



**Te Piki Oranga** Ltd  
MĀORI HEALTH SERVICES

# Organisational Development Plan



DECEMBER 2015



# Mihi

*E ngā mana e ngā reo e ngā karangamaha i tautoko nei te āhuatanga o te wā tēnā koutou.*

*Ki te hunga kua moe, nā raatou i whakatōkia mai ai ki te ngākau ko te reo me ōna tikanga, ka tangi. Ki a koutou moe mai okioki ai.*

*Ki a koutou te hunga ora tēnā koutou katoa.*

*Te ao hurihuri te ao huri ai ki tona tauranga: Te ao rapu; ko te huripoki e huri nei i runga i te taumata o te kaha.*

*Ko tēnei te mahere ki whakawhanake ai ngā mahi o Te Piki Oranga ki te ahū whakamua.*

*Mauri ora!*





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# Acknowledgements

*Greetings to the people who have contributed to the success of Te Piki Oranga Limited - to those who have moved on, to the leaders and board, to the workers and the wider whānau of the Te Tau Ihu and the surrounding community. It is acknowledged the long and at times challenging establishment of the entity, the trauma and change people have endured.*

*We are grateful to you all for your commitment and passion to serve the local community, striving to improve Māori health across the rohe.*

*We live in a dynamic environment that is moving fast like a wheel that turns on an axle of strength.*

*This is the development plan to guide the work of Te Piki Oranga moving forward.*



# Vision

*Kia korowaitia āku mokopuna ki te korowaitanga hauora -  
We want to wrap our future generations in a korowai of health and wellness.*

# Mission Statement

*Hei oranga ki te whānau o Te Tau Ihu o te Waka a Māui - Achieving health  
and wellbeing for whānau in Top of the South of Te Waipounamu.*

The mission of Te Te Piki Oranga Ltd (TPO) is to provide excellent quality and accessible kaupapa Māori health and social services for whānau in a manner that is culturally appropriate and consistent with the concepts of whānau ora and tino rangatiratanga (self-reliance and independence).

Te Piki Oranga is a regional Māori provider set up in collaboration with the Nelson Marlborough District Health Board (NMDHB) and existing Māori health and social service providers. The service delivery model is based on regional hubs: Wairau, Whakatu and Motueka.

# Values and Principles

The following describes the values and principles upon which Te Piki Oranga has built the foundations of the organisation, and the strategic direction. The key values or pou that will drive the interactions with key stakeholders are:

- Whānau/whānaungātanga
- Kaupapa
- Tuwhera
- Kaitiakitanga
- Taonga tuku iho
- Whakanoa/tapu
- Wairua
- Te Ao Turoa
- Tangata
- Aroha
- Tika/pono

The vision, mission and values are incorporated by the whakatauki:

*Whakahokia e te mana*

*Te iwi ki te iwi*

*Te hapū ki te hapū*

*Te whānau ki te whānau.*

# Executive Summary

This report outlines the next steps for the organisational development of Te Piki Oranga Limited and briefly touches on its whakapapa. TPO is a newly formed Māori health provider based in Richmond, with service delivery sites in Wairau, Whakatu and Motueka serving the entire rohe of Te Tau Ihu o Te Waka a Maui. It holds one contract under the title of 'Whānau Ora' for the provision of Māori health services with the Nelson Marlborough District Health Board. It has approximately 50 full time equivalent staff of primarily Māori descent.

The Nelson Marlborough District Health Board considered there was a need to respond differently to health challenges that the Māori community are experiencing across Te Tau Ihu o Te Waka a Maui. Based on reports from Māori health providers, NMDHB noted that service configuration was out of date with the changing needs of the Māori community and concluded something different was needed. The data showed that long term chronic conditions (diabetes/heart disease/ cancer/COPD) were on the increase and had become intergenerational within whānau.

TPO was born on 1 July 2014 following more than two years of discussion and consultation between the NMDHB and a coalition of health providers. The formation resulted in the absorption of staff and operations from individual health providers and the recruitment of new staff under the single umbrella of TPO. TPO holds the overall contract for the provision of Māori health services for three years, terminating on 30 June 2017.

TPO is undergoing significant organisational change as it establishes itself as the new provider of Māori health services in Te Tau Ihu o Te Waka a Maui. Since its inception, the leadership, board and staff of TPO have focused on establishing and bedding in the new structure of the service and forming high performance teams under a Whānau Ora model.

This report focusses on an analysis of the current TPO environment and the development of a relevant Organisational Development Plan. A summary Strategic and Organisational Development Plan is included in Section 9.

## **The four key priority areas are:**

1. Consolidation
2. Governance
3. Strategic vision and direction
4. Embedding tikanga

The TPO Board and management are committed to drive TPO into the new environment. However, they must maintain the relationship with its shareholders to survive and thrive in the current health services environment.



**It is recommended that TPO pursues two concurrent development strategies:**

Focus on cementing the organisational structures and leadership as a flexible, professional and high achieving organisation; and

Pursue a diversification strategy that explores ventures outside of its key contract within the Māori health and associated services stable that is consistent with Whānau Ora.

The further development of the Organisational Development Plan in Section 9, and its expression in key performance indicators that will be monitored by senior staff and the Board, will help ensure TPO is best placed to achieve sustainability in the coming years.



# 1.0 Purpose

This report has been developed by Barbican Training Centre (Barbican)<sup>1</sup> as part of a contract with TPO, funded by the Ministry of Health.

As part of the development of this report, Barbican facilitated separate discussions with the following TPO personnel:

- Board
- Manager – Anne Hobby
- Staff (as part of a staff planning hui)

The overall findings guided the review of the key priority areas that form the focus of this report, alongside the development of key high level goals outlined in the Organisational Development Plan. The board has considered and adapted the report to reflect the organisation moving forward.

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<sup>1</sup> Barbican Training Centre Limited, 563 Main Road Stoke, Nelson, New Zealand. [www.barbicantc.com](http://www.barbicantc.com)



## 2.0 Organisational Profile

TPO is the kaupapa Māori health services provider in the Te Tau Ihu region. From its establishment on 1 July 2014, it has already gained a reputation as an innovative and leading health provider.

It operates as a limited liability company with charitable status under the leadership of a representative Board of Directors and its management team. TPO currently employs around 50 FTE staff.

TPO's management hub is located in Richmond with service delivery sites in Whakatu, Wairau and Motueka. It provides free, confidential health services to the rohe of the NMDHB.

The organisation holds one key contract entitled 'Whānau Ora' with the NMDHB for the following services:

- Personal health
- Mental health and addictions
- Tamariki ora
- Health social work

### 2.1 Our people, our rohe

Te Piki Oranga service coverage area encompasses three Territorial Local Authorities - Tasman District Council, Nelson City Council and Marlborough District Council. Around 9% of the Nelson Marlborough population are of Māori descent.

**Table 1 – Māori ethnic population medium projections by regional council area. (\*2006 baseline)<sup>1</sup>**

Territorial Local Authority	2006*	2013	2016 Projected <sup>2</sup>	2021 Projected <sup>2</sup>
Tasman District	3,063 (28%)	3,441 (28%)	3,800 (26.5%)	4,100 (26.5%)
Nelson City	3,615 (33%)	4,167 (34%)	5,000 (35%)	5,500 (35.5%)
Marlborough District	4,275 (39%)	4,776 (39%)	5,500 (38.5%)	5,900 (38%)
Nelson Marlborough (2006 base)	10,953	12,384	14,300	15,500
Nelson Marlborough (2013 base)	---	---	147,20	158,502

<sup>1</sup> Nelson Marlborough Māori Health and Wellness Strategy 2008 Statistics New Zealand

<sup>2</sup> Statistics New Zealand projections for Ministry of Health 2014 update for 2015/16 & 2020/21 populations

Data from the Māori Health Profile 2007 and Statistics NZ highlights the following key facts:

- There is an expected increase in the Māori population to 9.5% of the total population based on population projections. This still remains less than the national average of 15%.
- Maataa Waka represents the largest portion of Māori living in Te Tau Ihu at about 92%.
- The highest average growth in the Māori population across the districts will be in Nelson at 2.2%, followed by Marlborough at 1.7%, and Tasman at 1.4%.
- Marlborough district has the highest proportion of the total Māori population (39%), followed by Nelson, then Tasman.
- Marlborough also has the highest proportion of its total population who are Māori (11%), followed by Nelson (9%) and Tasman (7%). Overall 9% of the Te Tau Ihu population are Māori.

## 2.2 Socio-economic status

Māori are disproportionately represented in the more deprived areas of New Zealand, including the Te Tau Ihu region.

### 2.2.1 Income

Income has been claimed to be the most important modifiable determinant of health. Within the rohe of TPO:

- Māori in Te Tau Ihu are less likely to earn over \$10,000 per annum than non-Māori in the region.
- Māori in Te Tau Ihu are also unlikely to earn incomes in the highest categories.

### 2.2.2 Housing

Housing is a basic human need and has a large impact on people's well-being and quality of life. Issues related to housing crisis, such as affordability problems, poor quality and household crowding, have many flow-on effects for people's health, education, community participation, community cohesion and safety. Marlborough Māori are three times more likely to live in an overcrowded house than the overall Te Tau Ihu population.

### 2.2.3 Life expectancy

The life expectancy of Te Tau Ihu Māori is 78.2 years for females and 73.5 years for males indicating Māori in the region live longer than the national average. However, Māori men and women in the region still die younger than their non-Māori/non-Pacific peers in Nelson Marlborough - 2.6 years younger for men and 3.1 years for women (Wellington School of Medicine, 2001).

## 2.2.4 Other key factors about our people

- Three of the top five leading causes of avoidable mortality were the same for Māori and non-Māori. These were ischaemic heart disease, lung cancer, and suicide. COPD was leading cause for Māori while motor vehicle accidents and birth defects were leading causes for non-Māori.
- Respiratory infections, dental conditions, ENT infections, gastroenteritis, and angina were the top five leading causes of avoidable hospitalisations for both Māori and non-Māori. In the NMDHB, angina was a leading cause for women while obstructed hernia was a leading cause for men.
- Dental conditions were a leading cause for Māori children 0-4 years.
- Lung cancer, stroke, ischaemic heart disease, and COPD were four of the top five leading causes for older Māori and non-Māori people.
- The leading causes of hospitalisations varied for older Māori and non-Māori people in the NMDHB. Respiratory infections, COPD, and other intestinal diseases were leading causes for older Māori people.
- The rate of ischaemic heart disease hospitalisation was significantly higher for the Nelson Marlborough DHB than the national rate.
- The rate of COPD hospitalisation for Māori was statistically significantly higher than that for non-Māori however the hospitalisation rate for the NMDHB was significantly lower than the national rate.
- The rate of cancer hospitalisations (including melanoma and prostate cancer) for the NMDHB was statistically significantly higher than the national rate.

## 2.2.5 Deprivation

The New Zealand Index of Deprivation (NZDep06) provides a numerical rating of socio-economic status by small area unit. This is based on nine indicators taken from the 2006 Census and across eight dimensions of deprivation. The numerical scale is divided into population deciles with 1 representing the least deprived and 10 representing the most deprived (Salmond, Crampton, & Atkinson, 2007).

In Nelson Marlborough District Health Board the distribution of communities amongst the NZDep06 deprivation deciles is dominated by the middle deciles. Whilst non-Māori show no trends in distribution, but are more dominant in the lower deprivation deciles, the proportion of Māori population in each deprivation decile generally increases with increasing levels of deprivation up to decile 7, then declines. The 2006 deprivation profiles for Nelson Marlborough and its territorial authorities show:

- Māori are more heavily skewed towards the higher deprivation deciles than non-Māori for all three territorial authorities.

- This trend is most pronounced in the Nelson City region where 48% of Māori live in deciles 8, 9 and 10.
- However, the distribution of the local Māori population is less heavily skewed towards the higher deprivation deciles than in New Zealand as a whole (Wellington School of Medicine, 2001).

### 2.2.6 Leading causes of avoidable hospitalisations

The six leading causes of avoidable hospitalisation in the TPO region for Māori 0 to 74 years of age are:

1. Dental conditions
2. Upper respiratory/ear nose and throat
3. Angina and chest pain
4. Asthma
5. Pneumonia
6. Cellulitis.

### 2.2.7 Leading causes of avoidable mortality

The four leading causes of avoidable mortality of Māori in the TPO area are:

1. Ischaemic heart disease
2. Lung cancer
3. Suicide and self-inflicted harm
4. COPD.



## 3.0 Environmental Context

### 3.1 Summary

TPO operates in an extremely dynamic and political environment that is driven by public health policy, the relentless demand for value for money services and a shrinking taxpayer dollar. Although it has several small contracts, TPO is primarily dependent on one major contract with the NMDHB. These factors could significantly impact TPO and restrict its options for capability development, as outlined in this report.

### 3.2 Health and social sector environment

The last decade has seen public health expenditure come under extreme pressure. A burgeoning ageing population, increasing taxpayer demands for a wider range of services alongside value for money, an ever-shrinking taxpayer dollar and the global financial crisis has driven the public sector to instigate major changes in an effort to balance the budget and public demands. Health services have also increasingly recognised that many of the determinants of health such as income, housing and level of educational attainment, are outside the traditional scope of health service delivery.

Against this backdrop, it is increasingly difficult for TPO to achieve increased funding or contract expansion without significant health and social policy changes or a broadening of the scope of contracts undertaken.

### 3.3 Whakapapa

On 1st July 2014 Te Piki Oranga Limited was formed through the amalgamation of six Māori health providers across Te Tau Ihu. The majority of the staff in each of the progenitor entities undertaking NMDHB contracts were mapped to the new entity along with the current funding. Some of those staff mapped to TPO continue to be housed at shareholder provider locations in exchange for an agreed rental payment.

TPO has had one year to bed in and establish itself as a viable and professional organisation that can deliver the single contract they hold with the NMDHB. Based on the information gleaned in the preparation of this report, TPO has made a relatively smooth transition to its current format and is delivering admirably on its obligations to the NMHB, staff and clients.



## 4.0 Report Methodology

### 4.1 Summary

This report provides a high level organisational development plan for TPO so that they can build on gains and communicate their vision to staff, shareholders and the Māori community. The Ministry of Health through their Māori Development Provider Fund has supported the development of an overall organisation development plan, from which has fallen the strategic and business plan.

Planning sessions were held with the Board, the manager and the majority of TPO staff in order to ascertain the high level needs and aspirations for the organisation. The results gathered from the planning sessions were aggregated and analysed using evidence gathered by Barbican personnel. Evidence was limited by the availability and supply of information requested within tight timeframes to meet reporting deadlines.

**The methodology followed to develop this report was as follows:**

1. Ground truth and triangulation view by involving Board, manager and staff
2. Collect evidence to verify qualitative impressions
3. Conduct an environmental scan
4. Gap analysis
5. Develop a draft high level Organisational Capability Development Plan.

### 4.2 Scope and limitations

This plan has been compiled with evidence obtained from:

- Information and TPO documents
- Staff interviews via hui
- Manager interview
- Board interview
- Board workshops

and is limited by:

- Information supplied by staff within tight timeframes
- Personnel available at scheduled interview times
- Evidence obtained.



### 4.3 Triangulation

A 'triangulation' approach has been employed to ensure the most urgent and relevant organisational development elements are addressed. This approach was designed to provide a robust and credible assessment of TPO's current status. Three separate 'consultation' processes were used to gain perspective on the perceived organisational development needs. The participants were:

- The manager of TPO
- The full staff of TPO at their planning hui
- The full TPO Board

In addition, Barbican consultants provided their impression of the organisational development needs based on evidence and quantitative information gathered during the process.

Comments gathered from staff interviews were amalgamated into a narrative to inform the gap analysis process and identify key opportunities for future planning.



## 5.0 What we do well

*We stand tall - for who we are and what we do.*

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### 5.1 Setting the scene

A strengths-based, appreciative inquiry approach was taken to better understand the existing strengths of the organisation. This approach was designed to:

Create a positive environment that encourages naked truths and provides a fertile ground for new future thinking.

Focus participants on the strengths of the organisation.

Generate discussion around beliefs and ideas that should be retained for the future and discard those that are no longer relevant, or are currently hampering TPO from moving forward, to effectively achieve its vision.

Provide a safe environment to share controversial, unresolved or unspoken tensions.

### 5.2 Realities

In addressing the capacity and future direction of TPO, the process of seeking out the aspects of the situation illustrate there are both commonalities and strongly conflicting views and beliefs, that could hold TPO back from achieving their own tino rangatiratanga. To survive in the harsh health services environment, it is recommended that the TPO leadership team address the issues identified.

#### 5.2.1 The Board perspective

The Board was asked to consider the most positive aspects of the organisation over its first year in existence. The Board identified the following:

The teams and people are working well and are, by and large, integrating at a good level.

There is a passion to eradicate inequity through expanding/developing the current services.

TPO is considered an excellent employer. It is proud to be one of the largest employers of Māori in the rohe.

TPO aspires to be the employer of choice for Māori, and in particular, Māori nurses.

The Board considered the progress of the organisation to date has succeeded in gaining the desired credibility by whānau, its funders, the NMDHB, and other stakeholders.

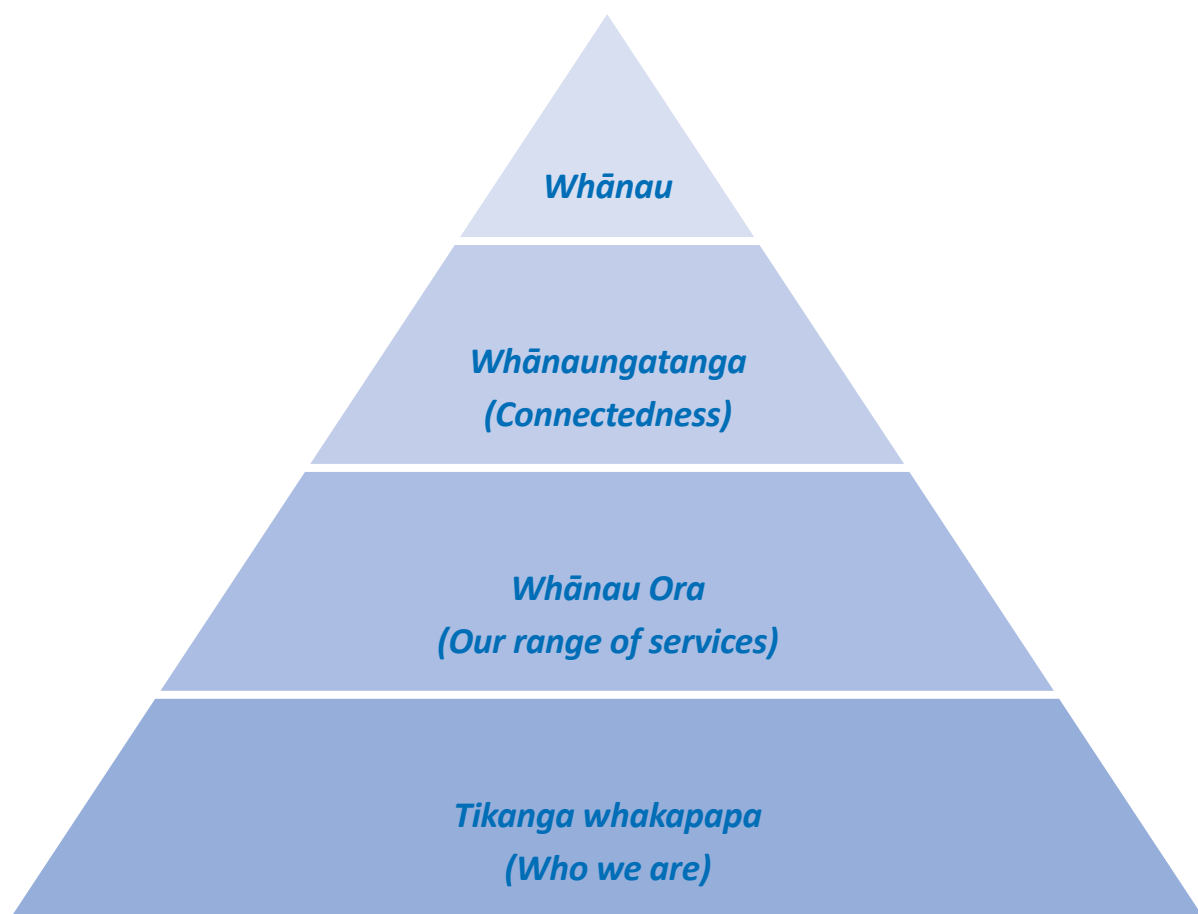
## 5.2.2 The staff perspective

At a hui staff were asked to form small groups comprising of individuals from a range of TPO service groups. They were asked to brainstorm and explore two questions:

1. What is working well?
2. What should we be doing more of?

The results were verbally shared with the wider group.

Staff expressed their view of the current service delivery in the following diagram:



The feedback across all groups was correlated into key themes. The most commonly expressed positive themes are as follows:

Staff appreciate the trust shown by the Board and the manager to determine the best way to deliver services to the whānau.

This broad collective skill base fosters creativity and allows a multidisciplinary approach to whānau.

Staff enjoy weaving modern and traditional methodologies to improve service delivery.

Staff feel a strong connection to the kaupapa, their whakapapa and tikanga. These connections make staff feel this is a truly kaupapa Māori organisation they are proud to be part of.

The ability to offer Whānau Ora services that are tailored to the needs of whānau.

Staff like the range of opportunities for training and development.

Staff expressed the importance of a mobile service that completely covers the rohe.

Staff enjoy the wide skill set housed within the organisation resulting in the ability to provide a more inclusive, holistic, wraparound service to whānau.

Staff feel more empowered and gain greater efficiencies using modern systems and technology.

The collegial whānau work environment is characterised by positive communication and the ability to be creative in the workplace.

Staff enjoy working in an environment that demonstrates quality leadership and teamwork. These elements make working in the broader team easier and more productive.

Staff enjoy working in an environment that is creative, progressive and trusting.

Staff enjoy the excellent communication and ideas exchange that occurs within the TPO environment.



## 6.0 Current Status

*Ma whero ma pango ka oti ai te mahi -  
With red and black the work will be complete.*

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### 6.1 Summary

TPO is doing a lot right as evidenced by the ease of sharing in small and large group settings, and the relative ease expressed by the staff and Board identifying key strengths. There is a strong feeling of positivity, forward thinking and desire to not only survive, but thrive moving into the future.

While the Board and staff share aspects of a common vision for the future of TPO, there is tension around exactly what this is, how this should be achieved and what timeframes TPO should strive to achieve it. Whilst kotahitanga is a key theme, this is not universally achieved across the organisation and tension is evident.

Part of the organisational development strategy will be to acknowledge the tension, have conversations on how to overcome this and implement activities to achieve greater kotahitanga.

### 6.2 Working together

The key common themes cited by both the staff and Board are as follows:

To deliver services that achieve positive health outcomes for whānau and hapu.

To strengthen the organisation so that it is well positioned for the future.

To retain its ability to deliver a kaupapa Māori service aligned with TPO's organisational tikanga and values.

To expand the existing range of services to Māori.

### 6.3 Challenges we face

In addition to the expected strategic challenges of developing and consolidating an amalgamated health provider, the following overarching issues were identified:

- It has been agreed that the organisation will consolidate first and then look at diversification. Initially there was discussion amongst Board members over the short to medium term strategic direction. That is, consolidating the status quo versus growing the organisation and expanding the existing range of services.
- Opportunities to expand current services have been identified and/or presented themselves. Expansion would provide a more comprehensive wraparound service desired by both staff and the Board. Such expansion has the potential to threaten some service delivery of shareholder organisations. The idea of competing directly with shareholders' businesses for traditional

shareholder business activities (i.e. social services contracts or other contracts outside the current NMDHB service stable) presents significant challenge to Board members. It is agreed that TPO will undertake both health and social service accreditation to leave options open for future development.

## 6.4 Talking points

The organisation is at a point that requires clarity and unity of future direction. This is a challenging time that requires frank, constructive conversations at a leadership level, resulting in a consensus on the way forward.

### 6.4.1 Which way forward?

**Clarifying the future strategic direction is a priority. The primary options are:**

1. Strengthening and consolidating the service
2. Growing the breadth and depth of services
3. A mixture of the two.

The Board and management favour Option 3 on a time line.

### 6.4.2 Shareholders

The shareholders originate from five of the original seven Māori health providers of Te Tau Ihu. They have good historical knowledge of delivering Māori health services in the region as well as knowledge of the recent transition process. At present, the shareholding of TPO has generated robust discussion within the Board on the strategy to respond to contract offers where it might conflict with their shareholders. The Board favours a consensus approach to resolving these issues.

Ngati Apa and Rangitane (Wairau) have always had the ability through the constitution to become shareholders and appoint directors to the Board. They are presently in the process of nominating their directors and this will add to the dynamics of the Board. TPO also has shares that are presently held by the manager in a non-voting capacity that can be allocated to other potential shareholders. The Board will continue to have discussions with iwi and stakeholders and acknowledge the need to manage conflicts of interest.

TPO is gaining credibility within the NMDHB that can be leveraged to strengthen its current position. This could place TPO in direct competition with other entities owned or controlled by the existing shareholders or other Māori organisations, however a partnership is favoured to avoid competition.



# 7.0 Shaping the Future

## *Defining tino rangatiratanga for TPO*

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### 7.1 Setting the scene

Staff and the Board were asked to map out their vision for the future and asked the question:

“What should Te Piki Oranga look, feel and sound like in the future?”

This exercise was designed to elicit the broader groups’ vision of the organisation’s future.

### 7.2 What we aspire to be

The visions were diverse, but expressed a strong desire to build and expand on the current format.

The key themes arising from this visioning exercise are as follows:

Continued development of our tikanga and TPO’s kaupapa Māori service that enhances the relationship with Te Tau Ihu Iwi and marae.

Developing the organisation’s tino rangatiratanga and rangatiratanga - being leaders and taking control of the entire spectrum of Māori health choices for our people.

Developing services in education and lifestyle.

Developing an expanding, fluid, dynamic and complete wraparound service.

Moving into advocacy in justice and a wider range of social services.

Continued support of Te Tau Ihu Iwi.

Continued focus on the whānau and the team - he tangata, he tangata, he tangata - from the flax roots up. This includes being great employers and being there for our whānau.

Focus on proactive health rather than reactive health – early intervention, preventative health versus bottom of the cliff services.

Providers of knowledge and direction through research.

A major force and voice in determining Māori policy in the region.

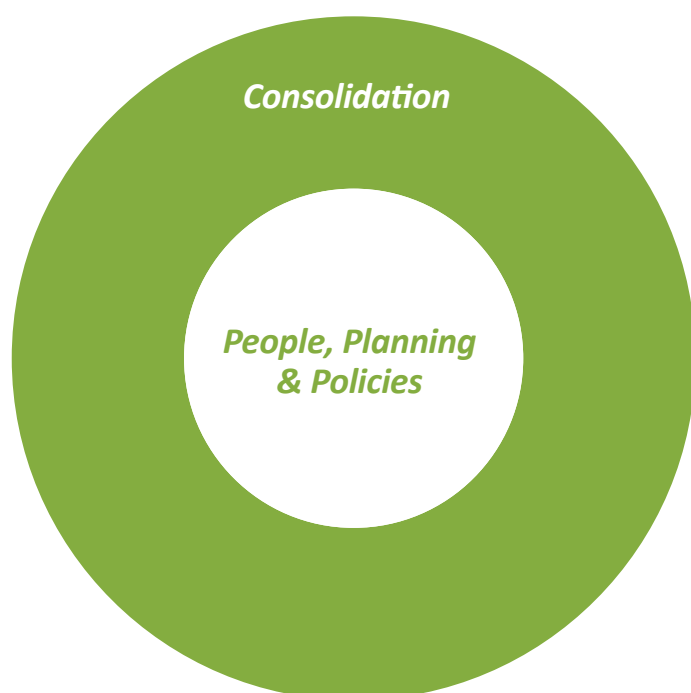


## 8.0 Key Organisational Development Areas

### 8.1 Gap analysis

In order that this report and its associated high level goals for the Organisational Development Plan address the most urgent and relevant organisational development areas, and that the report is considered a robust and credible assessment of the current status of the organisation, a 'triangulation' approach was used. While the key development areas differ depending on the perspective, some clear areas for development were apparent.

TPO is a new organisation and is the result of a long and difficult process. There are ongoing uncertainties associated with government funding within the health sector including potential changes in government or policy at the NMDHB. A two tier but concurrent organisational development outline for TPO was identified. This is shown in the diagram below:



**The gap analysis identified four key priority areas for development:**

1. Consolidation/quality
2. Governance at Board level
3. Strategic vision and direction
4. Connecting with tikanga and whakapapa.



### 8.1.1 Consolidation/Quality

Given the challenging establishment, it is logical and appropriate that the focus of the organisation in the first year was to integrate and consolidate the organisational structures. Bringing together and harmonising five different entities along with staff, processes, clients, technology and contracts is a large and complex project. It is apparent that strong progress has been made in this area.

**The identified priority is to focus on developing:**

1. Policies and procedures consistent with good governance and being an exemplary employer. A quality manager has been contracted in the first year to collate and refine the policies and procedures contributed by the previous providers. However, a comprehensive list and gap analysis should be undertaken in the second year.
2. A continuous quality improvement programme, leading to health and social service accreditation.
3. Staff engagement and planning processes that encourage growth, innovation and ongoing development.
4. Staff recruitment and performance management that results in TPO being the employer of choice for health care professionals and staff continue to enjoy a shared connectedness or kotahitanga.
5. High levels of compliance and service delivery aligned with funded contracts.
6. Strong, positive relationships with the NMDHB, PHOs, GPs, TPO whānau, iwi, marae and other like-minded providers in the community.

## 8.1.2 Governance at Board level

There is a need to consider the constitution of the Board as TPO transitions from an establishment organisation to a developing organisation. The current Board composition is a representative committee of the current shareholders. While this was important during the transition process, and given the current tensions outlined in Section 6 of this report, consideration needs to be given to whether or not the current composition i.e. a representative board (not the current individuals comprising the Board), will be able to realise the aspirations and dreams of the organisation. Given this backdrop, the following areas are suggested for consideration:

1. Consideration of independent directors and/or board chair. The purpose of the independent parties is to:
  - Bring in expertise and outside perspective to the board discussions.
  - Mediate and “oversee” the interaction of shareholder directors. They can ensure the dialogue is constructive, fair and focused on the wellbeing of the entity without being unfairly influenced by shareholder interests.
  - Facilitate resolution of issues between board members.
2. Manage conflicts of interest objectively and directly. The nature of the current Board necessitates members hold strong linkages to other agencies that may be in direct or indirect competition with TPO (both now and in the future). Such conflicts need to be very carefully managed while still maintaining the credibility of TPO and confidence in its decision-making processes. The Board actively maintains a conflict register and others at the board table are careful to point out potential conflicts. While identification of conflicts is the first step in managing conflict, the board is aware they must actively and demonstratively manage identified conflicts in such a way that strategic decisions by the Board may stand up to scrutiny. The Board is well aware that under the Companies Act, directors must at all times “act in good faith and in the best interests of the company.”
3. A skills gap analysis is required as the Board transitions from the establishment and consolidation phase to a “go forward” phase to ensure the current composition has the skills required to move the organisation in its next developmental phase.
4. Build relationships with iwi of Te Tau Ihu.

### 8.1.3 Strategic vision and direction

*Kia korowaitia āku mokopuna ki te korowaitanga hauora -  
We want to wrap our future generations in a korowai of health and wellness.*

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Central to the development of TPO as a vibrant and viable organisation, is the need to establish a clear vision. Failure to provide an engaging, meaningful vision that engages staff in a real way is likely to result in a demotivated workforce and risks a loss of reputation that is often difficult to regain.

**To move forward, the Board and senior staff need to:**

1. Embrace the vision to become meaningful in a specific TPO sense.
2. Engage with staff getting feedback and building support for the vision. This process has already begun but requires continual engagement.
3. Enact the steps necessary to make that vision happen.

**As a secondary theme, the Board and senior staff need to:**

1. Decide the next strategic focus. Presently the Board supports a mixture of the two strategies, i.e. strengthening and consolidating before growing the range of services or the range of clients.
2. Agree a timetable and associated KPIs that can be monitored by senior staff and the Board. From this operational plan, a strategic plan and business plan will be developed.

### 8.1.4 Connecting with tikanga and whakapapa

TPO clearly demonstrate they 'live and breathe' its desire to provide holistic Māori health services to whānau. The inclusion of the Māori cultural connection that is seamlessly integrated throughout the organisation separates it from other health and social service providers. This was identified as a key strength of the organisation that is working well and should form a key element of the future vision of TPO. As a result, the last key area for development is consolidating, enhancing and developing the tikanga of TPO.

Appropriate advice was sought from TPO's kaumatua and cultural advisors. Points for consideration in the future development of its tikanga should include a:

1. Distinctive tikanga for TPO that is known, understood and easily interpreted by all staff.
2. Tikanga that resonates with the values of TPO and its key stakeholders.
3. Tikanga that can be applied to all key situations that ensure a safe environment for all stakeholders.
4. TPO has a knowledge, understanding and respect for the tikanga of local iwi.

# 9.0 Te Piki Oranga Organisational Development Overview

Vision: Kia korowaitia āku mokopuna ki te korowaitanga hauora.

Mission: Hei oranga ki te whānau o Te Tau Ihu o te Waka a Māui.

## TE TIMATA ... ONE YEAR ON

NMDHB Whānau Ora contract and other allied services

Integrated work teams

Recognised as key quality Whānau Ora service provider in Te Tau Ihu

### Pou tuatahi:

This strategy will ensure the organisation is strongly positioned for future growth and is able to adapt and iterate more easily as the environment changes.

### Pou tuatahi

- Consolidate business structures
- Sustain financial viability
- Successful NMDHB contract delivery
- Cement organisational structures and flexible, professional leadership
- DAA Accreditation
- Continue to develop a strong workforce
- Develop a communication plan

## THE PREPARATION

### Pou tuarua

- Build exemplary governance
- Maintain skilled and sound governance
- Build relationships with iwi
- Build relationships with key stakeholders

### Pou tuatoru

- Implementation of the shared strategic vision
- Diversification of services

### Pou tuawhā

- Continue to build, consolidate and enhance tikanga
- TPO tikanga that is known and understood
- A knowledge, understanding and respect for the tikanga of local iwi.
- TPO provides culturally appropriate services to Whānau.

## POSITIONED FOR GROWTH

Explore appropriate contracts that build a holistic, wraparound health and social service

Recognised as the go-to health and social services provider for marginalised peoples

### Pou tuatoru:

This strategy will reduce organisational risk and over-reliance on a single contract with a single provider. It will also leave the organisation less vulnerable to risks of disestablishment or integration with other health and/or mainstream providers. It will identify gaps and enhance the wraparound nature of the service.

Whānau, whānaungatanga, wairua, kaupapa, Te Ao Turoa, tuwhera, tangata, kaitiakitanga, aroha, taonga tuku iho, tika/pono, whakanoa tapu, mana, mauri, Ha o Kui ma Koro ma, whakapapa, Te Reo Māori, tikanga/kawa, rangatiratanga, turangawaewae, manaakitanga, tapu, noa.

**Whakahokia e te mana, te iwi ki te iwi, te hapū ki te hapū, te whānau ki te whānau.**

## 10.0 Where to now?

TPO will pursue four concurrent development strategies identified as the four pou (Diagram 9.0).

The upcoming environment and shift in government policy demands services like TPO revolutionise their current thinking away from funded services to collaborative relationships and paid services that leverage its core competencies. TPO will start planning a considered response to these potential eventualities.







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