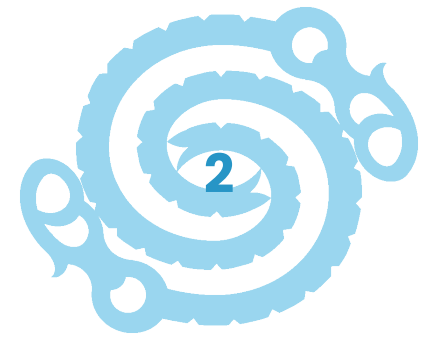




Tūwharetoa IWI MĀORI PARTNERSHIP BOARD COMMUNITY HEALTH PLAN

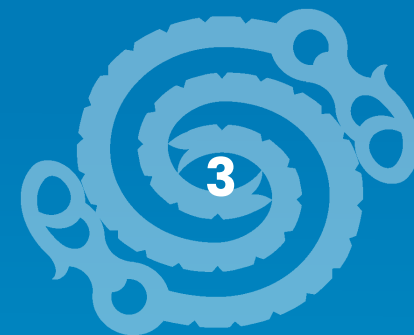
Dated: 30 September 2024



Tangi hotuhotu ana, te hekenga roimata,
e kore e katohia, Waikato hora pounamu,
Waikato Taniwha rau.

Tuheitia Potatau te wherowhero te
tuawhetu, e moe, takoto ki runga a Taupiri
Kuao.

“E rere tonu Ngawai hono i te po, Ngawai
hono ki te ao, hei Ariki, hei Kuini o te
Kotahitanga o ngā iwi maori. Tuturu o whiti
whakamaia kia tina, tina! Haumi e! Hui E!
Taiki e!”



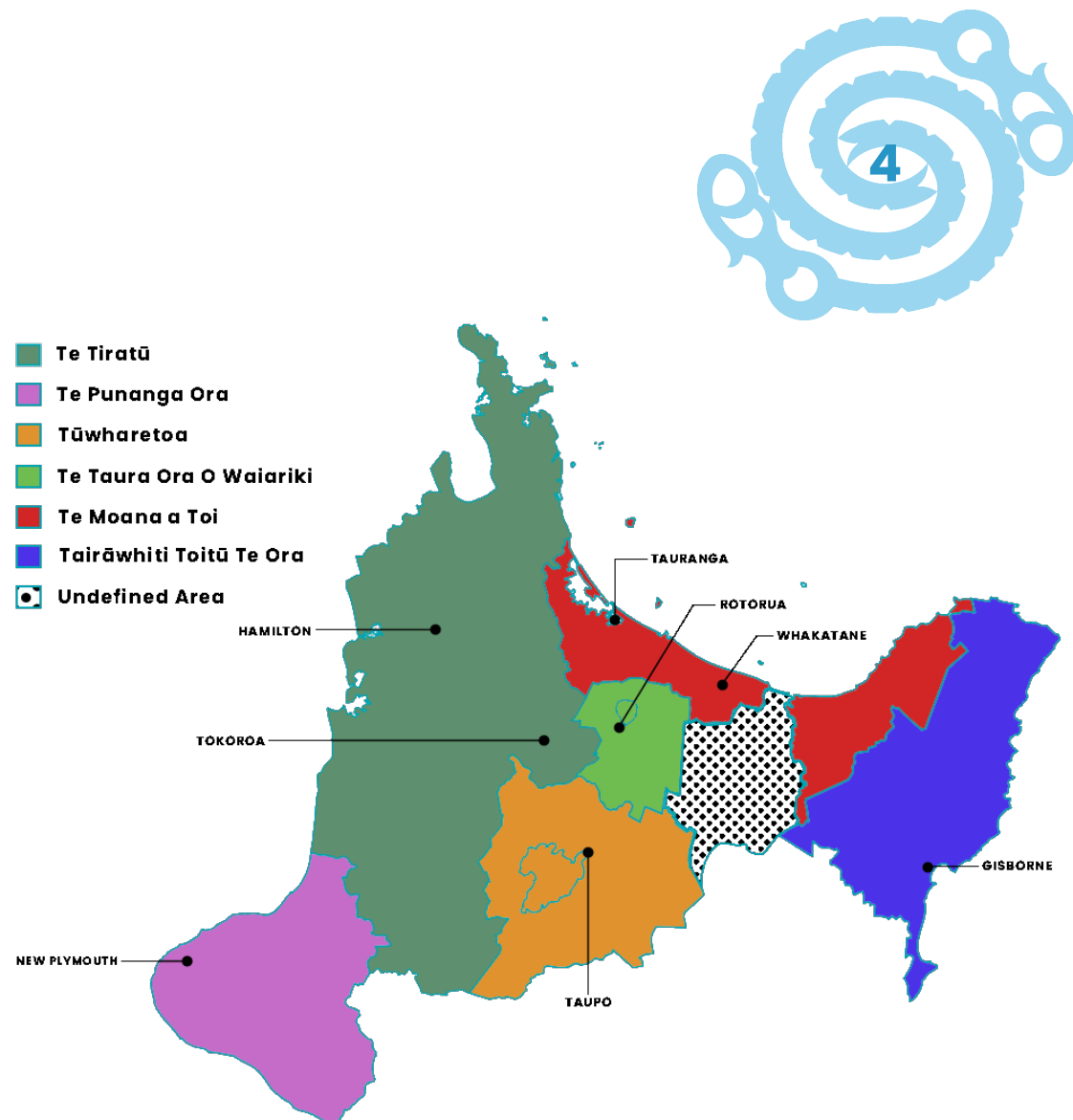
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WHAKAPAPA

Ko Tongariro te maunga Ko Taupō te moana
Ko Ngāti Tūwharetoa te iwi Ko Te Heuheu te tangata
Ngāti Tūwharetoa stretches from Matata to Tarawera, Puutauaki through to Kaingaroa, Taharepa on to Tauhara then to Te Koopu o Kānapanapa, across to Tongariro then south to Tokorangi.

This is the Tūwharetoa Iwi Māori Partnership Board rohe.

We are a people of many landscapes, of mountains, rivers, lakes and geothermal features.





OUR VISION / MOEMOEĀ

Ka tau mai te hī o Rongo

Let all aspects of wellbeing / Rongo settle upon us.

Our Values:

- **Tūwharetoatanga:** is evident in our whakapapa, tikanga and reo which is Tūwharetoa tūturu. It is strength-based where our whare stands strong.
- **Arikitanga:** Is the traditional and unique leadership of our tribe which stems from our whānau and hapū and our belief and support of our Ariki in his mana as Ariki of Ngāti Tūwharetoa.
- **Rangatiratanga:** bringing people together for the common good and to achieve positive impacts for our people
- **Manaakitanga:** behaving generously toward each other
- **Kaitiakitanga:** fulfilling our obligation to Atua Māori to ensure the preservation of their realms and ensuring the long-term well-being of our people.

Our values as described, underpin all activities that we continue to perform as is our responsibility as good guardians in our mana whenua role. This is embodied in the saying “kia tū hikitia, kia tū hapainga I ngā taonga a kui mā a koro mā.

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:

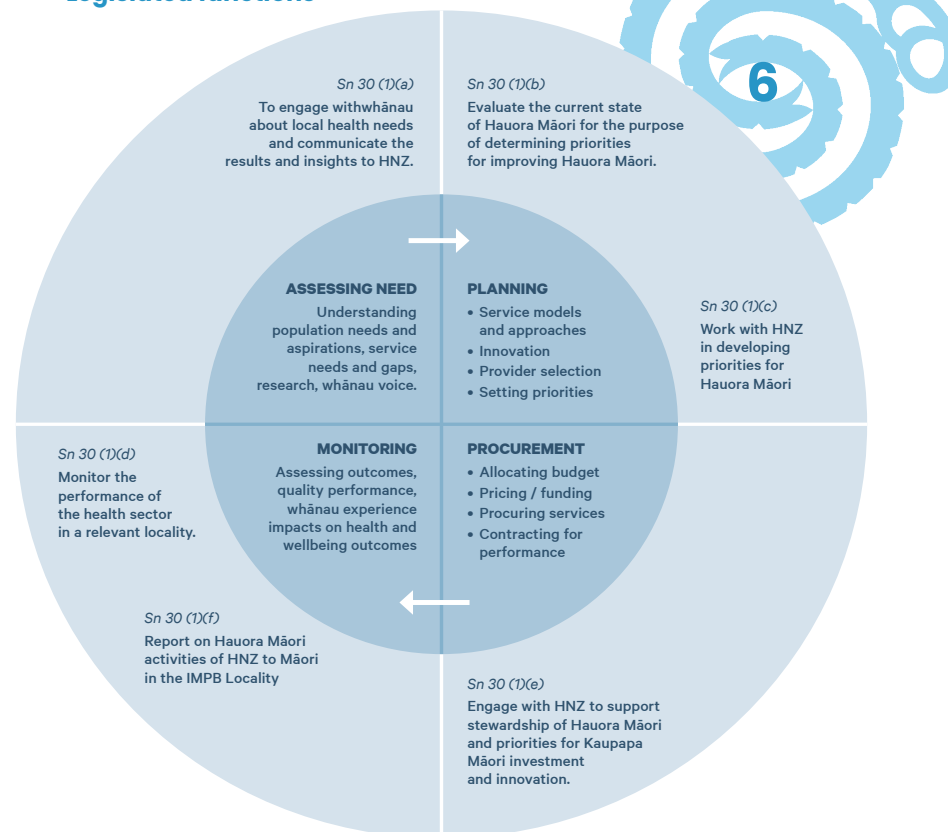
Clause 38 of the Cabinet paper:

“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

7

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

Our Role

Our IMPB led an extensive whānau engagement process which was helped by Tūwharetoa rohe also being selected previously as a locality prototype in 2022. This meant the Iwi and partners had already done extensive whānau engagement that we could build on. We produced our first comprehensive IMPB Whānau Voice Report Issue # 1 where information was sourced from:

- Pae Ora ki Tūwharetoa - community survey report (40 survey responses)
- Pae Ora ki Tūwharetoa: Your Health Priorities survey (70 survey responses) for the Ngāti Tūwharetoa and the Taupō, Tūrangi, Taumarunui, Kawerau, and Tokorangi communities
- Report on Enhancing Cross-Sector Collaboration and Data-Informed Services
- Report: Barriers to Accessing Healthcare for Ngāti Tūwharetoa in Tūrangi, Atlantis Health, 2022 (Study carried out between March and August 2022, involved 17 participants through individual and group discussions)
- Whanau Voice Report: Collated Korero from Waitangi Day Oranga Whanau Tent - 6th February 2020
- Oranga Whanau hui - Wednesday 11th December 2019 (80 people)
- Background Report Te Kapua Whakapipi Tūrangi-Taupo Healthy Homes Initiative: Author: Simone Heta-Pore Project Manager Strategy Planning & Funding (23 March 2022)
- Tūwharetoa IMPB Survey Report: Enhancing Takatāpui LGBTQIA+ Whanau Well-being collected at the Rainbow Pride Picnic, Tongariro Domain, Taupo, 23 March 2024 (20 respondents)
- Report on interviews / kōrero with 30+ rainbow community members in the Taupō and Tūrangi region consisting of gay and lesbian, trans people and gender nonbinary locals
- Report on interviews / kōrero with 30+ rangatahi aged 12-25 in the Taupō and Tūrangi region (February 2024)
- Tūwharetoa Locality Prototype Report He Ara Whakapiki Ora: Whānau surveys 2022 – 2023
- Interviews with Hauora Māori providers – Te Kapua Whakapipi, Awhi Health and Tūwharetoa Health in July and August 2024
- Interviews with mainstream service providers who cover this area of the Lakes District – held in August 2024 (includes hospital maternity and other services at Tūwharetoa who serve entire Lake's district)



Some of the feedback from whānau included:

Midwife from Tūrangi really good - travelled to Taupō hospital with her patient.
When you can access Pihanga health, they're pretty good. Trust them more than the hospitals.
Tūwharetoa provides a room for whānau if family are in hospital. Gives people a break.
Feeling of being treated differently at hospital. Not prioritised.
Racist system.
Accused of abuse / or fearful that will be accused of abuse.
Lack of trusted faces.
If Dad (Pākehā) takes the child in he gets seen straight away, but if mother (Māori) does, delayed.
Travel to other place further away to get better treatment (as trusted provider).
Pākehā prioritised over Māori at hospital.
Māori are stoic - "we're OK" even though they might not be.
Families go together, Māori go together, whānau goes with them.
During treatment, was looking for Māori (to connect with) but hard to find. Treatment would be a good time for someone Māori to come and sit with patient. Some services give support but it's Pākehā support, want and need Māori support.
Get partner to take our tamariki to ED – he's Pākehā so they get seen straight away. If I go, they see I'm Māori, takes longer.
Seems like Tūwharetoa Health are trying to get to patients and patients want this support, but obstacles/blocks in between
Need more support along journey from Māori for Māori, it's not the patient's job to be an advocate or fit into the system.
•Racism and stereotypes in health are experienced from a young age – assumption of family abuse.
Very different treatment for Māori fathers vs Māori mothers. As a Māori mother - assumption that she would smoke, husband abuses her, and that she might be linked to gangs.
Treated like a statistic.

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

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

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



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

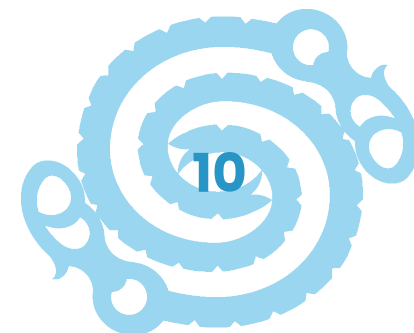
Utilising our Hauora Māori Priorities Report (needs analysis) produced in the first phase, our IMPB met together in workshops to work through the findings of this analysis, and to determine priorities – which are now embedded in our Hauora Māori Priorities Report September 2024. This is work that we 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 Tūwharetoa 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

11

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 just over \$4m was invested in our district. This is approx. 1% 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
Kahu Taurima	\$1,439,805	33%
Mental Health	\$898,279	21%
Public & Population Health	\$862,319	20%
Mātauranga Māori	\$541,411	12%
Primary Care	\$411,625	9%
Health of Older People	\$117,107	3%
B22 cost pressure	\$67,483	2%
Addictions	\$0	0%
Workforce development	\$0	0%
TOTAL	\$4,338,029	100%

Our IMPB considers this overall investment very light considering the health needs in our community, and there are serious inequities in how funding has been distributed without paying adequate attention to rural areas. This is a matter we will focus on closely.

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 hāpori.

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 hāpori through regular IMPB-specific reporting.

GOVERNMENT'S HEALTH PRIORITIES

5 X HEALTH TARGETS

Faster Cancer treatment
-90%

Improved Immunisation for
children-95%

Shorter stays in ED-95%

Shorter wait times for first
specialist assessment-95%

Shorter wait times for
treatment-95%

5 X PATHOLOGIES

Cancer

Cardiovascular disease
(CVD)

Respiratory Disease

Diabetes

Mental health (see specific
targets below*)

5 x MODIFIABLE BEHAVIOURS

Smoking

Alcohol

Diet

Exercise

Social cohesion

*MENTAL HEALTH AND ADDICTIONS – specific sub- priorities

Faster access to specialist
MH&AS-80%

Faster access to primary MH
& AS-80%

Shorter MH & Addiction-
related stays in ED-95%

Increased MH&A workforce
development (train 500
MH&A professionals)

Strengthened focus on
prevention and early
intervention – 25%

HAUORA MĀORI ADVISORY COMMITTEE (HMAC) PRIORITIES

PRIORITY DOMAIN

ALIGNMENT WITH IMPB PRIORITIES

1. Māori are protected from communicable diseases across the life course (eg, immunisation rates at 2 years)

Part of existing immunisation priority

2. Māmā and pēpi receive consistent quality care during pregnancy and into the early years (eg, enrolment with a primary care provider in the first trimester of pregnancy)

Tautoko. Māori inequities exist in LMC uptake, birth outcomes and primary care enrolment

3. Early y prevention of long-term illnesses for tamariki and rangatahi (eg, ambulatory sensitive hospitalisations for respiratory disease in 0-5)

Tautoko. This will be part of our review of hospitalisations as well as support for Kahu Taurima

4. Rangatahi experience stronger mental health and resilience (eg, timely access to mental health and addiction services)

Tautoko. This is on our primary mental health and addictions priority list

5. Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors (eg, smoking prevalence)

Tautoko. Identified as part of the 'modifiable behaviours mahi with NZPHS

6. Identification and treatment pathways for cancer are faster, timely, comprehensive and effective (eg, patients receiving cancer management within 31 days of decision to treatment)

Part of existing government priority for faster cancer treatment. We have also identified cancer screening as a major priority especially breast, cervical and bowel screening

7. Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease (eg, people with diabetes regularly receiving any hypoglycemic medication in the relevant year)

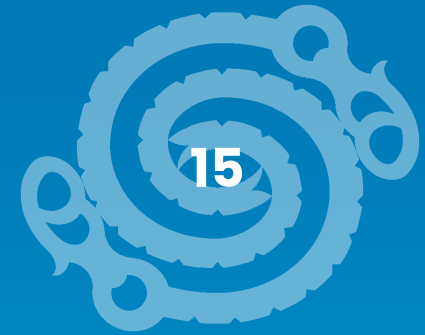
Primary care enrolment (vs utilisation) and non-enrolment is a key priority for us

8. Kaumātua are supported to live well through managing complex co-morbidities (eg, rate of polypharmacy in over 65s)

As above

9. IMPBs are well supported to deliver on their roles and respond to hapori and whānau wellbeing needs (e.g., resourcing and capability)

Tautoko. We await notification on what additional support will be provided to add capability once strategic commissioning has been formally conferred. A key strategic focus for us is to grow our capability and reduce dependence on the system for us to perform our functions successfully



LEGISLATED MANDATE

*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 the Tūwharetoa rohe.

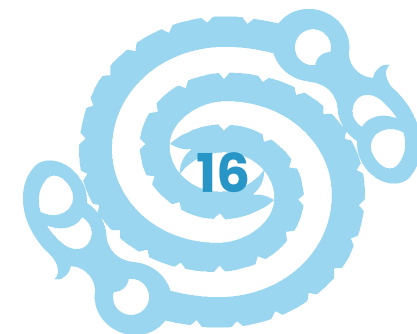
The weakness of the information in our first Hauora Māori Priorities report is that the data we received was variable (different dates / scope); the data was primarily for the former DHB boundary and not our specific IMPB boundary, and the data did not meet our needs for locally tailored information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

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.

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

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



IWI MĀORI PARTNERSHIP BOARD MONITORING FRAMEWORK

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

Monitoring Framework for the Te Manawa Taki Iwi Māori Partnership Boards

Te Tiriti o Waitangi
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
Government Policy Statement (GPS) 2024-27 Priority Areas - see below. Five Health Targets <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. Five modifiable behaviours: smoking, alcohol, diet, exercise, and social cohesion. Five pathologies: cardiovascular disease, respiratory disease, cancer, diabetes, and mental health.	Outcomes and indicators at the regional and individual IMPB levels to be determined by the Hauora Māori Advisory Committee (HMAC) and the Minister of Health, based on the HMAC's nine overarching health and system outcomes and the three-tiered GPS. These will be included in our community health plans.		Outcomes and indicators at the regional and individual IMPB levels are under development by our IMPBs, for inclusion in our community health plans. These will be based on our Whānau Voice, Health Needs Assessments, and key documents that reflect the aspirations and expectations of whānau, hapu, and iwi, such as Te Au Pae Tawhiti. These outcomes and indicators will feed into any national-level outcomes and indicators agreed by all IMPBs.	

GPS 2024-27 Priorities

Access Ensuring all New Zealanders have equitable access to the health care services they need, no matter where they live.	Timeliness Making sure all New Zealanders can access these services in a prompt and efficient way.	Quality Ensuring New Zealand's health care and services are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.	Workforce A skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.	Infrastructure Ensuring that the health system is resilient and has the digital and physical infrastructure it needs to meet people's needs now and the future.
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Other System Enablers

Funding	Data	Social Determinants	Cross-Government	Policy and Legislation	Taiao - Healthy Environments	Global Frameworks
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Lifecourse

Hapūtanga (<0)	Pēpi (0-5)	Taiohi (6-11)	Rangatahi (12-19)	Pākeke (20-40)	Korouame Kuia (41-65)	Kaumātua (65+)
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Whānau Pounamu - Priority Populations

Tāngata Whai Kaha - Disabled People	Tāngata Moana - Pasifika Peoples	Wāhine - Women	Takatāpui - Rainbow	Living Rurally
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3 YEAR WORKPLAN 2025 – 2027

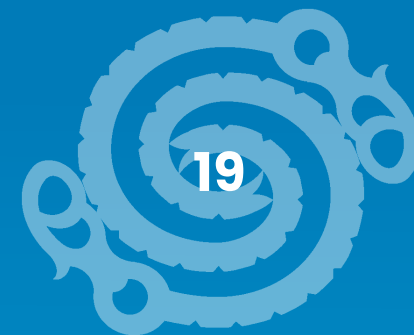
Legislation Function	Year One Jan - Dec 2025	Year Two Jan - Dec 2026	Year Three Jan - Dec 2027
Strategic commissioning focus: assessing needs and aspirations of whānau	<p>Complete Whānau Voice Phase 2 – synthesize and share findings. Contribute findings to health service planning and priority settings</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 whānau voice key priority areas</p>	<p>Review progress of year two implement new improvement projects grounded in whānau 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>

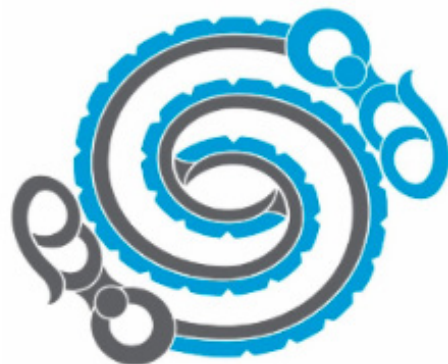
Appendix A - Tūwharetoa - Iwi Māori Partnership Board: Hauora Māori Priorities Summary Report



Tūwharetoa_Hauora
Maori Priorities Sumn

Appendix B - Hauora Māori Investment report to June 2024





TŪWHARETOA IWI
MĀORI PARTNERSHIP BOARD