

Te Manawa Taki

Regional Health
and Wellbeing Plan

2024-2027

Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority



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Mihi

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Foreword

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RIT photos

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Foreword from IMPB chairs

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Photos IMPB chairs

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Introduction

In partnership, Te Whatu Ora and Te Aka Whai Ora have formed a team that will plan and deliver health services across the Te Manawa Taki region.

This plan is known as the Te Manawa Taki Regional Health and Wellbeing Plan. It spans three years to 2027 and is intent and actions focused on achieving Pae Ora for the people of Te Manawa Taki.

Much of the work the Te Whatu Ora and Te Aka Whai Ora Team does is driven by other plans. For a full view of planned activity see the National Public Health Service, Hospital and Specialist Services, and Commissioning Operational Plans.

This particular plan focuses on priorities that have been agreed by the region, for the region.

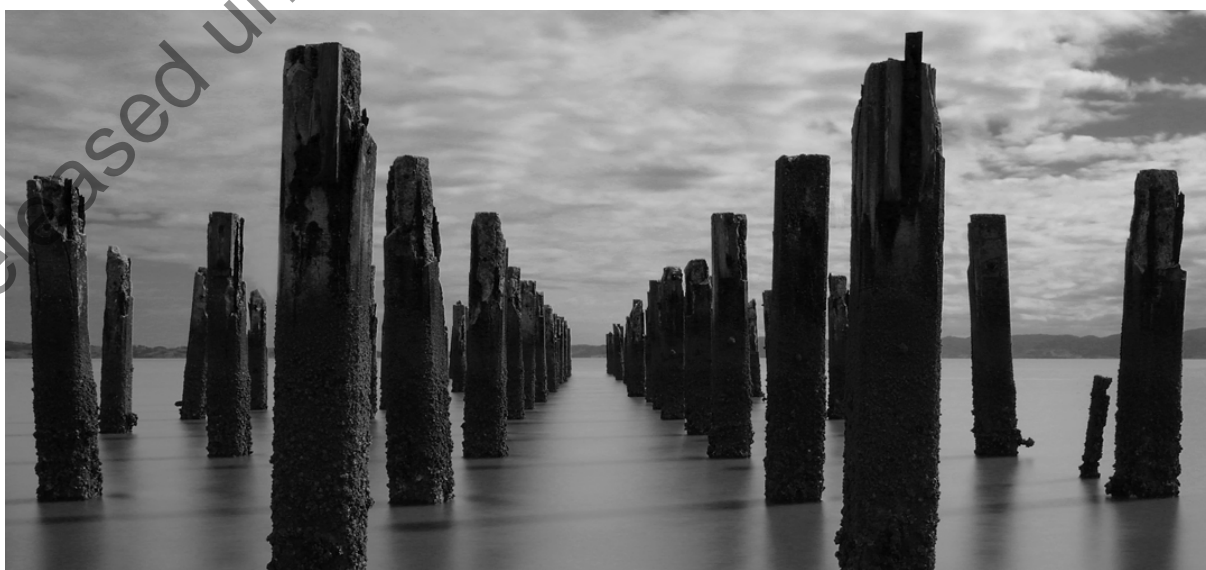
Community and whānau voice captured through Iwi Māori Partnership Boards is woven throughout this plan. It tells us that Cross-sector collaboration with other agencies (MSD, Education, Housing and Others) is crucial in building a foundation upon which pae ora well-being across the life course can be achieved and sustained.

Working with others, but mostly our communities will enable the reform of the health system as envisaged under the Pae Ora (Healthy Futures) Act 2022 (the Act).

This plan is a living document that will be reviewed and updated each year. It will address matters affecting the health of our region, be action focussed, and have agreed and specific measurable deliverables.

We are committed to improving health outcomes, in particular for Māori, Pasifika, Tāngata Whaikaha Disabled people, rural and other traditionally underserved populations.

Te Whatu Ora and Te Aka Whai Ora have formed a Regional Integration Team which is responsible for delivering on this plan. At a governance level the Regional Iwi Māori Partnership Boards will oversee and hold the Regional Integration Team accountable for its delivery.



Te Manawa Taki – demographics

Te Manawa Taki is **one of four** identified regions in the current New Zealand health system led by Te Whatu Ora (Health New Zealand) and Te Aka Whai Ora (Māori Health Authority)

Stretching from Cape Egmont in the West to East Cape of the North Island, Te Manawa Taki covers a **56,728 km²** area

21%
of Aotearoa New Zealand's land mass

TOTAL POPULATION
1,030,475



there are
5 districts



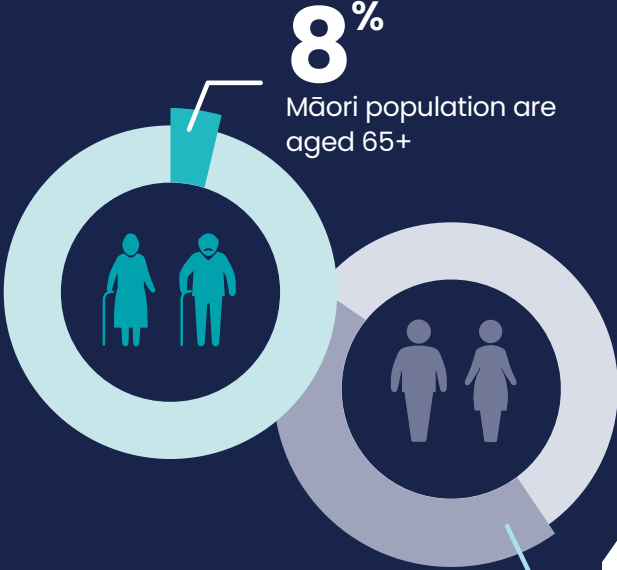
60%
European/
Other

28%
are Māori,
the highest
proportion
of all the
regions



9%
Asian

3%
Pasifika



The population is expected to grow 0.7% annually taking the total population to **1,119,560** by 2032/33

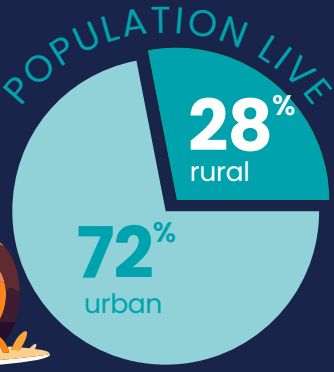
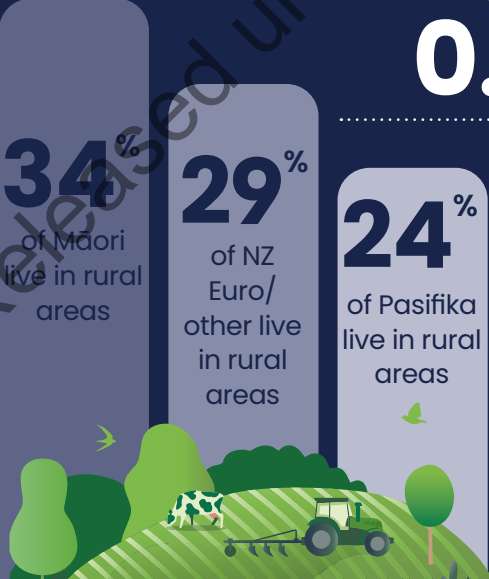
47%
Māori population are aged under 25



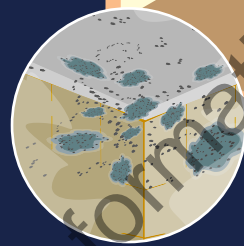
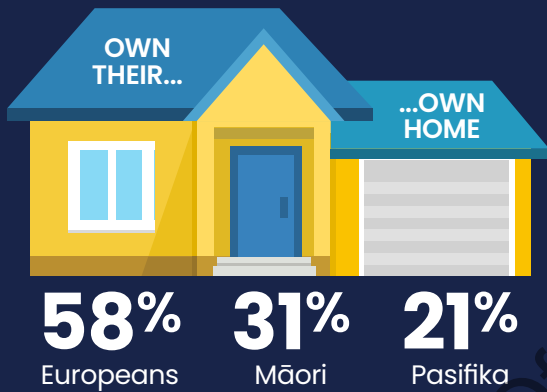
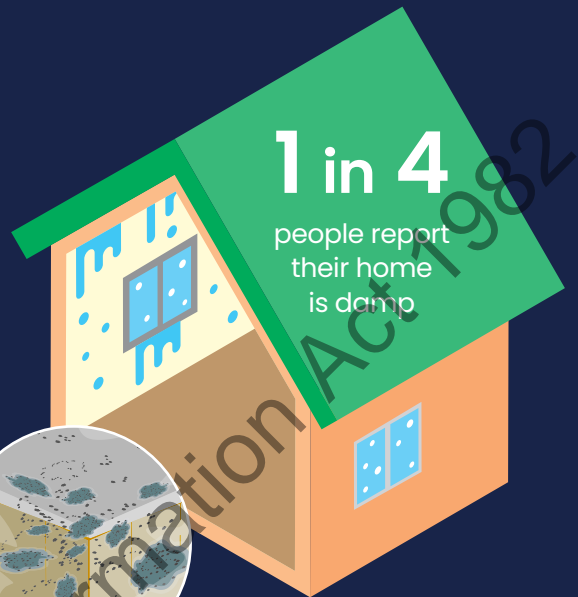
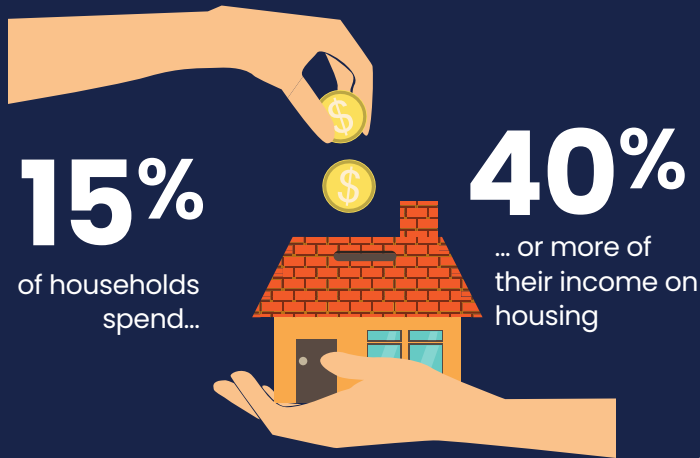
The largest total population growth will be seen in Waikato with 0.9% and Hauora a Toi BOP with 0.8% annually



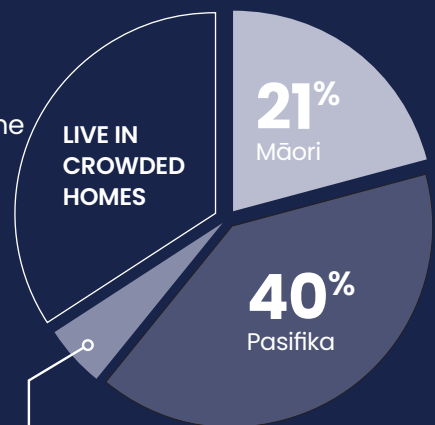
The Māori population is expected to increase a further 29%, or by 83,566 people by 2038.



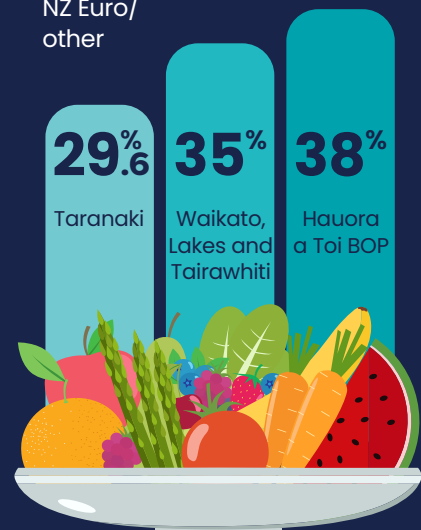
Te Manawa Taki – determinants



1 in 5 report their home has mould

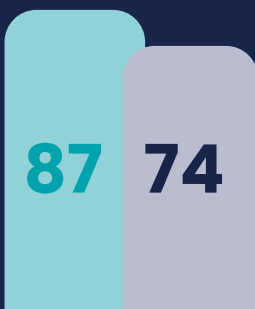
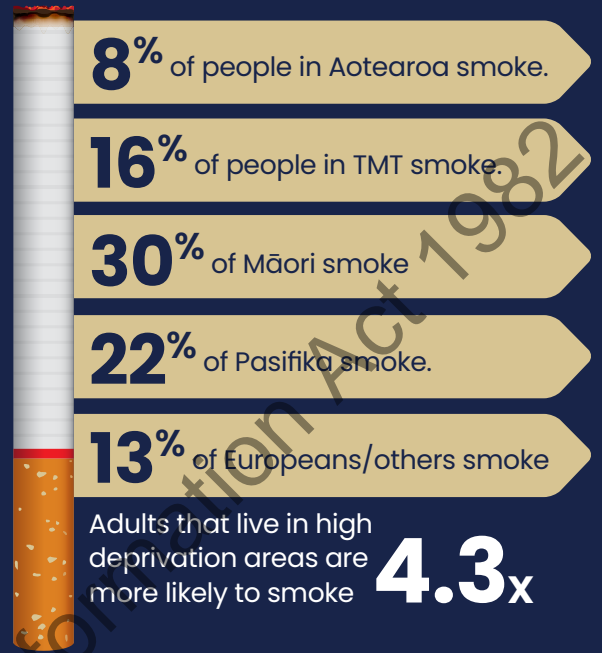
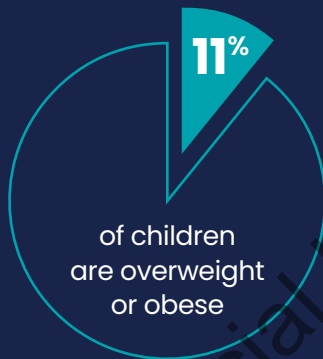
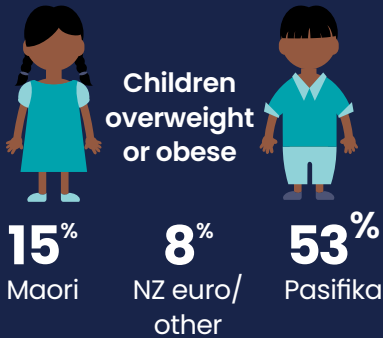
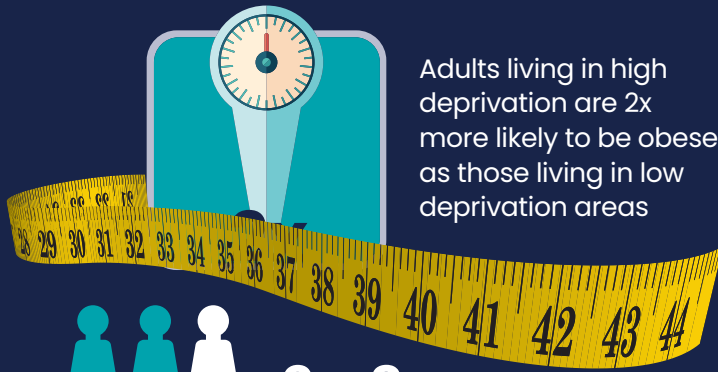


5% NZ Euro/ other

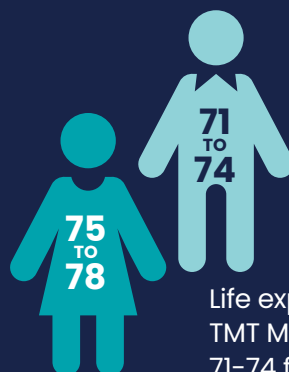


adults eat the 3+ serves of fruit and veges each day

Te Manawa Taki – risk and pressures



Life expectancy varies from 74 in one of the most deprived areas (Q5) to 87 in one of the least deprived areas (Q1)



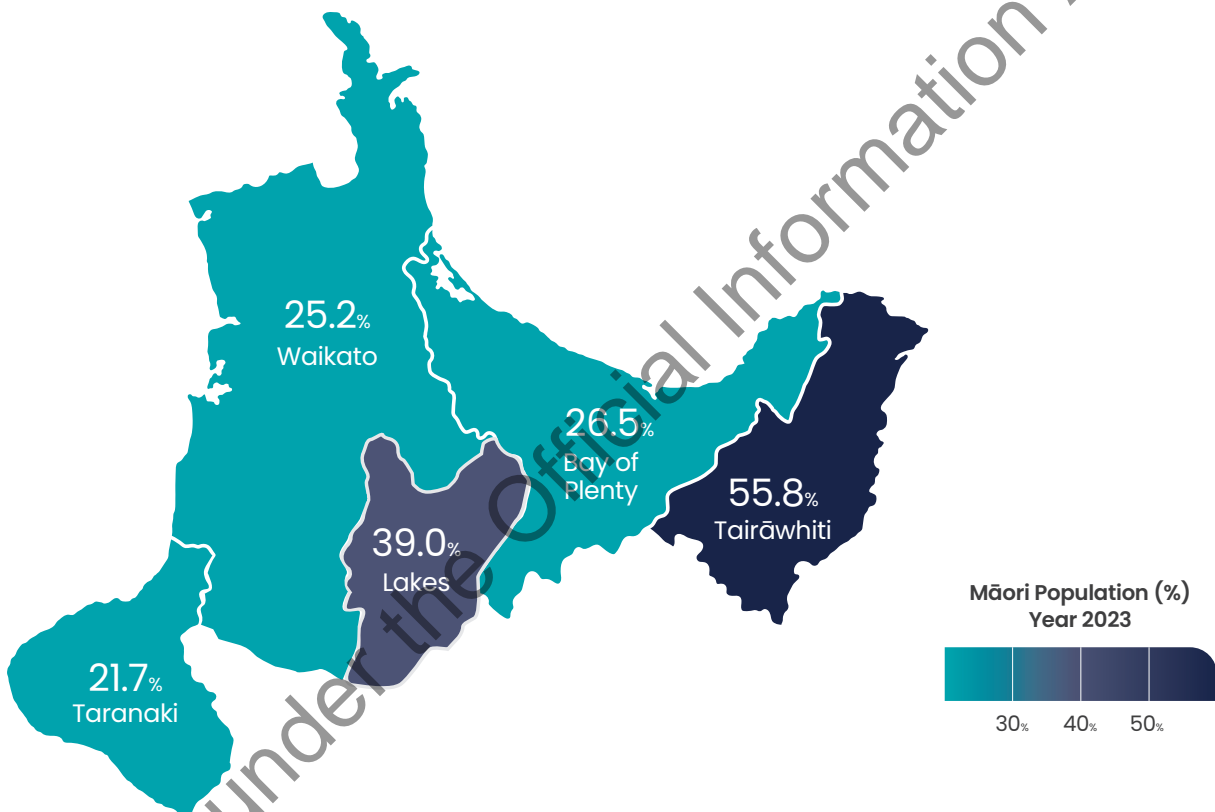
Life expectancy in Aotearoa is **82**
TMT Māori life expectancy varies from 71-74 for tane and 75-78 for wahine



During Cyclone Gabrielle 50% of those impacted by loss of drinking water were Māori and from high deprivation areas

Manawhenua

Te Manawa Taki has the largest Māori population at 28% (288,160 people) compared to any other region in Aotearoa. Te Manawa Taki is also expected to have the largest Māori population growth with projections of a further 29% (83,788 people) by 2038. The largest Māori populations are seen in Tairāwhiti and Lakes with 55.8% and 39% retrospectively. Taranaki is likely to experience the largest growth in Māori population at 34%. Growth is also forecast in Hamilton City in the Waikato. Tairāwhiti will see the lowest growth of 19%.



Te Manawa Taki Iwi

Bay of Plenty

Ngāi Te Rangi, Ngāti Ranginui, Te Whānau ā Te Ehutu, Ngāti Rangitihi, Te Whānau ā Apanui, Ngāti Awa, Tūhoe, Ngāti Makino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngāi Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau.

Lakes

Te Arawa, Ngāti Tuwharetoa, Ngāti Kahungunu ki Wairarapa.

Hauora Tairāwhiti

Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngā Ariki Kaiputahi, Te Aitanga-a-Hauiti.

Taranaki

Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngāruahine, Ngāti Ruanui, Ngā Rauru Kītahi.

Waikato

Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Waikato, Tuwharetoa, Whanganui, Maata Waka.

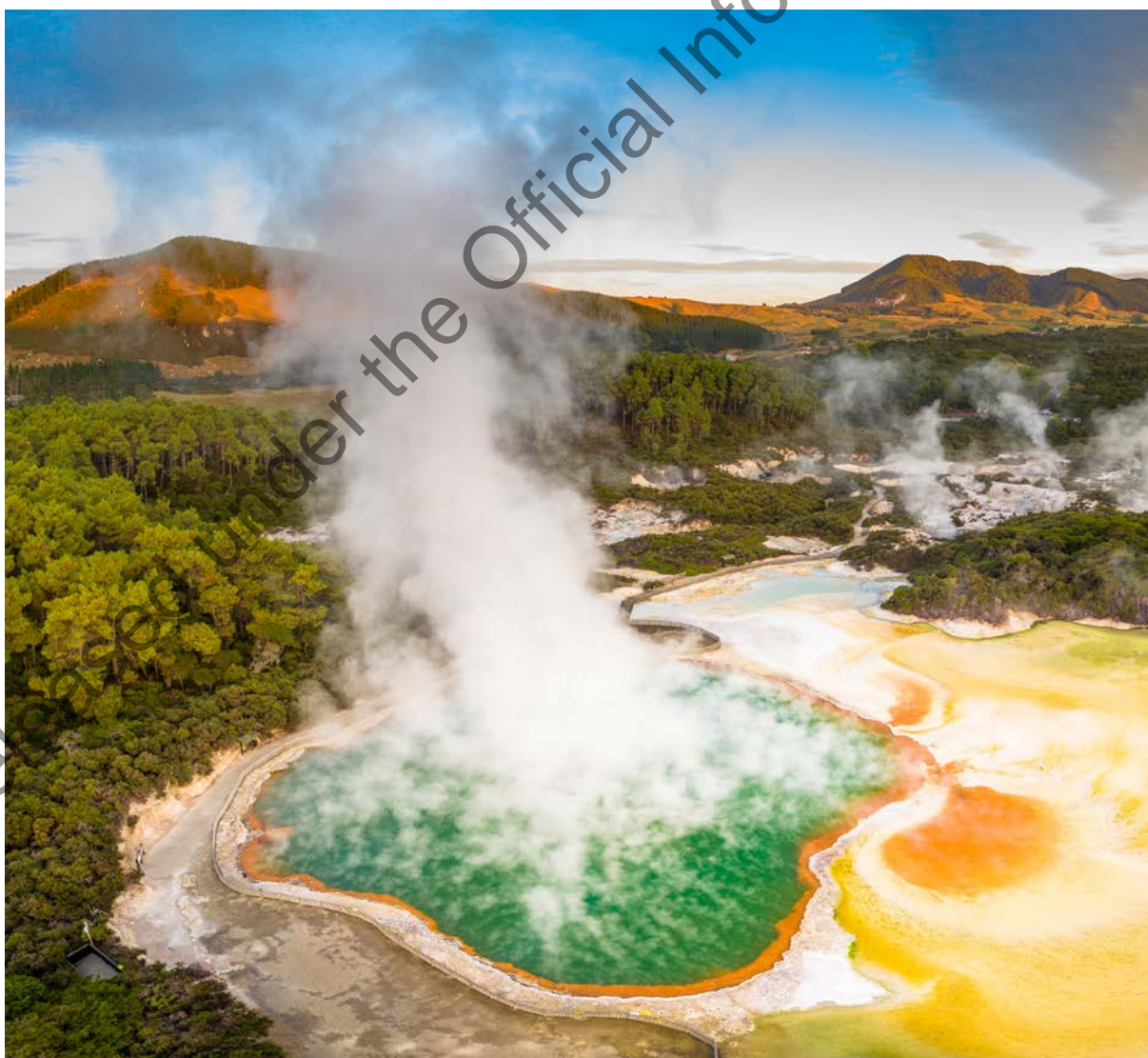
Source: Te Manawa Taki Regional Equity Plan 2021-2022.

Iwi Māori Partnership Boards

The Pae Ora (Healthy Futures) Act 2022 (the Act) calls for the establishment of Iwi Māori Partnership Boards (IMPBs). Te Manawa Taki currently has six IMPBs (see appendix 2 for their full description and priorities) that will represent local Māori perspectives on the needs and aspiration of Māori in relation to hauora Māori outcomes.

IMPBs will play a crucial role in the shaping and delivery of health services. They will actively engage with their local whanau and hapū to understand their needs and relay this to Te Whatu Ora and Te Aka Whai Ora. The voice of community and whānau will inform the development of locality plans ensuring they are community-driven and aligned to the needs of the people they aim to serve.

IMPBs will hold Te Whatu Ora and Te Aka Whai Ora accountable for the delivery of plans and will report to Māori within their IMPB boundary on activities and initiatives underway.



Whānau and community voice

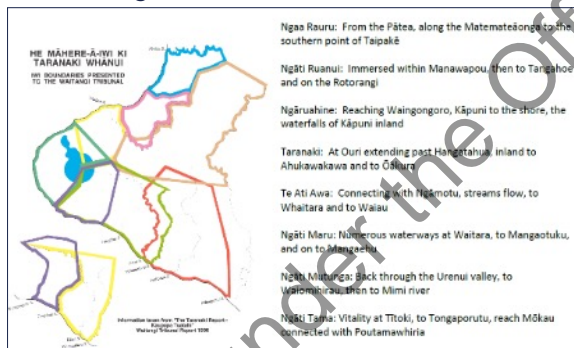
(see appendix x for full descriptions of IMPB)

In order to determine the Regional Iwi Māori Partnership Boards (IMPB) priorities, individual meetings were held with each IMPB to brief them on the scope and purpose of this Plan.

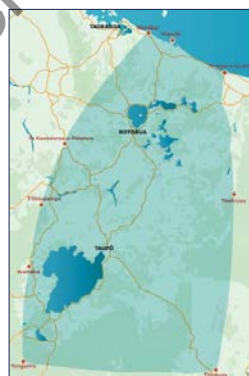
Each board was asked to determine its own immediate priorities in terms of working towards Hauora (mental, physical, social and spiritual wellbeing) for their communities (localities). It was agreed that as localities emerged with more specific priorities, IMPB's would continue to engage and inform this plan with updated priorities.

IMPBs will ensure that Māori values, perspectives, and needs are integrated into this plan with the ultimate goal of achieving better health outcomes and eliminating inequities.

Te Punanga Ora (Taranaki)



Te Taura Ora ō Waiariki (Te Arawa)



Tūwharetoa (Taupo – Turangi)



Tairāwhiti Toitū Te Ora (Tairāwhiti)



Te Pōari Hauora o Te Moana a Toi



Te Tiratū (Waikato Tainui)



Locality planning

The Pae Ora (Healthy Futures) Act 2022 (the Act) sets out Te Whatu Ora's legal obligations in relation to localities. The localities approach is iwi-led and community driven. It will enable New Zealanders to participate in planning and designing services for their locality.

In particular it affords a greater opportunity for mana whenua to uphold their kaitiaki role and empower iwi, hapū and whānau Māori alongside wider communities to shape the care they receive close to home.

Locality prototypes have been building and testing new models and ways of working to inform how the locality approach will operate as we move into the new health system and expand new ways of working.

Some key aspects of the Localities concept include:

- There are currently four locality prototypes in Te Manawa Taki
 - Hauraki, Ngāti Tūwharetoa, Eastern Bay of Plenty, and Te Tairāwhiti.
- By July 2024 every community will belong to a locality.
- Locality plans will be developed and implemented for each locality by 1 July 2025.
- A locality plan is confirmed when it is agreed to by the IMPBs, Te Whatu Ora, and Te Aka Whai Ora.
- The locality approach is based on stakeholder engagement and will require cross-sector collaboration (health, housing, police, Ministry of Social Development and others) to impact positively on the health and wellbeing of our communities.



The first localities - provisional areas

Muriwhenua

Total population..... 20k
 % Māori 47%
 % Pacific 6%

Ngāti Tūwharetoa

Total population..... 38k
 % Māori 27%
 % Pacific 2%

Whanganui

Total population..... 63k
 % Māori 26%
 % Pacific 3%

West Coast

Total population..... 31k
 % Māori 11%
 % Pacific 1%

Hokonui

Total population..... 31k
 % Māori 11%
 % Pacific 1%

Ōtara/Papatoetoe

Total population..... 96k
 % Māori 15%
 % Pacific 42%

Hauraki

Total population..... 84k
 % Māori 19%
 % Pacific 7%

Eastern Bay of Plenty

Total population..... 53k
 % Māori 51%
 % Pacific 1%

Te Tairāwhiti

Total population..... 49k
 % Māori 52%
 % Pacific 5%

Wairoa

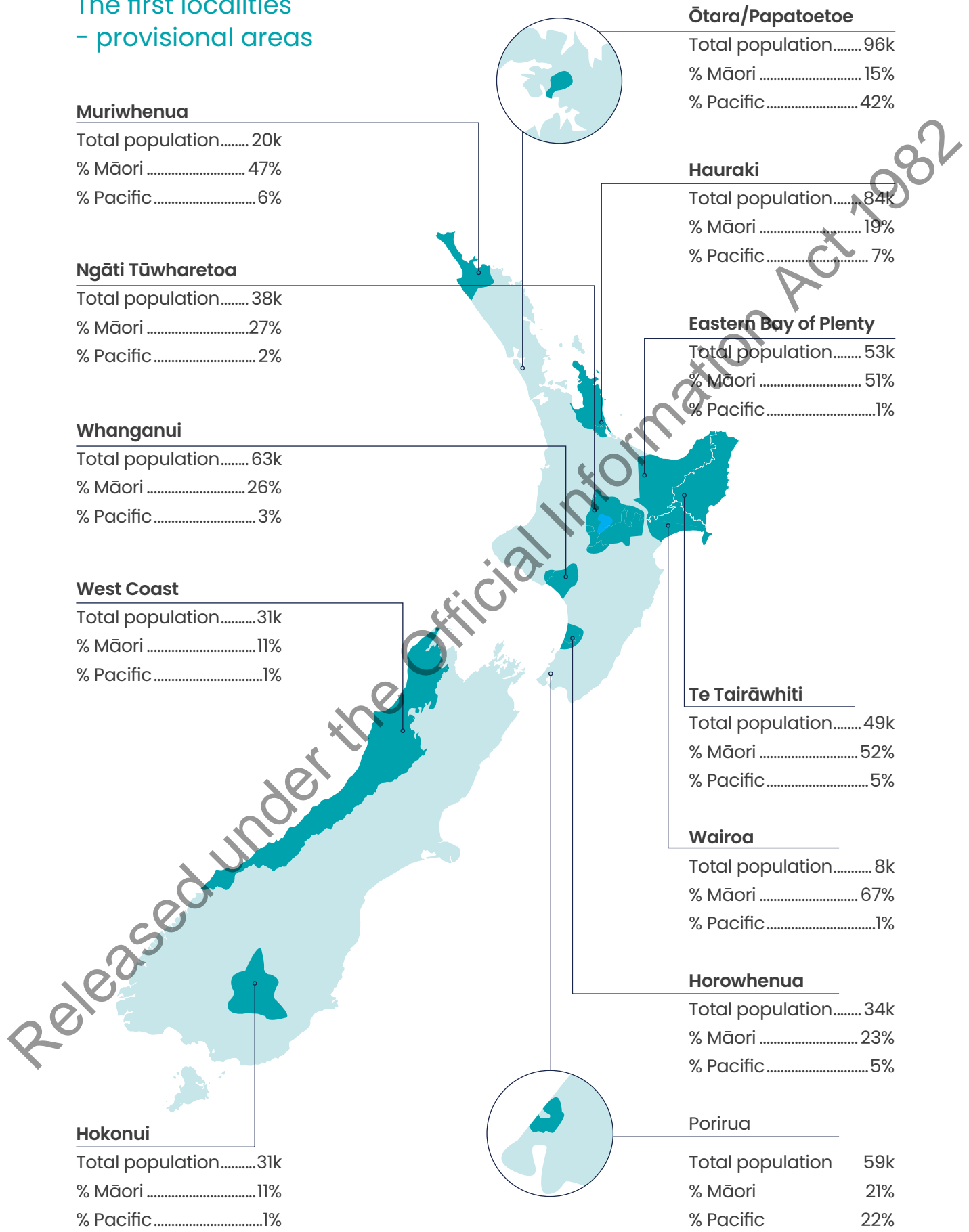
Total population..... 8k
 % Māori 67%
 % Pacific 1%

Horowhenua

Total population..... 34k
 % Māori 23%
 % Pacific 5%

Porirua

Total population..... 59k
 % Māori 21%
 % Pacific 22%



Next wave of localities: Boundary determination

- On track to achieve 50% of NZ population with agreed provisional locality boundaries by end June 2023
- Currently have recommendations from IMPBs for a further 22 locality boundaries (in addition to the 12 prototypes) covering 57% of NZ population
- Expect to meet legislated target of 100% of population by end June 2024

Boundary determination considerations

Boundaries will be determined with communities and mana whenua taking into consideration:



Natural communities



Population size



IMPB areas and iwi rohe



Local government boundaries



Service delivery coverage areas and natural patient flows

Boundary determination steps



Step one - Iwi Māori Partnership Board recommendations

Iwi Māori Partnership Board makes recommendations to Te Aka Whai Ora and Te Whatu Ora for initial locality boundaries in their rohe.



Step two - Local authority engagement

Te Whatu Ora will engage local authorities in that Iwi Māori Partnership Board area on initial locality boundaries.



Step three - Provisional locality boundary proposed

Te Whatu Ora and Te Aka Whai Ora boards agree on provisional boundaries.



Step four - Community and whānau voice Whānau Māori and the community will be asked whether the provisional locality boundary makes sense to them to ensure their collective voices inform the process. The area needs to have a local feel for the people that live there.



Step five - Working locality boundaries agreed Taking into consideration the Iwi Māori Partnership Board's recommendations, local authority and community views, Te Whatu Ora and Te Aka Whai Ora agree and publish the working locality boundaries to meet the requirements of the Pae Ora Act.

Simplify and Intensify

The common message from our communities is that those who most need services find them not only hard to access but even when they can, there are barriers even when receiving care.

As a system we need to:

Simplify – make the process easy for people to receive the care they need.

Intensify – optimise the patient experience and make the most of the opportunity when it presents itself, be that increased wrap around services, whole packages of care, or individualised funding that meet the needs of whānau, Māori, Pasifika, tāngata whaikaha disabled people.

System Shifts

There are five key system shifts that are going to make the biggest difference to ensuring everyone can get the right healthcare when they need it.

Second, people will be able to get the healthcare they need closer to home. Health services will better reflect community needs and preferences.

Third, we will plan for our future health workforce requirements, and provide for the training and development needs of New Zealand’s contemporary workforce of tomorrow.

Fourth, digital technology will be used in more and better ways, to provide people with services in their homes, hapori and local communities. Technology will also help healthcare workers to better understand and support their patients.

Fifth, high quality emergency or specialist care will be available when people need it.

In addition to these five shifts we have included Iwi Māori Partnership Board’s and Locality planning as key drivers of transformation across the system.

The legislative recognition of Iwi Māori Partnership Boards will enhance leadership for Māori health and better support the health sector to plan and deliver services that meet the needs of our communities and improve health outcomes for Māori.

The locality approach will bring together primary and community health services to focus on shared objectives for the communities they

serve, and integrate services around the needs of people.

The image above captures the system shifts required and how they each link to and drive improvements across the life course. The system shifts will help to simplify, while services received across the life course will be intensified.



First, the health system will ensure that Māori have a greater role in designing health services that better meet the needs of Māori. Māori communities will also play an important role in making sure our health services work for Māori, and the many New Zealanders accessing kaupapa Māori health services.

Te Tiriti o Waitangi

Te Whatu Ora Health New Zealand (Te Whatu Ora) is a Crown agency which has particular responsibilities and accountabilities to Māori through te Tiriti o Waitangi, the founding document of Aotearoa New Zealand, expressed through the Act.

Te Mauri o Rongo | The NZ Health Charter

Te Aka Whai Ora Māori Health Authority (Te Aka Whai Ora) are responsible for monitoring the performance of Te Whatu Ora in relation to achieving equitable Māori health outcomes. Together, both work to give effect to Te Tiriti o Waitangi, interpreted through Treaty of Waitangi principles as they are articulated by the Waitangi Tribunal and the courts.

Other key agencies such as Manatū Hauora Ministry of Health (Manatū Hauora) and Whaikaha Ministry of Disabled People (Whaikaha) also have responsibilities, in their planning and delivery of services which impact Māori, to work with Te Aka Whai Ora and IMPBs to ensure that Māori health outcomes are improved.

We (Te Whatu Ora and Te Aka Whai Ora) seek Hauora Māori with Te Tiriti o Waitangi as our foundation, and align our strategies with the goals of the Whakamaua Te Tiriti o Waitangi Framework.

Racism in the health system | Ao Mai te Rā

'Ao Mai te Rā' means 'the dawn has come' and much like the dawn, this kaupapa will usher in a 'new day' for health and help to ensure Te Whatu Ora are upholding our obligations to Māori under Te Tiriti o Waitangi. Te Manawa Taki will be actively working towards and supporting the implementation of this anti-racism kaupapa.

Ao Mai te Rā is an initiative to support the way the health system understands, reacts and responds to racism in health, this includes identifying and shifting the conditions that hold unfair and unjust health outcomes in place. Ao Mai te Rā will help us deliver effective and appropriate stewardship of the system, and enable all people, regardless of their ethnicity, to live, thrive and flourish according to their own philosophies and ways of being. As kaitiaki of the system, Te Aka Whai Ora, Te Whatu Ora, and Manatū Hauora all have an important role to play in creating an environment where all people can access the health care they need without fear of racial discrimination.

Within Aotearoa, the presence of racism in the health system and its impact on health outcomes has been well evidenced and researched. The 2022 Quality of Life Survey found that racism or discrimination towards particular groups had been a problem in their area for 54% of respondents.* Racial discrimination was also explored in the 2020/21 NZ Health Survey.* Māori, Pacific and Asian adults were more likely to experience racial discrimination than European/Other adults. Verbal abuse was the most common type of racial abuse for all ethnicities and unfair treatment by a health professional was the second most common type for Māori and Pacific peoples.

Eliminating racism in all forms will require courageous leadership, a long-term commitment to change and a shift in the cultural and social norms but it is critical to

achieving health equity and the vision of pae ora – healthy futures for all.

Our priority populations – Māori, Pasifika, Tāngata Whaikaha, and Rural

This plan prioritises the health needs of Māori, Pasifika, Tāngata Whaikaha disabled peoples and rural populations. Each of these priority populations has their own unique and often marginalised health care needs. This plan seeks to tell a story, through their eyes, of how the current system creates challenges for these whānau and communities. The plan also aims to restate what the system could look like as it is transformed in ways that meet the needs of whānau and communities.

Māori and Pasifika experience significant health disparities across the board stemming from inequitable socioeconomic factors, historical injustices, and a health system which is not culturally safe for these whānau and communities. Tailored approaches to Māori and Pasifika peoples, developed from their worldviews and aspirations, are necessary to safely address their health needs.

Tāngata Whaikaha disabled people face barriers accessing health care, as the health system has not been historically designed to accommodate their specific needs. Therefore, strategies are needed to better support these whānau and communities. These strategies must be developed from the worldviews and aspirations of Tāngata Whaikaha disabled people.

Rural populations encounter greater geographical challenges in accessing care. There are more health workforce shortages, and often higher levels of deprivation. In order to improve the lot of our rural whanau, we must partner with these communities and be innovative in providing effective, equitable healthcare.

Health Equity in All Policies

Health Equity in All Policies is an approach to public policy working across sectors and with communities which systematically considers the health and equity implications of decisions, seeks synergies, and avoids harmful health impacts – to improve population health and achieve equity.

Our Health Equity in All Policies approach will support the realisation of the priorities identified by Iwi Māori Partnership Boards including the taiāo (environment), Māori identity and culture, mana motuhake developing whānau centric approaches and addressing gaps in service delivery, food security, social and digital connectivity, and housing.

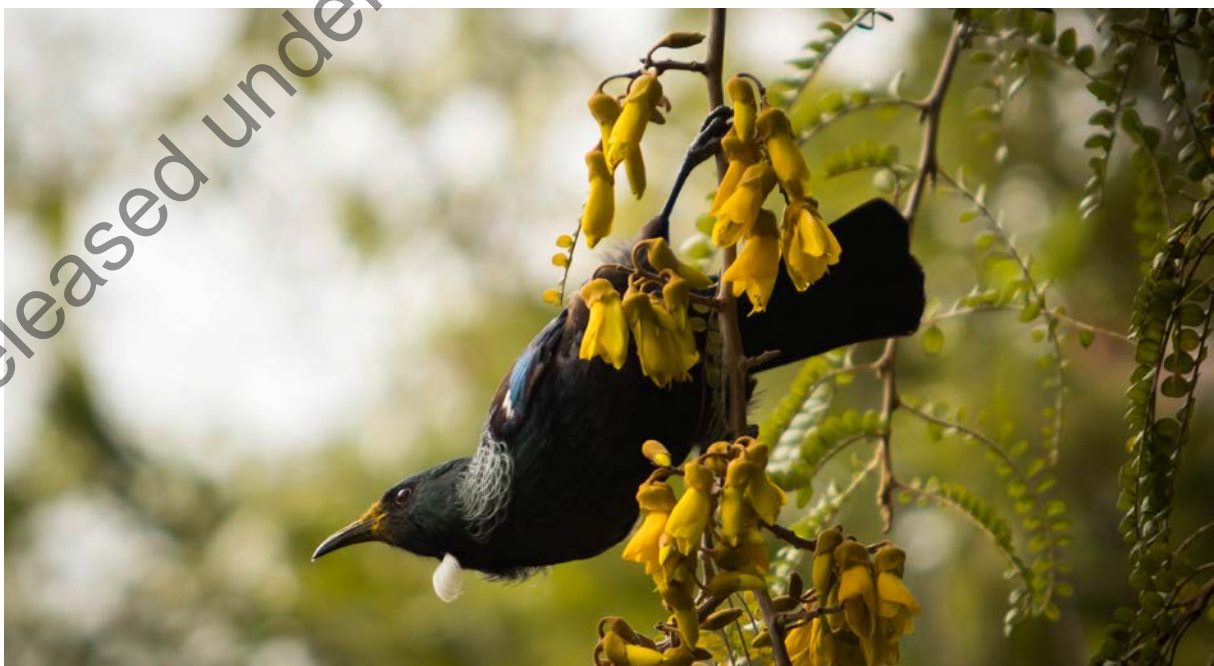
We will also advocate, facilitate, and support progress towards long-term improvements in the determinants of health; ultimately eliminating health inequities and improving health outcomes for all peoples in Aotearoa. The Health Equity in All Policies approach will be built on partnering with iwi, hapū and hāpori local and central government, and other partner agencies.

The Life Course Approach

The life course approach aligns to the idea that health is not just the absence of disease but a state of physical, mental and social well-being. The life course lens not only looks at the interconnectedness of each life stage and the flow on affect into the later years but also focuses our attention on equity and the social determinants as key factors that underpin health outcomes at each stage of life.

As we move into the new health system where whānau and community voice will shape the way services are planned and delivered taking this approach to planning allows for the health system priorities to be addressed while also leaving the floor open for whānau and communities to tell us what is important for them across the continuum unconfined to specific health conditions or services.

Throughout the following pages you will find the Te Manawa Taki priority actions broken down across five sections; pae ora (wellbeing), starting well, living well, mentally well and ageing well.



Stories informed by whānau and community voice depict the current journey many experience when navigating health services and look forward to how this journey could be improved. The stories take a holistic view rather than looking at specific health need or illness. While the stories focus on challenges they also present opportunities and show how different someone's journey can be if we change the way services are delivered.

Pae Ora | Wellbeing eliminating racism in the health system and addressing the priority determinants of housing, food sovereignty and the environment will provide the foundation on which pae ora can be achieved.

Starting well focuses on promoting good health and well-being from conception through the first 2000 days, early childhood and into adolescence establishing the building blocks for a positive life course.

Living well focuses on maintaining and promoting health throughout life while also ensuring access to quality primary

and secondary services when they are needed. Terminal illness is well managed through palliative care services allowing people to remain as comfortable and peaceful as possible.

Mentally well focuses on promoting mental well-being, improving access and ensuring the right service is provided at the right time, in the right place.

Ageing well focuses on maintaining independence and quality of life in the later years leading to reduced disability, improved functional abilities and enhanced well-being allowing dignity and good health in old age.

Te Aka Whai Ora priorities







Throughout this plan the priorities of our partner organisation, Te Aka Whai Ora have been included. Many of these are jointly agreed with Te Whatu Ora. Some others are unique in shaping our response to the needs of the Te Manawa Taki region.



Information Act 1982

The implementation of this plan will involve the collaboration of the National Public Health Service, Commissioning, Hospital and Specialist Services teams, and Te Aka Whai Ora as members of the Regional Integration Team. It is anticipated that initiatives will leverage key enablers such as Workforce, Data and Digital tools, and Service Improvement and Innovation.

The following symbols indicate which team/s will be key contributors

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

1. Pae Ora

Achieving Pae Ora requires significant transformation of our regional health system and a fresh focus on affects our health and wellbeing, including disease prevention.

System Transformation

System Transformation outlines the Te Manawa Taki region's approach to change. Leadership aspirations will build Tino Rangatiratanga and Mātauranga a Iwi into all parts of the system, delivering Pae Ora through effective regional collaboration according to the Māori concept of "whanaungatanga".

Fo health services to effectively serve our whānau and communities, our team must engage with community champions and advisory groups, to develop long-term relationships that safeguard our collective efforts.

From a traditional Māori worldview, relationships are not just limited to those that exist between people. We are all connected to our wider environment, be it people, whenua, or places.

Mai te rangi ki te whenua me ngā mea katoa kai waengan.

Mai te rangi ki te whenua me ngā mea katoa kai waenganui i a rāua.

From the sky to the earth and everything in between.

Traditional/mainstream" ways of planning and prioritising fail to include those who are directly affected. As a result, health and wellbeing is not always enhanced. In Te Manawa Taki, we understand that we can only transform the health system when "āhukatanga" is at the forefront of decision-making and planning.

Your Te Manawa Taki Regional Teams will utilise Manaakitanga when building health capacity and capability to improve outcomes for everyone, Iwi, hapū, hāpori/ community, government agencies, and non-governmental organisations (NGOs) are all part of that team.



Māori communities often cannot see themselves represented in the Health system. Our working places and spaces need to be open to whānau and communities. We need to be ready to engage, and willing to support discussions, workshops, wānanga; anything that supports our collective efforts to achieve Pae Ora.

Te Whatu Ora kaimahi (staff) in partnership with Te Aka Whai Ora kaimahi is identifying key stakeholders across national and regional systems. It will then work with mana whenua communities and providers, Pacific communities, and providers, tāngata whaikaha, rural communities, wāhine groups, and other key stakeholders, across all sectors, not just Health.

Our communities tell us that health services are complex and difficult to navigate, and there are many barriers to receiving quality care. Whānau have raised the need for health professionals to show empathy, listen, build rapport without racism, judgment, or the use of unnecessary medical jargon. They want health services to make them feel welcome, including culturally appropriate, and alternative options to mainstream health services, particularly access to Rongoa Māori.

Te Manawa Taki will work towards reducing barriers to access, making services easier to navigate, respectful, free from racism and bias and provide increased wrap around services, whole packages of care that meet the needs of whānau, Māori, Pasifika, and tangata whaikaha disabled people.

“E kore tēnei whakaoranga e huri ki tua o aku mokopuna

Our mokopuna shall inherit a better place than I inherited”.

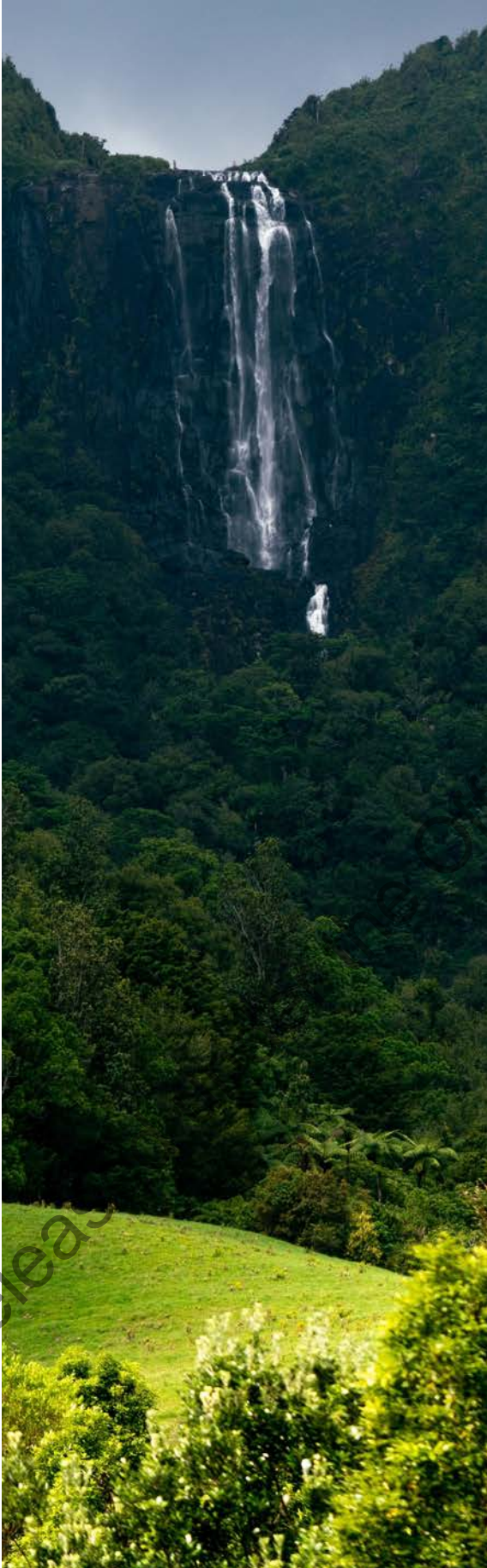
Determinants of Health and Wellbeing

The vision of Pae Ora (Healthy Futures) is where everyone lives a life of wellness, and all communities actively foster health and wellbeing. Underscoring this vision is a collaborative approach which aims to advance those things that influence health and wellbeing. Success in this domain hinges on collective effort of across sectors (Ministry of Housing and Urban Development (MHUD), Kainga Ora, Ministry of Social Development (MSD), Health, local government and Non-Government Organisations (NGOs)).

These sectors need however to reflect and to ground themselves in what matters to, and what is impacting on our communities.

Priority determinants for action that Te Manawa Taki localities and IMPBs have identified include housing, tobacco and vaping, gambling, food security, alcohol, and climate change. An example of how Te Whatu Ora can support communities to address the determinants is included below.

“In Kaiti, community residents united to oppose yet another liquor licence being granted for a pub with “pokie” machines in their area, near the local school. Being a community that has experienced extensive harm from alcohol and gambling they felt enough was enough. Te Whatu Ora was able to offer support, guiding the community through the appeal process and providing the evidence and expertise around alcohol and gambling harm. This combined effort resulted in the licence being declined.”



Emergency Management





























The health system plays a critical role in emergency management alongside key partners, including National Emergency Management Agencies (NEMA), Civil Defence and local authorities. Strong relationships and shared values are critical to working effectively together during crises.







Emergency management is a spectrum of activities. It includes a comprehensive and proactive approach to reducing risks, preparing for emergencies, responding swiftly and equitably, and facilitating recovery and community empowerment. Critically, emergency management plans must be applicable to all hazards.





















Central to our approach is the importance of honouring te Tiriti o Waitangi, prioritising equitable outcomes for the communities and populations most impacted by an emergency and ensuring communities are resourced and supported to develop their own solutions for recovery, an example of which is included in the story below.







Cyclone Gabrielle is an example of the necessity for preparedness and a strong emergency management response across all involved agencies. The recovery from Cyclone Gabrielle continues, however there are key lessons to embed into our planning and preparedness for the next emergency including the need to prioritise:

- manaakitanga and community engagement
- communications and resources to those most affected
- clarity of roles and responsibility and communication channels

Deliverables/milestones		Lead	Implementation Date				
			2023/24				
			Q3	Q4	24/25	25/26	26/27
1.1	Develop and implement a regional anti-racism strategy and action plan, based on direction Ao Mai te Rā, the anti-racism kaupapa	   					
1.2	Embed Te Tiriti approach and equity across design and delivery of public health actions to address determinants of health, including community health promotion and prevention approaches, regulatory activities, and intelligence (Mātauranga ā Iwi)	   					
1.3	Develop and maintain meaningful relationships to apply a Health Equity in All Policies approach with communities, IMPBs, localities, local and regional government and other stakeholders that addresses the determinants of health, including through submissions and effective influence (Whanaungatanga)	   					
1.4	Respond to needs and aspirations of communities through IMPBs and localities, collaborating on identified priorities, resourcing, and empowering community leadership to address the determinants of health (Tino rangatiratanga)	   					
1.5	Review existing approaches to the priority determinants of health. Work with communities and partners to develop, implement and evaluate new innovative approaches to the priority determinants	   					
1.6	Develop a regional emergency response plan (risk reduction, readiness, response, and recovery). Understanding Māori and community responses to climate change and extreme weather events will be a key component of the plan development. Opportunities to build the capacity and resourcing of these responses can then be realised. Eg. Marae- based responses	   					
1.7	Build effective regional network(s) to support local best practice in communicable disease control, environmental health, and emergency management	   					

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Additional Te Aka Whai Ora Priorities						
Increase access to psychosocial services to support whānau resilience with a focus on disaster or weather impacted areas.	   					
Expand and support rongoa Māori service providers in primary care, rehabilitation and mental health.	 					
Support and strengthen whānau, hapū, marae, iwi food security initiatives.	  					
Prioritise implementation and support for services and Māori providers in the areas of: <ul style="list-style-type: none"> • health homes • family and sexual violence (in partnership with Police) • healthy families initiative • oral health promotion 	  					
Increase Māori in the workforce and support existing Māori workforce through leadership and career advancement. Ensuring Māori representation in the workforce is reflective of local Māori population.	   					
Te Aka Whai Ora is funding a number of Matuguranga Māori providers. The whole system will support and learn from these models and embed learnings in locality plans.	   					

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Measures

1.2 Prevention of disease






Te Whatu Ora and Te Aka Whai Ora across Te Manawa Taki are committed to working with Māori and Pasifika health partners, PHOs, primary care and community health services to address equity gaps and lift our cervical, breast and bowel cancer screening coverage as well as immunisation coverage across all priority populations - Māori, Pasifika and Tangata whaikaha disabled people.



Did you know?







In 2022 **1,902** people were hospitalised due to the flu in TMT

Did you know?

In 2022 **9,772** two year olds received their immunisations in TMT

Deliverables/milestones		Lead	Implementation Date				
			2023/24				
			Q3	Q4	24/25	25/26	26/27
1.2.1	<p>Work alongside health partners to redesign models of care and service delivery as we implement Kahu Taurima across the region.</p> <ul style="list-style-type: none"> • Hauraki • Tairāwhiti • Toi rawhiti • ?lakes? 						
1.2.2	<p>Implement the Te Manawa Taki Regional Immunisation Action Plan, including the 'Reimagining the future state' immunisation project recommendations (once completed).</p>						
1.2.3	<p>Co-design actions with tāngata whaikaha to deliver equitable immunisation outcomes and experiences for disabled people and their dependents.</p>						
1.2.4	<p>Review and improve regional coordination and local delivery of screening programmes to better align with community and whānau needs, Mātauranga Māori health promotion approaches and the recommendations from Rongohia Te Reo, Whatua He Oranga - The Voices of Whānau Māori Affected by Cancer.</p>						
1.2.5	<p>Actions specific to tāngata whaikaha are co-designed, built into the regional immunisation action plan, implemented, and evaluated.</p>						

Additional Te Aka Whai Ora Priorities						
Address inequities in access to screening in particular breast, cervical, and bowel screening including use of (or addition of) Māori support services to support whānau to access and complete screening.						
Address high rates of morbidity from lung cancer and implement lung cancer screening for Māori.						

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Measures

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2. Starting well

Starting well focuses on promoting good health and well-being from conception through the first 2000 days, early childhood and into adolescence establishing the building blocks for a positive life course.

Did you know?

In 2022, there were **12,247** babies born in TMT

Did you know?

In 2022 **7,850** babies received all their immunisation by six months of age in TMT

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Did you know?

In 2022 **3,459** B4School Checks were completed in TMT

Did you know?

In 2021 **13,080** TMT children had decayed, missing or filled teeth by age 5.

Of these **2,838** had fluoridated water and **10,242** had non-fluoridated water.

Did you know?


















In 2021 **9,424** children had decayed missing or filled teeth at 8 years old.









4,644 were Māori







341 were Pasifika

4,439 were 'Other'

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Deliverables/milestones		Lead	Implementation Date				
			2023/24		24/25	25/26	26/27
			Q3	Q4			
2.1	Prioritise and fund a collaborative hui between LMC, General Practice, WCTO, māmā and pēpi. The 6 week immunisations will be offered at this hui and a handover of care completed.	   					
2.2	Shift current resource (OIS outreach immunisation service) from various funded settings including HSS to Maori NGO(s) to enable the provision of proactive, opportunistic vaccinations.	  					
2.3	Actively recruit graduates from the new satellite midwifery training course to address workforce shortages. This course targets trainees that live rurally and want to stay in their community. It removes barriers to training by offering the course closer to home enabling more people to train as a LMC.	   					
2.4	Recruit a 'mobile outreach team' of dental therapists to address the immediate workforce and service gaps. Evaluate the effectiveness of the outreach team and if successful at improving outcomes, roll out across other services with workforce gaps.	  					
2.5	Actively recruit graduates from the new satellite dental therapist training programme to address workforce shortages in rural communities.	  					

Additional Te Aka Whai Ora Priorities							
Redesign universal services (community midwifery; well child tamariki ora; pregnancy and parenting education; sudden unexpected death in infancy prevention and safe sleep; smokefree whānau programmes; child oral health; maternal and child immunisations; Maternal and child screening programmes and others for example, Shaken Baby Prevention Programmes) for the first 2,000 days of life.		   					
Commissioning of Te Ao Māori and Pasifika models of care, to enable all whānau to experience improved health and wellbeing. Transform services by partnering with whānau, communities and service providers to deliver integrated, culturally appropriate, and holistic modes of care for all. Priority are Te Ao Māori and Pasifika models of care and specific pathways for tāngata whaikaha disabled people.		   					

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Measures

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3. Living well

Living well focuses on maintaining and promoting health throughout life while also ensuring access to quality primary and secondary services when they are needed. Terminal illness is well managed through palliative care services allowing people to remain as comfortable and peaceful as possible.

Did you know?

In 2022, **110,764** first specialist appointments were delivered in TMT

26,750 were Māori

2,368 were Pasifika

81,646 were 'Other'

Did you know?





























In 2022 there were **98,500** presentations to TMT Emergency Departments







Did you know?




In 2021, **54,733** people had diabetes in TMT







16,434 were Māori

2,207 were Pasifika

Deliverables/milestones		Lead	Implementation Date				
			2023/24				
			Q3	Q4	24/25	25/26	26/27
3.1	Remove the requirement for whānau to be enrolled with a GP to access services (enhanced primary care teams).	   					
3.2	Roll out the extended primary and community care approach regionally.	   					
3.3	Develop and implement locality plans based on community and whānau needs.	   					
3.4	Invest in growing the capability and capacity of primary and community mental health services so treatment for mild to moderate illness is easily accessible.	  					
3.5	Implement the regional Renal and Cardiovascular service plans to improve treatment and management of long term conditions through clinical pathways and clinical networks that will support consistent delivery and equitable outcomes.	   					
3.6	Fund the use of virtual tools to increase their utilisation and improve access to health services in a variety of settings.	   					
3.7	Change the current National Transport Assistance process to make it simple for people to access travel and accommodation support when needed.	 					
3.8	Identify what the minimum standard of Palliative Care Services is. Ensure every locality has, as a starting point, access to that minimum standard.	  					

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Additional Te Aka Whai Ora Priorities						
Increase the range of cancer support services for those undergoing treatment, survival and rehabilitation.	   					
Increase supports for Māori during palliative pathways.	  					
Implement the national diabetes action plan for Māori to promote prevention of risk factors and appropriate self care and regular monitoring for those Māori patients diagnosed with diabetes.	  					
Provide innovative solutions to respiratory conditions, particularly asthma.	   					
Increase virtual health options with Māori primary care and increase further options for remote patient management.	  					
Improve access for high need communities by targeting support for providers who support these specific populations including other service deliver.	  					
Implement the capitation equity funding for Māori primary care providers.	 					
Primary health re-imagining: engage with primary health sector to re-design primary care.	   					
Implement the primary care early actions.	   					
Implement the national oral health equity framework 0-17 years regionally. This will have a focus on shifting hospital based dental services into the community.	  					

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Measures

Did you know?

In 2022, **2,295** people were hospitalised with stroke in TMT

497 were Māori

42 were Pasifika

1,756 were 'Other'



4. Mentally well

Mentally well focuses on promoting mental well-being, improving access and ensuring the right service is provided at the right time, in the right place.

Did you know?

In 2022/23, **12,202** people were seen by NGOs for mental health support

6,464 were Māori







5,738 were 'Other'











Did you know?











In 2022/23, **5,190** people were seen by NGOs for addiction support.

3,061 were Māori

2,129 were 'Other'

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whai Ora	 The lead/s will be indicated with in their corresponding colour

Deliverables/milestones		Lead	Implementation Date				
			2023/24				
			Q3	Q4	24/25	25/26	26/27
4.1	Invest in growing the capability and capacity of primary and community mental health services so treatment for mild to moderate illness is easily accessible.	 					
4.2	Invest in growing the capability and capacity of community based facilities and rehab teams to better support high and complex whānau and avoid hospital admissions.	 					
4.3	Support community based accommodation providers to offer services for high and complex whānau.	 					
4.4	Build and upgrade mental health facilities that are fit for purpose and designed in a way that is conducive to well-being.	 					
4.5	Engage with community and whānau to understand the story of those who suffer from addiction issues. These stories will inform service design.	 					

Additional Te Aka Whai Ora Priorities							
	Roll out the national suicide prevention programme regionally.	 					
	Increase the range and access of tamariki and rangatahi (child and youth) mental health services.	 					
	Increase addiction counselling and treatment services.	 					
	Support access and choice hauora Māori providers to be successful through inclusion in locality planning; connection to specialist services; access to training and other peer supports.	 					
	Development and implementation of Te Ao Māori solutions to orange hinengaro and maintaining these over time.	 					

Did you know?

In 2022/23, **2,934** young people aged 12-19 were seen by NGOs for mental health support

Measures

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5. Ageing well

Ageing well focuses on maintaining independence and quality of life in the later years leading to reduced disability, improved functional abilities and enhanced well-being allowing dignity and good health in old age.

Did you know?

In 2022, **9,832** people aged 65+ were hospitalised due to a fall in TMT

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Deliverables/milestones		Lead	Implementation Date				
			2023/24				
			Q3	Q4	24/25	25/26	26/27
5.1	Develop and implement equitable pathways for home support and rehab services across all localities.	  					
5.2	Grow the capability and capacity of non-acute rehab care.	 					
5.3	Invest in Hauora Māori and Pasifika partners to prioritise the delivery of community and home based support services.	  					
5.4	Develop a regional plan to increase the number of psychogeriatric beds.	  					

 National Public Health Service	 Commissioning	 Hospital and Specialist Services teams
 Pacific Directorate	 Te Aka Whāia Ora	 The lead/s will be indicated with in their corresponding colour

Measures

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Appendix one

Summary of whānau and community voice
(Hui held with each IMPB August 2023)

Priority Area	Actions	What could this look like
Whānau-centric, safe and appropriate health care that offers wrap-around support	Provide culturally safe access and experience	<ul style="list-style-type: none"> Improved whānau experience with health services that are culturally safe and free from racism. Investment to increase capability and capacity of Kaupapa Māori services Bulk funding of Marae and community-based GP clinics to increase access to primary care Transport assistance for rural communities to access services Community outreach and advocacy Services commit to continual improvement Ensuring access to comprehensive high quality healthcare services Accessible and affordable health services Iwi clinical voice at a regional and national level
	Address health service needs (in future, will be identified through locality planning)	<ul style="list-style-type: none"> Suicide prevention and intervention Investment in Tangata whaiora and whanau affected by mental health and addictions Free and accessible primary health services (e.g. GPs, dental, family planning, sexual health) Access to specialist care closer to home Mobile Hauora services (clinical and non-clinical) Marae and Hapori Ora Hubs of wellbeing Increase the Māori workforce (e.g. midwives, GPs, Dental) Increase access to rongoā Māori Better support and safe spaces for rangatahi and whānau Provide kaumātua homes and support networks Investment in delivery of services for Pēpi and whanau first 2000 days Improved Māori health promotion, health literacy and training whānau in first aid Increase cross-sector collaboration to address determinants of health
Social determinants	Enable food sovereignty and ensure all whānau have food security	<ul style="list-style-type: none"> Teaching tamariki how to produce kai Establishing community foodbanks Support communities to establish Pātaka kai and mobile Pātaka in the community and across Marae Support whanau self-reliance to see a reduction in chronic conditions from better nutrition
	Ensure all whānau have affordable, warm and secure housing	<ul style="list-style-type: none"> Reduce overcrowding - especially for large or multigenerational whānau Whānau live in affordable, safe and healthy homes that meet their needs Cross-sector collaboration to increase housing projects and improve resource consent processes for whenua Maori (e.g., Papa Kainga housing) Eliminate homelessness among whānau Decrease the use of emergency housing Address the determinants that impact housing (e.g. employment and education)
	Protect and strengthen our Taiao (environment)	<ul style="list-style-type: none"> Protection of the ecosystems including better care for waterways Prepare communities for climate change Use of land in ways that are sustainable and reduce the impact on the environment Access to quality and safe water Sanitation remediation (following weather events such as flooding) Remediation of damage from large forestry and orchards

Priority Area	Actions	What could this look like
System enablers	Support Mana Motuhake	<ul style="list-style-type: none"> Achieving equity for priority populations Whanau hapu iwi and community involvement in system and service design Enable innovation through high-trust contracting continued empowerment and strengthening of IMPBs and reducing system dependence Post Settlement Governance Entities (PSGEs), IMPBs, Localities collaborations Enabling whānau, hapu, iwi and Māori community leadership and decision making at all levels Collaboration to increase accessibility to hauora services at all levels Strengthening AOG commitment to Māori health and wellbeing
	Strengthen Maori identity and culture to contribute to wellbeing	<ul style="list-style-type: none"> Strong Identity and connection to Te Ao Maori Continuing to Indigenise ourselves as Maori including wananga, whakapiki Te Reo, Whakapapa, karanga, tikanga, kapa haka, waiata
	Hauora Maori Advisory Committee	<ul style="list-style-type: none"> Ensuring accountability for system performance for Māori health
	Mātauranga Māori Maramataka	<ul style="list-style-type: none"> Support Marae/hapu development Invest in helping whānau make connections Kaupapa Māori research into access and impacts of rongōā Māori
	Have a Workforce that is sustainable	<ul style="list-style-type: none"> Improve workforce retention and increase the clinical workforce with increasing the Māori workforce being the priority (Doctors, midwives, nurses, nurse practitioners, dental therapists, dentists). Prioritise increasing the Māori workforce. Support for retention on study pipelines, resource cadetships into the workforce Develop, implement and monitor cultural competencies of services and workforce including addressing racism look at micro credentialing so we can develop Māori workforce over shorter timeframes Matauranga a Iwi practitioners are acknowledged and Maori therapies are elevated Whanau navigator training is provided
	Data and Digital	<ul style="list-style-type: none"> Capturing Data: system entities need to work with the IMPB to build IMPB capability to capture data Strengthen IMPB role in data access Improve access to the internet to enable access virtual health tools and health information online

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Appendix two

IMPB descriptions

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Appendix three

Data and digital

Data and Digital enablement

National direction

The work programme is based on the approved Te Whatu Ora Digital Strategy and Horizon 1 Roadmap. The strategy and roadmap, (including Operational Plan) are living documents and continue to be refined to reflect existing strategic priorities and commitments as well as wider emerging Delivery and Enabling Service requirements.

The Horizon 1 roadmap to end of June 2024 focuses on near term priorities - activities that simplify our technology environment, deliver a great user experience, and support the workforce and the service changes they are leading.

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Appendix four

Workforce

Workforce Planning

National Direction

We are in the midst of reshaping our health system to address long-standing inequities – in the care received by Māori and Pacific whānau, and in levels of care available across Aotearoa. That reshaping requires fundamental shifts in how we deliver care to our communities, led by our health workforce at the frontlines of our health services. To deliver a health system that is more equitable and provides better care, we need to do more to support and grow our workforce so that:

- Our workforce is sufficient and supported to deliver the care New Zealanders need and expect – and to deliver on the improvements in our health system that we have committed to
- Our workforce is representative of our diverse communities – particularly for Māori and Pacific communities which have been long underserved by our health system
- Our kaimahi feel working in health is sustainable – and a career where they can thrive here in Aotearoa New Zealand.

The first funded Aotearoa New Zealand Health Workforce Plan outlines how we plan to grow the workforce that can deliver on a more equitable, excellent health system – and address the recommendations of the Workforce Taskforce.

The plan draws on the Manatū Hauora Health Workforce Strategic Framework, which outlines how immediate and long-term priorities for our health workforce translate into Pae Ora for our communities, and for whānau. Alongside priorities identified by the iGPS and Te Pae Tata, this plan articulates how Te Whatu Ora and Te Aka Whai Ora will action the immediate priorities identified by the Strategic Framework.

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Appendix five

Infrastructure and investment

National direction (Section will be updated for inclusion in December drafts)

Deliverables and benefits

Current work programmes underway which will have impacts on the regions over the time of Te Pae Tata 2024-27 include:

- National Asset Management Strategy (NAMS) and Infrastructure Investment Plan (IIP) due December 2023
- Capital works programme (Health Capital Envelope (HCE)), Mental Health Infrastructure Programme (MHIP), Regional Hospital Redevelopment Programme (RHRP), Rapid Hospital Improvement Programme (RHIP)) and district-funded projects/maintenance.
- Uplift capability in asset management, health infrastructure planning, and investment planning.
- Uplift in design standardisation, reporting, risk management, and industry engagement

Intended outcomes and benefits:

- Improved asset management, investment planning, industry engagement and monitoring/reporting.
- Nationally prioritised asset management and investment planning.
- Enhanced management of the large scale and complex hospital redevelopments.
- Greater affordability and efficiency of facilities through more efficient planning and design.
- Supporting the transition of health services to more equitable outcomes.
- Transparent, data- and equity-based advice: leading to more equitable, nationally prioritised outcomes.

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