

TE TIRATU

Community Health Plan 2026-2029

Refreshed plan

Whānau-centred | evidence-led | locality-grounded | focused on visible follow-through



tetiratu.co.nz



He Kupu Whakataki
| Introduction

This Community Health Plan has been refreshed because Te Tiratū Iwi Māori Partnership Board now has a much clearer evidence of what whānau are facing, what keeps showing up in different communities, and where the health system is still making matters harder than they should be.

The earlier plan was an important first foundation. This refresh retains the monitoring mandate and original intent, however brings forward what is clearer now through Whānau Voice, local evidence, Town Reports and Calls to Action, and a more mature way of reading the system.

It also reflects the growing body of Waitangi Tribunal findings on Māori health and Te Tiriti, including Hauora on primary healthcare and Māori health inequities; Haumaru on the Crown's COVID-19 response; Hauwhaikaha on Māori and the disability system; and Hautupua Parts 1 and 2 on the disestablishment of Te Aka Whai Ora and the Crown's approach to Māori health. Together, these findings reinforce the importance of tino rangatiratanga, equity, active protection and meaningful Māori participation in health decision-making.

NATIONAL DIRECTION, LOCAL EVIDENCE

Māori Health Strategy 2026 - Whiria Te Ora reinforces the importance of prevention, timely quality care, resilient local capability, Māori health leadership and systematic use of whānau voice. These national directions strongly align with priorities identified independently through Te Tiratū locality evidence and whānau engagement

What are whānau telling us now, and what should Te Tiratū keep focused on as a consequence?

Companion document: Te Tiratū Hauora Māori Priorities - Refreshed Summary Report. The priorities summary explains the six updated priority areas and the evidence behind them. This plan sets out what those priorities mean for Te Tiratū's role, monitoring, planning, communications and next steps.

Te Tiratū Community Health Plan

Plan on a page

2026–2029

Whānau realities + locality evidence + mandate • priorities • action • visible follow-through

Whakapapa and mandate

Tainui waka rohe | accountability to whānau | Pae Ora Act s30 | strategic commissioning and monitoring

Purpose

Listen well | read the rohe well | name what repeats | influence priorities and investment | keep watch on change

Working principle

Local where it needs to be local. Rohe-wide where patterns repeat. Whānau voice stays connected to action.

WHAT WE READ

01

WHĀNAU VOICE
Hui, surveys, engagement, online feedback

02

TOWN REPORTS + COAs
Local realities and repeated Calls to Action feedback

03

NAVIGATOR INSIGHT
Naturally occurring barriers, emerging need, trusted relationships

04

LOCAL DATA + SERVICE SIGNALS
GP enrolment, access, pathway and prevention indicators

OUR SIX COMMUNITY HEALTH PRIORITIES

1. **ACCESS** Access earlier, closer to home, and more affordably
2. **NAVIGATION** Care that is easier to navigate, coordinate and finish
3. **TRUSTED CARE** Trusted kaupapa Māori, iwi-led and Whānau Ora-aligned care affordably
4. **PREVENTION** Prevention, rangatahi wellbeing and earlier intervention
5. **WHĀNAU VOICE** Whānau voice, navigator insight and feedback loops affordably
6. **CAPABILITY** Workforce, data, digital and system capability

HOW TE TIRATŪ ACTS

LISTEN
Town Reports • whānau voice • navigator insight • local data

SEE
Patterns • repeated COAs • enrolment and access signals

SAY
Clear messages • Board papers • partner engagement • public communication

SHIFT
Locality planning • advocacy • action • follow-up

Monitor
Access • pathway completion • prevention • trust • voice • capability

Influence
Planning • commissioning • investment • service design

Communicate
Report back to whānau • Board and partner updates • clear public messages

Localise
Town / locality evidence stays visible inside rohe-wide priorities

Success
Stronger evidence, clearer follow-through, repeated issues harder to ignore



Ngaa Ihirangi | Contents

He Kupu Whakataki | Introduction	1
Plan on a Page	2
Whakapapa and mandate	5
What has changed	6
What whānau are telling us	7
Town Reports and repeated COAs	8
Six community health priorities	9
Strategic commissioning and investment	15
Monitoring and locality action rhythm	16
Hauora intelligence and whānau voice system	17
What this means for partners	18
Three-year focus and success	19
What success looks like	20
Final Reflection	21
Appendices A-F	22

Whakapapa me te Mana
| Whakapapa and mandate

Te Tiratū is not simply another planning body in the system. It carries a role grounded in whakapapa, accountability to whānau, and the expectation that it will stand for its people.

Te Tiratū stands within the whakapapa and rohe of Tainui Waka. The meaning of Te Tiratū - as the mast that helps keep the waka steady, and as a group that stands up to take action - speaks to both identity and responsibility.

Te Tiratū is the Iwi Māori Partnership Board for Tainui, including Waikato, Pare Hauraki, Maniapoto and Raukawa, with provision for Ngāti Hāua ki Taumarunui and Te Rūnanga o Kirikiriroa. The rohe includes urban, rural, dispersed, iwi-based and mātāwaka communities, and those differences shape what access, quality and equity look like on the ground.

Section 30 of the Healthy Futures (Pae Ora) Act 2022 - in plain terms

The functions of iwi-Māori partnership boards are to—

(a) engage with local Māori communities about their health needs, aspirations, and health outcomes; and

(b) communicate the results and insights from that engagement to the Hauora Māori Advisory Committee.

How Te Tiratū gives practical effect to its role.

ENGAGE
Engage with whānau about local health needs and aspirations

EVALUATE
Evaluate the current state of hauora Māori

SHAPE
Work with Health NZ to shape priorities

MONITOR
Monitor how the health sector is performing in the locality

STEWARD
Support stewardship of hauora Māori and kaupapa Māori investment

REPORT BACK
Report on hauora Māori activities of Health NZ to Māori in the IMPB area

Listen well, read the rohe well, name what keeps repeating, influence priorities and investment, and keep watch on whether things are getting better for whānau.

He aha kua rerekē?
| What has changed since the original plan

A lot has changed since the first Community Health Plan was written. At that point, Te Tiratū was doing the early foundation work: setting out the Board's role, explaining strategic commissioning, beginning whānau engagement, and highlighting the need for better local data and stronger monitoring.

FOUNDATION
Mandate • early engagement • strategic commissioning • uneven regional data

LOCALITY INTELLIGENCE
Town Reports • local evidence • whānau realities • place-based Calls to Action

PATTERN RECOGNITION
Repeated access, navigation, trust and early-intervention themes become clearer

ACTION + MONITORING
Whānau voice stays with the work • dashboards • communications • monitoring • follow-through

The big shift is that Te Tiratū now has a stronger picture in front of it. The Hauora Report Series programme spans 10 localities across the rohe. This plan draws on the eight reports completed so far, with Raahui Pookeka/Ngaaruawaahia and Hamilton/Kirikiriroa still in development.

Te Tiratū is moving from foundation-setting into a more grounded, informed and action-focused phase.

Whānau Voice is also understood differently. It no longer sits only at the front end of planning. It needs to shape monitoring, advocacy, locality planning and the way Te Tiratū reads system performance over time. Navigator and Whānau Ora insight add another layer by showing barriers and friction that formal reporting can miss.

The local picture is still growing. This plan draws on the reports and Calls to Action completed so far and will deepen as further locality work is completed.

He aha ngā kōrero a te whānau? | What rural, remote and urban based whānau across the rohe are telling us now

EASIER TO REACH

Cost, transport, distance, appointments and enrollment still decide whether care happens early, late or not at all.

EASIER TO MOVE THROUGH

Referrals, handovers, repeated retelling and weak follow-through can break momentum once care begins.

EASIER TO TRUST

Care works better when it is respectful, local, relational and grounded in whānau realities.

EARLIER, NOT LATER

Too much help still arrives after stress, illness or crisis has already escalated.

VOICE THAT LEADS SOMEWHERE

Whānau want to see that what they raise influences planning, advocacy and visible follow-through.



People want care that is easier to reach, easier to trust, easier to afford, and easier to stay connected to.

Direct whānau voice example from Taumarunui Hauora Report Series 2026: "I am sick of having to repeat myself every time to all the services." This locality quote illustrates the navigation problem that also appears as a repeated theme in the refreshed plan.

Ngā Pūrongo ā-Tāone me ngā Karanga ki te Wā

| What the Hauora Series Reports and repeated COAs are showing

The Hauora Report Series move the picture from broad regional description to a practical, specific locality view of what is happening for whānau in specific places. The same issue can show up differently depending on local service capacity, travel burden, transport options and how easy it is to navigate care.

LOCALITY INTELLIGENCE PROGRAMME

Taumarunui	Te Kūiti	Tokoroa	Putāruru	Thames
Paeroa	Ōtorohanga	Te Awamutu	Raahui Pookeka / Ngaaruawaahia	Hamilton / Kirikiriroa
			IN DEVELOPMENT	

Repeated cross-rohe signals

ACCESS
Cost • distance • enrolment • local service availability • transport • delay

FRAGMENTED CARE
Weak coordination • poor handover • repeated retelling • broken follow-through

TRUSTED LOCAL CARE
Whānau engage better where care is relational, grounded and culturally safe

LATE SUPPORT
Prevention, rangatahi support and practical help need to arrive earlier

The value of the Hauora Report Series is not only that they tell local stories. Together they show what repeats, what needs a rohe-wide response, and where place-specific planning and advocacy still matters.

The plan's locality picture is still growing. Raahui Pookeka/Ngaaruawaahia and Hamilton/Kirikiriroa are still in development and will add further depth to the evidence base.



01 | ACCESS

Access earlier, closer to home, and more affordably

A particularly important part of this picture is the number of whānau who may be outside regular primary care connection altogether. Lower Māori enrolment, and the likely presence of a substantial unenrolled population, should be treated as a major warning sign.

WHAT THIS INCLUDES

- Cost and affordability
- Enrolment and connection to primary care
- Appointment availability and timeliness
- Rural access, travel and transport
- After-hours access
- The gap between where services sit and where whānau live

WHAT TE TIRATŪ SHOULD WATCH

- Māori enrolment / weak connection
- Appointment access
- Affordability themes
- Transport barriers
- Local service reach

Photo caption: Mobile dental service, Taumarunui - locality example of bringing care closer to whānau.



02 | NAVIGATION

Care that is easier to navigate, coordinate and finish

Whānau need more than access once. They need care that can be followed through, joined up and finished properly.

WHAT THIS INCLUDES

- Referral pathways that are hard to complete
- Poor handover between services
- Repeated retelling of the same story
- Waiting points that break momentum
- Weak coordination across the system
- Support that stops too early

WHAT TE TIRATŪ SHOULD WATCH

- Referral completion signals
- Missed follow-up patterns
- Repeated retelling themes
- Pathway friction raised by whānau and navigators

I am sick of having to repeat myself every time to all the services."

Whānau Voice survey example - Hauora Taumarunui 2026



Trusted kaupapa Māori, iwi-led and Whānau Ora-aligned care

Whānau need more than access once. They need care that can be followed through, joined up and finished properly.

WHAT THIS INCLUDES

- Kaupapa Māori and iwi-led service models
- Whānau-centred and relational approaches
- Cultural safety and trust
- Care shaped around whānau realities
- Whānau Ora-aligned and navigated support

WHAT TE TIRATŪ SHOULD WATCH

- Whānau reports of trust and cultural safety
- Kaupapa Māori provider reach
- Navigator support presence
- Whether local relationships improve engagement

Photo caption: Community outreach in Taumarunui - locality example of trusted, relationship-based care.



01 | PREVENTION

Prevention, rangatahi wellbeing and earlier intervention

Too much support still happens late. By the time help arrives, problems may already be more serious, more stressful and harder to shift.

WHAT THIS INCLUDES

- Earlier support before problems escalate
- Rangatahi wellbeing and resilience
- Mental health and trauma support
- Practical prevention and screening
- Healthy homes and wider living conditions
- Support before crisis becomes the main entry point

WHAT TE TIRATŪ SHOULD WATCH

- Screening participation where available
- Rangatahi wellbeing themes
- Early mental health access signals
- Evidence of avoidable escalation

Photo caption: Rangatahi activity, Taumarunui - locality example of positive wellbeing and prevention.



Whānau voice, navigator insight and feedback loops

Whānau Voice needs to stay with the work all the way through. It should shape what Te Tiratū watches, what it pushes on, what it asks from partners, and how it reports back.

WHAT THIS INCLUDES

- Ongoing locality-based whānau insight
- Repeated patterns, not only one-off comments
- Navigator and Whānau Ora insight
- Strong feedback loops
- Voice as part of monitoring, not separate from it

WHAT TE TIRATŪ SHOULD WATCH

- Volume and spread of whānau voice capture
- Repeated themes
- Navigator insight patterns
- Reporting-back activity
- Visible follow-through

Photo caption: Whānau engagement, Taumarunui Community Hauora Day - locality example of voice informing planning.



06 | CAPABILITY

Workforce, data, digital and system capability

None of the priorities in this plan will shift far without the right capability sitting underneath them.

WHAT THIS INCLUDES

- Better locality-specific data and reporting
- Combining data with whānau voice and navigator insight
- Stronger dashboards and monitoring visibility
- Communications capability
- Workforce and provider capability where the system is thin
- Digital and data tools that support Te Tiratū's role

WHAT TE TIRATŪ SHOULD WATCH

- Local workforce capacity themes
- Locality reporting coverage
- Dashboard development status
- Data fit and timeliness
- Partner capability to respond

Capability is the platform underneath the other five priorities - workforce, data, digital, communications and system visibility need to move together."

Photo caption: Regular Stakeholder Forum with Hauora Providers and other leadership from iwi, hapu, Rangitāmiro Whānau Ora Commissioning Agency and the system.

Te Whakarite Rautaki me te Haumitanga | Strategic commissioning, planning and investment

These priorities point to a clearer and more practical role for Te Tiratū in planning, commissioning and investment conversations. The useful question is not only where money is going, but whether investment is moving toward what whānau keep raising and whether services are becoming easier to reach, trust and complete.

Use the six priorities as a practical test for funding rounds, innovation initiatives and service changes.

01
Does this respond to a repeated whānau priority?

02
Does local evidence support the need?

03
Will it improve access or connection to care?

04
Will it strengthen prevention, navigation or trusted care?

05
Does it strengthen local / community-grounded response and feedback?

06
Does it build capability that makes the wider system work better?

This keeps prevention, earlier intervention and rangatahi wellbeing visible as investment priorities rather than extras. It also reinforces the value of kaupapa Māori, iwi-led and Whānau Ora-aligned approaches where they respond to the barriers and trust issues whānau are describing.

Te Rongo, Te Kite, Te Kōrero, Te Panoni | Monitoring, communications and locality action rhythm

This plan should not sit as a one-off document. It needs to support an ongoing rhythm of listening, seeing, saying and shifting - bringing together whānau voice, Town Reports, navigator insight, service indicators, local data and communications into one connected picture.



Figure 1. Monitoring, locality planning and action rhythm.

That rhythm is strongest when Te Tiratū treats whānau voice as a system rather than a series of separate activities. Stories, lived experience, community feedback, GP and primary care indicators, local data, navigator observations and online input each tell part of the story.

Monitoring and communications belong together: what Te Tiratū hears and sees needs to be translated clearly, regularly and back to the people who raised it.

Te Pūnaha Māramatanga Hauora | Hauora intelligence and Whānau Voice system

Over time, the work should become more than a collection of reports, feedback channels and dashboards. It should become a connected whānau voice and locality intelligence ecosystem that gathers information from different places, builds a growing body of insight, and turns that insight into products used by Boards, partners, providers and communities.

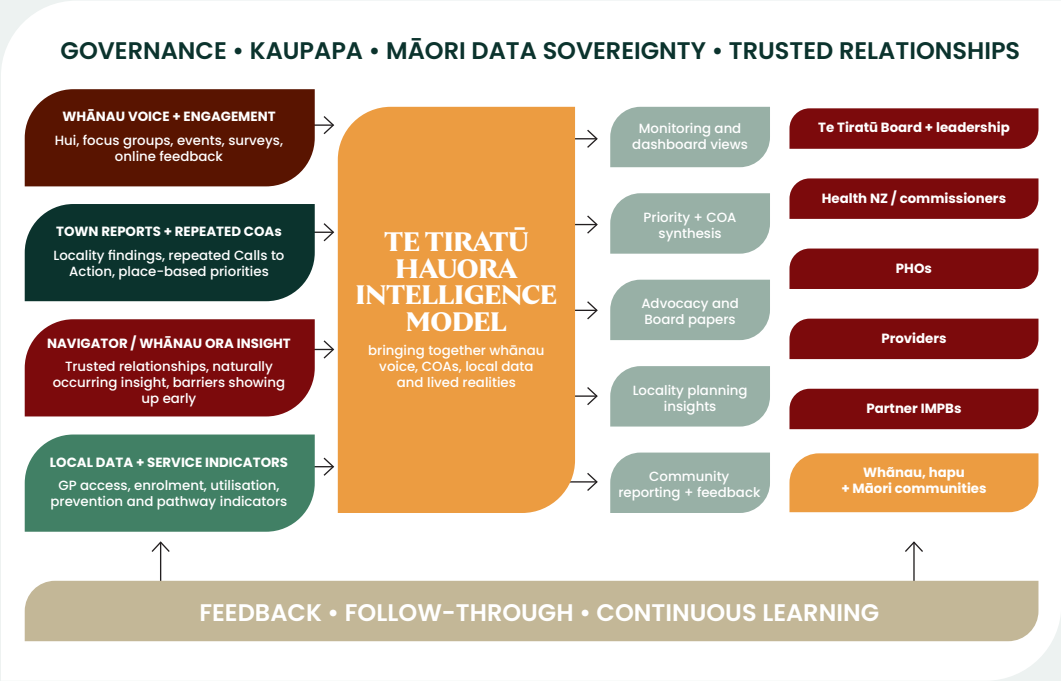


Figure 2. Te Tiratū Hauora intelligence and whānau voice system.

The model brings together planned engagement, Town Reports and Calls to Action, navigator / Whānau Ora insight, and local data and service indicators. Governance, kaupapa, Māori data sovereignty and trusted relationships sit above the system; feedback, follow-through and continuous learning sit below it.

He aha te tikanga mō ngā hoa? | What this means for Te Tiratū, system partners and communities

TE TIRATŪ

Keep strengthening the ability to read what is happening across the rohe and use whānau realities and local evidence to influence priorities, investment and accountability.

HEALTH NZ + SYSTEM PARTNERS

Broad averages and generic regional reporting are not enough on their own. Locality evidence needs to show where access is weak, pathways are breaking, or services are hard to use.

PHOs + PRIMARY CARE

Keep access and enrolment at the front door in view - including whānau who are weakly connected or not connected to primary care.

KAUPAPA MĀORI + IWI / COMMUNITY PROVIDERS

Trusted, local and relational care is one of the strongest assets in the wider system and needs to be treated as core capability.

WHĀNAU ORA + RANGITĀMIRO COMMISSIONING AGENCY

Navigator insight and community-grounded engagement have growing value as part of the wider planning and monitoring picture.and feedback?

WHĀNAU + COMMUNITIES

What people say should not disappear inside the system. Feedback needs to connect to advocacy, planning and visible follow-through.

Local evidence should not disappear inside broad system language.

Te Aronga mō ngā Tau e Toru | Three-year focus

The next phase needs to be practical, disciplined and realistic. The purpose of refreshing the plan is not simply to produce a new document, but to support a clearer and more useful way of working over the next three years.

2026/27 CONFIRM + CONNECT

- Confirm six-priority structure
- Complete / advance locality evidence
- Set first monitoring lines
- Strengthen whānau voice + navigator connection

2027/28 BUILD + EMBED

- Grow whānau voice ecosystem
- Expand dashboards and locality views
- Use priority test in partner / investment decisions
- Regular reporting-back rhythm

2028/29 TRACK + SHOW

- Track repeated signals over time
- Strengthen evidence of follow-through
- Refine priorities from new locality evidence
- Make success visible to whānau and partners

Across all three years, Te Tiratū should keep building the practical intelligence tools already underway: communications, Hauora Intelligence, Power BI dashboards linked to local data and whānau feedback, and clearer reporting formats for Boards, partners and communities.

This plan also emphasises a broader, continuous community intelligence approach: planned engagement plus naturally occurring navigator insight, primary care indicators, digital channels and reporting-back loops.

He aha te āhua o te angitu?
| What success looks like

CLEARER VIEW
Te Tiratū has a clearer and more current view of what whānau are facing.

STRONGER & TIMELY LOCAL EVIDENCE
Local evidence is stronger and more regularly used.

VISIBLE CALLS TO ACTION
Repeated Calls to Action are visible in planning and advocacy.primary care.

VOICE IN MONITORING
Whānau Voice and navigator insight are treated as part of the monitoring picture.

ACCESS HARDER TO IGNORE
Māori enrolment and access issues are more visible and harder for the system to ignore.

CLEARER COMMUNICATION
Te Tiratū communicates more clearly with communities, Boards and partners.

BETTER-GROUNDED INVESTMENT
Planning and investment conversations are more grounded in what local evidence is showing.

VISIBLE FOLLOW -THROUGH
Communities can see a stronger connection between what they raise and what happens next.

Success is not more documents. It is stronger line of sight from whānau experience → evidence → priorities → action → feedback.



Ngā Whakaaro Whakamutunga

| Final Reflection

Te Tiratū is working to make sure what people are saying does not disappear inside the system.

A clearer, more local and more discipline way of turning whānau experience into planning, advocacy and follow-through across the rohe.

Āpitihanga A | Refreshed Te Tiratū community health priorities summary

For the fuller narrative and evidence summary behind these priorities, readers should also refer to the refreshed Te Tiratū Hauora Māori Priorities Summary Report.

01 ACCESS

Access earlier, closer to home, and more affordably

Access remains one of the clearest priorities. Whānau continue to face barriers around affordability, enrolment, appointment availability, travel, transport and limited local service options.

02 NAVIGATION

Care that is easier to navigate, coordinate and finish

Whānau need more than access once. They need care that can be followed through, joined up, and finished properly.

03 TRUSTED CARE

Trusted kaupapa Māori, iwi-led and Whānau Ora-aligned care

Whānau are consistently clear about what helps. Trusted care matters. Local care matters. Relational care matters.

04 PREVENTION

Prevention, rangatahi wellbeing and earlier intervention

Too much support still happens late. By the time help arrives, problems may already be more serious, more stressful, and harder to shift.

05 WHĀNAU VOICE

Whānau voice, navigator insight and feedback loops

Whānau voice needs to stay with the work all the way through. It should help shape what Te Tiratū watches, what it pushes on, what it asks from partners, and how it reports back to communities.

06 CAPABILITY

Workforce, data, digital and system capability

None of the priorities in this plan will shift far without the right capability sitting underneath them.

Āpitihanga B | Investment signals and commissioning implications

This appendix helps Te Tiratū read funding and investment decisions through the lens of its refreshed priorities, locality evidence and whānau voice. Read this way, investment examples become signals about where the system is responding, where gaps remain, and where stronger influence may still be needed.

Gap area	Why it aligns	What Te Tiratū should watch
Kaupapa Māori mental health and trauma services	Strong alignment with trusted care, prevention and earlier intervention	Reach, uptake, whānau trust, and whether support arrives earlier
Nurse-led community health outreach	Strong alignment with access earlier, closer to home and more affordably	Early connection to care, winter readiness, medication access, avoidable escalation
Men's refuge and whānau safety	Alignment with trusted care, whānau wellbeing and earlier support	Safety outcomes, uptake, community trust, and service continuity

Live-view logic: over time, this can become a simple investment signals register showing how current or recent funding decisions line up with Te Tiratū priorities and what follow-through should be watched.

Āpitihanga C | Town Report COA mapping

Repeated Calls to Action from the Town Reports mapped to the refreshed priority structure. This should be treated as a live view and will deepen as further locality work is developed.

Repeated COA theme	What it points to in practice	Priority alignment
Improve local access to timely care	Long waits, limited local options, poor after-hours access	6.1 Access earlier, closer to home, and more affordably
Reduce cost, transport and travel barriers	Care exists but is hard to reach because of distance, cost or time burden	6.1 Access earlier, closer to home, and more affordably
Strengthen enrolment and early connection to primary care	Weak connection to primary care and delayed prevention	6.1 Access earlier, closer to home, and more affordably
Improve follow-through across care pathways	Referral breakdowns, poor handover, repeated retelling	6.2 Care that is easier to navigate, coordinate and finish
Increase access to trusted local and kaupapa Māori support	Whānau engage better where care is culturally grounded and trusted	6.3 Trusted kaupapa Māori, iwi-led and Whānau Ora-aligned care
Strengthen prevention and earlier intervention	Too much need escalates before help arrives	6.4 Prevention, rangatahi wellbeing and earlier intervention
Increase visibility of whānau voice in planning and follow-through	Communities want to be heard and want clearer response	6.5 Whānau voice, navigator insight and feedback loops
Improve workforce, service capability and locality data	Thin local capacity, weak data fit, poor visibility of patterns	6.6 Workforce, data, digital and system capability

Āpitihanga D | Indicative monitoring lines and dashboard logic

The point is to begin with a smaller number of meaningful monitoring lines and build from there over time.

Priority	Indicative monitoring lines	Potential evidence sources
6.1 Access	Māori enrolment rate; estimated unenrolled / weakly connected whānau signal; affordability themes; appointment access; transport barriers	Health NZ data; PHO data; Town Reports; whānau voice; navigator insight
6.2 Navigation	Referral completion signals; missed follow-up patterns; repeated retelling themes; pathway friction themes	Whānau voice; Town Reports; provider feedback; navigator insight
6.3 Trusted care	Whānau reports of trust and cultural safety; kaupapa Māori provider reach; navigator support presence	Whānau voice; Whānau Ora insight; provider reporting
6.4 Prevention	Screening participation where available; rangatahi wellbeing themes; early mental health access signals	Health NZ data; PHO data; Town Reports; whānau voice
6.5 Voice and feedback	Volume and spread of whānau voice capture; repeated themes; navigator insight patterns; reporting-back activity	Te Tiratū engagement work; Whānau Ora / Rangitāmiro insight
6.6 Capability	Local workforce capacity themes; locality reporting coverage; dashboard development status; data fit and timeliness	Health NZ; PHOs; provider intelligence; Te Tiratū dashboard work

SUGGESTED DASHBOARD VIEWS

ROHE OVERVIEW
Core signals across all six priorities

LOCALITY VIEW
Town / place evidence and differences

VOICE + NAVIGATOR THEMES
Repeated themes and emerging barriers

ACCESS + CONNECTION
Enrolment, affordability, appointment and transport signals

ACTION + FOLLOW-THROUGH
What has been raised, influenced, actioned and reported back

Āpitihanga E | Alignment with Māori Health Strategy 2026 - Whiria Te Ora, government priorities and HMAC

PURPOSE

This appendix shows how the Te Tiratū Community Health Plan aligns with Māori Health Strategy 2026 - Whiria Te Ora, wider government health priorities and the monitoring role of the Hauora Māori Advisory Committee (HMAC), while remaining grounded first in whānau realities and locality evidence.

How this plan aligns with the new national strategy

Māori Health Strategy 2026 - Whiria Te Ora sets the current national direction for improving Māori health outcomes. It replaces Pae Tū: Hauora Māori Strategy, produced by Manatū Hauora and Te Aka Whai Ora in 2023. The six priorities in the Te Tiratū Community Health Plan already align strongly with the new strategy, particularly its focus on prevention and early intervention, quality and accountability, workforce and provider resilience, Māori health leadership, and systematic use of whānau voice.

The four priorities in Māori Health Strategy 2026 - Whiria Te Ora

01	**Strengthen investment in prevention and early intervention** Act earlier across the life course and strengthen the conditions that support hauora.
02	**Maintain a focus on quality, safety and accountability for the health of Māori** Improve timely access, quality, safety, transparency and responsibility for results.
03	**Sustain and enable a resilient health workforce and sector** Build a capable, culturally safe, sustainable Māori health workforce and provider sector.
04	**Support and develop Māori health leadership** Strengthen Māori leadership, partnership, decision-making and the use of whānau intelligence.

NATIONAL DIRECTION • LOCAL ACTION

Māori Health Strategy 2026 - Whiria Te Ora sets the national direction for improving Māori health outcomes. The Te Tiratū Community Health Plan translates that direction into local access barriers, whānau priorities, repeated Hauora Report Series Calls to Action, monitoring signals and practical partner asks across the rohe.

How the six Community Health Plan priorities align

Priorities 6.1–6.3

01

6.1 Whiria Te Ora alignment: Priorities 1 and 2

Whiria Te Ora: Priority 1: prevention and early intervention; Priority 2: quality, safety and accountability

Why it aligns: Earlier connection to primary care, timely GP access, immunisation, screening and reduced rural/cost barriers.

Practical partner ask: **Health NZ and PHOs should provide locality-level access, enrolment and timeliness data and jointly address gaps.**

02

6.2 Whiria Te Ora alignment: Priorities 2 and 3

Whiria Te Ora: Priority 2: quality, safety and accountability; Priority 3: resilient workforce and sector

Why it aligns: Quality includes understandable, navigable care; pathway completion depends on coordination and workforce capacity.

Practical partner ask: **Monitor referral completion, repeated retelling, missed follow-up and avoidable escalation - not only first contact.**

03

6.3 Whiria Te Ora alignment: Priorities 3 and 4

Whiria Te Ora: Priority 4: Māori health leadership; Priority 3: resilient workforce and sector

Why it aligns: Community-led and kaupapa Māori models strengthen trust, innovation, responsiveness and uptake.

Practical partner ask: **Use commissioning settings that sustain Māori providers, navigators and local relational capability.**

INTERPRETATION

The first three Community Health Plan priorities make quality real for whānau: care must be reachable, affordable, trusted, understandable and able to be completed. This goes beyond counting whether a service or appointment technically exists.

How the six Community Health Plan priorities align

Priorities 6.4–6.6

01

6.4 Whiria Te Ora alignment: Priority 1

Whiria Te Ora: Priority 1: prevention and early intervention

Why it aligns: Direct alignment across immunisation, screening, long-term conditions, healthy environments and earlier mental-health support.

Practical partner ask: Shift measurable activity upstream and track whether whānau receive support before crisis or hospital escalation.

02

6.5 Whiria Te Ora alignment: Priority 4 and measures D1 and D2

Whiria Te Ora: Priority 4: Māori health leadership; measures D1 and D2

Why it aligns: Whiria Te Ora explicitly expects Health NZ support for IMPB whānau-voice analysis and regular IMPB insight to HMAC.

Practical partner ask: Agree resourcing, information access, reporting rhythm and a visible feedback loop to whānau.

03

6.6 Whiria Te Ora alignment: Priorities 3 and 4

Whiria Te Ora: Priority 3: resilient workforce and sector; Priority 4: Māori health leadership

Why it aligns: Local workforce, provider resilience, information, monitoring and analytic capability enable the other priorities.

Practical partner ask: Resource locality intelligence, data sharing, dashboards, Māori workforce pathways and communications capability

DIRECT POLICY SUPPORT FOR THE TE TIRATŪ MODEL

Whiria Te Ora measures D1 and D2 expect Health NZ to support IMPBs to collect, analyse and share whānau voice, and expect IMPBs to supply those insights regularly into HMAC monitoring. This provides clear national-policy backing for the CHP's Hauora Intelligence and Whānau Voice system.

What this means for implementation and monitoring

The alignment should change how partners work with Te Tiratū

The alignment between the CHP and Māori Health Strategy 2026 - Whiria Te Ora should now be reflected in practical action, information sharing, monitoring and reporting. Te Tiratū is asking Health NZ, PHOs and providers to agree a focused first wave of work and make progress visible to whānau.

Five implementation asks of Health NZ, PHOs and providers

01	**Agree shared first-wave actions** Select three initial CHP actions with Health NZ, PHOs and providers, with named owners and 90-day milestones.
02	**Supply locality-level intelligence** Provide Māori and total-population views for enrolment, access, timeliness, prevention, pathway completion and avoidable escalation.
03	**Resource the whānau voice loop** Enable Te Tiratū to gather, analyse and share whānau voice consistently, then report back what changed.
04	**Measure completion, not only contact** Monitor whether whānau reach, trust, understand and finish pathways — not simply whether the first appointment occurred.
05	**Keep national and local accountability connected** Use Community Health Plan reporting to show how Whiria Te Ora commitments are landing across individual localities and population groups.

Sources

Whiria Te Ora - Māori Health Strategy 2026, online version — https://www.health.govt.nz/publications/maori-health-strategy-whiria-te-ora

Health and Independence Report 2024, online version — https://www.health.govt.nz/publications/health-and-independence-report-2024-online-version

HMAC population priority monitoring reports — https://www.health.govt.nz/about-us/new-zealands-health-system/health-system-roles-and-organisations/health-committees-and-boards/hauora-maori-advisory-committee/population-priority-monitoring-reports

Āpitihanga F | Whānau Voice and navigator insight channels

The aim is not simply to increase the number of channels through which whānau voice is gathered. The longer-term aim is to build a more connected whānau voice system: qualitative and quantitative information together, naturally occurring insight as well as planned engagement, and a clear feedback loop back to whānau and communities.

Channel	What it includes	Why it matters
Planned engagement	Hui, events, focus groups, surveys and interviews	Direct discussion and deeper testing of issues
Town Reports and COAs	Local voice, service reality, data patterns and repeated Calls to Action	Cross-rohe pattern recognition and locality comparison
Whānau Ora navigator insight	Trusted relationships, practical support and naturally occurring insight	Early warning of barriers, emerging need and repeated issues
GP and primary care indicators	Enrolment, continuity and access signals	Helps show who may not be getting through the front door
Digital platforms and online channels	Online feedback, digital story capture, web forms, social media opportunities	Wider reach and more timely pattern spotting
Feedback loops and reporting back	Community updates, dashboard snapshots, locality reporting-back	Keeps voice connected to action and trust

Whānau voice is not a one-off engagement step. It is part of how Te Tiratū monitors, learns, influences and reports back.





tetiratu.co.nz