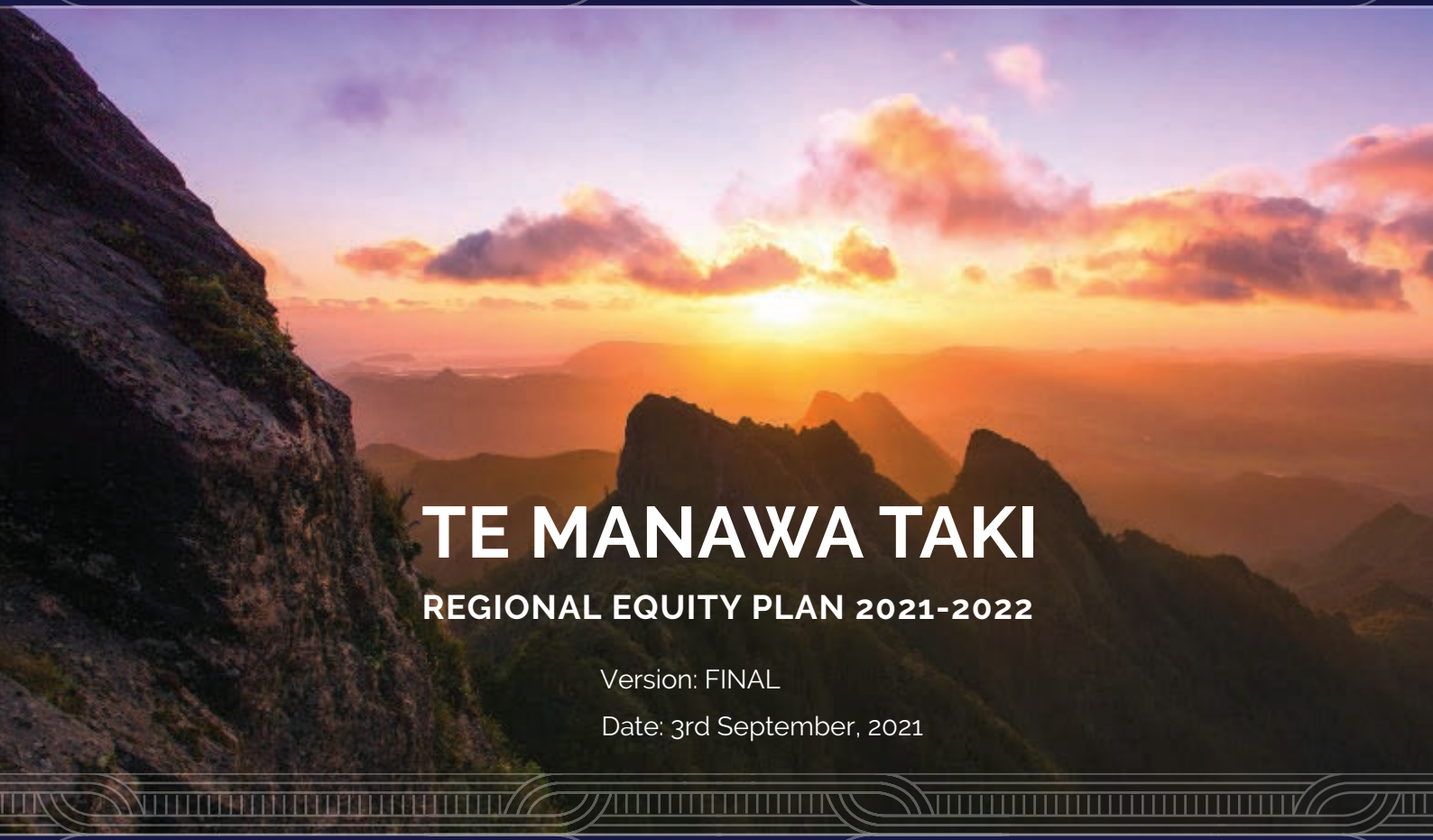
TE MANAWA TAKI



TE MANAWA TAKI

REGIONAL EQUITY PLAN 2021-2022

Version: FINAL

Date: 3rd September, 2021

MĀ WHERO MĀ PANGO
MANY HANDS MAKE LIGHT WORK

Acknowledgements: Te Manawa Taki Leadership Group wishes to acknowledge previous regional Chairs groups for setting the pathway toward this Regional Equity Plan.

TE MANAWA TAKI

Logo Designed by Denise Morgan-Koia | Nativei Creative

Logo Explanation

Main Shape: Manawa/Heart
Represents and more specifically, embodies the vision and values of Te Manawa Taki.

Right Side: 5 "Pulsating" Hearts
5 separate hearts (3 white, 2 grey or implied) sit inside each other to depict each DHB who make up Te Manawa Taki. Together they make up one heart, to reflect the vision and values of Te Manawa Taki.

Left Side: Ngā Pou o Te Manawa Taki

Pouwhenua: used by Māori to mark territiorial boundaries or places of significance. Used here to represent an association between the people and the land. Specifically pouwhenua reflect the relationship between the ancestors, environment and the reputation or standing of the tangata whenua.

Within this logo 5 pouwhenua depict Te Manawa Taki - working together - He kapa kī tahi.

COVER AND BACK PAGE IMAGES: Maunga Hikurangi is the highest non-volcanic mountain in the North Island, and the first place on the Aotearoa New Zealand mainland to see the sun each morning.

E te iti, e te rahi tenei te mihi atu kia koutou, otirā tātou katoa.

Ko te mea tuatahi he whakamoemiti, whakawhetai ki te Atua kaha rawa
Hei korowaitia ia e mātou i raro i ōnā whakapono, aroha me te rangimarie
Nō reira, ko ia te tīmatatanga, me te whakaotinga o ngā mea katoa

Tāhuri tō mātou mata ki te waka ō Tainui ko te Kiingi Tūheitia me te Kāhui Ariki whānui tonu, rire, rire, hau paimārire

Haere tonu ki Ngāti Tūwharetoa i te whare ō Te Ariki Tā Tumu Te Heuheu, ka tau.

Tū atu tēnā ā Pare Hauraki, Te Arawa, Tauranga Moana, Ngāti Awa, Whakatōhea, Ngai Tai, te Whānau ā Apanui whakawhiti atu ki Te Tai Rāwhiti, mai reira ki Te Tai Hauāuru.

He mihi aroha tēnei kia koutou te Iwi whānui ō Te Manawa Taki, ahakoa ngā piki, me ngā heke, me kā heke tou hanga kia kaha ki ou whānau, heoi, e noho ana tātou i raro i te matemate urutā (COVID-19)

Mēna e kore koe e haere ki te tari ārai mate ki te haumarutia e koutou kātahi ka haere

Nō reira te whānau, kua tau te hinengaro, te ngākau, te tinana me te wairua

Te reo Pākehā:

Greetings to all. Firstly, we give thanks to the Almighty Who wraps his cloak of protection around us With his faith, love and peace He is the beginning and end of all things

We turn to Tainui to Te Kiingi Tūheitia and the family of the royal house of Tainui Rire, rire hau paimārire. To Ngāti Tūwharetoa we acknowledge the royal house of Sir Tumu Te Heuheu

To the other iwi of Te Manawa Taki, Pare Hauraki, Te Arawa, Tauranga Moana Ngāti Awa, Whakatōhea, Ngai Tai, Te whānau ā Apanui. From there to the East Coast and from the East Coast to Taranaki.

We greet all Iwi of Te Manawa Taki even though the ups and downs might get you down be strong for your family in these days of COVID-19. We live with COVID therefore if you have not been to a vaccination site then go as soon as you can.

Therefore whānau may peace help settle the mind, the heart the body and soul.

Agreed by Te Manawa Taki Governance
DHB BOARD CHAIRS AND IWI GOVERNANCE

SHARON SHEA, MNZM

Bay of Plenty DHB

LINDA STEEL

Māori Health Runanga

Bay of Plenty DHB

KIM NGĀRIMU

Hauora Tairāwhiti

NA RAIHANIA

Te Waiora o Nukutaimemeha

Hauora Tairāwhiti

DR JIM MATHER

Lakes DHB

AROHA MORGAN

Te Rōpu Hauora o Te Arawa

Lakes DHB

CASSANDRA CROWLEY

Taranaki DHB

TE PAHUNGA (MARTY) DAVIS

Te Whare Pūnanga Korero Trust

Taranaki DHB

DAME DR KAREN POUTASI, DNZM

Commissioner

Waikato DHB

TE PORA THOMPSON-EVANS

Iwi Māori Council

Waikato DHB

TE MANAWA IWI DHB CHIEF EXECUTIVES

PETE CHANDLER

Bay of Plenty DHB

JIM GREEN

Hauora Tairāwhiti

NICK SAVILLE-WOOD

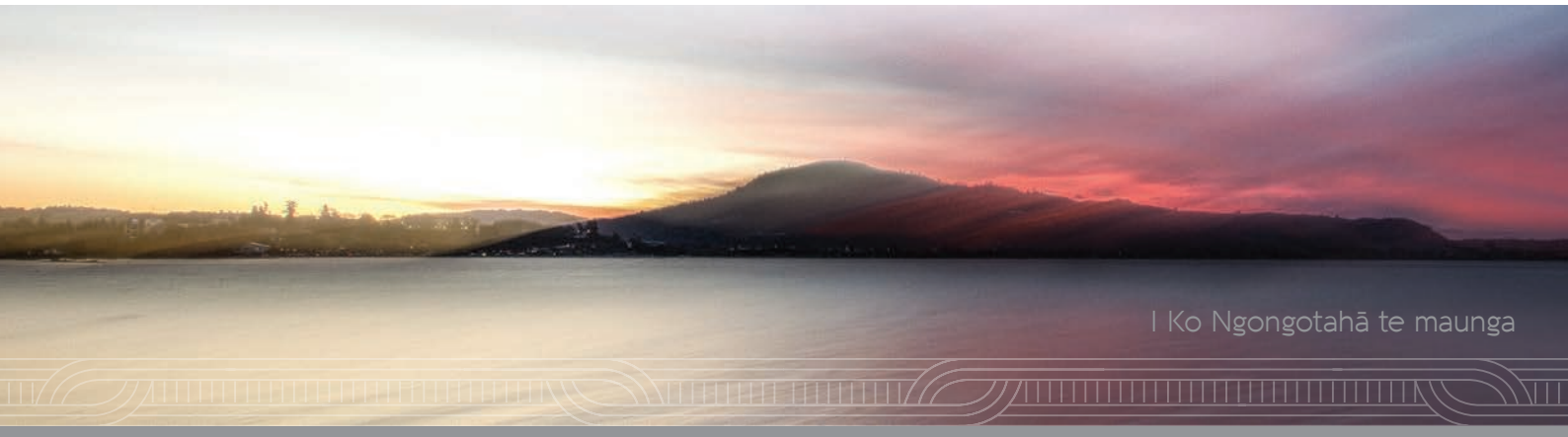
Lakes DHB

ROSEMARY CLEMENTS

Taranaki DHB

DR KEVIN SNEE

Waikato DHB



CONTENTS

28% of people in the region are Māori
(approx. 280,170 Māori of 1,007,405 people; 2021/22 projections)

1 WHAKATAKINGA INTRODUCTION

Te Manawa Taki Leadership Group acknowledges the support of former Governance leads in the development of this Regional Equity Plan. The equity priorities of previous Regional Services Plans and the 2019 Memorandum of Understanding between Te Manawa Taki DHBs Region Leadership Group and Te Manawa Taki Iwi Relationship Board are the foundations of this Plan.

The first Regional Equity Plan for Te Manawa Taki was released for the 2020/21 financial year. This document built on the foundation of the Tiriti o Waitangi-based partnership and reflected the regional vision of He kapa kī tahi – a singular pursuit of Māori health equity.

As a collaborative of Māori and Iwi leaders working in unison with DHBs, we are committed to building a credible, culturally safe, and competent Te Manawa Taki system. This work continues in the context of broad changes in the health sector, including the reforms following the Health and Disability System Review, and our ongoing readiness and response to COVID-19.

This Regional Equity Plan 2021-2022 consolidates the approach of the 2020-2023 Regional Equity Plan, and previous Regional Services Plans. As outlined in the Minister's Letter of Expectation for 2021/22[1], and the new Health System Indicators framework launched by the Government in August 2021, there is significant national work underway both to continue an ongoing response to COVID-19 and to begin to implement the changes directed by the Health and Disability System Review (HDSR). Therefore this plan has a one-year rather than three-year focus.

Within Te Manawa Taki, DHBs are working collectively on strategic equity priorities, in order to complete strategic actions over the next 12 months and to advocate to the new Health New Zealand and Māori Health Authority structures to continue this change.

Additionally, five health equity outcome priorities have been agreed within the region – equitable immunisation rates for tamariki, mental health and addiction, planned care, home and community support, and cardiovascular services. These priorities and will be a focus of local/DHB and regional collective activity throughout 2021/22.

The Regional Equity Plan also aligns with Whakamaua: Māori Health Action Plan 2020-2025 (Ministry of Health, July 2020), as well as the equity strategies and plans of regional DHBs. New, common Position Statements on Te Tiriti o Waitangi, Health Equity and Racism outline how all Te Manawa Taki DHBs are demonstrating Te Tiriti o Waitangi integration at all levels of regional health services.

'Te Manawa Taki' ('the heartbeat') represents that we are always 'ready to go' and that we are willing to lead change that works, so that others may follow a proven path. This means ensuring that our regional vision leads to a clear, collective strategic approach, and that our coordinated activity show tangible results in the lives of everyone in Te Manawa Taki.

[1] Minister's Letter of Expectations to DHBs and Subsidiary Entities 2021/22 - https://nsfl.health.govt.nz/system/files/documents/pages/21.22_letter_of_expectation.pdf

2 MANA ŌRITE
OUR DEFINITION OF 'EQUITY'

In February 2021, Te Manawa Taki Leadership Group confirmed that an Equity Position Statement would overarch all the work required to bring a Regional Equity Plan to life. It would need to be progressed via individual DHB processes for Board agreement and sign-off.

The basis of the regional Position Statement is based on work completed by Bay of Plenty DHB.

Te Manawa Taki Leadership Group have expressed their gratitude to the colleagues involved in this initial work, to enable a common view that can be adopted by all DHBs in Te Manawa Taki.

Each DHB Position Statement confirms the DHB is making a stand to implement Te Tiriti o Waitangi Articles and Principles, work in partnership with stakeholders to improve health equity for Māori as tangata whenua and eliminate all forms of racism in the DHB system. Each DHB will acknowledge that it believes systemic failures to honour Te Tiriti o Waitangi, persistent inequities, and racism is unfair, unjust, and in many cases, avoidable. Inaction in regard to these obvious issues is unacceptable.

Each DHB will confirm its position in its own localised Position Statement, and also provide a list of DHB Actions.

Below is a summary of themes within the Position Statements. Detail of this 'rationale and supporting evidence' can be found in Section 7 of this document.

Te Tiriti o Waitangi	
Ko te Tuahahi – Article 1 – Kawanatanga Ko te Tuarua – Article 2 – Tino Rangatiratanga Ko te Tuatoru – Article 3 – Ōritetanga Ko te Tuawha – Article 4 – Wairuatanga, Te Reo, Tikanga Māori	
Mana whakahaere Mana motuhake Mana tangata Mana Māori	Tino rangatiratanga Equity Active protection Options Partnership
Equity	
Supports rectifying differences that are avoidable, unfair, and unjust Proportionate investment of resources based on rights and needs: Implements Te Tiriti o Waitangi in contemporary ways at system and service levels: Success is measured by equity of access, quality and/or outcomes:	
Eliminating racism	
Internalised racism Interpersonal or personally-mediated racism Institutional or structural racism	

About | Te Manawa Taki

21%

Te Manawa Taki covers an area of 56,728 km², or 21% of Aotearoa New Zealand's land mass.

Stretches from Cape Egmont in the West to East Cape and is located in the middle of the North Island.

5 DHBs

Five District Health Boards: Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki, and Waikato.

Includes major population centres of Tauranga, Rotorua, Gisborne, New Plymouth and Hamilton.

1,007,405 people (2021/22 population projections) including 280,170 Māori (28%)

Te Manawa Taki Iwi

Bay of Plenty DHB

Ngai Te Rangi, Ngāti Ranginui, Te Whānau ā Te Ēhutu, Ngāti Rangitihi, Te Whānau ā Apanui, Ngāti Awa, Tūhoe, Ngāti Mākino, Ngāti Whakaue ki Maketū, Ngāti Manawa, Ngāti Whare, Waitahā, Tapuika, Whakatōhea, Ngāti Pūkenga, Ngai Tai, Ngāti Whakahemo, Tūwharetoa ki Kawerau

Lakes DHB

Te Arawa, Ngāti Tuwharetoa, Ngati Kahungunu ki Wairarapa

Hauora Tairāwhiti

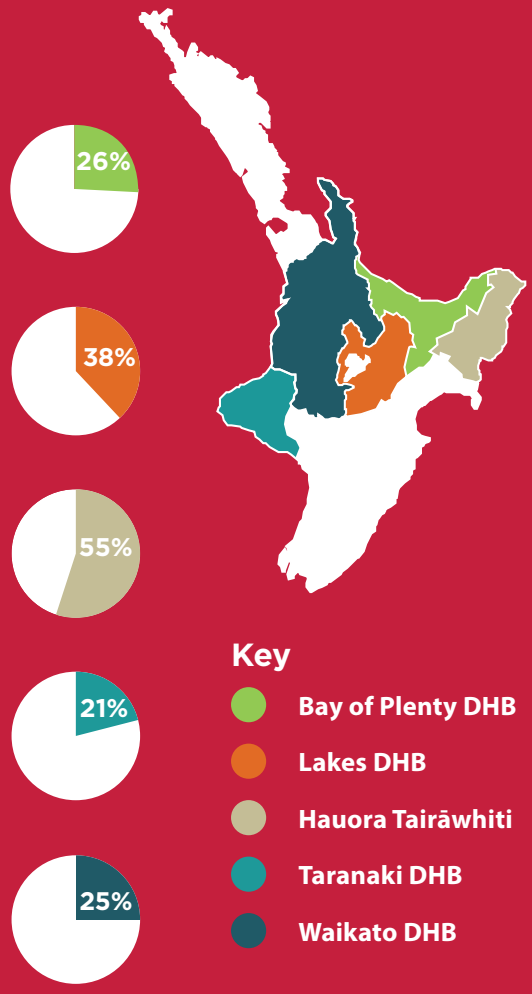
Ngāti Porou, Ngāi Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki, Ngāti Kahungunu, Ngā Ariki Kaiputahi, Te Aitanga-a-Hauiti

Taranaki DHB

Ngāti Tama, Ngāti Mutunga, Te Atiawa, Ngāti Maru, Taranaki, Ngāruahine, Ngāti Ruanui, Ngā Rauru Kiitahi

Waikato DHB

Hauraki, Ngāti Maniapoto, Ngāti Raukawa, Waikato, Tuwharetoa, Whanganui, Maata Waka



3 TE MAHI TUKUTAHI WORKING IN UNISON

In June 2019, Te Manawa Taki DHBs Region Governance Group and Te Manawa Taki Iwi Relationship Board signed a Memorandum of Understanding at Te Papaiouru Marae, Rotorua, to advance our working together.

3.1 Ō MĀTAU UARA | OUR VALUES

The Values of Te Manawa Taki are represented by the acronym T.A.H.I, which is also the Māori kupu (word) for the number 1. T.A.H.I reflects our commitment to achieve Equity, Māori health gain and a successful Te Tiriti embedded Partnership. These issues and those in this plan are our combined #1 priority.

T	Tautoko (mutual support) – of each other; supported by our commitment to mahi tahi (a united cause).
A	Auahatanga (innovation) – is at the centre of what we want to do; supported by our kaitiakitanga (shared guardianship of our mahi/work) role
H	Hauora (Māori health and wellbeing) – is our priority; supported by our commitment to equity and rangatiratanga (partnered leadership) role.
I	Ihi – the power of our integrity towards each other and what we do; supported by manākitanga (mutual support), whakawhānaungatanga (working together) and whakapakari (strengthening each other).

It is through these values that we can continue to improve outcomes for Māori, where Māori have at least the same health outcomes as Non-Māori. T.A.H.I also aligns with our Vision statement, which reflects our singular commitment.


| Ko Taranaki te maunga

3.2 TŌ MĀTAU TIROHANGA WHAKAMUA | OUR VISION

Te Manawa Taki's vision is ***He kapa kī tahi - a singular pursuit of Māori health equity***. It reflects that, as a region, we will work in unison in a Tiriti o Waitangi based partnership to achieve equity of Māori health outcomes and wellbeing through multiple means, including:

- A regional health system that actively prioritises achieving Māori health equity.
- The active braiding of systems of mātauranga Māori and western science to develop best practice evidence, thinking and worldviews to benefit Māori health equity.
- Shared accountability for measuring and achieving success.
- Shared decision-making and authority.
- Shared resources (financial, technical, human, other).
- Working in partnership to create a system that enables Māori to lead solutions that are based on kaupapa Māori and mātauranga Māori.
- Creating and enabling champions to lead solutions that drive equitable outcomes for Māori.

3.3 TŌ MĀTAU WHĀINGA | OUR MISSION - C3 - CO-DESIGN, CO-DECIDE, CO-IMPLEMENT

Our Mission reflects the way we will work together to implement true Te Tiriti o Waitangi based relationships to effect sustainable and positive partnered change over time.

3.4 MANA HAUORA ŌRITE | MĀORI HEALTH EQUITY

Te Manawa Taki will draw on and expand the wealth of mātauranga Māori and western knowledge to address systems and factors such as the social determinants of health that contribute to poor health status for Māori, as well as identifying and addressing equity gaps in other populations. Many complex factors lead to poor health status, and overall, the health system performs poorest for Māori. This is unacceptable to us.

A historic and ongoing lack of Māori co-governance across numerous Crown agencies has led to inequitable access to quality housing, education, employement, and other social detrminants for Māori. The impacts of this can be cumulative over lifetimes, and disproportionately affect Māori. It is important for the health sector to partner and provide leadership to improve the social context of health outcomes.

We understand the importance of system improvement to deliver equitable health outcomes for Māori and acknowledge that existing systems have not had the impact needed. Doing more within existing frameworks is not enough. We will be working closely with the Health and Disability Review Transition Unit and the new Māori Health Authority to contribute to designing the future Hauora Outcomes Framework and Commissioning approach.

There is significant local activity and co-design underway with iwi, hapū and Māori communities to collectively build empirical evidence for health equity improvements. Our overt focus on the five priority areas will provide further evidence and feedback to inform future Framework development.

3.5 TIROHANGA TŌTIKA | LINE OF SIGHT

National

Te Tiriti o Waitangi

- Partnership
- Tino rangatiratanga
- Active Protection
- Options
- Equity

- Article 1 – Kawanatanga
- Article 2 – Tino Rangatiratanga
- Article 3 – Ōritetanga
- Article 4 – Wairuatanga, te reo and tikanga Māori.

- Mana whakahaere
- Mana Motuhake
- Mana tangata
- Mana Māori

Health system vision

To build a system which achieves Pae Ora; healthy futures for all Aotearoa New Zealanders.

- Equity,
- Partnership,
- Sustainability,
- Person and whānau-centred care,
- Excellence.

Te Manawa Taki

Values	Vision	Mission
• Tautoko – mutual support • Auahatanga – innovation • Hauora – Māori health & wellbeing • Ihi – power of our integrity	He kapa kī tahi – a singular pursuit of Māori health equity	C3: Co-design, Co-decide, Co-implement

Regional Equity Plan

Strategic plan with 12-month actions

- Equity Position Statement
- Equitable Funding Strategies
- Action Plans
- Māori Workforce Framework
- Regional Data Collection
- Provider Development
- COVID-19

Priorities to advocate for, with incoming health authorities:

- Equity Strategies
- Regional Plan to Eliminate Institutional Racism/Bias

Priority health equity outcomes

- Cardiovascular services (Cardiac and Stroke services)
- Child health (tamariki immunisations)
- Healthy ageing (Home and Community Support Services)
- Mental Health & Addiction
- Planned Care services

Other regional clinical services

- Cancer – via Te Aho o Te Kahu – Cancer Control agency
- Screening services – bowel cancer, Hepatitis C, HPV & cervical screening
- Trauma services

Enablers:

- Data & Digital Services
- Pathways of Care
- Quality
- Workforce

District Health Board (DHB) (refer to Appendix for overview)

- Strategic Direction
- Māori Health Equity Reports, Plans and Strategies
- Annual Plans

2021/22 REGIONAL PRIORITY EQUITY ACTIVITIES

It is the responsibility of every DHB to prioritise all five priority health outcome topics below. The named 'lead' DHB will coordinate the regional collaboration in each area, as they are already implementing priority work or change programme(s) which can inform how others may improve their models of care

Tamariki Immunisations

Lakes DHB regional lead

- Increased vaccine messaging/promotion for Māori, in partnership with iwi.
- Changes to immunisation services, advised by COVID-19, with a focus on hapū/iwi-led (e.g. marae-based) delivery.
- Data improvements – particularly whanau wellbeing data for primary care enrolment and sharing immunisation status.

Measure of children fully immunised at 5 years

Mental Health & Addiction

Hauora Tairāwhiti regional lead

- A stocktake of uptake of the Choice and Access Funding received by Te Manawa Taki DHBs in the last two years.
- Mama and Pēpi community continuum of care that enhances hospital services of the Healthy Parents Healthy Children programme and focuses on vulnerable mama and pēpi.
- A stocktake of how high and complex needs are currently being provided across and external to Te Manawa Taki.
- Additional Alcohol and Other Drug (AOD) support for rangatahi.

Access to services is increased

Māmā & pēpi Mother & baby

Rangatahi Youth

Whānau, hapū, iwi wellbeing

Kaumatua Elders

Pakeke/Matua Adults

Cardiovascular disease

Waikato DHB regional lead

- Develop and monitor an equity-based reporting system of access and utilisation of services throughout the patient journey.
- Improve access for acute and elective patients, including updating the Acute Coronary Syndrome pathway.
- Develop and monitor an equity-based reporting system of Post ACS medication prescribing for Māori.
- Identify – and develop a plan to rectify – inequities in prescribing.

Acute Coronary Syndrome – Door to Cath in <3 days

Planned Care

Taranaki DHB regional lead

- Clarified data sharing to identify existing inequities & how service delivery contributes.
- Review and co-design pathways of care with an explicit focus on Māori local governance & workforce resourcing of kaupapa services.
- Focus to be determined.

Māori share of delivered planned care inpatient interventions will be equitable to Māori share of population

Home and Community Support

Bay of Plenty DHB regional lead

- Information compiled on the levels of support provided at home by whānau.
- Consideration of an equity adjustor for Māori.
- Implementation of HCSS service specifications, with an expectation that Māori equity is monitored and at the forefront.

TBA

4 2021-2022 STRATEGIC PLAN

4.1 MAHERE RAUTAKI | STRATEGIC PLAN

The table below shows strategic equity planning priorities. Part of this work is the Regional Equity Plan (this document), which describes the region's annual operational plan to achieve equity.

The following strategic actions have been underway in Te Manawa Taki in 2020/21, and actions will continue to be delivered in 2021/22.

Action Plans (lead – All DHBs)	Directed focus on health equity outcomes for Māori in five priority areas: • Cardiovascular services • Tamariki immunisations • Home and Community Support Services • Mental Health & Addiction • Planned Care services
Equity Position Statements (lead – All DHBs)	DHBs to adapt local versions of the shared Position Statement, including providing an outline of how this will be implemented in each DHB.
Equitable funding strategies (Lead – CFOs (via CEOs) with GMs Māori, P&F and COOs)	This work is underway based on the priority health equity outcome areas identified in the previous section. Funding includes secretariat support which will also be required to progress these priorities as well as the one-year strategic actions. Identify pathways of care, and what is defined as Māori service delivery. This will be a co-design process to understand the extent, degree and depth of Māori health service provision. This work will align with MBIE requirement to ensure 5% funding for Māori-owned businesses. Te Manawa Taki leadership will advocate for this work to be progressed further in the new Māori Health Authority and Health New Zealand structure.
Māori workforce framework (Lead: Regional HR Managers, with Ngā Toka Hauora)	Build Māori workforce capacity to meet whānau Māori health needs and regional Māori population, and a DHB workforce that reflects the needs and aspirations of Māori communities. Review Māori workforce framework and circulate for sector consultation & support (Q2). DHB activity to be reviewed quarterly. Regional activities collated & prioritised (Q4). This will inform a submission to advise new health authorities about an equity-focused workforce approach and plan.
Provider development (Lead: Ngā Toka Hauora)	Undertake provider development, capacity building and co-design with a focus on Kaupapa Māori options for the priority areas listed in the previous section – including support for local/smaller and/or developing providers and organisations who have limited capacity in funding rounds for projects.
COVID-19 (Lead: Existing COVID-19 response structure, BoP DHB for comms)	Continue ongoing collaboration on regional planning and data reporting for vaccinations. Regional DHBs to work with Bay of Plenty DHB to refresh the communications plan used originally to support community vaccinations. Undertake a review of previous communications to inform the 2021/22 communications plan.
Hauora Outcomes Framework (Lead: Ngā Toka Hauora)	Progress the development of a Hauora Outcomes Framework, working closely with the Health and Disability Review Transition Unit and new Māori Health Authority. Use empirical evidence for health equity improvements, including from the five equity Action Plan priorities.

In addition, Te Manawa Taki leaders will strongly advocate for the following to be progressed by the incoming Māori Health Authority and Health New Zealand, building from strategic work that has been underway in Te Manawa Taki in 2020/21 and 2021/22.

Equity Strategies	Commitment to a shared regional strategy as outlined in Regional Equity Plan. Quarterly Regional Equity Planning reporting to be based around equity measures.
Regional Planning to Eliminate Institutional Racism and Bias	Implement a regional plan which includes various strategies and operational plans spanning culture shift through to workforce development and human resource processes, provider development, service delivery expectations, and contractual requirements. Adopt an outcome goal of a culturally safe health system that optimises Māori health outcomes and equity, including equity as a KPI in employment contracts. Build on activities already underway in Te Manawa Taki, including workforce cultural competency and cultural safety training.

5 PRIORITY HEALTH OUTCOME AREAS

5.1 CARDIOVASCULAR SERVICES

Cardiovascular Services

Ambulatory Sensitive Hospitalisations (ASH) Admissions for Māori (45-65 years) in the region

Stroke
up to 3.3 times more likely

Angina
up to 2.1 times more likely

Congestive Heart Failure
up to 9.8 times more likely

Myocardial Infarction
up to 2.8 times more likely

System barriers

1 out of 6 Māori
Unable to attend a first specialist appointment

Compared to 1 out of 21 Non Māori

Māori are less likely to be admitted to acute stroke units than other ethnicities

Higher cardiovascular risk factors

Māori mothers are **five times more likely** to be smoking tobacco at two weeks postnatal

Māori experience chronic kidney disease at **three times** the rate of New Zealand Europeans

1 in 2 Māori are obese - compared to 1 in 3 New Zealand Europeans

Access issues

1 out of 5 Māori
Unable to attend a follow up appointment

Compared to 1 out of 14 Non Māori

Mortality

65% of Māori cardiac deaths occurred before 75 years of age*
compared to
20% of Non Māori deaths
*Over 10 years - 2006-2015
(latest mortality data)

Māori are **three times as likely** to have type 2 diabetes as Non-Māori

Māori
have a higher prevalence of **cardiac disease** than Non Māori

Māori males have a higher prevalence than Māori females

Māori and Pacific people experience stroke at a significantly younger age

5.1.1 REGIONAL PRIORITY

Cardiac Services

Who?	The Te Manawa Taki Cardiac Services Strategic Plan focuses on people aged over 18 years old. However, for Māori, the highest proportion of cardiac deaths (32.4%) occurs between 45-64 years of age compared with non-Māori, where the highest proportion of cardiac deaths occurs at 85+ years.
What is happening now and what will change?	• Based on current presentation rates and population projections, it is predicted that there will be approximately a 13% increase and 26% increase in ischaemic heart disease discharges over the next 5 and 10 years. • On average, Māori are diagnosed with cardiac disease, 10 years younger than non-Māori. • Māori die from cardiovascular disease earlier – 65% of Māori cardiac related deaths in the last 10 years occurred among those under 75 years of age, compared to 20% for non-Māori. • Health services make outpatient appointments at times that are more frequently missed by Māori.
What are the objectives?	• To reduce the incidence of cardiac disease through effective prevention, health promotion and early detection initiatives in all localities across Te Manawa Taki. • To improve clinical outcomes by providing excellent and timely services intervention. • To achieve equitable access and outcomes to cardiac services across the region. • To improve the experience of people and their whānau who require cardiac services. • To improve the efficiency, sustainability, and coordination of cardiac services in Te Manawa Taki.
How will the objectives be achieved?	The regional cardiac services governance structure was recently revised. Regional cardiac services groups are established and an annual workplan agreed. Key items from the workplan are below: Developing a reporting system to monitor: • equity of access across patient journey between primary care and secondary/tertiary care, • the prescribing of medication as per the guidelines, post-ACS event, • regional equity-based reporting for acutes and electives, • consulting with consumers and their whānau across Te Manawa Taki to understand their cardiac patient journey experiences. Identifying and reporting DHB: formal relationships with Māori liaison and partners, DHB cardiovascular plans, regional community heart health programmes, relationships and support available to Māori providers, initiatives to remove access barriers and DHB initiatives to delivering services closer to home. • Agreeing between DHBs, which services will be provided locally, and which will be provided from the tertiary provider. • Developing Memoranda of Understanding with Public Health Units and Primary Care regarding local rheumatic fever programmes. • Developing a position statement on benefits of secondary prevention and the crucial role of nurse practitioners in improving access, equity, and health outcomes. • Completing a stocktake of initiatives trialled by DHBs, aimed at reducing missed appointment rates, and share the results with the Te Manawa Taki DHBs. • Completing cardiac consumer hui at each DHB so to understand the perspectives of the patient and their whānau. • Establish an ongoing – sustainable system for consulting with Māori and non-Māori cardiac patients.

Outcomes	• Te Manawa Taki patients will have equitable access to services, and equitable health outcomes, regardless of their race or where they live. • Consistent rheumatic fever programmes will be provided across Te Manawa Taki. • There will be a shared understanding of the positive impact nurse practitioners (and the nursing workforce) have in improving equity and health outcomes. • Missed appointment rates will be reduced. • The design of future services will incorporate Mātauranga Māori and patient's perspectives and experiences.
What are the benefits?	The rate of cardiovascular disease will reduce (long-term goal). People will have equitable health outcomes regardless of their race or where they live.
Measures	• The number of Māori first specialist appointment and follow-up missed appointments will reduce. • The equity gap for acutes and electives. • The differences in Ambulatory Sensitive Hospitalisation (ASH) rates for Māori and non-Māori will reduce. • Future patient feedback will report improvement in key areas (yet to be agreed). • An ongoing patient feedback system will be developed. • Rates (reduction) in regional cardiac Did Not Attend (DNA) and Cancelled, Not Attended (CAN) rates for Māori.

5.2 CHILD HEALTH SERVICES: IMMUNISATIONS – TAMARIKI

Immunisations for tamariki

After each vaccination milestone the percentage of Māori children vaccinated is initially noticeably lower than that of Non Māori, but over time the equity gap closes. This pattern repeats after each vaccination milestone occurs.

(as at December 2020/21)

	% fully immunised		Equity Gap
	Māori	**Non Māori**	**Rate**
At 6 months	55%	80%	0.69
At 12 months	85%	92%	0.86
At 5 years	81%	87%	0.93

Regional GP enrolment rates

(as at December 2020)

At six weeks

61% Māori

83% Non-Māori

At three months of age

72% Māori

100% Non-Māori

Te Manawa Taki has the **lowest rates of immunising tamariki**

(2018/19 to Q2 2020/21)

How many additional five-year-olds needing to be fully immunised in Te Manawa Taki, to meet the national target of 95%

(Q2 2020/21)

679 Māori

478 Non-Māori

Rate of all unvaccinated two-year-olds

(as at December 2020)

Bay of Plenty DHB

1 in 12 Māori

1 in 16 Non-Māori

Hauora Tairāwhiti

1 in 14 Māori

1 in 14 Non-Māori

Lakes DHB

1 in 9 Māori

1 in 11 Non-Māori

Taranaki DHB

1 in 12 Māori

1 in 18 Non-Māori

Waikato DHB

1 in 13 Māori

1 in 22 Non-Māori

5.2.2 REGIONAL PRIORITY

Immunisations – Tamariki (children)

Who?	0 – 5-year-old Tamariki Māori and hapū māmā
What is happening now and what will change?	• The percentage of Māori and Non-Māori fully immunised children at two years of age has not reached the national target for the last seven years; with Te Manawa Taki consistently achieving the lowest results of the four regions of Aotearoa New Zealand. • Our DHBs have difficulty immunising Māori children compared with Non-Māori children. Equity gaps improve the further along children are measured after each immunisation milestone, and by five years of age, the percentage of fully immunised Māori children are very close to the percentage of Non-Māori children.
What are the objectives?	Partnerships with Māori-led holistic health and well-being approach to immunisation services throughout the region to support whānau to access immunisations for their tamariki on time and in line with the New Zealand Immunisation Schedule.
How will the objectives be achieved?	• Partner with iwi on vaccine messaging/promotion for Māori. o Focus on te ao Māori messaging and empowerment about the value of immunisation. • Changes to immunisation services, advised by COVID-19, with a focus on hapū/iwi-led delivery, for example increasing the number of marae-based immunisation initiatives. o Increase in opportunistic assessment of vaccination status, and accessibility of services particularly in the community. o Engagement and partnership with whānau and iwi to identify and address common barriers to their tamariki having access to timely and appropriate vaccination. o Engagement with the Ministry to complete and implement the National Immunisation Strategy and National Immunisation Solution. • Data improvements – particularly whānau wellbeing data for primary care enrolment and sharing immunisation status. o Alignment of patient records and minimum standards for identification and proactive follow-up and support of whānau to meet vaccination milestones.
Outcomes	• Rate of non-immunisation and late immunisation decreases at each immunisation milestone to five years of age (pregnant women (influenza, tetanus, diphtheria, pertussis), 6w, 3m, 5m, 12m, 15m, 4y, 4.5y). • The hauora of tamariki who are immunised will be improved which in turn will reduce the burden of preventable conditions on whanau and health services when immunisations are missed. Whānau trust and support of the value of immunisations for tamariki, and empowerment in being able to access vaccinations on time as per the New Zealand Immunisation Schedule. • Regionally assess (measure and monitor) and address common reasons why whānau are not able to access immunisation services.

What are the benefits?	• Well tamariki. • Well whānau, including opportunistic immunisation of the mother (i.e. catch-up immunisations) and the rest of the whānau. • Reduced demand on constrained services, including ED (ASH presentations for vaccine-preventable conditions). • Reduction in rates of opted off, declined, or missed immunisations.
Measures	KPIs are to be confirmed. Oversight will include the following: • Funding received by kaupapa Māori health and disability services providers. (Whakamaua measure). • The percentage of Māori reporting unmet need for primary health care. (Whakamaua measure). • Rates of ambulatory sensitive hospitalisations (ASH) for Māori aged 0–4-years (for vaccine-preventable MMR and other vaccine-preventable conditions).

5.3 HEALTHY AGEING SERVICES: HOME AND COMMUNITY SUPPORT SERVICES

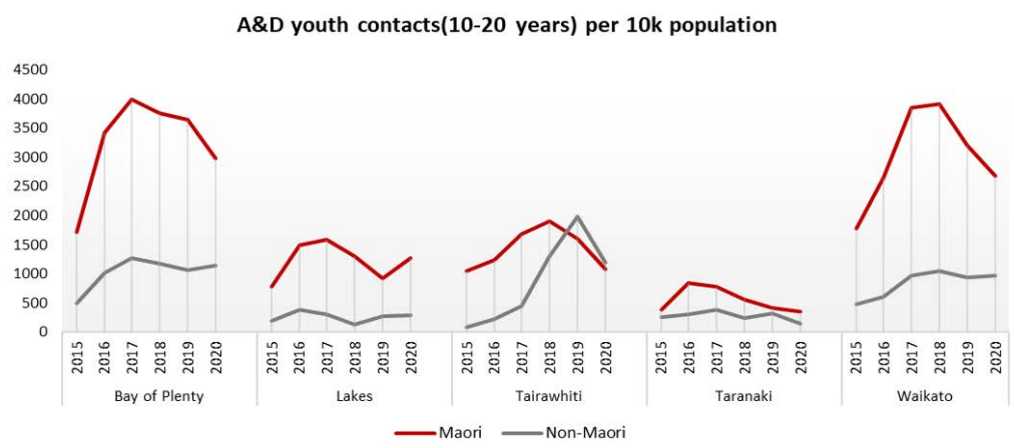
The New Zealand cohort Life and Living in Advanced Age Study (LiLACS) estimates that the number of people needing care more than once a day may increase by more than 200 percent for Māori and by approximately 75 percent for non-Māori from 2016 to 2026.

5.3.2 REGIONAL PRIORITY

Home and Community Support Services (HCSS)	
Who?	Māori aged over 55 years with age-related needs
What is happening now and what will change?	• Whānau are providing hospital level care at home for their whānau members instead of having them live in Aged Residential Care (ARC). • The level of care being provided by whānau is increasingly complex and that is not reflected in the funding available for the HCSS support for the whānau. • DHBs need to implement the new HCSS service specifications and it is important that the implications of those new service specifications for whānau is understood.
What are the objectives?	• Identify what support whānau often deliver at home for older people in their household, and find out more information about those being cared for. • Define 'support' and cost the level of care being provided in the home by whānau, and the means of supporting whanau to provide this care. • Determine the level of in-home care supported by Te Manawa Taki DHBs. • Identify the means of supporting whānau to provide that level of care to age in place, surrounded by community.. • Explore alternative methods of procurement of Māori-appropriate services where there are compelling reasons, including a social service alignment.
How will the objectives be achieved?	• Find out the number of Māori who qualify for hospital level care in ARC, and are being cared for in the home. • Identify method to determine the relevant information including their age, where they live, what support they are receiving and who is providing that support. • Cost the hospital level of care that would be provided otherwise in ARC • Discuss the advantages and possible issues for whānau providing that level of care in relation to the new HCSS service specifications. • Consolidate a position for equity and consider whether an adjustor is needed.
Outcomes	• An understanding of what equity should look like for Māori in relation to HCSS.
What are the benefits?	• Funders able to make informed decisions on equity funding.
Measures	• Decision made regarding equitable funding for whānau who provide ARC hospital level of care in the home.

5.4 MENTAL HEALTH SERVICES

Mental Health



Number of clients under section

(29 order per 100,000 people in 2020)

Māori	Non-Māori
332.3	88.9

Seclusions 2020

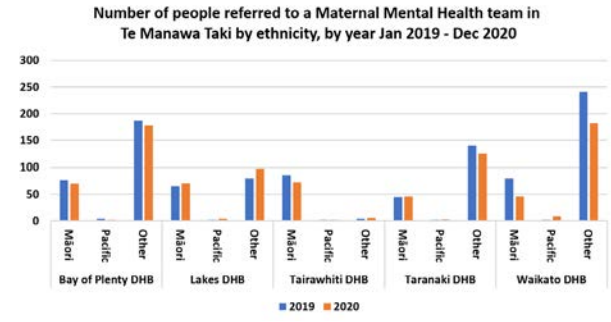
per 100,000 population

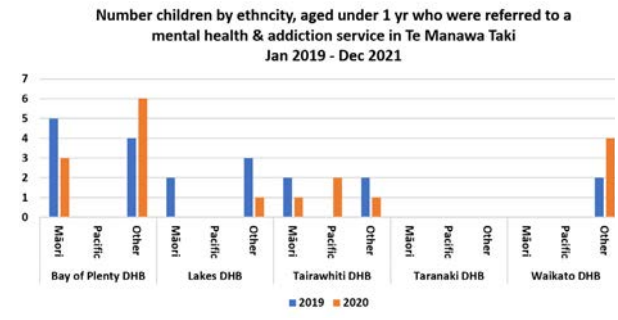
Māori	Non-Māori
11.4%	4.7%

Wait times for A&D teams for 0-19 year olds:

Jan 2020 to Dec 2020

Ethnicity	% seen in 3 weeks	% seen in 8 weeks
DHB		
Māori	68.5%	87%
Other	71.2%	80.8%
Pacific	100%	100%
NGO		
Māori	79.2%	91%
Other	77.3%	92.9%
Pacific	92.1%	97.4%





5.4.1 REGIONAL PRIORITY

Mental Health and Addiction Wellbeing

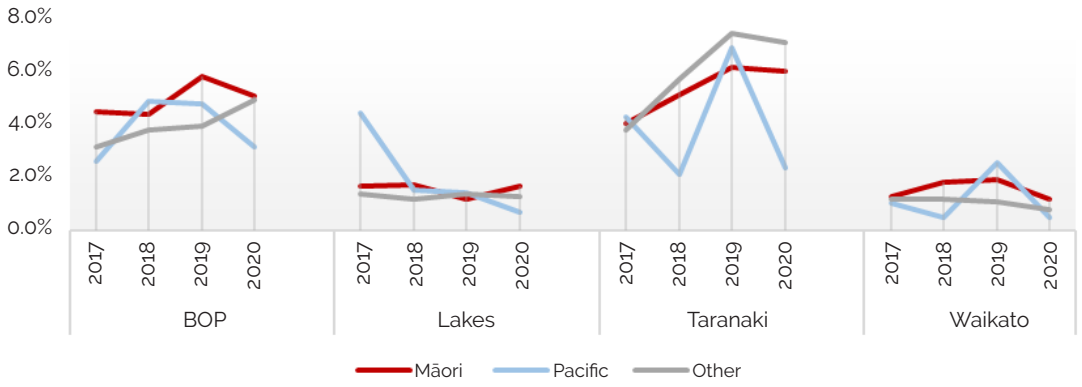
Who?	Across the age range
What is happening now and what will change?	Current social, health, education and employment systems do not adequately serve Māori who are disproportionately affected by a range of mental health and addiction problems. Māori are a youthful population, and mental health and addiction problems develop at an early age. Four wellbeing wānanga were held late 2019 and early 2020 that captured the youth, whanau, Māori and addiction voices regarding a range of issues and solutions. The four Wellbeing Framework forms the basis of all programme development across Te Manawa Taki. Priority areas will be: 1 **A Stocktake of Uptake** of the Choice and Access Funding received by Te Manawa Taki DHBs in the last two years. The stocktake on uptake is to include service description, effectiveness of service and key performance indicators (if any) and potential ability (roll out) for other DHBs to access similar initiatives. Key impacts on moderate end of the primary continuum. 2 **Mama and Pēpi** community continuum of care that enhances hospital services delivered through the Healthy Parents Healthy Children programme and focuses on vulnerable mama and pēpi. 3 **High and Complex Needs** – A stocktake of how high and complex needs is currently being provided across and external to Te Manawa Taki. What support is required within Te Manawa Taki to establish services as determined by each DHB. 4 **Rangatahi Alcohol and Other Drugs** – The development of rangatahi-specific initiatives that improve early access to support and specialist services.
What are the objectives?	Holding **HOPE** and achieving whānau **SELF DETERMINATION** requires ongoing investment in the future that looks outside of what we currently do and explores community solutions and leadership. To invest now to reduce the impacts of long-term conditions on whānau. 1 Placing whānau at the centre of all services. 2 Services tailored to meet the need of whānau not the service. 3 All whānau matter, they are not an island. 4 It is their wellbeing, their recovery, their lives, their statement of intent.
How will the objectives be achieved?	• Develop systems and resources that support whānau with mana enhancing resilience to grow and nurture their self-worth and self-determination. • Provide whānau and friends with skills to help them have discussions with rangatahi about addiction. • Be more responsive to whānau ways of processing. • Create a workforce that is whānau centred • Create peer and whānau experienced workforce to aide in their journey. • Change the way we currently engage with whānau so they can realise their potential. • Honor the place of their whānau. • Respect whānau while we journey with us. • Include their friends as their peer support group. • Be honest and truthful with whānau • Build trust and loyalty with whānau.

How will the objectives be achieved? *Continued*	• Communicate with whānau not at them. • Deliver services with love. • Listen…really listen. Create spaces that: • value music that has meaning to whānau • listens to whānau and sees them for who they are. • inspires whānau to be the best they can. • give Rangatahi unconditional love. • are safe to have the discussion. • engage whānau by using what best works for whānau. • are culturally appropriate and values where whānau are in their cultural journey. • makes whānau feel wanted and not judged. • welcomes friends and whānau to journey together. • whānau feel they belong in, are accepted for who they are and have positive role models surrounding them.
Outcomes	Specific outcomes relevant to Rangatahi AOD outcomes: • Support whānau to be resilient, so they make choices that nurture their self-worth and self-determination. • Provide whānau and friends with skills that will assist them to have the discussion with their youth. • Be more responsive to whānau ways of processing.
What are the benefits?	• Resilient whānau who make healthy choices. • Services are commissioned that address the regional wellbeing wananga outcomes and recognises the need of whānau in their co-design, co-implementation and co-evaluation.
Measures	• Funding received by kaupapa Māori health and disability services providers. (Whakamaua) • Māori whānau are able to access specialist mental health or addiction services and NGO service continuums in a timely manner (within 3wks from referral), including a comparison between access for Māori and access for Non-Māori. An improvement in this measure will see an increase in the age of Māori being seen within the three-week timeframe and a reduction in any gap between Māori and Non-Māori. • Did Not Attend (DNA) rates are captured for whānau and comparisons and lessons learned are shared across Te Manawa Taki to improve access, treatment, and transition. • An increase in Māori contacts is demonstrated in all Key Performance Indicators collected by the Mental Health wellbeing programme. • A Feedback-Informed Treatment approach is implemented to capture whānau satisfaction.

5.5 PLANNED CARE SERVICES

Electives

Exits from wait list - Medically unfit

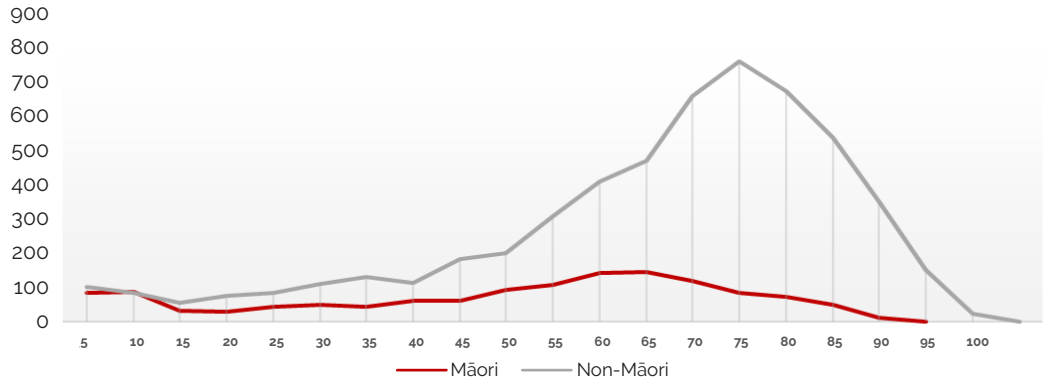


HealthShare will utilise information (data and current reporting) from current programmes delivering 'Fit for surgery' programmes across Te Manama Taki

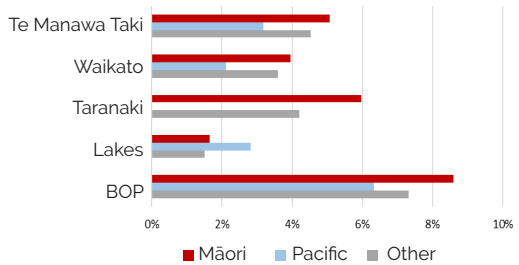
Te Manawa Taki Exits from wait list - Medically unfit

Māori	Pacific	Other
2.7%	1.9%	2.5%

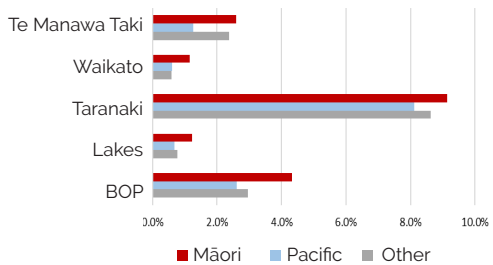
Medically unfit exits - Age Distribution



Medically unfit - Orthopaedics



Medically unfit - Gen Surgery



5.5.1 REGIONAL PRIORITY

Planned Care	
Priority clinical services for equity actions are to be determined.	
Who?	Māori identified as benefiting from surgery but are currently unfit for surgery (and/or further back to those not even getting a referral).
What is happening now and what will change?	• People live in their communities accessing primary care and community services, being supported by whānau. An admission to, or attendance at an appointment, in hospital is an episode of care in a person's busy life. A lot takes place prior to the person arriving at the hospital, and a lot takes place after they leave. • Currently the focus is on what happens inside the hospital and people don't have access to the services they need to prepare them for surgery.
What are the objectives of the programme	• To identify the pinch points along the continuum. • Deliver as much as possible out in the community, providing Māori with the service(s) they need, where they want to receive them. • Provide packages of care in the community that are relevant for that person and are not too prescriptive.
How will the objectives be achieved?	• Develop an approach to do an end-to-end review of a pathway, that can be applied to any area of need or service. (Include pre- and post-surgery; primary care, community, secondary and tertiary care). • Work with whānau to determine what common problems they experience in their journey through the health system and co-design solutions that ensure services are delivered where they are needed, and in a way that meets their need.
Outcomes	• Māori receive the treatment they need
What are the benefits?	• If people are receiving the help they need, it increases whānau awareness. • Improved quality of life.
Measures	• Amount of funding received by kaupapa Māori health and disability services providers (Whakamaua measure). • The percentage of Māori reporting unmet need (this is based on a number of national measures and will track Māori experiences of barriers to accessing the right care at the right time). • Increase in number of Māori receiving their elective procedures.

6 URUPARE MATE KORONA THE COVID-19 RESPONSE

The response to COVID-19 in Te Manawa Taki continues to align with national planning, including the Updated COVID-19 Māori Health Response Plan. Iwi Māori demonstrated resilience, kotahitanga and manaakitanga in response to COVID-19, providing critical leadership and resources. The Ministry's focus is on enabling community-led response and recovery, training our kaiāwhina and vaccine assistant workforce (and supporting Māori health providers) for immunisations, developing targeted and community-led communications, increasing outreach to Māori communities and ensuring Māori health and disabilities have the funding and support to focus on what they need to do to support whānau through the COVID-19 response.

T 6.1 TAUTOKO – MUTUAL SUPPORT

DHB Annual Plans detail how the health system is managing services in readiness for, and during, a COVID-19 response. Alongside this, DHBs – including those in Te Manawa Taki – are using the lessons from debriefs, reports and reviews to inform the work that will continue throughout 2021/22.

Throughout the response we saw iwi, Māori providers, DHBs and large agencies like CDEM join together to "Unite against COVID". In some locations this includes working with new, and ongoing, regional groups – such as Lakes DHB engaging with the Māori Provider Network and Te Arawa COVID-19 (a network of primary industries, marae, hapū and iwi)

Implementation of COVID-19 immunisation requires a coordinated effort, using the strengths of all stakeholders – such as Māori Providers and Iwi knowing the needs of their community and ensuring a targeted, equitable approach. DHBs are working with other stakeholders, such as Community Pharmacy Groups and border health groups, to facilitate vaccinator training, logistics and rollout of vaccination initiatives.

The critical work continues at international borders and at Managed Isolation and Quarantine (MIQ) facilities. A strong focus remains on staff safety from infection and also caring for the welfare of our staff. This means continuing to support DHB and health sector staff who have been working in new and/or changed roles in a challenging environment, and including utilising additional staff such as Kaiawhina Healthcare Assistance and Welfare Navigators.

6.2 AUAHATANGA – INNOVATION A

COVID-19 has created pressures on the health sector, but has also been a platform for change. As outlined in the report Tiaka Whakapapa: Protecting the bloodlines throughout the COVID-19 response (Taranaki DHB), Te Manawa Taki DHBs are committed to ensuring the lessons learned from COVID-19 are taken forward into te ao hou, the new world. In particular this is a commitment to enabling the full implementation of Te Tiriti o Waitangi.

The value of telehealth technology was evident during the first COVID-19 lockdown, and this work is continuing – such as the Pokapū o te taiwhenua Network (Lakes DHB) reported through Rural Health, a network of health and wellbeing community providers, community members, primary care and specialist care.

Work is underway in DHBs to research how lockdowns affect health sector utilisation in primary, secondary and tertiary care, how effective vaccination campaigns are in different settings, and ensuring a holistic approach. This is resulting in innovation and improvement, such as the data mechanism in Lakes DHB to share immunisation data between the GP and DHB, and the embedding the use of outreach/mobile vaccination clinics for rural communities in the DHB's vaccination strategy.

In Waikato, the Whānau Hauora Integrated Response Initiative evaluation demonstrated a holistic health and social service needs assessment for Māori consumers and providing pathways to support based on whānau needs. It was integrated early during the DHB's COVID-19 response and is now being implemented in Waikato Hospital Emergency Department (ED) and piloted at the Tokoroa Hospital ED.

H 6.3 HAUORA –MĀORI HEALTH AND WELLBEING

All DHBs are leveraging the COVID-19 response to improve health and wellbeing in areas where Māori are disproportionately affected. Whānau, hapū and iwi drew on memories of the 1918 influenza pandemic, which saw a death rate for Māori more than eight times greater than for Non-Māori. An ongoing dialogue, therefore, was an important element in COVID-19 activities, to share data and analysis, to share key messages to better connect with communities, and to coordinate planning and projects.

Te Manawa Taki DHBs are embedding COVID-19 learnings around offering quit smoking support to people in MIQ facilities, committing to ongoing testing and surveillance in rural communities, and integrating national immunisation messaging and availability alongside COVID-19 immunisation activities. DHBs continue to support local initiatives that address food insecurity, including Kai Rotorua, Everybody Eats Ōpōtiki and the Western Bay Food Security Plan.

This extends to other determinants of health, such as health care staff at some testing stations delivering additional care services such as prescriptions, influenza vaccinations and support for general health concerns that may be exacerbated by COVID-19 infection. In particular, this includes engagement and follow-up for the most vulnerable communities and ensuring whānau ora pathways of care for whānau who test positive – not only for population groups that are at greater risk – such as Māori and Pacific, but also to connect with at-risk individuals within these populations, including those with disabilities, kaumatua and kuia.

Many localities have a holistic model for community COVID-19 engagement and resilience – such as the Māori health models of Te Whare Tapa Wha, a good manifestation of whānau ora. Whānaungatanga and the sense that "someone is looking out for me", is essential for delivering DHB-centred service delivery, and also to ensure DHBs can provide support for iwi-led and community led initiatives. Kaimanāki workforce at Waikato DHB COVID vaccination sites has been a very successful kaupapa Māori approach that supports every person coming through.

6.4 IHI –INTEGRITY, WORKING TOGETHER, STRENGTHENING I

A Taranaki DHB analysis found three key themes for COVID-19, in both the stakeholder interviews and literature review. These were to; integrate tikanga and kaupapa Māori principles into mainstream approaches, to build trust between iwi/hapū and government agencies to co-design, and empowering iwi-led response to provide "by-Māori for-Māori" support.

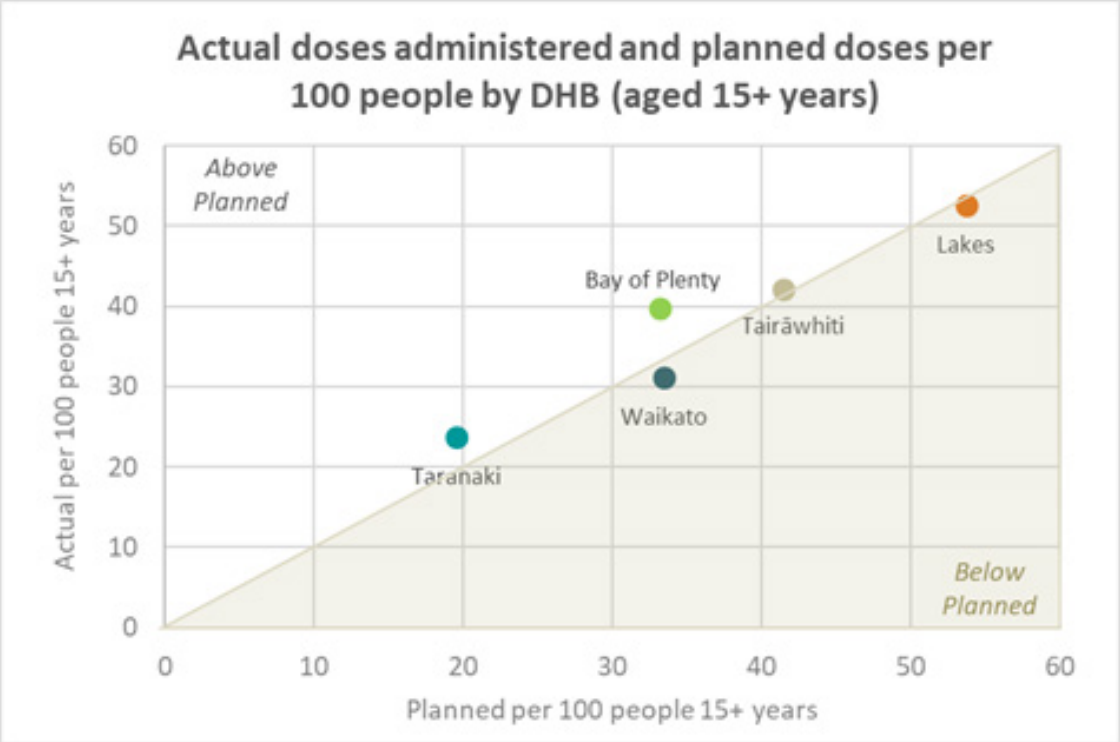
DHBs continue to strengthen and support the health workforce, through ongoing staffing training and upskilling, and also taking a coordinated approach to staff welfare and resilience across primary, secondary and tertiary services. For example, Bay of Plenty DHB have established coordinated steering committees which will engage with union organisers and delegates to drive and develop new initiatives to increase workforce flexibility and mobility to respond to COVID-19.

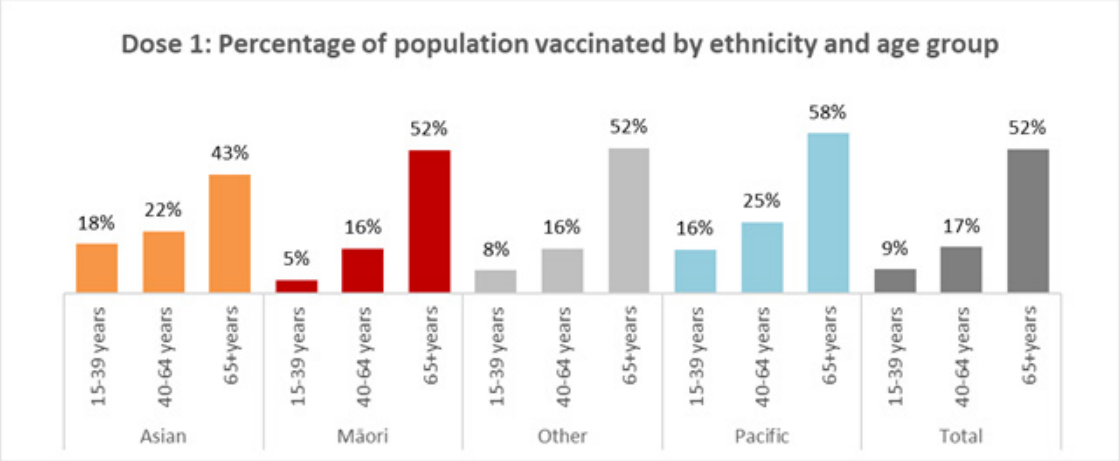
Strong DHB relationships with iwi and Māori providers strengthened existing coordinated activity – such as influenza vaccinations – as well as new initiatives. Waikato DHB notes it is essential to have a robust and genuine relationship between the DHB and iwi at multiple levels, which is essential to a Tiriti o Waitangi-driven approach.

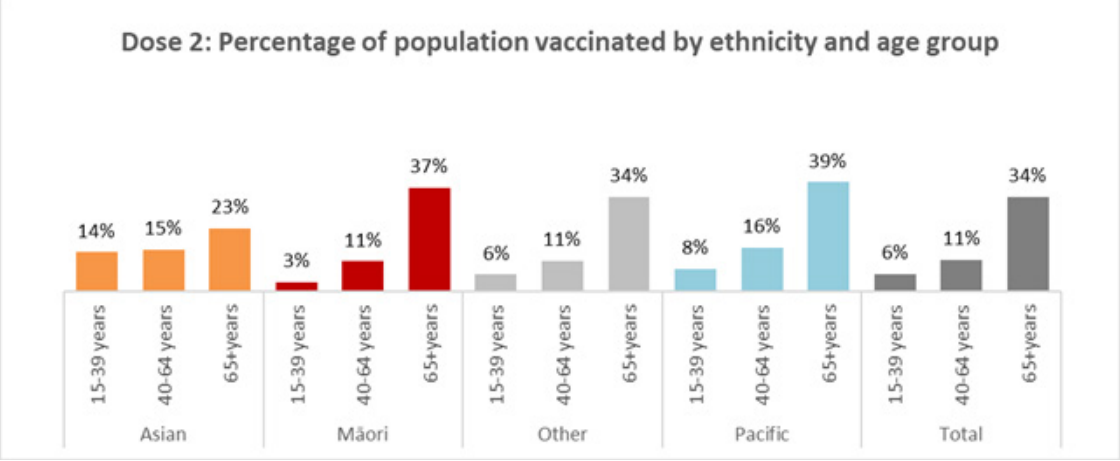
Taranaki DHB notes the iwi-led response to COVID-19 demonstrated how to successfully provide care and support to those in need during an emergency, with agility and speed. Iwi know their communities and have data and information that central government entities do not. Māori leadership excel in pulling resources together, tapping into networks, using the strength of tikanga core value systems and manaaki – sharing and distributing resources, to support communities during times of need.

TE MANAWA TAKI COVID 19 VACCINATION RESULTS

as at 25 July 2021







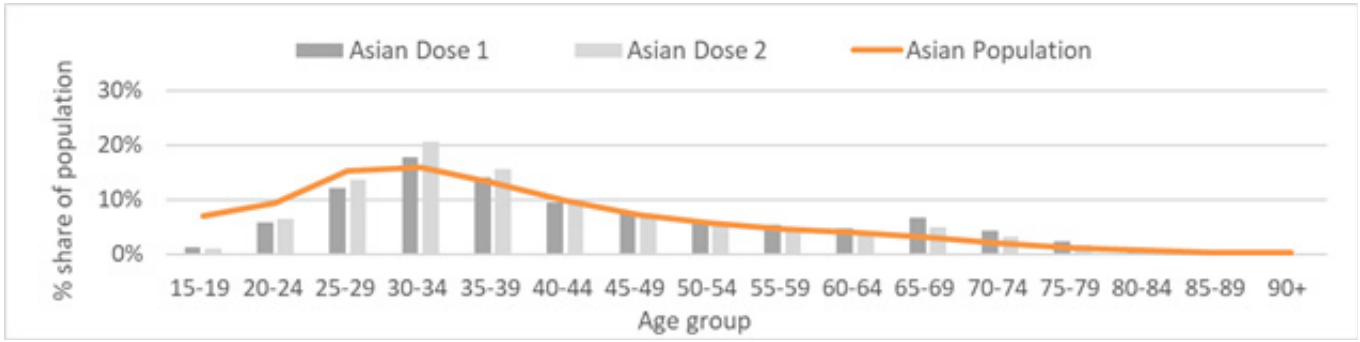
The graphs below show the distribution of population by five year age groups alongside the distribution of dose 1 and dose 2 by same - each measure totals 100%.

These graphs indicate that to date the region has responded strongly to protect older people, in line with the tier 1-2 focus on those living in long term care, and older Māori and Pacific people being cared for by whanaū.

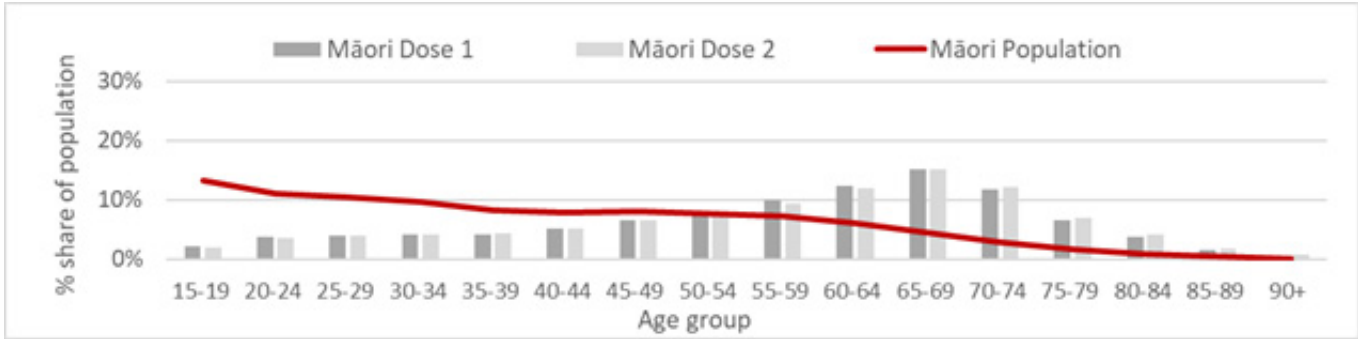
Māori and Pacific age group share for dose 1 and 2 consistently exceeds age group share of population for people aged 55+ years. The same pattern occurs for Other ethnicity from 65+ years. The ten year difference in age groups may reflect that higher health vulnerability at an earlier age for Māori and Pacific people has been recognised in the vaccination roll out to date. Asian results show a pattern more consistent with population share by age group, possibly reflecting a higher proportion of Asians under 40 years working in higher risk environments than that of other ethnicities.

Comparison of share of population by age group, with share of dose 1 and 2 by age group

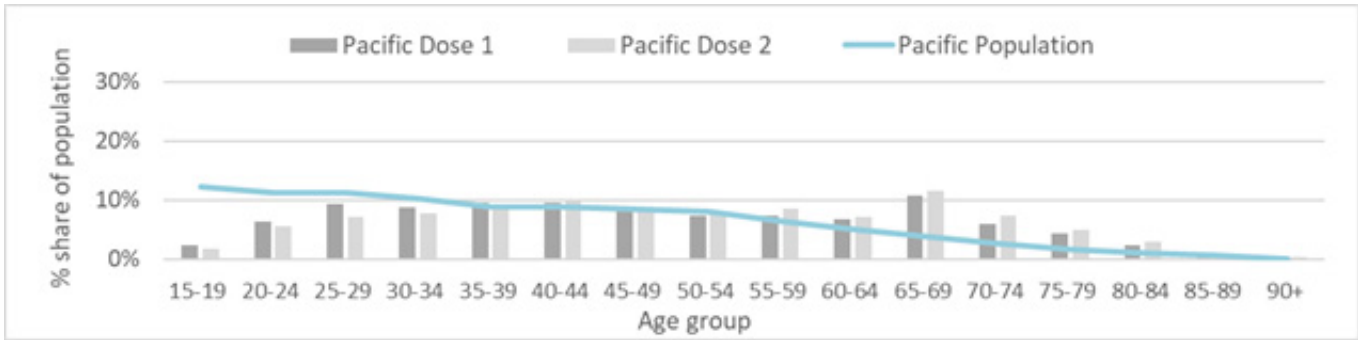
Asian



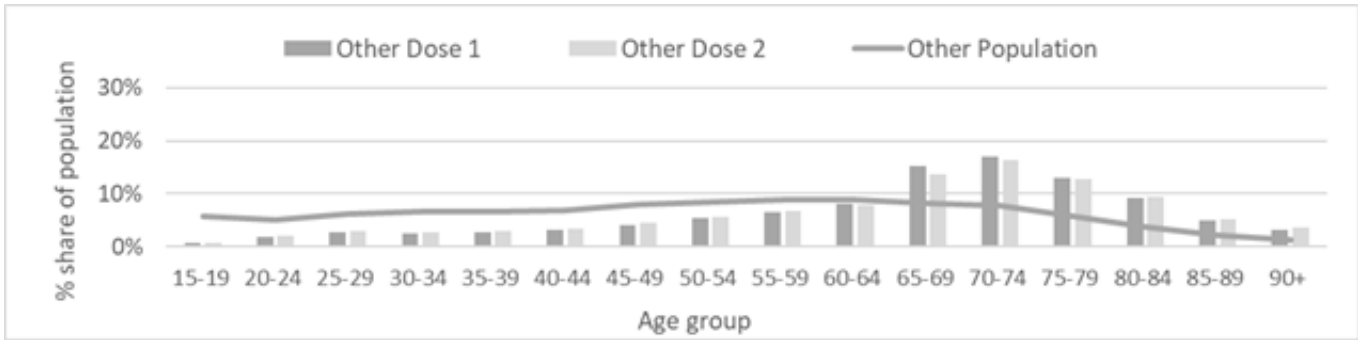
Māori



Pacific



Other



7 TE MAHI NGATAHI WORKING TOGETHER

A unified approach is critical to achieving health equity for our Māori populations, and hauora (health and wellbeing) for everyone in Te Manawa Taki. The regional vision, values and mission guide our common work, with Te Tiriti o Waitangi as the foundation of our partnership with Māori iwi and whānau.

Through the Strategic Plan, Te Manawa Taki Leadership Group sets the direction and strategies we deliver through the annual workplans of our regional groups, networks, and partnerships.

7.1 HANGANGA WHAKAHAERE | REGIONAL STRUCTURES

Te Manawa Taki Leadership Group is the overarching strategic group for the region, overseeing and holding accountability for regional direction, strategy, and key programmes of change. Membership is the five Chairs of Te Manawa Taki DHBs and five Chairs of Te Manawa Taki Iwi Relationship Board. This 50:50 composition reflects a Te Tiriti of Waitangi-based partnership.

Each DHB Chair is accountable to their DHB Board and is responsible for informing their DHB of matters of significance, including risk and mitigation strategies, for matters arising from the group's deliberations.

Te Manawa Taki Iwi Relationship Board comprises the five Chairs and Deputy Chairs of each mandated DHB iwi group collective: Bay of Plenty – Te Rūnanga Hauora Māori o te Moana Ā Toi; Lakes – Te Rōpu Hauora o Te Arawa and Ngāti Tūwharetoa; Hauora Tairāwhiti – Te Waiora o Nukutaimemeha; Taranaki – Te Whare Pūnanga Kōrero Trust; Waikato – Iwi Māori Council.

Te Manawa Taki Chief Executive (CE) Group oversees regional collaboration. The five DHBs of Te Manawa Taki - Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato – have a history of co-operating on issues of regional importance and on new programmes of change. Regional clinical networks and forums, executive forums, and workforce are linked to Te Manawa Taki CE Group through a DHB CE lead (as sponsor) and through regular reporting to the Te Manawa Taki CE Group.

HealthShare Ltd is the shared services agency for Te Manawa Taki DHBs and is a limited liability company with the five DHBs holding equal shares.

Ngā Toka Hauora (Te Manawa Taki DHB General Managers Māori Health) works with HealthShare and with regional and local Networks and Groups to guide the application of the four commitments below. The approach is to focus efforts on supporting DHBs, including its agencies, to build a culture which is enabling of attaining health equity for Māori.

7.2 DHB AND REGIONAL PARTNERSHIPS

Senior DHB management roles and groups confirm priorities and direction, endorse regional Network and regional group workplans and strategy, define, review and agree on the scope of priority work, provide funding, and support, resource, oversee and monitor the implementation of workplan activity as appropriate.

Key DHB partners include DHB General Managers Strategy/Planning and Funding, Chief Operating Officers, Chief Financial Officers, General Managers HR, and General Managers Māori Health. This regional partnership is also expressed through DHB representation within regional Networks and Groups, including the role of DHB Chief Executive Leads and clinical Chairs.

DHB Annual Plans outline the role and functions of DHBs, to:

- work with key stakeholders to plan the strategic direction for health and disability services,
- plan regional and national work in collaboration with the National Health Board and other DHBs,
- fund the provision of the majority of the public health and disability services in the district, through the agreements with providers,

- provide hospital & specialist services primarily for our population and also for people referred from other DHBs,
- promote, protect and improve our population's health and wellbeing through health promotion, health protection, health education and the provision of evidence-based public health initiatives.

The Regional Equity Plan priorities align with DHB Annual Plans and strategic planning, with a focus on Māori health equity. This aligns with the Government's expectations for DHBs and their subsidiary entities, including ensuring that actions that DHBs commit to in plans "contribute to lasting equity and outcome improvements for Māori and for your Pacific population, including a strong focus on prevention."

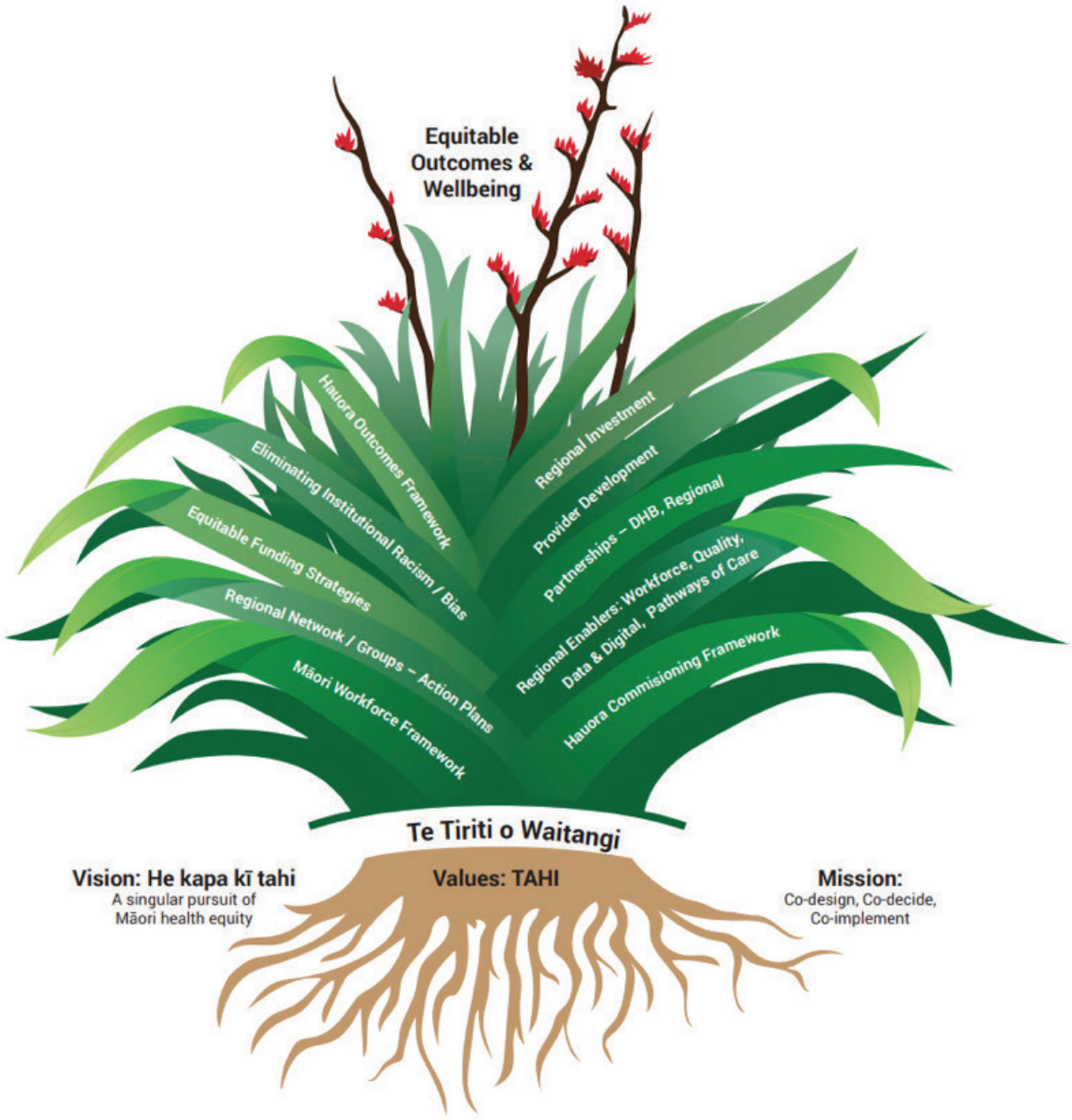
The Regional Equity Plan provides an opportunity to try and assess a variety of approaches to work regionally. These may include virtual meetings, in person, chat rooms, etc. Many are enabled by technology. New ways of engaging may be required. Challenges present the opportunity to develop alternatives. Learnings will be gathered and could be used to inform further models.

7.3 TE AHO O TE KAHU, CANCER CONTROL AGENCY

On 1 September 2019, the Government announced their intention to establish a Cancer Control Agency and to create a single National Cancer Control Network. This was an innovative solution to a pressing need for improved quality and consistency of cancer care and prevention nationwide. On 2 December 2019 the Agency was launched by the Prime Minister.

Te Aho o Te Kahu is a stand-alone departmental agency hosted by the Ministry of Health but reporting directly to the Minister of Health. These new arrangements provide the foundations for strong central leadership and oversight of cancer control, and better recognise the impact cancer has on the lives of New Zealanders.

Refer to the **Appendix** for further information about the regional and national responsibilities, and the equity priorities of Te Aho o Te Kahu.


Equitable Outcomes & Wellbeing
Hauora Outcomes Framework
Eliminating Institutional Racism / Bias
Equitable Funding Strategies
Regional Network / Groups – Action Plans
Māori Workforce Framework
Regional Investment
Provider Development
Partnerships – DHB, Regional
Regional Enablers: Workforce, Quality, Data & Digital, Pathways of Care
Hauora Commisioning Framework
Te Tiriti o Waitangi
Vision: He kapa kī tahi
A singular pursuit of Māori health equity
Values: TAHI
Mission:
Co-design, Co-decide, Co-implement

7.4 TE TIRITI O WAITANGI ALIGNMENT

Each DHB has committed to signing a Position Statement on Te Tiriti o Waitangi, Health Equity and Racism, which describes how the activities of the DHB align with regionally agreed principles.

Te Manawa Taki DHB Position Statements will be adapted from the model below – authored by Bay of Plenty DHB – and will include **Actions and Evidence** specific to each DHB. A list of References will also be found in the DHB Position Statements.

TABLE 1 REFERENCE FOR DHB POSITION STATEMENTS ON TE TIRITI O WAITANGI, HEALTH EQUITY AND RACISM - WITH ACKNOWLEDGEMENTS TO BAY OF PLENTY DHB

Ē hoki koe ki ō Maunga, ki ō Awa.

Kia pūrea koe ē ngā Hauora ō Tāwhirimatea.

Return to your sacred mountains and rivers.

So that you can be purified by the sacred winds of Tāwhirimatea

(DHBs to localise)

POSITION STATEMENT ON

TE TIRITI O WAITANGI, HEALTH EQUITY AND RACISM

This position statement[2] confirms that the (DHB) is making a stand to implement Te Tiriti o Waitangi Articles and Principles, work in partnership with stakeholders to improve health equity for Māori as tangata whenua and eliminate all forms of racism in the (DHB) system. (DHB) believes that systemic failures to honour Te Tiriti o Waitangi, persistent inequities, and racism is unfair, unjust, and in many cases, avoidable. Inaction in regard to these obvious issues is unacceptable.

The (DHB) positions are as follows:

- We recognise (own treaty partner) as our Te Tiriti governance partner and support meaningful tangata whenua representation, kaitiakitanga and participation at all levels of the system. This includes the use of mechanisms that promote shared decision-making, prioritisation, commissioning/purchasing, planning, policy development, service provision, solution implementation, cultural safety, research and evaluation.
- We respect and enable tangata whenua to articulate and lead change toward their health aspirations.
- We will address institutional structures and biases that obstruct health equity. This includes use of strength-based approaches.
- We will prioritise and resource the achievement of healthy equity for Māori and work toward ensuring all communities of (own rohe) are supported.
- We acknowledge the impact of inequity on all populations and accept that more work is required to support other communities that suffer from unfair, unjust and avoidable inequity in the spirit of manaakitanga.
- We will protect Māori custom and the position of wairuatanga and te reo me ōna tikanga as fundamental aspects and enablers of hauora.
- We will also respect and ensure that Māori culture and worldview in (rohe) is prioritised as part of health system solutions. We acknowledge the right of all people to spiritual and religious freedom that is respected and protected by (DHB)
- We will implement proportionate universalism as an approach to balance targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage.

Adopted by: DHB

Review Date: xx

[2] Sources for this document are: Bay of Plenty Draft Position Statement on Te Tiriti o Waitangi, Health Equity and Racism; Te Manawa Taki Regional Equity Plan

Actions (DHB actions)

- This section is an outline of regional and DHB actions.

Note: This section may be more appropriately positioned later in the document.

The actions below were agreed in the Te Manawa Taki Regional Equity Plan.

- Prioritise a te Ao Māori world view and whanau voice.
- Measure achievement (or not) of Māori Health equity using clear and evident data.
- Develop and apply a Hauora Commissioning Framework to commission health services using the optimal mix of cultural and clinical specificity.
- Agree, implement and monitor equitable funding strategies.
- Collaborate on the development and implementation of wellbeing plans for priority Māori health equity areas of mental health, child health, cancer and cardiology.
- Ensure the workforce reflects the needs and aspirations of Māori communities.
- Build Māori capacity to meet whanau Māori health needs and the regional Māori population.
- Build Māori provider capacity and capability to meet whanau Māori health needs.

RATIONALE AND SUPPORTING EVIDENCE FOR THE POSITION STATEMENT AND ACTIONS

Te Tiriti o Waitangi

He Whakaputanga o te Rangatiratanga o Nu Tireni (He Whakaputanga), the Declaration of Independence of New Zealand, signed in 1835, is an important foundation document to Te Tiriti o Waitangi. He Whakaputanga constituted Aotearoa New Zealand as a sovereign state under the authority of the United Tribes of New Zealand, and inaugurated the King of England as its parent, protecting the state from any attempts on its independence. He Whakaputanga guaranteed the tribes of New Zealand their rangatiratanga (sovereignty), confirming the expectations of the two parties leading into the development and signing of Te Tiriti o Waitangi in 1840.

On the basis of contra proferentem Te Manawa Taki privileges the reo Māori version of Te Tiriti o Waitangi and its Articles[2]:

Ko te Tuatahi – Article 1 – Kawanatanga: Article 1 supports meaningful Māori representation, kaitiakitanga and participation at all levels of our health system, including within governance structures and mechanisms, decision-making, prioritisation, purchasing, planning, policy development, implementation and evaluation (Bergen et al, 2017).

Ko te Tuarua – Article 2 – Tino Rangatiratanga: Tino Rangatiratanga is about self-determination. Implementing Article 2 involves: addressing institutional racism within the Aotearoa New Zealand health system (Bergen et al, 2017); actively supporting Māori providers and organisations; applying Māori-centred models of health; using strength-based approaches that engage and involve Māori communities; and recognising that Māori control and authority are critical to successful interventions.

Ko te Tuatoru – Article 3 – Ōritetanga: This Article is about equity and guarantees equity between Māori and other citizens of Aotearoa New Zealand (Health Promotion Forum of New Zealand, 2010). It requires action to intentionally and systematically work towards a steady improvement in Māori health (Bergen et al, 2017). This involves considering the wider determinants of health, access to health care, and the quality and appropriateness of services.

Ko te Tuawha – Article 4: This Article confirms the protection of Māori custom and the position of wairuatanga and of te reo and tikanga Māori. All of these are central to understanding and connecting with Māori cultural and worldviews (Te Puni Kōkiri, n.d.) *.

The intent within the Articles of Te Tiriti informs our goals, each expressed in terms of mana[3]:

- Mana whakahaere: effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.

[2] Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.

[3] 'Mana' is a uniquely Māori concept that is complex and covers multiple dimensions (Mead, 2003).

- Mana motuhake: enabling the right for Māori to be Māori (self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.
- Mana tangata: achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.
- Mana Māori: enabling ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The Principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the emphasis for how we will meet our obligations:

- Tino Rangatiratanga: The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- Equity: The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- Active protection: The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- Options: The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- Partnership: The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori.

The New Zealand Public Health and Disability Act 2000 Part 1 (the Act) makes explicit that "Treaty of Waitangi provisions require District Health Boards to establish mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services".

Equity

Health equity is a basic human right and responding to Māori health aspirations which includes achieving equity, is an indigenous right[4] and Te Tiriti o Waitangi obligation under Article[4].

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes[5].

Te Manawa Taki defines equity for this region as follows.

"Equity is purposeful investment of resources that transforms pathways of disadvantage to advantage:

1. Supports rectifying differences that are avoidable, unfair, and unjust:
   It recognises that avoidable, unfair, and unjust differences in health are unacceptable.
2. Proportionate investment of resources based on rights and needs:
   It requires that people with different levels of advantage, receive proportionate investment of resources and approaches based on rights and need.
3. Implements Te Tiriti o Waitangi in contemporary ways at system and service levels:
   It demands a health and disability system that is committed to implementing Te Tiriti o Waitangi in contemporary ways as a catalyst for success; that our system is culturally safe, competent, and enabling of wellbeing.

[4] UN General Assembly. (2007). United Nations Declaration on the Rights of Indigenous Peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295.

[5] Ministry of Health. (2019). Definition of equity. Retrieved from https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity

4. Success is measured by equity of access, quality and/or outcomes:

We will know we have achieved Equity when we see equity of access, quality and outcomes in the region; particularly for Māori and then for all others who are affected unnecessarily by disadvantage."[6]

Equity for Māori recognises the value of tikanga (values and practices) and mātauranga Māori and therefore the integration of Te Ao Māori in systems design, health policy, models of care and delivery of all health services. This includes recognition that patients and whānau are experts in their own right, and should have more control over their own wellbeing, and consequently, over the care they receive.

Equity is about social justice and fairness; and inequity relates to 'unfairness', where there is differential access to the determinants of health or exposures leading to differences in disease incidence; differential access to health care; and differences in the quality of care received. These contributors to inequities in health manifest as difference in health outcomes between and within ethnic and other groups.

Health inequities in Aotearoa New Zealand stem from colonisation, neglect of Te Tiriti and the appropriation of power and resources that has established and maintained advantage for non-Māori and disadvantage for Māori within the determinants of health, and within the health system itself through access to health services, quality of health services and health outcomes[7]. Following Willams and Mohammed's model of societal level determinants of health inequity, the relationship between these basic causes (including racism), social status, proximal pathways that contribute to unwellness, and individual and collective responses that lead to adverse health outcomes, is evident.

Restoring the balance, power, equity and unity inherent to Te Tiriti and human rights can provide for co-existing systems of governance: Crown kāwanatanga authority and Iwi and Hapū tino rangatiratanga[8]. As pre-requisites for achieving Māori health equity and aspirations, these changes alone will go some way to improving health outcomes for Māori. Notwithstanding, the drivers of health inequity in Aotearoa New Zealand are complex, requiring sustainable system wide solutions supported by collective intersectoral action, as no one entity will eliminate health inequities on their own.

The societal costs of health inequities are significant. Clair Mills et al (2012)[9] found that addressing inequity in childhood illnesses for Māori would bring about a cost saving to the health sector of $24,737,408 per annum in avoidable hospitalisations. This figure does not account for inequitable rates of general practice consultations, prescription claiming and laboratory utilisation that can further reduce hospital admissions. Avoidable mortality rates for Māori were also shown to be significantly higher than non-Māori in all age groups except for the first month of life, equating to 5,210 life years lost per year due to premature mortality. That represents $224 million in years of life lost.

In addition, the research showed health sector expenditure appeared skewed towards non-Māori children where the cost to admit acutely sick Māori children is less than the cost of preventing severe illness through equitable primary care access or effective population-based interventions.

RACISM

In a systematic review of quantitative studies, racism has been defined by Talamaivao et.al as an "organised system of oppression involving the social construction and valuing of racial/ethnic groups based on ideologies of superiority (and inferiority), which serves to privilege some groups over others"[10].

A racist system is therefore premised on the unequal and unfair distribution of resources and access to opportunities where those racial/ethnic groups perceived as inferior receive less. A racist system is a breach of basic human rights and contravenes the United Nations Declaration of the Rights of Indigenous Peoples.

There are three main types of racism and multiple pathways to health.

- Internalised racism – is the acceptance by members of the stigmatised race or ethnicity of negative

[6] Te Manawa Taki. (2020). Te Manawa Taki – Regional Equity Plan 2020-2023. Retrieved from https://healthshare.health.nz/sites/default/files/resources/TeManawaTaki_Rep%20Final.pdf

[7] Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.

[8] Human Rights Commission. (2020). Human Rights and Te Tiriti o Waitangi: COVID-19 and Alert Level 4 in Aotearoa New Zealand.

[9] Mills C, Reid P, Vaithianathan R. (2012). The cost of child health inequities in Aotearoa New Zealand: A preliminary scoping study. BMC Public Health 12(1): 384 URL; https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-384

[10] Talamaivao, N., Harris, R., Cormack, D., Paine, S. J., & King, P. (2020). Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. The New Zealand Medical Journal (Online), 133(1521), 55-5.

messages about their own abilities and intrinsic worth[11].

- **Interpersonal or personally-mediated racism** – is prejudice and discrimination between individuals or groups of people, expressed in action or inaction such as racially motivated violence; crime and harassment; implicit, subtle and ambiguous actions; ostracism; exclusion.
- **Institutional or structural racism** – is the differential access of groups to the power and control over laws, policies and practices that shape our society and the institutions and organisations within it. The result is bias that is embedded in the system in favour of the advantaged group and to the detriment of the disadvantaged group.

The literature also talks about cultural racism which is considered a driver of institutional and interpersonal racism and is entrenched in the philosophy and belief in the superiority of Europeans. In the New Zealand context, it is the assumption that Pākehā culture, that is, Pākehā values, beliefs and systems are superior to those of other New Zealand cultures. This outcome is the benchmarking of Pākehā culture as the 'norm' to which Māori culture, the culture of the 'exotic' other, is compared. Cultural racism is a direct inheritance of colonialism and imperialism[12].

It has been argued that institutional or structural racism has the biggest impact on health and health inequities[13] and in Aotearoa in particular, is the common root cause of the health system's failure to work for Māori[14]. As structural racism has been defined as the societal norms and structures across all sectors of society (i.e. not confined to the health system) it affects access to the social, economic and cultural determinants of health and can be observed when comparing differences in the distribution of Māori and non-Māori across deprivation deciles, income brackets and occupational classes[15]. Institutional and cultural racism impact access to quality healthcare where experience of racism is significantly associated with lower cervical screening rates for Māori compared to non-Māori and the increased likelihood of reporting a negative patient experience[17].

The negative impacts of interpersonal racism on physical and mental health are more obvious through acts of discrimination and unfair treatment and there is clear evidence linking the experience of racial discrimination to poorer health outcomes[18]. Racially motivated violence has obvious negative impacts on health and there is clear evidence showing that chronic exposure to racial discrimination has significant impacts across multiple health domains (mental health, physical health, smoking and hazardous alcohol consumption, sleep problems, maternal and child health, maternal stress and depression[16 17 18]).

Māori and minority ethnic groups in Aotearoa are disproportionately affected by the impacts of racial/ethnic discrimination on health outcomes compared with Pākehā because they are significantly more likely to experience racial/ethnic discrimination[19].

Organisations and individuals who have more power, control and influence, have a broader range of opportunities to contribute to or oppose the reproduction of racism[18].

The Regional Equity Plan provides an opportunity to try and assess a variety of approaches to work regionally. These may include virtual meetings, in person, chat rooms, etc. Many are enabled by technology. New ways of engaging may be required. Challenges present the opportunity to develop alternatives. Learnings will be gathered and could be used to inform further models.

[11] Jones CP. (2000). Levels of racism: a theoretical framework and a gardener's tale. American Journal of Public Health 90(8): 1212–1215.

[12] Ministerial Advisory Committee. (1986). Puao-te-Atatu: The report of the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare. Wellington: Department of Social Welfare.

[13] Talamaivao, N., Harris, R., Cormack, D., Paine, S. J., & King, P. (2020). Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. The New Zealand Medical Journal (Online), 133(1521), 55-5.

[14] Ministry of Health. 2019. Achieving Equity in Health Outcomes: Summary of a discovery process. Wellington: Ministry of Health. Retrieved from Achieving Equity in Health Outcomes – Summary of a discovery process | Ministry of Health NZ

[15] Harris RB, Cormack D, Tobias M, YehL-C, Talamaivao N, Minster J, Timutimu R. (2012b). Self-reported experience of racial discrimination and health care use in New Zealand: results from the 2006/07 New Zealand Health Survey. American Journal of Public Health, 102(5): 1012–1019.

[16] Bécares L, Atatoa-Carr P. (2016). The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the Growing Up in New Zealand cohort study. International Journal for Equity in Health, 15: 155.

[17] Harris RB, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012a). The pervasive effects of racism: experiences of racial discrimination in New Zealand over time and associations with multiple health domains. Social Science and Medicine, 74(3):408-415.

[18] Paine SJ, Harris R, Cormack D, Stanley J. (2016). Racial discrimination and ethnic disparities in sleep disturbance: the 2002/03 New Zealand Health Survey. Sleep, 39(2): 477-485

[19] Harris RB, Cormack D, Tobias M, YehL-C, Talamaivao N, Minster J, Timutimu R. (2012b). Self-reported experience of racial discrimination and health care use in New Zealand: results from the 2006/07 New Zealand Health Survey. American Journal of Public Health, 102(5): 1012–1019

8 ACTION PLANS

8.1 CLINICAL SERVICE COORDINATION

The current regional Networks or Groups are already in operation, some having been established for a number of years. The work of these groups also supports – and is guided by – the 2021/22 Strategic Plan actions that are outlined in section 4.

Processes are also in place in regional groups to ensure effective partnerships at all levels with Māori representatives.

8.1.1 REGIONAL GROUPS CONNECTED WITH 2021/22 REGIONAL HEALTH EQUITY PRIORITIES

Processes are also in place in regional groups to ensure effective partnerships at all levels with Māori representatives.

Priority health equity area	Senior Responsible Owner Lead	Networks/Groups aligning with Priority health equity area			
		Network/ Group	DHB Chief Executive Lead	Clinical Chair	HealthShare support
Cardiovascular Services	Riki Niania, **Waikato DHB**	Cardiac Clinical Network	Dr Kevin Snee, Waikato DHB	Dr Rajesh Nair, Waikato DHB	Natasha Gartner
		Stroke Network	Rosemary Clements, Taranaki DHB	Mohana Maddula, Bay of Plenty DHB	Kirstin Pereira
Child Health Services	Karen Evison, **Lakes DHB**	Child Health Action Group	Jim Green, Hauora Tairāwhiti		Richard Simpson
		Immunisation Services Group			Richard Simpson
Healthy Ageing Services	Marama Tauranga, **Bay of Plenty DHB**	Home and Community Support Services			Kirstin Pereira
Mental Health & Addiction Services	Nicola Ehau, **Hauora Tairāwhiti**	Mental Health & Addiction Network	Nick Saville-Wood, Lakes DHB	Dr Sharat Shetty, Taranaki DHB	Eseta Nonu-Reid – Director
Planned Care	Gill Campbell, **Taranaki DHB**	Planned care networks			Jocelyn Carr

8.1.2 OTHER REGIONAL GROUPS

These groups have their own workplan – including a core priority on improving Māori health equity. The groups also collaborate – as appropriate – to progress the 2021/22 regional health equity priorities.

Service	Network/Group	DHB Chief Executive Lead	Clinical Chair	Lead
Regional Enabler groups				
Data & Digital Services	**Te Manawa Taki IS Leadership**	Dr Kevin Snee, Waikato DHB	Richard Li – Chair IS Leadership Team	Debbie Manktelow – Director IT / CDO
Pathways of Care	**Pathways of Care Governance Group**	Jim Green, Hauora Tairāwhiti	Jo Scott-Jones – Interim Chair	Chris Scott
Quality	**Regional Quality Network**	Rosemary Clements, Taranaki DHB	Sharon Kletchko	
Workforce				Ruth Ross – Director
Other regional groups (with liaison or integration with groups above)				
Child Health Services	**Child Development Services Collaborative Group**			Richard Simpson
Healthy Ageing Services	**Healthy Ageing Services**			Kirstin Pereira
Hepatitis C Services	**Hepatitis C Service**	Jim Green, Hauora Tairāwhiti	Frank Weilert, Waikato DHB	Jo de Lisle
Radiology Services	**Radiology Action Group**		Roy Buchanan, Bay of Plenty DHB	Natasha Gardner
Renal services	**Regional Renal Network** **(to be established)**	Dr Kevin Snee, Waikato DHB	Dr Drew Henderson	Jocelyn Carr
Te Aho o Te Kahu Cancer Control Agency	**Cancer**	Prof. Diana Sarfati (national lead) Dr Kevin Snee, Waikato DHB (regional CE Lead)	Dr Humphrey Pullon, Clinical Lead Regional Hub Te Aho o Te Kahu	Jan Smith, regional Hub Te Aho o Te Kahu
	Bowel Screening Regional Centre	Dr Kevin Snee, Waikato DHB	Ralph Van Dalen, Waikato DHB	Brent McMillin – Manager
Trauma Services	**Te Manawa Taki Trauma System**	Nick Saville-Wood - Lakes DHB	Dr Grant Christey	Alaina Campbell

8.2 ENABLERS

Data & Digital Services, Pathways of Care, Quality and Workforce have their own regional groups and forums, and their own workplan. They also act as 'Enablers' of the workplans of other regional clinical services by undertaking shared or complementary activities.

Activities listed in the Enabler dependencies section are those where there is a formal, agreed project dependency between the clinical service and the Enabler group. For example, the improvement to a clinical services model may be contingent on the implementation of new information systems or following the rollout of a wider regional workforce initiative.

8.2.1 ENABLER – PATHWAYS OF CARE

Clinical service area(s)	All services across the health continuum
Name of accountable regional Group(s)	**Te Manawa Taki Pathways of Care Governance Group**

Tino Rangatiratanga

By ensuring that all pathways of care are developed with clinical best practice guidance, and this guidance is followed for all people within our rohe at the point of care. Ensuring all pathways of care and the services and processes within them have been developed and/or reviewed with an equity focus. Where possible, pathways are co-designed in collaboration with our Māori health providers and consumers.

Equity

Achieving equity of health outcomes for Māori, and removing variation in care provided within Te Manawa Taki, is the goal of the pathways of care programme of work.

Prioritised pathways to complete – given the equity component – include chronic obstructive pulmonary disease (COPD), Acute Coronary Syndrome, Chest Pain, Eczema in Children and some sexual health pathways.

Active protection

The work programme priorities are determined by which conditions have the greatest impact on reducing inequalities of health outcomes in Māori. Recently Te Manawa Taki community pathways team developed the two diabetes medication pathways which are now adopted nationally. The focus of these pathways was on equitable prescribing of medications to treat diabetes. The pathways also highlighted the Kaupapa Māori health and wellbeing services that could provide support and navigation for Māori in their local community.

Options

Pathways are standardised where possible to ensure consistency of care, while accommodating valid differences such as rurality and availability of Kaupapa Māori services. The platform provides localised, specific guidance which incorporates principles of tikanga and cultural safety.

Partnership

Pathways of care must be co-designed with Māori to ensure we meet the needs of our population and that we are guided by our Māori Health experts on the areas where our work may provide the greatest positive impacts.

8.2.2 ENABLER – QUALITY

Clinical service area(s)	All services within the Provider Arm/Hospital services
Name of accountable regional Group(s)	**Te Manawa Taki Quality & Risk Managers**

Tino Rangatiratanga

By ensuring safe, timely, equitable, effective, efficient and person/whānau centred services (STEEEP), all services can be enabled to support Māori self-determination and mana motuhake in design, delivery and monitoring of health and disability services. If Māori population goals are achieved it is possible for doing similar for all of those who are disadvantaged within the rohe.

Equity

Achieving equity of health outcomes for Māori is an essential component of the STEEEP approach to Quality.

Active protection

Quality is all about achieving outcomes that support Māori population health equity and well-being and overall population health and wellbeing.

Options

Quality, as an enable for services, supports the provision of services that achieve better outcomes and wellbeing for Māori and the population using an equity filter.

Partnership

Evidence informs us that only when we work in partnership in the governance, design, delivery and monitoring of health and disability services can we improve health outcomes and wellbeing for Māori. By doing so we should also be able to achieve whole of population equity and wellbeing.

Enabler dependencies:

Data & Digital Services	Absolutely key to understanding our direction, monitoring our impact and reporting on our achievements
Pathways of Care	For particular quality programmes such as Shared Goals of Care, applying Pathways of Care provides the ability to compare what and how we are delivering on what is critical in terms of equity and well-being for Māori and the population.
Workforce	The more we can share the knowledge of how to analyse, measure and improve our services to meet our equity and wellbeing goals for the Māori and whole population of the rohe using our workforce ensures all are engaged in achieving the goals.

Other relevant DHB initiatives

Continuing to progress/embed the HQSC Programmes using a Māori health equity lens, including:

- Deteriorating Patient – EWSs, ACP, SIC, Shared Goals of Care.
- Hospital Acquired Injury – point prevalence survey for infection, SSI, Staph Bundles, deployment of ICNET, AMS activities, hand hygiene, Pressure Injury Prevention, Sepsis Pathway, Intravenous cannula infection prevention, etc.
- Networkz.
- Patient Experience of Care surveys and actions.
- Learning Reviews—Adverse Events investigations.
- Medicines Safety, national medication chart.
- Falls prevention.

DHB Performance Measures that also relate to this clinical service

HQSC programmes reported regularly to Clinical Quality Governance, Executive Forum and HAC/Board.

8.2.3 ENABLER – WORKFORCE

Clinical service area(s)	All providers including District Health Boards and other funded providers
Name of accountable regional Group(s)	**Te Manawa Taki General Managers Human Resources**

Tino Rangatiratanga

Is achieved by ensuring that Māori are engaged in the decisions about data that is used for monitoring any differences between Māori and Non-Māori workforces.

Equity

Data will be used to highlight any disparities between the Māori and Non-Māori workforces.

Active protection

International research indicates a link between concordance between health worker and patient improved outcomes.

Options

Partnership

Māori will be engaged in determining the use of data and information.

Enabler dependencies:

Data & Digital Services	Access to data lake and Data Scientist

Other relevant DHB initiatives

National data collection via Health Workforce Information Programme will be augmented with data from other sources such as the Ministry of Health and professional bodies. In addition, work will get underway to capture non DHB provider data.

DHBs continue to monitor their own workforces' ethnicity mix, time to hire, etc.

Some national data reporting is available for DHB employees.

DHB Performance Measures that also relate to this programme:

See above

8.2.4 ENABLER – DATA & DIGITAL SERVICES

Clinical service area(s)	Data & Digital Services
Name of accountable regional Group(s)	**Te Manawa Taki Data Governance Group** **HealthShare Ltd**

Tino Rangatiratanga

Equity

Various regional Information and Communications Technology (ICT) initiatives will strengthen the ability to report by ethnicity (links with Regional Equity Plan strategic workplan priorities for equity data), including – confirming data standards and defining data sets and models, enabling a data platform that is accessible across the region.

Active protection

Some initiatives – such as the Regional Telehealth Strategy – are expected to decrease costs to patients in terms of time and money thus making telehealth attendance a more viable option for patients who live rurally which assists bridging the equity gap.

Options

Completion of the Regional Telehealth Strategy will aid realisation of the Digital Health vision for health technology 'closer to home' and assists bridging the equity gap by giving patients an alternative to in-person appointments, thus increasing patient choice for the way they receive their healthcare. For example, as it is not always possible to deliver Telehealth to a device in a patient's home, hubs or facilities that are more culturally acceptable to Māori will be sought to encourage them to seek treatment earlier and increase appointment attendance.

Partnership

The planned confirmation of a design and approach to document exchange services will enhance the ability to share regional data from community, primary, secondary in both regional and national platforms.

Microsoft compliance and technology updates will include utilisation of cloud technologies where it makes sense enabling better mobility for workforce and more sustainable solutions. Community Access activities will provide access to agreed information in patient context for approved community health providers.

Enabler dependencies:

Regional clinical services	Refer to the 'enabler dependencies' section of each regional action plan to see what dependencies link with the Data & Digital Services enabler. Some Data & Digital initiatives will impact directly on a number of regional action plans – including the following initiatives: • Mental health services - Extending on the vision of an integrated view of patient information (One Patient, One Record, One Region), standardising clinical pathways, improving the collection of information to enable better decision support and care of mental health patients. Business case writing and approval planned for July 2021, for implementation of solution by participating DHBs by EOY 2021/22. • Data sets, data exchange and data platform development. • Completion of the Regional Telehealth Strategy.

Other relevant DHB initiatives

Many alignments. Refer to Regional Data Governance Group ICT Plan for more detail.

Diabetes: Taranaki DHB are supporting the implementation of a digital enablement initiative that provides patients with diabetes with digital devices that enable better self-management of their condition and achieve better health outcomes. The tools will be prioritised to Māori patients with poorly controlled diabetes, and the initiative includes a Diabetes Kaitautoko who will support patients who use the digital tools.

DHB Performance Measures that also relate to this programme:

SS09 - Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections

PH02 - Improving the quality of ethnicity data collection in PHO and NHI registers

8.2.5 DHB ALIGNMENT WITH REGIONAL HEALTH EQUITY PRIORITIES

DHB alignment with regional health equity priorities – SUMMARY OF KEY INITIATIVES ONLY – REFER TO DHB ANNUAL PLANS FOR DETAIL		
Tamariki – immunisations		
The priority below relates to DHB work on immunisations for tamariki as per the National Immunisation Schedule – not DHB responsibilities for COVID-19 vaccinations. DHBs have acknowledged the priority to improve equitable immunisation rates for tamariki, particularly national immunisation schedule milestones in the 'first 1,000 days' of a child's life. Common DHB activity for immunisation also includes ongoing and expanded work on MMR and seasonal influenza vaccination for children and youth in partnership with mana whenua, PHOs and Whānau Ora providers. Another priority in DHB plans is also on human papillomavirus (HPV) immunisation. This work is closely aligned with DHB cervical screening programmes and includes HPV education and vaccination with a focus on high-risk populations – including among youth.		
Bay of Plenty DHB	• Te Pare o Toi is overseeing and joining up efforts to increase the provider capability in order to respond to immunisation need. • It is proposed; that all core contacts in the first year have a key focus on improving rates of childhood Immunisation for children at 8 months; and promote and encourage the continuing of vaccination for, 2 & 5 yrs.	• Develop and implement an Immunisation engagement and communications plan in collaboration with Māori, Pacific and other consumer voices in BOP. • Te Pare Ō Toi will support and lead engagement with Māori in developing an Immunisation strategy. • Take a community based social marketing approach for increased community engagement in immunisation for the Waiariki region.
Hauora Tairāwhiti	• Implementation of a whole of life Immunisation Programme and whānau communication plan. • Work with LMCs and Primary Care Providers on a priority for immunisations for Māori new-borns – particularly 6w imms enrolments and appointments.	• Community-focused strategies to ensure whānau are engaged in immunisation programme for pēpi. • Expand the focus of an outreach service to incorporate a partnership approach across immunjsation providers. • Develop a whole of life immunisation communication plan which builds on the success of whānau.
Lakes DHB	• Take a community based social marketing approach to increase community engagement in immunisation for the Waiariki region, and design & implement immunisation engagement and communications plan with DHB Māori and Pacific communities. • Māori Health will lead the development of an immunisation engagement strategy for Māori.	• Increase the number of Māori babies enrolled in primary care, immunisation, and oral health services. • support Te Arawa Iwi community hub to continue work in the community that commenced during the COVID-19 response, with plans to carry this forward to implement a community vaccination plan.

Taranaki DHB	• Implement the agreed redesign of Outreach Immunisation Services as a contracted service of the Te Kawau Mārō Alliance under the Whānau Hapai Comprehensive Pathway for Mama Matua Pēpi Tamariki. • Develop an Immunisation Engagement & Communications Plan.	• Work in partnership with Te Kawau Mārō providers to design and deliver coordinated education sessions on immunisation. • Work with the COVID-19 Team, Māori Health Providers including Outreach Immunisation, the PHO and Pharmacists to build vaccinator workforce capacity and bundle vaccination services.
Waikato DHB	• Increased capacity and reduced duplication by combining services, service specifications and contracts to better meet the needs of whānau across a wider range of services than simply immunisation.	• Develop and implement immunisation messaging which reflect the whānau voice. • Develop Māori-focused First 1,000 days model of care with milestones to increase immunisation at two years old.

Mental Health & Addiction

The Minister's 2021/22 Letter of Expectations for DHBs notes that a Government priority is "improving mental wellbeing including a focus on the transformational direction for our approach to mental health and addiction through the agreed actions from the Mental Health and Addiction Inquiry."

Coordinated DHB work also continues on supporting the psychosocial response to COVID-19 (including providing support to people in Managed Isolation facilities), reducing alcohol-related harm, family violence and sexual violence initiatives, as well as priorities around follow-up within seven days (and a formal discharge plan) post-discharge from an inpatient mental health unit. These are detailed in the DHB Annual Plans.

Bay of Plenty DHB	• Continue to progress a programme of work regarding the review and redesign of BOP's MH&A system. Demonstrate a focus on wellbeing and equity at all points of the system. • Increase access to primary mental health services for Māori through funding a Ngaiterangi Iwi Court Assessor. • Develop a mental health Senior Leadership Group with Māori health providers to lead and transform the mental health sector across the BOP and create a joined-up system of care. • Strengthening the capacity across NGOs and Primary MHA through engagement in supporting RFP processes and utilisation of cost pressure and ring fence funding. A key focus in development of these primary mental health and addiction services will be integration across the system. • Review Delay Onset of Drinking in Intermediate-aged Children project (TDHB) and co-design & deliver the Mana Ake programme.	• Continue to expand Tihore Mai I Uta Tihore Mai I Tai service. • Continue to embed and grow the capacity of the Navigate collaborative across Community Support and Peer support NGOs as well as Mental Health & Addiction NASC. • Secondary Specialist services will review MDT processes to ensure comprehensive and collaborative approaches to patient care are documented, communicated and undertaken in a consistent manner. • Lakes and BOP DHBs will work together to Co-design to develop and deliver Mana Ake – Stronger for Tomorrow. • Convene a project team to drive the reduction of seclusion. The project team includes members from Te Pou Kokiri, a Consumer advocate, Nursing, Health Care Assistant and Allied Health with a focus on Māori.

Hauora Tairāwhiti	• Prioritise a set of action including a feasibility study of the local residential facility for addictions and the facility for long-term Mental Health care, alignment of service agreements to the new Model of Care, and implementing priorities. • Completion of the implementation of projects initiated in 2020/21, these include proceeds of crime (Te Awa) , regional pre and post rehabilitation pathway of care, primary outreach services (Toi Māori) and redesign of Primary Options Mental Health and Addiction (POMHA).	• Continued emphasis on sustaining performance improvements achieved in 20/21 showing better than national average and lower rates of compulsory and community based treatment orders. • Review of the Quality Advisor position and Business Analyst roles. • Workforce Development plan with an emphasis on building capability across mental health and addictions specialisms within Tairāwhiti. • Increased use of telehealth, mobility for community based responses and active engagement in whānau centred care practices.
Lakes DHB	• Implement a formal programme to embed Te Ara Tauwhirotanga framework across Mental Health and Addictions. • Lakes DHB Iwi Governance will participate in the "Mauriora" Programme – build of a new Acute Mental Health Facility to transform the Mental Health and Addictions services current model of care. • Introduction of new processes and options to manage managing discharges for high and complex needs (Mental Health). • Five small community support initiatives grants with an addiction focus for improved awareness & education for Māori rangatahi.	• Co fund a newly developed community based response / crisis assessment and triage role with the homelessness provider collective. • Implement phase one (training phase) of the Virtual Mental Health. • Require that all Compulsory Treatment Orders have DAO & DAMHS reviews for both the need for mandated treatment and discharge from the MHA • Improve case manager role in discharge planning and process. • Implement staff development around feedback informed treatment (FIT). • Lakes and BoP DHBs will work together to Co-design to develop and deliver Mana Ake – Stronger for Tomorrow approach for school children 5-12yo.
Taranaki DHB	• Taiohi Ora Youth Wellness & resilience programme for rangatahi • Reorient and relocate Alcohol and Other Drug counselling services. • Implement a new Kaupapa Māori mental health & addiction assertive outreach service that will provide intensive, community-based support to Māori on a Section 29 Community Treatment Order and their whānau. • Implement Alcohol and Other Drug Peer Support Service. • Evaluation of the Waitara acute synthetic drug harm pilot project.	• Develop and implement a Quality Improvement initiative that will utilise the consumer advisors and/or Family & Whānau Advisor in the transition planning process. • Upskill ED staff capability regarding the management of Mental Health & Addictions presentations to ED. • Review of mental health bed provision, and potential changes to provision of residential services. • Reorientation (/relocation) of the Alcohol and Drug Services.

Waikato DHB	• Increased capacity and reduced duplication by combining services, service specifications and contracts to better meet the needs of whānau across a wider range of services than simply immunisation.	• Develop and implement immunisation messaging which reflect the whānau voice. • Develop Māori-focused First 1,000 days model of care with milestones to increase immunisation at two years old.
Home & Community Support Services		
DHBs are establishing Aged Residential Network Groups to provide information, advice and practical support to the aged residential care sector in relation to pandemic preparedness. This pandemic and COVID-19 preparedness is detailed in DHB Annual Plans. DHB Annual Plans also have detail of equity improvement of other support that may be delivered by whānau in a home setting, particularly frailty pathways, dementia care, discharge and community-based support and restorative services, healthy lifestyle initiatives, and supporting whānau through respite services.		
Bay of Plenty DHB	• Toi Ora Optimum for Health and Wellbeing Framework and Model. • implement the final phase of the integrated home and community short term ser-vices, with long term services as part of the Keeping Me Well (KMW) initiative.	• GP equity and co-design projects through Health Care Home model. • Establish a programme of work to operationalise the national long-term services specs and HCSS.
Hauora Tairāwhiti	• Review and investigate the current Home Care Support Services funding model to en-sure that it recognises equity of care across the district and prioritises cares provided to Māori.	• Implement a fragility screening tool and patient pathway to manage high risk patient at home in part-nership with community partners.
Lakes DHB	• Design and develop a Healthy Ageing Model of Care for Māori that will lead to better prevention, identification of those at risk, and manage-ment of age-related disease, and address the equity of out-comes for Māori.	• Introduction of new processes and options to manage managing dis-charges to Aged Residential Care.
Taranaki DHB	• Community Rehabilitation Model. • Evaluate and extend General Practice outreach services.	• Implement changes to Sport Tara-naki Green Prescriptions, South Ta-ranaki Rural model of care and new casemix model.
Waikato DHB	• Work with kaupapa Māori ser-vices to design a home and community support service model that aims to have clients access the service early in their care journey – with a priority for Māori and Pacific clients.	

Planned Care		
DHB Planned Care initiatives are detailed in the DHB Annual Plans, with a priority on implementing Year 2 of the Planned Care Three Year Plans. Support for patients with musculoskeletal conditions is a DHB priority – documented within DHB Annual Plans.		
Bay of Plenty DHB	• Implement phase two of the Planned Care Three Year Plan (Planned Care Programme). • Complete community based ultrasound services projects for increased radiology services at Kawerau and Opotiki. • Community Orthopaedic Triage Service/Physio-led paediatric orthopaedic pilot.	• Develop a Telehealth Sustainability Team to coordinate, lead and normalise Telehealth in the BOP DHB region. • Whole of system Acute Demand programme development. Investigate options around additional theatre and clinics as capacity allows. • Monitor the reduction in secondary service referrals for musculoskeletal conditions.
Hauora Tairāwhiti	• Year 2 of whole of system review in the approach to planned care delivery. Progress five key work streams. • continue to work with GPs consultants, nurses, and other health professionals and consumers to redesign our approach. • Focus on securing clinical resource within key specialities and being creative in a constrained facility footprint within the secondary care environment.	• Model of service provision and associated systems and structures will be reviewed to support change in service delivery from a transactional model to a broader whole of system approach.
Lakes DHB	• Phase 2 of Planned Care three-year plan. • Māori Fit for Surgery Project. • Extra surgical & outpatient clinics and maximise theatre utilisation to reduce Planned Care waitlists.	• Pokapū o te Taiwhenua Network, telehealth in rural communities. • Continue with Planned Care funded projects enabling partnerships, including between Rotorua Surgical and Elective Surgery Services (Pre-Operative Assessment Clinic), and Korowai Aroha Health Centre supporting the planned care improvement initiative Māori Fit for Surgery. • Focus on planned care interventions – with a focus on surgical & outpatient capacity, theatre utilisation, patient compliance, DNAs and wait times.

Taranaki DHB	• Design and implement Choosing Wisely Aotearoa. • Trial improvements to pre-admission clinics. • Improvement of services through installation of new telehealth technology, training and capacity. • Explore opportunities for system wide models of care to manage increasing planned care demand.	• Implement Year 2 of the three year planned care Plans – with a focus on: o Patient pathway management, o Transfer of skin lesion procedures from hospital to community, o Pre-admission clinics, o Perioperative work programme, o Review of Radiology Services.
Waikato DHB	• Continue to implement 2020-2023 plan – including to enhance virtual health, extend shared care, resourcing for rural initiative, enhance diagnostic access.	• Meet locality work plan targets. • Facilitate direct access to diagnostics for GPs to streamline referrals.
Cardiovascular Disease		
DHB and regional health stakeholder coordination on cardiac services is via the regional Cardiac Network. Recent network activity has included reconfiguring the governance and steering group structures for regional cardiac services, agreeing on a regional Cardiac Strategy and a supplementary annual workplan.		
Bay of Plenty DHB	• Opening of second Cath Lab to accommodate district volume growth.	• Review the diabetes health pathway for Māori, along with the Kaupapa Māori Hauora. • Facilitate the formation of a local diabetes network in partnership with Diabetes NZ.
Hauora Tairāwhiti	• A Nurse led Cardiac Arrhythmia service pilot funded through the Ministry of Health's DHB Sustainability funding. The Atrial Fibrillation Nurse role working in the community will implement wide-spread screening for atrial fibrillation and improve the utilisation of anticoagulants. • With iwi, iwi providers and primary care, develop and implement a Tairāwhiti inspired programme of express action to increase the proportion of Māori with Hb1AC <64.	• Focus on improving this coverage of CVD risk assessments among Māori under 45 years old through a range of initiatives. This increase in opportunities to access care alongside a shared language that is meaningful, practical and relevant to this target population. • Roll out self-management workshop to whānau champions across the district. During 2021/22 two eight week course will be provided to whānau champions to support individuals with Long term conditions and diabetes. • Increased capacity to diagnose and treat atrial fibrillation within the community setting across the district.
Lakes DHB	• Implement Māori-led design process for Te Kuku o te Manawa project for Cardiovascular Disease & diabetes, with the intention that the work will be directly transferrable to other areas.	• Increase CT Coronary Angiography volumes.

Taranaki DHB	• Patient transition approach for Chronic Obstructive Pulmonary Disorder. • Work with primary care, and specialist services to identify diabetic patients who would benefit from SGLT-2 inhibitors; create a focused action plan including clinician upskilling to increase prescribing rates. • Support the implementation of a digital enablement initiative that provides patients with diabetes with digital devices that enable better self-management of their condition and achieve better health outcomes. • Continue the implementation of the Foot Protection Service.	• Work with Pinnacle PHO on development and implementation of a recovery plan aimed at increasing the rate of Diabetic Annual Reviews for Māori. • Implement the Virtual and Telephone Access to Diabetes Specialists service. • Te Pa Harakeke (TDHB Māori Health), Pinnacle Midlands Health Network and iwi partnerships to design and deliver a community-based wellbeing services with aims to engage tane Māori who are unenrolled and not engaged with primary care, with a focus on cardiovascular risk assessment screening rates.
Waikato DHB	• Continue with the diabetes retinal screening pilot roll out into localities where optometrist services are operating. • Implement Mate Huka; a new and additional Tainui Waka type 2 diabetes partnership programme targeting Māori and Pacific.	• Improve GP access to chest CTs, cardiac echo & ultrasound • Achieve equity in heart health screening rates. • Rural initiative team to locally screen cardiac patients.

9 APPENDICES

9.1 BAY OF PLENTY DHB EQUITY STRATEGY

Bay of Plenty three strategic objectives	Live Well: Empower our populations to live healthy lives. Stay Well: Develop a smart, fully integrated system to provide care close to where people live, learn, work and play. Get Well: Evolve models of excellence across all our hospital services. Working collaboratively, we will create healthy, thriving communities - Kia momoho, Te Hāpori Oranga, by proactively addressing the needs of our family and whānau with services that are well-coordinated, holistic and provided as close to home as possible.
Te Toi Ahorangi – Te Runanga Hauora Māori o te moana ā toi / Bay of Plenty DHB	Pou Ora, change principles that affirm our intent and determination towards Toi Ora – flourishing descendants of Toi – the shared vision of the seventeen iwi of Te Rūnanga.: Toi Tu te Kupu – Uphold our Word: Affirms we will uphold our word and aspirations as iwi and the Crown through an authentic Te Tiriti o Waitangi partnership. Toi Tu te Mana – Uphold our Power: Affirms He Pou Oranga, the sources of mana that lead to Toi Ora. Tangata whenua self-determination, aspirations and worldview will be valued and invested in across Te Moana a Toi. Toi Tu te Ora – Uphold our Vision: Guides our direction towards Toi Ora. Toi Ora drives a whole of system approach that enables flourishing from preconception throughout the lifecourse.

The Bay of Plenty DHB Annual Plan 2019/20 outlines its vision of Healthy, Thriving Communities – Kia Momoha Te Hāpori Oranga. The Bay of Plenty Strategic Health Services Plan 2017-27 sets the scene for what the Bay of Plenty DHB's focus is on to support its communities to be healthy and thriving, and to live well, stay well and get well.

The Bay of Plenty and the Māori Health Rūnanga (the seventeen iwi governance representatives of Te Moana ā Toi), are affirming their Te Tiriti o Waitangi partnership by advancing a new Māori Health strategy. Endorsed by the Bay of Plenty Board, Te Toi Ahorangi 2030 provides a strategic framework that describes a unified vision, voice and intention to successfully influence health and wellbeing outcomes for tangata whenua and all people living in Te Moana ā Toi, from preconception throughout the life course. Evolving our Culture and Clinical Governance and Quality are the other two strategic priorities guiding the work at the Bay of Plenty DHB.

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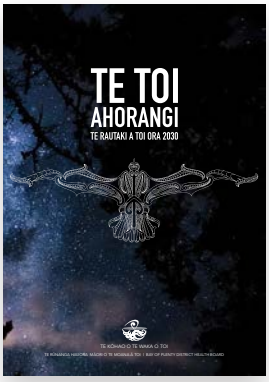

[21]

[20] https://www.bopdhb.health.nz/about-us/find-bopdhb-publications-and-documents/plans-reports-expectations-and-strategies/

[21] https://www.bopdhb.health.nz/te-pare-%D0%BE-toi/te-toi-ahorangi-2030/

9.2 HAUORA TAIRĀWHITI EQUITY STRATEGY

Hauora Tairāwhiti Values	The Values form the acronym WAKA. They reflect our past while guiding us on our journey to create a healthier Tairāwhiti by working together - Whāia te hauora i roto i te kotahitanga (the Tairāwhiti vision). Whakarangatira/enrich: Enriching the health of our community by doing our very best. Awhi/support: Supporting our ruroro/patients and their whānau/families, our community partners and each other. Kotahitanga/togetherness: Together we can achieve more. Aroha/compassion: Empathy, we care for people and people want to be cared for by us.

The **Hauora Tairāwhiti Annual Plan** outlines the Board's vision of Whāia te hauora i roto i te kotahitanga – a healthier Tairāwhiti by working together.

The primary area of focus for Hauora Tairāwhiti is achieving equity, with a goal to achieve the happiest, healthiest children in the world in Tairāwhiti within one generation.

Hauora Tairāwhiti has four key ingredients to achieving equity; Supporting iwi to take a leadership role, Enhancing understanding of equity, Questioning current disparities at every opportunity, Recognising that a proportion of the population lead privileged lives. Other areas of focus are sustainability, workforce, and collaboration.

The Hauora Tairāwhiti values are Whakarangatira/enrich, Awhi/support, Kotahitanga/togetherness, and Aroha/compassion. These values form the acronym 'WAKA'. They reflect our past while guiding us on our journey.

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[22] https://www.hauoratairawhiti.org.nz/assets/Uploads/202021-Hauora-Tairawhiti-Annual-Plan.pdf

9.3 LAKES DHB EQUITY STRATEGY

Lakes DHB Strategy	Vision: Healthy Communities – Mauriora! Values: Manaakitanga, Integrity, Accountability
	Strengthen people, whānau & community wellbeing – Te whakareinga I to oranga o te tāngata, te whānau me te hapori. Achieve equity in Māori health – Te taeatanga tika o te hauora Māori. Build an integrated health system – Nga Herenga tika I roto I te pūnaha.

Te Manawa Rahi – the **Lakes DHB Strategy 2019-2021** and the **Lakes DHB Annual Plan** outline the vision of *Healthy Communities – Mauriora! and Values of Manaakitanga – Integrity, Accountability*. Lakes DHB identifies the interlinking mechanisms in the path to achieving equity in Māori health; Health System Improvement, Population Health Improvement and Social Determinants of Health Improvement.

The Strategy identifies work towards the following objectives; Te taeatanga tika o te hauora Māori – achieve equity in Māori health, Ngā Herenga tika I roto I te pūnaha hauora – build an integrated health system, te whakareinga I te oranga o te tāngata, te whānau me te hapori – strengthen people, whānau & community wellbeing.

Te Tuhi o Te Rangi – Lakes DHB Māori Equity Plan 2020-2030 outlines the Lakes DHB strategic plan to reduce Māori health inequities over the next three years.

[23]

[24]

in development

[23] http://www.lakesdhb.govt.nz/Resource.aspx?ID=47625

[24] http://www.lakesdhb.govt.nz/article.aspx?ID=7156

9.4 TARANAKI DHB EQUITY STRATEGY

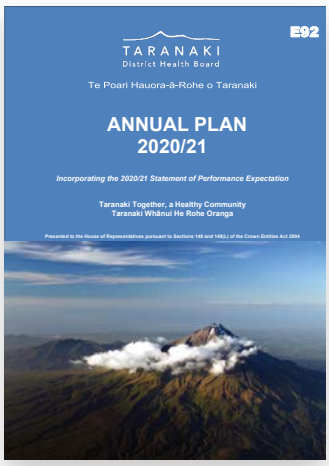
Taranaki Health Plan	The Taranaki vision is Taranaki Whanui He Rohe Oranga – Taranaki Together, a Healthy Community. The Plan outlines the Taranaki goal of Kia tū rangatira ai ngāi Māori ki te ora kakariki – our journey from the red to the greens on our dashboard of Māori health priority indicators.
	Helping our people to live well, stay well and get well. Integrating our care models through a one team, one system approach. Using our community resources to support hospital capacity. Using analytics to drive improvements in value. Developing a capable, sustainable workforce matched with health need and models of care. Improving access, efficiency, and quality of care through the manage uptake of new technologies.

The **Taranaki DHB Annual Plan** outlines the shared vision of Taranaki Whanui He Rohe Oranga – Taranaki Together, a Healthy Community.

The **Taranaki Health Action Plan 2017-20** provides an overarching framework for the Taranaki health system, with a 10-year vision, underpinned by a targeted three-year programme of work. Te Kawau Mārō, the Taranaki Māori Health Strategy Refresh 2020 represents a commitment by the entire Taranaki health sector to accelerate and eliminate health inequalities consistent with the promises made by virtue of Te Tiriti.

Through its six focus areas and their headline actions, the following benefits are expected; Enhanced patient experience, improved population health and equity, improved value for money, and strengthened system resilience.

The DHB is committed to Kia tū rangatira ai ngāi Māori ki te ara kakariki – journey to the greens, a metaphoric reference to transforming the dashboard of Māori health priority indicators from red to green.



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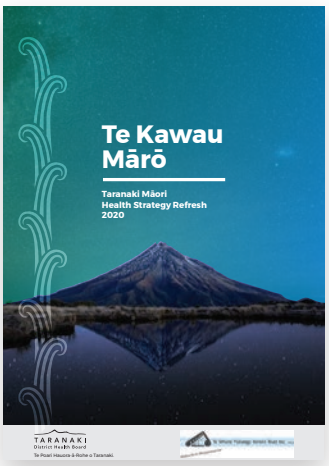

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[25] https://www.tdhb.org.nz/misc/document_library.shtml

[26] https://www.tdhb.org.nz/misc/documents/Te-Kawau-Maro-Taranaki-Māori-Health-Strategy-2021.pdf

[27] https://www.tdhb.org.nz/misc/documents/TDHB-Health-Action-Plan-2017.pdf

9.5 WAIKATO DHB EQUITY STRATEGY

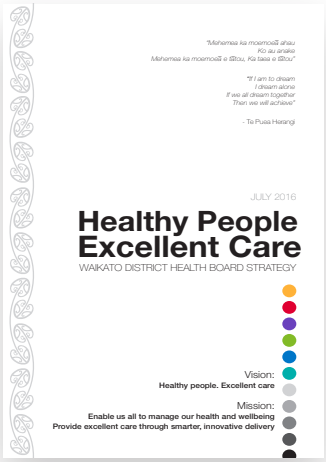
Waikato DHB Strategy	Vision: Healthy people, excellent care. Values: People at heart – Te iwi Ngakaunui;Give and earn respect/Whakamana, Listen to me talk to me/ Whakarongo, Fair play/Mauri Pai, Grow the good/Whakapakari, Stronger together/ Kotahitanga. Mission: 'Enable us all to manage our health and wellbeing. Provide excellent care through smarter, innovative delivery'
	Whanaketanga – Productive partnerships Pae taumata – A centre of excellence in learning, training, research and innovation Ratonga a iwi – Effective and efficient care and services Manaaki – People centred services Haumaru – Safe, quality health services for all Oranga – Health equity for high need populations
Waikato Health System Plan – Te Korowai Waiora	Putting the Waikato DHB Strategy and the Waikato DHB Iwi Māori Health Strategy, Ki te Taumata o Pae Ora, into action. Vision for the future – a whānau and family focussed approach to health and wellbeing. Goals for the next ten years; Partner with Māori in the planning and delivery of health services, Empower whānau to achieve wellbeing, Support community aspirations to address the determinants of health, Improve access to services, Enhance the capacity and capability of primary and community health care, Strengthen intermediate care, Enhance the connectedness and sustainability of specialist care. Supporting activities to achieve goals; Leadership & partnerships, Commissioning, Workforce development, Technology & information, Quality improvement.
Waikato DHB Iwi Māori Health Strategy	Ki te Taumata o Pae Ora A focus on the Whānau Ora approach to improving the wellbeing of whānau as a group and addressing individual needs within the context of whānau and iwi.

The **Waikato DHB Annual Plan 2019-20** is developed in alignment with the vision of Healthy people, excellent care, outlined in the **Waikato DHB Strategy**, which also outlines the Mission of the DHB to 'Enable us all to manage our health and wellbeing. Provide excellent care through smarter, innovative delivery'. Ki te Taupata o Pae Ora – the Iwi Māori Health Strategy, is under development and will be the organisation's driver for achieving the strategic priority of radical improvement in Māori health outcomes by eliminating health inequities for Māori.

The **Waikato Health System Plan – Te Korowai Waiora** translates this vision into strategic goals and actions to be implemented over the next ten years. Partner with Māori in the planning and delivery of health services, Empower whānau to achieve wellbeing, Support community aspirations to address the determinants of health, Improve access to services, Enhance capacity and capability of primary and community health care, Strengthen intermediate care, Enhance connectedness and sustainability of specialist care.

Rapua Te Ara Matua – Waikato District Health Board Equity Report – was published in March 2021. In te ao Māori, the main current of a river is referred to as Te Ara Matua. The report shows there are equity gaps in access to health services and failures to reach the minimum standards of health for individuals. Waikato DHB invites our communities and partners to join with us in supporting those wanting to move from the whirlpools and eddies of Te Ara Matua.

The Waikato DHB Māori Equity Plan is under development, and will be informed by Rapa Te Ara Matua, the Waikato DHB Equity Report, Te Korowai Waiora; Waikato Health System Plan, and will align with the Regional Equity Plan.



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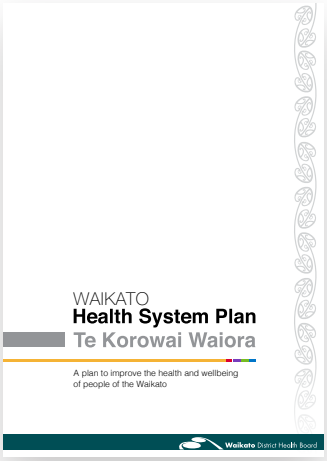

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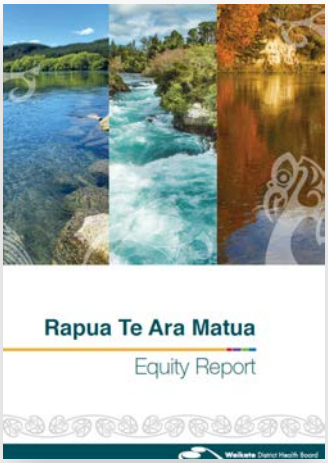

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[28] https://www.waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Strategies/4750ac5a11/Waikato-DHB-Strategy-2016.pdf

[29] https://www.waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Plans/Waikato-DHB-Annual-Plan-2020-2021.pdf

[30] https://www.waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Plans/7bf3d1e7ca/Waikato-Health-System-Plan-Te-Korowai-Waiora.pdf

[31] https://www.waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Reports/Equity-Report-Rapua-Te-Ara-Matua-2021.pdf

9.6 TE AHO O TE KAHU, CANCER CONTROL AGENCY

On 1 September 2019, the Government announced their intention to establish a Cancer Control Agency and to create a single National Cancer Control Network. This was an innovative solution to a pressing need for improved quality and consistency of cancer care and prevention nationwide. On 2 December 2019 the Agency was launched by the Prime Minister.

Te Aho o Te Kahu is a stand-alone departmental agency hosted by the Ministry of Health but reporting directly to the Minister of Health. These new arrangements provide the foundations for strong central leadership and oversight of cancer control, and better recognise the impact cancer has on the lives of New Zealanders.

Hei Āhuru Mōwai, the Māori Cancer Leadership Network gifted the Cancer Control Agency with the name Te Aho o Te Kahu. In accepting the name, the Agency upholds its commitment to honour Te Tiriti o Waitangi, its principles and intentions and to uphold the mana and integrity of the name and its meaning. Te Aho o Te Kahu refers to the central thread that binds and unites the many strands into one cloak to clothe and protect people and their whānau.

Te Aho: the central thread	symbolises the Agency and its role in leading and connecting across the cancer control continuum.
Te Kahu: the cloak	symbolises all the services, organisations, people and communities working across the cancer continuum.

Equity is a priority of the Agency in its role as 'Te Aho' and is embedded into its architecture, processes, systems and tikanga. Te Aho o Te Kahu has an Equity team, with specialised equity project managers in the Regional Hubs, led by an Equity Director. The Te Aho o Te Kahu advisory structure includes Hei Āhuru Mōwai, and 50% of the membership of the Te Aho o Te Kahu Advisory Council and Consumer Reference Group are Māori.

The purpose of the Agency is to provide strong central leadership and oversight of cancer control. It is equity-led, knowledge-driven, whānau-centred and outcomes-focused, taking a whole-of-system approach to preventing and managing cancer. Our commitment to achieving equity is central in all Te Aho o Te Kahu processes and work programmes.

The Agency's vision is:

- Fewer cancers
- Better survival
- Equity for all.

Cancer presents some unique challenges to the health system. The number of people diagnosed with cancer is projected to double in the next two decades, the costs and complexity of care, and pace of change present major challenges for our systems and services. Cancer is the leading cause of death in Aotearoa New Zealand. Cancer survival is improving in Aotearoa New Zealand, but our rate of improvement is slower than other comparable countries, so we are at risk of falling behind.

When diagnosed with cancer, outcomes are worse for Māori than for non-Māori. Te Aho o Te Kahu is committed to an equity first approach in our work to improve these outcomes.

9.6.1 NEW ZEALAND CANCER ACTION PLAN 2019 – 2029

The New Zealand Cancer Action Plan has four main goals:

1. New Zealanders have a system that delivers consistent and modern cancer care – He pūnaha atawahi.
2. New Zealanders experience equitable cancer outcomes – He taurite ngā huanga.
3. New Zealanders have fewer cancers – He iti iho te mate pukupuku.
4. New Zealanders have better cancer survival, supportive care and end-of-life care – He hiki ake i te o ranga.

Te Aho o Te Kahu is responsible for setting the direction for the changes that will deliver improved outcomes for all New Zealanders. Te Aho o Te Kahu also works closely with the Ministry of Health to ensure where there are synergies in our expectations of DHBs that these are aligned, i.e. prevention strategies, tobacco control, screening services and palliative care.

The Agency believes a strong regional presence is a key success factor in achieving the aims of the Government with respect to cancer. To this end, the previously contracted regional cancer networks transitioned into the Agency as regionally based internal teams effective 1 July 2020. The following outlines a different approach for 2021-22.

9.6.2 DHBS AND TE MANAWA TAKI REGIONAL HUB

DHBs are responsible for the successful delivery of the Te Aho o Te Kahu work programme priorities, both locally and regionally, via their Annual Plans. Regional standardisation of monitoring of local services will be led from the hub.

Te Manawa Taki Regional Hub will work in partnership with DHBs on the following priorities:

ACT-NOW project:

- To better understand the national provision of chemotherapy, Te Aho o Te Kahu is developing nationally agreed treatment regimens and associated data standards – the ACT-NOW project. This initiative will inform our knowledge of treatment delivery, identify issues relating to equity, and support resource planning and cost savings.
- To realise these gains, it is necessary that DHBs implement ACT-NOW data standards in their oncology e-prescribing systems and the ability to message data to a national repository.

Data standards:

- DHBs will implement cancer specific Health Information Standards Organisation (HISO) standards issued by the Ministry of Health, including but not limited to:
    - HISO:10038.4:2021 Cancer Multidisciplinary Meeting Data Standards
    - HISO: 10080:2021 Systemic Anti-Cancer Therapy Regimen Standard
    - And associated FHIR messaging standards (to be released 2020/2021) of service.

Radiation oncology:

- DHB Cancer Centres providing Radiation Oncology Services will work with Te Aho o Te Kahu Regional Hubs to contribute to, and implement the recommendations of, the national Radiation Oncology Service Plan.
- DHB Cancer Centres participating in the LINAC replacement capital programme (Waikato) including the key process steps and timelines to develop business cases for approval and/or to complete linac replacement.
- DHB Cancer Centres implementing outreach radiation treatment services (through the placement of LINACs in locations remote to the Centre) and those DHBs recipient of these outreach services, including key process steps and timelines to develop the satellite business cases and/or commence service delivery. All actions will highlight a partnership approach to the implementation of these new models of service.

Equity:

- DHBs will engage in the Te Aho o Te Kahu travel and accommodation project that aims to improve cancer patient equity of access and support to cancer services/treatment for each district and inter-district patient flow.
- DHBs are expected to specifically address inequalities and access to diagnosis and care for Māori and Pacific patients. Te Aho o Te Kahu will support DHBs to identify key actions by providing a report of recommended actions based on feedback from 15 Māori community hui later in 2021.

- Preventing cancer is the best strategy for controlling cancer and reducing inequities. It is estimated that around 40 percent of health loss from cancers is potentially preventable. The modifiable risk factors can be influenced by socioeconomic and physical environments. Each Annual Plan will include a focus on cancer prevention.

Quality Performance Indicator (QPI) programme:

- Te Aho o Te Kahu is committed to work in partnership with DHBs to undertake quality improvement (QI) activities to address unwarranted variation in cancer care. Quality Performance Indicators (QPIs), both existing and yet to be developed, that measure performance against best practice, will be the foundation for improvement activity.
- Te Aho o Te Kahu will develop tumour specific Quality Improvement Plans for bowel, lung and prostate cancers. DHBs are expected to use these plans as guides for their quality improvement activity. Where DHBs perform poorly against the national average, remedial action to address unwarranted variation is expected.
- Additionally, DHBs will ensure their improvement activity demonstrates effective engagement with Māori, Pacific, DHB Consumer Councils and other key stakeholders.

FCT wait time indicators:

- DHBs will utilise the 31-day and 62-day cancer waiting time measures to support service improvement and the improve the quality of FCT data.

Covid-19:

- Monitoring of the impact of COVID-19 on cancer diagnostic and treatment services[32]

9.6.3 HEALTHSHARE AND TE MANAWA TAKI REGIONAL HUB

HealthShare, DHBs and the Te Manawa Taki Regional Hub are partnering on a number of regional initiatives that align to the national and DHB priorities mentioned above.

HealthShare Ltd has lead responsibility for:

- Clinical Pathway – MDM Management System Project – regional IS lead
- Oncology e-prescribing – regional IS lead
- Prostate cancer community health pathway and e-referral – CHP lead

[32] In the event of a resurgence of COVID-19, DHBs are required to implement the guidance developed by Te Aho o Te Kahu on service delivery expectations at each of the hospital alert levels to ensure minimal impact on cancer patients.