TE TIRATŪ

IWI MĀORI PARTNERSHIP BOARD

QUARTERLY MONITORING REPORT

FOR THE QUARTER ENDING

March 31

Quarter 3 - 2025

REPORT DATE

15 May 2025

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EXECUTIVE SUMMARY

Our Monitoring Role

Section 30(1) of the Pae Ora Act 2022 states that IMPB functions include "*to monitor the **performance of the health sector** in the IMPB coverage area.*" This report defines the health sector, phasing in of monitoring work; the performance indicators that the IMPB is applying for monitoring; and the results of monitoring for the last quarter.

Monitoring performance against IMPB priorities

Data and Insights

Overall, the health system has not performed well for Whānau in the Waikato rohe. While there has been very limited data provided to Te Tiratū by Te Whatu Ora, what we have received alongside the Whānau voice collected has indicated major equity gaps.

Overall Whānau Voice

There is a general theme across whānau feedback that there remain significant barriers to whānau accessing care. These include:

- Transport and cost barriers (cost of care, and cost to travel to care outside of the area)
- Lack of services available in the rural areas
- Lack of specialist services offered in the rural area s(forcing whānau to leave the area)
- Inconvenient hours of operating and/or difficulty getting an appointment (including after-hours service options)
- Racism and discrimination,
- Lack of Māori provided service delivery options/ack of investment in services for Māori
- Inability of mainstream service approaches to reach whānau Māori
- Cost of living
- Health literacy, advocacy and information

These barriers undoubtedly have an impact on the health care utilisation, access and outcomes for Whānau Māori and until more investment in kaupapa Māori and mainstream service options and a culturally competent workforce is made, these results will persist.

Cancer and Primary care were identified as priorities by Te Tiratū for this quarter

Cancer screening rates are a priority for our IMPB as effective screening helps to reduce cancer for whānau Māori and helps to detect early opportunities for treatment. Health NZ's most recent data. Breast, Cervical and Bowel are extremely low, with minimal improvement each quarter to increase the number of Māori completing cancer screening.

A primary focus for proactive improvement by Te Whatu Ora is that they need to take a whole of sector approach to significantly increase all screening, cancer treatment and immunisations of Māori.

Presently the national target for cancer treatment is 90%. The rate for Māori in the Waikato is 62% compared to 73% for non Māori which is an unequitable gap of 11%. TWO needs to urgently prioritise increasing this ~~target~~ gap for Māori.

Breast cancer is a major health inequality for Māori women. A focus must be on increasing breast screening by 10% or equivalent to match non-Māori screening rate within 6 months, and a further 20% over the following 12 months. Cervical and Bowel screening rates are inequitably impacting Māori at higher levels than non-Māori. Better information and promotion needs to occur for the screening programs and it must be made locally relevant.

Primary Care:

The unenrolled gap, and the under-utilisation gaps for those who are enrolled – represents a major issue for many whānau as it impacts their ability to manage any chronic conditions, or to simply maintain wellbeing through regular check-ups. The absence of updated data from Health NZ means we cannot assess whether there has been any improvement to this issue.

Te Tiratū considers that different approaches are needed to address the issue of unenrolled whānau and whānau who are enrolled with their GP but who are not getting regular health checks and screening. Te Tiratū requires data for unenrolled Māori in Primary Care in the Waikato and TWO needs to advise how they will increase the number of Māori enrolled with GPs and Nurse lead clinics. Whānau are resorting to Accident & Emergency clinics due to long wait times to see a GP and/or cost.

Te Tiratū is also keen to see the system raise awareness and access to reach Māori men, for wider screening and health checks (bowel, prostate, CVD and diabetes) which may include more Nurse-led workplace health checks and follow-up. Improving the communications between primary care and specialists is essential and sensible.

Flu immunisation –we expect to be provided with the data for those Māori over 65yrs who have received immunisation and those who have not and the areas of the Waikato region that they live in.

Oral Health – we are concerned that school based oral health services are not reaching all those tamariki and rangatahi who need it. We request the DMF rates for 5 year olds and Year 8 Māori students, the data of enrolled U18 yr old Māori, and how many U18 are not enrolled.

Note our IMPB has not been able to get the following data from Health NZ on the following indicators. This has impacted our ability to monitor and assess performance of the system.

We have not received the following data;

Public and Population Health

1. Prostate screening rates vs non-Māori
2. Number regulated outlets per deprivation / decile areas in each IMPB

Primary and Community services

1. GP service enrolment in comparison to population (Māori vs non-Māori by age), Māori utilisation of GP services in last 12m 24m and 36m and Māori utilisation of GP services by type – in clinic vs virtual
2. Kahu Taurima data (over and above immunisations, birth outcomes LBW & HBW) – LMC engagement, WCTO engagement, status of child development checks, child oral health enrolment and utilisation)
3. School-level service utilisation by ethnicity compared to school rolls, Mana Ake data where Mana Ake funded; SBHS data; Dental enrolment vs utilisation and outcome data

(rate of caries) - through to Age 18; Mental health counselling data ; (SWIS and CIS funded by other sectors)

4. Dental data for adults (all over 18): Use of ED for dental issues / pain; Acute dental care services and Māori CSC card holder data if available
5. Mental Health and Long-Term Conditions data by age and gender in comparison to population by gender (to assess Tane – younger vs Pakeke vs Koroua health); Mental Health data – inpatient and outpatient (community vs hospital) Utilisation and consultation types; Suicide data (tracking trends past 3 years) Māori vs non-Māori
6. Inter Rai NASC data - # Māori vs non-Māori assessments by ages for each NASC (mental health, palliative, home care, residential, disability); Māori allocation of home care hours vs non-Māori when compared to population

Hospital and Specialist Services

1. Māori vs non-Māori ED presenting symptoms (SNOMED data), triage levels with comparisons to last 3 quarters
2. DNAs and WNBs for waiting list appointments and for planned care

Monitoring performance against Government priorities

Five Health Targets

- **Cancer Treatment provided in less than 31 days from diagnosis.** The national target is 90% however only 62% of Māori are receiving treatment within 31 days leaving 38% waiting longer than a month.
- 27% of Māori are **waiting for over 6 hours in the Emergency Department** before they are either admitted, discharged or transferred. This has implications for our kaumatua and many parents with tamariki given half of our population is U25yrs. Those living away from hospitals also have the challenges of travel and parking access and affordability.
- The national target for **shorter wait times to receive elective surgery** is 95%. Only 65% are receiving shorter wait times therefore 35% of Māori are waiting more than 4 months for elective treatment compared to 29% of Non Māori
- Our **Immunisation** rates at 24 months are still low. We want to be advised about what is being done to address this and to receive the 12-month data.
- **Access to First Specialist Assessments (FSAs):** A dashboard was not provided by HNZ however for Oct – Dec 2024 the overall rate for Specialist First Appointment for all ethnicities in Waikato was 54.3%. (Data taken from Health NZ website[1] with no ethnicity breakdown). This is considerably lower than the national target of 95%. It should be noted that Waikato is fourth from the bottom for this target with our neighbouring areas of Bay of Plenty and Taranaki also at the bottom of the (target) table.

Five Pathologies

- We have not received the monitoring data we urgently need to fulfil our functions. As we are focused on Cancer and Primary care we request more information on Cancer. We have identified increased screening in our IMPB Priorities.

[1] Health NZ: Quarterly performance report 2024/2025: Q2 report (P2 – 39 – Pg 35)

Five modifiable behaviours

- We have not received data for these and have identified what we would like to see in the relevant chapter.

Monitoring performance against legislation

Overall, our assessment shows that half of the specific requirements in the Pae Ora Act 2022 have not been initiated or discussed with us. A further 42% are partially underway or showing some progress. Authentic and transparent national engagement has been almost non-existent especially in national commissioning within Hauora Māori and across HNZ national commissioning. The two areas rated as "achieved" are deliverables that fall under the responsibility of the Minister, not Health New Zealand, although they were credited in this assessment.

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN	No action	Some progress	Achieved	**TOTAL**
Tiriti o Waitangi Principles	4	2	2	**8**
Health Sector Principles	8	7	0	**15**
Section 15: Support IMPBs	0	1	0	**1**
Section 16A: Engage with and report to Māori	1	1	0	**2**
Totals	**13**	**11**	**2**	**26**
	50%	**42%**	**8%**	**100%**

Overall Conclusion

Overall, the majority of access to services and outcomes are not equitable for whānau. Many of the issues identified in the whānau voice work collected in 2024 by Te Tiratū IMPB still exist. For those whānau in rural areas service availability and the distance required to access specialist care is at times over whelming. The cost-of-living impacts access and whānau ability to be healthy and well, to achieve Oranga. There is a lack of Te Ao Māori public health initiatives, and this is also potentially impacting on low immunisation and cancer screening rates.

Providers expressed frustration at the lack of communication and funding inequities. There is a strong desire for Hauora Māori providers to co-ordinate and collaborate with each other however the competitive contract process remains in place from HNZ.

Data and information has not been forthcoming from HNZ which has meant that Te Tiratū has struggled to effectively monitor health services in Waikato. We would like to see increased narrative of the priority areas we have identified. There does appear to be inefficiencies and information silos, affecting our ability to receive information. There is much room for improvement. The primary focus for improvement needs to be significantly increasing all screening, cancer treatment and immunisation rates for Māori. Health NZ needs to aggressively address inequities in performance of the Government's targets especially for whānau Māori. We were pleased however to note positive results in access to primary and specialist mental health and addictions services.

The impacts of cardiovascular, respiratory and renal disease on our whānau is crippling for whānau. Too many are dying from preventable impacts. We need to address this as a matter of urgency through:

- Increased investment in Māori-led wellbeing strategies, initiatives and services to address modifiable behaviours
- Increased attention to access to primary care so that those with these conditions are being supported to manage them well with medication and advice

Overall performance of Health NZ needs significant improvement to address the needs and health requirements of whānau Māori – and we hope to see continued improvements in the various rates and indicators in the next 12 months. In the meantime, Health NZ needs to address the significant data gaps that we have, which enable us to perform our monitoring role.

INTRODUCTION

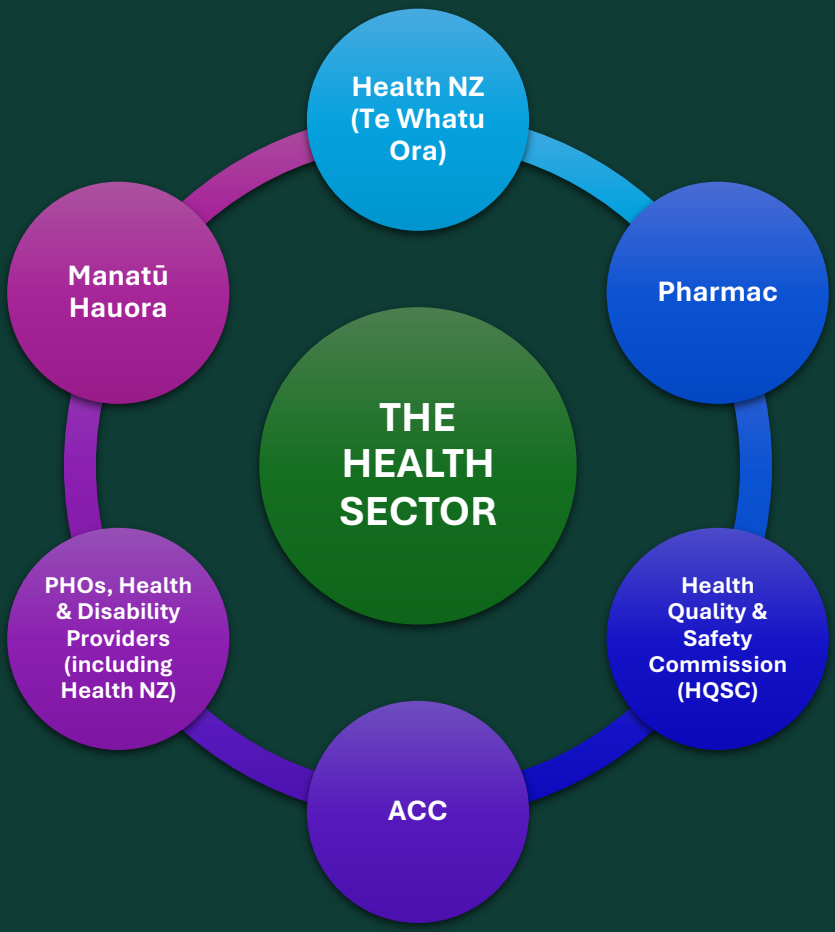
This report fulfils one of the key legislative functions of Iwi Māori Partnership Boards (IMPBs) under Section 30(1) of the Pae Ora Act 2022 which states that IMPB functions include:

- *(d) to monitor the **performance of the health sector** in the IMPB coverage area:*
- *(e) to engage with Health New Zealand and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation:*
- *(f) to report on the hauora Māori activities of Health New Zealand to Māori within the area covered by the iwi-Māori partnership board.*

The first official Monitoring Report of the IMPB was issued in April 2025 for the quarter ending 31 March 2025 and this report will be repeated on a quarterly basis.

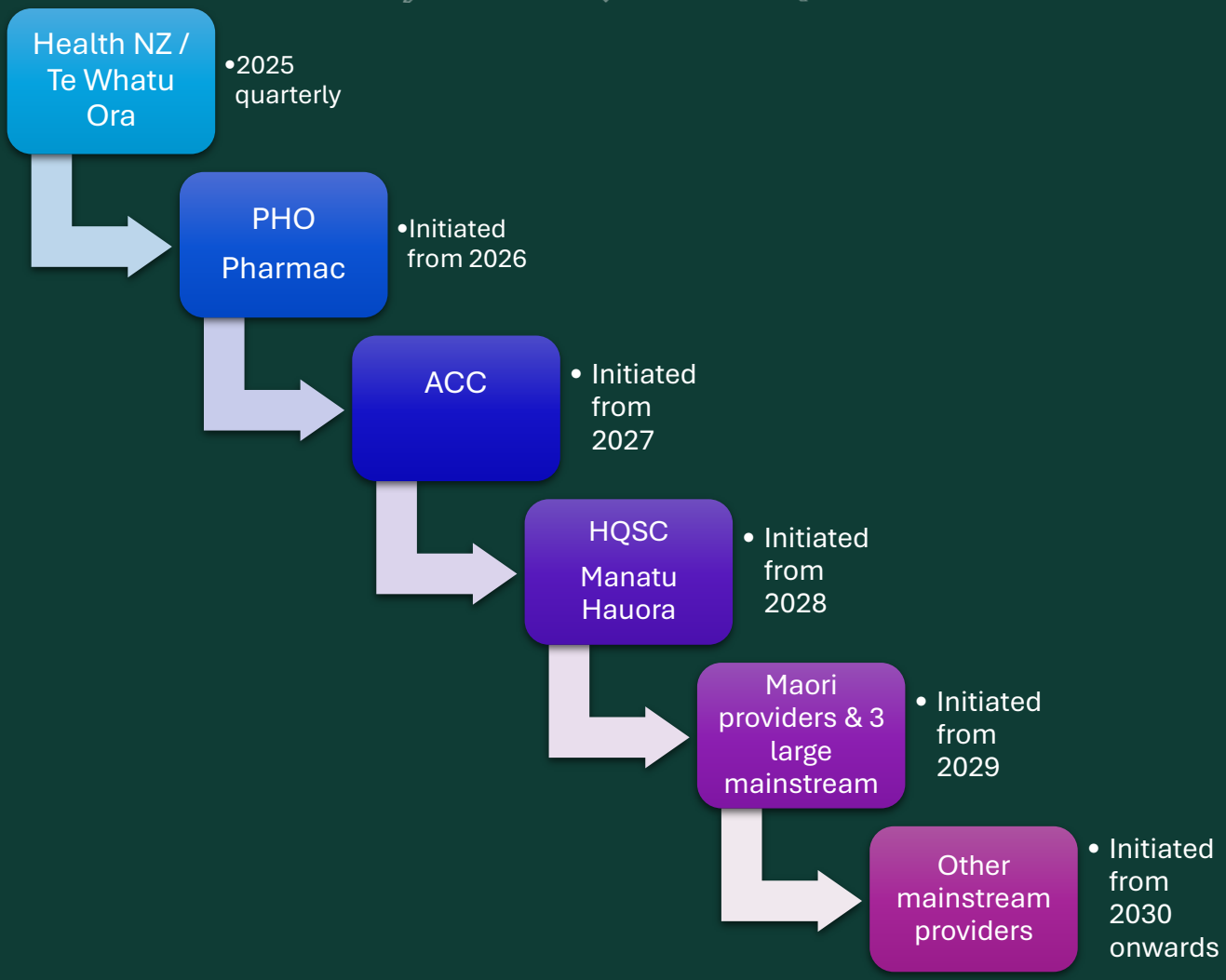
Defining our scope

1. The "*health sector*" involves a complex mix of organisations – not just Health NZ | Te Whatu Ora. It involves many other agencies



Phasing the monitoring of the health sector

In order to manage the workload and practicalities of monitoring the performance of the entire sector, we have adopted a phased approach. We plan that engagement with each agency will be **initiated in the year** below to start designing performance indicators and implementing monitoring processes with support of those agencies who will need to provide data.



Data and information sources

For our monitoring role we rely on three key data sources:

- the relevant agency providing data to us to monitor Hauora Māori outcomes and inequities
- the voice of whānau that we engage with, who provide their perspectives on their experiences with services and providers in the sector
- an assessment of the performance of the agencies according to their legislative obligations – especially any specific obligations to whānau Māori

Where any agency fails to provide us with the data we need, we will report this as "*XXX agency did not provide the data*". For Health NZ specifically this refers to Section 15 of the Pae Ora Act 2022 which requires HNZ to provide sufficient and timely data to IMPBs (timely has been defined by the Minister of Health has defined as within 30 days of our request). The failure to provide us with the data we need, is in itself, a measure of performance or non-performance. For other agencies in the sector, we plan to negotiate with each what specific data will be useful to monitor them against their obligations for equity and for whānau Māori, so that they will provide us with the data we need to monitor performance.

Key areas being monitored

The monitoring of the health sector will be generally organised into three categories:

- **IMPB Priorities** that have been determined from our whānau engagement work, and our own data analysis. These have been communicated to Health NZ and we have advocated for their inclusion in Regional Health and Wellness Plan. We will monitor and report on the health system's performance against these priorities, based on indicators of success that we have identified, and performance data provided by agencies for these indicators.
- **Government priorities** determined in the Government Policy Statement (GPS) for health, which currently include 5 health targets, 5 modifiable behaviours and 5 pathologies. The health sector has developed performance indicators for each of these Government priorities. While the Government and health sector focus on these priorities, our role will be to ensure whānau Māori receive equitable access, utilisation and outcomes from their work – and to give advice on implementing their approach to these priorities in our communities
- **Alignment with legislative obligations**. While legal obligations for the sector are outlined in the Pae Ora Act 2022 obligations, some of the agencies in the health sector will also have their own legislation that we would monitor them against for specific obligations to whānau Māori. The Act contains a number of principles and obligations for the health sector such as Te Tiriti o Waitangi and Health sector principles for instance which apply to all agencies. For Health NZ there are specific obligations to IMPBs and whānau Māori. We will assess how well these obligations have been met according to the description of each of these in the legislation.

PERFORMANCE OF THE HEALTH SECTOR FOR IMPB PRIORITIES

Our priorities have been generated through whānau engagement conducted in 2024, and analysis of health system data provided by Health NZ and PHOs in our areas. Our IMPB priorities are in addition to our support for the Government's priorities which also have a significant impact on whānau Māori.

Whānau-generated priorities

Our priorities have been organised into 4 key domains of the health system:

- https://www.aki.nz/

Indicators of performance

Public and Population Health

3. Breast screening rates / coverage vs non-Māori
4. Cervical screening rates / coverage vs non-Māori
5. Prostate screening rates vs non-Māori
6. Bowel screening rates vs non-Māori
7. Number regulated outlets per deprivation / decile areas in each IMPB

Primary and Community services

8. GP service enrolment in comparison to population (Māori vs non-Māori by age), Māori utilisation of GP services in last 12m 24m and 36m and Māori utilisation of GP services by type – in clinic vs virtual
9. Kahu Taurima data (over and above immunisations, birth outcomes LBW & HBW) – LMC engagement, WCTO engagement, status of child development checks, child oral health enrolment and utilisation)
10. School-level service utilisation by ethnicity compared to school rolls (EducationCounts data) Mana Ake data where Mana Ake funded; SBHS data; Dental enrolment vs utilisation and outcome data (rate of caries) - through to Age 18; Mental health counselling data ; (SWIS and CIS funded by other sectors)
11. Dental data for adults (all over 18): Use of ED for dental issues / pain; Acute dental care services and Māori CSC card holder data if available
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13. InterRai NASC data - # Māori vs non-Māori assessments by ages for each NASC (mental health, palliative, home care, residential, disability); Māori allocation of home care hours vs non-Māori when compared to population

Hospital and Specialist Services

14. Māori vs non-Māori ED use and presenting symptoms (SNOMED data), triage levels with comparisons to last 3 quarters

15. DNAs and WNBs for waiting list appointments and for planned care

Enablers

16. Māori workforce equity data – Māori vs non-Māori working for Te Whatu Ora, clinical vs non-clinical; Other Māori vs non-Māori workforce data that is available including expenditure on specific Māori workforce initiatives;

17. Hauora Māori Appropriation / Māori provider expenditure (as per prior MOH reports for Whakamaua) in each IMPB area across main service categories compared to previous 3 years; % of total Hauora Māori budget compared to % of Māori population

18. Data and infrastructure investment in IMPBs to have greater governance and access to data from the sector

Actual performance for the quarter

What the data tells us

IMPB Priorities for this quarter are Primary Care and Cancer Screening and Treatment

- **Primary Care enrolment and utilisation**

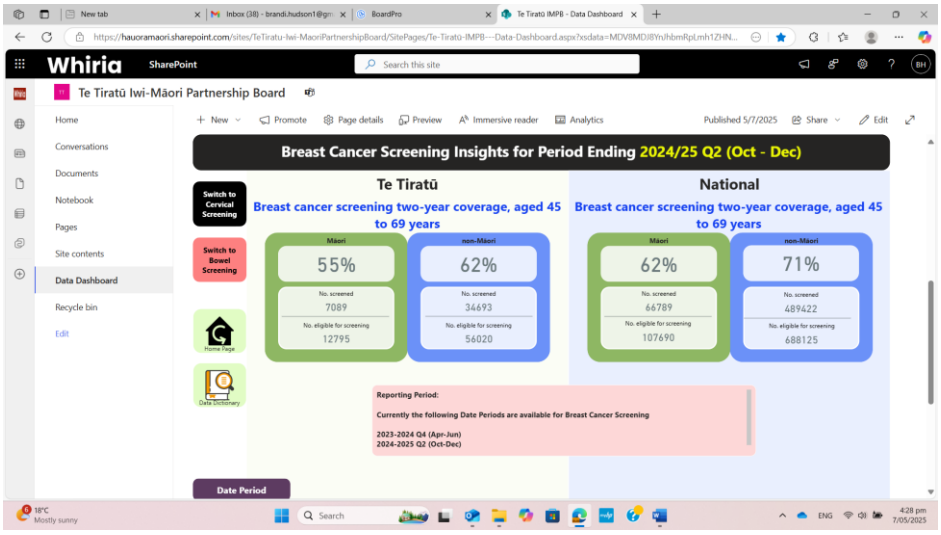
In July 2024, 16% of Māori were <u>not</u> enrolled with a PHO, compared to 4% for non-Māori Nationally, 16% of Māori were not enrolled with primary health care, compared to 3% of non-Māori. *(One explanation may be related to poor ethnicity data quality – this enrolment data uses the ethnicity recorded in a person's National Health Index (NHI) record. Previous research has found that the NHI undercounts Māori by 15.7%, with higher undercounts for Māori men (cf to the Census).*

Te Tiratū Māori Health Priorities report 2024, estimated that up to 21,000 Māori were not enrolled in one of the three PHO (Pinnacle, Hauraki and National Hauora Coalition). More recent information received from Pinnacle PHO identified 44,459 Maōri were enrolled with a Pinnacle affiliated general practice (June 2024) with 7% of enrolled Māori are aged <25 years and 8% are aged 65+. We are still assessing utilisation rates to assess how many enrolled Māori patients are actually visiting their GP at least once a year.

- **Cancer screening**

Breast, Cervical and Bowel Screening rates are well under the national target and have only increased by 1% on average since the last quarter.

Breast cancer screening

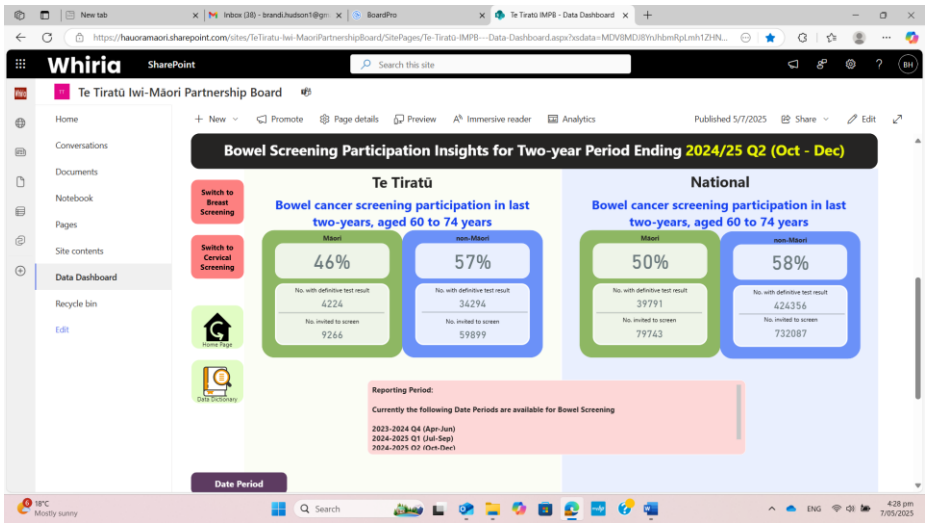


Te Tiratū Breast Screening

Ethnicity	Period ending sept 2024	Period ending Dec 2024
Asian	35.5%	37.7%
Māori	**53.4%**	**54.5%**
Other	63.5%	64.6%
Pacific peoples	59.0%	60.4%

Breast screening rates for our wahine are tracking 7% less than that for non-Māori in Waikato, and in comparison, to Māori nationally. Rates have only improved 1.1% from the last quarter.

Bowel cancer screening

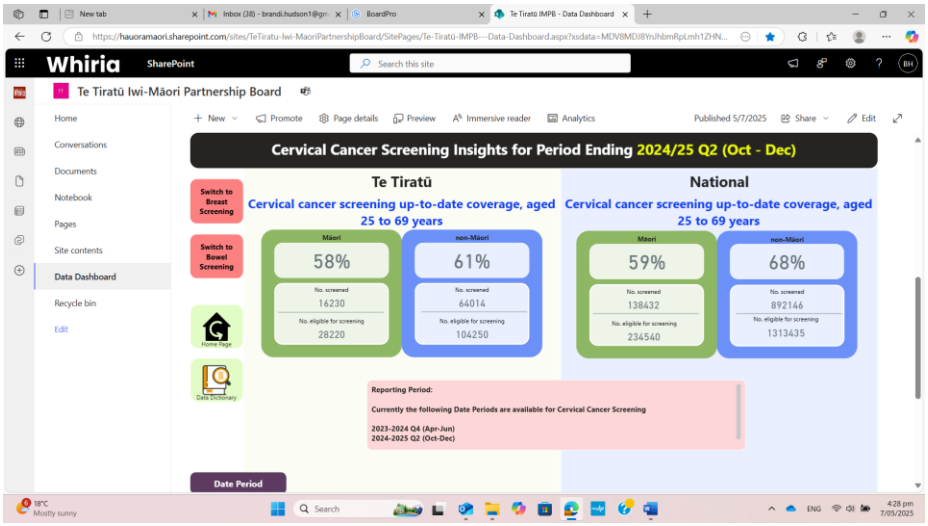


Te Tiratū Bowel Screening

Ethnicity	Period ending sept 2024	Period ending Dec 2024
Asian	39.8%	39.7%
Māori	**44.7%**	**45.6%**
Other	59.3%	59.4%
Pacific	39.3%	39.7%

Bowel screening rates for Māori in Te Tiratū have increased by .9% however are trailing non-Māori rates in Waikato by 11%, and Māori rates nationally by 4%.

Cervical cancer screening

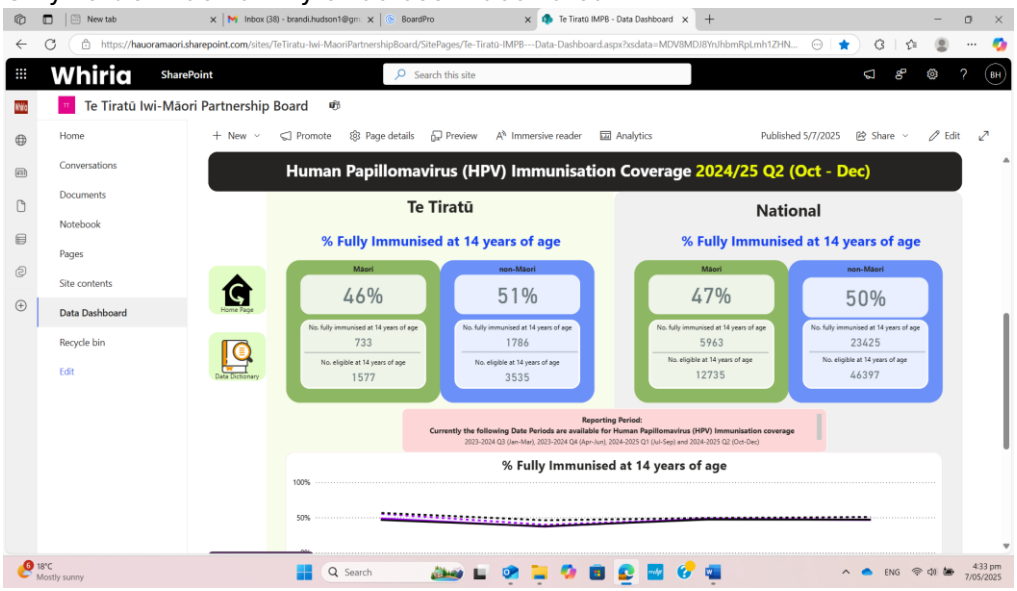


Te Tiratū Cervical Screening

Ethnicity	Period ending sept 2024	Period ending Dec 2024
Asian	45.6%	47.6%
Māori	**55.5%**	**56.65%**
Other	64.4%	64.9%
Pacific peoples	60.0%	62.1%

Cervical screening rates for wahine in the Waikato rohe have improved by 1% since the previous quarter however are tracking 3% behind non Māori in Waikato and 1% across Māori nationally.

The **HPV Immunisation** is given to prevent sexually transmitted diseases and cervical cancer. Only 46% of Māori at 14yrs had been vaccinated.



What whānau have told us

A snapshot of themes from whānau include;

- Long wait times for GP appointments, and *cost* of primary care (including Urgent After Hours clinics) mean some whānau resort to using hospital Accident & Emergency. A small number of whānau identified that they have not been able to enroll due to closed books at their local practice.
- For those that are attending a GP practice, the 15 min GP consult means some health issues are being overlooked, and whānau report that the time restriction means that they are often unable get the health information they require.
- A lack of oral health services including the school based oral health services in some of the rural areas is impacting the oral health of tamariki/rangatahi.
- The lack of availability of specialist appointments in the rural hospitals mean whānau have to travel long distances.
- Uncomfortable transport shuttles which leave very early and return very late, and which do not allow enough toileting stops mean many whānau are using private

transport, a cost which many whānau say is challenging with their current income status.

- The National Travel assistance information was not being provided in many cases to whānau in a timely way. Whānau are required to make a claim after the fact, rather than vouchers being provided beforehand to help travel to the appointment.
- The 100km travel cap means that whānau under that distance cannot use the Cancer Lodge. It was identified by Cancer Support Nurses that reducing this distance would support whānau by providing the support at the lodge, so that a whānau support member would not then need to take a day of work, a cost that many whānau cannot afford).
- Mentors from a service that works with whānau on the fringes, including gang whānau, identfied the lack of trust and relationships for health services in Waikato. Whānau did not access care for themselves until adult whānau were extremely unwell. A different type of primary health care mobile service was needed and IMPB is available to discuss these potential options.
- Providers/Stakeholders who attended a forum hosted by Te Tiratū identified a number of system failures that had recently been experienced as Providers and with whānau members with loved ones who had cancer. Examples of kaumatua being left alone, whānau inadequately supported with pain management, whānau with unmet distress as a result of seeing their loved one suffer, and inadequate cultural services. Providers identified the importance of strategies to tackle these issues which included; Building a supportive Kaupapa Māori workforce to influence cultural & clinical work, anti-racism training and supporting Māori health practitioners.
- A lack of cultural safety/awareness demonstrated by some Te Whatu Ora staff who have come from overseas. Whānau identified that they felt that work in rural hospitals was just viewed as a interim place so that staff can get their relevant residency requirement to go and work in Australia.

Commentary

Whānau have told us that there is lack of timely appointment availability for services (for Doctor's consultations) including those open after hours and weekends. The cost of the visit is high for many Whānau, who may also have to take time off work. There was a lack of health service and transport options, including those whanau from rural areas required to travel to access specialist appointments.

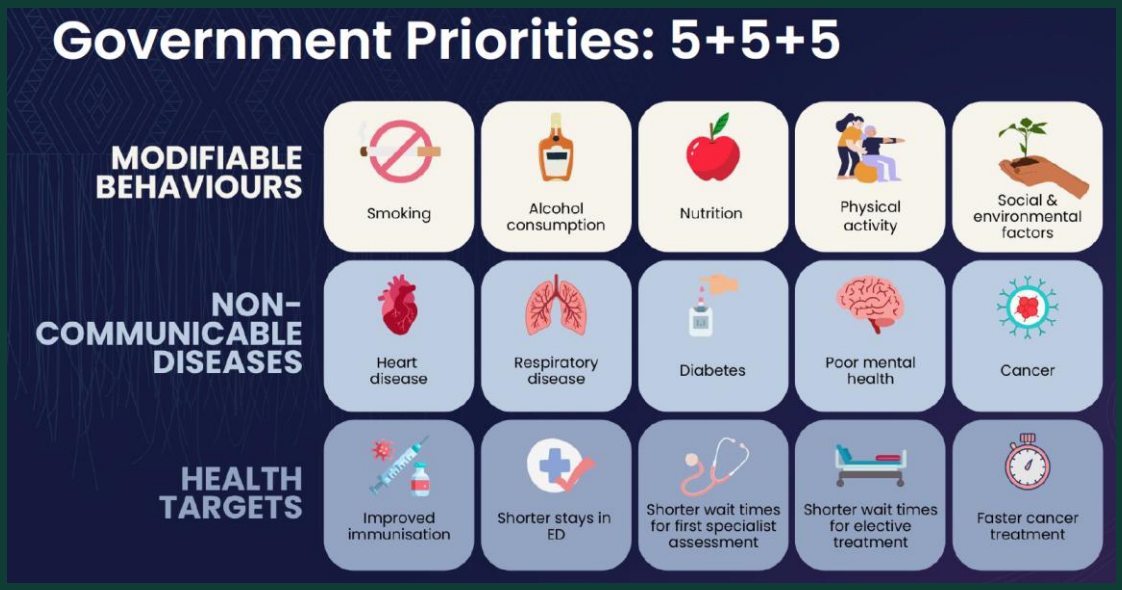
Many Whānau still felt judged and identified racism and discrimination with some services. A lack of cultural safety was identified by some whanau within some of the mainstream services. When they were able to see a GP, Whānau identified that the short GP consult time meant they could not ask all their questions, and consequently they did not feel they received all the information/advice or care needed. There was a lack of communication between health services with some Whānau identifying they were continually having to repeat themselves.

Whānau reflected on how financial pressure was affecting their everyday living, and their ability to afford a healthier lifestyle. Many whanau identified they are living with long-term/chronic illnesses like diabetes, cancer, and heart conditions. Kaumatua were more likely to have 2 or more chronic illnesses and are expected to self-manage with limited knowledge/health literacy

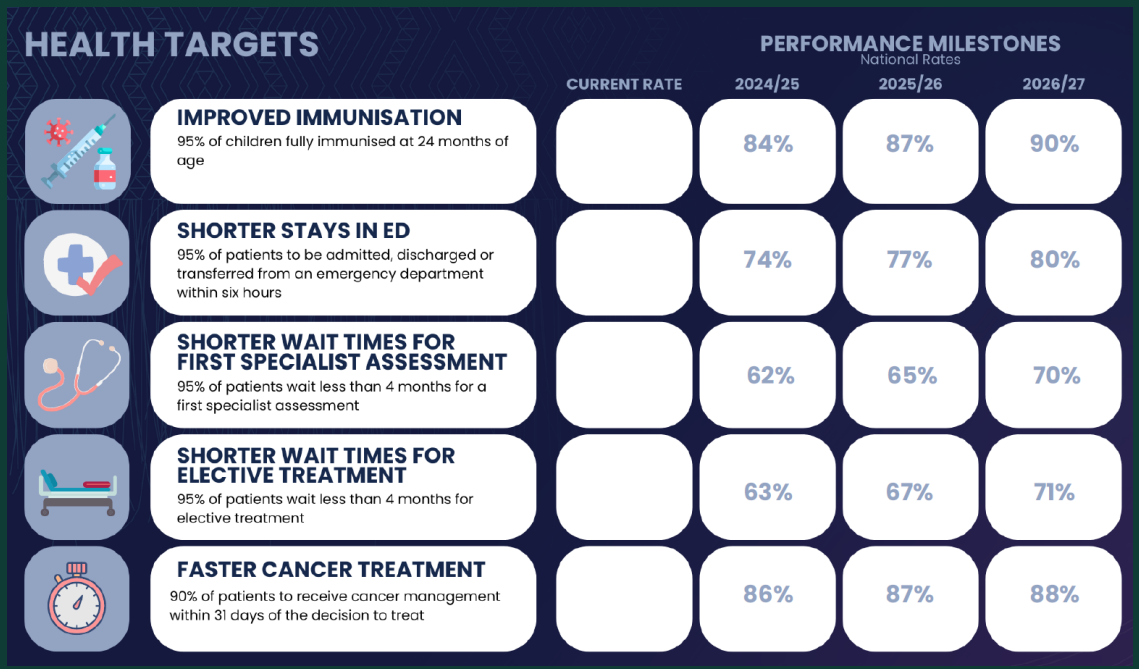
PERFORMANCE OF THE HEALTH SECTOR FOR GOVERNMENT PRIORITIES

Priorities set by Government (2024)

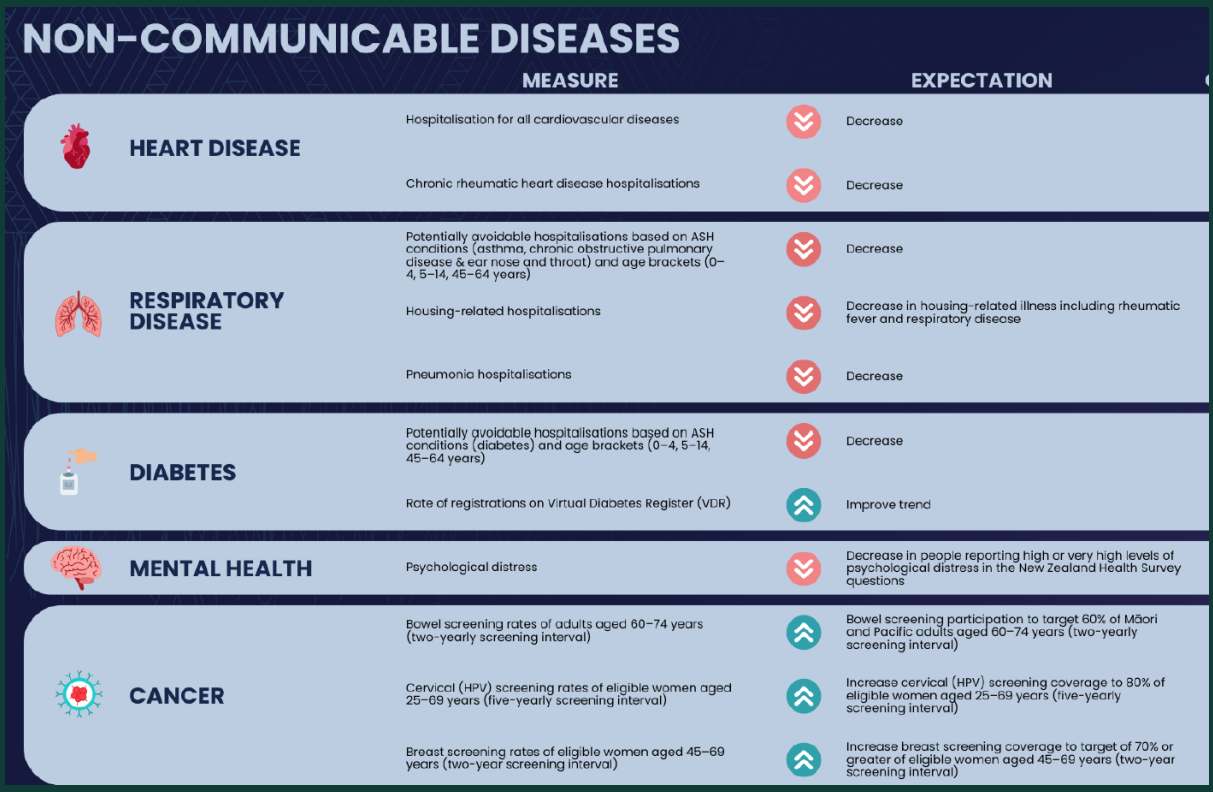
The Government determined a set of priorities for the system in the Government Policy Statement (GPS) in 2024 generally referred to as the 5+5+5 described below:



Indicators for performance



Indicators for the 5 pathologies:

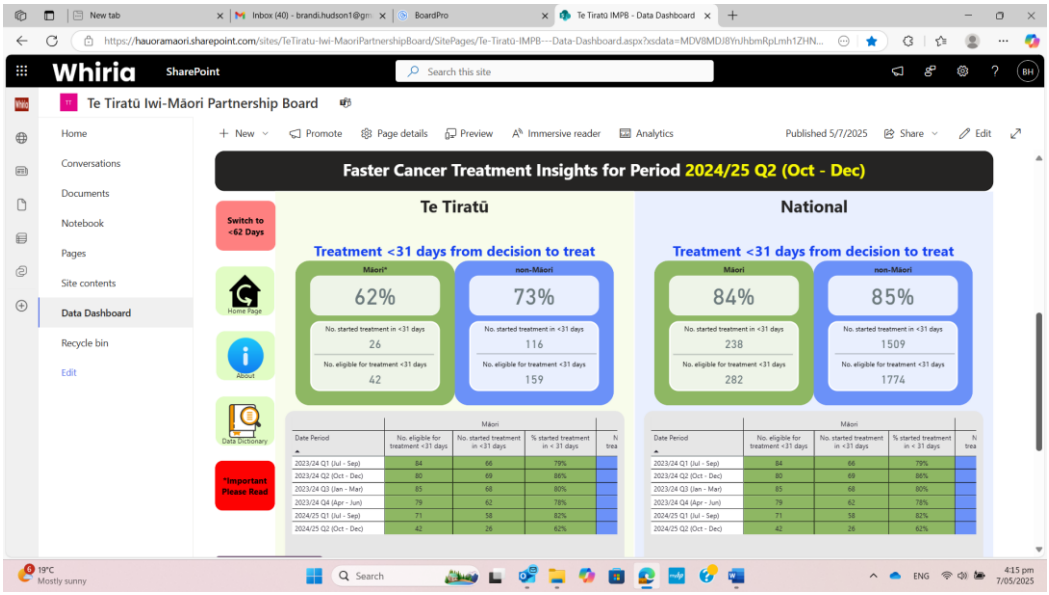


Actual performance for the quarter

What the data tells us

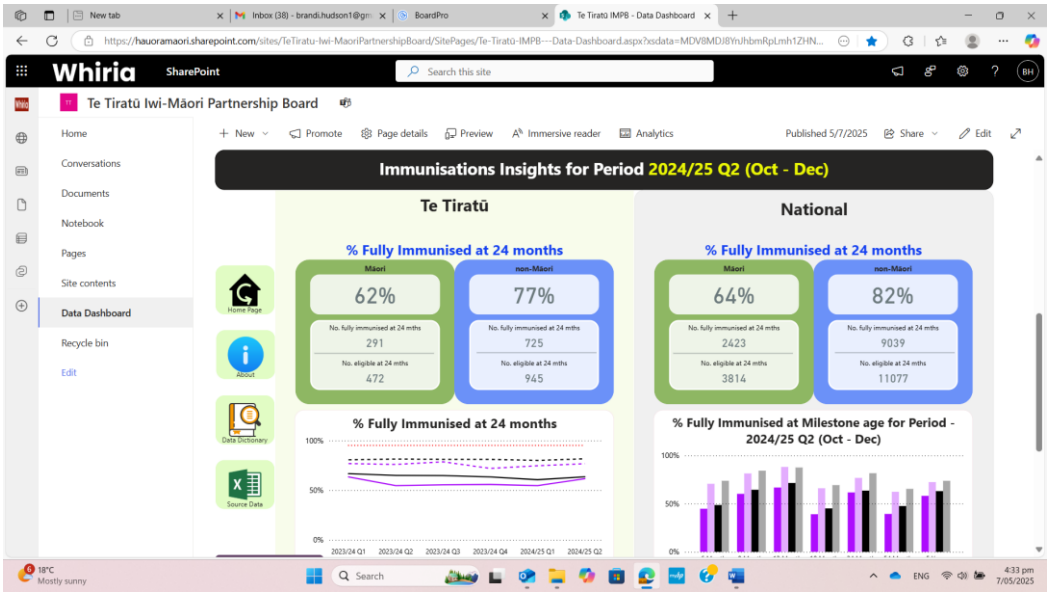
Five national health targets

- **Cancer Treatment within 31 Days - target 90%**



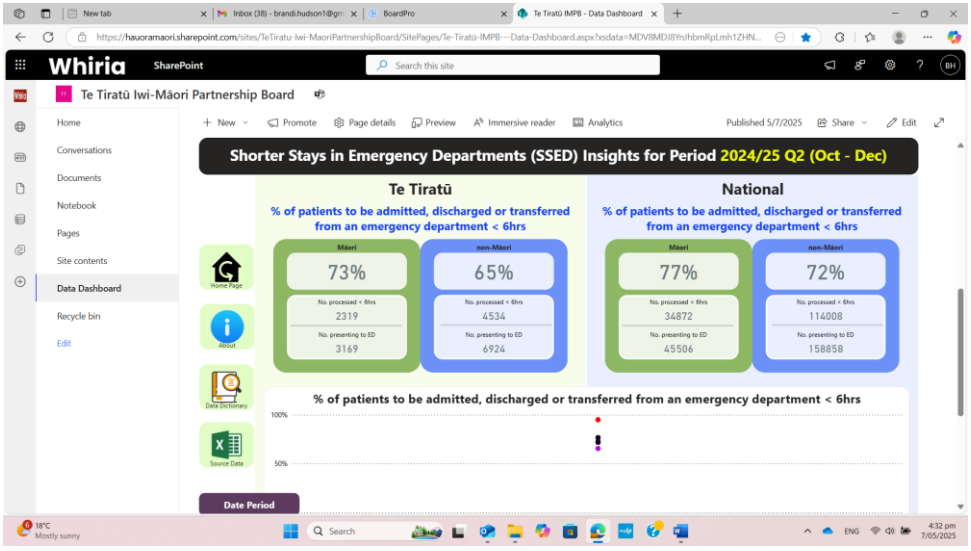
Te Tiratū Māori rates for Oct – Dec were 62% or 42 people eligible for treatment and 26 who commenced treatment. This is a 20% decrease from those of the previous quarter of 82%. This is in comparison to 73% non-Māori for the same quarter 159 eligible and 116 started.

- **Immunisation – target 95% of children are fully immunised at 24 months**



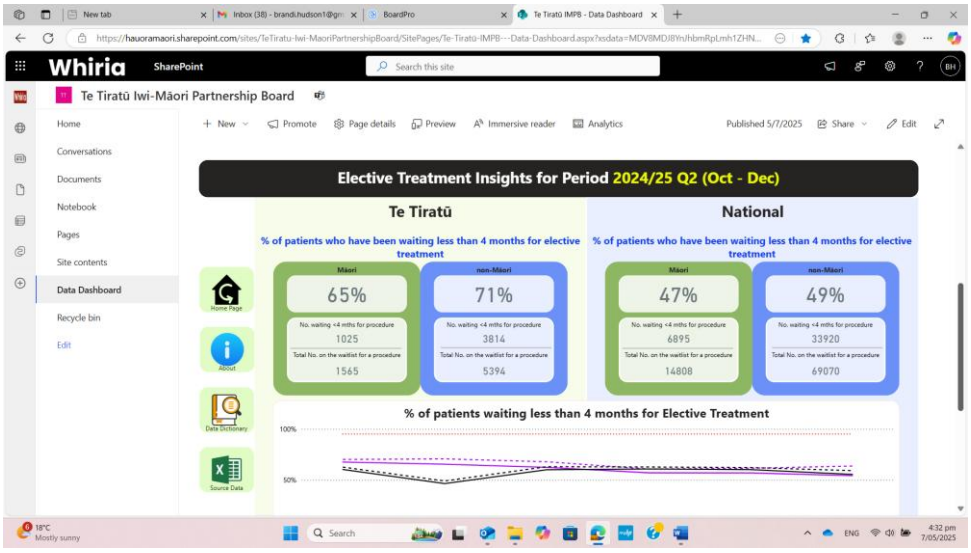
For Oct – Dec 2024 Quarter 2, Māori rates in Waikato were 55% (269 of the 493 tamariki) fully immunised at 2 years. This is in comparison to 73% non-Māori in the Waikato rohe with 693 out of 954 immunised. While Māori rates are tracking slightly higher than the national Māori rate of 53% this is still well under target. We would also like to receive the data for other 6 weeks, 3 months, and 12 months, and key points around what is being done to address this.

- **Shorter Stays In Emergency Departments – target seen within 6 hours**



For the Oct – Dec 2024 quarter 73% Māori in Te Tiratū rohe in comparison to 62% non-Māori had a shorter stay in Emergency Departments. In 2023, 37,276 Māori residing in the Te Tiratū IMPB area presented at ED. Māori represented 31.4% of all ED presentations in Te Tiratū and 31.7% in the Waikato district. In 2023, Māori presented more acutely in ED (Triage category 1) than non-Māori when considering population sizes and represented 36.0% of all ED presentations with Triage category 1 in Te Tiratū. This is similar to the wider Waikato district with Māori represented as 35.5% of all ED presentations with Triage category 1.

- **Shorter Wait Times for Elective Treatment 95% - target 95% wait time >4 months**



The Oct-Dec 2024 rate for Māori in Te Tiratū rohe the wait time is 65% versus non-Māori in the Waikato rohe of 71%. The rate for Māori nationally is 65 and non-Māori nationally 70%. This is well below the national target.

- **Shorter wait times for first specialist assessment – target 95%**

A dashboard was not provided by HNZ however for Oct – Dec 2024 the overall rate for Specialist First Appointment for all ethnicities in Waikato was 54.3%. (Data taken from Health NZ website[2] with no ethnicity breakdown). This is considerably lower than the national target of 95%. It should be noted that Waikato is fourth from the bottom for this target with our neighbouring areas of Bay of Plenty and Taranaki also at the bottom of the (target) table.

In terms of access to specialist outpatient appointments, Māori in the Waikato are much more likely to have a missed first specialist appointment than non-Māori. In 2023, 12.7% of first specialist medical appointments and 16.7% of first surgical appointments for Māori were missed. This contrasts to only 3.7% of medical and 5.2% of surgical first specialist appointments missed for non-Māori in Waikato. This adds further delays for Māori in accessing the operations and medical treatment they require and contributes to poorer health outcomes. We have not received updated data on this issue.

Five Modifiable Behaviours (diet, exercise, smoking, alcohol use and social cohesion)

We have received no updated data for any of these indicators from Te Whatu Ora. What we do know from our 2024 community needs assessment is that Māori experience higher rates of exposure to a range of modifiable risk factors , which are the leading causes of long-term conditions. These long-term conditions are highly preventable namely by addressing tobacco, obesogenic environments, unhealthy diets, and alcohol. We would like to see the data provided for our region, broken down by each of our 6 sub-locations.

Smoking

According to the NZ Census 2018, 30.5% of Māori aged 15 years and over (31.4% of Māori women and 29.6% of Māori men) in Waikato District were regular (daily) smokers. Compared to non-Māori in Waikato District, Māori were 2.5 times as likely to be regular smokers. Māori women were 3.1 times more likely than non-Māori women to smoke regularly, and Māori men were 2.1 times more likely than non- Māori men. We are particularly interested in;

- What support is being provided for tobacco cessation and what are our quit rates
- What health education is being provided to secondary schools and Wharekura on the harms of vaping

A deeper analysis of the impact of the various school-based services in communities with large numbers of our rangatahi would be useful to ensure there is strong coverage for tamariki Māori across all types of schools including Kura Kaupapa. We would like to see what providers/services are going into these schools to ensure messages of health, wellbeing, and the dangers of vaping are being provided in a way that is relevant for Tamariki/Rangatahi and their whānau.

- It would be useful to understand which Kura Kaupapa and Wharekura have clinical health services available on site, and what oral health services and the frequency of visit

Alcohol use

Between 2017 to 2022, 35.3% of NZHS Māori respondents (≥15 years) in Waikato District (44.4% of Māori men, 26.3% of Māori women) were found to have a hazardous drinking pattern during the last year. This was 1.8 times higher than the rate of hazardous drinking among non-Māori respondents in Waikato. The harmful effects of alcohol use are seen in rates of intentional and unintentional injury including car accidents and violence.

[2] Health NZ: Quarterly performance report 2024/2025: Q2 report (P2 – 39 – Pg 35)

- We would like to have data on the number regulated outlets per deprivation / decile areas within the Waikato rohe.

Nutrition

Poor nutrition is a risk factor for Diabetes, Cardiovascular Disease, Obesity, Stoke and poor oral health. There is a need to acknowledge the many whānau within Te Tiratū rohe live in poverty and therefore cannot afford expensive health foods – so we need cost-effective alternatives. We need to be realistic and pragmatic with solutions. There is a need to strengthen health education at school age and ensuring services going into schools are promoting healthy living in a way that resonates with young Māori.

- We would like to know who is delivering nutrition health education, and to which of our communities. This includes funded green prescription programs through Health.
- We would like to see what impact these programs are having for Māori and what is also available for Rangatahi.

We understand there are nutrition policies and targets for the hospitals and would like to see improvements in affordable kai for whānau vising Waikato hospital. Oral health also is impacted by diet:

- We would like to see the DMF data for children at 5 years and in Year 8.
- We want to know how many of school age young people are enrolled with a oral health provider and accessing oral health services free of charge, and
- What/how often Te Whatu Ora Waikato Oral Health clinics are being provided to kura Kaupapa and Wharekura and in our rural areas.

Social Inclusion

- We would like to know how many active day wellbeing programs or activities are being funded and provided for our Kaumatua/Kuia in the 6 sub-regions.

Five Pathologies

Across the five areas, only access to mental health and addictions services is performing better than expected. However - the burden of these various diseases suffered by whānau Māori is substantial. It affects hospitalisation rates - and it affects mortality rates. More must be done to help prevent and manage these conditions to reduce their devastating impacts on whānau.

Cancer

- Cancer screening rates have been reported under the chapter on IMPB priorities but reveal several gaps in cancer screening for Māori and in HPV Vaccination.
- Our Hauora Māori Priorities research in 2024 identified that nationally, the most common types of cancer death in Māori were lung, colorectal, breast and pancreas between 2016 and 2020.
- For Māori in Waikato District, the most common causes of cancer deaths were lung, colorectal (bowel), breast and pancreas. An average of 161 Māori each year died from cancer in Waikato District. Lung cancer was the most common cause of cancer death for Māori men and Māori women in Waikato District.
- Māori were 2.0 times more likely than non-Māori in Waikato District to die from any cancer and 3.8 times more likely than non-Māori to die from lung cancer.
- We do not have updated data since 2024 on cancer mortality – but we note from the work on health targets – that only 62% of Māori patients diagnosed with cancer are seen within the national target of 31 days, compared to 84% of non-Māori.
- This is unacceptable and contributes to the higher Māori cancer mortality rates.

Mental Health and Addictions (MHA)

- Recent data[3] shows Māori in Waikato exceed the national target of 80% for faster access to **primary** MHA services (current rate = 97.6%). and exceed the national target for faster access to **specialist** MHA care (88.2% compared to target of 80%). Māori (at 77.1%) are also within 5% of the current 74% milestone target for shorter waits in EDs for MHA-related care[4]. Overall these are positive results for Māori access to mental health and addictions services

Cardiovascular disease

- Our Hauora Māori Priorities evidence gathered in 2024 revealed some concerning statistics related to cardiovascular disease amongst whānau Māori and the impacts of various indicators of the disease. We have NOT received any updated data since these 2023 statistics from Health NZ
- Between 2020 and 2023, Māori in Waikato District were 2.1 times more likely than non-Māori to be hospitalised for **circulatory system diseases**. This includes hospitalisations from conditions such as rheumatic fever, high blood pressure, ischemic heart disease, strokes, and other forms of heart disease.
- An average of 3,907 Māori per year in Waikato District were hospitalised from circulatory diseases.
- Looking more specifically at **ischaemic heart disease**, Māori in Waikato District were significantly more likely than non-Māori to be admitted for ischaemic heart disease (1.3 times), angiography (1.6 times) and acute coronary syndrome (1.3 times).
- However, these data show that Māori are not significantly more likely than non-Māori to get angioplasty or coronary artery bypass grafts (CABGs) (with the exception of Māori women, who are 1.7 times more likely to receive angioplasty than non-Māori women in Waikato District). These data suggest that Māori may receive lower rates of intervention/treatment for their ischemic heart disease, than non-Māori.
- The data above do not tell us whether Māori are receiving appropriate levels of treatment.
- Māori in Waikato District were 5.3 times more likely than non-Māori to be hospitalised for **heart failure** (4.9 times higher for Māori women and 5.6 times higher for Māori men).
- Māori in Waikato District were 2.0 times more likely than non-Māori to be hospitalised for stroke (2.5 times higher for Māori women and 1.6 times higher for Māori men).
- Māori in Waikato District were 2.6 times more likely than non-Māori to be hospitalised for **hypertensive disease** (disease related to high blood pressure) (Table 20). The rate for Māori women was 2.4 times and Māori men was 2.8 times that of non-Māori women and men respectively.
- Māori in Waikato District were also 3.1 times more likely (3.7 times for Māori women and 2.9 times for Māori men), than non-Māori to die from **circulatory disease** before the age of 75 years. On average, there were 84 premature Māori deaths each year from circulatory disease in Waikato District, between 2014 to 2018.

Respiratory disease

- Our Hauora Māori Priorities evidence gathered in 2024 revealed some concerning statistics related to respiratory disease amongst whānau Māori and the impacts of various indicators of the disease. We have NOT received any updated data since these 2023 statistics from Health NZ

[3] Health NZ Quarterly performance report 2024/2025 Q2: P2 – 202 (Page 54)

[4] Health NZ Quarterly performance report 2024/2025 Q2: P2 – 201 (Page 52)

- Between 2020-2023, the highest hospitalisation rate for **asthma** in Waikato District was in Māori children. An average of 215 Māori children (≤14 years) per year in Waikato District were hospitalised for asthma – 1.9 times the rate of non-Māori children. In each of the other age groups, asthma hospitalisations were also significantly higher for Māori compared to non-Māori.
- Māori aged ≥45 years in Waikato District were 5.0 times more likely than non-Māori to be hospitalised for **chronic obstructive pulmonary disease (COPD)**. COPD hospitalisations were 6.0 times higher for Māori women, and 3.8 times higher for Māori men, compared to non-Māori women and men in Waikato District. An average of 418 Māori aged ≥45 years were hospitalised for COPD in Waikato District each year between 2020-2023.
- Hospitalisations for **bronchiectasis** were 4.5 times more common in Māori in Waikato District compared to non-Māori. Bronchiectasis hospitalisations were 5.1 times higher for Māori women, and 3.9 times higher for Māori men, compared to non-Māori women and men in Waikato District.
- On average, there were 26 **premature Māori deaths** each year from respiratory disease in Waikato District, between 2014 to 2018 – a rate 3.2 times higher than non-Māori. These do not include deaths from lung cancer.

Diabetes

- Māori: non-Māori inequities in access to diabetes medication (where required) is particularly concerning. On average, each year 32 Māori with diabetes in Te Tiratū had a lower limb amputated.
- 1,162 Māori were hospitalised for renal failure.
- Māori were 2.8 times more likely than non-Māori with diabetes have a lower limb amputation
- Māori were 2.7 times more likely to be hospitalised for renal failure.
- We will be working in the next quarter to gather more detailed information on diabetes through our PHO relationships.

What whānau have told us

Wait times

Wait times for GPs are too long for whānau. They end up in ED due to an inability to get an appointment and/or cost. The wait time varied from 8 – 11 hours at Waikato Hospital, with some whānau being asked to return the next day in some cases depending on their illness. The After Hours and Urgent Care Clinics are expensive and unaffordable for many whānau.

Specialist Appointments

This is an area of concern for whānau in the rural localities. Whānau would like to see increased availability for specialists appointments at the rural hospitals. Whānau identified the socio-economic challenge having to travel long distances to access specialists at Waikato Hospital.

Long Waits / Delayed Care :

Many whānau shared stories of long delays in getting appointments or follow-up care. These wait times weren't just frustrating but also led to serious health complications that could have been prevented.

"Waited 6 months for an appointment with the Mental Health team." "Husband finally had heart valve replacement surgery BUT no cardiac specialist for 6-week check-up – not seen for 11 months! Found a GROWTH on valve & a TEAR around valve!"

Other examples provided by whānau identified wait times to be seen by a specialist took too long and subsequently the whānau member/s passed away a month to 6 weeks later.

Pathologies

Many whanau identified they are living with long-term/chronic illnesses with diabetes, cancer, and heart conditions the common illnesses mentioned. Some Kaumatua in particular have co-morbidities and are expected to self-manage with limited knowledge/health literacy. *"Diabetes is genetically in our family line." "I presently have breast cancer." "Being healthy is the biggest challenge. I have diabetes, Afib, rheumatic fever, dementia and a history of cancer in my whakapapa."*

Long wait times for planned GP appointments alongside the short GP consultation times mean some Matua (Adults) and Kaumatua are not getting the attention these issues require.

Better Communication and Coordination of Services:

Many whānau spoke about how difficult it is when health services don't work together. They shared experiences of being sent from one place to another with no clear answers, no follow-up calls, and no one checking if they were okay. This left them feeling frustrated, overlooked, and unsure of where to turn for the support they needed. Services are disconnected. *"Knowing where to get help."*

Health Literacy and Health Navigators

Many whānau identified the importance of relevant health messages, and health/whānau navigators who could explain clinical information and process, advocate for the individual/whānau for access to services/support.

Oranga

Whānau identified a lack of kaupapa Māori Health promotion activities that promote and facilitate access to Te Ao Māori and build on Iwi centric kaupapa.

Māori Health Workforce

Whānau identified a need to see *'more people like us that understand our Māori values, our ways of being as Māori*" Whānau described feeling culturally unsafe within some services with overseas staff who did not understand tikanga Māori.

Transport

The dedicated hospital shuttles to Waikato leave very early in the morning and return late at night. Whānau identified early starts, travelling long distances, long waits at Waikato Hospital with little to do and the expense of food purchase at the hospital. Uncomfortable and inappropriate seating and not being allowed to do enough toilet stops mean the service is inaccessible for many elderly and those whose condition means frequent toileting is required. Consequently, whānau are required to drive/access other whānau members to transport them.

One whānau identified the experience of a Kuia who needed an emergency ambulance to Waikato hospital from Te Kuiti. Upon discharge from Waikato Hospital, the Kuia was taken back late in the day and left at the shuttle drop off point without a phone and any support to get home. A staff member from a Hauora provider was alerted by a member of the public and subsequently assisted.

Commentary

Five health targets

Immunusations for Tamariki Under 24 months

- An outbreak of any of these preventable diseases would create a major challenge for many of our whānau to care for their sick tamariki and an already burdened health system would have difficulty repsonding. Refer to Health NZs link Vaccination Questions & Addressing Concerns.

Shorter Stays in the Emergency Department

- 27% of Māori are **waiting for over 6 hours in the Emergency Department** before they are either admitted, discharged or transferred. This has implications for our kaumatua and many parents with tamariki given half of our population is U25yrs. Those living away from hospitals also have the challenges travel and parking access and affordability.
- We would like more information on the number of whānau who initially attend, then asked to return the next day, and the number of whānau then subsequently admitted to a ward.

Wait times for First Specialist Assessments

- Te Tiratū wishes to see more regular data about whānau on waiting lists and how long they have been waiting. There is a desire to see the Auckland hospital clinical and cultural assessment model applied in the region, to ensure there is equity for Māori on wait lists
- Te Tiratū is concerned about the number of whānau not making it to specialist appointments and treatments – and desires regular data in this domain to monitor trends.

Wait times for elective surgery

- More Māori wait longer than non-Māori for elective surgery (65% versus 71%) and performance in Waikato is well below the national target.

Cancer Care following diagnosis within 31 days of referral

- Te Tiratū Māori rates for Oct – Dec were 62% or 42 people eligible for treatment and 26 who commenced treatment. This is a 20% decrease from those of the previous quarter of 82%. This is an area requiring attention by Health NZ to ensure Māori are not over-burdened with further cancer mortality.

Five Modifiable behaviours

- Whānau want to see the increase on Oranga (wellbeing) significantly strengthened within the health sector and within communities. Whānau and Providers identified a need for more Māori-led educational and information wānanga in communities which promote wellbeing, social cohesion, and teaching people how to be more self-sufficient, as well as promoting Rongoā, traditional therapies and dietary advice. We are concerned that there appears to be no further investments in these areas, and we understand that funding for public health initiatives (in particular promotion) has been reduced.
- Oral health is an area that the IMPB notes impacts Māori negatively – however in order to reduce cavities in school-age children, there must be more awareness of sugar-avoidance and other foods that generate cavities. The IMPB wants a great focus on raising awareness amongst tamariki and their whānau by highlighting impacts on children's teeth later in life. The IMPB would also like to see more mobile dental services going into rural communities regularly.

Five Pathologies

Cancer

- Screening rates and HPV vaccinations are low for Māori and need urgent attention. Access to treatment within the 31-day diagnosis target for Māori is lower than for non-Māori (62% vs 84%) and is likely further impacted by lack of access to GP services in order to be diagnosed in the first instance. Māori were 2.0 times more likely than non-Māori in Waikato District to die from any cancer so these services are critical.

Mental Health and Addictions (MHA)

- A positive finding is that Māori in Waikato exceed the national target of 80% for faster access to **primary** MHA services (current rate = 97.6%). and exceed the national target for faster access to **specialist** MHA

care (88.2% compared to target of 80%). Māori (at 77.1%) are also within 5% of the current 74% milestone target for shorter waits in EDs for MHA-related care[5]. Overall these are positive results for Māori access to mental health and addictions services. It is important that while reaching or exceeding these targets, that services continue to be culturally safe and whānau-friendly.

Cardiovascular disease

- Cardiovascular disease in Māori is at a devastating and saddening level and we must all do more to prevent further increases in these eye-opening statistics.
- Māori in Waikato District were 2.1 times more likely than non-Māori to be hospitalised for **circulatory system diseases** (2023). This includes hospitalisations from conditions such as rheumatic fever, high blood pressure, ischemic heart disease, strokes, and other forms of heart disease. Māori in Waikato District were significantly more likely than non-Māori to be admitted for ischaemic heart disease (1.3 times), angiography (1.6 times) acute coronary syndrome (1.3 times), heart failure (5.3 times), stroke (2.0 times), hypertensive disease (2.6 times).
- Māori in Waikato District were also 3.1 times more likely than non-Māori to **die from circulatory disease** before the age of 75 years. On average, there were **84 premature Māori deaths** each year from circulatory disease in Waikato District, between 2014 to 2018.

Respiratory disease

- This is another disease having devastating effects on whānau Māori. It is our view this is as critical as an epidemic for our whānau, hapū and Iwi. Between cardiovascular and respiratory disease it is possible that over 100 lives could have been saved if there was early and effective treatment and management.
- The highest hospitalisation rate for **asthma** in Waikato District was in Māori children (1.9 times the rate of non-Māori children) and for Māori aged ≥45 years 5.0 times more likely than non-Māori to be hospitalised for **chronic obstructive pulmonary disease (COPD)**. COPD hospitalisations were 6.0 times higher for Māori women, and 3.8 times higher for Māori men. Hospitalisations for **bronchiectasis** were 4.5 times more common in Māori compared to non-Māori.
- On average, there were **26 premature Māori deaths** each year from respiratory disease in Waikato District, between 2014 to 2018 – a rate 3.2 times higher than non-Māori (excluding lung cancer deaths)

Diabetes

- Māori: non-Māori inequities in access to diabetes medication (where required) is particularly concerning. On average, each year 32 Māori with diabetes in Te Tiratū had a lower limb amputated.
- 1,162 Māori were hospitalised for renal failure.
- We will be working in the next quarter to gather more detailed information on diabetes through our PHO relationships.

Whānau solutions

Wait times for access to GP services are too long for whānau and many end up in ED, then they must experience lengthy wait-times. After Hours and Urgent Care Clinics are expensive and unaffordable for many whānau. Urgent attention is needed to provide more tele-health care and more accessible primary care. This is especially needed due to the high levels of disease that need constant managing. Concern over access and appointments extends to specialist appointments (especially for those in rural areas).

Many whanau identified they are living with long-term/chronic illnesses and are expected to self-manage with limited knowledge/health literacy. There is an urgent need in investment in education, promotion, information, transport, navigation and health literacy to help whānau to prevent or manage their long-term conditions.

[5] Health NZ Quarterly performance report 2024/2025 Q2: P2 – 201 (Page 52)

PERFORMANCE OF THE HEALTH SECTOR AGAINST LEGISLATION

The Pae Ora Act 2022 defines a number of areas which place obligations on agencies to IMPBs and / or to whānau Māori. Since we are beginning with a focus on Health NZ, we are focused here on legislation that is specific to Health NZ's obligations.

Legislative requirements

Section 6: Te Tiriti o Waitangi (the Treaty of Waitangi) states:

In order to provide for the Crown's intention to give effect to the principles of te Tiriti o Waitangi (the Treaty of Waitangi), this Act—

a) *requires the Minister, the Ministry, and all health entities to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes; and*

b) *requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister; and*

c) *requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy; and*

f) ***provides for iwi-Māori partnership boards to enable Māori to have a meaningful role in the planning and design of local services**; and*

g) *requires the Government Policy Statement to contain priorities for hauora Māori; and*

k) *includes, as criteria for appointment to the board of Health New Zealand, that the board collectively has knowledge of, and experience and expertise in relation to, te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and*

l) *requires the board of Health New Zealand to maintain systems and processes to ensure that Health New Zealand has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services; and*

m) *requires Health New Zealand—*

   i. *to have systems in place for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions; and*

ii. *to support and engage with iwi-Māori partnership boards; and*

n) *requires Health New Zealand to report back to Māori on how the engagement under section 16A has informed the performance of its functions.*

Section 7: Health sector principles

For the purpose of this Act, the health sector principles are as follows:

the health sector should be equitable, which includes ensuring Māori and other population groups—

i. *have access to services in proportion to their health needs; and*

ii. *receive equitable levels of service; and*

iii. *achieve equitable health outcomes:*

b) *the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:*

c) *the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both—*

i. *the strength or nature of Māori interests in a matter; and*

ii. *the interests of other health consumers and the Crown in the matter:*

d) ***the health sector should provide choice of quality services to Māori and other population groups**, including by—*

(i) ***resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services);** and*

(ii) *providing services that are culturally safe and culturally responsive to people's needs; and*

(iii) *developing and maintaining a health workforce that is representative of the community it serves; and*

(iv) *harnessing clinical leadership, innovation, technology, and lived experience to continuously improve services, access to services, and health outcomes; and*

(v) *providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and*

(vi) ***providing services that reflect mātauranga Māori**:*

e) *the health sector should protect and promote people's health and wellbeing, including by—*

(i) *adopting population health approaches that prevent, reduce, or delay the onset of health needs; and*

(ii) ***undertaking promotional and preventative measures to protect and improve Māori health and wellbeing**; and*

(iii) *working to improve mental and physical health and diagnose and treat mental and physical health problems equitably; and*

(iv) *collaborating with agencies and organisations to address the wider determinants of health; and*

(v) *undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.*

2) *When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles—*

a) *as far as reasonably practicable, having regard to all the circumstances, including any resource constraints; and*

b) *to the extent applicable to them.*

3) *In subsection (1)(d),* ***lived experience*** *means the direct experience of individuals.*

Section 15: Supporting IMPBs states

"*Health New Zealand must provide sufficient and timely information to iwi-Māori partnership boards to support them in achieving their purpose in section 29*" (noting Minister of Health has expressed 'timely' as within 30 days)

Indicators of performance

The IMPB has developed a self-assessment tool that enables the IMPB to conduct its own assessment of performance against each of the legislative requirements listed above. It is largely a qualitative and perhaps subjective report – as it will look at how well – in the eyes of the IMPB – Health NZ has performed against the above obligations. The assessment will be made on the basis of

- Adherence to the legal requirements as it is stated in the Act
- Responsiveness – is the system paying attention to its legal obligations and proactively implementing them, in a respectful way?
- Timeliness – does the system respond to requests (including data and information) consistently in a timely way (within 30 days)?
- Collaboration – is the system implementing its obligations in a collaborative way or a paternalistic top-down way?

Actual performance for the quarter

What the assessment tells us

Overall, our assessment shows that half of the specific requirements in the Pae Ora Act 2022 have not been initiated or discussed with us. A further 42% are partially underway or showing some progress. Authentic and transparent national engagement has been almost non-existent especially in national commissioning within Hauora Māori and across HNZ national commissioning. The two areas rated as "achieved" are deliverables that fall under the responsibility of the Minister, not Health New Zealand, although they were credited in this assessment.

PAE ORA ACT COMPLIANCE	OVERALL RATING			
DOMAIN	No action	Some progress	Achieved	**TOTAL**
Tiriti o Waitangi Principles	4	2	2	**8**
Health Sector Principles	8	7	0	**15**
Section 15: Support IMPBs	0	1	0	**1**
Section 16A: Engage with and report to Māori	1	1	0	**2**
Totals	**13**	**11**	**2**	**26**
	50%	**42%**	**8%**	**100%**

What whānau have told us about system performance

Whānau identified that health services worked well when services were easy to access, were affordable, staff were able to able to pronounce their names properly (or at least to try) listened to them and were able to help them with the information and support needed. Whānau identified having a choice of services which fitted in with their working life and Whānau day to day realities. Whānau wanted to receive quality and timely clinical services in particular and see themselves reflected in the workforce.

Commentary

Overall - the performance of Health NZ, as a key agency within the "health sector", against its obligations in the Pae Ora Act 2022 – needs to improve its alignment with its obligations under the Act. It is hoped that this assessment will inform authentic engagement with our IMPB about how HNZ works with us locally, regionally and nationally in a meaningful way to fulfil the aspirations of the legislation.

Appendix: Dashboard for Te Whatu Ora performance against key provisions in Pae Ora Act 2022

#	PAE ORA ACT 2022	Unsatisfactory – little or no action	Moderate – partially achieved or in progress	Achieved (high performance)	IMPB assessed comment / Rationale
	SECTION 6: TIRITI O WAITANGI: IN ORDER TO PROVIDE FOR THE CROWN'S INTENTION TO GIVE EFFECT TO THE PRINCIPLES OF TE TIRITI O WAITANGI (THE TREATY OF WAITANGI), THIS ACT:				
1	Requires the Minister, the Ministry, and all health entities to be guided by the health sector principles, which, among other things, are aimed at improving the health sector for Māori and improving hauora Māori outcomes				• Hauora Outcomes continue to be inequitable across all domains for Māori. • Māori are not able to access health services in proportion to health needs • Last minute and adhoc engagement has occurred • The disestablishment of Māori teams and roles within Health NZ • Cultural safety and racism continues to exist • Resources are not being provided to address the issues. Budgets and potential investment opportunities are not being discussed with our IMPB to direct investment in the right services and areas.
2	Requires the Minister to establish a permanent committee, the Hauora Māori Advisory Committee, to advise the Minister				• The Minister has set up HMAC. Parekawhia McLean is Chair. HMAC advises the Minister.

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3	Requires the Minister to have regard to any advice of the Hauora Māori Advisory Committee when determining a health strategy				HMAC advised the Minister on health priorities and suggested 9 areas
4	Provides for **iwi-Māori partnership boards** to enable Māori to have a meaningful role in the planning and design of local services				**Local** The establishment of Te Tara o Whai Locality was a purposeful approach to meaningful planning and design of services for the Hauraki community however Te Tara o Whai funding will cease at the end of 2025. We have key sub-areas in our region that not only deserve specific locality attentiuon – but also we need service managers responsible for these areas to engage with us. **Regional** IMPBs do have a role regionally at RIT meetings each month and influenced Regional Health and Wellness Plan. However - we are yet to see the results of this work in terms of impact on service investments / disinvestments / reinvestments, or the impact on whānau. **National** Hauora Māori Services HMS (former Te Aka Whai Ora) Our IMPB has not yet been meaningfully engaged on HMS commissioning in our rohe despite requests for specific data on contracts and investments and services (no response to November 2024 request for information). We are still not aware of the HM

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					appropriation for our rohe, when service contracts expire, the scope of commissioned services, and potential un-commissioned service budget in 2025-2026. Our IMPB is unable to have a meaningful role in setting priorities for Hauora Māori commissioning. <u>National Commissioning</u> IMPBs do not yet have a meaningful role in national health planning and design of services invested in our areas (e.g. National PHO agreement, national dental commissioning, national aged residential care commissioning). The national commissioning team has yet to engage with us on these important agreements which impact services provided in our rohe.
5	Government Policy Statement (GPS) to contain priorities for hauora Māori				The GPS identifies the Govt commitment to Pae Tū Hauora Māori Strategy and Whakamaua However the GPS does not yet contain any reference to IMPB Hauora Māori priorities that have been determined from localised data analysis and whānau engagement. It is hoped that the Government will engage with IMPBs to include IMPB priorities that have been generated by whānau – even if these are drawn from Regional Health and Wellness Plans
6	HNZ includes, as criteria for appointment to the board of Health New Zealand, that the board collectively has knowledge of, and experience				HNZ Board has one Commisioner and 4 Deputy Commisioners. None are Māori and do not have Te Tiriti or tikanga expertise.

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	and expertise in relation to, te Tiriti o Waitangi (the Treaty of Waitangi) and tikanga Māori; and				
7	Board of HNZ to maintain systems and processes to ensure that HNZ has the capacity and capability to understand te Tiriti o Waitangi (the Treaty of Waitangi), kaupapa Māori services, cultural safety and responsiveness of services, mātauranga Māori, and Māori perspectives of services				There is no Board in place at HNZ and IMPBs have received no evidence that these systems are in place or utilised by HNZ as no systems or processes have been shared or engaged with our IMPB. Māori teams and roles have been disestablished within parts of HNZ.
8	HNZ to have systems in place for the purpose of engaging with Māori and enabling responses from that engagement to inform the performance of its functions				Our IMPB has not received any information on HNZ's Māori engagement strategy or process for engaging Māori and is unaware if this even exists. It is possible that HNZ or parts thereof) have drafted such a system or process, or that they are implementing an approach – however the IMPB does not have information on this. The Regional Kawenata agreed to by Te Manawa Taki IMPBs does allow for IMPBs to have a role in determining engagement processes that may address this requirement under the Act. There is no national Māori engagement strategy that has been shared with our IMPB beyond a regional approach – however we have on occasion had meetings with HMS representatives (generally online) on specific matters that they wish to communicate with us. We have had engagement on Community Health Plans and responses to our

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					CHPs. The Minister and HNZ personnel have attended the national IMPB hui (generally 6 monthly) however our IMPB is unaware of a strategic approach to engagement and the systems by which this would occur on a regular and authentic basis
	SECTION 7: HEALTH SECTOR PRINCIPLES: FOR THE PURPOSE OF THIS ACT, THE HEALTH SECTOR PRINCIPLES ARE AS FOLLOWS:				
9	the health sector should be equitable, which includes ensuring Māori and other population groups: (i) have access to services in proportion to their health needs; and (ii) receive equitable levels of service; and (iii) achieve equitable health outcomes:				• Māori in Te Tiratū are not able to access services, in particular across our rural communities. • Māori in Te Tiratū are not receiving health services in proportion to what is equitable • Equitable health outcomes are not being achieved. This is indicated in the report narrative • At a national level, we consider our ability to exercise decision-making over Hauora is non-existent. Māori commissioning priorities in our rohe has been severely constrained, with little or no information provided to enable us to have a meaningful role in 2024-2025 or beyond. We consider HNZ Hauora Māori Services is limiting the levers of IMPBs to have a voice over Kaupapa Māori investment, by not making the investment and budget data transparent to us to enable us to prioritise or deprioritise where the available investment should be directed

10	(b) the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations, for				• To assess this – the IMPB needs:
					  • A list of all providers and services in their area
					  • A list of all Māori providers and current resourcing / investment

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	example, by engaging with Māori to develop, deliver, and monitor services and programmes designed to improve hauora Māori outcomes:				
11	(c)the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori and for that purpose, have regard to both— (i)the strength or nature of Māori interests in a matter; and (ii)the interests of other health consumers and the Crown in the matter				Our IMPB has not received any information to assess this: a) Results of cultural audits of provider services (HNZ holds the contracts with providers that requires cultural safety and should be monitoring for this. HNZ needs to provide performance results for providers they have audited in our rohe). b) Some providers have to meet national standards such as A&D National Standards, Aged Care Residential Standards, H&D Standards – HNZ audit reports on the cultural safety and responsiveness of providers should be provided to the IMPB to assess this. Our IMPB would also like to negotiate with HNZ on the matter of 'who' is conducting cultural safety audits of services in our rohe, and whether they have the appropriate expertise that represents and acknowledges manawhenua in our rohe.
12	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (i) resourcing services to meet the needs and aspirations of iwi, hapū, and whānau, and Māori (for example, kaupapa Māori and whānau-centred services)				***Resources are not being provided.*** ***Hauora Māori providers are not receiving the level of resource required to meet the health and socio economic complexities of whānau*** To assess this – the IMPB needs: • A list of all providers and services in their area

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					• A list of all Māori providers and current resourcing / investment Requests have been made for this information for 2024/2025 and beyond as at November 2024, but HNZ has not provided the information. Our IMPB's preliminary analysis based on older data, is that our rohe may be under-funded on a per capita basis, when comparisons are made with investments in other areas. We are awaiting more current data to determine whether this situation still exists
13	(d)the health sector should provide choice of quality services to Māori and other population groups, including by 16(ii)providing services that are culturally sa17fe and culturally responsive to peop18le's needs				*Whānau indicate a lack of services in particular in rural communities* *Whānau identify that they still experience racism and feel culturally unsafe* Our IMPB has not received any information to assess this: a) Results of cultural audits of provider services (HNZ holds the contracts with providers that requires cultural safety and should be monitoring for this. HNZ needs to provide performance results for providers they have audited in our rohe). b) Some providers have to meet national standards such as A&D National Standards, Aged Care Residential Standards, H&D Standards – HNZ audit reports on the cultural safety and responsiveness of providers should be provided to the IMPB to assess this. Our IMPB would also like to negotiate with HNZ on the matter of 'who' is conducting

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					cultural safety audits of services in our rohe, and whether they have the appropriate expertise that represents and acknowledges manawhenua in our rohe.
14	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (iii)developing and maintaining a health workforce that is representative of the community it serves				• In order to assess this, our IMPB needs workforce data from HNZ (and in time other agencies and providers) to be able to compare whether HNZ Is maintaining a workforce representative of the population. Data was previously reported at a national level to former DHBs through the Shared Services team, but this seems to have fallen away since the advent of HNZ. We would encourage HNZ workforce ethnicity data to be resurrected and compared to the population profile of our community. Workforce data has been requested by our IMPB as part of the HNZ quarterly data provision for our monitoring function. We have yet to receive a first report • Our IMPB is aware that HMS manages and distributes the Pitomata Scholarships for health professions. Our IMPB has not been consulted on a potential role in allocating scholarships in a manner that addresses our Hauora priorities or helps to bridge gaps in the workforce.
15	d)the health sector should provide choice of quality services to Māori and other population groups, including by (iv) harnessing clinical leadership, innovation, technology, and lived				Our IMPB identified that a stronger linkage between clinical leadership and IMPBs is needed. We have not been engaged with regional clinical leadership to date – although we do acknowledge that clinical

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	experience to continuously improve services, access to services, and health outcomes				services are available to some whānau delivered by HNZ as well as Māori and primary care providers.
16	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (v) providing services that are tailored to a person's mental and physical needs and their circumstances and preferences; and				*CONTEXT: HNZ holds contracts with providers (not IMPBs) and also delivers services itself – and therefore should be requiring their providers to meet this requirement to ensure services are tailored to patients/whānau (whether funded or delivered). HNZ has not demonstrated to our IMPB or shared information showing how they ensure compliance with this provision. This might include for instance results of audits of provider services (HNZ holds the contracts with providers that requires these conditions and should be monitoring for this. HNZ needs to provide performance results for providers they have audited* It is our view that the health sector is NOT protecting Māori interests adequately particularly for primary healthcare, Immunisation and screening rates for whānau in our area
17	(d)the health sector should provide choice of quality services to Māori and other population groups, including by (vi) **providing services that reflect mātauranga Māori**:				Our IMPB is aware that Te Aka Whai Ora (now HNZ Hauora Māori Services) did fund Mātauranga Māori programmes and services nationally through a tender process. The IMPB has not received a list of these providers or programmes for 2024/2025 despite requesting it in November 2024. Some outdated high level data was provided but we have been requesting updates and more details for the current year 2024-2025 and beyond and have not received out yet. We are unaware of what has been funded, when the funding expires, results from the

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					funding, and how the initiatives reflect mātauranga Māori from the perspectives of our Iwi and Matawaka partners in order for us to assess this requirement
18	(e) the health sector should protect and promote people's health and wellbeing, including by (i) adopting population health approaches that prevent, reduce, or delay the onset of health needs; and				IMPB views Population Health approaches as addressing social determinants and prevention – key priorities for the IMPB. Data shows that preventive programmes such as cancer screening, immunisation, health promotion on smoking, vaping, alcohol and drugs ALL show Māori rates to be worse than non-Māori. The data also shows Māori rates of diabetes, heart disease, respiratory disease and cancer are much higher than non-Māori – and these inequities have persisted over several decades (back to Hauora Report of 1980s). This reveals that population health approaches are not effective for Māori despite programmes being funded for many decades. While programmes are serving some Māori – there is a substantial part of the Maori population that is not protected or being supported to delay or prevent the onset of disease Evidence from whānau voice engagements we have undertaken reveal that there are issues. The number of Māori waiting to access a GP, and the screening and immunisation rates, and Māori on wait lists; higher Māori admissions to ED for mental health crises – indicate that the system is not providing equitable care and diagnosing / treating mental and physical problems in an equitable way.
19	(e) the health sector should protect and promote people's health and wellbeing, including by (ii)				As above, our IMPB has not had involvement with or transparency of data or funding information on

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	undertaking promotional and preventative measures to protect and improve Māori health and wellbeing				what is being invested in our area for this. While some services and programmes are being funded – we are yet to see information on current investment and potential resources available for the future.
20	(e) the health sector should protect and promote people's health and wellbeing, including by (iii) working to improve mental and physical health and diagnose and treat mental and physical health problems equitably				Cancer screening, immunisation, and primary care enrolment, inadequate consultation time, lack of health promotion information and support, attendance at accident & emergency (due to primary care cost and availability) indicate that there is not enough being done to improve physical and mental health problems equitably. Some good results have been achieved with the government's mental health access targets for Māori – but there is still much to do to address many other inequitable areas.
21	(e) the health sector should protect and promote people's health and wellbeing, including by (iv) collaborating with agencies and organisations to address the wider determinants of health; and				No information received on regional inter-sectorial forums. From HNZ. Our invitations have come through local whānau voice engagements.
22	(e) the health sector should protect and promote people's health and wellbeing, including by (v) undertaking promotional and preventative measures to address the wider determinants of health, including climate change, that adversely affect people's health.				Our IMPB has not been engaged in any kaupapa related to climate change or environmental matters that may impact health of our community such as pollution, toxins or any other Taiao related or Health Protection role (food water air safety. No information received.
23	(2) When performing a function or exercising a power or duty under this Act, the Minister, the Ministry, and each health entity must be guided by the health sector principles				Overall - our assessment is that HNZ is not adequately complying with the health sector principles and does not appear to be consistently guided by these principles in performing its functions.

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					There are many areas where no alignment or action is occurring including meaningful engagement with IMPBs.
	SECTION 15: HEALTH NEW ZEALAND MUST SUPPORT AND ENGAGE WITH IWI-MĀORI PARTNERSHIP BOARDS				

24	Health New Zealand must—
	(a) take reasonable steps to support iwi-Māori partnership boards to achieve their purpose in section 29, including by providing—
	(i) administrative, analytical, or financial support where needed; and
	(ii) sufficient and timely information; and
	(b) engage with iwi-Māori partnership boards when determining priorities for kaupapa Māori investment.
					• We have not received the current data we need to monitor against the baseline indicators we established in 2024 and communicated to Health NZ in our Community Health Plan.
					• Health NZ has provided some funding to our IMPB to operate but it is insufficient to perform rhe full range of our functions – and we have indicated our resource needs in our COmmunity Health Plan (September 2024)
					• Health NZ has not engaged with us to determine priorities for kaupapa Māori investment and have in fact tendered for new investments in our area with no prior engagement or notification at all
					• Our IMPB has already determined its priorities (from 2024 data and whānau engagement) and clearly evidenced and outlined these in our September 2024 Community Health Plan. We do not have any transparency on the 'kaupapa Māori investment' in our rohe for 2024-2025 or beyond in order to determine:
					  • If there are non-commissioned funds that could be invested in our priorities either this year or next financial year
					  • which of our priorities could or should be invested in where potential

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					disinvestments could occur that would allow reinvestment in our CHP priorities • what kaupapa Māori investment budget may be available from 1 July 2026 and beyond for our CHP priorities • what funds may be available for enablers such as workforce development ordata capability IMPBs themselves are also recipients of kaupapa Māori investment – but as mentioned above, we have no certainty beyond 30 June 2026, and we are not fully funded for our entire functions as outlined in "resource requirements" in our CHPs.
	SECTION 16: ENGAGING WITH AND REPORTING TO MĀORI				
25	Section 16A Health New Zealand must— (a) have systems in place for the purpose of— (i) engaging with Māori in relation to their aspirations and needs for hauora Māori; and (ii) enabling the responses from that engagement to inform the performance of its functions; and				**No information has been received which supports the achievement of Oranga** As mentioned previously in this assessment, our IMPB has not evidence of system that HNZ has to engage with Māori in relation to their aspirations and needs for Hauora Māori; and enabling the responses from that engagement to inform the performance of its functions. Whilst some engagement may have been carried out by HNZ, the findings from those activities have not been reported to our IMPB in order to confirm whether a system is in place or whether it has informed the functions of HNZ. We note that the Crown has existing operating frameworks for

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					engagement (e.g. Te Arawhiti / TPK) and that HNZ could develop and use some of these frameworks. Our IMPB has engaged with whānau in our coverage area and has reported on the findings from that engagement within our Community Health Plan, which was submitted to HNZ on ***30 September 2024.*** We have yet to hear how or if HNZ at a national level has embedded the concerns of whānau into the work programme or whether it has improved HNZ's functions at a national level. **Local** Our IMPB has not received any local information from service managers in our area, on any engagement they have undertaken, the results of this, and how it has improved their functions. **Regional** Our priorities have been embedded in the ***Regional Health and Wellness Plan***. It is likely too early to determine how these priorities being included in the RHWP have improved HNZ's performance. Data on screening rates for instance shows very minimal improvements for whānau Māori – and in fact, bowel screening rates from Sept 2024 to December 2024 have slightly worsened. **National** IMPB has not received any information or report on how engagement with Māori has informed their performance. For instance, our IMPB has not had any information on how the whānau voice and

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					priorities included in our IMPB Community Health Plan have improved the performance of HNZ, or how the priorities have been embedded into national workplans
26	Section 16 (b) Health NZ must report back to Māori from time to time on how engagement under this section has informed the performance of its functions.				Our IMPB has received so such reporting on engagement undertaken and how it has informed or influenced Health NZ's functions across the organisation.