

The background is a dark teal color. On the right side, there are two vertical, light grey decorative elements. The first is a series of thin, parallel vertical lines. The second is a wider band containing a repeating Maori koru pattern. These elements are partially obscured by large, light grey, curved geometric shapes that sweep across the page from the right towards the left.

# **Te Tiratū IWI MĀORI PARTNERSHIP BOARD COMMUNITY HEALTH PLAN**

**Dated: 30 September 2024**



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## Whakapapa

More than 700 years ago the Tainui canoe moored at its final destination on the Kāwhia coast, by the famous Pohutukawa known as Tangi Te Korowhiti. Tainui Waka carried our voyaging tūpuna whose descendants settled the lands of the Tainui Waka rohe. Over time those same uri whakaheke begat the tribes of Waikato, Pare Hauraki, Maniapoto and Raukawa. Ko Mōkau ki runga Ko Tāmaki ki raro Ko Mangatoatoa ki waenganui. Pare Hauraki, Pare Waikato Te Kaokaoroa-o-Pātetere. Mōkau is to the South Tāmaki is to the North Mangatoatoa lies between. Tainui waka geographical markers continue to span the tribal rohe of Pare Hauraki<sup>1</sup>, Waikato, Maniapoto and Raukawa. Te Tiratū – the Iwi Māori Partnership Board for Tainui includes Waikato, Pare Hauraki, Maniapoto and Raukawa and the Terms of Reference for the IMPB makes provision for Ngāti Hāua ki Taumarunui and Te Rūnanga o Kirikiriroa.

### Te Tiratū: The Name

‘Reaching skyward is the Tiratū, which must have the capacity to withstand immense tension. It absorbs the pressure of the mighty forces of the wind upon its sails, and is the ballast at the center of the waka, located between the two hulls, providing balance to keep the waka steady. The mast... represents the waka community woven together...’. The mast as a metaphor for the alignment of mana points to the cultivation of effective teams. When mana coalesces and connects, we are open to a much greater power of the whole. A waka isn’t going to get far without sails and wind in those sails. The sails represent the component part of the collective – who are we willed by and who are we willing for?

Another meaning is tira – group, tū to stand, a tiratū – a group that stands up to take action.



## OUR ROLE AS STRATEGIC COMMISSIONERS

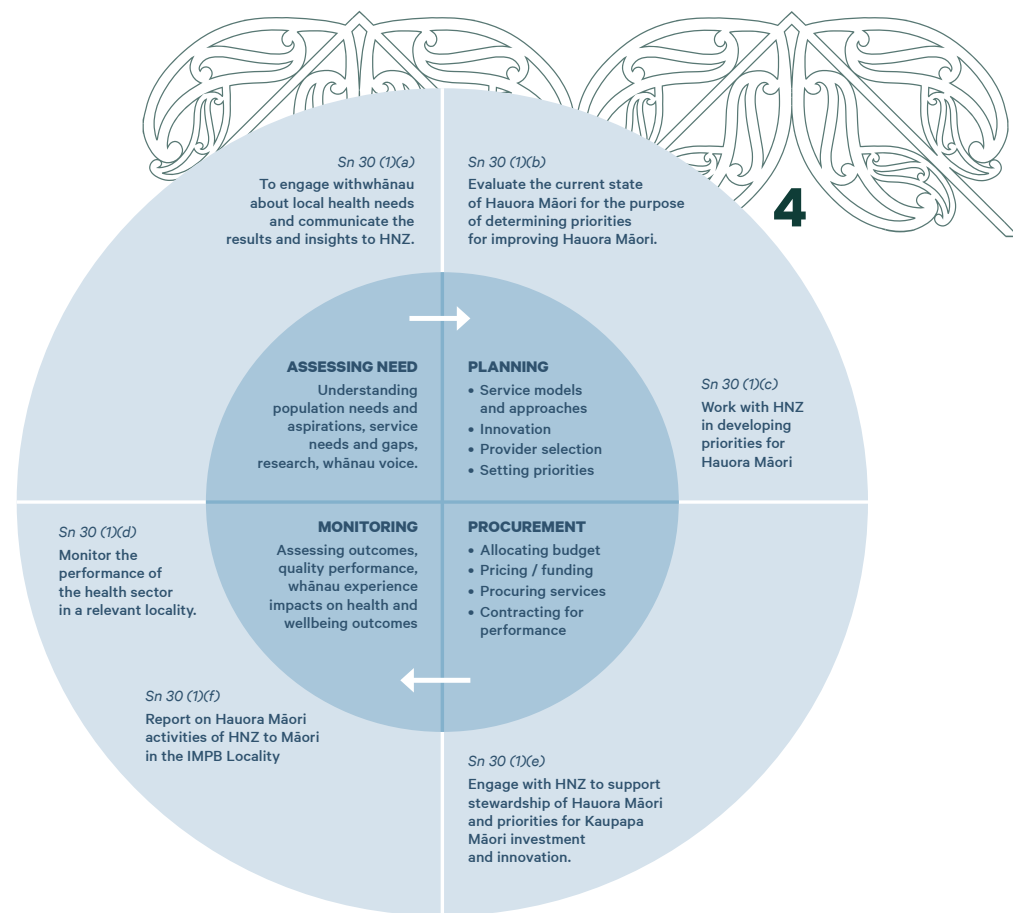
There are many ‘models’ of commissioning so we have selected a generally accepted model that is recognizable within the health system – and includes the four key processes of commissioning:

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

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

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

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



**Strategic commissioning aligned to IMPB Legislated functions**

## Government expectations of us in strategic commissioning

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

Clause 38 of the Cabinet paper:

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

Clause 39 of the Cabinet paper:

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

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

### Our Role

Our Board members and their respective organisations and hapori undertook extensive engagement with whānau to help us build our first comprehensive Whānau Voice Report Issue # 1 where information was sourced from:

#### *Maniapoto:*

- Voice of whānau Insights and Analysis Report 2023
- Maniapoto: Te Nehenehenui AGM 2023
- Maniapoto: Te Nehenehenui Hui ā-Iwi series 2023-2024
- Te Kawau Rukuroa – 2050 Strategy

#### *Te Tara o Te Whai – Hauraki (Locality):*

- Community hui
- Whānau online surveys
- Whānau Consumer complaint reports

#### *Raukawa:*

- Evaluations and Engagement with Whānau by the Raukawa Charitable Trust

#### *Mātāwaka:*

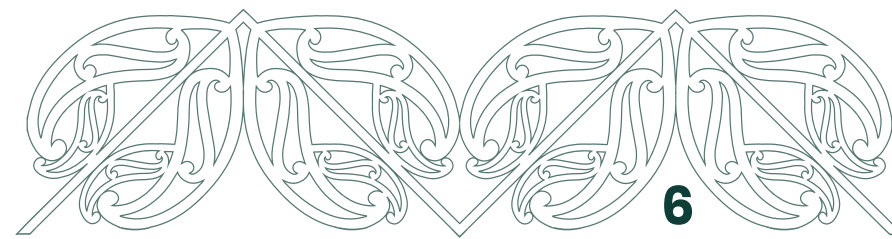
- Outcomes Report collected from January 2021 to July 2024

#### *Waikato Tainui:*

- Waikato-Tainui presented Te Tiratuu with a document that summarised the koorero from 1,800 Waikato-Tainui whānau from 2018 to 2024. Gathered through a series of ongoing waananga, hui and surveys. In doing so, they held no compunction in sharing their experiences of the barriers to healthcare that they have faced and the solutions that they believe are needed to achieve their aspirations.

#### *Ngāti Hāua:*

- Ngāti Hāua Locality Planning Interim report on Local / Whānau Voice Health and Wellbeing Priorities (2022)



The work of Te Tiratū continues in engaging whānau through our members as this will be an important ongoing activity. Our ongoing whānau voice programme of work will ensure that the voices of whānau inform our strategic procurement advocacy work and strategic monitoring functions moving forward. We aim to produce our Whānau Voice Issue # 2 in 2025. Some whānau comments from our first round of engagements included as examples:

*“Teaching our pepe to our kaumaatua and sharing our ideas and knowledge, advocating for those who can’t speak up for themselves.”*

*“We need to develop something based on our own values and cultural principles.”*

*“Whaanau-centered, whaanau-driven, and then it’s up to the individual to carry out the kaupapa.”*

*“Making sure that I’m okay mentally and that if I do go to a bad place, I can get myself out of it and get help from others.”*

*“Having hauora champions and influences. One thing about whaanau as individuals is that they need positive role models. An example given is ‘Jared,’ who won Body for Life, where millions supported him during his time. Hauora for our people improved immeasurably, particularly with the small investment put into that initiative.”*

*“I spoke about capacity, happiness, and ability because that’s what sums up health for me. If you have the capacity to do what you want to do, it generally brings happiness, and the ability, as opposed to the inability, to do something is what health means to me. It means I can do it whenever, however, and with whomever I want, and that’s health to me. So that takes into account the physical, mental, and spiritual side of it.”*

*Long Wait Times for Services: Whaanau are facing significant delays in accessing healthcare services, particularly GP appointments, which can take 4-6 weeks, leading to frustration and unmet health needs.*

*Transportation Barriers: The need for travel, especially for whaanau in rural and geographically spread areas, presents a major barrier to accessing healthcare services. Lack of transport is a critical issue that prevents timely healthcare access.*

*Work and Time Constraints: Many whaanau struggle to prioritise their health due to work commitments, being “time poor,” and the need for urgent care. This leads to delayed or missed healthcare appointments.*

*Complex Health and Social Situations: Whaanau dealing with complex health needs or living in difficult social situations, such as domestic violence, find it challenging to maintain regular healthcare appointments, impacting their overall health outcomes.*



*Insufficient Workforce: There is a shortage of healthcare professionals, especially in roles such as nurse prescribers, nurse practitioners, and specialists, which limits the capacity to provide comprehensive care, particularly in rural settings.*

*Limited Flexibility in Service Delivery: Traditional healthcare models are often rigid, making it difficult for services to adapt to the specific needs of whānau, particularly in terms of home visits, after-hours care, and culturally appropriate services.*

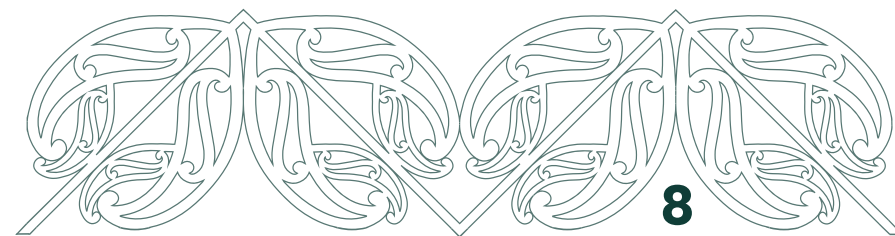
*Inadequate Funding Models: The current funding models do not adequately support the needs of high Māori, rural, and geographically dispersed communities, limiting the ability to provide mobile and flexible healthcare services*

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

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

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





## LEGISLATED MANDATE

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*Pae Ora Act Sn 30(1)(b) evaluate the current state of Hauora Māori for the purpose of determining priorities for improving Hauora Māori.*

*Sn 30(1)(c) work with HNZ in developing priorities for Hauora Māori*

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### Our Role

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

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

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

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

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

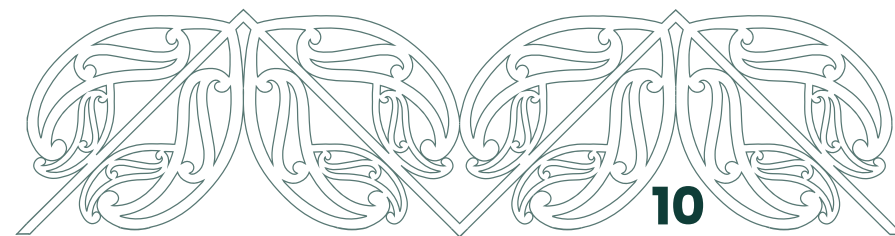




The board will focus on a collaborative approach with Te Whatu Ora | Health NZ both nationally and regionally to improve current mainstream and Hauora Māori services to plan for a renewed focus on our priority areas identified by Te Tiratū whānau.

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

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



## LEGISLATED MANDATE

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

### Our Role

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

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

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

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

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

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

At present we do not yet have a line of sight over the allocations made within the appropriation for our area for 2024 – 2025 but we do have information from Te Aka Whai Ora on their 2021 – 2024 investments in our rohe (see Appendix B). It is unclear at this point what the more recent investments (July 2024 – June 2025) has been targeted toward and whether this meets the identified health needs outlined in the Hauora Māori Priorities Report. The investment to June 2024 shows that just over \$98m was invested in our district. This is approx. 16% of the total investment held of \$620.328m nationally. The October 2023 report indicated that the total was invested as follows:

SERVICE AREA	FUNDING FY23-24	% SHARE
Mental Health	\$49,512,708	50%
Primary Care	\$11,992,326	12%
Kahu Taurima	\$11,861,876	12%
Health of Older People	\$9,841,954	10%
Public & Population Health	\$5,473,173	6%
Addictions	\$4,784,476	5%
Mātauranga Māori	\$2,366,869	2%
B22 cost pressure	\$2,244,560	2%
Workforce development	\$80,000	0%
<b>TOTAL</b>	<b>\$98,157,942</b>	<b>100%</b>



As would be expected the highest investments are in key priority areas such as mental health and addictions, primary care and Kahu Taurima (first 2,000 days) with the mental health share being half of the entire investment.

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

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

#### ***Strategic Commissioning with Te Whatu Ora | Health NZ (the 97%)***

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

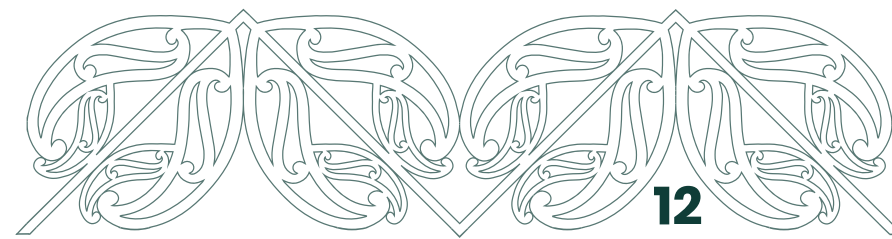
In this function, we will negotiate to have the Hauora Māori priorities that we have identified, embedded into the Te Manawa Taki Regional Health and Wellness Plan.

Work with Te Whatu Ora | Health NZ's Regional Integration Team (RIT)<sup>2</sup> has already begun with our representation at that table as far back as 2023 when we first started collaborating at the regular RIT meeting. This continues in a very positive and respectful manner today. Now that we have evidence to hand from the data and from whānau, we are in an even stronger position to influence the prioritization of the current investments and service delivery models, toward Māori inequities and priorities.

At present Te Whatu Ora | Health NZ delivers the vast majority of hospital and specialist services in our district – yet we still have significant numbers of emergency department presentations; avoidable hospitalisations and whānau who are missing out of specialist appointments and planned care. We want to see more services moved out of hospital settings into community provision to make it more accessible to whānau (e.g. allied health, district nursing, community mental health, dental care). We also plan to learn more from whānau about their experiences of health services so that we can focus on quality, cultural safety and assuring whānau of a positive journey through the system.

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<sup>2</sup> The RIT is made up of the Regional Director for NZ Public Health Service; the Regional Commissioner for Primary & Community Care and the Regional Leader for Hospital and Specialist Services, along with those whose functions support these three core areas of business.



At present Te Whatu Ora | Health NZ delivers the vast majority of hospital and specialist services in our district – yet we still have significant numbers of emergency department presentations; avoidable hospitalisations and whānau who are missing out of specialist appointments and planned care. We want to see more services moved out of hospital settings into community provision to make it more accessible to whānau (e.g. allied health, district nursing, community mental health, dental care). We also plan to learn more from whānau about their experiences of health services so that we can focus on quality, cultural safety and assuring whānau of a positive journey through the system.

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

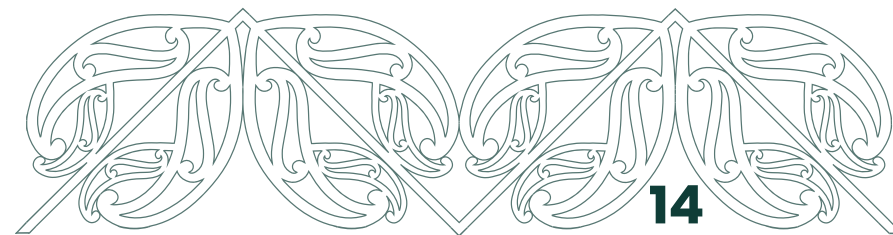
Key areas for further exploration with Te Whatu Ora include Māori workforce planning and development; building a future workforce to cope with population growth; data and digital infrastructure; and sustainable funding for Hauora Māori providers.

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

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

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

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



## LEGISLATED MANDATE

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

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### Our Role

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

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

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

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

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

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





## IWI MĀORI PARTNERSHIP BOARD MONITORING FRAMEWORK

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



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

Te Tiritū - Waikato Tainui  
Te Moana a Toi - Mataatua  
Tūwharetoa - Tūwharetoa  
Te Taura Ora o Waiariki - Te Arawa  
Te Punanga Ora - Taranaki

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

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

Te Tiriti o Waitangi partnerships

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

GPS 2024-27 Priorities	Access Ensuring all New Zealanders have equitable access to the health care services they need, no matter where they live.	Timeliness Making sure all New Zealanders can access these services in a prompt and efficient way.	Quality Ensuring New Zealand's health care and services are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.	Workforce A skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.	Infrastructure Ensuring that the health system is resilient and has the digital and physical infrastructure it needs to meet people's needs now and the future.		
Other System Enablers	Funding	Data	Social Determinants	Cross-Government	Policy and Legislation	Taiao - Healthy Environments	Global Frameworks
Lifecourse	Hapūtanga (<0)	Pēpi (0-5)	Taiohi (6-11)	Rangatahi (12-19)	Pākeke (20-40)	Koroua me Kuia (41-65)	Kaumātua (65+)
Whānau Pounamu - Priority Populations	Tāngata Whai Kaha - Disabled People	Tāngata Moana - Pasifika Peoples	Wāhine - Women	Takatāpui - Rainbow	Living Rurally		



## KEY INDICATORS:

**Tier 1 - Purpose:** The ultimate outcome we are seeking is **improved life expectancy and quality of life for Māori**.

### **Tier 2 - Priorities:**

**Improved access** to all services and programmes in the health system in particular across our priority areas as identified by whānau and the IMPB and including:

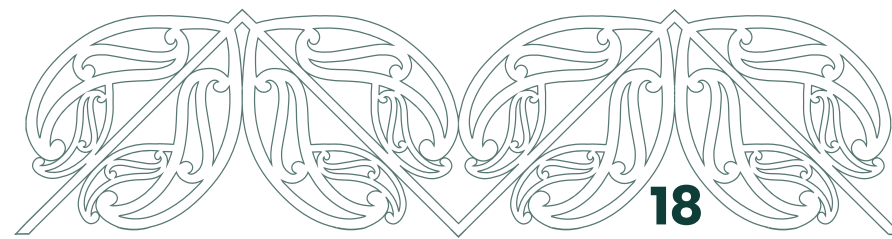
- Health promotion, protection and prevention activity in smoking cessation, alcohol misuse, drug misuse and lack of access to healthy nutrition
- Immunisation
- All forms of screening
- Enrolment in primary care
- Needs assessment and service coordination for palliative care, mental health, aged care and disability support services
- All forms of School-based services
- Access to dental care up to age 18
- Primary community mental health care
- Acute and planned care
- Regular care to rural areas

**Improved quality of care and cultural responsiveness** of all services and programmes in the health system including:

- Elimination of racism and discrimination in the system – particularly during assessment phases of care which determine the levels of eligibility for care
- Improved communication and information about health and wellbeing tailored to whānau
- Information on availability of services

**Increased Māori workforce** in the health system – particularly in Iwi Māori led service provision including:

- Increases in Māori nurses and midwives
- Increases across all health professions
- Recognition and development of all Kaiawhina roles particularly in mental health, caregiving and health promotion



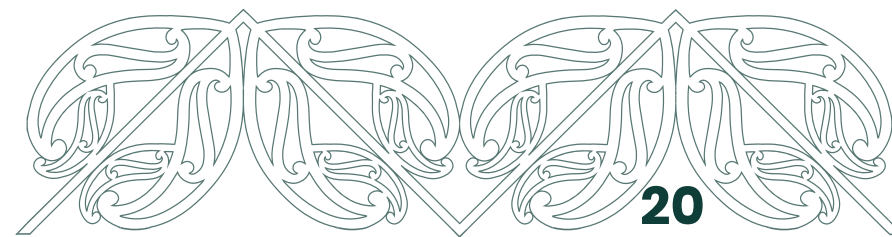
Tier 3 - the 5+5+5 Government Priorities monitoring of performance for whānau Māori compared to non-Māori to determine reduction in inequities:

- Five Health Targets
  - Māori immunisation rates compared to non-Māori
  - Māori wait times for ED
  - Māori wait times for access to first specialist assessments
  - Māori wait times for access to cancer treatment
  - Māori wait times for elective surgery
- Five Modifiable Behaviours
  - Māori smoking and vaping rates
  - Access by Māori to healthy nutrition as evidenced by obesity and diabetes rates
  - Māori physical activity rates
  - Unsafe alcohol use rates
  - Māori connection to Marae, Hapū and Iwi and self-rated assessment of community connection
- Five Pathologies
  - Māori diabetes rates
  - Māori cardiovascular disease rates
  - Māori cancer rates
  - Māori respiratory disease rates
  - Māori mental health rates

Our monitoring approach will also include a focus on monitoring the performance of the health sector in our rohe as mandated by Section 30 of the Pae Ora Act 2022. Specifically we will monitor alignment of the sector with the Tiriti o Waitangi and Health Sector Principles in the Act, as well as performance against our priorities alongside the Government's priorities.

# 3 YEAR WORKPLAN 2025 – 2027

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



## RESOURCING REQUIREMENTS:

*“As IMPBs, you will have a stronger voice in local decision making, powering up communities to lead and shape the health system to work for them – alongside the needs of the wider community – We can shift the health system to be more outcomes-driven, and provide greater devolved decision-making to communities” – Rt. Hon Minister Reti*

In order to achieve the deliverables in our workplan, and to achieve the full scope of our IMPB role as outlined in the legislation – our resourcing requirements include the need for additional human capacity (funding for positions) to enable us to attract staff to carry out key functions:

### What we are funded for currently

To ensure clear delineation of roles and responsibilities across key entities, we emphasize that IMPBs will focus on strategic functions that enhance local-level decision-making, such as whānau engagement, service planning, and monitoring. Operational functions, including service delivery and day-to-day procurement, remain within the remit of Te Whatu Ora. Our role is to provide strategic oversight, particularly in advocating for Māori health priorities and ensuring that regional and national health plans reflect these priorities. This strategic-operational distinction ensures there is no overlap, while both entities collaborate toward shared goals in health equity and outcomes-driven service provision. Additionally, we will work in partnership with Manatū Hauora to influence high-level policy decisions that impact our communities, without directly managing operational health services.

IMPB core functions in the strategic commissioning cycle include:

1. Whānau engagement and needs analyses
2. Health service planning and priority setting
3. Strategic procurement (while Te Whatu Ora does operational procurement)
4. Strategic monitoring (while Te Whatu Ora does provider and contract monitoring)

and as entities undertaking these legislated functions, we need to maintain governance and operations to remain accountable entities (e.g., Board, management, finance, administration, communications).



Currently each IMPB has operational resource to the equivalent of 4 FTE, with shared regional capabilities, and the costs of engagement, Board operations, as well as participating in regional and national meetings with Te Whatu Ora. It is clear this is insufficient to meet the full suite of current and anticipated demands from Health NZ | Te Whatu Ora, Manatū Hauora, our own communities and iwi. Our current funding covers some of the costs of these core functions:

- **Operations:** Operating our Board including Board secretariat; Financial management; Reporting as a legal entity; management, administration, some communications (e.g. website).
- **Community and Whānau engagement:** To identify and advocate for whānau health needs, ensure Māori-led service design, participate in co-design, and grow our strong community networks/presence.
- **Data analytics:** To review data from PHOs and Te Whatu Ora to include in our needs analyses and present findings.
- **Planning:** To write Community Health Plan and Priorities, and engage with Te Whatu Ora and Manatū Hauora (local, regional and national meetings).

#### **For our current investment we have delivered:**

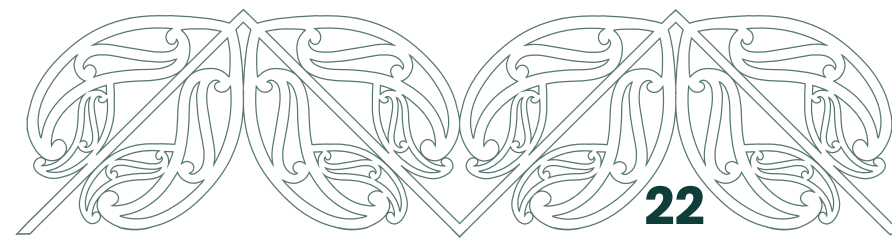
1. Community Health Plans
2. Hauora Māori Priorities Report (from Whānau Voice & Data analysis from TWO and PHOs) including Data Sharing Agreements with some PHOs
3. Whānau engagement (surveys, hui, focus groups, case studies, interviews) and resulting Whānau Voice reports
4. Strong working relationship with Te Whatu Ora in the region including attendance at monthly RIT meetings, and inclusion of our IMPB Priorities in the 2023 (and soon 2024) Regional Health and Wellness Plans
5. Operational IMPB Boards and management – including shared services between our IMPBs, and communications

#### **What we need to be successful:**

Assuming a greater role in strategic commissioning means additional functions that require additional resources:

- **Service development and planning** – To inform, support and guide hauora Māori and other strategies that impact the wellbeing of our people in the region, advocating for our whānau and community health priorities. To identify and develop priorities and plans for enhancing hauora Māori at all levels, in partnership with local and regional sector leaders. The focus is on having the capability to review and respond to service improvement across all areas: Public & Population Health, Primary & Community Care; Hospital and Specialist Services; all enablers (workforce and provider development, funding, infrastructure).





- **Strategic procurement** – To lead and/or influence strategic commissioning and financial decisions to advance hauora Māori priorities [we exclude operational procurement which is a function we agree should remain with Te Whatu Ora]. This requires transparency from Te Whatu Ora on current investments so we can influence re-prioritisation and better targeting toward Government and IMPB priorities.
- **Innovation** – To identify and support innovative care models, programmes and initiatives to address Māori health issues and enhance providers' innovative capabilities in our region. Working to achieve more cost-efficient results.
- **Policy Development** – To support Manatū Hauora when appropriate with advice on hauora Māori strategies, priorities and opportunities, regulations and policies for whānau and community health in our region.
- **System improvement** – To champion system quality improvement for equitable outcomes and analyse regional service performance – including data quality and service delivery quality.
- **Partnerships** - Foster strong relationships with local iwi, communities, service providers and cross-sector agencies for collaborative initiatives, holding our role as leaders in hauora Māori partnering with the health system (including other sector agencies to influence determinants of health).
- **Local intelligence and monitoring** – To develop high quality data analytics, social investment and outcomes-based commissioning capabilities to assess needs, inform priorities, set performance expectations and targets, guide commissioning, monitor Māori health outcomes, and evaluate local/regional health sector performance.

Investment in several key functions and capabilities is required to deliver effectively on our role and give effect to whānau-enhanced commissioning in the region. Without the requisite investment and resourcing, we will struggle to provide high quality, well-informed, evidence-based advice, influence and decision-making. It is our view that we are currently funded only one quarter of what we really need to be successful, influential and impactful on both government, and our, health targets. Currently, the resource allocation to each IMPB only covers approximately 25% of what is required to meet both current and future demands. Key resource gaps include the following:

- **Clinical Expertise:** To monitor and influence clinical service performance and outcomes. This will support engagement with healthcare providers, particularly in improving services like Primary Mental Health and Tamariki Ora.
- **Data Analysis Capability:** Additional data scientists or analysts are required to independently assess and monitor health outcomes in real time. The absence of this expertise limits our ability to respond to issues swiftly and weakens our role in outcomes-based commissioning.
- **Communications:** Given the growing complexity of our role, strategic communications expertise is necessary. We need additional FTE dedicated to managing relationships with the Crown, communities, and media, alongside enhancing whānau and iwi engagement.

These investments are vital if IMPBs are to fulfil their strategic commissioning role effectively and influence the necessary improvements in Māori health outcomes.



## Appendix A - Te Tiratū - Iwi Māori Partnership Board: Hauora Māori Priorities Summary Report



Te Tiratū\_Hauora  
Maori Priorities Sumr

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

