

The background of the entire page is a dark blue color. Overlaid on this background are several large, stylized, light blue wave-like patterns that resemble traditional Māori koru or hema designs. These patterns are curved and flowing, creating a sense of movement and depth. The text is positioned in the upper left quadrant of the page, in a clean, white, sans-serif font.

# **Te Moana a Toi IWI MĀORI PARTNERSHIP BOARD COMMUNITY HEALTH PLAN**

**Dated: 30 September 2024**

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# WHAKAPAPA & STRATEGIC OBJECTIVE

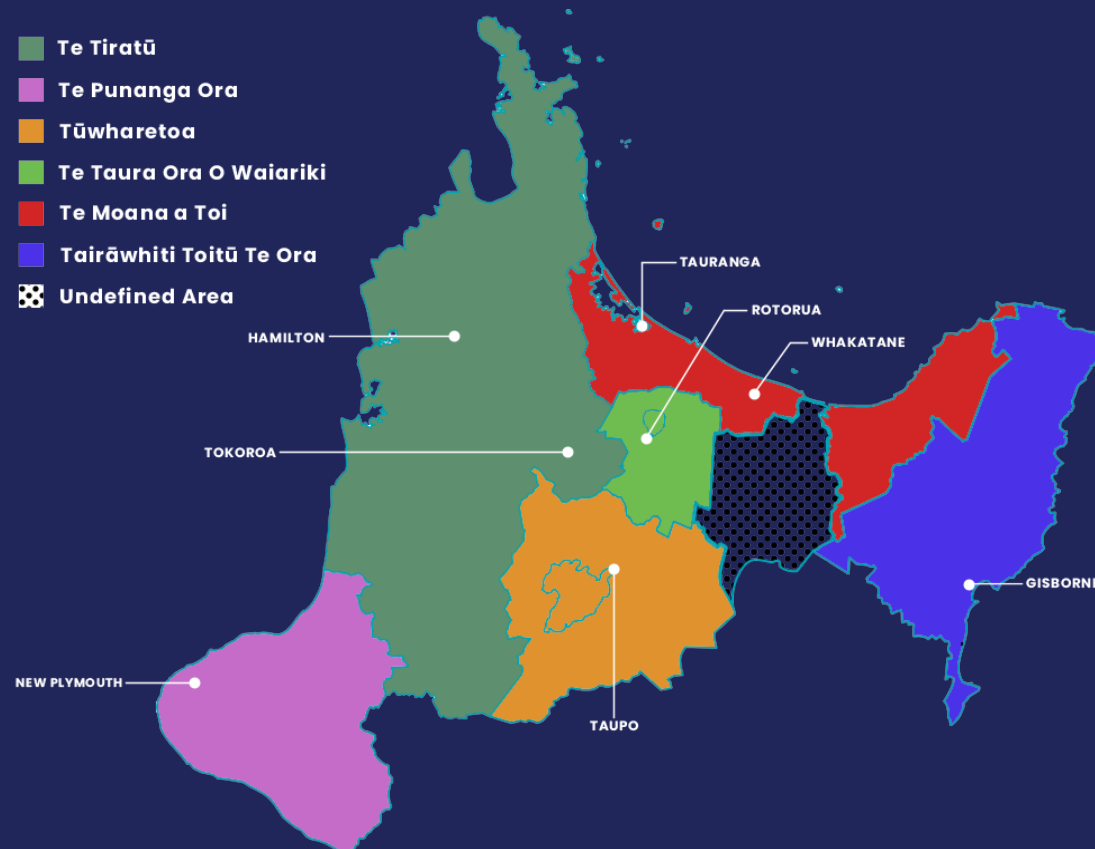
## Whakapapa

Te Moana a Toi is the name of the Iwi Māori Partnership Board (IMPB) representing the iwi across Mai i Ngā Kuri a Whārei ki Tihirau. The name originates from Toi our eponymous ancestor steeped in indigenous wisdom and knowledge. As a tohunga and the founding tupuna of Te Moana a Toi, he was regarded as an expert navigator and ancient explorer. Renowned as a pioneering ocean voyager, Toi was one of the first to land at Kakahoroa (Whakatāne) before establishing a settlement there. Toi is referred to by some as Toi Kairākau - the man sustained from the forest, and to others as Toi te Huatahi the man of the first fruits. His many descendants are referred to as 'Nga Tini o Toi'.

## Strategic Objective

Our strategic objective is to capture the needs and aspirations of our people utilising a Toi Ora wellness approach as reflected in Toi Ahorangi to ensure the improvement of the lives of our whanau and shift the paradigm from kahupo centered services towards Toi Ora wellness and prevention built on He Pou Oranga Tangata Whenua Determinants of Health.

Te Moana a Toi has a population of over 255,000 residents with two thirds living in the Western Bay of Plenty and a third in the Eastern Bay of Plenty with the major population centers being Tauranga, Katikati, Te Puke, Whakatāne, Kawerau and Ōpōtiki. Of this, 31% are under 25 and 26% identify as Māori.



## FOUNDATIONS OF OUR BOARD

TOI ORA IS OUR VISION      TOI TŪ IS OUR MISSION

We assert our rights as the descendants of Toi, the indigenous peoples of Te Moana a Toi to determine, develop, maintain, access and administer our own institutions, programmes, rongoa and practices that support our optimal health and wellbeing in accordance with the United Nations Declaration on the Rights of Indigenous Peoples.

- \* **Toi tū te Kupu - Uphold our Word**

Affirms we will uphold our knowledge systems and aspirations as Iwi to honour our cultural intelligence through an authentic Te Tiriti o Waitangi partnership with the Crown.

- \* **Toi tū te Mana - Uphold our Power**

Affirms He Pou Oranga, the sources of mana that lead to Toi Ora. Tangata whenua self-determination aspirations, and world view will be valued and invested in across Te Moana a Toi

- \* **Toi tū te Ora - Uphold our Vision**

Guides our direction towards Toi Ora. Toi Ora drives a whole system approach which enables the descendants of Toi to flourish from pre-conception throughout the course of life.

### NGĀ UARATANGA

Iwi representatives on Te Moana a Toi IMPB will be guided by a set of tikanga to ensure that the Board remains tika and pono to the mahi required to ensure positive change for Iwi and whānau Māori:

- \* **Whanaungatanga** – strong transparent relationships with Iwi, mātāwaka, hāpori Māori and key stakeholders to achieve Toi Ora within Mai I Ngā Kuri a Whārei ki Tihirau
- \* **Kaitiakitanga** – Driving governance and leadership in health provision for Iwi, mātāwaka, hāpori Māori and key stakeholders to achieve Toi Ora within Mai I Ngā Kuri a Whārei ki Tihirau
- \* **Manaakitanga** – Providing Iwi led decisions about health service provision that are tailored to the needs of the community it serves
- \* **Rangatiratanga** – acting as a vehicle to achieve mana motuhake and tino rangatiratanga in health and other sectors in line with the obligations outlined in Te Tiriti o Waitangi
- \* **Wairuatanga** – Acknowledged and upheld as interrelated to everything and a fundamental aspect of health and wellbeing
- \* **Kotahitanga** – Working together with energy and enthusiasm towards the achievement of common goals



## OUR ROLE AS STRATEGIC COMMISSIONERS

There are many ‘models’ of commissioning so we have selected a generally accepted model that is recognisable within the health system – and includes the four key processes of commissioning:

- Assessing need and engaging whānau
- Setting priorities and service planning with Health NZ
- Informing procurement by Health NZ to respond to priorities
- Monitoring performance of the health system

The functions of Iwi Māori Partnership Boards are outlined at Section 30 of the Pae Ora Act 2022 and have been mapped to this commissioning model to demonstrate our status as strategic commissioners.

The main reason we see ourselves as ‘strategic’ commissioners is that we set high-level direction with Te Whatu Ora | Health NZ based on whānau-affirmed priorities.

We (currently) do not undertake transactional procurement functions including contracting and monitoring of providers. Similarly - we undertake strategic monitoring of system performance in our IMPB area – not individual provider or contract performance.



### Government expectations of us in strategic commissioning

The Government intends that IMPBs will have strategic commissioning powers from 1 July 2025<sup>1</sup>, although it is unclear at this stage how those powers will be conferred. Specifically, Cabinet has endorsed this function at:

Clause 38 of the Cabinet paper:

*“IMPBs’ key functions include the need to engage with whānau and hapū about local health needs, evaluate the current state of Māori health, identify priorities, and monitor local performance. These functions represent critical steps in an end-to-end commissioning cycle, which starts with understanding what Māori need and want within their local context, with continuous engagement and monitoring”*

Clause 39 of the Cabinet paper:

*“This can be described as ‘strategic commissioning’, which includes involvement in each stage but stops short of operational responsibility for procurement, contract management or budget-holding. This does not preclude IMPBs having a more direct role in health service commissioning in the future. However, it does recognise that IMPBs will need to develop appropriate capacity and capability first, including monitoring and accountability frameworks”*

## KEY RELATIONSHIPS

Te Moana a Toi IMPB has established a number of key relationships across the rohe which help to promote the role of the IMPB, while also ensuring we have the right relationships in place to continue to address the social determinants of health. These relationships ensure the key stakeholders across the rohe have a voice in our mahi, and also that the IMPB has a voice in their mahi directed toward achieving the hauora priorities we have identified:

- **Iwi, hapu across the rohe**
- **Other IMPBs in the region and across Aotearoa**
- **Health System**
  - Ministry of Health | Manatū Hauora
  - Health New Zealand | Te Whatu Ora
    - Hauora Māori Services
    - Te Manawa Taki Regional office
    - Tauranga Hospital
    - Whakatāne Hospital
  - Hauora Maori Advisory Committee
- **Kaupapa Māori Providers**
  - Te Puna Ora O Mataatua (TPOOM)
  - Eastern Bay of Plenty Iwi Provider Alliance
    - Tūhoe Hauora
    - Tūwharetoa Ki Kawerau Hauora
    - Te Tohu O Te Ora O Ngāti Awa
    - Te Pou Oranga O Whakatōhea
  - Te Rūnanga O Te Whānau
  - Te Rūnanga o Ngāi Tamawhariua
  - Ngāti Ranginui Iwi
  - Ngāti Kahu Hauora
  - Pirirākau Hauora
  - Te Ika Whenua Hauora
  - Maketu Health & Social Services
- Poutiri Trust
- Ngā Kakano Foundation
- Huria Trust
- Te Ao Hou Trust
- Whaioranga Trust
- Waiariki Whanau Mentoring
- **Primary Health Organisations**
  - Eastern Bay of Plenty Primary Health Organisation
  - Western Bay of Plenty Primary Health Organisation
  - Ngā Mataapuna Oranga
  - National Hauora Coalition
- **Territorial Authorities**
  - Tauranga City Council
  - Western Bay of Plenty District Council
  - Whakatane District Council
  - Kawerau District Council
  - Opotiki District Council
- **Bay of Plenty and Local Area Collective Impact Groups**
  - Public Service Commission
  - ACC
  - Department of Corrections
  - Te Puni Kokiri

## LEGISLATED MANDATE

*Pae Ora Act Sn 30(1)(a) to engage with whānau about local health needs and communicate the results and insights to HNZ.*

*Service models and approaches, innovation. Provider selection. Setting priorities.*

### Our Role

We undertook a process to capture whānau voice across Mai i Ngā Kuri a Whārei ki Tihirau to inform our direction forward. The information which resulted in our first Whānau Voice Report Issue # 1 was sourced from:

- A Toi Ora whānau survey conducted by the IMPB in early 2024 (113 respondents)
- Case study report from a one-on-one interview with an interviewee has worked with commitment for nearly 40 years by providing wellbeing for those who are homeless, suffering from mental disorders, abuse and drug addiction.
- A presentation on the eastern Bay of Plenty Palliative Care review “The Mana of Whānau and Community Voice to Lead Change” (Feb 2024) by F Burns, Te Whatu Ora and associated Whānau Voice report ‘Te Kōkōmuka – Kaupapa Māori Model of Practice for Palliative Care” by Yolanda Tipuna for Te Pare o Toi
- Te Pāraeroa Ā Tu: What are the benefits for my grandchildren tomorrow: He Aha Taku Oranga Hauora mō āpōpō” – a report published by Awanuiarangi in 2022. This research team supported Te Pāraeroa Ā Tūmataunga, set out to discover how the Māori veterans who served in southeast Asia<sup>2</sup>, and their families, are faring. In particular the researchers sought to learn about the veterans and their families’ health needs, and also to learn about the cultural interventions and strategies used by veterans to cope and heal from trauma, to develop resilience and to transform their health outcomes. The research involved 34 veterans, a son of a veteran, two widows and three spouses.
- Hauora Māori Provider engagement in July - August 2024, to gather their views on whānau needs and aspirations based on their experience with whānau
- Mainstream provider engagement in July – August 2024, to gather their views on whānau needs and aspirations based on their experience with whānau

2 Included Malayan Emergency (1948 – 1960); Borneo / Indonesian Confrontation (1962 – 1966) and the Vietnam War (1955 – 1975)

Our work continues in engaging whānau through our appointed Pou Hononga who work to engage whānau, hapu and kaimahi to hear their korero and ideas / aspirations. Our ongoing whānau voice programme of work will ensure that the voices of whānau inform our strategic procurement and strategic monitoring functions moving forward. We aim to produce our Whānau Voice Issue # 2 in 2025.

Key findings of the whānau engagement and analysis expose multiple barriers to accessing health care services particularly in primary and community care such as cost and poor access to GP services, insufficient time allowed for appointments, primary carers missing essential health care and lack of childcare. Whānau report challenges of navigating a disjointed system when having to live with high levels of acuity of illness, communicable diseases and complex support needs:

*“Primary Care needs to change and grow in meeting the needs and responding to whānau.”*

*“There are service providers who say they are doing something in these communities but feedback from rangatahi and whānau is that they are not.”*

Whānau have highlighted the importance of connecting with services in their place of choice, through quality communication, and working collaboratively. When services give more choice, flexibility and are more responsive, whānau are more likely to remain engaged and receive timely and quality care.

We gathered data from a range of sources – IMPB Health Profiles Vol I and II provided to us by Te Aka Whai Ora; PHO data from the three PHOs operating in our district; and specific data from Te Whatu Ora requested to address areas not covered in the health profiles.

The whānau voice information and the health service data was then collated and organised to produce our first Hauora Māori Priorities Report (Appendix A). We organised the information into five categories:

- \* Whānau Voice – general themes applicable across the health system
- \* Public and Population Health – data and relevant whānau voice
- \* Primary and Community Care – data and relevant whānau voice
- \* Hospital and Specialist Services – data and relevant whānau voice
- \* Enablers – workforce, data and funding

## LEGISLATED MANDATE

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*Pae Ora Act Sn 30(1)(b) evaluate the current state of Hauora Māori for the purpose of determining priorities for improving Hauora Māori.  
Sn 30(1)(c) work with HNZ in developing priorities for Hauora Māori*

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### Our Role

Utilising our Hauora Māori Priorities Report (needs analysis) produced in the first phase, our IMPB met together in a full day workshop to work through the findings of this analysis, and to determine priorities – which are now embedded in our Hauora Māori Priorities Report September 2024. This is work that we will continue to repeat over time as the data improves, and as we continue to gather specific whānau voice information about the health system. Having current information will ensure that we make informed and evidence-based decisions when undertaking strategic procurement work with Te Whatu Ora | Health NZ, as well as monitoring.

To drive health system change, our role in this function is to utilise and share our Hauora Māori Priorities Report to collaborate with Te Whatu Ora | Health NZ to address the priorities for Hauora Māori as we work toward achieving high quality community led culturally responsive health care in Te Moana a Toi rohe. Key mechanisms for recognition of our priorities are:

- \* embedding the IMPB priorities in the Regional Health and Wellness Plan for Te Manawa Taki as this drives the regional work programme of leaders and their teams within Te Whatu Ora | Health NZ
- \* working together at regular sessions such as the monthly Regional Integration Team (RIT) hui, which involves senior leaders responsible for key parts of the system. The IMPB leaders of Te Manawa Taki are active participants in these working sessions

It will take a multi-pronged collaborative approach with Te Whatu Ora | Health NZ, the broader health sector (e.g. PHOs) and Hauora Māori providers to inform the strategic commissioning process for Hauora Māori priorities and services. We expect that some approaches will involve:

- \* focusing Hauora Māori and mainstream health services (including those delivered by Te Whatu Ora) who deliver relevant services, to adapt to better ways of reaching whānau Māori
- \* planning for disinvestment of ineffective services that are not reaching whānau (or impacting the access, utilisation or benefit of services) and re-investing in more effective approaches
- \* resourcing the development of new Te Ao Māori designed models of care meet the needs of whānau through new funds or re-prioritising existing investments



The board will focus on a collaborative approach with Te Whatu Ora | Health NZ both nationally and regionally to improve current mainstream and Hauora Māori services to plan for a renewed focus on our priority areas identified by Te Moana a Toi whānau.

The reason that we have organised themes from the data and whānau voice this way is that this aligns generally with how the health system is organised For instance:

- \* **Public and population health** services and programmes are overseen, funded, partially delivered and commissioned by the NZ Public Health Service (NZPHS) so it is important we engage closely with NZPHS leaders to advocate for the interests of whānau in our rohe. Their mandate includes cancer screening, health promotion, prevention and wellness, and social determinants of health
- \* **Primary and community care** is managed and commissioned (and partly delivered) by the Regional Commissioner for Te Whatu Ora | Health NZ, so it is vital that we have a strong working relationship with this leader, to ensure they and their team understand the issues facing our whānau and reflect this in their budgeting, service planning and procurement practices
- \* We also need to have a strong relationship with leadership for **hospital and specialist services** in the district, to influence the quality of care for Māori, as well as equity of access, utilization and outcome. For instance, a key area for discussion with both the hospital leadership and PHOs will be to undertake a ‘deep dive’ into emergency department presentations and to determine how much of this is impacted by lack of access to primary care.
- \* **Enablers** such as workforce development and quality data / information have dedicated leaders and teams at both national and regional levels, and it will be important that we use the information that we have gathered and documented, to influence their planning and resourcing.

## LEGISLATED MANDATE

*Pae Ora Act Sn 30(1)(e) Engage with HNZ to support stewardship of Hauora Māori and priorities for Kaupapa Māori investment and innovation*

### Our Role

An essential function and role of the IMPB is to support Te Whatu Ora | Health NZ in the procurement, development and delivery of services that address our Hauora Māori priorities focusing on Kaupapa Māori investment and innovation. Within this function, we see two roles with Te Whatu Ora | Health NZ, and we intend to add a further strategic commissioning role to influence investments by other sectors into the social determinants of health.

1. The first role is working with Te Whatu Ora's Hauora Māori services in relation to the Hauora Māori Appropriation, inherited from the former Te Aka Whai Ora. We know from evidence and tracking by Manatū Hauora that generally the Hauora Māori Appropriation (primarily the expenditure on Māori providers or initiatives specifically addressing Māori inequities) is around 3% of Vote Health.
2. The second role is working with Te Whatu Ora's Regional Integration Team (RIT) to influence, co-design and co-decide priorities for Hauora Māori across the services that Te Whatu Ora both provides and commissions. This effectively is where the other 97% of Vote Health lies.

This is further endorsed by the 12 August Cabinet paper describing IMPB functions at Clause 40:

*"To embed whānau, hapū and community voice in service planning and design, and improve the quality of investment, IMPBs need to be well integrated into Health NZ's business planning, service design and monitoring processes, alongside other groups that represent community needs"*

### Directing the Hauora Māori Appropriation (the 3%)

This is the appropriation inherited by Health NZ from Te Aka Whai Ora. Prior to that Te Aka Whai Ora inherited the contracts and resources from former DHBs and the Ministry of Health after the 2021 Health reforms (known as Legacy Agreements), and new appropriations to Te Aka Whai Ora from 2021 – 2022 annually have since been added to the appropriation.

At present we do not yet have a line of sight over the allocations made within the appropriation for our area for 2024 – 2025 but we do have information from Te Aka Whai Ora on their 2021 – 2024 investments in our rohe (see Appendix B). It is unclear at this point what the more recent investments (July 2024 – June 2025) has been targeted toward and whether this meets the identified health needs outlined in the Hauora Māori Priorities Report. The investment to June 2024 shows that almost \$55m was invested in our district. This is approx. 9% of the total investment held of \$620.328m nationally. The October 2023 report indicated that the ~\$55m was invested as follows:

SERVICE AREA	FUNDING FY23-24	% SHARE
Mental Health	\$17,074,656	31%
Primary Care	\$12,755,383	23%
Kahu Taurima	\$7,849,045	14%
Addictions	\$6,340,315	12%
Public & Population Health	\$4,730,462	9%
Health of Older People	\$2,122,295	4%
Mātauranga Māori	\$2,089,325	4%
B22 cost pressure	\$1,318,368	2%
Workforce development	\$494,713	1%
<b>TOTAL</b>	<b>\$54,774,562</b>	<b>100%</b>

As would be expected the highest investments are in key priority areas such as mental health, primary care and Kahu Taurima (first 2,000 days).

Once we have transparency over the 2024 – 2025 investments made over and above this sum in our district, we will have the full picture and can generate solutions and decisions based on complete information for investment priorities beyond 1 July 2025. Te Whatu Ora | Health NZ would then be expected to undertake the relevant procurement and contracting processes (which may involve disinvestment and reinvestment), to bring about the desired focus on priority areas.

The IMPB has a key goal of increasing the Hauora Māori Appropriation from the current 3% level – and to see it increase cumulatively each year, as this will be essential to allow Hauora Māori Providers to build and expand services to meet the extensive array of needs of whānau and to tackle persistent inequities.

#### ***Co-commissioning with Te Whatu Ora | Health NZ (the 97%)***

The collaboration with Te Whatu Ora | Health NZ is essential to maximize the IMPB's influence over the services delivered and commissioned from the remaining 97% of Vote Health. As mentioned previously, we expect to see the investment in Hauora Māori services increasing to focus on the many inequities across the system including key government priorities – and for the investment in Hauora Māori Provider delivery to grow. It is long overdue, and many providers have been significantly under-funded for a long time.

In this function, we will negotiate to have the Hauora Māori priorities that we have identified, embedded into the Te Manawa Taki Regional Health and Wellness Plan.

Work with Te Whatu Ora | Health NZ's Regional Integration Team (RIT)<sup>3</sup> has already begun with our representation at that table as far back as 2023 when we first started collaborating at the regular RIT meeting. This continues in a very positive and respectful manner today. Now that we have evidence to hand from the data and from whānau, we are in an even stronger position to influence the prioritization of the current investments and service delivery models, toward Māori inequities and priorities.

At present Te Whatu Ora | Health NZ delivers the vast majority of hospital and specialist services in our district – yet we still have significant numbers of emergency department presentations; avoidable hospitalisations and whānau who are missing out of specialist appointments and planned care. We also plan to learn more from whānau about their experiences of health services so that we can focus on quality, cultural safety and assuring whānau of a positive journey through the system.

<sup>3</sup> The RIT is made up of the Regional Director for NZ Public Health Service; the Regional Commissioner for Primary & Community Care and the Regional Leader for Hospital and Specialist Services, along with those whose functions support these three core areas of business.

Te Whatu Ora | Health NZ's role is also to ensure that our IMPB is involved and kept abreast of the end-to-end process of planning, strategic commissioning and procurement of Hauora Māori and Kaupapa Māori services. A collaborative approach to planning supports a shift in decision-making and resources closer to communities. A key enabler will see Te Whatu Ora | Health NZ supporting community-led and localized approaches for our various hāpori.

Key areas for further exploration with Te Whatu Ora include Māori workforce planning and development; building a future workforce to cope with population growth; data and digital infrastructure; and sustainable funding for Hauora Māori providers.

***Alignment of IMPB strategic procurement functions with Government Priorities***

The Government has identified 15 health priorities (known as the 5+5+5) which are described below. It is our assumption therefore that Te Whatu Ora | Health NZ will focus on these priorities in order to meet its obligations as a Crown agency – but it is also incumbent on our IMPB to work alongside Te Whatu Ora | Health NZ to give effect to addressing inequities for Māori in those processes. As well as driving our own priorities, we will also be driving a focus on Māori inequities in the government's priorities.

We have already identified that all of the Government priorities matter to whānau, as inequities for Māori exist across all of these domains. It will be our expectation that Te Whatu Ora | Health NZ will work with us on designing solutions to meet the targets, and we will also be monitoring these 15 health priorities across our hāpori through regular IMPB-specific reporting.

## GOVERNMENT'S HEALTH PRIORITIES

<b>5 X HEALTH TARGETS</b>	Faster Cancer treatment -90%	Improved Immunisation for children-95%	Shorter stays in ED-95%	Shorter wait times for first specialist assessment-95%	Shorter wait times for treatment-95%
<b>5 X PATHOLOGIES</b>	Cancer	Cardiovascular disease (CVD)	Respiratory Disease	Diabetes	Mental health (see specific targets below*)
<b>5 x MODIFIABLE BEHAVIOURS</b>	Smoking	Alcohol	Diet	Exercise	Social cohesion
<b>*MENTAL HEALTH AND ADDICTIONS – specific sub- priorities</b>	Faster access to specialist MH&AS-80%	Faster access to primary MH & AS-80%	Shorter MH & Addiction-related stays in ED-95%	Increased MH&A workforce development (train 500 MH&A professionals)	Strengthened focus on prevention and early intervention – 25%
<b>HAUORA MĀORI ADVISORY COMMITTEE (HMAC) PRIORITIES</b>	<b>PRIORITY DOMAIN</b>			<b>ALIGNMENT WITH IMPB PRIORITIES</b>	
	1. Māori are protected from communicable diseases across the life course (eg, immunisation rates at 2 years)			<i>Part of existing immunisation priority</i>	
	2. 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)			<i>Tautoko. Māori inequities exist in LMC uptake, birth outcomes and primary care enrolment</i>	
	3. Early y prevention of long-term illnesses for tamariki and rangatahi (eg, ambulatory sensitive hospitalisations for respiratory disease in 0-5)			<i>Tautoko. This will be part of our review of hospitalisations as well as support for Kahu Taurima</i>	
	4. Rangatahi experience stronger mental health and resilience (eg, timely access to mental health and addiction services)			<i>Tautoko. This is on our primary mental health and addictions priority list</i>	
	5. Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors (eg, smoking prevalence)			<i>Tautoko. Identified as part of the 'modifiable behaviours mahi with NZPHS</i>	
	6. Identification and treatment pathways for cancer are faster, timely, comprehensive and effective (eg, patients receiving cancer management within 31 days of decision to treatment)			<i>Part of existing government priority for faster cancer treatment. We have also identified cancer screening as a major priority especially breast, cervical and bowel screening</i>	
	7. Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease (eg, people with diabetes regularly receiving any hypoglycemic medication in the relevant year)			<i>Primary care enrolment (vs utilisation) and non-enrolment is a key priority for us</i>	
	8. Kaumātua are supported to live well through managing complex co-morbidities (eg, rate of polypharmacy in over 65s)			<i>As above</i>	
	9. IMPBs are well supported to deliver on their roles and respond to hāpori and whānau wellbeing needs (e.g., resourcing and capability)			<i>Tautoko. We await notification on what additional support will be provided to add capability once strategic commissioning has been formally conferred. A key strategic focus for us is to grow our capability and reduce dependence on the system for us to perform our functions successfully</i>	



## LEGISLATED MANDATE

*Pae Ora Act Sn 30(1)(d) Monitor the performance of the health sector in a relevant locality  
Sn 30(1)(f) Report on Hauora Māori activities of HNZ to Māori in the IMPB Locality*

### Our Role

Our Hauora Māori Priorities Report is an initial step towards understanding the current state of health services and whānau experiences of health service delivery in the rohe. Our role is to maintain a continued focus on monitoring through gathering whānau voice on needs, aspirations and experiences. Monitoring Hauora Māori outcomes and health system responsiveness is essential to supporting sustained effort as well as shifts in resource that support better health outcomes for whānau in Te Moana a Toi rohe.

The weakness of the information in our first Hauora Māori Priorities report is that the data we received was variable (different dates / scope); the data was primarily for the former DHB boundary and not our specific IMPB boundary, and the data did not meet our needs for locally tailored information in local hāpori – such as eastern bay, western bay and rural communities such as Murupara, Maketu and Kawerau.

We will report to whānau, hapu, Iwi and providers in our rohe on the results of our monitoring efforts through quarterly reports.

We have determined some priorities of our own which we will monitor, and we also expect to receive regular reports (minimum quarterly) from Te Whatu Ora | Health NZ on the status of the government's 15 health targets. The government's health targets align and relate to many of the key themes in our Hauora Māori Priorities report.

A key enabler to ensure we can perform this monitoring role, is to receive quality data that is specific to our coverage area (which is different to the former DHB area). It is vital that all data we receive from Te Whatu Ora is relevant only to our coverage area. We will also require data for each of our hāpori which we identified during the process of defining locality boundaries some time ago.

Our Te Manawa Taki IMPB Monitoring Framework is below and will be populated with our priorities now that these have been determined.

## IWI MĀORI PARTNERSHIP BOARD MONITORING FRAMEWORK

1. This Monitoring Framework for the collective of IMPBs located in Te Manawa Taki region will enable us to monitor health and disability system performance according to agreed outcomes and indicators for hauora Māori.
2. Our Monitoring Framework is closely aligned with Government's direction for health and aligned to Minister Reti's speech at the national IMPB hui held in Rotorua in July specifically:
  - a. Tier 1 - Purpose: The ultimate outcome we are seeking is improved life expectancy and quality of life for Māori, in line with the GPS.
  - b. Tier 2 - Priorities: Our outcomes and indicators will incorporate Access, Timeliness, Quality, Workforce, and Infrastructure, also in line with the GPS.
  - c. Tier 3 - the 5+5+5 Roadmap is demonstrated through the Five Health Targets, Five Modifiable Behaviours, and Five Pathologies included in our Monitoring Framework.
  - d. We have shown how the three-tiered GPS comes together with the HMA's nine overarching health and system outcomes to inform outcomes and indicators for inclusion in our community health plans.
3. IMPBs have now determined an additional set of rohe-specific hauora Māori priorities aligned with our Needs Analyses and Whānau Voice efforts. This aligns with how we envisaged our mahi together, as Te Tiriti o Waitangi partners: the Crown acting in its Kāwanatanga role, and our IMPBs acting in our legislated monitoring and commissioning roles, guided by the Voices of Whānau Māori.
4. Our outcomes and indicators (in development since determining our priorities) will consider other system enablers, a life-course approach, and whānau pounamu - priority populations. In saying this, we will start small, with an initial focus on a small set of outcomes and indicators that we are strongly placed to influence and improve.
5. Our Monitoring Framework comes together with our Health Needs Assessments, Commissioning Frameworks, and Whānau Voice.
6. We have high aspirations for improving hauora Māori outcomes in Aotearoa, guided by the Voices of Whānau Māori. We are ready to work at pace with the government, the HMA, and Health NZ to make this vision a reality.

# Monitoring Framework for the Te Manawa Taki Iwi Māori Partnership Boards

Te Tiriti o Waitangi  
Te Moana a Toi - Mataatua  
Tūwharetoa - Tūwharetoa  
Te Taura Ora o Waiariki - Te Arawa  
Te Punanga Ora - Taranaki

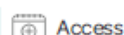
This Monitoring Framework will enable our Iwi Māori Partnership Boards (IMPBs) to monitor health and disability system performance according to agreed outcomes and indicators for hauora Māori in Te Manawa Taki. In line with our status as Te Tiriti o Waitangi partners, we propose that outcomes be determined by the Crown in its Kāwanatanga role and additionally by IMPBs in our legislated roles, guided by the Voices of Whānau Māori. Outcomes and indicators will be determined at the regional and individual IMPB levels, inclusive of the priority areas, system enablers, and population groups listed in the table at the bottom of the page.

## Ultimate outcome: Improved life expectancy and quality of life for Māori

Te Tiriti o Waitangi partnerships

Crown Kāwanatanga role		IMPBs Legislated monitoring and commissioning roles, guided by the Voices of Whānau Māori		
Our monitoring role				
National	Te Manawa Taki region	Individual Te Manawa Taki IMPBs	Te Manawa Taki region	Individual Te Manawa Taki IMPBs
<p><b>Government Policy Statement (GPS) 2024 -27</b></p> <p><b>Priority Areas</b> - see below.</p> <p><b>Five Health Targets</b></p> <ul style="list-style-type: none"><li>• Improved immunisation.</li><li>• Faster cancer treatment.</li><li>• Shorter stays in Emergency Departments.</li><li>• Shorter wait times for first specialist assessment.</li><li>• Shorter wait times for elective treatment.</li></ul> <p><b>Five modifiable behaviours:</b> smoking, alcohol, diet, exercise, and social cohesion.</p> <p><b>Five pathologies:</b> cardiovascular disease, respiratory disease, cancer, diabetes, and mental health.</p>	<p>Outcomes and indicators at the regional and individual IMPB levels to be determined by the Hauora Māori Advisory Committee (HMAC) and the Minister of Health, based on the HMAC’s nine overarching health and system outcomes and the three-tiered GPS. These will be included in our community health plans.</p>		<p>Outcomes and indicators at the regional and individual IMPB levels are under development by our IMPBs, for inclusion in our community health plans. These will be based on our Whānau Voice, Health Needs Assessments, and key documents that reflect the aspirations and expectations of whānau, hapu, and iwi, such as Te Au Pae Tawhiti.</p> <p>These outcomes and indicators will feed into any national-level outcomes and indicators agreed by all IMPBs.</p>	

### GPS 2024-27 Priorities



Access

Ensuring all New Zealanders have equitable access to the health care services they need, no matter where they live.



Timeliness

Making sure all New Zealanders can access these services in a prompt and efficient way.



Quality

Ensuring New Zealand's health care and services are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.



Workforce

A skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.



Infrastructure

Ensuring that the health system is resilient and has the digital and physical infrastructure it needs to meet people's needs now and the future.

### Other System Enablers



Funding



Data



Social Determinants



Cross-Government



Policy and Legislation



Taiao - Healthy Environments



Global Frameworks

### Lifecourse

Hapūtanga (<0)

Pēpi (0-5)

Taiohi (6-11)

Rangatahi (12-19)

Pākeke (20-40)

Koroua me Kuia (41-65)

Kaumātua (65+)

### Whānau Pounamu - Priority Populations

Tāngata Whai Kaha  
- Disabled People

Tāngata Moana  
- Pasifika Peoples

Wāhine  
- Women

Takatāpui  
- Rainbow

Living Rurally

# 3 YEAR WORKPLAN 2025 – 2027

Legislation Function	Year One Jan - Dec 2025	Year Two Jan - Dec 2026	Year Three Jan - Dec 2027
<b>Strategic commissioning focus: assessing needs and aspirations of whānau</b>	<p>Complete Whānau Voice Phase 2 – synthesize and share findings. Contribute findings to health service planning and priority settings</p> <p>Plan Phase 3 Whānau Voice for 2026 – targeting whānau experience</p> <p>Identify and confirm key priority areas of focus for year two</p>	<p>Implement Whānau Voice Phase 3 and report out to HNZ and to whānau</p> <p>Plan for 2027 Whānau Voice priorities</p> <p>Develop a means for storing whānau voice around key domains to track trends</p> <p>Maintain current information on website including whānau voice information</p> <p>Update Hauora Māori Priorities Report and work towards key priority areas of focus year 3</p>	<p>Implement Whānau Voice 2027 plan and report out to HNZ and whānau</p> <p>Identify research projects where patterns in whānau voice identify areas that require specific “spotlight” and investigation</p>
<b>Strategic commissioning focus: Health service planning and priority setting</b>	<p>Ensure Hauora Māori priorities embedded in Te Manawa Taki Regional Health and Wellness Plan</p> <p>Engage with HNZ via RIT and other mechanisms and with health sector (PHOs) and Hauora Māori providers to address priorities and dedicate resources</p>	<p>Collaborate and plan with HNZ to ascertain funding appropriation/resource for current and new priorities</p>	<p>Review/Collaborate with HNZ to plan improvement projects for key priority areas</p> <p>Review/collaborate/plan for funding/resource</p>
<b>Strategic commissioning focus: strategic procurement</b>	<p>Work with RIT to review current Kaupapa Māori services / investment /innovations and possibilities beyond 1 July</p> <p>Review/advise HNZ on current Hauora Māori priorities, and government health targets</p>	<p>Work with RIT to implement improvement projects focused on whānau voice key priority areas</p> <p>Work with RIT to monitor implementation of focus areas from Regional Health and Wellness Plan</p> <p>Implement improvement projects focused on whānau voice key priority areas</p>	<p>Review progress of year two implement new improvement projects grounded in whānau voice and evidence</p>
<b>Strategic commissioning focus: strategic monitoring</b>	<p>Review/advise HNZ on current Hauora Māori priorities, and government health targets in order to design fit for purpose reporting</p> <p>Monitor the local performance of the health system and seek qualitative and quantitative input and information from Iwi</p> <p>Receive reports and monitor Government priorities (5+5+5) as well as identified IMPB priorities for the IMPB area</p> <p>Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance</p>	<p>Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau</p> <p>Negotiate agreement for IMPB to undertake a similar strategic commissioning role that includes monitoring of socio-economic results and ability to influence their investment decisions</p> <p>Receive reports and monitor Government priorities (5+5+5) as well as identified IMPB priorities for the IMPB area</p> <p>Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance</p>	<p>Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau</p> <p>Monitor the local performance of the health system and other systems that influence determinants of health.</p> <p>Receive reports and monitor Government priorities (5+5+5), social sector priorities, whānau-led priorities for the IMPB area</p> <p>Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance</p>

## Appendix A - Te Moana a Toi - Iwi Māori Partnership Board: Hauora Māori Priorities Summary Report



Te Moana a  
Toi\_Hauora Maori Pri

## Appendix B - Hauora Māori Investment report to June 2024











TE MOANA  
ATOI

Iwi-Māori  
Partnership Board