practice |
|---|---|
| The law requires that disabled people are seated as other people are and that wheelchair space within fixed seating is a minimum of 1000mm wide x 1500mm long. | This measurement is a minimum allocation. Some wheelchairs are made larger therefore a more adequate space would be 1200mm wide x 1900mm long. |
| Legislation provides for seating of one disabled person allocated per 250 seats provided. | At least five per cent of the seating area should be reserved for disabled people. The reserved seating should be integrated so that disabled people are not segregated from their whānau and friends. |
| The accessible route is defined in the New Zealand Building Code as; “an access route usable by people with disabilities. It shall be a continuous route that can be negotiated unaided by a wheelchair user.” | An accessible route is a flat level path that can be negotiated by an unassisted user of a wheelchair or walking frame. |

# Whare nui Meeting house

| | Yes | No | Comments |
|---|---|---|---|
| Is the entrance into the building accessible? | | | |
| Are there facilities to enable disabled people to be seated, speak and hear as others do? | | | |
| Do you have access to bedding that can be raised and lowered? | | | |
| Are emergency exits accessible for users of wheelchair and walking frame users? | | | |

| Legislation | Best practice |
|---|---|
| Legislation requires that there be a means of escape from fire or other emergencies for disabled people. | All entrances to the whare nui should serve as emergency exits for disabled people. |
| Step ramps should be a maximum height of 20mm. | Good building design can eliminate step ramps altogether. |
| Doorway width should be a minimum of 760mm clear opening width. | But for a public facility such as a marae where large numbers of people gather, 910mm clear opening width would be a good minimum measurement. |
| Door handles must be able to be used by disabled people. Therefore they should be at a height between 900mm and 1200mm from the floor. | Door handles should be of a lever type and be set at one meter from the ground. |

# Whare kai Eating house

| | Yes | No | Comments |
|---|---|---|---|
| Are aisles wide enough to accommodate wheelchairs? | | | |
| Are any hazards clearly marked? I.e. Glass doors. | | | |
| Are all spaces in the whare kai wheelchair accessible? | | | |
| Is the dining seating inclusive of wheelchair and walking frame users so that they may sit with their whānau? | | | |
| Is there a space for whānau in wheelchairs to support in the preparation of kai and other tasks in the kitchen? | | | |

| Legislation | Best practice |
|---|---|
| Legislation says that disabled people must be able to use the facilities for the purposes from which they were provided. New Zealand Standard 4141:2001 recommends a clear space from the underside of the table and kitchen bench to the floor of 675mm and 540mm depth. | The underside of the dining tables should be a minimum of 750mm clear space from the floor to allow wheelchair users to fit their legs under the table. There also needs to be a minimum of 750mm between the floor and the underside of the kitchen bench. |
| Legislation requires there be a means of escape from fire or other emergencies for disabled people. | All entrances to the whare nui should serve as emergency exits for disabled people. |
| Step ramps should be a maximum height of 20mm | Good building design can eliminate step ramps altogether. |
| Doorway width should be a minimum of 760mm clear opening width. | But for a public facility such as a marae where large numbers of people gather, 910mm clear opening width would be a good minimum measurement. |
| Door handles must be able to be used by disabled people. Therefore they should be at a height between 900mm and 1200mm from the floor. | Door handles should be of a lever type and be set at one meter from the ground. |

# Ngā whare paku me ngā whare kaukau
# Toilets and bathrooms

| | Yes | No | Comments |
|---|---|---|---|
| Is there a clear space on the open side of the toilet bowl for a wheelchair to enable a user to transfer to the toilet seat? | | | |
| Are the disabled toilet doors able to be opened from the outside if needed in an emergency? | | | |
| Can controls be operated with one hand? | | | |
| Are facilities inside the toilet compartment able to be used by a wheelchair user? | | | |
| Are there hand rails in the toilet and shower? | | | |
| Is there a shower seat? | | | |

| Legislation | Best practice |
|---|---|
| A minimum allowable compartment size for a toilet only is 1600mm x 1900mm. | A toilet compartment size is easier to us if 2000mm square. |
| The shower toilet combo compartment size minimum allowed is 1900mm x 2100mm. | A toilet / shower combo compartment has less maintenance costs and is easier to use if 2500mm. |
| Toilet compartment doors are required to be a minimum of 760mm 'clear opened width'. | Toilet compartment doors that have a minimum width of 910mm 'clear opened width' are much easier to use and have much less maintenance costs. |

# General access

## Stairs and ramps

| | Yes | No | Comments |
|---|---|---|---|
| Do stairs and ramps have handrails? | | | |
| Are stairs slip resistant? | | | |
| Does the gradient of your ramp allow wheelchair users and elderly easy access? | | | |

| Legislation | Best practice |
|---|---|
| Ramp gradients are required to be a maximum gradient of 1:12. | Ramp gradients of 1:16 or less are safer and much easier for disabled people to use. |

## Footpaths, doorways and exits

| | Yes | No | Comments |
|---|---|---|---|
| Are your footpaths wide enough to accommodate two wheelchairs to pass without one being required to leave the path? | | | |
| Are all doorways at least 760mm minimum 'clear open width' with a clear level space immediately before of 1200mm square? | | | |
| Are emergency exists accessible and clearly signed? | | | |

| Legislation | Best practice |
|---|---|
| Footpaths are required to be a minimum of 1200mm wide. | If pathways are three meters wide, two wheelchairs can pass without one having to leave the path. |
| The maximum riser height allowed on a stair is 180mm and the minimum length is 310mm. | Stairs are much easier to use if the riser height is 100mm and the going length is 350mm or more. |

## Controls

| | Yes | No | Comments |
|---|---|---|---|
| Are all controls able to be used by a wheelchair user? | | | |

| Legislation | Best practice |
|---|---|

| | |
|---|---|
| Controls on facilities are required to be set between 900mm and 1200mm from the floor. | Controls set at 1000mm from the floor are easy to use by everyone. |

## Hearing disabilities

| | Yes | No | Comments |
|---|---|---|---|
| Have you thought about using a sound amplification system for hearing impaired whānau? | | | |

| Legislation | Best practice |
|---|---|
| Hearing loops are required at meeting rooms and theatres where the audience is likely to be 250 people or more. | Hearing loops allow people with hearing aids to hear and cut out external noise when sound amplification equipment is used. Hearing impaired people benefit when hearing loops are employed in any meeting rooms where more than 25 people gather. |

## Sight disabilities

| | Yes | No | Comments |
|---|---|---|---|
| Are vision-impaired and blind whānau able to walk safely around and through the marae unassisted? | | | |
| Are hazards such as steps clearly identifiable from their surroundings? | | | |

| Legislation | Best practice |
|---|---|
| Tactile indicators or colour contrasting signs are required to indicate pathways and the location of facilities. | All steps, changes in direction and level should have both tactile indicators and vivid contrasting colours to ensure the safety of the vision impaired. |

## Awareness training

| | Yes | No | Comments |
|---|---|---|---|
| Has the marae had training around disability awareness? | | | |

# Acknowledgements


## The Marae Accessibility Project working party would like to express appreciation to the many contributors who have helped in the development of this toolkit.

Alisha Higgins (Head Injury Society)
Amy Thomsen (Media and Communication, Waikato District Health Board)
Aotea Maipi (Population Health, Waikato District Health Board)
Bell Martin (CCS Disability Action Waikato)
Eric Pene (Waikato Tainui)
Ike Rakena (Head Injury Society)
Isla Trapski (Viscom, Waikato District Health Board)
Jaemie Whanga (Head Injury Society)
Kerri Huaki (Population Health, Waikato District Health Board)
Kevin Churchill (Barrier-free auditor, CCS Disability Action Waikato)
Louise Were (Western Community Centre)
Maraea Nikora (Population Health, Waikato District Health Board)
Maurice Toon (independent designer)
Ora Kihi (logo artist)
Patricia Nathan (Hauraki Māori Trust Board)
Sandy Pokaia (Community Waikato)
Tamara Miles (Viscom, Waikato District Health Board)
Tame Pokaia (Advisory)
Te Kauri Trustees, committee, building team and whānau
Te Ruka Kiwara (Life Unlimited)

Kevin Churchill offered valued expertise in the area of barrier-free auditing which has been invaluable and educational and is reflected throughout the toolkit.

Te Kauri Marae is considered to be a role model for other marae and we commend Te Kauri Marae for taking the initiative to improve accessibility for their whānau members and wider community.

As a fundamental part of developing the kit we wish to thank our funders / sponsors who have supported us to be able to produce this toolkit.

## Working party

HEALTH WAIKATO
CARING FOR YOU
Waikato District Health Board
POPULATION HEALTH

Hauraki

COMMUNITY WAIKATO
"Supporting strong communities"

ccs disability action
Including all people

## Sponsored by

HEALTH WAIKATO
CARING FOR YOU
Waikato District Health Board
POPULATION HEALTH

ccs disability action
Including all people

Te Puni Kōkiri
REALISING MĀORI POTENTIAL

Te Whakaaheitanga Marae
Kua wātea te huarahi
Marae Accessibility

# UPDATE ON RATA TE AWHINA TRUST

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **Michael O'Dea, Project Manager, Canterbury DHB.**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☐ | Noting ☑☐ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

The verbal presentation is for noting only.

## 2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

An oral update will be given at the meeting.

# MAORI HEALTH PLANNING AND REVIEW OF SERVICES

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **General Manager Maori Health**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☐ | Noting ☑☐ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

The oral presentation is for noting only.

## 2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

An oral update will be given at the meeting.

# MAORI HEALTH PLAN 2012-13

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **General Manager Maori Health and the General Manager Planning and Funding**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☐ | Noting ☑☐ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

The oral presentation is for noting only.

## 2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes the report.

An oral update will be given at the meeting by the General Manager Maori Health on the Maori Health Plan.

# TATAU POUNAMU ADVISORY GROUP MAORI HEALTH REPORT

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **General Manager Maori Health**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update.

## 2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes the report.

## 3. DISCUSSION

### Rata Te Awhina Trust

A proposal for change for a new organisational structure has been drafted and is currently out for consultation sitting with Rata staff, board and other stakeholders. The proposal for change will better position Rata Te Awhina Trust to work with health and social services in the future.
We continue to work closely with Rata on the establishment of Maori health positions within the Buller integrated Family Health Care System.

The job descriptions for the Kaupapa Maori Nurse and Kaiarataki - Maori Health Navigator have been finalised and we are now at the stage of sending a Letter of Offer to Rata Te Awhina Trust, that will allow them to begin the recruitment process for the establishment of these positions inside the Buller Integrated Family Health Centre.

This follows on from a robust community consultation process and will pave the way for the establishment of similar positions in the Grey IFHC and Westland in 2013.

### Maori Health Plan

The Ministry of Health (MOH) has deferred the deadline for submission of Maori Health Plans (MHP) from all 20 DHB's until 31 August 2012. They have given DHB's additional information that they require for input and adjustment to these plans so there is time to make changes to the MHP as required. Feedback from the Ministry on the West Coast Maori Health Plan is positive. There are changes required to comply with Ministry guidance and or to clarify for technical information. These changes are relatively simple to make and will only add to the plans overall strength.

### Kia Ora Hauora

Kia Ora Hauora is a Maori Health workforce development programme aimed at Maori students and current health sector workers to promote health careers as a great career choice.

The programme has been developed in response to the national and international shortage of health sector workers and the demand for more Maori health professionals in the sector.

All primary and high schools from the West Coast District were invited to attend a West Coast Careers Expo hosted by West Reap Rural Activities Programme at Greymouth High School 8th and 9th of August 2012. There were 37 Maori registrations gained as an outcome. The Career expo provided continued promotion of Kia Ora Hauora and raised awareness of the programme and its objectives. In addition there was engagement with rangatahi /youth. Kia Ora Hauora is working with them regarding their career aspirations; there are also some tertiary students interested in what Kia Ora Hauora could offer them. The Career expo was valuable as it provided quality engagement with careers advisors and Maori kaiako/teachers from high schools across the West Coast region. The High Schools in attendance were Greymouth High School, John Paul II and Buller High School. The Careers expo is an excellent opportunity to continue to link with schools about the Kia Ora Hauora Road Show roll out and the NCEA study preparation planned for schools in Terms 3 and 4.

**Visit by Hon Tariana Turia Associate Minister of Health**

The General Manager Maori Health has received correspondence from the Office of the Hon Tariana Turia Associate Minister of Health expressing her wish to visit the West Coast to meet with Maori organisations, iwi, hapu and whanau of Tai Poutini. This visit is scheduled for 31 October 2012 (date to be confirmed).

# TATAU POUNAMU ADVISORY GROUP
# HEHA SMOKEFREE SERVICES UPDATE

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **Claire Robertson – HEHA & Smokefree Service Development Manager, Planning and Funding**

**DATE:** **Thursday 23rd August**

**Report Status – For:** **Decision** ☐ **Noting** ☐ **Information** ☑

## 1. ORIGIN OF THE REPORT

HEHA & Smokefree Update is a regular agenda item.

## 2. SUMMARY

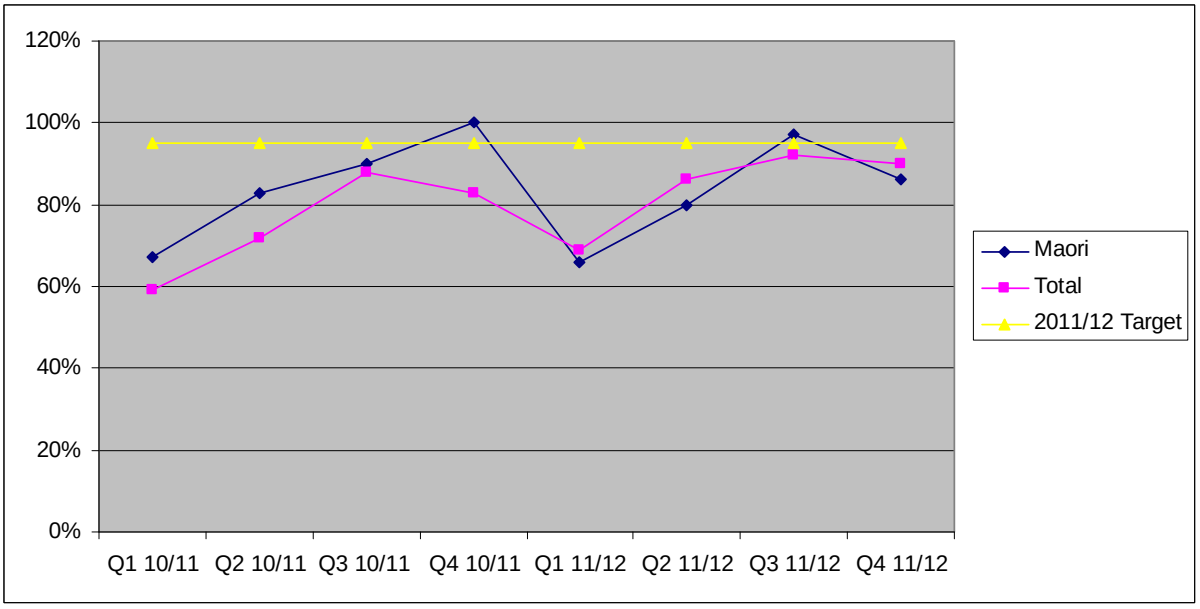
The report includes an update on:

- Smokefree
  - Secondary Health Target
- HEHA
  - Breastfeeding

## 3. DISCUSSION

### SMOKEFREE

Secondary Health Target




Quarter 4 Results: 90% Total and 89% Maori

It was disappointing to not reach the target of 95% for Quarter 4 as was expected after progressively improved results for quarter 2 & 3. This primarily was due to a drop in performance in April in previously high-performing areas of the DHB. After a disappointing April result meetings were held with relevant clinical nurse managers of areas not reaching the target to discuss ABC results and

offer support to the manager, champion and staff as appropriate. It was positive to see an improvement following this in May and June.

Alongside hospital senior management, work is continuing to improve the uptake of the Smokefree Mandatory training. Although feedback from staff is the ABC process is simple and straightforward, the training gives the important background of why this is a health target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community by implementing this initiative. A letter from the General Manager of Hospital Services and General Manager of the DHB is being distributed to all staff who has not attended the training and inviting them to do so

**Healthy Eating Healthy Action (HEHA)**

**Breastfeeding**

The official launch of the West Coast Breastfeeding Handbook took place during WorldBreastfeeding week and was well attended by many organisations within the community who work with whanau in the West Coast. The aim of the handbook is to ensure consistency in breastfeeding messages for families, reducing the number of resources provided and ensuring the information is 'Coast specific.' To date the CDHB Breastfeeding resource has been distributed to expectant mothers.

# CONSULTATION REGARDING SLA GOVERNANCE

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **General Manager Maori Health**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☑ | Noting ☐ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

The verbal presentation is for a decision from Tatau Pounamu regarding the selection of a Manawhenua member for the SLA Buller Governance.

## 2. RECOMMENDATION

That the Tatau Pounamu Advisory Group nominates a Manawhenua representative for the SLA Buller Governance Board.

An oral update will be given at the meeting.

# RESOLUTION TO EXCLUDE THE PUBLIC

**TO:** **Chair and Members**
**Tatau Pounamu Advisory Group**

**SOURCE:** **Board Secretariat**

**DATE:** **23 August 2012**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

The following agenda item for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

## 2. RECOMMENDATION

That the Tatau Pounamu Advisory Group:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely item 1 and the information items contained in the report.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

| | GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED | GROUND(S) FOR THE PASSING OF THIS RESOLUTION | REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9) |
|---|---|---|---|
| 1. | Confirmation of the Public Excluded minutes of the Tatau Pounamu meeting on 11 July 2012. | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | s9(2)(j) |

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

## 3. SUMMARY

The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 provides:

*"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:*

*(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".*

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

*"(1) Every resolution to exclude the public from any meeting of a Board must state:*

*(a) the general subject of each matter to be considered while the public is excluded; and*

*(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*

*(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)*

*(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".*

Approved for release by General Manager

# TATAU POUNAMU
# MANAWHENUA ADVISORY GROUP
# 2012 MEETING SCHEDULE

| DATE | TIME | VENUE |
|---|---|---|
| Thursday 23 February | 3.30pm – 5.30pm | Board Room, Corporate Office, Greymouth |
| Wednesday 11 April | 1 pm – 3pm | Arahura Pa, Arahura |
| Thursday 24 May | 3.30pm – 5.30pm | Boardroom, Corporate Office, Greymouth |
| Wednesday 11 July | 1 pm – 3 pm | Westport Motor Hotel, 207 Palmerston Street, Westport |
| Thursday 23 August | 3.30pm – 5.30pm | Boardroom, Corporate Office, Greymouth |
| Wednesday 10 October | 10.00am to 12.00pm | Office of Te Runanga O Makaawhio, 56 Brittan Street, Hokitika |
| Thursday 22 November | 3.30pm – 5.30pm | Boardroom, Corporate Office, Greymouth |

## MEETING DATES & TIMES ARE SUBJECT TO CHANGE

# *Karakia Contact List*

- Venerable Richard Wallace & Mere Wallace
  Ph: (03) 755-4012

- Rev Tim Mora
  Anglican Archdeacon
  Ph (03) 768-9608

- Baptist Church
  PH (03) 768-4174

- Elim Church
  Ph (03) 768-4443

- Catholic Church
  PH (03) 768-5263

- New Life Church
  PH (03) 768-6394

- Thelma Efford & Lyn Heine
  Uniting Church (includes Methodists, Presbyterians & Church of Christ)
  Ph (03) 768-6414

- Captain Charles Prattley
  The Salvation Army
  Ph (03) 768-5045

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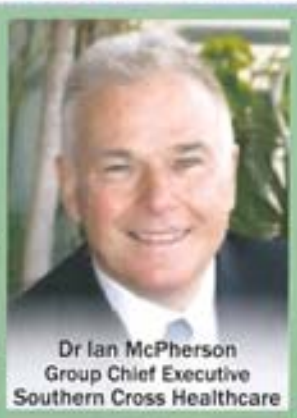
## Thought Leaders in Healthcare

Dr Paul Hutchison
Chairperson
Health Select Committee

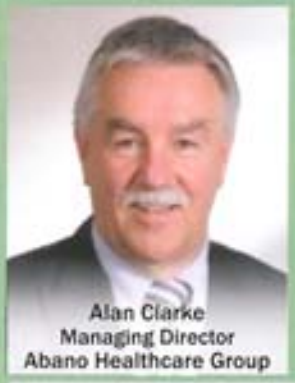
Hon Tariana Turia
Associate Minister of Health
& Co-Leader of the Māori Party



Dr Ian McPherson
Group Chief Executive
Southern Cross Healthcare

Dr Nick Chamberlain
Chief Executive Officer
Northland DHB

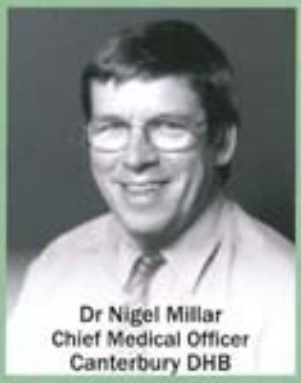
Hon Maryan Street
Labour Spokesperson
on Health



Alan Clarke
Managing Director
Abano Healthcare Group

Chris Fleming
Chief Executive
South Canterbury DHB

Dr Dwayne Crombie
Chief Executive
Bupa NZ



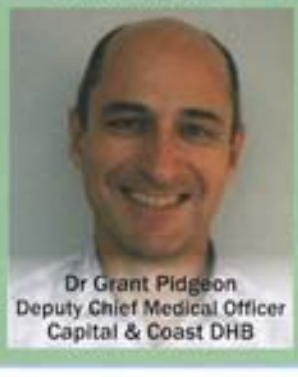
Dr Nigel Millar
Chief Medical Officer
Canterbury DHB

Michael Ludbrook
General Manager
Grace Hospital

Professor Gregor Coster
Chairman
Counties Manukau DHB

Murray Milner
Chair
IT Health Board

Barry Vryenhoek
Chief Executive
HealthAlliance



Dr Grant Pidgeon
Deputy Chief Medical Officer
Capital & Coast DHB

Greg Balla
Director Performance &
Innovation
Auckland DHB

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Participating Organisations

IT HEALTH BOARD
Counties Manukau
NZMA
Northland District Health Board
Rural Canterbury
healthAlliance
Southern Cross Healthcare Group
KMC
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abano healthcare
Grace
Auckland District Health Board
South Canterbury District Health Board
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## Day One: Wednesday 3rd October

**8.30 Arrival tea & coffee**

**9.00 Opening remarks from the Chair**
***Nevil Gibson, Editor-In-Chief, The National Business Review***

### GOVERNMENT POLICY

**9.10 Ensuring sustainable healthcare provision for all New Zealanders**
- Understanding the key issues facing today's healthcare industry
- Strategies for encouraging greater industry collaboration in healthcare provision and role of the private sector
- How to increase productivity and enhance services
- Ensuring improved primary care cooperation at GP level
- Increasing the number of medical training places
- Strategies for removing social inequalities in health care

***Dr Paul Hutchison, Chairperson, Health Committee***

### SUSTAINABLE FUNDING OF HEALTHCARE

**9.40 Innovative funding models for healthcare**
- Assessing sustainability of current funding models
- What are the other funding options and models?
- Role of private health insurance and incentives
- Understanding the benefits
- What can be learnt from overseas funding of healthcare services
- Future challenges and opportunities

***Alan Clarke, Managing Director, Abano Healthcare Group***

### MAORI HEALTH

**10.10 Understanding and developing strategies for the improvement of Māori health and wellbeing**
- Understanding and evaluating studies and research into Māori health
- What are the unique issues with Māori healthcare and how can this be addressed?
- Strategies for improving standards in Māori health
- Identifying funding and resources requirements
- Future challenges and opportunities

***Hon Tariana Turia, Associate Minister of Health, & Co-Leader of the Māori Party***

**10.40 Morning tea & coffee break & exhibition viewing**

**11.10 Presentation by Johnson & Johnson**

### PRIMARY HEALTHCARE

**11.40 Integration of private healthcare in the primary healthcare sector**
- Role of the private sector in primary healthcare
- Assessing the future sustainability of general practices
- Why there is a need for new and more flexible ownership models
- How this will benefit the primary healthcare sector and give patients greater access to GPs
- Strategies to attract younger doctors into general practice

***Dr Ian McPherson, Group Chief Executive, Southern Cross Healthcare***

### CLINICAL GOVERNANCE & LEADERSHIP

**12.10 Fostering clinical governance and leadership in the health system**
- Understanding role and importance of clinical governance
- Strategies and processes for establishing clinical governance
- How clinicians can influence decisions on the delivery of healthcare
- Strategies for greater engagement between clinicians and managers
- Establishing effective clinical networks with management and governance structures
- Why leadership by clinicians and others is a component of clinical governance
- Identifying aspects of leadership required for good clinical governance
- Criteria for identifying clinical leaders and to measure their performance

***Dr Nick Chamberlain, Chief Executive, Northland DHB***

**12.40 Presentation TBA**

**1.00 Lunch & exhibition viewing**

### AGED CARE

**2.00 Integrated, collaborative aged care provision**
- Overview of aged healthcare provision in New Zealand
- Impact and challenges of an ageing population on the healthcare sector and New Zealand as a whole
- Funding strategies for aged healthcare provision
- Why is there a requirement for greater collaboration across the sector?
- Strategies to integrate services; workforce; and information across the sector
- Understanding the benefits

***Dr Dwayne Crombie, Chief Executive, Bupa NZ***
***Chris Fleming, Chief Executive, South Canterbury DHB***

### CLINICAL LEADERSHIP & INNOVATION

**2.40 Creating opportunities for clinical leadership and innovation in healthcare**
- Why there is a need for good clinical leadership
- Key strategies for developing leadership roles of doctors, nurses and other health professionals
- Why there is a requirement for innovation by today's healthcare professionals
- Strategies for turning innovation into action
- Developing communication channels for clinical advice that is available to managers
- Understanding the benefits of good clinical leadership and innovation

***Dr Nigel Millar, Chief Medical Officer, Canterbury DHB***

## IT in Healthcare

**3.10 Improving health care delivery through advanced IT solutions**

- Update on the Central Region Information System Project (CRISP)
- How GP2GP provides a safe sharing of information between GPs and the healthcare sector.
- Delivering the National Health Index (NHI) and Health Practitioner Index (HPI) platform
- How this further supports safe sharing of information across the sector
- Implementation of Regional Clinical Data Repositories
- Developing the eMedications programme of initiatives
- Creating patient centred and empowered healthcare delivery through patient portals

***Dr Murray Milner, Milner Consulting Limited, & Chair National Health IT Board***

**3.40 Afternoon tea & coffee break & exhibition viewing**

## Collaborative Healthcare

**4.10 Integrated Care Collaborative Capital & Coast District Health Board**

- This presentation focuse on collaborative healthcare between Capital and Coast DHB and Karori Medical Centre with an emphasis on primary healthcare in line with the Better soon more convenient policy direction.

***Dr Grant Pidgeon, Deputy Chief Medical Officer, Capital & Coast DHB***

***Jeff Lowe, GP, Karori Medical Centre***

## Panel Session

**4.40 Impacts of socio-demographic factors on healthcare planning and provision**

- How do differing demographics affect healthcare requirements in terms of age group; gender; ethnic group; and income?
- Which regions are facing significant socio-demographic change?
- How can the challenges be met?
- Is there a requirement for greater collaboration between sectors?

***Panellists will comprise speakers from earlier in the day***

**5.10 Closing remarks from the Chair**

**5.15 Close of day one followed by networking drinks reception**

***Relax and unwind after a day of informative presentations and take this opportunity to network while enjoying a drink.***

# Day two: Thursday 4th October

**8.30 Arrival tea & coffee**

**9.00 Opening remarks from the Chair**

## Opposition Perspective

**9.10 Improving healthcare and tackling social inequalities in health**

- Overview of current and proposed policy
- Understanding and addressing weakness in the current system
- How to increase productivity and services in the health sector
- Strategies for removing social inequalities in health care
- How to encourage greater cooperation between DHBs
- Strategies for encouraging and supporting greater private / public collaboration
- Ensuring improved primary care cooperation at GP level

***Hon Maryan Street MP, Labour Spokesperson on Health***

## Balancing the Costs & Returns

**9.40 Sustainably funding healthcare provision - balancing the costs and returns**

- Comparing current costs in healthcare provision with rates of productivity
- Understanding risk in public healthcare finance
- Challenges in balancing sustainable improvement in the quality of healthcare whilst maintain control over funding
- Assessing commercial models for the provision of healthcare
- Evaluating various funding options
- What can be learnt from overseas

***Professor Gregor Coster, Chairman, Counties Manukau DHB***

## Private & Public Collaboration

**10.10 Achieving best outcomes for patients and improving productivity through private and public collaboration**

- Why there is a need for greater collaboration
- Examples of private and public collaboration in healthcare
- Assessing results and benefits of collaboration to-date
- Evaluating further demand that the private sector could meet
- How this will improve productivity and save costs?

***Michael Ludbrook, General Manager, Grace Hospital***

**10.40 Morning tea & coffee break & exhibition viewing**

## Performance & Targets

**11.10 Improving hospital performance in the public sector**

- Assessing current criteria for gauging hospital performance
- Is it a question of more funding and resources?
- Comparing public with private sector
- Identifying areas for improvement
- Improving efficiency in patient traffic and waiting times
- Role of technology in improving efficiency
- Understanding the benefits

***Greg Balla, Director Performance & Innovation, Auckland DHB***

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## Private Public Partnerships in Healthcare

**11.40 Providing value for money in the provision of health infrastructure through public-private partnerships**

- Evolution of PPPs from a funding tool into a procurement option
- How PPPs in healthcare can provide superior value for money
- A look at evidence from overseas
- Identifying areas in healthcare that could benefit from PPPS
- Assessing the risk factors
- Lowering the cost to health providers and lifting service performance
- Why health authorities should review how best to utilise all health infrastructure including existing private healthcare capacity

***John Rae, Chair, New Zealand Council for Infrastructure Development***

**12.10 Presentation TBA**

## Shared Services

**12.30 Sustainable resource management through shared services and streamlining the procurement processes**

- Assessing shared services in the North Island to-date
- Understanding the cost savings
- Comparing and contrasting services and processes in the North Island with other regions
- Shared services as a basis for a sustainable healthcare system
- Benefits of a more streamlined approach to procurement processes
- Creating the environment for the expansion of shared services
- Role of IT in shared services

***Barry Vryenhoek, Chief Executive, healthAlliance***

**1.00 Lunch & exhibition viewing**

**1.50 Presentation TBA**

***Dr Paul Ockelford, Chairman, New Zealand Medical Association***

## Clinical Networks

**2.20 Development of clinical networks to improve access and quality of healthcare**

- Understanding the requirement for clinical networks
- How clinical networks provide a formal structure for people and groups to focus on improving health outcomes
- How to resource and integrate networks of clinicians at all levels
- Increasing levels of communication between management and clinicians
- What benefits can be seen from clinical networks?
- Strategies for going forward

***Dr Alistair Watson, Respiratory & Sleep Physician, MidCentral DHB***

## The Value of PHOs

**2.50 The value of PHOs**

- Assessing reforms and impacts on primary healthcare
- Challenges facing the primary healthcare sector
- Meeting the objectives of the primary healthcare strategy
- Assessing opportunities with industry reforms
- How to encourage flexibility for GPs in a new environment
- What's next for primary healthcare?

***Mike Ward, Chairman, PHO Alliance & Whanganui Regional PHO***

***Allan Marriott, Chairman, Rural Canterbury PHO***

## Panel Session

**3.20 How New Zealand can meet the key priorities in healthcare going forward**

- What are the key priorities in modern healthcare provision?
- Issues that need to be addressed to move forward
- How to balance the competing needs and demands
- Strategies for greater cross sector collaboration and communication

***Panellists will comprise speakers from earlier in the day***

**3.40 Closing remarks from the Chair**

**3.45 Close of conference**

# New Zealand Healthcare Summit 2012

## 3rd & 4th October

A strong healthcare system is integral to improving the health of the population and tackling social inequalities in health.

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For further details contact Anthony Sprange on:
Phone: 09 280 3330
Email: anthony@abcevents.co.nz

### Speakers at a glance:

**Dr Paul Hutchison**
Chairperson
Health Select Committee

**Hon Tariana Turia**
Associate Minister of Health
& Co-Leader of the Māori Party

**Dr Ian McPherson**
Group Chief Executive
Southern Cross Healthcare

**Dr Nick Chamberlain**
Chief Executive Officer
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Director Performance & Innovation
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**Michael Ludbrook**
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**Prof Gregor Coster**
Chairman
Counties Manukau DHB

**Murray Milner**
Chair
IT Health Board

**Barry Vryenhoek**
Chief Executive
HealthAlliance

**Dr Grant Pidgeon**
Deputy Chief Medical Officer
Capital & Coast DHB

**Jeff Lowe**
GP
Karori Medical Centre

**Dr Allistair Watson**
Respiratory & Sleep Physician
MidCentral DHB

**Dr Paul Ockelford**
Chairman
NZMA

**John Rae**
Chair
NZCID

**Dr Nigel Millar**
Chief Medical Officer
Canterbury DHB

**Nicholas Campbell**
Executive Director, Corporate Affairs
Johnson & Johnson

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*** Early booking fee available until 31st August 2012**

**Mike Ward**
Chairman
PHO Alliance & Whanganui Regional PHO

**Allan Marriott**
Chairman
Rural Canterbury PHO

# New Zealand Healthcare Summit 2012

## 3rd & 4th October, 2012, Aotea Convention Centre, Auckland

□ Yes, please register the following
**(Register 2 delegates and a 3rd delegate can attend for free)**

**Delegate 1:** Title _____ First Name _____ Surname _____

Job Position _____ Email _____

**Delegate 2:** Title _____ First Name _____ Surname _____

Job Position _____ Email _____

**Delegate 3:** Title _____ First Name _____ Surname _____ FREE

Job Position _____ Email _____

**Delegate 4:** Title _____ First Name _____ Surname _____

Job Position _____ Email _____

**Company Name** _____ **Address** _____

**Phone Number** _____ **Fax** _____

## Registration Fees (per delegate)

**Early booking fees before close of Friday 31st August 2012**
□ Early registration fee: $895 + GST $134.25 = Total: $1,029.25
**Standard booking fees before close of business Friday 16th September 2012**
□ Early registration fee: NZ$995 + GST NZ$149.25 = Total: NZ$1,144.25
**Late booking fees after close of business Friday 16th September 2012**
□ Late registration fee: NZ$1,095 + GST NZ$164.25 = Total: NZ$1,259.25

## How to Register

**Fax:** Complete this form and fax back to us on 09 280 6452
**Telephone:** Call Active Business Communications on 09 280 3330
**Mail:** Complete this form and mail back to Active Business Communications, PO Box 359, Crows Nest, NSW 1585
**Internet:** Register online at www.abcevents.co.nz/healthcare/register.php
**Email:** Email full contact and registration details to: anthony@abcevents.co.nz

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□ Please invoice me (include contact details for invoice if not the above)

## Venue and Accommodation

**Venue:** Aotea Convention Centre, Auckland **Address:** 50 Mayoral Drive, Auckland, 1010, New Zealand
**Tel:** 09 307 5498 **Website:** www.the-edge.co.nz
**Accomodation:** The Rendezvous Hotel **Address:** Cnr Mayoral Drive & Vincent St, Auckland, 1010, New Zealand
**Tel:** 09 366 5633 **Fax:** 09 366 5439 **Website:** www.rendevoushotels.com
There is a discount rate for delegates on quoting "New Zealand Healthcare Summit".
Email: To book accommodation call Rickey Randhawa on 09 366 5436 or email to rickeyrandhawa@rendezvoushotels.com

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