Te Whatu Ora
Health New Zealand

Agenda

Regional Integration Team: Northern Region

Date:	Tuesday 5 December 2023		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Danny Wu, Regional Wayfinder – Northern Region (Co-Chair)
Tracee Te Huia, Regional Director (Co-Chair)
Hayden McRobbie, Regional Director – National Public Health Service
Mark Shepherd, Regional Director – Hospital and Specialist Services
Penny Andrew, Executive Director
Sanjoy Nand, Regional Clinic Lead
Daniel Gotz, Senior Advisor
Quinton Grey, Executive Assistant to the Regional Wayfinder (Secretariat)

Guests: Nil

Apologies: Harriet Pauga, Regional Director – Pacific
Ajit Arulambalam, Projects Consultant

Time	Item	Method	Lead
4.00pm	**Commencement** • Karakia • Apologies • Matters arising • Other business		Danny Wu
4.05pm	**Regional Plan** • Operational Steering Group		Danny Wu Tracee Te Huia
4.30pm	**IMMS Update**		Hayden McRobbie
4.40pm	**Ora Health**		Danny Wu
4.45pm	**General Business**		All
5.00pm	**Karakia whakamutunga**		All

Te Whatu Ora
Health New Zealand

Meeting Minutes

Meeting	Northern Regional Integration Team
Date & time	5 December 2023 – 4:00pm to 5.15pm
Present	Danny Wu, Tracee Te Huia, Mark Shepherd, Daniel Gotz, Hayden McRobbie, Penny Andrew, Quinton Grey
Guests	
Apologies	Sanjoy Nand, Harriet Pauga, Ajit Arulambalam

Item	Agenda Item

1	**Commencement**
	• Karakia (Danny Wu)
	• Welcome and Whakawhanaungatanga
	  ○ Introduction to Daniel Gotz
	• Previous meeting minutes:
	  ○ Due to timing, unable to confirm
	• Matters Arising:
	  ○ Regional Plan
	  ○ Face-to-face meeting
	  ○ IMMS update
	  ○ Oral Health
	• Agenda Items to add:
	  ○ Nil

2	**Regional Plan (Danny Wu)** • Martin Dawe will be kept on until the end of March 2024 • Some work to be done on chronic health conditions. Will work on this at the upcoming RIT face-to-face • Some inclusions on IMPB which came out last week • Topics for the face-to-face to include: IMMS, Oral Health, Chronic conditions, Regional health plan, Primary Birthing Units • Quinton to find a suitable time for the face-to-face meeting • Danny and Tracee to work on the agenda
3.	**Immunisation Update (Hayden McRobbie)** • Progress is moving along well from a planning point of view • Have an urgent response group that four regional directors are on • Gap that still exists is a regional operations group or collective that can keep some projects ticking along • Two working groups under the urgent response group, Pacific and Maori/strategy group. They are pulling together a systems map. • Regional immunisational governance group. Care needs to be taken on how we look at that. Should discuss at the face-to-face meeting • Funding. Lots of potential funding pockets particularly public health unit COVID funding which we have a little bit of leeway to spend on. Has been signed off for use provided it's kept as COVID plus immunisation. • [redacted] underspend from 2023+ with a little bit from 23/24 that technically does need to be spent by 30 June 2024.

	• Have heard from Māori providers who are not fussed on getting six-month contracts so keen to explore if we do utilise this fund. • Interested in looking at a way to fund things or interventions that could potentially be picked up in a year's time by the system
4.	**Oral Health Update (Danny Wu)** • Considering the magnitude of work as statistics showing 48,000 children in arrears • Focus needs to be on high-risk kids, around 13,600 • Should this focus become explicit policy? • Need to have ARDS(?) and Danny's Commissioning team to have a joined up conversation about exploring options **Next steps:** • Danny to talk to his team
6.	**Primary Care Birthing Units (Danny Wu)** • Commissioning's SLT haven't made a decision on it yet • Support for strategic direction being a community hub for Kahu Taurima • Been asked to have discussion with providers to renegotiate what they're looking to provide • High aspirations but numbers proposed might not be achievable in the first couple of years given relatively small workforce
8.	**General Business** • None
6.	**Next meeting: Tuesday 12th of December 2023**

Actions	

Agenda

Regional Integration Team Meeting

Northern Region

Health New Zealand
Te Whatu Ora

Date and time:	**Wednesday 6 March 2024 – 4:00pm to 5:00pm**
Location:	**Microsoft Teams Meeting**
Members:	**Danny Wu**, *Regional Wayfinder, Northern Region Commissioning (Co-chair)* **Tracee Te Huia,** *Northern Regional Director, Te Aka Whai Ora (Co-chair)* ~~**Hayden McRobbie,** *Regional Director – National Public Health Service*~~ ~~**Mark Shepherd,** Regional Director – Hospital & Specialist Services~~ **Harriet Pauga**, *Regional Director – Pacific – Northern Region* **Penny Andrew**, *Executive Director, Service Improvement & Innovation* **Sanjoy Nand**, *Clinical Lead, Health NZ Northern* **Daniel Gotz**, *Clinical Lead, Te Aka Whai Ora Northern* **Janine Pratt**, *Group Manager, Office of the Regional Wayfinder* **Rochelle Bastion**, *Regional Integration Team Lead, Northern Region* **Quinton Grey**, *Executive Assistant to the Regional Wayfinder (Secretariat)*
Guests:	
Apologies:	Mark Shepherd, Hayden McRobbie, Daniel Gotz (possibly)

#	Time	Item	Purpose	Lead
	4:00pm	**Commencement**		
		• Karakia. • Apologies. • Matters arising. • Other business.		Chairs
	MIN 20240227 - NR RIT - 27 February 20	• Minutes. • Actions	Confirm Update / close out	Chairs

	4:05pm	**Discussion topics**		
1		**Screening: Pacific data**	Note	Harriet
2		**Regional road shows: Te Aka Whai Ora**	Note	Danny
3	Meso level Design Group_BACKGROUN	**Meso Level Design**	Discussion and note request	Danny
4		**Regional Health and Wellbeing Plan**	Note timeframes	Janine

	4:55pm	**Closure**		
5		**General business** • Notes		Lead
		• Karakia		Lead

Actions	**Assignee**	**Due**
Open actions		
Clinical Governance and Quality & Safety System terms of reference to be circulated to the group	Penny Andrew	06/03/2024
Closed actions from previous meeting		
Nil		

Health New Zealand
Te Whatu Ora

Meeting Minutes

Meeting	Regional Integration Team, Northern Region
Date & time	6 March 2024 – 4:00pm to 5.00pm
Present	Penny Andrew, Rochelle Bastion, Sanjoy Nand, Harriet Pauga, Janine Pratt, Mark Shepherd, Tracee Te Huia, Danny Wu
Guests	
Apologies	Hayden McRobbie, Daniel Gotz

Item	Agenda Item	Lead

1.	**Commencement**
	• Karakia (Sanjoy Nand)
	• Welcome.
	• Previous meeting minutes:
	  ○ Approved by all present.
	• Matters arising from last meeting:
	  ○ Nil.
	• Additional agenda items:
	  ○ Regional Clinical Governance (Sanjoy Nand)
		Chairs

2.	**Pacific Data** • Paper taken as read. • **ACTION POINT:** Quinton to attach presentation to meeting minutes. • **ACTION POINT:** Team to share presentation with public health and living well teams, asking them to ensure that the actions they put together to deal with the regional plan cover those three screening areas. • **ACTION POINT:** Ruth Bijl and Samantha Gregory to provide update on empirical sore throat treatments in six pharmacies in Counties Manukau. • **ACTON POINT:** Ruth Bijl to get clinical advice on how we manage asymptomatic carriers of strep throat.	**Harriet**
3.	**Regional Road Shows: Te Aka Whai Ora** • Incoming email requesting support from RITs at regional Te Aka Whai Ora roadshows. • Te Aka Whai Ora needs to keep RITs informed about the transition. Lift and shift to happen by 31 March. • HNZ's ELT to consider needs in terms of a Māori health business unit with a view to having a new structure potentially by 30 June. RIT to seek clarification on what this is and what is needed.	**Danny**

4. Meso Level Design **Danny**

- Working group set up to do this work.
- IMPBs need to be involved.
- Bringing awareness of this to RIT and that work will continue with the steering group on how the wider organisation and the sector gets involved.

5. Regional Health & Wellbeing Plan **Janine**

- Plan expected end of March to Middle of April.
- Memo will be sent to RIT outlining expectations with the plan in terms of timelines.
- RIT asked to note timeframe and look at support to get the integration piece between Commissioning and Hospital Specialist Services done as it's an area of tension with the steering group.

6. Regional Clinical Governance **Sanjoy**

- RIT supported Sanjoy to bring a paper to the next meeting to start thinking about regional clinical governance groups that supports RIT in a way that was outlined in Richard's recent presentation to RIT.
- Rochelle and Sanjoy to work offline and prepare something to bring to RIT.

7. The Role of RITs **Danny**

- Request from CE to bolster the role of RITs.
- Rochelle to lead a discussion around elevating the role of the RIT – providing clarity etc

The meeting was closed by Sanjoy Nand with a karakia at 5:11pm.

Next meeting: Thursday 14 March 2024 **NEW DATE AND TIME**

Actions	Assigned to	Due date
~~*Pacific Data presentation to be attached to minutes.*~~	~~Quinton~~	~~14/03/2024~~
Pacific Data presentation to be shared with public health and living well teams	All	14/03/2024
Ruth Bijl and Samantha Gregory to provide update on empirical sore throat treatment in six pharmacies in Counties Manukau.	Danny	14/03/2024
Ruth Bijl to get clinical advice on how we manage asymptomatic carriers of strep throat.	Danny	14/03/2024

Te Whatu Ora
Health New Zealand

Meso-level organisations

Project Overview

4/03/2024

Meso-Level Design

Purpose of the meso-level design project

To develop a discussion document on the future functions of the meso-level primary and community organisations that will support improved and sustainable future health outcomes.

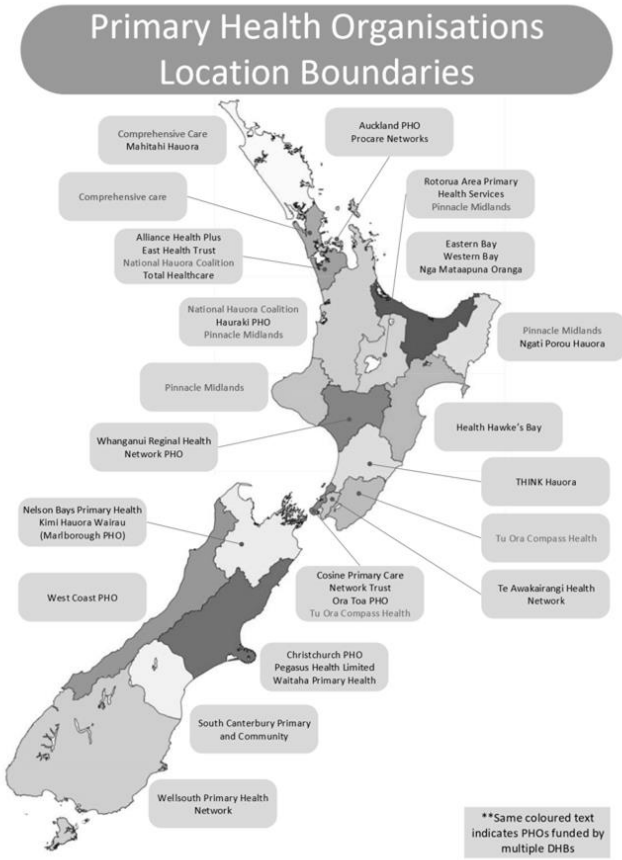
The discussion document, due to be completed in April 2024 will be submitted to the Te Whatu Ora Executive, and with the view to provide a steer to the development of future meso-level organisations.

Background

Meso-level organisations in health

Primary Health Organisations – 2001-now

- Primary Health Care Strategy 2001 introduced PHOs.
- These are local, non-governmental, not-for-profit organisations contracted to manage primary health care for their enrolled populations
- Over time up to 87 PHOs were established. This has reduced to 30 PHOs.
- Distributed across the motu, some across several districts. Range in size from 22,000 to more than 820,000
- Funded by Te Whatu Ora through the national PHO Service Agreement. Deliver Capitation funding payment to practices and implement the flexible funding pool.
- Hold local contracts to deliver additional services such as podiatry, retinal screening, and primary mental health services, dietetics, primary options for acute care, immunisation, etc and many more in collaboration with HSS and NPHS



Challenges and the need for change

Meso-level organisations have a vital role in supporting primary and community care to deliver high quality care.

Primary care is a key point of entry into the health system, providing preventative, proactive and responsive care for populations. Primary care is under pressures and patient related outcomes are deteriorating.

Māori, Pacific peoples, rural populations, and people who live in lower socio-economic communities are not getting equitable access to services or achieving equitable health outcomes.

PHOs have variable capacity and capability levels across the country Work is required to enhance the functions that the meso-level organisations provide to enable the primary care sector to deliver the care that is required.

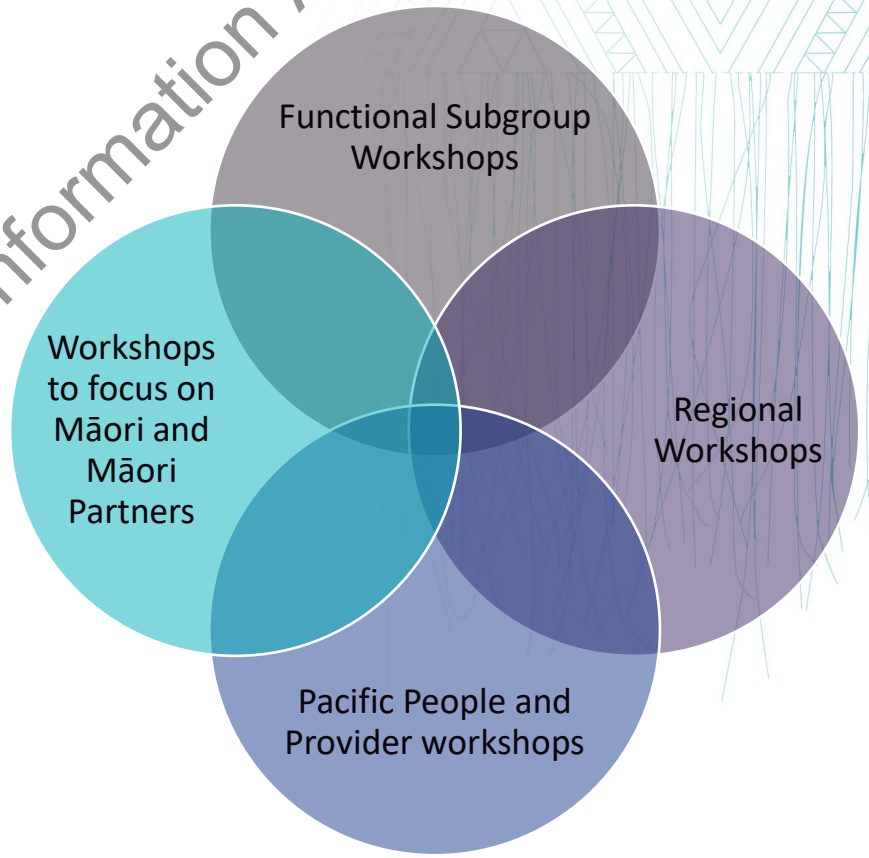
Scope & Approach

In Scope

- Development of a discussion document including
- Description of current functions of meso-level organisations
- Proposed future functions of meso-level organisations
- Functions that consider connections beyond supporting general practice

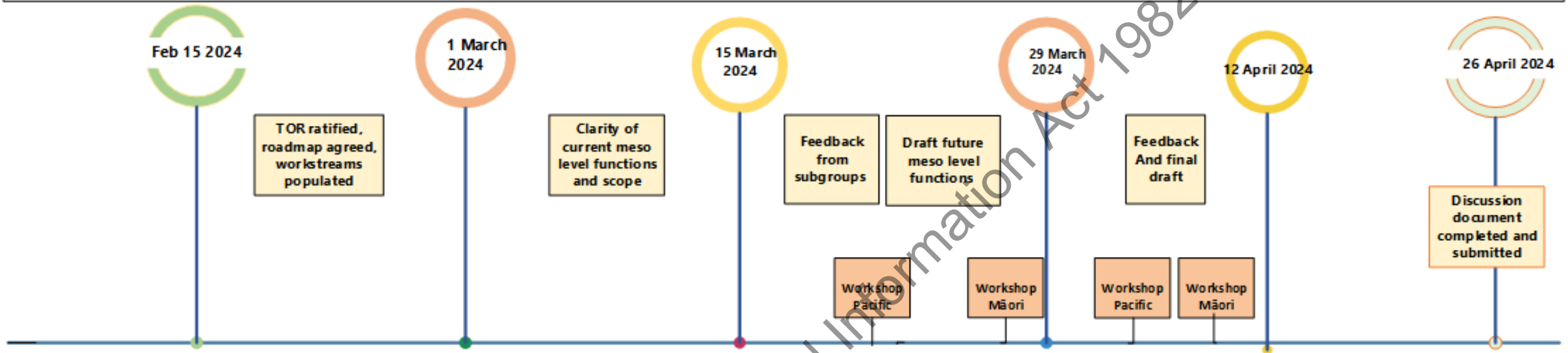
Out of Scope

- Functions of IMPBs
- Hospital and Specialist Services
- NPHS
- Determination of the number of future meso-level organisations needed across New Zealand



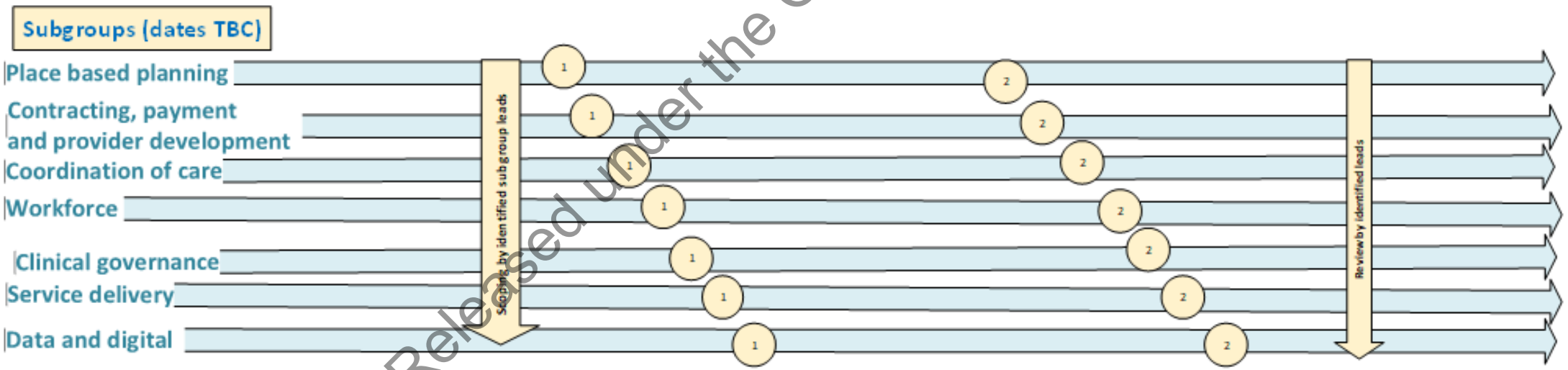
(NB: The meso-level design project, is an early development within a wider programme of primary and community care development that is yet to be established. As this is established links with other projects will be established)

Roadmap: meso-level discussion document



Regional workshops (dates TBC)

Regional workshops (dates TBC)



Te Whatu Ora Primary and Community care - Meso-level design group overview February 2024

We are looking for contributions to the design through participation in the workshops

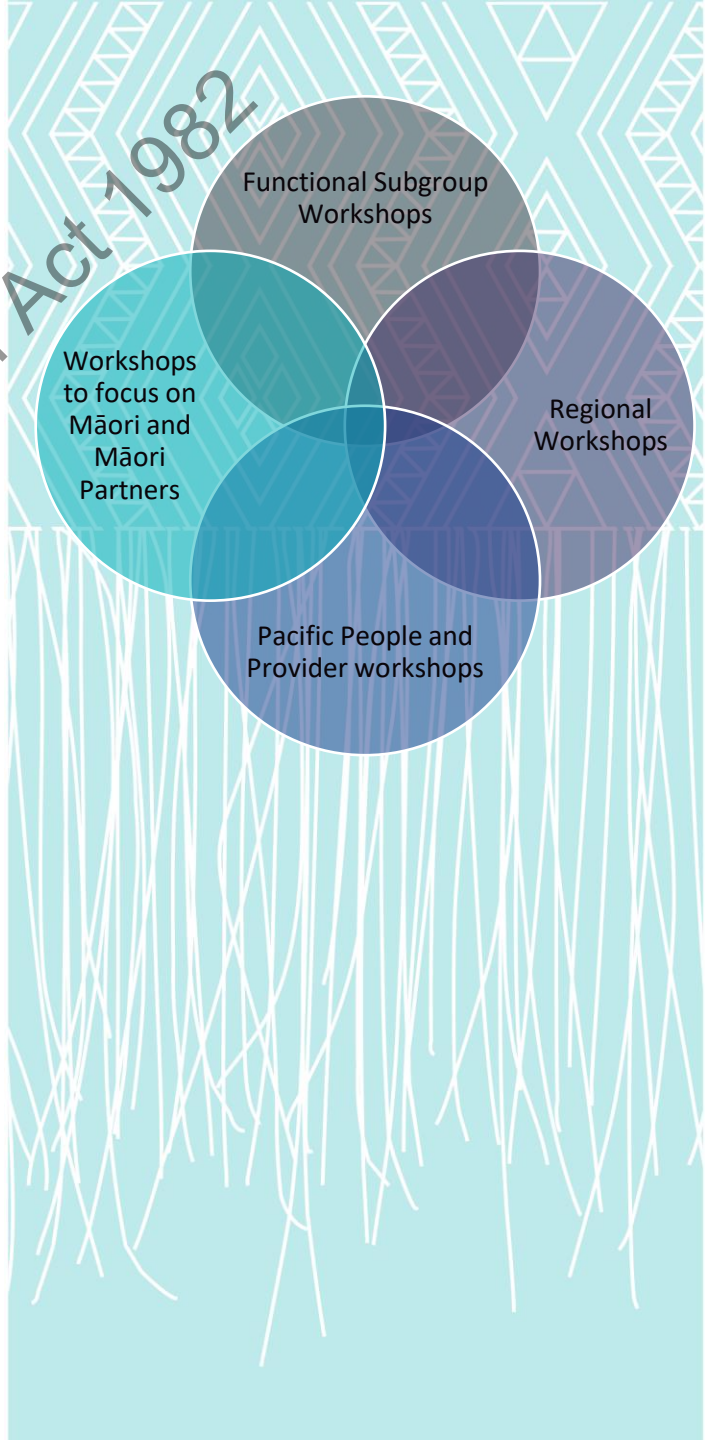
Functional Subgroups

Please let us know if you are able to participate in one/more of the subgroups:

- Place based planning
- Care coordination for those with complex or high risk
- Model of care
- Clinical Governance
- Service Delivery programmes and payment
- Funding, contracting and provider relationships
- Data and Digital
- Workforce

The subgroups will be facilitated by co-leads from Te Whatu Ora and the primary care sector, with the goal to review the current state, consider options for redesign and collation of insights on the future. These will be incorporated into a design template that will be provided by the project team.

We expect these subgroup meetings to be about 3hours long, with the two workshops per subgroup being held between x – x (date)



Regional Workshops

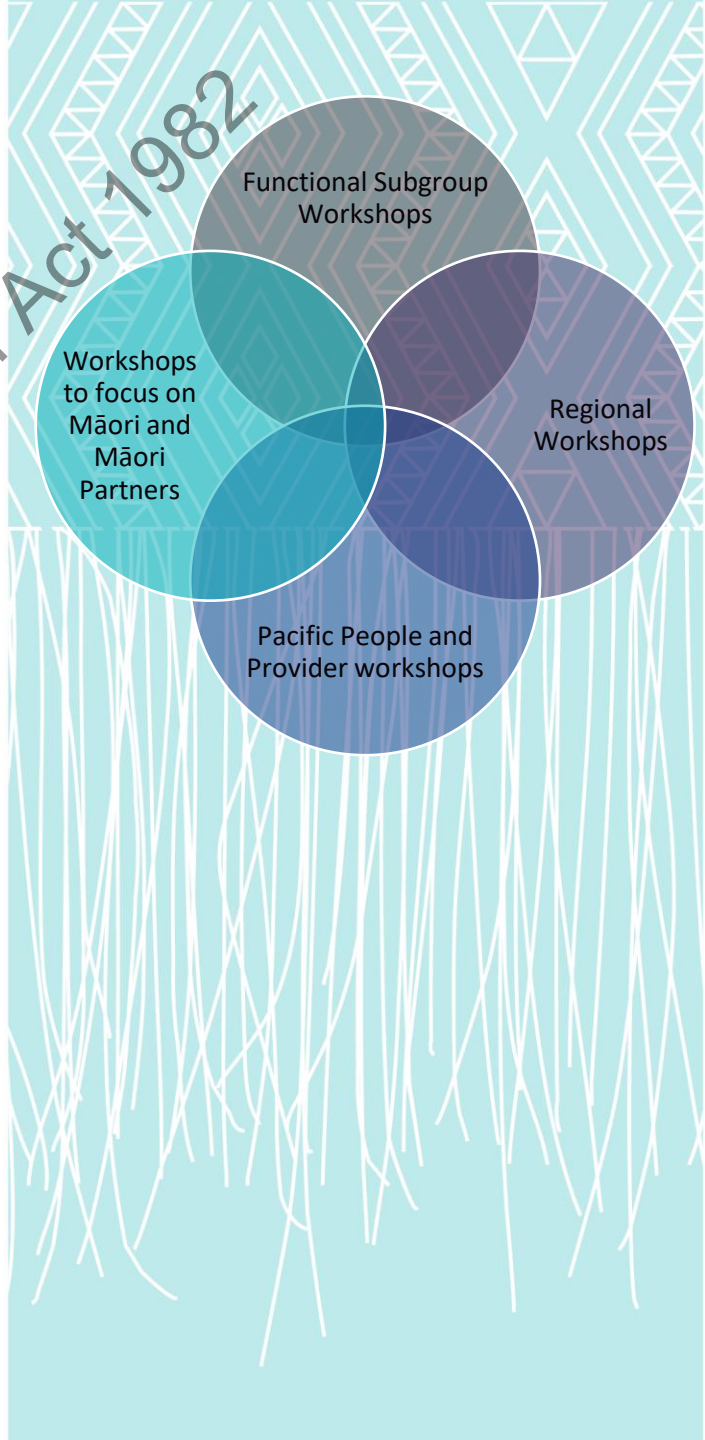
The Te Whatu Ora Regional teams will work with their IMPBs and partners to provide insights on the future direction of the functions of meso-level functions, with a focus on their specific population.

Please liaise with your Regional Lead, if you are able to participate in these workshops:

- Northern Region: Danny Wu
- Te Manawa Taki: Nicola Ehau
- Central Region: Tricia Keelan
- Te Wai Pounamu: Chiquita Hansen

A guide will be developed for the workshops and the final output will be determined by the regional teams and their partners.

We expect these workshops will be about 2-3hours long, with the two workshops per subgroup being held between x – x (date)

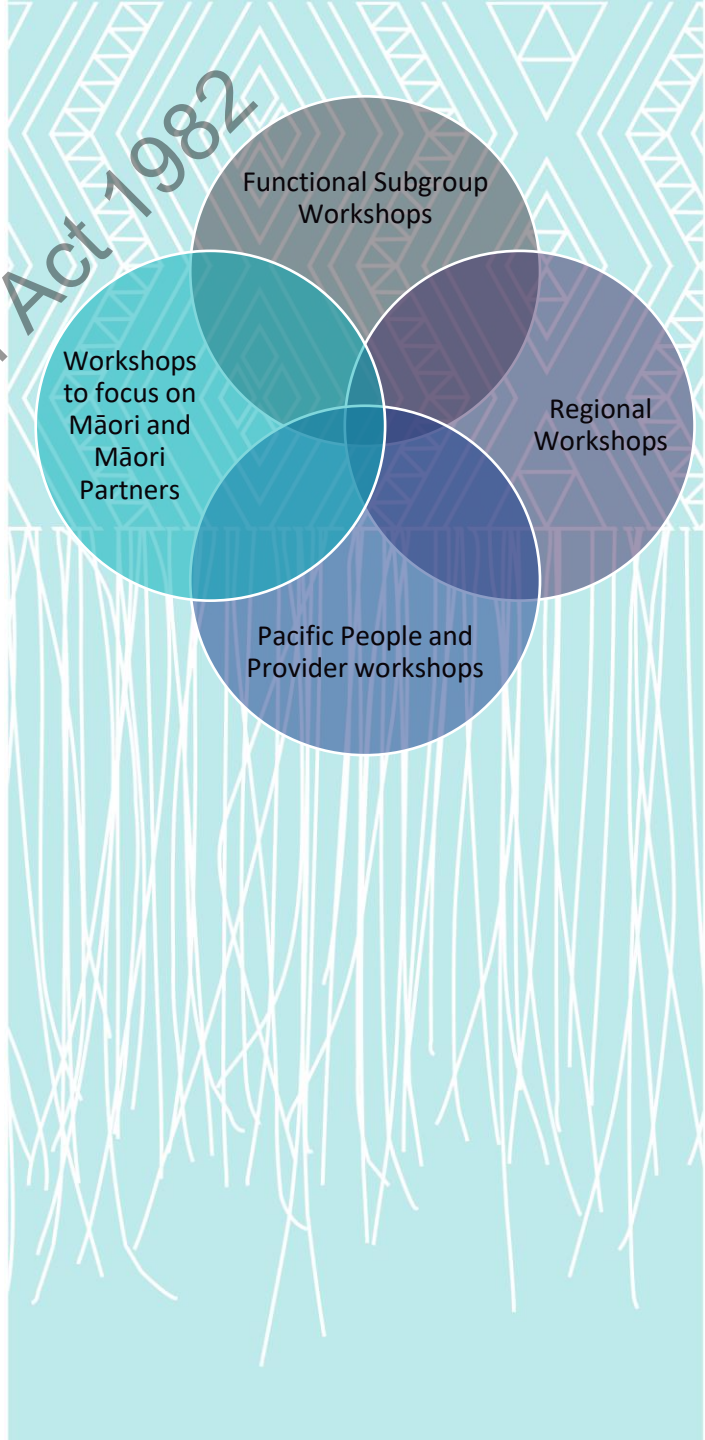


Te ao Māori

Workshop/s to consider the meso-level functions, specific to the needs of Māori, Māori partners and in meeting Te Tiriti obligations.

A guide will be developed for the workshops and the final output will be determined by the regional teams and their partners.

We expect these subgroup meetings to be about 2-3hours long, with the two workshops per subgroup being held between “TBC date”

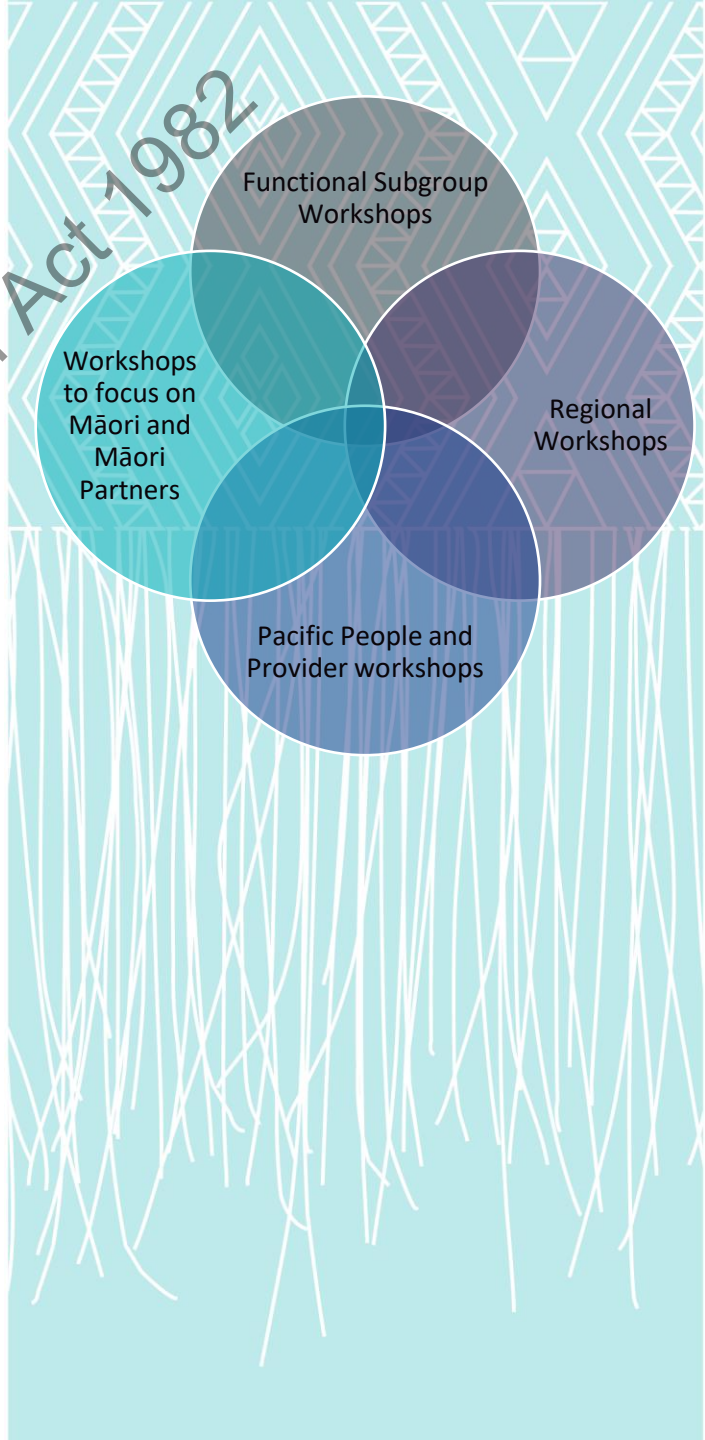


Pacific Workshops

Workshop/s to consider the meso-level functions, specific to the needs of Pacific people and Pacific partners.

A guide will be developed for the workshops and the final output will be determined by the Pacific teams and their partners.

We expect there will be two workshops, about 2-3hours long. These will be held on the 22nd March and the 18 April (details TBC)



Te Whatu Ora
Health New Zealand

If you have any questions/comments please contact the project team at: primary.care@health.govt.nz

Ngā mihi nui

Te Whatu Ora
Health New Zealand

Agenda

Regional Integration Team: Northern Region

Date:	12 February 2024		
Start Time:	16:00	**Finish Time:**	17.00
Location:	**Microsoft Teams Meeting:** Click here to join the meeting		

Members: Tracee Te Huia, Regional Director (Chair)
Janine Pratt – Group Manager, Office of the Regional Wayfinder
Rochelle Bastion – Regional Integration Team Lead
Hayden McRobbie, Regional Director – National Public Health Service
Harriet Pauga, Regional Director - Pacific
Mark Shepherd, Regional Director – Hospital and Specialist Services
Penny Andrew, Executive Director
Sanjoy Nand, Regional Clinic Lead
Daniel Gotz, Senior Advisor

Guests: Martin Dawe, Selina Moore, Valerio Malez, Tony Phemister

Apologies: Danny Wu

Time	Item	Method	Lead
4.00pm	**Commencement** • Karakia • Apologies • Introductions • Matters arising • Other business		Tracee Te Huia
4:05pm	**RHWP – Update**	RHWP Feb24 progress report to R Feedback RHWPs 2nd draft.pdf	Martin Dawe
4.15pm	**RHWP Comms and Engagement Plan**		Valerio Malez
4:30pm	**Immunisation**		Hayden McRobbie
4:45pm	**Quality governance and clinical leadership**		Janine Pratt
4.55pm	**General Business**		All
5.00pm	**Karakia whakamutunga**		All

Te Whatu Ora
Health New Zealand

Meeting Minutes

Meeting	Regional Integration Team (RIT), Northern Region
Date & time	13 February 2024 – 4:00pm to 5:00pm
Present	Penny Andrew, Rochelle Bastion, Daniel Gotz, Hayden McRobbie, Sanjoy Nand, Harriet Pauga, Janine Pratt, Mark Shepherd, Tracee Te Huia (Chair)
Guests	Martin Dawe, Selina Moore, Valerio Malez, Tony Phemister
Apologies	Danny Wu

Item	Agenda Item	Lead

1.	**Commencement**
	• Welcome and karakia (Tracee Te Huia)
	  ○ Mihi to Danny and whānau on recent loss.
	  ○ Introductions from Janine Pratt (Group Manager, Office of the Regional Wayfinder – Northern Region) and Rochelle Bastion (Team Lead, Regional Integration Team).
	• Additional agenda items:
	  ○ Update on national/regional innovation awards (Penny Andrew)
	  ○ Nominations for Comprehensive Primary and Community Teams (CPCT) Governance Group (Sanjoy Nand)
		Chair

2.	**Update on Regional Health & Wellbeing Plan (RHWP)** • General agreement to get a plan published before 1 July 2024. • Te Aka Whai Ora Executive Leadership Team (ELT) endorsement in May/June 2024. • Te Whatu Ora ELT for approval following. • Envisioning final draft in March/April for RIT to look at prior to sign-off. • Content leads engaged. • Steering group to meet monthly and feedback will be provided to RIT.	Martin Dawe
3.	**RHWP Communications and Engagement plan** • To achieve a higher level of engagement, a link needs to be created between the Health NZ strategy, RHWP, and individual contribution. • The steering group will lead engagement with support from the Office of the Northern Regional Wayfinder to confirm the stakeholders list and their priority, develop and deliver the messages, collect feedback, and adjust the plan if required. • Could incorporate an information repository through emails, newsletters, SharePoint. • Will try to agree from the start how feedback would be incorporated into the plan. • A survey could be a useful tool now then repeated in three months to assess awareness and engagement. • The RIT unanimously endorsed the high-level approach so the work to create a more detailed plan can begin.	Valerio Malez

4. Immunisation Hayden McRobbie

- Paper drafted to propose establishing a regional leadership group and underneath that, set out an operational group that includes Māori and Pacific providers to enable an operational lead that is open and transparent.
- Aim to bring paper to the next RIT meeting.
- RIT agreed with this approach.
- NPHS development and delivery leads for prevention have discussed and believe this could be done in all four regions bringing consistency and collaboration.
- ACTION POINT: Secretariat to add agenda item for next meeting: Proposal to establish the regional leadership group for Immunisation (Hayden McRobbie).

5. Quality Governance and Clinical Leadership Janine Pratt

- Opening a discussion on quality governance and clinical leadership across the region, the opportunity for ensuring we have a more systems approach, and being clear on the groups that we have at the moment (whether their purpose is clear, if they are still required, and how they fit with the way we work).
- Should seek to simplify due to time constraints attending groups which seem to be crossing paths and repeating work unnecessarily.
- There's a clinical governance structure that the Clinical Quality Assurance Committee has approved, led by Richard Sullivan.
- There's agreed terms of reference for each of the regional clinical governance groups that sets out scope of responsibility, purpose, and membership.
- Will bring Richard Sullivan to the next meeting to investigate his process around setting up quality systems in our sector.
- ACTION POINT: Secretariat to invite Richard Sullivan to the next meeting: Set up of Quality Systems (Penny Andrew).
- Penny Andrews to discuss with Richard Sullivan in advance.

6. Comprehensive Primary Care Team (CPCT) Sanjoy Nand

- Work is being progressed in the Northern Region. In the Auckland Metro area, the proposal is establishing a governance group to oversee that work.
- Proposed membership to include Te Whatu Ora Northern Region, Te Aka Whai Ora Pacific Directorate, Northern Region Clinical Governance Forum (yet to be formed), and Auckland and Northern Region Primary Care FLG.
- Need to ensure right representation.
- CPCT programme funding is signalled to end – only funded until June 25.
- Sanjoy sent the draft TOR for CPCT Governnace Group to Tracee to distribute
- Representation on that group will be discussed at the next meeting.
- ACTION POINT: Secretariat to add agenda item for next meeting: CPCT Governance Group Representation (Sanjoy Nand).

7. Innovation Awards Penny Andrew

- Te Whatu Ora's Chief Executive has asked to help run four regional improvement and innovation awards events.
- Going to work with regions and run regional symposia to invite people with good initiatives to attend, take the best of the regions' entries into a national event that would take place in October/November this year.
- Details are currently being drafted.
- Support from Service Improvement Innovation Directorate.
- Criteria for initiatives to be set by ELT.
- RIT is asked for advice on getting good initiatives and who to shoulder tap.
- A proposal will be coming.

The meeting was closed with a prayer in-line with the Chinese New Year by the Chair.

Next meeting: Tuesday 20 February 2024

Actions	Assigned to	Due date
Add agenda item to next meeting: Proposal to establish the regional leadership group for Immunisation – Hayden McRobbie.	Quinton Grey	20/02/2024
Send invitation to Richard Sullivan to attend next meeting: Set up of Quality Systems – Penny Andrew	Quinton Grey	20/02/2024
Add agenda item to next meeting: CPCT Governance Group Representation – Sanjoy Nand	Quinton Grey	20/02/2024

To:	Regional Integration Team (RIT)
Cc:	Te Taumata Hauora o Te Kahu o Taonui Ngaa Pou Hauora o Taamaki Makaurau
From:	Martin Dawe, Programme Manager, Regional Health and Wellbeing Plan, Northern Region Janine Pratt, Group Manager Office of the Regional Wayfinder, Commissioning, Northern Region
Subject:	Progress Report: Northern Regional Health and Wellbeing Plan 2024-2027
Date:	12 February 2024
Version	DRAFT 0.1

1.0 Introduction and purpose

This is a progress report on the development of the Regional Health and Wellbeing Plan (regional plan) that outlines an:

- Updated project plan/timeline – for noting
- Overview of progress – for noting
- Update on the transition/handover of the regional plan development to the Office of the Regional Wayfinder, including an update on the Steering Group – for noting.

1.1 Recommendations

That RIT:

1. Notes the timeline for the regional plan development.
2. Notes overall progress on the regional plan.
3. Notes the proposed transition/handover of the regional plan development from the planning team to the Office of the Regional Wayfinder.

2.0 Updated timeline for regional plan development

Draft 0.6 was submitted to the national team for feedback on 21 December 2023. At this point the national team has requested that we work towards having a final draft ready for design by early May 2024 and that it is in place for a 1 July 2024 start. The other regions support this deadline, although it is acknowledged it will be tight.

This timeframe is contingent on drafts of the Government Policy Statement (GPS) and New Zealand Health Plan being available by the end of February/early March. This is required to allow some time to incorporate extra material and carry out engagement. It is unclear yet if the national team will require a revised draft in between.

Final regional plans will then be endorsed by Te Aka Whai Ora ELT and approved by Te Whatu Ora ELT in May/June 2024.

Other intermediate steps include:

- March 2024 – next substantive version for RIT input/full handover to the Office of Regional Wayfinder
- March/April – engagement/communications pertaining to a Life Course draft.

3.0 Progress to date

Work has been initiated to re-write the December 2023 draft using a Life Course approach. National team feedback was received on 29 January 2024 via email (refer separate document) and this has been used to inform next steps.

In summary, all regions are required to use a Life Course approach, and this includes sections entitled:

- Pae Ora: Better health and wellbeing in our communities – content lead Diana Gomez, NPHS
- Growing Well (previously Starting Well) – content lead is Ruth Bijl, Commissioning
- Living Well including chronic health conditions – Samantha Gregory, Commissioning (and in partnership with the Pacific Health team, and Hospital and Specialist Services); cancer – lead to be confirmed; Dying Well (focus on palliative care; assisted dying is national so not required within regional plans unless some reference to available services is required) – lead to be determined
- Ageing Well – new content being led by Kate Sladden, Commissioning
- Mentally Well – content lead Lisa Cartledge, Commissioning
- Primary care (IMPB priority) – Samantha Gregory and Debbie Holdsworth, Commissioning.

The regional plan will cover 1 July 2024 to 30 June 2027, so we will remove this year's Q3 and Q4 actions/milestones in the implementation tables.

We will remove reference to 3Ws, Te Pae Tata and Te Aka Whai Ora, include any national context into appendixes, and use the infographics/demographics approach within the regional plan from Te Manawa Taki.

We will include reference to Māori leadership (to replace reference to Te Aka Whai Ora) – content lead Selina Moore.

The intention is to include a small number of measures (no more than 12 in total), but this will require further work regionally and nationally.

The regional plan will need to align with the New Zealand Health Plan (currently being drafted to replace Te Pae Tata) and a new GPS.

The working assumption is that the regional plan will be publicly available and therefore written in accordance with the Plain Language Act. We have secured some communications support for this and overall editing of the regional plan. The designer used by Te Manawa Taki is to be used to ensure overall consistency of design between regions.

3.1 IMPB priorities and engagement

IMPB engagement is being led by Te Aka Whai Ora and the December 2023 draft regional plan incorporated identified priorities. It is acknowledged that further work and engagement is required. Fletcher Beazley, Iwi Relationship Manager, Northern for Te Aka Whai Ora has arranged a further hui with representatives from the IMPBs later in February 2024.

Locality engagement has been very limited to date. This is an area that requires some consideration and attention as resources allow.

There has been some expectation that content leads will carry out stakeholder engagement in relation to the development of actions for inclusion in the regional plan. Previously this occurred through various network groups convened by the NRA. While many of these groups continue, the resource available to support these groups has been dis-established, although most content leads continue to participate or draw in these groups.

Further engagement planning has been progressed by Valerio Malez, Programme Manager RIT (refer separate presentation). A fuller engagement plan will be discussed and developed up with the Steering Group.

4.0 Transition/handover to the Office of the Regional Wayfinder

Transition of the regional plan development has commenced with new content leads being drawn from the new structure, especially key Commissioning roles. The planning team has engaged with these roles to support handover, especially in relation to re-writing the regional plan using a Life Course approach.

Janine Pratt, Group Manager Office of the Regional Wayfinder, Commissioning, Northern Region commenced in early February 2024 and has started to receive a handover from Martin Dawe, Programme Manager. Martin will continue to lead the work programme until the end of March 2024 in liaison with Janine who will be involved in key meetings.

The planning team (Martin Dawe, Tony Phemister, Valerio Malez, Selina Moore, and Angela Bevan) continue to meet weekly and will work to handover any ongoing regional plan development to the Steering Group (see below) over the next two months. Input from Te Aka Whai Ora continues with Selina Moore being involved in both the planning team and Steering Group. Communications support is being provided by Angela Bevan until April 2024.

4.1 Operational Steering Group

As discussed with RIT at the 20 December 2023 meeting, we have initiated an Operational Steering Group. The first meeting of this group is scheduled for Wednesday 14 February 2024 and Janine will attend that meeting with the view of taking over the chairing from March.

The draft Terms of Reference provided to RIT has been slightly amended and will be finalised with the Steering Group.

The members include:

- Kate Dowson/Debbie Holdsworth, Group Manager Regional System Integration
- Stuart Jenkins, Regional Clinical Director, Primary and Community Care
- Jo Bos, Hospital and Specialist Services Manager

- TBD, Hospital and Specialist Services Clinical Lead
- Jane McEntee, National Public Health Service (NPHS)
- Lavinia Perumal, Clinical Director, NPHS
- Selina Moore, Te Aka Whai Ora representative
- Harriet Pauga, Director Pacific Health, interim Pacific Health representative
- Vacant, Group Manager, System Improvement and Innovation

The proposed functions of the Steering Group include:

- Will advise RIT and recommend content for inclusion in the regional plan. However, RIT retains a governance and accountability role for the regional plan.
- Is a forum to work-up and agree respective contributions from Directorates to deliverables within the regional plan to ensure integrated performance and that the design and delivery of services improve the value of health spend within the region.
- Will oversee various working groups or networks that will advise on the content and deliverables of the regional plan, including moderating any proposed content.
- Develop and maintain a regional plan engagement and communication plan, that includes liaison and managing relationships with Iwi Māori Partnership Boards, Localities and other stakeholders as delegated by RIT.
- Will establish and maintain a risk register so that it can report risks and relevant mitigation to RIT.

Steering Group minutes will be provided to Danny Wu and Tracee Te Huia as Sponsors and are available to RIT on request.

As the Steering Group becomes embedded it will provide monthly reports to RIT and coordinate quarterly reports pertaining to the regional plan that can be used by RIT to report to ELT on regional plan progress.

Regional Health and Wellbeing Plans – 2nd draft feedback **January 2024**

All regions

- Implementation action columns – Q3 and A4 can be removed. Timeframe of RHWPs is now to commence from 1 July 2024 to align with NZ Health Plan. Regions may want to keep Q3&4 actions in a separate document; they're related to interim Te Pae Tata and not the new NZ Health Plan (Te Pae Waenga TBC).

- Design – please use the same Designer, as discussed in the Forum; we understand the designer has capacity for all 4 regions plans. Consider standardising the icons / legend Te Manawa Taki has developed for action tables (and icons could be more legible)

- Please present regional demographics in the same format as Te Manawa Taki has (Pages 8-11). The Review group believes these graphic 'quotes' or 'blurbs' are more impactful than graphs and charts. (Please ensure all data is referenced)

- Please place all generic / national information in appendices. So that the plans can go straight into their regional content from the beginning. A sub-group of the Forum is still refining national / generic info, and we may also need to add something about priority populations, not just Disability.

- In the body of your document, regions could outline more of how they will articulate equity and te Tiriti.

- The review group felt that all regions need to more clearly articulate how they will implement Māori leadership noting the disestablishment of Te Aka Whai Ora and ongoing developing roles of IMPBs. Explain more about Māori capability. If regions have not fully engaged / consulted, explain how consultation is occurring. This information most likely exists, just needs to be articulated.

- Include what Localities have said, or if not available, how engagement with localities is occurring. This information most likely exists, just needs articulating.

- Te Manawa Taki's map of localities (page 15) and 'Plan in context' (intervention logic, page 7, with tweaks) are relevant for all regions. Please include these in your appendices. (National team can assist with updating prior).

- If plans are to be published (noting IMPBs will probably expect they will be published), the plans will need to comply with the Plain Language Act. Guidance on this is being sent out.

- Measures – continue discussions with Performance Monitoring team. The number of measures should be limited and align with or use national measures/ targets where relevant. E.g. 3 or 4 measures per section or maybe only 12 or so in total. Any measures included will have to be reported on, quarterly.

- It is acknowledged we don't yet have the GPS and NZ Health Plan, but drafts or key points of these should be available within the next week.

Feedback for Northern

- Cover photo looks good – enables consistency with some other regions.
- Good focus on equity – but more about how this will be implemented would be useful.
- Please place national context content in appendices, as per Forum discussion and feedback from Review Group. Your plan should go straight into regional content from the beginning.
- Please present regional demographics in the same graphic format as Te Manawa Taki has (Pages 8-11).
- Good IMPB content although maybe still a bit too detailed – could it be more summarised?
- Note comments to all regions re Māori leadership and the disestablishment of Te Aka Whai Ora. Graphic page 16 will need updating (and is difficult to read)
- Issues and Pressures on page 21 has really good info about the challenges in Northern region. It could be valuable to flesh this out a bit more.
- Implementation section uses structure of previous priorities (noted you will update later to reflect Life Course approach). Narrative descriptions could be sharper (if still relevant), still a bit long and possibly too much detail and some too generic. References to Te Pae Tata and Te Aka Whai Ora will need to be removed / updated.
    - Smokefree 2025 is included – should it be? (re govt changes)
    - Starting Well – rename Growing Well
    - Some implementation narrative sections read quite generically. Please remember to articulate how an issue impacts Northern region and your region's implementation.
- Still has the 3 W's minister's priorities from the previous government (updating noted).
- Cannot read graphic page 37 (fig 4).

Feedback for Te Manawa Taki

- Great presentation, design, photos, graphics
    - The bubbles of facts – makes it more engaging (references needed though)
    - How demographic and determinants statistics are displayed is good.
    - A reviewer commented that all photos are of nature – it gives a sense of calmness but possibly looks more like an environmental plan rather than a health plan.
- Graphic page 7 - propose this be used for all regions in appendices. It's a relevant national intervention logic.
- Demographics data needs referencing (noted you ran out of time).
- IMPBs page 12. Should a bit more info from appendices 8 & 9 appear here? Otherwise, is very generic.
- Pages 15 & 16 NZ locality prototypes – relevant for all regions in appendices. This is national info.
- Page 17 Life Course approach description – good; and again is now relevant for all regions.
- Implementation section
    - some data / demographics quoted needs referencing.
    - Starting Well – rename Growing Well
    - Measures – review with Perf. Monitoring team – too many to report on.
- Appendix 1 (Manawhenua) would be more relevant in the body of the document. And maybe appendix 4 (Priority populations) with relevance articulated for your region.
- As discussed in Forum, other appendices are appropriate where they are.
- System Shifts page 51 – this is previous government language – may need updating.
- Not sure that the graphic on page 50 is very relevant.

- Pages 57 and 59 need to be landscape. Noting that the general view is that these plans should be portrait (tbc)

Te Waipounamu – no draft for review received. Dependant on engagement with IMPBs. Hoping to submit by 19 Feb.

Central – no draft for review received. Georgie is back 30 Jan.

Agenda

Regional Integration Team Meeting

Northern Region

Health New Zealand
Te Whatu Ora

Date and time:	**Thursday 14th March 2024 9.00 – 10.00am**
Location:	**Microsoft Teams Meeting**
Members:	**Danny Wu**, *Regional Wayfinder (Co-chair)* **Tracee Te Huia,** *Regional Director (Co-chair)* **Hayden McRobbie,** *Regional Director – National Public Health Service* **Mark Shepherd,** Regional Director – Hospital & Specialist Services **Harriet Pauga**, *Regional Director – Pacific* **Penny Andrew**, *Executive Director* **Sanjoy Nand**, *Regional Clinical Lead* **Daniel Gotz**, *Clinical Lead – Te Aka Whai Ora* **Janine Pratt**, *Group Manager, Office of the Regional Wayfinder* **Quinton Grey**, *Executive Assistant to the Regional Wayfinder (Secretariat)*
Guests:	**Elizabeth Auina-Jones, Ruth Bijl**
Apologies:	

#	Time	Item	Purpose	Lead
	9.00am	**Commencement**		
		• Karakia. • Apologies. • Matters arising. • Other business.		Chairs
	MIN%2020240306%20-%20NR%20RIT%2	• Minutes. • Actions.		Chairs
1	**9.10am**	**Immunisation Underspend Proposal**	Note and Approve Proposal	Tracee, Danny & Hayden
				20240314 Immunisation Unders
2	**9.20am**	**Connect24 Leaders Summit**	Discuss Approach to the Northern Region RIT Session	Danny and Tracee

			 Connect24 Programme Draft 7 M	 Connect24 Leaders Summit save the date
3	9.25am	**Regional 24/25 Budget Process**	Note	Danny and Tracee
4	9.35am	**RIT Reporting and Monitoring**	Feedback	Janine and Rochelle
				 Reporting and Monitoring - RIT.pdf
5	9.40am	**Regional Health and Wellbeing Plan**	Note Steering Group Update	Janine
6	9.45am	**Pacific update**	Note	Harriet
7	9.50am	**RIT Format and Process**	Feedback on draft cover sheet	Janine
			 Regional%20Integration%20Team%20Requ	 Te Tiriti o Waitangi Accountability Templa

	9:55am	**Closure**		
8		**General business** • Notes		Lead
		• Karakia		Lead

Actions		Assignee	Due
Open actions			
~~AP0008~~	~~Pacific Data presentation to be attached to minutes.~~	~~Quinton~~	~~14/03/2024~~
AP0009	Pacific Data presentation to be shared with public health and living well teams	All	14/03/2024
AP0010	Ruth Bijl and Samantha Gregory to provide update on empirical sore throat treatment in six pharmacies in Counties Manukau.	Danny	14/03/2024
AP0011	Ruth Bijl to get clinical advice on how we manage asymptomatic carriers of strep throat.	Danny	14/03/2024
Closed actions from previous meeting			
AP0007	Clinical Governance and Quality & Safety System terms of reference to be circulated to the group	Penny Andrew	06/03/2024

Health New Zealand
Te Whatu Ora

Meeting Minutes

Meeting	Regional Integration Team, Northern Region
Date & time	14 March 2024 – 9:00am to 10:00am
Present	Penny Andrew, Rochelle Bastion, Daniel Gotz, Hayden McRobbie, Sanjoy Nand, Harriet Pauga, Janine Pratt, Mark Shepherd, Tracee Te Huia, Danny Wu
Guests	Ruth Bijl
Apologies	

Item	Agenda Item	Lead

1.	**Commencement**
	• Karakia
	• Welcome and whakawhanaungatanga.
	• Previous meeting minutes:
	  ○ Approved by all present. Noted that the Rheumatic Fever actions would be covered with a paper at the next RIT
	• Matters Arising:
	  ○ Nil.
	• Additional agenda items:
	  ○ Nil
		Chair

2.	**Immunisation Underspend Proposal** • The group recognised the value of a systems view paper and appreciated the process of development which was inclusive of several teams. Robust discussion on the proposed investment including questions about sustainability and operational cost. Hayden advised this was a high-level proposal and that next steps would include further work up and development by a project manager. Confirmed funds are available to Northern Region. In regard to the mobile clinics Hauora providers have previously identified that vehicles sit with HNZ who cover all operational aspects of compliance. Vans will be available to all to support community engagement. Call centre – Tracee Te Huia clear that we support this service until funding ends and acknowledged commissioning considerations as part of the next steps. Discussion on data and digital involvement and commitment to both BadgerNET and NCHIP and the requirement to understand what is currently funded within these work programmes. • Harriet advised that Pacific should be removed from this paper or that this paper should include a brief overview or summary of focused activity for Pacific populations. There is a significant amount of parallel work underway to improve the immunisation rate in the Pacific community. • Feeback was given on the requirement and benefit of having a full picture of high level activity already underway and how the various interventions would complement existing BAU. • Paper endorsed subject to: ○ Confirmation of the ongoing funding source for each initiative.	**Ruth Bijl**

- Advice from the procurement team regarding the call centre direct procurement approach.

3. Connect24 Leaders Summit **Chairs**

- The Connect24 Summit will be held on the 26th and 27th of March. All RITs are expected to run a session on Regional Integration Teams on the Wednesday afternoon. This needs to be engaging and uplifting for the audience with an interactive approach. Further discussion required to firm up the format and focus areas as well as a strawperson with key priorities. RIT to confirm their attendance asap.
- **Action: Quinton to set up a separate meeting for RIT to develop the above the week of the 18th of March**

4. Regional 24/25 Budget Process **Chairs**

- Discussion on the current savings plans. Agreed that there should be transparency amongst RIT and a shared understanding on how the savings targets will be met with a view to potential system impacts.
- **ACTION: RIT members to send Rochelle savings plans for collation and discussion at a future meeting**

5. RIT Reporting and Monitoring **Janine, Rochelle**

- Janine gave a presentation summarising RITs earlier feedback on measures. Discussion on the difference between measures for performance and accountability vs those for quality
- Feedback from several members of RIT and a note that the team will ensure the NHTs are included. Discussion on ensuring definitions are correct (FCT) and that we identify other priorities, for example Bariatrics.
- **ACTION: Danny requested all members of RIT send their feedback to Rochelle for collation and development of the next draft**

6. Regional Health and Wellbeing Plan **Janine**

- Not discussed, deferred until a future meeting

7. RIT format and process **Janine**

- To be taken offline with feedback to Janine on the proposed cover page which includes appropriate endorsements.

The meeting was closed by the Chairs at 10:08am.

Next meeting: 21 March 2024

Actions	Assigned to	Due date
Action 1: Quinton to set up a separate meeting for the Connect24 RIT session	Quinton	asap
Action 2: Updated immunisation underspend paper based on feedback from RIT	Ruth, Hayden, Harriet, Tracee and Danny	2 weeks?

Action 3: Members of RIT to send Rochelle their savings plans for collation into one document for discussion	All members of RIT, particularly Commissioning, NPHS, HSS	asap
Action 4: Members of RIT to send Rochelle feedback via e-mail on the proposed measures	All	2 weeks
Action 5: Members of RIT to send feedback to Janine on the proposed cover paper	All	1 week

Connect 24

Margie Apa, CEO invites you to our first Leaders Summit

When: 9am 26 March to 5pm 27 March 2024

Where: Sky Stadium, Wellington

Who the conference is for: Health New Zealand | Te Whatu Ora national T3 leaders, regional leadership and local leaders

Save the date

Purpose of Connect 24 is to:

Provide strategic context that informs our priorities, reset the way we work with each other and how we impact on patients, whanau and communities

Update you on changes across Health New Zealand, significant work programmes and how they work across the organisation

National and regional initiatives that need your input, feedback and contribution to be effective e.g. New Zealand Health Plan
Tools to support you as leaders including information to lead our people to be the best they can be.

How to register:

Email: liz.smith@tewhatuora.govt.nz with your: Name | Role | Business Unit | Contact phone number and mail address

Once registered we'll be in touch to confirm your attendance and provide further details.

Te Whatu Ora
Health New Zealand

Connect24 Programme – Draft 7 March 2024

DAY 1						
8am	**Breakfast/Registration**					
9:30am	**Karakia/Opening**					Mahaki Albert / Kingi Kiriona
9:45am	**House Keeping and welcome**					Margie Apa
9:55am	**Opening statements**					Margie Apa
10:15am	**Keynote Speaker**					Dame Karen Poutasi
11am	**Morning Tea**					
11:30am – 12:15pm	**Workshop 1 – Strategic Directions**					
	NZHP (OCE)	Pae Ora (Transformation)	Te Mauri o Rongo (P&C)	Health Status Report (SI&I)	Infrastructure Investment Plan (IIP) (Infrastructure)	Te Aka Whai Ora – TBC Placeholder
12:20pm – 1:05	**Workshop 2 – Strategic Directions**					
	Improving Access to Planned Care (HSS)	What is Transformation (Transformation)	Primary Care Reimagining (Commissioning)	FPIM (Finance)	Pacific Health Strategy (Pacific Health)	Modifiable behaviour factors (5590) – Health behaviour change (NPHS)
1:10m	**Lunch and ELT Clinics**					**All ELT**
2:15	**Keynote Speaker – What is commissioning and how we work together?**					Abbe Anderson
3:05pm – 3:50pm	**Workshop 3 – Enabling Work**					
	Campus (and service planning) planning (HSS)	Leading through change Kawanga Whare – bringing to life our NPHS operational model (NPHS)	National data platform (D&D)	Help us to help you - Telling our story (OCE)	Quality and safety measures (SI&I and P&C)	Facility design and standardisation (Infrastructure)

3:50pm	**Afternoon Tea – Grab and Go**					
4:00pm – 4:45pm	**Workshop 4 – Enabling Work**					
	Clinical Networks	AI horizon scans (SI&I)	Digital workspace (D&D)	Maximising Value and Improving Productivity (Finance)	EPO (Transformation)	Te Aka Whai Ora - TBC
5:00pm – 6:30pm	**Nibbles, Cash Bar and Guest Speaker – Team of Teams**					**TBC**

DAY 2						
8am	**Breakfast/Registration**					
9:00am	**Karakia/Opening**					Mahaki Albert / Kingi Kiriona
9:15am	**House Keeping and welcome**					Margie Apa
9:20am	**Opening statements – Reflections day 1 / Setting the scene**					Margie Apa
9:55am	**Keynote Speaker**					Min Shane Reti
10:40am	**Morning Tea**					
11:15am – 12:00pm	**Workshop 1 – Equity**					
	Slowing the progression of diabetes (Pacific Health)	Innovation pipeline (SI&I)	Disability capability maturity matrix (Disability – OCE)	Social Investment (Commissioning)	Acute flow – how do we support alternative choices for patients and prevent the need to attend hospital (HSS)	Indigenous models – Te Tiriti implementation tool, guide and NPHS Te Tiriti system work programme (NPHS)
12:05pm – 1:00pm	**Workshop 2 – Equity**					
	Te Aka Whai Ora – TBC (IMPBs)	Maori Health Pipeline (SI&I)	Digital modernisation (approach, flagship, roadmaps) (D&D)	Pandemic preparedness, leveraging COVID 19 and life post COVID 19 (NPHS)	Community Engagement and Whanau Voice - Evolving visitor policy TBC (SI&I)	Social Marketing as a tool to support engagement with whanau & communities (NPHS)

1:05m	**Lunch and ELT Clinics**			**All ELT**
2:10pm	**Panel on regional networks or regional integration teams (Commissiong suggestion)**			RITs
3:05pm	**Workshop 3 – Regional Networks Collaboration – Regional Wellbeing Plans**			**RITs (IMPBs welcome)**
	Northern	Te Manawataki	Central	Te Waipounamu
4:30pm	**Afternoon Tea – Grab and Go**			
4:40pm	**Closing remarks**			Margie Apa
5:15pm	**Karakia/Closing**			Mahaki Albert / Kingi Kiriona

COMPLEMENTARY PROGRAMME ACTIVITES

Business Unit	Exhibitions – Topics	Clinics	Business Unit Posters
P&C	- TBC	Yes	Yes
HSS	- Radiology transformation - Leading whole of system change to improve experience and outcomes for patients - Clinical networks - Creating clinical networks - HSS ways of working - Working to achieve safe and quality operational performance by partnering with HSS regional teams	Yes	Yes
OCE	- Mobilising a sustainability movement - Health targets - National services framework (101 on framework)	Yes	Yes
Disability	- National initiatives	No	Yes
Transformation	- Pae Ora vision	Yes	Yes
SI&I	- Clinical quality indicators framework - AI Lab - Health analytics - Operations InterRAI - National review - Genomic horizon scan - Evolving visitor policy	Yes	Yes

	- Using the horizon scans - Elective Surgery - Research reporting highlights - Breast Screening - Cardiothoracic - Evaluation of winter initiative`		
D&D	- Interoperability (HIRA and My Health Record) - Integrated delivery plan - Demand request processes - Public Health - Cyber security - Digital workspace (End user)	Yes	Yes
Finance	- FPIM - Finance business partnering	Yes	Yes
NPHS	- Capabilities framework - Pa Tuwatawata - Outreach models – regional examples	Yes	Yes
Commissioning	- Nothing specifically identified	Yes	Yes
Infrastructure	- National seismic policy - National asset management strategy - Regional hospital redevelopment (RHRP) - Mental health infrastructure programme	Yes	Yes
Te Aka Whai ora	- TBC	TBC	TBC
Pacific Health	- Achieving equity – delivering Ola Manuia Pacific health and wellbeing action plan - Group structure and operating model - Locally focused, regionally responsible, nationally contributing – regional health programmes and success stories	Yes	Yes

Reporting and Monitoring

Recap and Confirm

- December 23 Priorities

Immunisation rate coverage 2 year old (& 5 year)
Diabetes
Endometrial cancers
Oral health Adult & children
Dental Surgery adult
Screening (Bowel, Breast) & referral access rates
Workforce (Proportion Pacific & Maaori) & periodic narrative
Faster Cancer Treatments
Timely access to care (hospital, ED & GP)
Staff capacity & engagement
Quality of service /adverse events
Elective & Planned care (rates, referrals)
Hospital ALOS
Primary Care/GP access
Vaping rates (ethnicity)

Pae Ora

Immunisation	1. Percentage of children who have all their age-appropriate schedule vaccinations by the time they are 2 years old 2. Uptake of influenza immunisations for people aged 65+
Screening and Access	1. Breast screening per 1,000 individuals in scope 2. Cervical screening per 1,000 individuals in scope 3. Bowel Screening per 1,000 individuals in scope
Vaping	Specific measure to be determined

Growing well/ Starting Well

Oral Health	1. Number of children in arrears for Oral Health Checks 2. Number of oral health checks appointments planned, completed and not attended.

Living Well

Diabetes	1. Number of patients referred for diabetes (endocrinology) 2. Number of FSA, FU and discharge, with average waiting times 3. Number of elective surgeries related to patients with diabetes 4. Early engagement with LMCs (within first trimester) 5. Rate of diabetes complications, reported by ethnicity and geographic area.
Oral Health	1. Mean Decayed Missing Filled Teeth (DMFT) at school Year 8 (age 12/13 years) 2. Number of dental check-up per 1,000 adults per year

Cancer

	1. Faster Cancer Treatment 31-day indicator - proportion of eligible cancer patients who receive their first treatment within 31 days of a decision to treat by a health professional. 2. Faster Cancer Treatment 62-day indicator - proportion of eligible cancer patients who receive their first treatment within 62 days of a decision to treat by a health professional.

Aging well

- Uptake of influenza immunisations for people aged 65+
- Rate of hospital admissions for people aged 45–64 for an illness that might have been prevented or better managed in the community.

Mentally Well

- People served by specialist mental health services (Te Whatu Ora and NGO combined) per 100,000 people
- Number of people accessing primary mental health and addiction services per 100,000 people
- Percentage of child and youth (under 25) accessing mental health services within three weeks of referral

Planned Care

Broken down by specialty, with a focus on LTCs	• 95% of patients wait less than 4 months for a first specialist assessment. • 95% of patients wait less than 4 months for elective treatment. • Number of referrals received per specialties, broke down by approved, rejected, reason for rejection, and average lead time from referral to grading. • Number of FSA appointments broke down by outcome (including DNA), and average lead time from grading to FSA. • Number of FU appointments broke down by outcome (including DNA), and average lead time from booking to FU. • Number of patient discharges broke down by reason for discharge (including death). • Planned Care Waiting >365 days - total number of people in each district waiting on a planned care waitlist for a procedure for more than 365 days from the time they were ready for treatment

Acute Care

ALOS	• Number of people with inpatient length of stay greater than 7 days. • 95% of patients to be admitted, discharged or transferred from an emergency department within six hours

Timely access to care

Primary Care / GP Access	• Average attended GP appointments per enrolled patient. • Number of enrolled patients with no GP appointments in the last 12/24 months. • Proportion of medical appointments completed through digital channels (initially outpatients and expanding to include general practitioner appointments when data is available) (iGPS).

Enablers

Workforce	• Number of open vacancies and lead time to fill vacancies • Average turn over for workforce
Staff Capacity and Engagement	• Staff pulse survey

Quality of Service/ Adverse events

	Yet to be added

Confirm priorities and ensure these are captured

- Rheumatic fever – NEW
- IMBP
- Mentally Well and Aging Well Indicators have been included
- Financial
- Winter Planning

- Set of measures under discussion with the Regional Health and Wellbeing Plan

- Systematic Quarterly Reporting Structure
  - Quality Data
  - Analysis of themes and trends
  - Risk and issue resolution from a systems perspective

Next steps

- Validating Priorities with RIT and IMPBs
- Confirming datasets (both financial and nonfinancial) and access to quality and regular data
- Regular reporting cycles to RIT with deep dives as required to support performance monitoring discussions and actions

Requests for Northern Regional Integration Team Endorsement

<table>
<tr><td>Request Title</td><td></td></tr>
<tr><td>Requestor</td><td>Name
Role</td></tr>
<tr><td>Requestor's Contact #</td><td></td></tr>
<tr><td>Consultation</td><td>List all those who have been consulted with in developing this proposal – name, role and district and any feedback received. Consultation is mandatory where there is impact from the proposal/advice

<table>
<tr><th>Person and Title</th><th>Team</th><th>Date Endorsed</th></tr>
<tr><td></td><td>Te Aka Whai Ora</td><td></td></tr>
<tr><td></td><td>Pacific</td><td></td></tr>
<tr><td></td><td>National Public Health Service</td><td></td></tr>
<tr><td></td><td>Hospital and Specialist Services</td><td></td></tr>
<tr><td></td><td>Commissioning</td><td></td></tr>
<tr><td></td><td>Service Improvement and Innovation</td><td></td></tr>
<tr><td></td><td>Data & Digital</td><td></td></tr>
<tr><td></td><td>Infrastructure and Investment</td><td></td></tr>
<tr><td></td><td>Finance</td><td></td></tr>
</table>

Feedback:</td></tr>
<tr><td>Date</td><td></td></tr>
<tr><td>Requested Action / Recommendations</td><td>It is recommended that the Regional Integration Team:

1. Receives the "[Title of Paper]" .

2. Notes that this paper was endorsed by xxxx on "[insert date]".

3. Notes that "[Keep the number of points to note manageable 7 or fewer]" .

4. Endorses "[complete or delete]"</td></tr>
<tr><td>Issue / Purpose</td><td>Outline the issue that is being reported and/or the purpose of this request.</td></tr>
<tr><td>Background</td><td>Provide the background that led to this request</td></tr>
</table>

Proposal	*What is being proposed and why?*
Te Tiriti o Waitangi alignment / risks	*How does this request improve alignment with the articles of Te Tiriti o Waitangi?* *Please provide examples in your response/s* • *How does, or will, this work reflect Māori health and wellbeing aspirations at local, district, regional or broader level/s?* • *How does, or will, this work enable Māori autonomy (as appropriate) across processes and decision making relating to this work?* • *How have you, or will you, partner/ed with Māori to support this work? Please detail the nature or quality, extent, and outcomes of these partnership/s* • *How does, or will, this work support Māori and iwi development?* • *How will this work actively protect Māori rights to health and Pae Ora?* • *How does, or will, this work courageously consider targeting and prioritizing Māori for improved health outcomes?* • *How does, or will, this work enable the development of culturally safe and responsive services for Māori?* *Are there any potential risks of breaching Te Tiriti o Waitangi if this request is approved?*
Equity	*Please provide examples in your response/s* • *What are the inequities, and how have these changed over time, with regard to this work?* • *How does, or will, this work either improve or ensure equitable access, quality, and/or outcomes with regard to this work?* • *How is, or will, data being collected, analyzed, and presented to ensure health status and/or service experience is well understood with regard to this work?* • *How does, or will, this work apply a Māori lens to the data to ensure a culturally responsive and authentic mana-enhancing narrative?*
Risks if not approved	
Risks if request proceeds	
Financial Impact	<u>Operational Costs (Incremental)</u>

	<table><tr><th>Description</th><th>Amount per annum</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Funding Source: Budgeted: Y/N

Te Whatu Ora
Health New Zealand

February 2023

Te Tiriti o Waitangi Accountability Tool

Background Context

This Tiriti Accountability tool has been developed to provide clear and baseline expectations around how we; Te Whatu Ora Northern Region, engage with and uphold Te Tiriti o Waitangi across regional work including any significant business cases, capital investments, commissioning decisions, financial decisions, and all enabler decisions that may have an impact on Māori Health. The tool was informed by Whakamaua: Māori health action plan 2020-2025 (Ministry of Health, 2020)[1] and developed by Dr. Sarah Herbert; Project Manager Māori health equity, Te Whatu Ora Northern Region in partnership with Tracee Te Huia; Regional Director, Te Aka Whai Ora Northern Region. Additionally, there has been significant consultation and feedback sought to inform its development and this will continue in recognition that this tool is iterative and will continue to be refined in response to ongoing feedback about its utilization. In particular, we acknowledge the expertise provided by Māori health experts at Deloitte and Te Aka Whai Ora as well as Māori public health academics, Te Tiriti O Waitangi educators, and staff within Te Whatu Ora.

In utilizing this tool, staff will be required to consider the relevance of each Tiriti principle: Tino Rangatiratanga, equity, partnership/s, active protection, and options, whilst recognising any work in health holds relevance to every Tiriti principle. The tool is designed to be both prospective and retrospective in that it can be applied to work which is in the planning stages through to work already underway. There is a specific requirement for respondents to provide concrete, tangible, examples to evidence how their work (or thinking) will uphold each of the Tiriti principles. In time, these examples will be referred to when evaluating work against Tiriti compliance.

In 2023, there will be a Northern Region Tiriti education component developed to support successful utilisation of this tool. In addition, 1-1 support may be sought from the regional project manager; Māori health equity. The education component and 1-1 support will be available to Te Whatu Ora staff who may require support to successfully complete the Tiriti Tool. As Te Tiriti o Waitangi capability develops over time it is expected the need for this educational component will decline. There will also be an expectation that those who have undertaken the training will continue to support and share their learnings to continue the successful utilization of this tool.

Also in 2023, an evaluation guide will be developed for the purposes of a) measuring progress or Tiriti compliance of work against what is put forward in the initial completion of this tool and b) to assist RIT or regional leadership group/s in prioritisation of work from a Te Tiriti o Waitangi perspective. While the purpose of the evaluation guide is twofold, we anticipate its development to be iterative in that it will change in response to clearer identification of what is needed at an RIT level as well as what is needed to assess Tiriti compliance of work as it progresses.

In summary, these three components; the Tiriti accountability tool, the educational component, and the evaluation guide, provide a Tiriti Accountability framework for Northern Region Te Whatu Ora and makes clear our commitment to honouring Māori rights as guaranteed in Te Tiriti O Waitangi.

Benefits

The benefits of utilizing this Tiriti Accountability template are:

- Strengthening Te Whatu Ora Northern Region commitment to Te Tiriti o Waitangi and Māori health rights
- Improving Māori health capability in Te Whatu Ora
- Supporting Māori health gains and prioritization of Māori health equity considerations

Instructions

- *Delete items in italics once complete.*
- *Please respond to at least one question under each heading as appropriate and delete any unanswered questions.*

[1] https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025

- *For every response, please ensure you provide tangible examples or evidence to substantiate your response.*

Tino Rangatiratanga:

"The guarantee of Tino rangatiratanga, which provides for Māori self-determination and mana Motuhake in the design, delivery, and monitoring of health and disability services" (Ministry of Health [MoH], 2020).

Please provide examples in your response/s

- How does, or will, this work reflect Māori health and wellbeing aspirations at local, district, regional or broader level/s?
- How does, or will, this work enable Māori autonomy (as appropriate) across processes and decision making relating to this work?
- How does, or will, this work demonstrate improvements in shared decision-making and/or increase the autonomy of Māori across policy, processes and decision making relating to this work?
- How does, or will, this work engage iwi and enable their aspirations with regard to this work?

Equity:

"The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori" (MoH, 2020).

Please provide examples in your response/s

- What are the inequities for Māori, and how have these changed over time, with regard to this work?
- How does, or will, this work either improve or ensure equitable access, quality, and/or outcomes for Māori with regard to this work?
- How is, or will, data being collected, analyzed, and presented to ensure Māori health status and/or service experience is well understood with regard to this work?
- How does, or will, this work apply a Māori lens to the data to ensure a culturally responsive and authentic mana-enhancing narrative?

Partnership/s:

"The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori" (MoH, 2020).

Please provide examples in your response/s

- How have you, or will you, partner/ed with Māori to support this work? Please detail the nature or quality, extent, and outcomes of these partnership/s
- How does, or will, this work support Māori and iwi development?

Active Protection:

"The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity" (MoH, 2020).

Please provide examples in your response/s

- How will this work actively protect Māori rights to health and Pae Ora?
- How does, or will, this work courageously consider targeting and prioritizing Māori for improved health outcomes?
- How does, or will, this work enable the development of culturally safe and responsive services for Māori?

Options:

"The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognizes and supports the expression of hauora Māori models of care" (MoH, 2020).

Please provide examples in your response/s

- How does, or will, this work enable whānau centered options for Māori via models of care and/or service options?
- How does, or will, this work incorporate Kaupapa Māori, Mātauranga Māori and/or Te Ao Māori approaches and perspectives (i.e., via models of care and/or service options)?

Māori capability component

- Detail the specific Māori capability required to successfully execute this request, linking back to responses above where appropriate.
- Detail the Te Tiriti O Waitangi and Māori health capability needs of the project team or individual to successfully execute this request.

RIT review considerations [to be completed by members of RIT]

- Is the relevance to Māori health clearly articulated in this request?
- Has the work/proposal/business case been consulted on with Te Aka Whai Ora?
- The the Iwi Maori Partnership Board need to be informed and or consulted with?

Rate from scale of 1-10 with 1 being lack of clarity, 5 being somewhat clear and 10 being extremely clear.

- Is the importance to Māori health clearly articulated in this request?

Rate from scale of 1-10 with 1 being lack of clarity, 5 being somewhat clear and 10 being extremely clear.

- If there is clear importance or relevance to Māori health (Score of 5 and over), how effectively do the responses in this tool illustrate viable, tangible, and feasible pathways to improving Māori health in the context of this work?

Rate from scale of 1-10 with 1 being lack of clear articulation, 5 being somewhat clearly articulated and 10 being extremely well articulated.

Te Whatu Ora
Health New Zealand

February 2023

MANATŪ HAUORA
MINISTRY OF HEALTH

Our Te Tiriti o Waitangi Framework

Te Tiriti o Waitangi

The text of Te Tiriti, including the preamble and the three articles, along with the Ritenga Māori declaration, are the enduring foundation of our approach. Based on these foundations, we will strive to achieve the following four goals, each expressed in terms of mana:

- **Mana whakahaere**

  Effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.

- **Mana motuhake**

  Enabling the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices including tikanga Māori.

- **Mana tangata**

  Achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

- **Mana Māori**

  Enabling Ritenga Māori (Māori customary rituals) which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

Principles of Te Tiriti o Waitangi

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the framework for how we will meet our obligations under Te Tiriti in our day-to-day work. The 2019 *Hauora* report recommends the following principles for the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are:

- **Tino rangatiratanga**

  The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.

- **Equity**

  The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.

- **Active protection**

  The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

- **Options**

  The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

- **Partnership**

  The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

He Korowai Oranga

Meeting our obligations under Te Tiriti is necessary if we are to realise the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy).

Along with the high-level outcomes for the Māori Health Action Plan:

- Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
- The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
- The health and disability system addresses racism and discrimination in all its forms.
- The inclusion and protection of mātauranga Māori throughout the health and disability system.

The Treaty obligations are a foundation for achieving Māori health aspirations and equity for Māori and therefore delivering on He Korowai Oranga.

Equity lives within our Treaty framework

Equity is defined as 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

Equity is both inherent to Article 3 and an important Treaty principle.

Te Aka Whai Ora
Māori Health Authority

Memorandum

Immunisation Underspend Investment Proposal

Date:	6th March 2024
To:	Northern Regional Integration Team
From:	Lorraine Symons, Tamaki Lead Public and Population Health
Contributors:	Kelly Scott-Ritchie, Britt McNeil, Ruth Bijl, Summer Hawke, Marty Rogers & Matt Poland
Endorsed by:	Tracee Te Huia, Danny Wu, Hayden McRobbie
Subject:	Immunisation Underspend Initiatives

Purpose

1. The purpose of this brief is to outline the initiatives required to urgently and sustainably increase immunisation coverage for hāpū māmā and tamariki in the Northern Region, with a focus on Māori, and to seek approval to fund the proposed initiatives utilising immunisation underspend.

2. This proposal targets the 'Willing and Unable' and 'Unsure and Uncertain' populations (refer to Appendix 1 - Proportionate Universalism for Immunisation) through increased points of access to immunisation information and services delivered by trusted faces in familiar spaces, and a robust health promotion and engagement strategy.

Recommendations

3. It is recommended that the Northern Regional Integration Team:

   i. **Receive** this paper setting out the intended approach for the Northern Region to urgently and sustainably recover from low and inequitable immunisation coverage, with a deliberate focus on lifting immunisation rates for hapū māmā and tamariki Māori.

   ii. **Approve** Section 9(2)(b) to fund the proposed initiatives.

   iii. **Provide** governance support to enable implementation and remove barriers.

   iv. **Note** that childhood immunisation rates are a national priority, and an immunisation coverage target of 95% fully vaccinated for all ethnic groups at 24 months of age has been set to be achieved by June 2024. Ethnic disparities exist for tamariki Māori and Pacific children compared to other ethnicities.

   v. **Note** a range of initiatives have been commissioned through the Pacific Health directorate to increase Pacific immunisation rates, and funding has been committed by Te Aka Whai Ora to lift Māori immunisation rates through the Winter Preparedness RFP.

   vi. **Note** the priority areas for the underspend are proposed to be Regional Coordination, Resources & Infrastructure, Workforce Capacity & Growth, and Health Promotion, and these areas can be supported without out-year implications.

   vii. **Note** that the Northern Region holds an underspend in immunisation related funds of Section 9(2)(b) from (a) Aotearoa Immunisation Week Section 9(2)(b), (b) Public Health Service COVID-19 funds ($2.83m), and (c) COVID-19 Equity Section 9(2)(b) the majority of which we plan to allocate out to external Section 9(2)(b) (HMPs) in the Northern Region. These

funds originate from FY 2022/2023 initiatives.

viii. **Note** that the proposed initiatives will not cover all the available underspend noted above and it is assumed that the balance will be withdrawn from the district contracts at the discretion of the RIT.

ix. **Note** these initiatives have a funding window ending 30th June 2024. Support from regional directors to expedite and support rapid delivery will be essential.

Background & Rationale

3. The maternal and childhood vaccination rates are well behind target in the region and it is prudent to look at using a portion of the available underspend to address and reduce the barriers to immunisation identified by the Immunisation Taskforce "Initial Priorities for the National Immunisation Programme in Aotearoa' report, where those investments do not require on-going funding.

4. In the period 1 January to 31 December 2023, there has been a notable increase in antenatal immunisation coverage across the Northern region, although only 29.4% of hapū māmā who gave birth in 2023 and identify as Māori received pertussis during their pregnancy. This leaves their pēpē highly vulnerable to whooping cough until the infant can receive their first vaccination at six weeks. For the six-week infant event, lost ground has been regained with 78% vaccinated at ten weeks.

5. Aotearoa has never achieved the high rates of antenatal immunisation seen in other countries like the UK, which resulted in the near elimination of neonatal pertussis. The low and inequitable coverage is a result of multiple factors including systemic racism, barriers to access, and the lack of enabling tools such as a universal pregnancy register.

6. Te Tai Tokerau faces significant challenges in achieving high coverage rates for immunisations across the life-course. Factors such as geographic isolation, socio-economic disparities, system mistrust, vaccine hesitancy and inequitable access to information and services contribute to lower rates compared to other districts.

7. Te Tai Tokerau whānau currently have limited access to a kaupapa Māori service that are specifically contracted to provide immunisations.

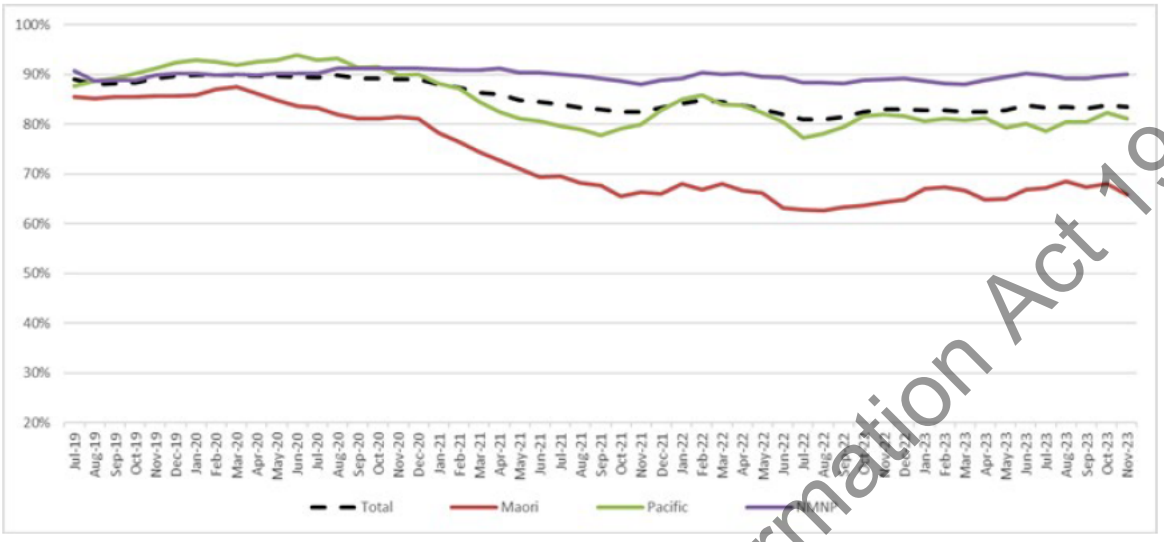
8. Hauora Māori Partners are reporting a vaccine hesitancy, mistrust in the health system, and are under resourced to provide high quality health promotion and education to engage and encourage whānau to increase uptake of immunisations, particularly in Te Tai Tokerau and Counties Manukau.

9. Current outreach and outbound calling services in Te Tai Tokerau are provided by Te Whatu Ora and PHOs, and limits whānau ability to book immunisation appointments with their preferred and most convenient provider.

10. Immunisation is the most cost-effective medical intervention in terms of preventing the spread of infectious diseases after public health interventions. Collective immunity stops epidemic spread of vaccine preventable diseases. If enough people in the population are immunised, collective immunity prevents the contagion from infecting those who are unvaccinated. Rates required to achieve collective immunity vary but are as high as 95% for the most contagious diseases such as measles. The following graph shows our progress towards the 95% target by ethnicity. While no group has achieved the 90 or 95% coverage rate, rates for Māori pēpē are unacceptably low at

67% across the Northern region in comparison to other ethnicities. Antenatal pertussis immunisation coverage across the Northern region, whilst improving, are also unacceptably low.

Northern Region 24 month immunisation coverage rates by ethnicity: July 2019 to November 2023



Northern Region antenatal pertussis vaccination coverage by quarter: January 2023 to December 2023

Māori

Quarter	Auckland	Counties Manuaku	Waitemata	Northland	Northern Region
Q1 2023	20.3%	26.1%	20.3%	13.4%	20.7%
Q2 2023	34.9%	34.7%	29.9%	20.1%	29.4%
Q3 2023	39.5%	34.9%	36.0%	24.7%	32.9%
Q4 2023	39.1%	35.1%	31.2%	25.5%	32.2%

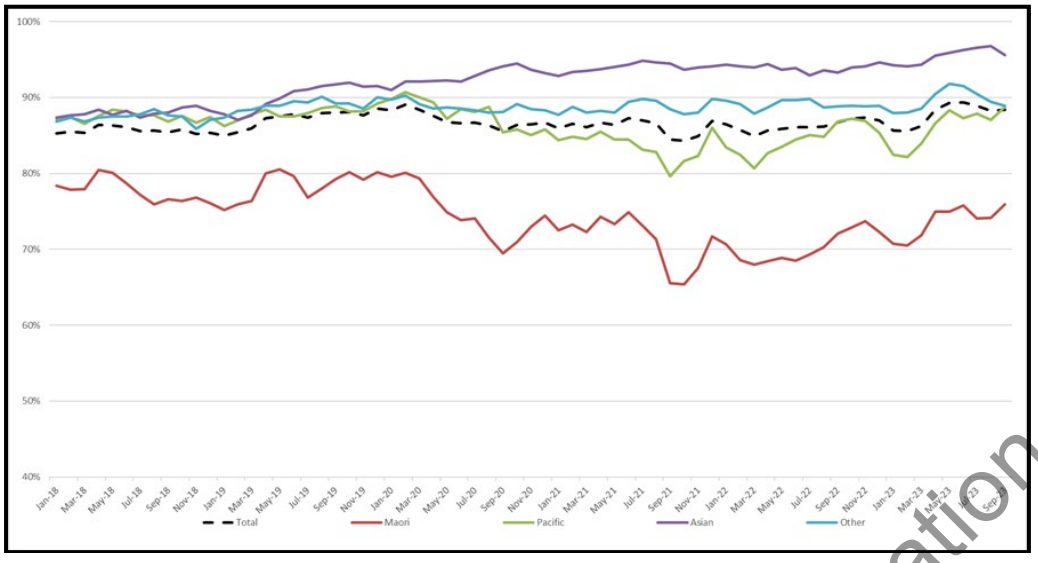
Pacific

Quarter	Auckland	Counties Manuaku	Waitemata	Northland	Northern Region
Q1 2023	37.0%	32.8%	28.7%	25.0%	32.8%
Q2 2023	47.6%	38.3%	37.3%	18.2%	39.8%
Q3 2023	45.9%	48.0%	38.4%	31.3%	45.6%
Q4 2023	48.1%	45.4%	42.9%	33.3%	45.3%

Overall

Quarter	Auckland	Counties Manuaku	Waitemata	Northland	Northern Region
Q1 2023	56.7%	43.7%	49.8%	28.2%	46.8%
Q2 2023	62.0%	51.2%	57.7%	30.2%	53.2%
Q3 2023	64.6%	56.8%	60.8%	35.9%	57.5%
Q4 2023	65.5%	57.2%	62.7%	38.3%	58.7%

Northern Region six week immunisations received by 10 weeks of age, 3 month rolling average



Data Source: Michael Walsh, Senior Epidemiologist, Service Improvement & Innovation

Proposal

11. Outlined below are 13 initiatives that will be scoped for implementation in Q3 and Q4 in 2024.

Priority Area #1: Regional Coordination

12. Establish the NCHIP hub design in Counties Manukau and implement Badgernet Maternity Information System in Te Tai Tokerau Section 9(2)(b)

i. A key enabler across the upper Northern Region has been the National Child Health Information Platform (NCHIP). Funding has been set aside for its introduction in Counties Manukau, however implementation has been delayed as other priorities have taken precedence. NCHIP provides a rich data source in relation to contact information and information about whether a child has had a range of universal health services, and who their provider is including LMC, Section 9(2)(b) , and general practice enrolment.

Users of the platform find it an invaluable tool for understanding how well engaged the whānau are with healthcare. The 'missed events service' use it to help engage whānau in services and the rich information source reduces duplication of effort and improves efficiency when trying to locate a whānau we are trying to offer immunisation services to. There is value in Counties Manukau having access to NCHIP and a dedicated project manager is required to make this happen. We propose using Section 9(2) to determine the hub design model and implement NCHIP in Counties Manukau. This would mean NCHIP is embedded across the entire Northern region.

ii. Population databases are the key to connect whānau with service providers, as are local relationships. Te Tai Tokerau needs to implement Badgernet, the maternity information system used in the other three Northern districts to ensure that we have the same key systems embedded across the region along with AIR to allow the hub teams working with

the data to locate hapū māmā and pēpē in a timely way to connect them with services. The data that feeds into NCHIP (including from Badgernet), the data cleaning the teams do, and the connection with MSD for children lost in the system make this information extremely powerful. Ultimately WCTO, GP, HMPs and other providers can have access to it as the work has been done to socialise what information is held on NCHIP and how it is used to connect with health services. We are close to having a regional population information system across Badgernet, NCHIP and AIR which will give us a huge advantage in serving our mobile community, providing continuity of care and improving quality of services.

Alignment of Priority Area #1 to Immunisation Taskforce recommendations:
(3) Antenatal immunisations.
(5) Proactive outreach immunisation services
(6) Catch-up immunisations.

Priority Area #2: Resources & Infrastructure

13. Investment in mobile assets to improve access for underserved communities [redacted]

Increase mobile services through the purchase of two mobile health vans, inclusive of operational costs for a 12 month period, to deliver immunisations and other health services in Te Tai Tokerau. The vans are to be fitted out to provide wheelchair access, cold chain accredited fridges etc. The vans are proposed to be purchased and coordinated by a HMP with support from the NPHS Community and Whānau Wellbeing team. This shift will bolster mobile immunisation services, particularly those that are delivered by HMPs, to efficiently address and reduce barriers to accessing immunisations for rural and underserved communities.

Drawing on learnings from the COVID-19 vaccination programme, the overarching aim is to develop mobile services where immunisations are provided as part of a wider wrap-around service for whānau, delivered by trusted faces and in spaces they feel comfortable. These 'one stop shop' mobile units would provide whānau living in high deprivation and rural communities with access to a range of health and wellbeing services outside of primary care and regular business hours, enhancing convenience and access for communities. While initially focusing on immunisation, we would support providers to upskill and build on the range of services they can deliver in preparation to expand into comprehensive mobile wellness hubs, offering services such as hearing and vision checks, oral health care, cancer screening, SUDI education, smokefree support and skin checks. In situations where the partners are unable to offer the services, Te Whatu Ora will support with providing the complimentary services to the hub.

We acknowledge there is significant mistrust in the system and authority within our communities, therefore we will rely on and enable community action to complement and 'warm up' the community before the van is scheduled. Community and opinion leaders will be asked to guide and work alongside HMPs and the immunisation network to ensure good quality information is shared regarding the service visiting and service offerings (immunisations etc.) by their own trusted leaders. Where appropriate, access to data will be prioritised to ensure pre-calling and re-calling is used to help identify whānau who could benefit from these services.

Key components include:

- Delivery of scheduled and catch-up immunisations across the life-course

- Adapting service hours for greater accessibility outside regular school / term times and family commitments (e.g. work)
- Scheduling suitably skilled and qualified HMP and NPHS nurses and kaiāwhina to deliver mobile services regularly to priority communities, ensuring a consistent and trusted service is delivered.
- Collaborating with Hauora Māori and Pacific Services and collectives (e.g. Kōhanga Reo, Kāinga Ora) to facilitate vaccinations for whānau at the shared drop-in centres or via mobile services.
- Employing health promotion and engagement strategies to guide families with children missing immunisations to these centres, outlined in Priority Area #4: Health Promotion.
- Rebranding mobile services for broader health services, improving public perception.
- Promoting the availability of these services through well planned community action and all immunisation networks e.g. outreach services, primary care, and pharmacy.

14. Infrastructure & Equipment Section 9(2)(b)

For HMPs, Pacific Providers, and LMCs/midwives that do not currently offer immunisation but wish to, or for providers who need support setting up cold-chain, up to Section 9(2)(b) for providers to access to cover the purchase or upgrade of vaccine fridges, chilly bins, data loggers, software to support the data loggers, and other infrastructure costs as appropriate prior to 30 June 2024. We would also support community partners to purchase the necessary equipment to enable the delivery of a suite of health and wellbeing services and education through the mobile vans. An example of this would be purchasing hearing and vision equipment. There is currently only one hearing and vision testing service in Te Tai Tokerau, predominantly based in Whangarei. Whanau are referred to the service by their WCTO provider, however the service is not reaching the communities in need.

15. Vaccination workforce collateral Section 9(2)(b)

Procure printing of Pīwari the Kaitiaki, co-design led by Indigenous Design and Innovation Aotearoa (IDIA) with co-design participants from Whangārei, Waihōpai, Taranaki and Tairāwhiti. This book was commissioned by Te Whatu Ora but there were limited copies in the first print run.

Key components include:

- Printing of a sufficient number of books to use as a manaaki resource for HMP vaccinators and Māori midwives/LMCs to koha to whānau when vaccinating Tamariki or to broaching conversations around immunisations and the importance of good Hauora.
- Printing of appropriate collateral Pīwari the Kaitiaki, which promotes immunisations but also has an underlying message on nurturing healthy lifestyles for Tamariki, to educate whānau on the risk of not immunising their Tamariki from the most common, costly, and preventable health problems caused by diseases.

16. Teardrop banners Section 9(2)(b)

Procure printing of 200 (50 per district) immunisation tear drop flags to promote services and community events.

Alignment of Priority Area #2 to Immunisation Taskforce recommendations:
(3) Antenatal immunisations.
(5) Proactive outreach immunisation services
(6) Catch-up immunisations.

Priority Area #3: Workforce Capacity & Growth

17. Vaccination wānanga Section 9(2)(b)

Based on the success of the vaccination wānanga held 6-8 December in Palmerston North, the Northern region have planned two further wānanga to support Hauora Māori nurses to maintain competence and confidence for vaccination of tamariki from six weeks of age.

The programme provides training for nurses to become an authorised vaccinator. It will also enable some vaccinators to upskill to become clinical assessors to address the challenges that exist for Hauora Māori and Pacific provider workforce to become authorised, particularly in rural areas.

Currently in Northern region there are only 39.7% of Māori tamariki fully immunised at 6 months, and over two thousand tamariki on an outreach waiting list who are behind on their vaccinations. This programme will increase vaccinator workforce capacity and reach, as well as access to services across Tamaki and Northland.

Key components include:

- Two vaccination wānanga – one in Te Tai Tokerau and one in Tāmaki Makaurau.
- Two-day programme of learning and development. Completion of online modules are required prior and during the wānanga with module delivery & support from IMAC.
- Working with Immunisation Coordinators, Medical Officers of Health and Assessors to meet sign off requirements for authorisation.
- Full outreach programme spread over four weekends where nurses practice their newly acquired skills under supervision and are assessed and/or complete criteria for accreditation when they return to their services.

18. Increase of dedicated vaccinators – Registered Nurses FTE Section 9(2)(b)

The recent winter preparedness RFP provided only two HMPs in Te Tai Tokerau and two in Metro Auckland with the opportunity to enter negotiations for immunisation service delivery. This process is still pending.

Other parts of Te Tai Tokerau including remote high deprivation communities are not being offered immunisations from a HMP due to current contractual arrangements.

Along with South Auckland, Te Tai Tokerau reports one of the lowest coverage rates in the country for immunisations and the equity gap for Māori has increased since the COVID-19 pandemic.

Our recommendation based on the above information is to fund the five HMPs that missed the opportunity to apply for the winter preparedness funding to ensure that South Auckland, Kawakawa, Whangarei, Kaipara, Kaitaia and surrounding communities have access to an equitable kaupapa Māori immunisation service. The funding period will be aligned with the Whānau Ora Commissioning Agency and Te Aka Whai Ora winter preparedness funding.

19. Whole-of-Life Vaccinator Support Programme Section 9(2)(b)

Building on the planned vaccination wananga, we propose initiating a public health kaimahi support programme to bolster the skills and confidence of accredited vaccinators and provide ongoing quality assurance and safety management processes, prioritising workforce within Hauora Māori Partners, Pacific Providers, and kaimahi vaccinating in underserved communities. This is a gap that was

identified through the disestablishment of the Northern Region Health Coordination Centre (NRHCC), where clinical oversight and support was previously provided through the COVID-19 programme specifically for community providers operating independently from general practice.

Key components include:

- A Clinical Lead with wairua Māori and sound knowledge and understanding of tikanga Māori 1.0 FTE for a 24 month period (346k)
- Contracting a training provider to design and implement a support programme in the Northern region incorporating health promotion approaches utilising Te Pae Māhutonga framework, piloting in Te Tai Tokerau and Counties Manukau initially (70k)
- Implementing a training programme to support capacity growth and broaden the capabilities of kaimahi across a range of health priorities to provide more than immunisations during engagements with whanau such as hearing and vision checks, blood pressure checks, support with bowel and cervical screening etc.
- Supporting the expansion of the clinical assessor workforce across the Northern Region.
- Integrating the programme into district programmes through the efforts of NPHS Regional Kaitātaki Group Managers.
- Utilising community based clinics as practical training venues.
- HMPs and Pacific Providers delivering immunisation services have access to Oranga governance and oversight.

Note: This role will link to the Regional Clinical Director Nursing and Regional Learning and Development Lead under the Northern NPHS structure.

20. Pharmacy Engagement Lead Section 9(2)(b)

Contract a pharmacy engagement lead for a 12 month period to undertake an engagement project across pharmacy to support the delivery of the regional implementation plan for the rollout of childhood immunisations in pharmacy. The lead would report to the Northern Region Prevention Development & Delivery Lead and be responsible for engaging with pharmacies across the region, supporting them to meet onboarding requirements, access infrastructure and training for childhood immunisation delivery, undertake education/promotion of immunisations across the life-course, and participate in local operational groups (where appropriate).

The engagement lead will focus engagement efforts on pharmacies operating in areas with high remainder vaccination data at 24 months, high Māori and Pacific populations and high unenrolled populations. The project lead will be an additional resource providing clinical assessments for pharmacists, with the aim to increase the pharmacist vaccinator workforce and service delivery capacity and capability, including in the event of an outbreak response.

Alignment to Priority Area #3 to Immunisation Taskforce recommendations:
(1) Expansion of vaccinator workforce.
(2) Authorisation of childhood vaccinators.
(8) Governance, technical advice and service coverage oversight.
(10) Quality and standards for providers delivering immunisation to tamariki in New Zealand.

Priority Area #4: Health Promotion

The Te Aka Whai Ora winter preparedness RFP and Whanau Ora Commissioning Agency funded vaccinations in arms and did not consider a whanau centred health promotion approach to engaging with communities.

We have asked HMP's and other key Māori leaders on strategies to increase immunisation coverage in Te Tai Tokerau and they have advised:

i. A coordinated, collaborative, educational approach that encompasses the eight HMPs that have the capability to deliver across Te Tai Tokerau, resulting in the whole of Northland whānau having equitable access to immunisations.

ii. A whānau centred education strategy. The strategy covers three key components.

- Health Promotion communications campaign utilising community champions.
- An inbound and outbound call centre to respond and engage with whānau
- Promotional wānanga/events in the community

21. Dedicated Regional Immunisations Communications and Engagement Lead Section 9(2)(b)

Secondment for a dedicated regional immunisations communications and engagement lead (1.0 FTE for three months from April to June 2024) to support the development of a regional health promotion strategy using the Te Pae Māhutonga framework, led by the Regional Chief Health Promotion Advisor and Promotion Development & Delivery Lead. The strategy will include a whole of system and whanau centred comprehensive health promotion approach, developed in partnership with key stakeholders including but not limited to NPHS Promotion, Te Aka Whai Ora, National Prevention Directorate, Māori Public Health, Pacific Health, Hauora Māori Partners, Pacific Providers, Commissioning.

Key requirements in the development of the strategy include:

- Externally driven, embedding whanau and community voice.
- Development of templates for community partners.
- Build health promotion approaches to improving immunisation rates into local NPHS Community and Whanau Wellbeing team's work programmes.

22. Community Action & Engagement Section 9(2)(b)

A targeted engagement model co-designed with midwifery stakeholders and community NGOs and/or Hauora partners in the Northern Region that adopts the dual themes of 'breaking down barriers' and 'whānau to whānau korero' as a way of building trust through a less directive form of messaging. This approach focuses on creating 'safe spaces' to talk about the barriers that exist to prevent immunisation becoming a consistent hauora practice. It also opens up opportunities for further education while enabling whānau, HMPs and community to work together on reducing and removing barriers.

This mahi will work in a way that is complimentary to other outreach and community initiatives at both a regional and national level and will be embedded into communities with a view of implementing long term sentiment change. To ensure an equity focused approach, all initiatives will be delivered in a way that is tailored to priority communities, ethnicities and demographics.

Key activities will include:

i. Assign a portion of the funding to run promotional wānanga/events that target tamariki and whānau to promote all of health and wellbeing, ensuring that immunisations are at the heart of the event. 16 HMPs will be funded to hold up to three wānanga/events over

a 24 month period, targeting remote rural communities on evenings and/or weekends and engagement activity delivered by community partners (health and/or non-health) will focus on korero around barriers and challenges towards getting immunised, encouraging whanau to take collective action. It is envisioned that regular events will build trusted relationship, normalise korero about immunisations, and increase access to information and uptake Section 9(2)(b)

ii. Allocate resource to the development of a campaign identity and subsequent promotional resources that will be co-designed with communities and delivered by community champions, seeking to saturate the Northern Region with consistent key messaging by way of social media content, billboards, radio advertising, posters, and videos to promote the need to kōrero about immunisations and destigmatise immunisations post COVID-19 Section 9(2)(b)

iii. Targeted 'Breaking Down Barriers' programme with midwives and LMCs and other frontline health workers to set aside differences in views around immunisations and establish a more consistent pathway of providing facts and information to hapū māmā via midwifery services, supporting mums-to-be and young mums with starting their childhood immunisation journey. This would include creation of a bespoke resource and key messages toolkit with a view to aiding these kaimahi to deliver consistent, evidence-based messaging and engagement techniques Section 9(2)(b)

iv. Contribute to a community research project commissioned by Te Hau Ora Ō Ngāpuhi, where as part of the COVID-19 response, they commissioned a community voice piece to determine what "health maters" were important to whanau in the mid North. The project included direct face to face interaction, as well as action research. Over 12,000 community voices were obtained. Section 9(2)(b) are about to package the findings, which Te Hau Ora Ō Ngāpuhi intend to share with whanau through a series of wananga (up to five). Community & Whanau Wellbeing seek to contribute to the research project and support the wananga, which NPHS will also attend and support Section 9(2)(b)

v. Identify and deliver upon new digital methods for reaching under-served communities via text messaging, wider adoption of the WellChild app and tools to better communicate accessible service options Section 9(2)(b)

vi. Assign a portion of funding for primary health and pharmacy based promotional initiatives Section 9(2)(b)

vii. Allocate funding for the recruitment of two immunisation project leads to be employed by a HMP for 12 months initially, to ensure that the initiatives are co-ordinated across Te Tai Tokerau and Tāmaki Makaurau, on track, and successful in increasing coverage for all tamariki and their whānau. The project lead will ensure collaboration of the HMPs to coordinate, implement, and monitor the above initiatives Section 9(2)(b)

23. Community and Media Partnerships / Reach Section 9(2)(b)

Develop partnerships with grassroots non-health organisations and regional media entities to build the immunisations network outside of health to support the delivery of key immunisation messages

to whānau as part of a wider conversation around wellness and protection and raise awareness of where to access immunisations. Organisations working exclusively with tangata whaikaha, youth, and non-main stream media will be prioritised.

Key activities include:

i. Developing a scope and contractual arrangements with organisations and brands that resonate with target audiences including NZ Warriors and Stars Netball. Some opportunities include content creation with personalities, leveraging digital reach and utilising personalities at events Section 9(2)(b)

ii. Developing relationships with grassroots sports organisations such as Counties Manukau Rugby League, Northland Rugby and Auckland Netball as a way of locally connecting with rangatahi and whānau Section 9(2)(b)

iii. Building a scope and contractual arrangement with media organisations that can provide content and exposure that includes traditional paid spend alongside guaranteed earned media coverage i.e. media coverage, advocacy Section 9(2)(b)

iv. Design and execute a paid digital content campaign that utilises all aspects of the campaign (community action, brand partnerships / influencers) Section 9(2)(b)

24. Te Hau Ora Ō Ngāpuhi Call Centre Section 9(2)(b)

Invest in the Te Hau Ora Ō Ngāpuhi call centre, an inbound response and outbound targeted call centre to take action and provide whānau with information and key messages and book whānau into appointments of their preferred provider.

Taki-o-Autahi is a unique partnership where three iwi and Section 9(2)(b) equally share responsibility for delivering health and social outcomes. This proposal focuses on Hauora o Ngāpuhi.

Operations are currently spread across the Northland. Te Hau Ora Ō Ngāpuhi operates from Kaikohe with around 160,000 within tribal borders that they want to service. Over 75,000 Ngapuhi decendants are living in Tamaki Makaurau. The service will also extend to cover Counties Manukau Māori population to support key messaging and booking of whānau into appointments.

The call centre will support both catch up immunisations and an 'early engagement' model, with the immunisation journey beginning in hapūtanga, proactively contacting a defined group of Māori hapū māmā to offer antenatal vaccinations and contacting post-natal mama when baby is 4-5 weeks of age to welcome pēpē and ask about mama's needs including GP enrolment, immunisation, Section 9(2)(b), and mental health. This model has been trialled successfully across the Northern Region with varying approaches in each district. While most knew about immunisation, others did not, and often experienced challenges booking and getting to a GP appointment. Offers of help with newborn enrolment, transport, in-home immunisation and other supports were given.

Beyond COVID-19, the partnership has piloted MMR whanau campaigns where, in partnership with Te Whatu Ora, hard to reach tamariki have been contacted and booked for MMR immunisations. This service is being designed so wrap-around health services are available to meet the full whanau needs. Interactions with these pilots have evidenced grateful whanau who value the local knowledge and deep understanding of Māori needs.

The ability to set up new campaigns quickly (including data transfer, scripts, training and telephonic systems) with Māori call takers is a real advantage of the partnership, and PHO's and other health entities are exploring future opportunities to utilise this workforce including rural telehealth to ease GP capacity.

The call centre has proven experience in the design of call scripts by Māori for Māori with a strong cultural overlay, with advisors focused on health literacy and raising levels of comfort through a community matching AI model.

Alignment to Immunisation Taskforce recommendations:
(3) Antenatal immunisations
(4) Enrolment into health services from birth
(5) Proactive outreach immunisation services
(6) Catch-up immunisations
(9) Development of new provider and consumer-facing resources for immunisations
(10) Quality and standards for providers delivering immunisation to tamariki in New Zealand.

Budget

25. The budget table below outlines the indicative costs for each initiative.

Priority Area	Initiative	Funding Required	Funding Source
1. Regional Coordination	NCHIP Hub Design	Section 9(2)(b)	AIW
	Implementation of Badgernet Maternity Information System		
2. Resources & Infrastructure	Mobile assets*	Section 9(2)(b)	NPHS
	Infrastructure & Equipment	Section 9(2)(b)	AIW
	Printing of 15,000 Piwari pukapuka	Section 9(2)(b)	COVID-19 Equity
	Immunisation teardrop banners	Section 9(2)(b)	NPHS
3. Workforce Capacity & Growth	Vaccination Wananga*	Section 9(2)(b)	COVID-19 Equity
	Dedicated RN Vaccinators*	Section 9(2)(b)	COVID-19 Equity
	Whole-of-Life Vaccinator Support Programme*	Section 9(2)(b)	NPHS
	Pharmacy Engagement Lead	Section 9(2)(b)	NPHS
4. Health Promotion	Regional Immunisations Comms & Engagement Lead	Section 9(2)(b)	NPHS
	Promotional Wananga/Events*	Section 9(2)(b)	COVID-19 Equity
	Development of promotional resources*	Section 9(2)(b)	COVID-19 Equity
	Midwifery Programme	Section 9(2)(b)	AIW
	Community Research Project	Section 9(2)(b)	NPHS
	Digital solutions	Section 9(2)(b)	AIW
	PHO & Pharmacy	Section 9(2)(b)	AIW
	Immunisation Project Leads*	Section 9(2)(b)	COVID-19 Equity
	Community Partnerships*	Section 9(2)(b)	NPHS
	Call Centre (inclusive of 6.0 FTE and IT equipment and licenses)*	Section 9(2)(b)	COVID-19 Equity
TOTAL		Section 9(2)(b)	

*These initiatives will be reviewed at six and nine months post-implementation to be considered for on-going funding.

Responsibility Matrix

26. Whilst all directorates have a critical role to play in the success of these initiatives, each initiative requires varying responsibilities from directorates.
27. Accountability for immunisation coverage sits with the NPHS.

L - Lead, C – Co-lead, S – Support, I - Informed

	Initiative	NPHS	TAWO	H&SS	Commissioning	Pacific Health	Other e.g. IMAC
1.	Regional Coordination	S	I	C	C	I	
2.	Resources & Infrastructure	C	C	I	S	I	
3.	Workforce Capacity & Growth	C	C	S	S	C	S
4.	Health Promotion	C	C		S	I	

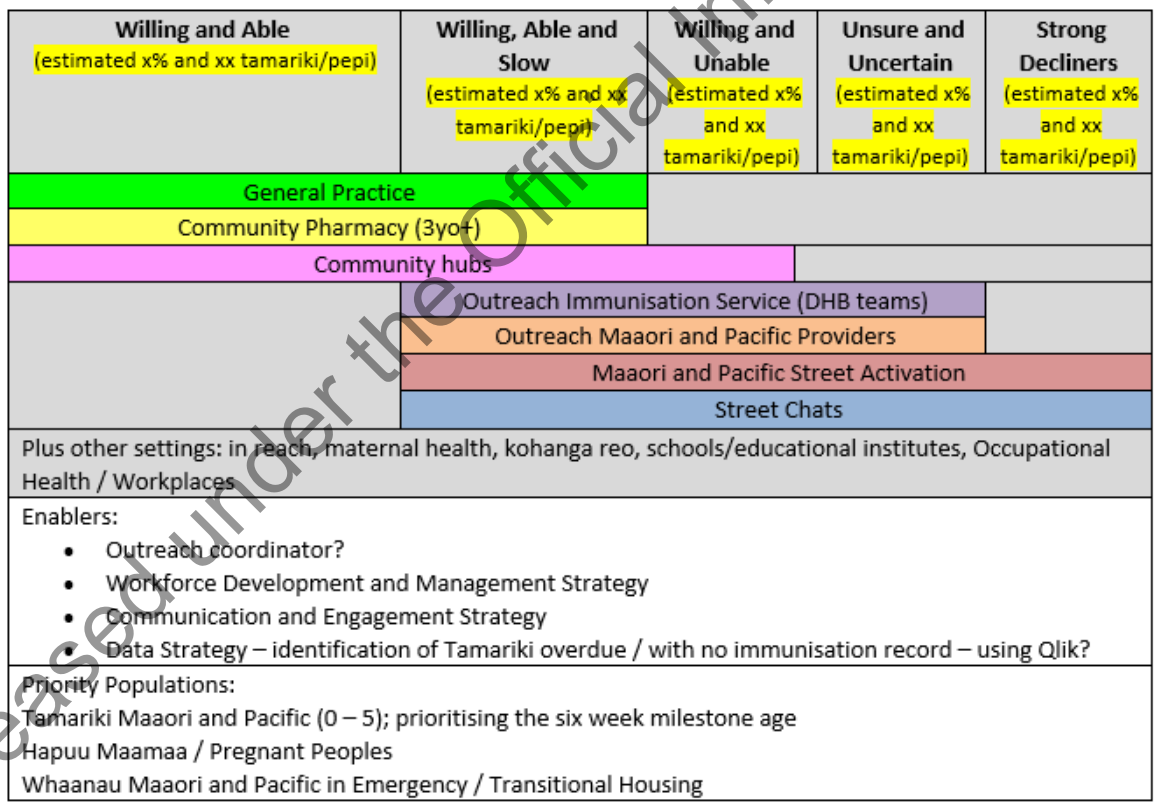
Next steps

28. Work up a detailed plan and costings for the four priority areas.
29. Identify and assign resources/leads as required with immediate effect.

Appendix One

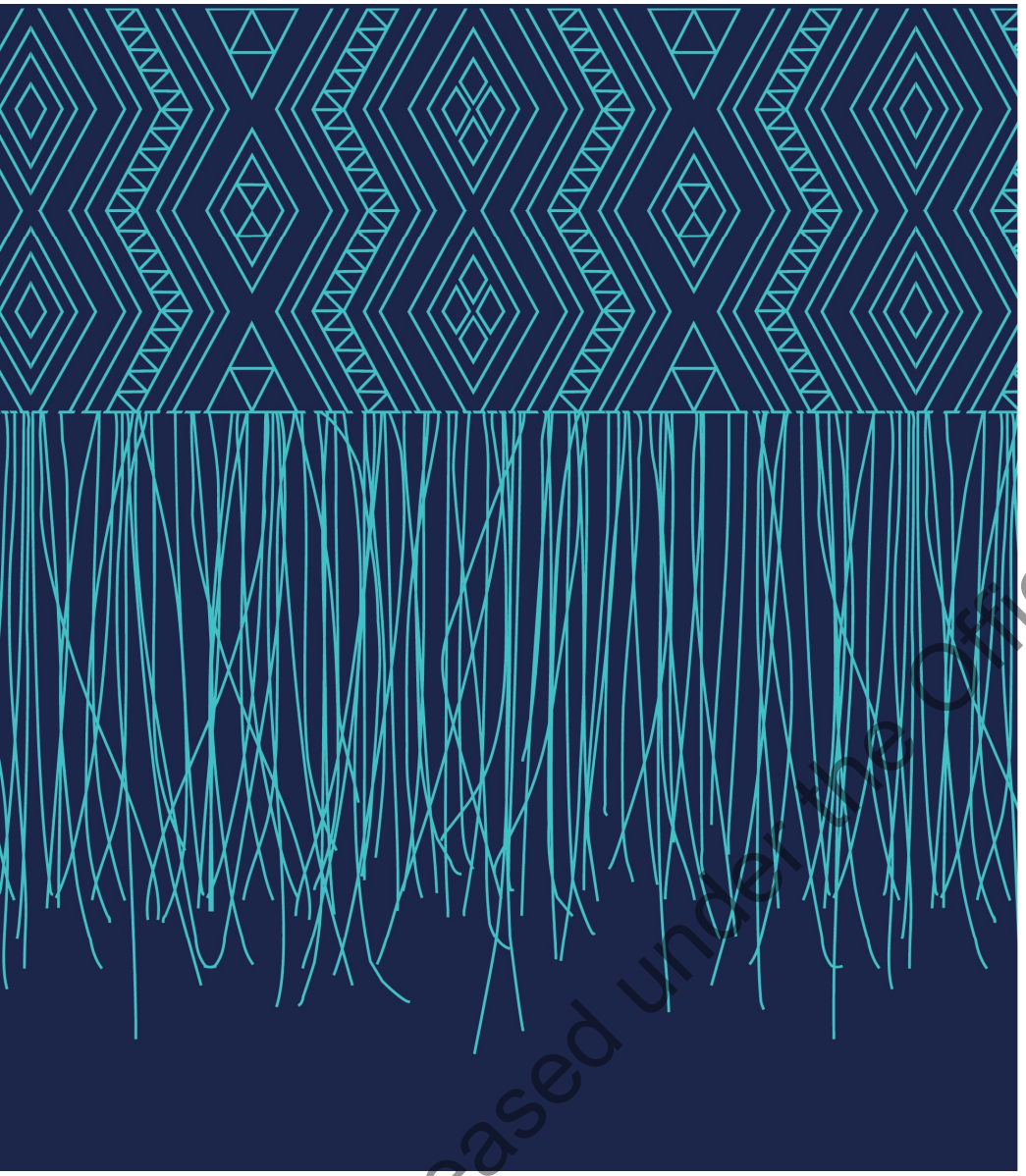
Proportionate Universalism for Immunisation
Attributed to Summer Hawke
30 October 2023

Note: This is useful framing to show which parts of the system work for whom, which groups need a different approach, and what resource is needed where.



Cancer Screening for Pacific

- The target for breast screening is to screen 70% of eligible women every two years (24 months). As of January 2024, our two-year coverage was 67.9% overall, 64.8% for Pacific people (an increase of 2.3% compared to January 2023) and 60.1% for wāhine Māori.
- The target for cervical screening is to screen 80% of all eligible people with a cervix every 3 years. As of January 2024, 3-year coverage was 70% overall, 59% for Pacific peoples (an increase of 5.2% compared to January 2023) and 58% for Māori.
- The target for bowel screening is to have 60% of all eligible people participate every two years. As of July 2023, participation rates were 58% overall, 38.4% for Pacific peoples (a decrease of 2.6% compared to July 2022) and 49.0% for Māori.

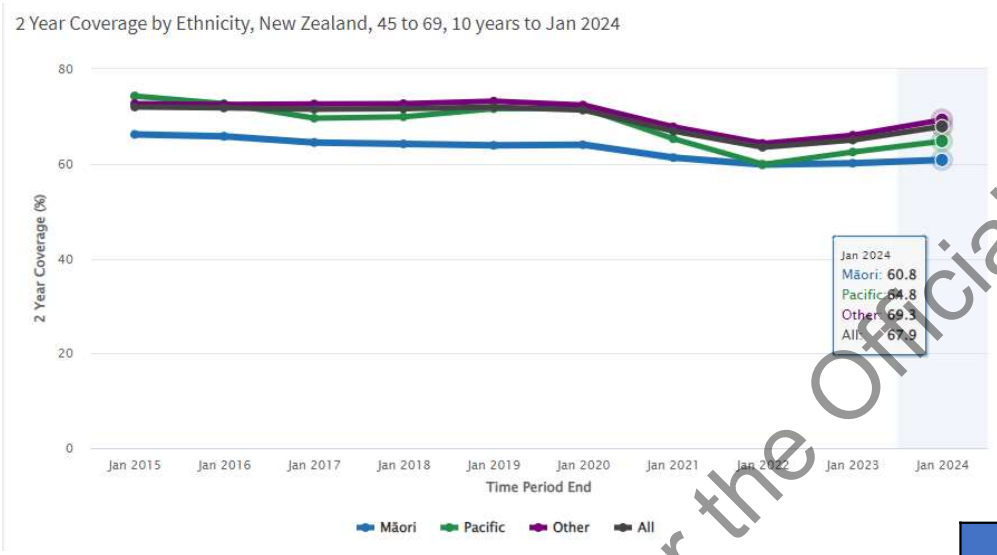


BreastScreen Aoteoroa (BSA)

JANUARY 2024 UPDATE

BSA aims to reduce disease and death from breast cancer by finding and treating cancers early

Our target is to screen 70% of eligible women every two years



Participation is currently (January 2024):
Overall: 68%
Māori participation at: 61%
Pacific people's participation at: 65%
Other: 69%

Coverage means 'the proportion of wāhine and other eligible individuals who have been screened in a given time period'

[BreastScreen Aotearoa Coverage Report (shinyapps.io)]

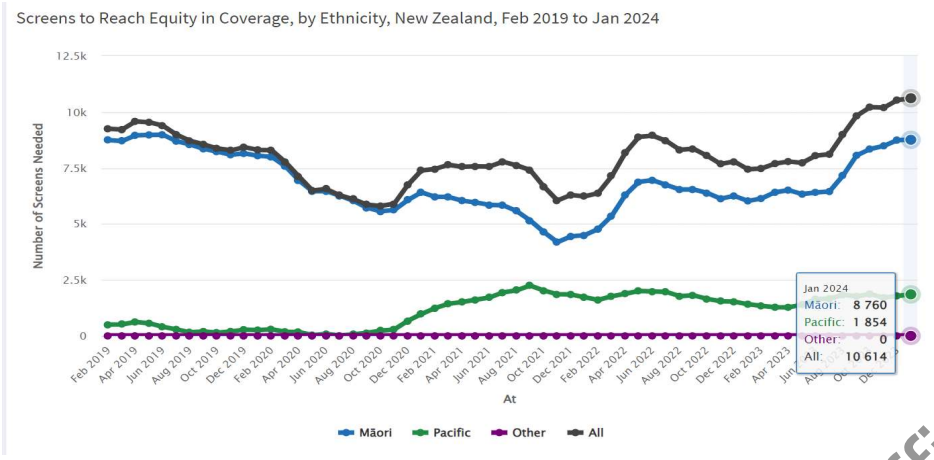
Ethnicity	24-month coverage period ending					
	Jan-19	Jan-20	Jan-21	Jan-22	Jan-23	Jan-24
Māori	63.9	64.0	61.3	59.8	60.1	60.8
Pacific	71.6	71.7	65.3	59.9	62.5	64.8
Other	73.2	72.4	67.8	64.3	66.0	69.3
All	72.0	71.3	66.9	63.5	65.0	67.9

The darker the colour the lower the coverage

Breast Screening 2 Year Coverage by Ethnicity and District for period ending January 2024				
Districts	Māori	Pacific	Other	All
Northland	68.3	52.9	68.4	68.1
Waitemata	64.6	62.6	98.1	97.5
Auckland	59.9	60.9	60.8	60.7
Counties Manukau	60	71.9	70.7	69.5
Waikato	53.2	54.8	61.2	59.5
Lakes	55.4	65.4	71.9	66.5
Bay of Plenty	59.2	57.1	67	65.3
Tairawhiti	51.8	52.2	75.2	63.2
Taranaki	55.2	56.5	71.6	69
Hawke's Bay	54.7	48.9	74.9	69.8
Midcentral	59.5	56.4	68.5	66.8
Whanganui	63.2	58.6	63.1	63
Capital & Coast	67.7	63.6	72	71
Hutt Valley	62.4	58.2	70.8	68.7
Wairarapa	61.8	61.1	64.4	64
Nelson Marlborough	66.8	53.9	75.4	74.5
West Coast	72.5	77.5	77.4	76.9
Canterbury	71.1	62.7	72	71.8
South Canterbury	66.1	54.7	74.9	74.1
Southern	65.9	63.6	75	74.1

NSU aims to eliminate equity gaps and reach 70% coverage for all groups – not just overall

Screens needed to reach equity (February 2019 – January 2024)

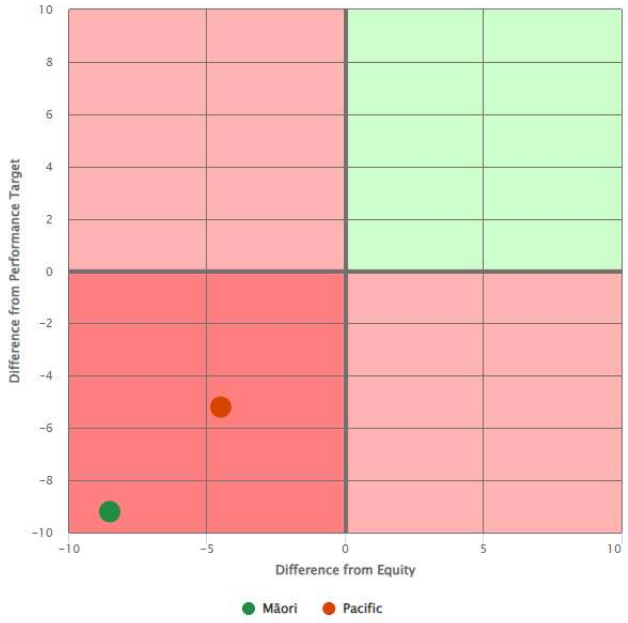


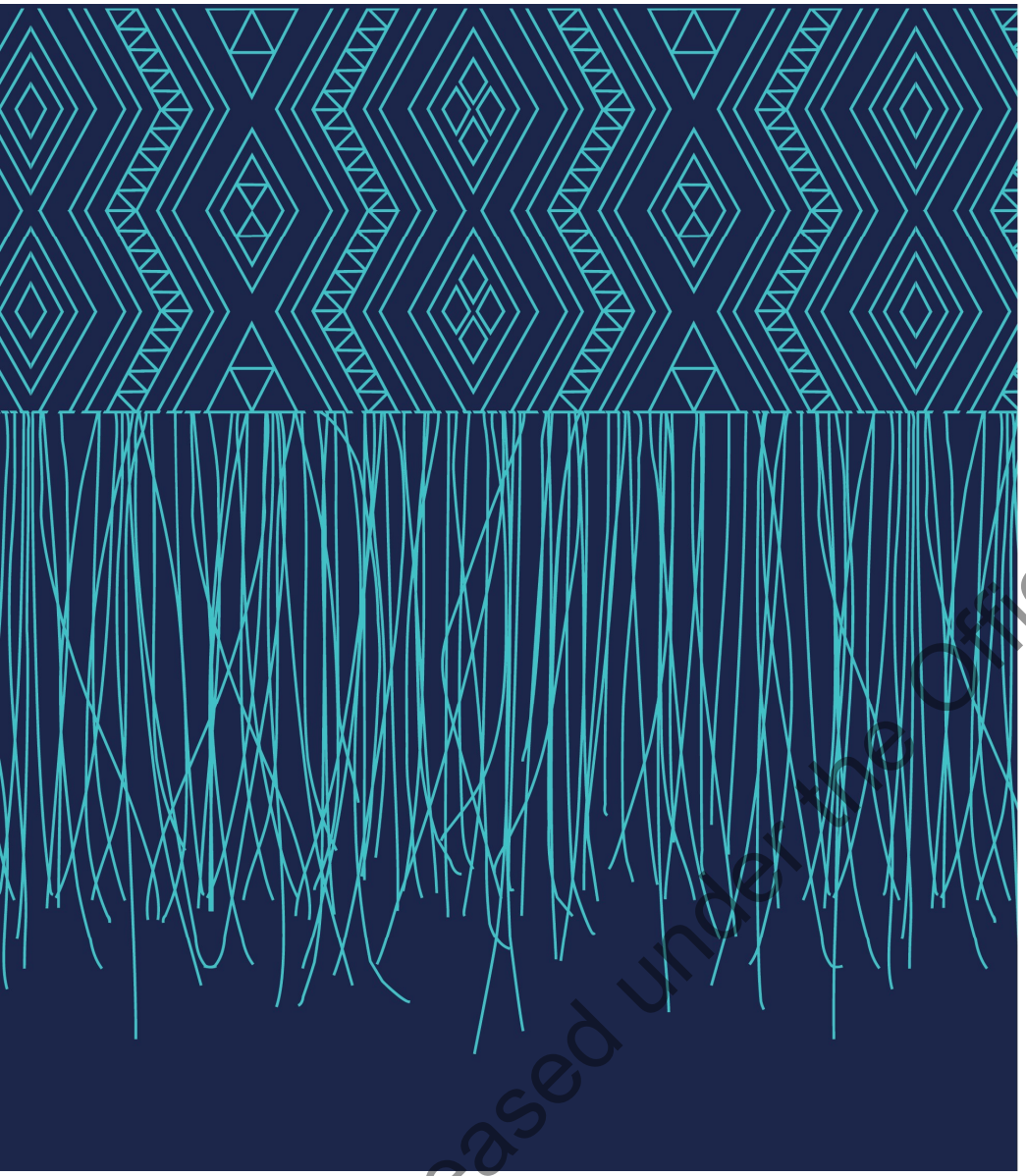
Screens needed to *reach equity* as of January 2024:
Overall: 10, 614
Māori: 8,760
Pacific peoples: 1,854
Other: 0

How the equity and performance matrix works
The matrix brings together the two measures of equity and performance
Performance is the difference (percentage point) between the population of interest and programme target (70%)
Equity is the difference between the performance of the population of interest and the reference population (non Māori, non Pacific)

Screens needed to reach target (February 2019 – January 2024)

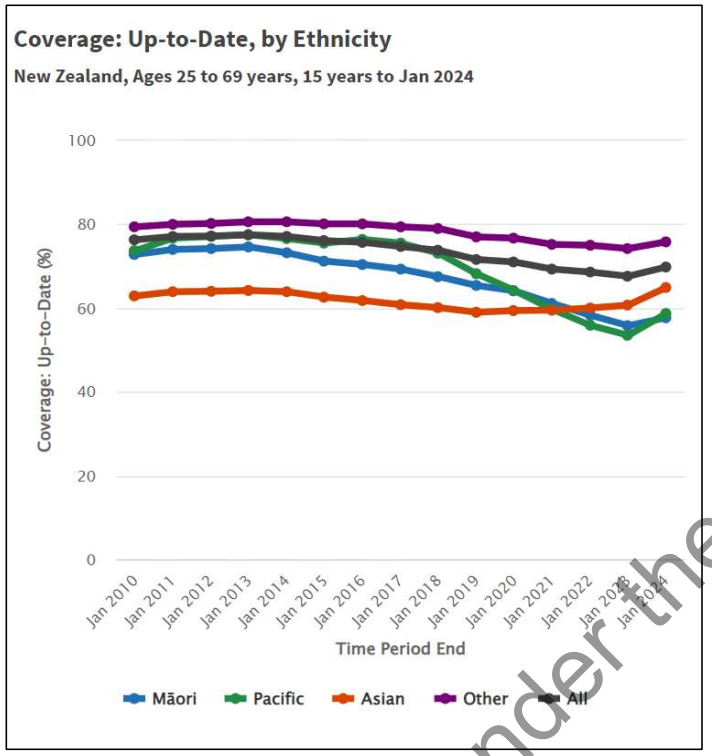
Screens needed to *reach target* as of January 2024:
Overall: 16,449
Māori: 9,530
Pacific peoples: 2,163
Other: 4,755





National Cervical Screening Programme (NCSP)

NCSP aims to reduce disease and death from cervical cancer by early detection and treatment of pre-cancerous squamous cell changes. Our target is to screen 80% of eligible people every 3 years



Participation is currently (January 2024):
All: 70%
Māori participation at: 58%
Pacific people's participation at: 59%
Asian: 65%
Other: 76%

Ethnicity	24-month coverage period ending				
	Jan-20	Jan-21	Jan-22	Jan-23	Jan-24
Māori	64.1	61.1	58.3	55.8	57.7
Pacific	64.2	59.7	55.9	53.5	58.7
Asian	59.4	59.5	60	60.7	64.9
Other	76.7	75.2	75	74.2	75.8
All	71	69.3	68.6	67.6	69.8

[National Cervical Screening Programme Coverage Report (shinyapps.io)]

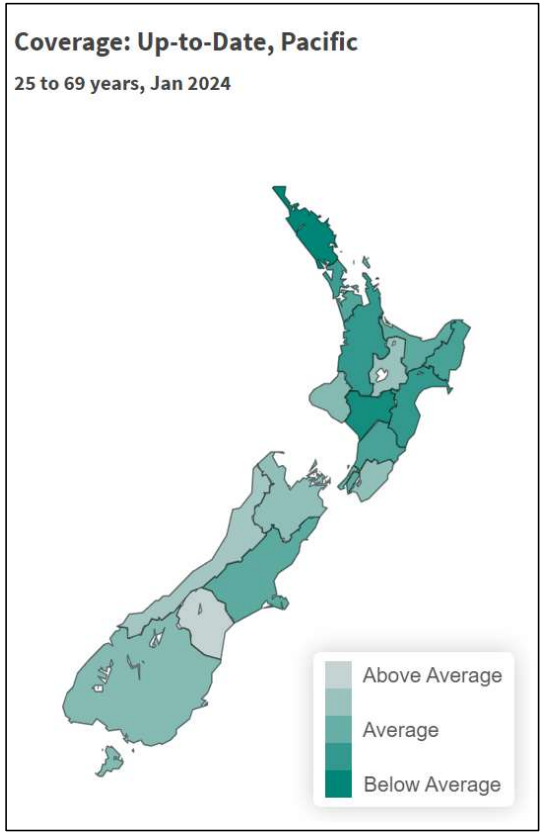
Cervical screening
FOR 25 TO 69 YEAR OLDS

End of Jan 2024 coverage, by ethnic groups and districts – North Island					
Districts	**Māori**	**Pacific**	**Asian**	**Other**	**All**
Northland	52.8	43.9	60.5	65.8	60.6
Waitemata	57.9	54.9	68.4	76.8	71.1
Auckland	61.4	61.5	62.9	86.6	73.9
Counties Manukau	50.5	58.7	66.1	74	64.5
Waikato	57.1	52.7	60	70.6	65.6
Lakes	59	69.3	53.1	82.2	69.9
Bay of Plenty	59.2	59.9	68.6	72.8	69.1
Tairawhiti	50.3	57	77.7	91.2	66.5
Taranaki	63.3	66.4	75.7	79.4	76
Hawkes Bay	53.6	53.3	62.9	74.5	67.2
Midcentral	56.6	56.5	59.3	70.1	66.1
Whanganui	52.3	47.4	65	64.7	60.8
Capital and Coast	61.5	61.1	65	80.3	74
Hutt Valley	60.9	59.9	64.8	69.8	66.8
Wairarapa	65.4	67.5	71.9	66.9	66.9

End of Jan 2024 coverage, by ethnic groups and districts – South Island					
Districts	**Māori**	**Pacific**	**Asian**	**Other**	**All**
Nelson Marlborough	70.9	68.5	64.5	78.9	76.9
West Coast	64.7	72.3	55.2	71.4	69.7
Canterbury	65.3	60.4	65.5	75.5	72.7
South Canterbury	63.4	75.9	64	73.3	71.9
Southern	63.4	66.1	60.2	78.6	75.1

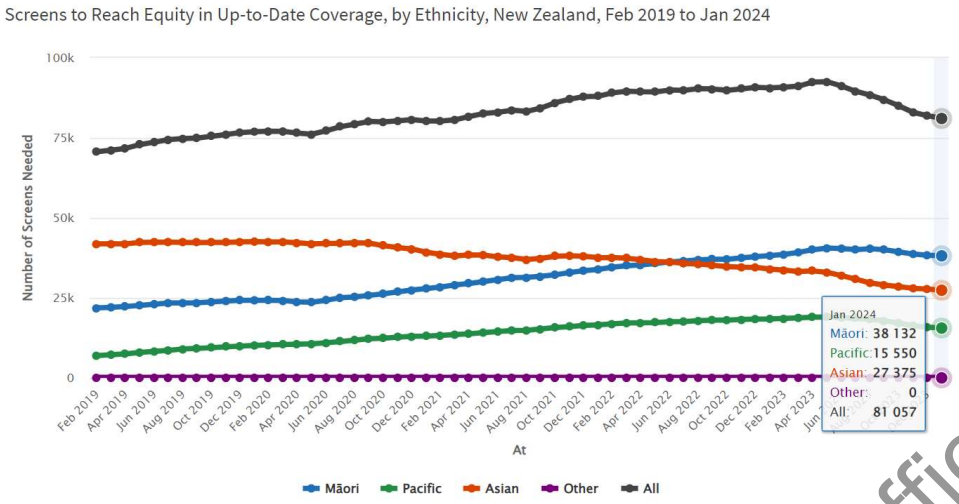
Time to screen National Cervical Screening Programme

The darker the colour the lower the coverage



NSU aims to eliminate equity gaps and reach 80% coverage for all groups – not just overall

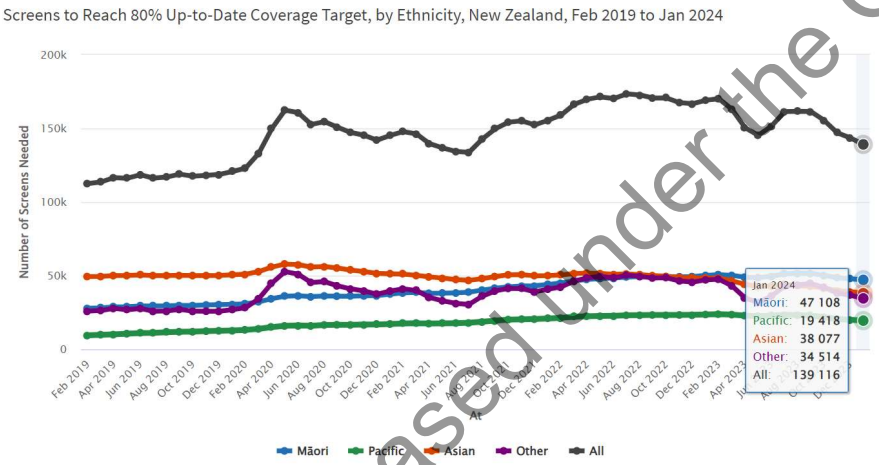
Screens needed to reach equity (Feb 2019 – Jan 2024)



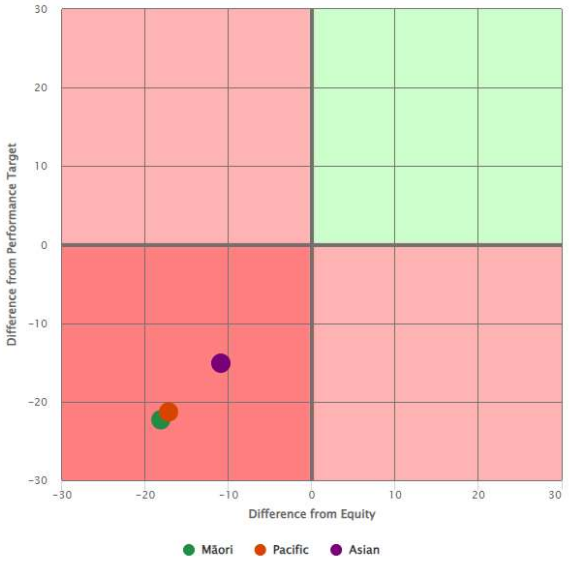
Screens needed to *reach equity* as of January 2024:
Overall: 81,057
Māori: 38,132
Pacific peoples: 15,550
Asian: 27,375
Other: 0

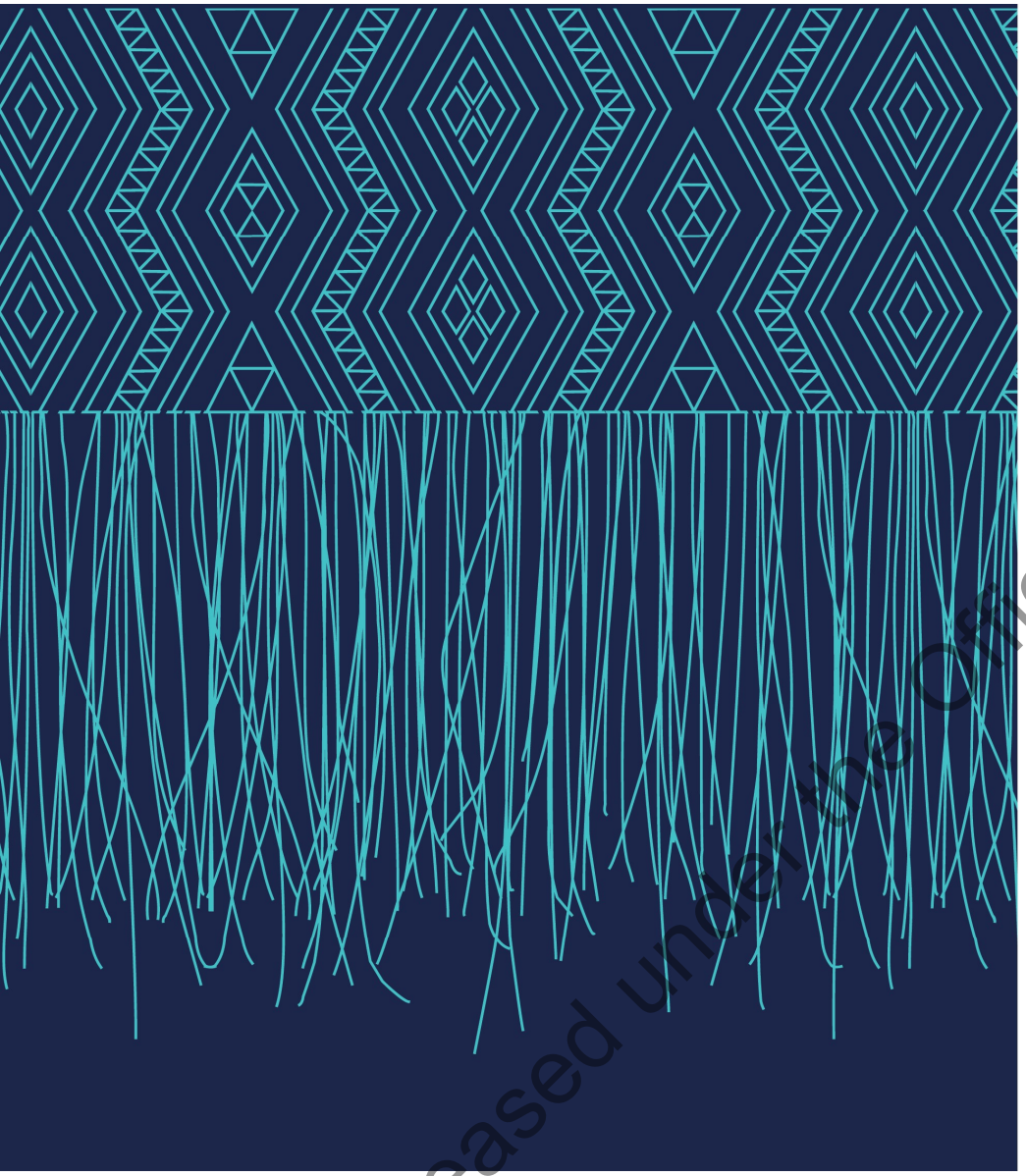
How the equity and performance matrix works
The matrix brings together the two measures of equity and performance
Performance is the difference (percentage point) between the population of interest and programme target (80%)
Equity is the difference between the performance of the population of interest and the reference population (non Māori, non Pacific and non Asian)

Screens needed to reach target (Feb 2019 – Jan 2024)



Screens needed to *reach target* as of January 2024:
Overall: 139,116
Māori: 47,108
Pacific peoples: 19,418
Asian: 38,077
Other: 34,514





National Bowel Screening Programme (NBSP)

DATA AVAILABLE: JULY 2023

NBSP aims to reduce disease and death from bowel cancer by finding cancers early when they can be effectively treated. Our target is to screen 60% of eligible people

Participation is currently (July 2023):
Overall: 58%
Māori participation at: 49%
Pacific peoples at: 38%
Asian participation at: 47%
Other: 62%

There is a time lag for Participation, as once FIT kits are sent out, participants have six months to complete and return the kit and therefore reporting on this indicator requires the six months to elapse.

Ethnicity	Bowel Screening 24-month participation by ethnicity for period ending July 2023			
	Jul-20	Jul-21	Jul-22	Jul-23
Māori	55.3	53.5	50.9	49.0
Pacific	42.1	42.1	41.0	38.4
Asian	51.0	50.3	49.3	46.7
Other	66.6	65.1	63.6	61.9
All	61.9	61.0	59.7	57.8

Bowel screening 24 month participation by ethnicity and region for period ending July 2023				
Region Ethnicity	Northern Region	Te Manawa Taki	Central	Te Waiponamu
Māori	46.0	44.7	52.8	60.7
Pacific	37.3	39.9	40.0	46.5
Asian	45.6	42.1	51.3	52.4
Other	56.7	60.2	63.9	66.3
All	51.4	56.6	60.9	65.2