

COMMUNITY HEALTH PLAN 20

2024-2028

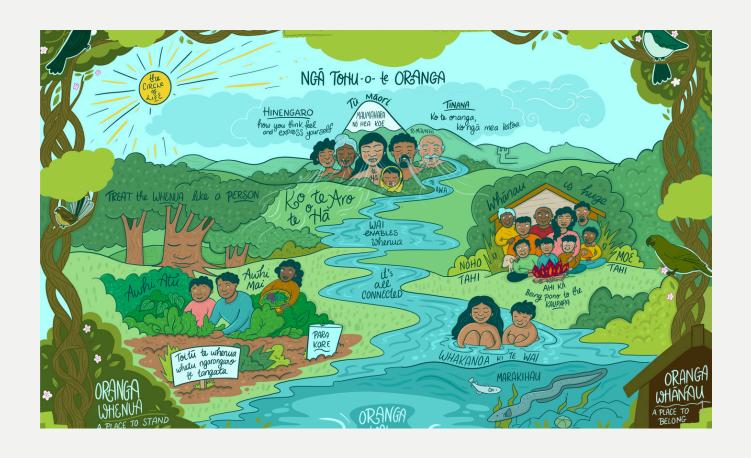


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FOREWORD

Tau mai e Kāpiti te whare wānanga o ia, o te nui, o te wehi, o te toa Whakakaupapa i te noho tahi a Awa, a Toa, a Raukawa I heke mai i Kāwhia ki te kawe tikanga Hei ora mō nga uri o muri nei Tau mai e Kāpiti te kāinga tupu O te wehi, o te Toa, o te whakamanawanui..

-He kupu mai i te waiata Tau Mai e Kāpiti

E ngā iwi, e ngā whānau o te motu nei, tēnā koutou katoa.

Mai ngā tau 1800 whakakaupapa ai te noho tahi a Āti Awa, a Ngāti Toa tae noa mai ki ēnei rangi tonu he mea tīmata i te heke mai raro. Ko te whakapapa, ko te whenua, ko te ora tonutanga o te whānau e tūhonohono ai i ngā iwi e rua. Otirā, mā ngā iwi e rua e manaaki i te whenua, i ngā whānau i te mata o ngā whenua o te takiwa nei.

I tēnei tau tonu kite atu mātou i te hekenga o ngā iwi o te motu ki runga i a mātou o Ngāti Toa Rangatira, o Te Āti Awa kia kotahi ai te tū ki mua i te aroaro o te Kāwanatanga nei. E ngā whanaunga o ngā hau e whā puta noa i te motu – ngā tamariki, mokopuna, pakeke, kaumātua koutou i tū kotahi ai mō te mana o tō tātou iwi, o tō tātou whakapapa, o te Tiriti o Waitangi, tēnei au e mihi kau atu ana.

E ai ki te Kawanatanga, he mea whakatū a Āti Awa Toa Hauora Partnership Board nā te mana o te Ture Pae Ora i te tau 2022. Heoi anō rā, e ai ki a mātou he mana anō tō tēnei kaupapa i te tautoko o a mātou whānau, hapori, me a mātou iwi Rūnanga. Ko tōna kaupapa ko te kaupare i te tūkinotia o te hauora Māori, te oranga whānau, te oranga hapori e ngāi whakatakē ki tō tātou ao Māori mā.

Kua roa ngā kaupapa Māori e whai ana ki te whakapiki i te orangatonutanga o te Māori e whakahāweatia mai ai e rātou mā, koia i whakatū ai a Āti Awa Toa Hauora Partnership Board hei arotūruki i te pūnaha hauora o Aoteroa, mā te reo o ngā whānau e tohu i te huarahi ora mā te iwi Māori.

Kua roa ngā whakatakētanga i roto i te pūnaha hauora e tāmi ana i te Māori me te oranga o te whānau. Ko ēnei tūkinotanga, he mea takahi i te Tiriti o Waitangi. Kua tae raa ki te wā, me whai mana, me whai reo hoki ngā whānau Māori ki roto i ngā mahi waihanga rautaki, i ngā mahi whakatakoto kaupapa hoki. E mihi nei ki ngā whānau, hapū me ngā iwi e whāngahia ana te Poari nei ki o taonga kōrero, ki ō wheako, ki o nawe, ki o wawata mō te oranga o te whānau. E tika ana, mā ngā whānau, ngā hapū, ngā iwi ngā whāinga hauora, āna putanga hauora hoki e kawe, e pīkau, e whakatutuki. Mā tā mātau mahi tahi e ū ai te waka ki pae oranga.

Anei kē ko Āti Awa Toa Hauora e whakatakoto nei i tana rautaki mō ngā tau kei mua i te aroaro. E rere atu nei ngā mihi ki a koutou katoa!



Dr Taku Parai Kaumatua Āti Awa Toa Hauora Partnership Board

EXECUTIVE SUMMARY

Āti Awa Toa Hauora Partnership Board Community Health Plan sets out our initial priorities to achieve an oranga eco-system for our mokopuna to thrive. Inspired and informed by the stories of our people, our priorities reflect the unmet needs of whānau Māori in the current health system and their ideas and aspirations for change. Their experiences and insights are validated by health data and other indicators of wellbeing which present a picture of significant and compounding inequities for Māori in our rohe across multiple domains.

Consistent with our moemoea Oranga Whenua, Oranga Wai, Oranga Whānau, our Community Health Plan champions a broad, kaupapa Māori view of health, that protects and empowers mana Motuhake, is compassionate and is fair to all. While our focus is on oranga Māori, as mana whenua we seek to uplift the wellbeing of all who reside in our rohe.

We see huge opportunity with the health sector drive towards more regional and local decision-making, including greater devolution of funding to iwi. We strongly support the aim of better integration of community, hospital and specialist care. We also want to see co-designed models of delivery that link health services with the other key supports that whānau may need; such as safe, warm housing, income and employment support.

Mandated by our iwi and by legislation, what we are seeking is a genuine, high-trust partnership with health and other decision-makers driven by our shared aspiration of achieving pae ora - a transformed system that empowers mana motuhake, enables Māori to thrive as Māori and achieves positive and equitable outcomes for all population groups. At a practical level this means an operating model where we contribute to strategic decision-making with Te Whatu Ora leaders and other regional and local commissioners and decision-makers.

We will bring whānau-led solutions to the table as well as the collective experience of our iwi and Māori providers in designing and delivering effective, kaupapa Māori models of health, healing and wellbeing. As iwi leaders amongst our communities, we also bring existing local relationships and partnerships across our rohe.

By working together we can improve the return on current cross-agency investment by helping to build the healthy physical and socio-economic environments whānau need to thrive. We know that health sector expenditure alone cannot deliver oranga for Māori or other priority groups – we need to leverage and actively use the insights and resources of multiple partners if we are to achieve pae ora for all.

This Plan is a living document - we look forward to progressing it with you in the coming years.

Hikitia Ropata Chair Āti Awa Toa Hauora Partnership Board



ORANGA WHENUA, ORANGA WAI, ORANGA WHĀNAU

This Moemoeā was developed through a series of hui our Poari held with iwi and rūnanga across the rohe. It reflects the aspirations of our iwi for intergenerational wellbeing. It also encompasses the desire expressed by our people that all whānau whānui have: A place to stand, a place to connect, a place to belong.



TO LEAD A MOVEMENT TOWARDS AN ORANGA ECOSYSTEM FOR OUR MOKOPUNA TO THRIVE

Our mission is strengthened through the identity and connection of mana whenua in our rohe to Te Āti Awatanga and Toarangatiratanga. Te Tiriti o Waitangi provides a foundation for how this Poari will work to achieve an oranga ecosystem through the application of our mātauranga and a Te Āo Māori world view.

It is not about expanding access to siloed models of health support that have failed our people; it is about system change that reflects the voices and aspirations of whānau, speaks to the social determinants of pae ora, and supports intergenerational wellbeing.

Improving hauora outcomes by investing in and embedding kaupapa Māori approaches will benefit everyone – our goal is to build a system that will be fair, mana enhancing, and demonstrate aroha for all consumers and whānau who reside in our rohe.



Honouring Te Tiriti o Waitangi me ngā mātāpono

Toitū te Tiriti, mō ngā mokopuna. We recognise the need for a Te Tiriti o Waitangi based relationship with the Crown that upholds the articles in the te reo text agreed to by Rangatira and the Crown. This also means giving practical effect to the principles that have been developed in case law and by the Waitangi Tribunal, particularly those emphasised in the Waitangi Tribunal 2575 Health claim:

- Partnership/Patuitanga
- Options/Kōwhiritanga
- Tino rangatiratanga
- Active protection of mana motuhake
- Equity/Oritetanga.

These principles will help inform how we measure, over time, the success of the health system transformation for whānau Māori.

Tō Tātou Ngā Uaratanga | Our values

Our Poari will actively pursue our vision by applying the following values:

- Tika we act to ensure health, healing and wellbeing services are culturally grounded, authentic, relevant to our rohe
- Pono we support health, healing and wellbeing that enhances mana, stands with integrity and is fair to all whānau in our rohe
- Aroha we demand that health, healing and wellbeing services operate with kindness, aroha, compassion and care
- Kaitiakitanga we expect that health, healing and wellbeing services connect, protect and advance the health, healing and wellbeing of our whenua, wai and whānau for the generations to come
- Wairuatanga we acknowledge the spiritual dimension of holistic health, healing and wellbeing expressed through the synergy of tikanga, kawa and mātauranga Māori.

Tō tātou whakapapa

The whakapapa of Iwi Māori Partnership Boards (IMPBs) extends back to the early 2000s when Māori Health Boards were established to provide advice to District Health Boards across the country. Unfortunately, their span of influence was limited due to lack of funding and a lack of clarity regarding their roles and responsibilities. The 2020 health reforms led to the Pae Ora Act (Healthy Futures) Act 2022 which established, for the first time, the role and functions of Iwi Māori Partnership Boards in legislation.

Tō tātou Poari | Our Board

Under the Pae Ora Act iwi and mana whenua were invited to appoint the members of their Board and complete their Terms of Reference in line with the tikanga in their rohe. The Ātiawa Toa Hauora Partnership Board (ĀATHPB) was elected by two iwi: Te Āti Awa and Ngāti Toa Rangitira (Ngāti Toa) and three rūnanga: Ātiawa ki Whakarongotai, Te Rūnanganui o Te Āti Awa ki te Upoko o te Ika A Maui and Te Rūnanga o Toa Rangatira.

There are six seats on our Poari; four of which are reserved for mana whenua (including a kaumatua role), one for mātāwaka and one for a hauora specialist. Our terms of reference is available at Atiawa Toa Hauora Partnership Board — TOR.pdf.

Tō Tātou Rohe | Our district

Our ĀATHPB rohe comprises the following whaitua areas – Kapiti, Porirua, Pōneke and Te Awa Kairangi. Within and across these four whaitua we serve a diverse population with wide-ranging needs and inconsistent access to appropriate health, disability, housing, transport and other services and social supports.



Across our rohe we have four Primary Healthcare Organisations (PHOs) that serve our communities. Of these, Ora Toa remains the only iwi PHO within the rohe. It has provided kaupapa Maori health services to all members of its community for over 35 years.

Tō tātou mahi | Our collective work with other IMPBs

Our Poari is one of 15 lwi Māori Partnership Boards (IMPBs) currently in place across Aotearoa. Collectively, we are committed to working together under the principle of kotahitanga to ensure the best health outcomes for our whānau, hapū, iwi and communities in every rohe. We are represented in the National Network of lwi Māori Partnership Boards, and engage regularly at this level.

We are part of a regional collective of five Iwi Māori Partnership Boards across Te Ikaroa (Central Region) which works closely together, sharing insights, ideas and resources and identifying opportunities for regional planning and joint action. We have developed Te Whare Pūmau Māori o Te Ikaroa, an operating model for how we will whakamana our collective mahi together.

The region of Te Ikaroa has large rural areas that are sparsely populated. Most of the population and most hospitals and health centres are clustered in a few urban areas and many whānau need to travel to our rohe to access hospital and specialist services (including all tertiary level hospital services). Across Te Ikaroa some areas are also much more affluent than others, although there are pockets of deprivation in every district.

Mana ā Ture| Our legislative mandate

As set out in the Pae Ora (Healthy Futures) Act 2022, our overall purpose (s29) is to represent local Māori perspectives on:

- the needs and aspirations of Māori in relation to hauora Māori outcomes
- how the health sector is performing in relation to those needs and aspirations; and
- the design and delivery of services and public health interventions within localities.

Our primary accountability is to our iwi and to all local whānau Māori whose interests we represent. The Act also sets out the functions of IMPBs (s30). These functions can be grouped into three categories:

- Whānau Voice: engaging with Māori in our rohe on their hauora aspirations and needs, and communicating the results and insights with Te Whatu Ora
- Monitoring and reporting: Assessing the state of hauora Māori in our rohe to determine priorities for improvement; monitoring the performance of the health sector in our rohe; and reporting back to Māori on the hauora Māori activities of Te Whatu Ora to Māori in our rohe
- Influencing system design and service commissioning: Engaging with Te Whatu Ora
 on priorities for kaupapa Māori investment and innovation in our rohe and supporting
 its stewardship of hauora Māori.

TŌ TĀTOU RAUTAKI OUR STRATEGY

Our Strategy for 2024-2040 [website hyperlink to be added] sets out our vision, mission and three high-level strategic goals:

Respect and elevate whānau voice at all times



We will elevate whānau voice to help ensure that their insights and experiences are reflected in the design and delivery of local services and solutions. Through our pae pae, wharekai, kaimahi and other networks, we will work to build and maintain community connections for those who are less often heard and whose needs are often greatest. We will help amplify whānau voice in determining local priorities for improving the oranga of whenua, wai and whānau and we will monitor the performance of health and other sectors in engaging with and responding to the needs and aspirations of our whānau.

Redefine narrow concepts of health



As reflected in our vision statement, Oranga whenua, oranga wai, oranga whānau, we will champion a much broader, kaupapa Māori view of hauora (the four winds of wellbeing). Oranga whānau is inextricably linked to our connection with the wellbeing of our land – oranga whenua and the wellbeing of our water – oranga wai. A kaupapa Māori view of health protects and empowers mana motuhake. It is holistic, compassionate and fair to all. We will draw on the latest scientific advances together with the knowledge of our tūpuna, our tikanga, kawa and kaupapa Māori value system to protect and enhance the health, healing and wellbeing of our mokopuna.

Re-imagine health system investment



In order to achieve an oranga ecosystem where our mokopuna can thrive, we need to take a systems view. We will re-imagine how we invest in the health system by focusing on the wider social, cultural, economic and environmental determinants of health. We need to better harness the collective insights, energy and resources of iwi, hapū and whānau, government and local government agencies, health, disability and social services, workforce, industry and community groups.

Our Poari meets regularly to guide our ongoing work programme and deliverables and ensure we are making progress towards these goals. The table in the Annex sets our progress to date and our plans for the next 2-3 years.

WHĀNAU VOICE

Whānau voice serves as the driving force for a whānau-centred approach that empowers whānau to exercise mana Motuhake and Tino rangatiratanga over their health and wellbeing. It is crucial for understanding the views, needs, lived experience and aspirations of whānau in relation to their oranga.

The kōrero kanohi ki te kanohi and survey responses from Māori in our rohe are enriching our understanding of why many health inequities persist as well as pointing to what can be done – their insights into the things that would make a difference.

The voices of whānau Māori can be expressed in different ways, individually or via different types of whānau groupings (including kaupapa whānau such as kapa haka rōpū). We are actively seeking to engage with a wide range of whānau, with a particular focus on marginalised whānau and those voices that are less often heard. The following pages capture insights from a series of hui-a-whānau we conducted with local whānau, each spanning multiple generations, as well as wānanga with reo and kapa haka experts from Te Ohu Reo Manawataki o Ngati Toa Rangatira (MNTR).



Hui-a-whānau

The following pages capture insights from a series of hui-a-whānau we recently conducted with local whānau, each spanning multiple generations.

WHAT ORANGA MEANS TO WHĀNAU

Te Whare Tapa Whā Model of Health

01

Whānau emphasised that oranga (wellbeing) is more than their physical wellbeing but includes hinengaro and wairua as core foundations of optimal health and wellbeing.

Whānau saw maintaining a balance between these as vital to sustaining full wellness. MNTR highlighted kapa haka as a significant cultural practice that integrates a te whare tapa whā model of health. Kapa haka provides a platform for whānau to focus on their physicality while also enhancing their mental, emotional and spiritual wellbeing.

"Being healthy ā hinengaro, ā wairua."

"Being happy in my mind, body and wairua."

"Tahi tinana, wairua hinengaro, whatumanawa."

Strong cultural connections, identity and whakapapa



"We know who we are and our connection – whakapapa."

"Commitment and service to marae, hapū and community groups."

"Coming together to practice your culture in a positive and healthy way."

A strong connection to cultural practices, identity and whakapapa are important to achieving oranga. Whānau described how connection to Kaupapa Māori and mātauranga Māori activities such as hautapu, kura reo and kura taiao contributed to their overall wellbeing

MNTR described kapa haka as one of the key tools for the revitalisation of cultural practices and te reo and for restoring the oranga of iwi. It strengthens and reconnects whānau to whakapapa, mātauranga Māori, history and pūrākau relevant to their iwi.



Whānau is at the core of our oranga

The connectedness of individuals with their whānau and the ability to manaaki each other each at times of need and to spend quality time together was important to whānau. The wellbeing of tamariki and kaumatua was emphasised as a priority.

NMTR described personal and collective growth of whānau through kapa haka, bringing together whānau and community to practice waiata, karakia and sharing kai and fitness goals to improve their overall oranga.

"Ko te whānau te manawa o te oranga" - Rangatahi

"Being together, the ability to look after one another."

"Tamariki are kept in safe spaces away from the pressures of adults and racism."

"Making sure my 90yr mother is well, happy and as loved as possible."

"Kai changes, gym, physical exercise, walking up Rangituhi together every day."

"When we live away from our mana whenua we are "homeless", we are disconnected from our whenua. This causes complications and implications for whānau oranga and the oranga of the whenua."

"Use of wai to keep my mind, body, and wairua



The importance of maintaining the health of the land for future generations was strongly expressed. Land was seen as a taonga (treasure), deeply connected to identity, spirituality and wellbeing. NMTR discussed kapa haka as a platform to express concerns about the state of their whenua, and loss of whenua, affecting the oranga of their people.



05

Building whānau capabilities

Whānau expressed a desire for whānau to be more knowledgeable and confident in their health and wellness decisions. They sought opportunities for education around oranga and navigating the health care system so they are better equipped when it comes to their hauora. NTMR see kapa haka as a means of economic development for whānau – offering funded opportunities, including roles that use their expertise in reo or tikanga, as well as a chance to give back to and streng iwi through teaching and performance. It also builds social networks.

"Whānau are skilled and ready to be a part of the Māori ecosystem."

"Being brave enough to try alternative strategies to that of the western health system."

"There are mahi and money opportunities – there is a career path for me in this mahi, there are career opportunities in kapa haka."

WHĀNAU NEEDS

01

Cultural appropriateness and awareness

Whānau often experienced a lack of cultural awareness and responsiveness in the healthcare system. There is a strong desire for services that respect and integrate Māori values, language, and traditions. Negative experiences such as feeling unheard, alienated, or uncomfortable due to a predominantly pākehā-driven system were commonly reflected on.

"The kaimahi, environment, the lack of cultural awareness and responsiveness contributed to my trauma and feeling unheard and alone."

02

Affordability

"Utu, its expensive, diagnosis comes with more costs"
"Billing, if your account is in red it will be
"announced" [and anyone in the wait area can hear]. "I
don't care if people know 'cause I know most of the
whānau that go there, but some may feel whakamā."

The high costs of healthcare, including insurance, treatment, and medications, were significant barriers for many whānau. especially when diagnosis and treatment lead to further expenses. They discussed the need for more affordable healthcare options, this included free dental care, affordable prescriptions, and more accessible primary and community care services.

03

System navigation and support

Many whānau faced difficulties navigating the healthcare system. Often there was a lack of communication and a lack of clarity about how to access various services. The disconnect between primary and secondary care can result in fragmented support. Whānau often felt they must advocate for themselves to get the care they need.

"Everyone is siloed. Primary care, GP services, service providers. Lack of comms."

"Good notification and communication when due for check-ups, smears, screening and immunisations."

"Health insurance helps but not many of our whānau have it. How do we raise awareness?."



Timelines and shorter waiting times

Long wait times for appointments, surgeries and treatments were a major concern. Whānau also faced delays in receiving prescriptions and difficulty accessing the care they needed, especially when appointments were scheduled with short notice and required long-distance travel.

They wanted more efficient scheduling, better management of wait times, and improved access to hospital services, particularly for whānau who live in Kapiti.

"Long referral wait times."

"Short notice (afternoon before) for appointments you wait 4 months for but need to be in Wellington by 8am. No consideration for the distance but if we don't get there we will have to wait even longer."



05

Building trusted relationships and consistency in care

Trust and continuity of care were central to whānau health experiences. Many whānau said they felt more comfortable with their own doctors and staff who have a long-term relationship with them. There is a sense of loyalty to doctors, but a dissatisfaction with the system that often disrupts consistent care. Whānau wanted to feel supported, not just treated – consistent care by familiar and culturally competent staff, who can meet their physical, emotional and cultural needs in an environment where whānau they feel heard, respected, and well-cared for, both by the system and the individual providers.

"Mataku – scared of the outcome/diagnosis."

"Whānau pepe (birthing experience) traumatising."

"Front house staff are Māori and can kōrero basic Māori which is very welcoming."

"Manaaki isn't shown in new times – "it's not the doctors, it's everything else."

WHĀNAU ASPIRATIONS FOR THE HEALTH SYSTEM

01

Integrated services

Many whānau described a one-stop-shop model of health care that addresses a wide range of health, cultural and social needs – from medical care, dental care and chiropractors, to mental health, rongoā Māori services and broader social support (te whare tapa whā). Health and wellbeing organisations communicate better with each other and know more about their patients' past history and what they need in the future.

"The connection of oranga is one that cannot be severed so why do we break the services up?"

"You go there for everything primary care, specialists, dental."





Accessibility and affordability

Whānau highlighted the importance of ease of access to, eligibility for and affordability of services. They sought a collaborative network of services that are simple to navigate, with systems that promote inclusivity and ensure no one is left behind – particularly for those who may find access to certain things difficult such as tangata whaikaha. They also stressed that whānau should get the treatment they need irrespective of whether they are able to enrol with a PHO.

"There is a waka to carry whānau to facilities if they aren't all on one campus."

"Access to Bariatric services."

"No need to enrol, just walk in for Manaaki."

03

Workforce development and education

Whānau acknowledged the importance of increasing the representation of Māori kaimahi within the healthcare system, as they are better able to connect with, work effectively alongside and support the cultural needs of whānau Māori in their communities. Strengthening the locally trained workforce and creating educational pathways for individuals to pursue healthcare careers within their communities was seen as essential.

"Who works there: the tauira o Te Kura Kaupapa Māori o Te Ara Whanui and they can go learn looking to become dentists/nurse or anything they can go there to become a doctor etc."

"This is a whare pūkenga where whānau can grow their own workforce and grow our own oranga solutions."

"Development of kaimahi/workforce/including rongoā practitioners wāhi ako."

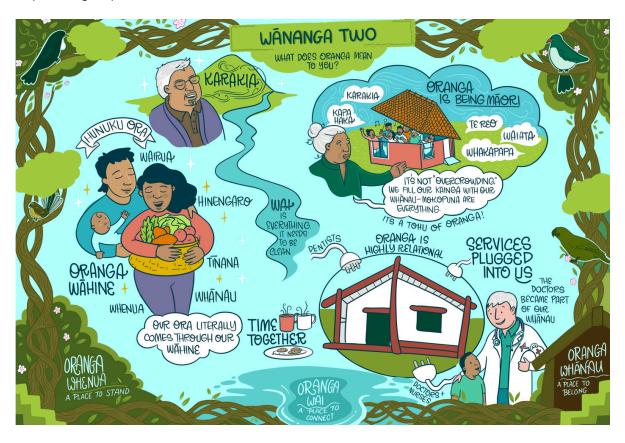
04

Cultural appropriateness and awareness

They wanted to see a health system that offers culturally safe, responsive, and Māori-centered care. This includes Māori staff and practitioners, culturally aware environments, and practices that honour tikanga Māori such as the inclusion of rongoā Māori services. They would like to see more iwi-owned services, with Māori kaimahi who are culturally aware and capable of providing respectful and holistic care.

"Cultural healing services including running water (wai ora), māra to grow and harvest rongoā, mirimiri, tohunga."

"Kaimahi must have no judgement and listen. whakamana our whānau."



TRIANGULATION OF ALL WHĀNAU VOICE EVIDENCE

We have combined these hui-a-whānau whānau insights with other recent insights from:

- Two surveys we carried out with Māori participants attending Te Rā o Raukura and Te Mātoe o Te Reo this year on what oranga means to them and what they need for their oranga.
- Māori responses to Te Tāhū Hauora I Health Safety and Quality Commission (HQSC) primary care experience survey questions on access and quality of primary care, cultural safety, and communication with health care providers
- A series of community hui held over the past 18 months by the Porirua locality on: dental care, māmā and pēpī, mental health, diabetes, cancer, disability support, and resilience to organised crime.

We also continue to draw on the insights from our iwi and Māori providers on what they are hearing and seeing from whānau in their communities, their current 'oranga' activities and their aspirations to support the intergenerational wellbeing of all whānau who reside in our rohe.

Triangulating these datasets resulted in five overall key themes from Māori in our rohe:

01

Whānau-centred integration of services

Integrated healthcare services would involve seamless collaboration and good communication between various providers, working together to deliver coordinated care to whānau based on a comprehensive understanding of their physical, mental, social, and emotional needs (Te Whare Tapa Wha model of health).

"Everything is one stop shop – and no entry is wrong – you get to the Manaaki you need.

The tikanga/process is the same not different at every service."

"Kai provided as well as housing haumaru for whānau."

"You go there for everything Primary care, specialists, dental."

02

Access to health services: proximity, affordability and reduced wait times

Access to services and reducing barriers, especially in terms of cost, distance and wait times is a critical need. Long wait times, the cost of healthcare, transport challenges and limited access to after-hours services were cited as major barriers.

HQSC data identifies that in August 2024, 25.2% of Māori in Āti Awa Toa said they cannot get access to primary care when they need it. The most common reason was waiting times to get an appointment being too long (21% of respondents) and difficulties taking time off work (2.7%)[1]

"Designing accessible environments everywhere."

"After-hours access isn't great; must front cost."

"I don't go [to the dentist] because of the cost! Only if I am in unbearable pain."

Strong connection to whenua, identity and whakapapa

Whānau emphasise that oranga is more than individual and whānau physical wellbeing.

It integrates aspects of hinengaro and wairua - Te Whare Tapa Whā.

Oranga means having a health system that offers culturally safe, responsive, Māori-centred care. Tamariki and kaumatua wellbeing are prioritised, with a strong emphasis on the role of whakapapa and maintaining or restoring these connections to foster wellbeing. Health and cultural identity are also connected to relationships with whenua and wai.

Tikanga ā iwi – connectiveness to your iwi and tikanga Māori healing."

"Use of wai when I am not well or whānau members/Tamariki mokopuna especially."

"Also connecting whānau to wai ora springs, awa, moana to whakanoa"



04

Cultural competency in healthcare: manaakitanga and respect

The theme of manaakitanga (care, hospitality, respect) is central to the aspirations of whānau for a more culturally responsive healthcare system. They desire health services that not only provide medical care but also respect and integrate Māori values, traditions, and protocols.

Whānau expressed dissatisfaction with current health services, where cultural needs and practices are often overlooked or disrespected. According to HQSC's August 2024 primary care experience survey only 80% of Māori in Āti Awa Toa reported their cultural needs as being met, compared to 93% of non-Māori.

"No respect for cultural needs."

"It is Māori owned/run which is great and I am better supported to access and the whare feels familiar but as soon as we get into the doctors it is very pākehā system focus not suited to us".

"Front house staff are Māori and can kōrero basic Māori which is very welcoming."

Correct pronunciation of Māori patient names is an important acknowledgement and builds trust and respect between whānau Māori and health care professionals. In the same primary care experiences survey Māori responded slightly less positively[1] than non-Māori when asked "Do they feel...

- able to involve their whānau in discussions around their care?
- they are treated fairly from health care practitioners
- they are treated with respect and kindness from reception/admin staff,
- as if they are involved in decisions around their care,
- as though things are explained to them in an understandable way and, that their accessibility needs had been met.

[1] Though the differences are not statistically significant, Māori responses across all the questions were slightly less positive than for non-Māori.



Workforce development and educated whānau

Increasing the size of the Māori hauora workforce was seen as an essential aspect of improving outcomes for Māori in our rohe. Many whānau are more likely to engage with Māori practitioners, with practices that honour tikanga Māori and in environments that can meet their holistic needs. Training the general health care workforce to be more culturally competent with whānau Māori is also critically important.

Whānau also aspire to be able to take charge of their health and be informed to support their whānau, with an emphasis on reconnecting with traditional knowledge and practices. Suggestions included:

"A whare pūkenga where whānau can grow their own workforce and grow their own oranga solutions."

"Support us to be better equipped to help whānau with more complex health needs."

In Conclusion

These five key themes reflect whānau aspirations for a healthcare system that is culturally competent, accessible, empowering and that recognises the deep connection between individual and whānau health, cultural identity, connection to the environment, and broader social and economic wellbeing.



INSIGHTS FROM KEY INDICATORS

We have used key demographic, health, social, economic, cultural and environmental indicators from the Census, and administrative data from health and other agencies to deepen our understanding of our rohe and measures of 'oranga' for Māori who reside here. The data below underlines the significant inequities that exist for Māori across multiple domains, including much higher rates of avoidable deaths (an average of 110 avoidable Māori deaths each year between 2014 and 2018). It also reinforces statements recently made in a public letter by the Royal Australasian College of Surgeons, including that:

Ethnic health inequities in Aotearoa New Zealand are unjust and avoidable and it is our job as health professionals to use all tools at our disposal to intervene.

Ethnic health inequities cause more sickness, higher healthcare costs, and premature deaths, driving both direct and opportunity costs to taxpayers.

Ethnicity is a strong, evidence-based marker of health need in Aotearoa New Zealand and is superior to many other markers of need".

"Needs-based Service Provision - Ethnicity is an evidence-based marker of need," Royal Australasian College of Surgeons, 2024

The data signals the need for more primary prevention and improved access to holistic, kaupapa Māori approaches that address the key determinants of oranga early in life, as well as catering for a growing and ageing population into the future. It also points to the need to overcome barriers to accessing hospital or specialist appointments and to some of the likely contributors to poor health outcomes. For example, poor-quality housing can lead to respiratory illness.Low food security caused by low income can lead to poor nutrition, to diabetes and/or to poor oral health.

The latest dashboard of data from our rohe on the government's health targets (p25) shows that there is significant work to do for all population groups, including for Māori in our rohe. In our rohe, immunisation rates for tamariki Māori at 24 months continue to track at a substantially lower rate than for non-Māori. ED stays for both Māori and non-Māori are substantially longer than the target rate.

DEMOGRAPHICS

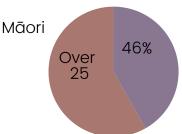
Māori living in Āti Awa Toa Rohe



& AVOIDABLE DEATHS

Māori have higher rates of preventable mortality in most of the leading causes of death compared to non-Māori.

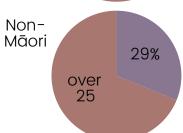
AGE OF OUR POPULATION



Under 25



Our Māori population is both growing LARGER and growing OLDER



Under 25



In 2022 31% of live births in the Hutt Valley & 19.9% Captial Coast DHB were pēpi Māori.



By 2043 Māori will make up 18% of the total population in Āti Awa Toa.

MĀORI POPULATION



80, 109 / 467, 880

17% māori i 83 % non-māori

- 110 Avoidable Māori deaths/year
- 4.4x Māori are 4.4 times more likely to die from DIABETES compared to non-Māori
 - 3x Māori are 3 times more likely to die from CANCER and Chronic obstructive Pulmonary Disease (COPD) compared to non-Māori
- 2.3x Māori are 2.3 times more likely to die from Ischemic Heart Disease (IHD) compared to non-Māori
- 1.7x Māori are 1.7 times more likely to die from Suicide compared to non-Māori
- -5.1 Life expectancy for Māori in ĀAT is 5.1 years less than non-Māori (Wahine 79 vs 84yrs; Tane 76 vs 81yrs).

23

PRIMARY HEALTH CARE DATA

for Māori living in Āti Awa Toa Rohe

PRIMARY HEALTH CARE ENROLMENT

16.2% of Māori were NOT enrolled with primary health care in October 2023, 5 times the rate of non-Māori(3.2%).

55.9% of wahine Māori were enrolled with a Lead Maternity Carer in their 1st Trimester, compared with 71% of non-Māori.

of Pēpi hou Māori enrolled with a primary 74.4% health care by 3 months - significantly lower than non-Māori pēpi (97.2%).



DIABETES



OBESITY



ORAL HEALTH

MENTAL HEALTH

TOBACCO

OBESITY

Māori 15yrs and older are 1.8 times more likely to be obese than non-Māori.



45.8% of Māori are obese compared to 25.2% non-Māori.

IMMUNISATIONS

(National Target is 95%)



of Tamariki Māori were fully immunised at 24 months compared to 85% non-Māori.

65%

SMOKING

Māori are 2.6 times more likely to be regular smokers than non-2.6x Māori.



25.5% of Māori are smokers compared to only 10% non-Māori.

ORAL HEALTH

57.7%

Only 57.7% of eligible Māori 5-year-olds



were **examined** by a community oral health service compared to 85.3% non-Māori.

52.9%

Of those examined, 52.9% had decaying teeth - 1.7 times higher than non-Māori.

78%

Oral health services only checked 78% of Māori year 8 students compared to 100% of non-Māori. Of those examined 42.8% had decayed teeth compared to 27.8% of non-Māori.

MENTAL HEALTH

196

Māori mental health Hospitalisations per year.



Māori are 2.1 times more likely to be hospitalised for ANY type of mental health or substance use disorder.



Māori are 1.4 times more likely to be hospitalised for intentional selfharm compared to non-Māori.



BROADER DETERMINANTS

of Health for Māori living in Āti Awa Toa Rohe

HOUSING

1 5 y	Māori are 1.5 times more likely to sometimes or always be living in
1.07	a MOULDY & DAMP home.

- 1.9x Māori are 1.9 times more likely to be living in OVERCROWDED homes.
- 30% Of Māori are living in the MOST DEPRIVED AREAS.
- 65.7% Live in a home they do not own, or partly own or hold in a family trust.

INCOME & TRANSPORT

- 1.7x Māori are 1.7 times more likely to be in unpaid work caring for an ill or disabled whānau member.
- 1.3x Māori are 1.3 times more likely to be earning an income under 20K per year.
- 1.4x Māori are 1.4 times more likely to be without access to a motor vehicle.
 - 2x Māori are 2 times more likely to have no access to telecommunications compared to non-Māori.





WHĀNAU ORA MEASURES



- 78% of Māori reported their whānau as doing well.
 - 61% of Māori viewed cultural practices as important.
- 46.5% of Māori reported that they can get help with Māori cultural practices.
- 78.9% of Māori self-reported as doing well.



HOSPITAL & SPECIALIST CARE

Māori living in Āti Awa Toa Rohe

POTENTIONAL AVOIDABLE HOSPITALISATION

- 1.9x Māori aged 45-65 years old are 1.9 times more likely than non-Māori to be hospitalised for conditions that are avoidable through primary care interventions.
- 3.4x Māori 15 34 years old are 3.4 times likely to be hospitalised for any condition than non-Māori.
- 3.2x Māori 36 64 years old are 3.2 times likely to be hospitalised for Asthma than non-Māori.
- Of total admissions for Rhematic Fever (RF) were Māori (i.e. 12/32 admissions for RF are Māori).



The data used here is sourced from the IMPB Health profile Vol 2: Āti Awa Toa Report.



MISSED APPOINTMENTS & TREATMENT OF DIABETES

20.8% Of Māori aged 30-39 years old missed 1st specialist appointments (compared to 8.1% of non-Māori).

1.6x Māori with diabetes were 1.6 times more likely than non-Māor with diabetes to be hospitalised for renal failure.

501 Māori were hospitalised for renal failure from 2019 - 2021.

On average each year 11 Māori with diabetes had a lower limb amputated from 2019 - 2021.

Despite this in 2022 only 66.6% of Māori were receiving the necessary screening for renal disease.

GOVERNMENT HEALTH TARGETS FOR MĀORI AND NON - MĀORI IN OUR ROHE (JUL - SEPT 2024)





INSIGHTS ON HEALTH EXPENDITURE IN OUR ROHE

Allocation to Hauora Māori Partners

We do not yet have access to information on health funding allocated to our rohe, except for:

- funding previously administered by Te Aka Whai Ora for investment in Hauora Māori Partners
- funding for public health activity.

In 2023/24 Te Whatu Ora contracted 13 Hauora Māori Partners for a total of 24 contracts valued at \$21,742,551. These contracts primarily consist of 'commissioning for outcome' agreements inherited from the former district health boards, and specialised initiatives such as cancer care coordination, rongoā practitioner training, and mātauranga Māori solutions.

Total	\$21,742,551	100%
Cancer	\$2,318	0.01%
Mental health and addict	ions \$10,525,763	48%
Chronic health condition	s \$1,436,356	7%
Kahu Taurima	\$4,596,118	21%
Primary Care%	\$5,181,996	24%
Service/Domain	Investment 2023-2024	4 % share

Based on national data we understand investment in Hauora Māori Partners represents between just 2-3% of the total allocation for services delivered or commissioned through Vote Health.

Public health funding for our rohe plus Wairarapa

Public health in the Greater Wellington region (which covers our rohe plus Wairarapa) includes direct delivery by Te Whatu Ora staff (90 FTE) of a wide range of protection, prevention and promotion functions with an 2024-25 budget of \$13.6m.

It also contracts out some services with an annual budget of \$3.4 million in the following priority areas:

- Communicable diseases (\$0.287m)
- Screening programmes (\$0.299m)
- Nutrition and physical activity (\$0.688m)
- Sexual health (0.165m)
- Tobacco and vaping (\$0.238m)
- Well Child Promotion (\$0.033m)

Allocation of the remaining 94-95% in our rohe

We have requested but as yet not received any information from the Central Region on the remaining investment in our rohe - the estimated 94-95% of total investment in primary and community care, and hospital and specialist services. We have sought a breakdown of this investment by service type/code, description of service and outcomes sought, contract end date, whether nationally or regionally contracted, use/access to these services by Māori and any information on effectiveness for Māori.

Determining priorities for our rohe: key considerations

We have used the following considerations as a guide for determining our initial set of priorities. Is there evidence that action in this area:

- will help address local Māori and hapū needs, priorities and aspirations for oranga?
- will help improve outcomes for Māori?
- will positively impact on life course outcomes, and possibly the intergenerational wellbeing of whānau?
- will provide a social return on investment? Eg Will it help prevent the need for more costly, and less effective secondary and tertiary responses?
- Is consistent with the broader strategic direction of iwi in our rohe? Does it provide the opportunity to strengthen iwi capability and capacity?



ÖRANGA PRIORITIESFOR OUR ROHE



OUR OVERARCHING PRIORITY IS:

TO INCREASE ACCESS TO AFFORDABLE, KAUPAPA-LED CARE IN EACH WHAITUA

What this looks like

- Building on successful whānau-centred models used by our rūnanga to support whānau wellbeing and tino rangatiratanga the tamaiti whāngai philosophy embedded in the services delivered by Te Rūnanga o Te Āti Awa ki te Ūpoko o Te Ika and the mauri ora model which guides the work of Te Rūnanga o Ngāti Toa Rangatira.
- Safe, mana enhancing, affordable, joined up services and supports at places and spaces where whānau already go or feel comfortable in.
- A culturally competent, Māori-led workforce. The manaaki is the same across all services.
- Home-based care and support for those who need it (eg those with those with mobility difficulties, whānau with pēpī hou).
- Outreach services using trusted relationships (the kaiawhina, the aunties and uncles) to support those who are unenrolled, isolated, disconnected and/or less well served. Using telehealth and other technology (apps, podcasts etc) to provide integrated information, services and support.
- A collective impact approach built on strong partnerships with shared values and goals.

Where would these services be based?

- In whaitua with a high population of Māori and other priority health groups.
- In marae or other settings where people go (eg community hubs, whānau centres, faith-based centres, kura, youth centres)
- In homes, mobile vans, residential and transitional support places, drop-in centres, refuges
- In existing sites eg Ngā Rārangi Whare at Waiwhetu, Kōkiri Marae at Seaview, Te Whare Whakaruruhau o
 Raumanuka in Naenae, Whakamaru Wellington City Mission community facility in Pōneke. Excellent Kaupapa
 Māori services already exist at these places but they need long-term, integrated funding to sustain and expand
 their offerings.
- In new or redeveloped sites eg. the Kenepuru site

What types of services would be offered

Te Whare Tapa Whā health care:

- · Full range of primary and community health, mental health services and dental care
- · Screening and community health education and support groups
- Traditional healing practices such as rongoā, mirimiri, tohunga, wai ora
- Specialist services and minor surgical procedures that can be safely delivered in non-hospital settings reducing access barriers for whānau and taking the pressure off hospital campuses
- Post-op and rehab services including specialist clinicians who can support and upskill the primary care workforce and whānau
- Wider social and whānau ora services (ideally on-site or nearby): for example, disability support, employment and training, youth and social work, tenancy support, transport services.
- Links to other community amenities: Some sites could also include mara kai, social supermarkets, transitional housing, and/or be connected to amenities like libraries, kohanga and kura, gyms.

OUR CLINICAL AND PUBLIC HEALTH PRIORITIES

As we increase provision of and access to kaupapa-led community-based care, we will also have a particular focus on the following clinical and public health priorities:

CLINICAL PRIORITY 1:

INCREASE PRIMARY HEALTH CARE ENROLMENT OF MĀORI IN OUR ROHE

Currently just 84% enrolled – 16% are missing out on primary health care

CLINICAL PRIORITY 3:

MORE WRAPAROUND HEALTH AND SOCIAL SUPPORT FOR MĀMĀ, PĒPĪ AND WHĀNAU IN EARLY YEARS

Having the right support in the critical first 2000 days builds maternal confidence, reduces whānau stressors and supports pēpī to thrive.

CLINICAL PRIORITY 5:

PREVENT/BETTER MANAGE DIABETES,
OBESITY, CANCER, COPD AND
CARDIOVASCULAR DISEASE IN HOMES AND
COMMUNITIES

Better primary, public health and social support reduce disease rates, PAH and ASH rates, and improve life expectancy and quality of life. They also reduce pressure on the hospital system.

PUBLIC HEALTH PRIORITY 7:

IMPROVE KAI SECURITY AND BUILDING MĀTAURANGA AROUND HEALTHY KAI

Increasing access to affordable, healthy kai, including mara kai initiatives and rebuilding traditional knowledge of cultivation and preparation, supports all dimensions of oranga

PUBLIC HEALTH PRIORITY 9:

IMPROVE SAFETY AND QUALITY OF WATER IN OUR AWA AND MOANA

Healthy water supports all aspects of oranga, including physical and spiritual health, recreation and restoration of mahinga kai and culturally important sites

CLINICAL PRIORITY 2:

INCREASE IMMUNISATION RATES

Only 65% of tamariki Māori are fully immunised at 24 months.

CLINICAL PRIORITY 4:

INCREASE UPTAKE OF FREE ORAL HEALTH FOR UNDER 18S AND IMPROVE ACCESS FOR HĀPŪ MĀMĀ AND LOW-INCOME PAKEKE

Currently only 57.9% of Māori 5 year-olds have oral health checks, many rangatahi are unaware they can get free dental care, and dental care is unaffordable for many pakeke. Good oral health is particularly important for hāpū māmā and pēpī.

CLINICAL PRIORITY 6:

IMPROVE RANGATAHI AND PĀKEKE MENTAL HEALTH AND WELLBEING

Currently 22.2% of wahine and 17.4% of tane aged 15 and over experience high psychological distress. Māori are also 2.1x more likely to be hospitalised for mental health or substance use disorder.

PUBLIC HEALTH PRIORITY 8:

REDUCE % OF WHĀNAU LIVING IN DAMP, MOULDY OR OVERCROWDED HOMES

Poor housing is correlated with respiratory problems. Māori are 5.2 times more likely to be hospitalised for COPD.

PUBLIC HEALTH PRIORITY 10:

IMPROVE SUPPLY OF AFFORDABLE, ACCESSIBLE HOMES FOR TANGATA WHAIKAHA, KAUMATUA AND MULTIGENERATIONAL WHĀNAU

Over 25% of Māori live with a disability. The Māori population is both growing and growing older. We need quality housing for these whānau to remain in their homes and communities, connected to their culture and whānau support.

Alignment with government priorities and targets

Our IMPB priorities reflect the Government's social investment principles: They are evidence informed, recognise the importance of whānau and community-centred approaches, help address inequities in outcomes and they deliver long-term value for money by addressing early risk factors and building protective factors. Collectively our strategic priority to increase access to affordable, kaupapa-led care in each whaitua, and our specific clinical and public health priorities also help the achievement of government priorities and targets and the Hauora Māori Committee priorities, as indicated below:

CLINICAL PRIORITY 1: INCREASE PRIMARY HEALTH CARE ENROLMENT OF MĀORI IN OUR ROHE

Government Policy Statement

- · Access: every person, regardless of where they live, has equitable access to the health services they need.
- Timeliness: people can access the healthcare and services they need, when they need it in a prompt and efficient way

CLINICAL PRIORITY 2: INCREASE IMMUNISATION RATES

Minister's Minimal viable product (MVP) clinical priorities

- Māori are protected from communicable diseases across the life course through the use of immunisations. Hauora Māori Advisory Committee
- Māori are protected from communicable diseases across the life course (eg, immunisation rates at 2 years) Government health target
- Improved immunisation for children: 95% of children fully immunised at 24 months of age.

CLINICAL PRIORITY 3: MORE WRAPAROUND HEALTH AND SOCIAL SUPPORT FOR MĀMĀ, PĒPĪ AND WHĀNAU IN EARLY YEARS

Hauora Māori Advisory Committee priority:

• Māmā and pēpi receive consistent quality care during pregnancy and into the early years (eg, enrolment with a primary care provider in the first trimester of pregnancy)

CLINICAL PRIORITY 4: INCREASE UPTAKE OF FREE ORAL HEALTH FOR UNDER 18S AND IMPROVE ACCESS FOR HĀPŪ MĀMĀ AND LOW-INCOME PAKEKE

Hauora Māori Advisory Committee priority:

• Māmā and pēpi receive consistent quality care during pregnancy and into the early years (eg, enrolment with a primary care provider in the first trimester of pregnancy)

CLINICAL PRIORITY 5: PREVENT/BETTER MANAGE DIABETES, OBESITY, CANCER, COPD AND CARDIOVASCULAR DISEASE IN HOMES AND COMMUNITIES

Minister's Minimal viable product (MVP) clinical Priorities

- Pākeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease.
- · Detection, screening and diagnosis of cancers are timely, comprehensive and effective

Hauora Māori Advisory Committee

- Early prevention of long-term illnesses for tamariki and rangatahi
- · Identification and treatment pathways for cancer are faster, timely, comprehensive and effective.
- · Kaumātua are supported to live well through managing complex co-morbidities

Government health targets

- Shorter stays in emergency departments: 95% of patients to be admitted, discharged or transferred from an emergency department within six hours.
- Shorter wait times for first specialist assessment: 95% of patients wait less than four months for a first specialist assessment.
- Faster cancer treatment: 90% of patients to receive cancer management within 31 days of the decision to treat

CLINICAL PRIORITY 6: IMPROVE RANGATAHI AND PĀKEKE MENTAL HEALTH AND WELLBEING

Minister's Minimal viable product (MVP) clinical priorities

• Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services.

Hauora Māori Advisory Committee priorities

- Early prevention of long-term illnesses for tamariki and rangatahi Rangatahi experience stronger mental health and resilience (eg timely access to mental health and addiction services).
- Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors (eg smoking prevalance)

Mental health and addiction targets

- Faster access to specialist mental health and addiction services: 80% of people accessing specialist mental health and addiction services are seen within 3 weeks.
- Faster access to primary mental health and addiction services: 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week
- Strengthened focus on prevention and early intervention: 25% of mental health and addiction investment is allocated towards prevention and early intervention.

PUBLIC HEALTH PRIORITY 8:

REDUCE % OF WHĀNAU LIVING IN DAMP, MOULDY OR OVERCROWDED HOMES

Hauora Māori Advisory Committee priorities

• Early prevention of long-term illnesses for tamariki and rangatahi (eg ambulatory sensitive hospitalisations for respiratory disease in 0-5)

PUBLIC HEALTH PRIORITY 10:

IMPROVE SUPPLY OF AFFORDABLE, ACCESSIBLE HOMES FOR TANGATA WHAIKAHA, KAUMATUA AND MULTIGENERATIONAL WHĀNAU

Hauora Māori Advisory Committee priorities

• Kaumatua are supported to live well through managing complex co-morbidities (eg rate of polypharmacy in over 65s)

WHAT WE NEED TO ACHIEVE THESE PRIORITIES - OUR KEY REQUIREMENTS

A genuine and enduring partnership

At a high level what we are seeking is a genuine, high-trust partnership with Te Whatu Ora Central Region and other Crown agency leaders, driven by our shared aspiration of achieving pae ora – a transformed system that empowers mana motuhake, enables Māori to thrive as Māori and achieves positive and equitable outcomes for all population groups.

Input into regional and local cross-sector decision-making

To support the shift to regional and local decision-making, we need an operating model where we sit at strategic decision-making tables with Te Whatu Ora leaders and other regional and local commissioners and decision-makers (eg social sector agencies, PHOs, and local authorities) and contribute to key system level decisions to improve the hauora of our people. This includes decision-making related to systems of care, service design and workforce development, as well as looking at cross-sector social investment to address the wider determinants of health. As an initial step we are seeking to:

Explore with Te Whatu Ora DDG Central Region and other agencies ways to join up decision-making in shared priority areas for our rohe.

Commissioning for Outcomes:

As part of our role to influence strategic commissioning, and desire to work across sectors, we are seeking multi-year, joined up, outcomes-based contracts with iwi and Māori providers – enabling greater local innovation and responsiveness to the holistic needs and aspirations of whānau, enabling providers to plan ahead and retain staff with certainty and lowering the overhead costs of managing and reporting on multiple short-term outputs-based contracts. Over the past year, earlier moves by health and social sector agencies in this direction has been replaced with very short-term, outputs based, bare bones contracts which has created a very challenging operating environment for providers and the whānau they serve.

One area where positive progress has been made this year is the move by the Māori Health Services Directorate to contracting for outcomes with Hauora Māori providers. However, these contracts represent a tiny proportion (est.2-3%) of the overall health services spend in our rohe.

Over the next year we are seeking:

- Greater devolution of mainstream health funding to iwi to determine and design solutions that work for Māori
- Contracting for outcomes progressively introduced across mainstream health sector commissioning, with the outcomes sought for Hauora Māori specified and reported on in these contracts
- Health sector contracts joined up, where relevant, with contracts from other government funders.

New ways of working across PHOs

To support more integrated primary care: We are working with our four PHOs on opportunities for the PHOs to work together more closely to deliver more efficient, joined-up, and culturally competent primary care to all our whānau. We have started with data sharing and sharing of workforce and professional development across our PHOs to improve quality of care. What we are seeking is:

Te Whatu Ora support for rohe-led innovation in the delivery of integrated primary care services

We will also continue to advocate for a new capitation model that helps stabilise the primary care system, reflects the different health care needs of enrolled patients, and supports improved hauora Māori outcomes.



How our IMPB will support these priorities

We bring local innovation and solutions to the table based on the experience of our iwi and local Māori providers in delivering effective kaupapa Māori models of care. We will continue to collect and represent what matters to whānau and hapū for their hauora. We will draw on whānau voices and other key evidence to support the stewardship of Hauora Māori and future system design, funding allocation and investment decisions.

We have existing relationships and partnerships across iwi, the Crown, local government, PHOs, community organisations and providers in our rohe. As our evidence shows, many of the strongest determinants of health lie outside of the health system and addressing them will require the insights, energy and resources of multiple partners.

While our focus is on hauora Māori, as mana whenua we seek to uplift the wellbeing of all who reside in our rohe, including other health priority groups.

MONITORING AND REPORTING

We have a legislative role to monitor the performance of the (publicly funded) health sector in our IMPB area and to report on the hauora Māori activities of Health New Zealand within this area (s30(1)(d) and (f)).

Our monitoring framework includes hauora Māori health care measures (access to and quality of care) as well as organisational performance measures; for example, health sector compliance with the key principles and agency functions established in the Pae Ora Act 2022, as well as measures related to workforce, investment, in hauora Māori and collaboration with other agencies and organisations. It also includes broader social, cultural, economic and environmental measures in keeping with a holistic view of health.

Our initial set of indicators will enable us to monitor change over time in areas that contribute to our priorities for this rohe. We will seek local feedback and look to enhance our set of indicators as more data sources become available in future years.

We also support the government's health priorities and targets will monitor and report on health sector performance for Māori in achieving these.



INITIAL MONITORING FRAMEWORK

Table 1: Access and Quality of healthcare

Domain	IMPB indicators for Māori	Data source F	requency
Access to primary and hospital and	Primary health care enrolmentsLMC enrolments in first trimester	Primary Health Tier I statistics	Monthly
MVP Clinical priorities Māori are protected from communicable diseases across the life course Detection, screening and diagnosis of cancers are timely, comprehensive and effective.	 Rate of community dental examinations at age 5 and Year 8, (also for rangatahi up to age 18 and hāpū mama, if available) % of Māori missing first specialist appointments 	• Health NZ	Quarterly
	 % of patients who were able to get health care from a GP or nurse when they wanted to in the last 12 months % of patients with a disability, impairmen or long-term health condition who felt their accessibility needs were met 	care survey	Quarterly
	 Relevant government targets: Immunisation rates for tamariki Wait times in ED Wait times for first specialist appointment Wait times for elective treatment % receiving cancer management within 31 days of the decision to treat 	Health NZ Dashboards	Quarterly
Domain	IMPB indicators for Māori	Data source F	requency
Quality of care MVP clinical priorities: Rangatahi experience stronger mental health & resilience through better access to preventative and clinical mental health services. Pākeke access primary and	 (and rangatahi, hāpū māmā and adustats if available) % with high/very high psychological distress Rate of delay or halting of progression from pre-diabetes to diabetes (if data available) Rate of hospitalisation for COPD and for 	d .	Quarterly
community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease	 rheumatic fever % of patients who felt their cultural needs were met % of patients who reported that the health care professional explained things in a way they could understand % of patients who reported being involved in decisions about their 	HQSC primary care survey	y Quarterl

treatment and care

Table 2: Health sector organisational performance

Domain	IMPB indicators for Māori	Data source	Frequency
Workforce	 Māori health workforce in our rohe as % of overall workforce and by occupational group Māori representation of workforce relative to resident population 	Health NZ, Districts Employed Quarterly Report	Annually
Funding	% of funding to Hauora Māori providers as % of overall health investment in providers	Health NZ	Annually
Data Sharing	 Regular, timely provision by HNZ and PHOs of agreed datasets needed to enable our IMPB to effectively fulfill our functions 	Health NZ, PHOs	As agreed
Alignment with Pae Ora Act	 Evidence of health sector collaboration with agencies and organisations to address the wider determinants of health outcomes Evidence of health sector undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health Evidence of how the responses from Health NZ engagement with Māori in relation to their aspirations and needs for hauora Māori has informed the performance of its functions in our rohe 	cross-sector policy and funding intiatives and partnerships Health NZ public reporting on	Quarterly

Table 3: Wider determinants of health

In line with our shared aspiration of Pae Ora and enabling mana Motuhake of Māori, we will also monitor and report on key social, cultural, economic and environmental indicators. While the health sector is not primarily responsible for these domains, it does have a legislative responsibility under the Pae Ora Act to collaborate with other agencies to address the broader determinants of health.

Domain	IMPB indicators for Māori	Data source	Frequency
Income and Employment	 % living in NZ Dep 9-10 areas in our rohe % with income of \$20,000 or less % doing unpaid work for disabled or ill household/non-household member 	Census	3 yearly
Housing	 % who own/part-own a home % living in a home that is sometimes or always damp % living in overcrowded home 	Census	3 yearly
Education	 Effectiveness of health and physical education curriculum for Māori tauira Quality of teaching of Māori tauira 	Moe, ero	As available
Identity & Culture	% who speak te reo Māorilwi affiliation indicator?	Census	3 yearly
Taiao	 Kaitiaki assessment at key sites of awa coast, marine and ngāhere % of swimming holes that are 	ESR/Ngāti Toa and Āti Awa cultural monitoring indicators Land, Air and	As available Annual
	safe to swim inWhenua indicators tbc	Water Aotearoa (LAWA) - Can I Swim Here?	

WHAT WE NEED FROM THE SYSTEM TO MONITOR THE HEALTH SECTOR

In order to carry out our legislative functions to monitor the performance of the health sector and to engage with Te Whatu Ora on its stewardship of hauora Māori and priorities for kaupapa Māori investment and innovation in our rohe, we need much more data in an ongoing and timely fashion from the health system. As noted in the enablers section above, we are seeking a data sharing agreement with Te Whatu Ora that reflects the s15 requirement in the Pae Ora Act requirement to provide sufficient and timely information to IMPBs as well as administrative, analytical or financial support where needed.

Our IMPB monitoring function for our rohe is at a sector level. We are not responsible for monitoring individual contract and service performance in relation to hauora Māori outcomes – whether they be kaupapa Māori providers or mainstream providers. This is a core function of Te Whatu Ora as the agency responsible for procurement.

We support the recently introduced quarterly dashboards which report progress against the government's five health priorities for Māori and non-Māori at an IMPB level. We would like to see more data reported regularly through the dashboards or other means. in this way. By early 2025 we would like to see the dashboards:

- expanded to include the key indicators for health care access and quality and health sector performance that our IMPB has identified as important for Māori in our ">>he (see table 1)
- proactively released to the public to increase transparency on hauora Māori outcomes being achieved. This would also help meet the requirement on Health New Zealand to report back to Māori on how its engagement with Māori has informed the performance of its functions (s6(n)).

We also need regular information on the activities of the health sector in order to monitor its performance in relation to hauora Māori. As set out in table 2 above, we would expect to receive this information at least annually.



STRATEGIC COMMISSIONING

IMPBs have been invited to take on a greater role in strategic commissioning from 2025. We welcome this and see huge opportunity with the health sector drive towards more regional and local decision-making, including devolution of funding and of design of integrated models of care and services at a local and iwi level.

We will back Health New Zealand's aspiration to improve hauora Māori in our communities, drawing on local knowledge, leadership and resources. We strongly support the aim of better integration of community and hospital and specialist care – together with the other key supports that whānau may need in order to thrive – for example, housing, social and cultural support, education, training or employment.

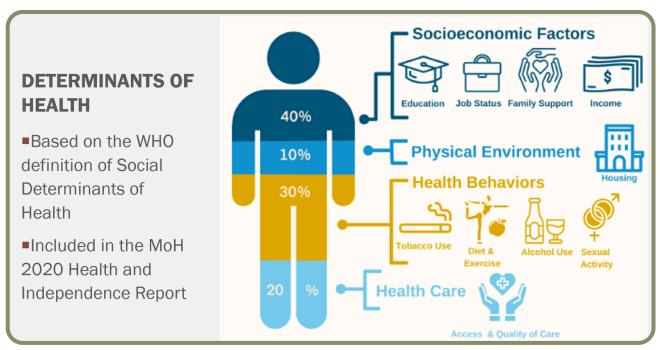
There are already good examples in Te Awa Kairangi and elsewhere of marae-based health care that could be expanded to provide a greater range of services. There is also significant potential for redevelopments of existing sites such as the Kenepuru site. And there is a need to consider what models of care will work to reach those that are not connected to marae or other community networks.

We will seek to reaffirm, protect and build on the success of kaupapa Māori approaches in our rohe which are holistic, mana enhancing, compassionate and fair to all who live in our rohe.



However, given Māori currently rely on mainstream provision for most types of health care, the strongest immediate opportunities to improve hauora Māori outcomes within the health system is to improve areas of underperformance within the mainstream system. We urgently need to review the outcomes being achieved for Māori (and other priority groups) by the 97-98% of expenditure in mainstream commissioning.

We will also continue to call for a whole of government approach to lifting hauora outcomes. The diagram below, cited in a recent Ministry of Health report, underlines the importance of addressing the 50% of determinants that lie outside of the health system – socio-economic factors such as education, income, housing and the broader physical and cultural environment – if we are to improve population health. This is even more the case for Māori, Pasifika and tangata whaikaha who are more likely to experience poorer socio-economic outcomes and less healthy living environments.



UCLA Health. (n.d.). Social determinants of health. UCLA Health. Retrieved March 19, 2025, from https://www.uclahealth.org/sustainability/our-commitment/social-determinants-health

WHAT WE NEED FROM THE SYSTEM TO SUPPORT STRATEGIC COMMISSIONING

New operating and funding models

We need:

- An operating model that enables us to contribute to strategic decision-making with regional
 and district level decision-makers and budget holders in health and other agencies on the key
 system level issues that are impacting the hauora of our people. This includes systems of care
 and service design, workforce capacity and capability building, as well as strategic investment
 and innovation in services and initiatives.
- Cross-government social investment that devolves decision-making to communities and supports evergreen, outcomes based, joined up government contracts with iwi and other trusted providers.

Core information on current expenditure and its return on investment

In order to support Health New Zealand's stewardship of hauora Māori and priorities for innovation and investment, we also need information on all current health and social sector expenditure in interventions or services in our rohe that are available to and/or targeted at Māori. This includes:

 A breakdown of current total health sector investment in our region by service type, volume/coverage and life course groupings

In order to engage on how agencies are addressing the wider determinants of health we need:

- Expenditure on all major health and social services and initiatives in our rohe– for example those funded by ACC, MSD, Education, Te Puni Kōkiri, Kainga Ora, Oranga Tamariki, and He Ara Poutama.
- Information on outcomes sought, targets and how current expenditure is being monitored or evaluated in terms of its impact, including its impact on hauora outcomes for Māori.



ANNEX: Our Work Programme for 2024-2028

Goal 1: Respect and elevate whānau voice

This means working with our iwi and others to establish ongoing mechanisms for collecting and elevating whānau voices in our rohe on all dimensions of oranga – oranga wai, oranga whenua, and oranga whānau

Jan 2024-June 2025 (Completed activities in blue)

July 2025-June 2026

July 2026 onwards

- Stocktake/analysis of earlier engagements
- Whānau surveys at three community events
- Co-commissioned research with Manatū Hauora on options for whānau voice data storage and protection solutions
- Established Ethics Komiti to guide our mahi
- Established ongoing access to HSQC patient survey responses from Māori for our rohe
- Hui-a-whānau with intergenerational whānau groups on their oranga needs and aspirations
- Ongoing online survey of whānau
- Finalise ongoing whānau voice framework and implementation plan for collection, analysis, amplification and sharing of insights.
- Share initial findings with key local, regional and national decision-makers – eg discuss patient survey findings with relevant PHOs

- Ongoing engagement activities with range of groups, by life stage, by community of interest (eg tangata whaikaha) and with a particular focus on those voices least heard (eg whānau in prison)
- Explore option of longititudinal engagement every 1-2 years with the same whānau group to document their hauora experiences and journey of change over time
- Seek support to implement whānau voice data storage and protection solutions recommended by research with Manatū Hauora.
- Ongoing amplification of whānau voices through range of channels, including reporting back to whānau
- Advocate for changes in areas that will have the greatest impact for oranga of whānau.

- Maintain relationships across the rohe to enable ongoing engagement and amplification of whānau voices through range of media
- Continue regular feedback loops to whānau
- Continue sharing overall and specific findings with key local, regional and national decisionmakers and advocating for changes in areas that will have greatest impact.

Goal 2: Redefine narrow concepts of health – including what gets monitored and reported

While data rich in some areas, the health system does not routinely measure what whānau tell us is most important to them for their health, healing and wellbeing

Jan 2024-June 2025 (Completed activities in blue)

- Develop high level outcomes and monitoring framework
- Develop with HQSC IMPB a fine scale whaitua mapping tool that overlays health, social, cultural, economic and environmental data in each whaitua for use by all IMPBs
- Work with Social Investment Agency to access social indicators data from the IDI
- Reports to Te Whatu Ora on our 2023/24 contractual requirements
- Develop data sharing Kawenata with two PHOs
- Work with mana whenua and ESR to access cultural indicators data for oranga wai and oranga whenua
- Regular info sharing and report backs to our iwi on our activities
- Develop data sharing agreements with Te Whatu Ora and with Social Investment Agency to access regular, more tailored data for our rohe, aligned to our priorities

July 2025-June 2026

- Further additions and regular updates to whaitua mapping tool
- Monitor health sector local performance against 1) the IMPB priorities for our rohe and 2) the health sector's own priorities.
- Monitor the performance of health and other agencies in their work to address the broader determinants of health
- Report the results of our monitoring as well as ongoing health outcomes data in our first "State of our Rohe" report.

July 2026 onwards

 Continue to refine/review monitoring framework and "State of Our Rohe" reporting as priorities evolve and new data sources are identified



Goal 3: Re-imagine health system investment

In order to achieve an oranga ecosystem where our mokopuna can thrive, we need to work together across the health, social, cultural, economic and environmental sectors to address the wider determinants of health. We need to better harness the collective insights, energy and resources of iwi, hapū and whānau, government and local government agencies, health, disability and social services, workforce, industry and community groups.

Jan 2024-June 2025 (Completed activities in blue)

- Stocktake of the current '
 oranga' priorities, activities
 and key partnerships of each
 rūnanga to build a better
 picture of what exists as well
 as possible areas for future
 shared focus
- Ongoing engagement with regional and local councils, MSD and other agencies on oranga initiatives we can build on in our rohe
- Access core info on all current health funding allocations in our rohe, including any performance information or evaluations of effectiveness of these for Māori.
- Watching brief on broader shifts in government commissioning environment, including Whānau Ora and social sector commissioning.
- Explore with Te Whatu Ora DDG Central Region and other agencies ways to join up decision-making in shared priority areas for our rohe.

July 2025-June 2026

- Work with Te Whatu Ora to progress IMPB priorities, including ensuring they are embedded into Te Whatu Ora Regional Plan
- Increase IMPB contribution to relevant decision making related to health system and service design, workforce development impacting on hauora Māori as well as, strategic investment and innovation in our rohe
- Cross-sector work with Te Whatu Ora, SIA, MSD, Kainga Ora, MoE, and other local and regional leaders to improve the return on social investment and address wider determinants of health.

July 2026 onwards

- Increase shared understanding of return on current cross-sector expenditure
- Progressively increase IMPB input into crosssector decisions on system and service design, workforce and investment in our rohe to improve social returns and address wider determinants of health for Māori

Goal 4: Organisational Development

Developing and maintaining our internal capability and capacity to effectively deliver on our strategic priorities now and into the future

Jan 2024-June 2025 (Completed activities in blue)

- Set up a Board Audit and Risk Committee with an Independent Chair
- Manahautū/Chief Executive and small secretariat in place
- Developed set of operating policies, a risk register, and business continuity plan
- Strengthened relationships with Te Ikaroa IMPBs and the national network of IMPBs
- Developed and launched website
- Board AGM
- Ongoing relationship building with key organisations and individuals across iwi-Māori, government and community sectors
- Refine comms and media strategy
- Establish performance indicators for IMPB
- Confirm ongoing funding commitment from Te Whatu Ora beyond June 2026

July 2025-June 2026

- Ongoing professional development of Board members and staff
- Explore shared service opportunities across Tellkaroa

July 2026 onwards

- Regular self-review to ensure Board is fit for purpose and performing effectively
- Details subject to confirmation of ongoing funding of IMPB beyond June 2026



