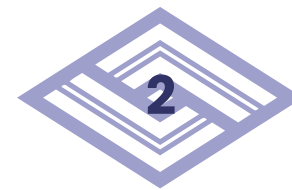




Te Punanga Ora
IWI MĀORI PARTNERSHIP BOARD
COMMUNITY HEALTH PLAN

Dated: 30 September 2024

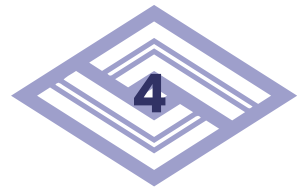


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WHAKAPAPA

He take take maunga, he taketake tangata
Ko Taranaki tō tātou okiokinga
Tū te ao, tū te pō tū kau ana ki te uru
Ōna wai e rere iho ai ki runga ki te whenua
Ki runga ki ngā kāinga, ki runga ki ōna iwi
He puna wai koropupū, he manawa whenua
He puna e heke mai ai te tangata
Kia piki te hauora o Ngā Iwi o Taranaki uri me
ngai Māori katoa hei oranga
mō te āpōpō
“Ensuring our whānau have a culturally healthy
future





OUR VISION

Kia piki te hauora o Ngā Iwi o Taranaki uri me ngai Māori katoa hei oranga mō te āpōpō

Ensuring our whānau have a culturally healthy future

Our Values: Nga Uārā

- **Mana Motuhake:** Enabling Māori self-determination
- **Manaakitanga:** Caring for each other in mana-enhancing ways
- **Pono:** To act with integrity, to be consistent in what they do, and to do it with aroha
- **Aroha:** Empathy for others always
- **Kotahitanga:** Working as one as Māori and whānau

OUR ROLE AS STRATEGIC COMMISSIONERS

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

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

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

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

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

Government expectations of us in strategic commissioning

The Government intends that IMPBs will have strategic commissioning powers from 1 July 2025¹, although it is unclear at this stage how those powers will be conferred. Specifically, Cabinet has endorsed this function at:

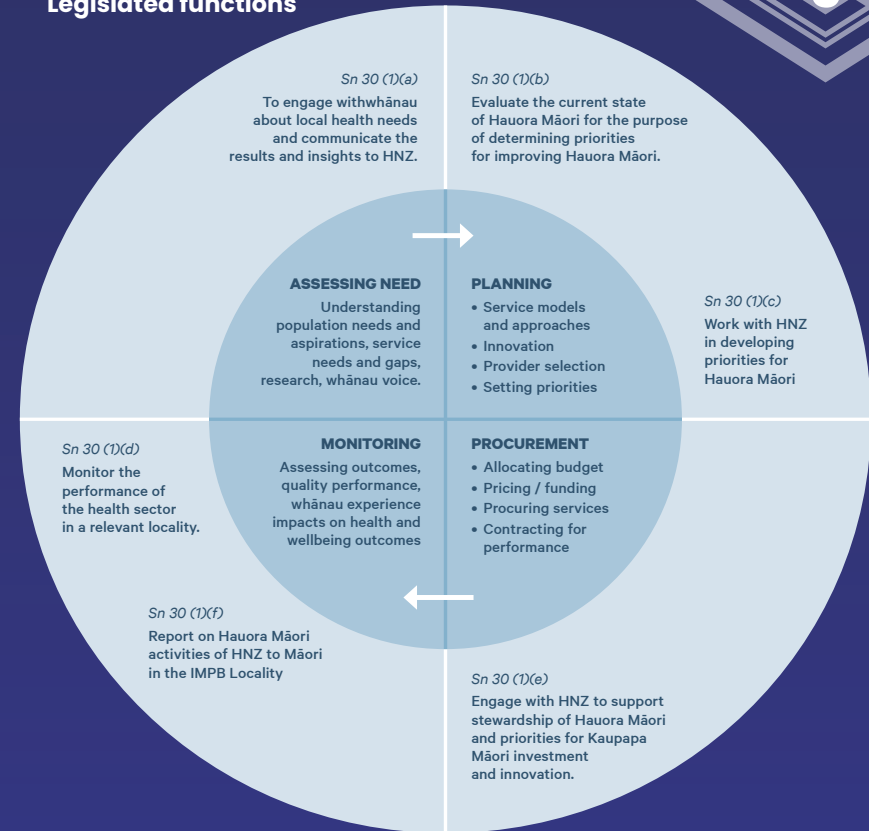
Clause 38 of the Cabinet paper:

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

Clause 39 of the Cabinet paper:

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

Strategic commissioning aligned to IMPB Legislated functions



LEGISLATED MANDATE

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

Our Role

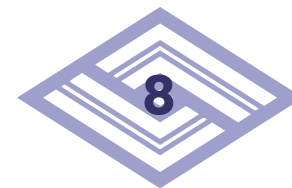
We undertook a process to capture whānau voice through an equity research initiative conducted in Taranaki to inform our direction forward. The information which resulted in our whānau voice focus for our Hauora Māori Priorities Report. Key learnings from the engagement with whānau and stakeholders identified key issues for whānau:

- 1. Equity focused planning:** Health planning must prioritise achieving health equity. Health equity needs to be at the centre of routine planning and consideration given to how programmes and services are going to redress health inequities. Resources should be allocated to approaches that will meet the needs of the most disadvantaged groups. Therefore, if programmes and services cannot demonstrate a positive impact on inequities, action must be taken to divest from that programme or service or plan and action changes to specifically address inequities.
- 2. Increase the Māori workforce:** Increase the number of Māori staff working in health, and for ‘by Māori, for Māori’ approaches to promote equitable outcomes for Māori health consumers.
- 3. Cross sector collaboration and service integration:** A key strategy for promoting equity is to undertake greater collaboration with other services and sectors. Many of the opportunities for promoting health equity, particularly for Māori, will be achieved by working alongside other stakeholders, such as Māori community service providers, primary health organisations, general practices and early childhood centres
- 4. Patient-centred services:** Attention was brought to the need to integrate services that have mutual audiences, such as children or women, to work together to meet the needs of service users and their whānau. This approach, it was noted, would enable health services to put patients at the centre of planning and could take a life-course approach to health services.
- 5. Cultural safety:** A significant area requiring improvement was a clear need for a more culturally competent health workforce and culturally safe practices. Consumer voice consistently emphasised the need for the people working within in the services who interface with the public to be more culturally safe in their practice.
- 6. Kaupapa Māori services:** The need for culturally appropriate delivery to meet the needs and aspirations of Māori was also a common recommendation. Fundamental to addressing inequities for Māori is the provision of programmes and services that are culturally meaningful and appropriate for whānau.



- 7. Additional resources in South Taranaki:** Additional resourcing of services and programmes is needed in South Taranaki. Promoting equitable access to the benefits of health services and programmes for people living in South Taranaki was championed in the case studies. Extending the reach of services to areas in South Taranaki (including Coastal Taranaki), as well as allocating additional resources to existing services and programmes, was proposed.
- 8. Equity data reporting and monitoring:** Continuous monitoring of inequity data.
- 9. Use of Te Reo Māori:** The use of Te Reo Māori should be integrated more strongly into health service and programme delivery. Consistently raised by consumers - correct pronunciation and increased use is important to Māori and contributes to promoting health and wellbeing.
- 10. Addressing telephone barriers:** A practical suggestion for achieving equitable access to health services and programmes was to address the barriers that low socio-economic groups regularly face when attempting to contact the health system. A lack of phone credit was a common contributing equity issue for low-income groups (free 080 numbers for instance)
- 11. Health promotion and communications:** The need for equity-focused targeted communications and health promotion was highlighted.
- 12. Community-based kaiawhina with transport support:** The important role of community-based kaiawhina to support Māori whānau to engage with health services was commonly reflected. Importantly, the role of the kaiawhina was commonly linked to the provision of transport for health consumers.
- 13. Consumer participation:** To ensure health services and programmes are meeting the needs of consumers, greater participation of consumers is required in planning.

Our work continues in engaging whānau through our appointed Pou Hononga who will continue to work to engage whānau, hapu and kaimahi to hear their korero and ideas / aspirations. Our ongoing whānau voice programme of work will ensure that the voices of whānau inform our strategic procurement and strategic monitoring functions moving forward. We aim to produce a formal Whānau Voice Issue # 1 in 2025.



LEGISLATED MANDATE

*Pae Ora Act Sn 30(1)(b) evaluate the current state of Hauora Māori for the purpose of determining priorities for improving Hauora Māori.
Sn 30(1)(c) work with HNZ in developing priorities for Hauora Māori*

Our Role

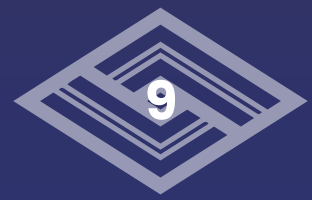
Utilising our Hauora Māori Priorities Report (needs analysis) produced in the first phase, our IMPB met together in workshops to work through the findings of this analysis, and to determine priorities – which are now embedded in our Hauora Māori Priorities Report September 2024. This is work that we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

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

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

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

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



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

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

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

LEGISLATED MANDATE

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

Our Role

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

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

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

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

Directing the Hauora Māori Appropriation (the 3%)

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

At present we do not yet have a line of sight over the allocations made within the appropriation for our area for 2024 – 2025 but we do have information from Te Aka Whai Ora on their 2021 – 2024 investments in our rohe (see Appendix B). It is unclear at this point what the more recent investments (July 2024 – June 2025) has been targeted toward and whether this meets the identified health needs outlined in the Hauora Māori Priorities Report. The investment to June 2024 shows that almost \$19m was invested in our district. This is approx. 3% of the total investment held of \$620.328m nationally. The October 2023 report indicated that the total was invested as follows:

SERVICE AREA	FUNDING FY23-24	% SHARE
Mental Health	\$8,525,392	46%
Kahu Taurima	\$3,020,426	16%
Primary Care	\$2,854,511	15%
Public & Population Health	\$1,815,555	10%
Addictions	\$1,448,744	8%
B22 cost pressure	\$507,884	3%
Mātauranga Māori	\$406,442	2%
Workforce development	\$116,508	1%
Health of Older People	\$0	0%
TOTAL	\$18,695,462	100%



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

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

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

Co-commissioning with Te Whatu Ora | Health NZ (the 97%)

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

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

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

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

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

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

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

Alignment of IMPB strategic procurement functions with Government Priorities

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

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

GOVERNMENT'S HEALTH PRIORITIES

5 X HEALTH TARGETS	Faster Cancer treatment -90%	Improved Immunisation for children-95%	Shorter stays in ED-95%	Shorter wait times for first specialist assessment-95%	Shorter wait times for treatment-95%
5 X PATHOLOGIES	Cancer	Cardiovascular disease (CVD)	Respiratory Disease	Diabetes	Mental health (see specific targets below*)
5 x MODIFIABLE BEHAVIOURS	Smoking	Alcohol	Diet	Exercise	Social cohesion
*MENTAL HEALTH AND ADDICTIONS – specific sub- priorities	Faster access to specialist MH&AS-80%	Faster access to primary MH & AS-80%	Shorter MH & Addiction-related stays in ED-95%	Increased MH&A workforce development (train 500 MH&A professionals)	Strengthened focus on prevention and early intervention – 25%

HAUORA MĀORI ADVISORY COMMITTEE (HMAC) PRIORITIES	PRIORITY DOMAIN	ALIGNMENT WITH IMPB PRIORITIES
	1. Māori are protected from communicable diseases across the life course (eg, immunisation rates at 2 years)	<i>Part of existing immunisation priority</i>
2. Māmā and pēpi receive consistent quality care during pregnancy and into the early years (eg, enrolment with a primary care provider in the first trimester of pregnancy)	<i>Tautoko. Māori inequities exist in LMC uptake, birth outcomes and primary care enrolment</i>	
3. Early y prevention of long-term illnesses for tamariki and rangatahi (eg, ambulatory sensitive hospitalisations for respiratory disease in 0-5)	<i>Tautoko. This will be part of our review of hospitalisations as well as support for Kahu Taurima</i>	
4. Rangatahi experience stronger mental health and resilience (eg, timely access to mental health and addiction services)	<i>Tautoko. This is on our primary mental health and addictions priority list</i>	
5. Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors (eg, smoking prevalence)	<i>Tautoko. Identified as part of the 'modifiable behaviours mahi with NZPHS</i>	
6. Identification and treatment pathways for cancer are faster, timely, comprehensive and effective (eg, patients receiving cancer management within 31 days of decision to treatment)	<i>Part of existing government priority for faster cancer treatment. We have also identified cancer screening as a major priority especially breast, cervical and bowel screening</i>	
7. Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease (eg, people with diabetes regularly receiving any hypoglycemic medication in the relevant year)	<i>Primary care enrolment (vs utilisation) and non-enrolment is a key priority for us</i>	
8. Kaumātua are supported to live well through managing complex co-morbidities (eg, rate of polypharmacy in over 65s)	<i>As above</i>	
9. IMPBs are well supported to deliver on their roles and respond to hāpori and whānau wellbeing needs (e.g., resourcing and capability)	<i>Tautoko. We await notification on what additional support will be provided to add capability once strategic commissioning has been formally conferred. A key strategic focus for us is to grow our capability and reduce dependence on the system for us to perform our functions successfully</i>	

LEGISLATED MANDATE

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

Our Role

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

The weakness of the information in our first Hauora Māori Priorities report is that the data we received was variable (different dates / scope); the data did not meet our needs for locally tailored information in local hapori.

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

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

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

IWI MĀORI PARTNERSHIP BOARD MONITORING FRAMEWORK

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

Monitoring Framework for the Te Manawa Taki Iwi Māori Partnership Boards

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



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

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

Te Tiriti o Waitangi partnerships

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

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

3 YEAR WORKPLAN 2025 - 2027

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

Appendix A - Te Punanga Ora - Iwi Māori Partnership Board: Hauora Māori Priorities Summary Report



Te Pūnanga
Ora_Hauora Maori Pri

Appendix B - Hauora Māori Investment report to June 2024







TE PUNANGA ORA
KO TŌ MANAWA KO TAKU MANAWA