

# HEALTH PLAN

# WHĀKAHAUMARU NGĀ TŪPUNA KUA WĒHĒ ATU KI TĒ ARAI, WHĀKAHAUMARU NGĀ URI MOKOPUNA MĒ NGĀ TĀNGATA MĀORI

Safeguard those who have passed over to safeguard those who become successors.

Nā, Waraki Nganeko

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Ngaa Pou Hauora oo Taamaki Makaurau IMPB Chief Executive Simon Royal, and Chair, Kandi Ngataki.

# INTRODUCTION

This Community Health Plan (CHP) outlines the current state, priorities, and future direction for **Ngaa Pou Hauora oo Taamaki Makaurau**.

It provides an overview of where we are, where we are headed, and how we plan to achieve our goals. As a 'living document', it will evolve as we progress..



# OUR WHAKAPAPA

In the late 1970s, Māori Queen **Te Atairangikaahu** formed a group, **Te Pūaha ki Maanuka**, to address the environmental damage to the Waikato River, land, and Manukau Harbour. This led to the establishment of Huakina Development Trust in 1983, which grew to manage social, health, economic, and environmental issues for 23 marae in northern Waikato Tainui.

In 2004, the hapū formed a mana whenua relationship with the Counties Manukau

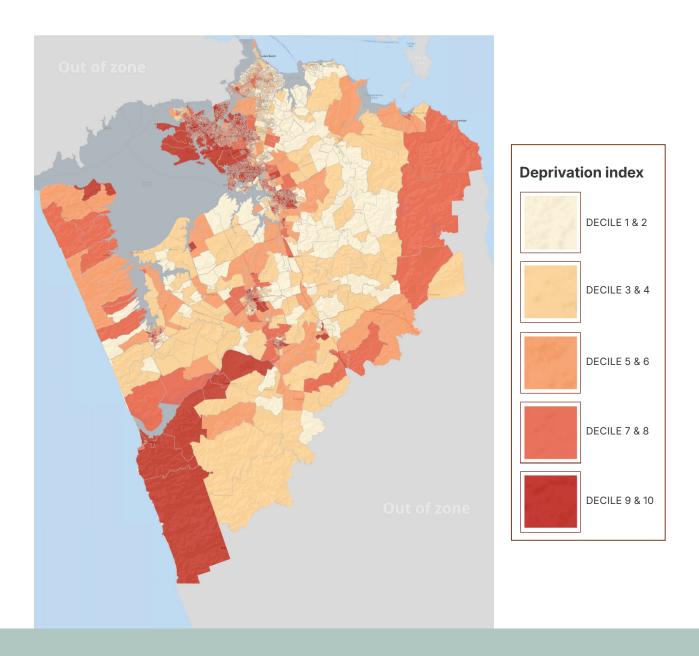
District Health Board. Following the Pae Ora Act in 2022, this led to the creation of **Ngaa Pou Hauora oo Taamaki Makaurau**, an lwi

Māori Partnership Board, officially registered in July 2023.

**Ngaa Pou Hauora oo Taamaki Makaurau** uses Huakina's original geographical map, updated to include Meremere and Miranda, with key marae and papakāinga locations as boundaries for the partnership.



# OUR ROHE



Ngaa Pou Hauora oo Taamaki Makaurau IMPB is home to an estimated 103,970 Māori in 2023.

# MANAWHENUA: OUR FOUNDATION

MAKAURAU Mangere

WHARENUI: Makaurau

**MANGATANGI** Mangatawhiri **WHARENUI:** Marae Kirikiri

**MÄNGERE** 

WHARENUI: Mataatua Marae

**MÄNGERE EAST** 

WHARENUI: Papatūānuku Kōkiri Marae

**MÄNGERE** 

WHARENUI: Ngā Whare Waatea

**MANUREWA** Manurewa **WHARENUI:** Matukurua

**MANUKAU** 

WHARENUI: Te Mānukanuka o Hoturoa

**MAUREA** Rangariti

WHARENUI: Ngā Tumutumu

o Rauwhitu

NGĀ TAI E RUA Tuakau

WHARENUI: Ngā Tai e Rua

**NGĀTI KOHUA** Kauri Bay **WHARENUI:** Ngāti kohua

**ÖRAEROA** Port Waikato WHARENUI: Whareroa

**ŌTARA** 

WHARENUI: Ngāti Ōtara Marae

**ŌTARA** 

WHARENUI: Whaiora Marae

**PAPAKURA** Papakura WHARENUI: Te Ngira



**PÜKAKI** Mangere

WHARENUI: Te Kahu Pokere

o Tāmaki Makaurau

**PUKEKOHE** Pukekohe

WHARENUI: Ngā Hau e Whā

RERETEEWHIOI Waiuku
WHARENUI: Te iti o Waikato

TAHUNA Waiuku WHARENUI: Teuwira

TE AWAMARAHI Tuakau WHARENUI: Te Ohāki a Te Puea

**TE KUMI PA** Te Kohanga **WHARENUI:** Te Kotahitanga

**TE PUEA** Mangere Bridge **WHARENUI:** Te Puea

**TURANGANUI** Port Waikato **WHARENUI:** Rangiwahitu

UMUPUIA Maraetai
WHARENUI: Ngeungeu

**WAIKARE** Te Kauwhata **WHARENUI:** Ngāti Hine

WHAREKAWA (KAIAUA)

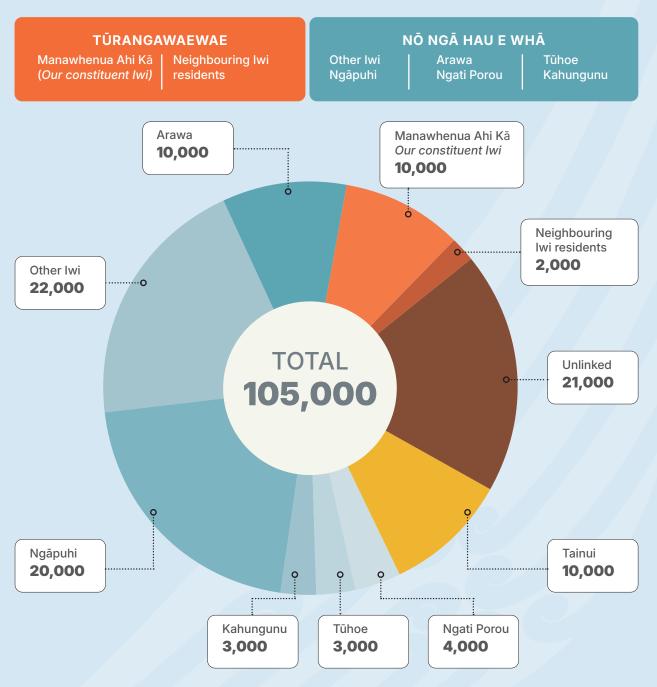
Whakatiwai

WHARENUI: Paoa Whanaunga

WHĀTĀPAKA Waiuku WHARENUI: Tamaoho

# **But those with Tūrangawaewae are a District Minority**

Source: 2023 census



The 84,000 respondents who identified an Iwi affiliation named between them 146,000 Iwi/Hapū.

Tūrangawaewae affiliations & unlinked have been retained at their total number. Ngā Hau e

Whā have been reduced pro rata to aggregate to the 105,000 total resident population of the lwi.

\* All numbers have been rounded



# OUR 3 YEAR STRATEGIC PLAN

As we advance our strategic plan, our focus remains on amplifying iwi, hapū, and whānau voices. Their needs, aspirations, and feedback will guide every step. In this next phase of Whānau Voices, we are committed to meaningful engagement, continuous feedback, and refining our approach to ensure a healthcare system that truly serves them. Whānau will always be at the heart of our mahi.



# NGĀ HAPŪ

Mā te reo o te iwi, ka kapo Ka kokiri e **Ngaa Pou Hauora oo Tamaki Makaurau.** Mō te lwi Whānui Mō te Mana Mokopuna Mō te Mana Motuhake Māori

Through the voice of the iwi, we listen and uplift, Driven by Ngaa Pou Hauora oo Taamaki Makaurau, For the wellbeing of our people, For the empowerment of our mokopuna, For the sovereignty and independence of Māori.

Ngaa Pou Hauora oo Taamaki Makaurau Charitable Trust comprises representatives of Iwi and hapū: Te Ākitai Waiohua, Ngāti Te Ata Waiohua, Ngāti Tamaoho, Te Kawerau ā Maki, Ngāi Tai ki Tāmaki, Ngāti Paaoa, Ngāti Naho, Ngāti Tiipa, Ngāi Āmaru, and Ngāti Tahinga. Each lwi/hapū within our takiwā has ancestral relationships, history, and well-established marae, pā and papakāinga on the whenua they have occupied over generations.

GOALS	PRINCIPLES	INDICATORS OF SUCCESS
Goal 1  Be a trusted channel for the authentic voice, priorities & aspirations of whānau and hapū	1. Our whānau hapū engagement methods are robust, varied, far-reaching and diversified to reach the diverse array of whānau  2. We capture and communicate the authentic voice of whānau and hapū  3. We ensure we share information with whānau to support them to make inform contributions to our role  4. We respect the tikanga of mana whenua in all of our dealings with whānau and promote the use of te reo wherever possible  5. We have mechanisms in place to attribute the voice of whānau to our specific commissioning functions	<ul> <li>Increase use of te reo Māori at events, communications and social media platforms.</li> <li>All communications are bilingual wherever practically possible</li> <li>Kāhui Kaumātua and pou tikanga provide on how we work</li> <li>Whānau and hapū feedback acknowledges that they feel heard and that their voice is contributing to transformative change</li> <li>Maintained records of whānau and hapū voice</li> </ul>
Establish ourselves as a recognised and respected meso- level strategic commissioner across all areas of Hauora	Build cultural and professional capability across the whole organisation.     Establish processes for core strategic commissioning functions of needs assessment, whānau engagement, planning, prioritising, investing and monitoring     Build and strengthen our data analytic capability and system architecture     Excellent communications capability to both reach and inform whānau and hapū	Increases in our strategic commissioning scope     Increase in authority and oversight of health system commissioning with Health NZ under the Pae Ora Act 2022     Growth in our commissioning budget oversight     Successes across multiple sectors in maximising use of investments for social return     Recognition as a high performer in commissioning circles
Goal 3  Establish partnerships externally, domestically & internationally that strengthen our ability to succeed	Strengthen relationships with neighboring lwi Māori Partnership Boards (IMPB) and Māori commissioners     Strengthen relationships with Kiingitanga and Māori Womens Welfare League     Our Board continues to form key relationships with Government Organisations to seek outfurther opportunities for strategic commissioning     We grow our relationships with health and social service providers operating in our communities for the benefit of improving services for whānau	MoU or Kawenata with Te Whatu Ora to confirm our lead strategic commissioning role in health     Audit of the status of key stakeholder relationships and develop a plan to progress these relationships     Identifiable benefits have accrued from all strategic partnerships     We are linked locally, regionally, nationally and internationally with tangata whenua
Build and maintain enduring capability to perform all of our functions and responsibilities	1. Ensure current and efficient operating models and systems are being used across the organisation for all facets of the business including robust data analytic, research and policy capability  2. We are recognised as a role model of mesocommissioning especially for whānau Māori – among funders and our communities  3. We have in place excellent human capability to achieve our purposes that ensures we operate at a highest levels of professionalism  4. We are accountable to our whānau, hapū, and hāpori	Back-bone systems, capability and processes in place to support the successful performance of the meso-commissioning role     Dedicated team of staff and contractors who provide the range of capabilities that we need as a meso-commissioner     Whānau and hapū are regularly informed about our activities through a multitude of channels

# 3 Year Work Plan 2025-2027

We will work closely with Te Whatu Ora | Health NZ to achieve our three year work plan.

LEGISLATION FUNCTION	YEAR ONE JAN - DEC 2025	YEAR TWO JAN - DEC 2026	YEAR THREE JAN - DEC 2027
Strategic commissioning focus: assessing needs and aspirations of whānau (How whānau voice will improve services).	<ul> <li>Complete Whānau Voice Phase 2 - synthesize and share findings. Contribute findings to health service planning and priority settings.</li> <li>Plan Phase 3 Whānau Voice for 2026 - targeting whānau experience.</li> <li>Identify and confirm key priority areas of focus for year two.</li> </ul>	<ul> <li>Implement Whānau Voice Phase 3 and report out to HNZ and to whānau.</li> <li>Plan for 2027 Whānau Voice priorities.</li> <li>Develop a means for storing whānau voice around key domains to track trends.</li> <li>Maintain current information on website including whānau voice information.</li> <li>Update Hauora Māori Priorities Report and work towards key priority areas of focus year 3.</li> </ul>	Implement Whānau Voice 2027 plan and report out to HNZ and whānau.     Identify research projects where patterns in whānau voice identify areas that require specific "spotlight" and investigation.
Strategic commissioning focus: Health service planning and priority setting (How services are delivered)	Ensure Hauora Māori priorities embedded in the Regional Health Plan.     Engage with HNZ via RIT and other mechanisms and with health sector (PHOs) and Hauora Māori providers to address priorities and dedicate resources in alignment with whanau voice reports.     Formulate and design health service planning design program focussed on top 5 health priorities.     Work with HNZ to confirm health service planning design and priority setting partnership model.	Collaborate and plan with HNZ to ascertain funding appropriation/ resource for current and new priorities.	Review/Collaborate with HNZ to plan improvement projects for key priority areas.     Review/collaborate/plan for funding/resource.
Strategic commissioning focus: Strategic Procurement (Measuring the degree of change)	Work with RIT to review current Kaupapa Māori services / investment / innovations and possibities beyond 1 July .     Review/advise HNZ on current Hauora Māori priorities, and government health targets.	Work with RIT to implement improvement projects focused on whānau voice key priority areas.     Work with RIT to monitor implementation of focus areas from Regional Health and Wellness Plan.     Implement improvement projects focused on whānau voice key priority areas.	Review progress of year two implementation of new improvement projects grounded in whānau voice and evidence.
Strategic commissioning focus: Strategic monitoring	Review/advise HNZ on current Hauora Māori priorities, and government health targets in order to design fit-for-purpose reporting.  Monitor the local performance of the health system and seek qualitative and quantitative input and information from lwi.  Receive reports and monitor Government Priorities (5+5+5) as well as identified IMPB Priorities for the IMPB area.  Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance.	Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau.  Negotiate agreement for IMPB to undertake a similar strategic commissioning role that includes monitoring of socio-economic results and ability to influence their investment decisions.  Receive reports and monitor Government Priorities (5+5+5) as well as identified IMPB Priorities for the IMPB area.  Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance.	Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau.  Monitor the local performance of the health system and other systems that influence determinants of health.  Receive reports and monitor Government priorities (5+5+5), social sector priorities, whānauled priorities for the IMPB area.  Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of underperformance.

## **Resourcing Requirements**

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As IMPBs, you will have a stronger voice in local decision making, powering up communities to lead and shape the health system to work for them - alongside the needs of the wider community - We can shift the health system to be more outcomes-driven, and provide greater devolved decision-making to communities.

Rt. Hon Minister Reti

In order to achieve the deliverables in our workplan, and to achieve the full scope of our IMPB role as outlined in the legislation – our resourcing requirements include the need for additional human capacity (funding for positions) to enable us to attract staff to carry out key functions:

# What we are funded for currently

To ensure clear delineation of roles and responsibilities across key entities, we emphasize that IMPBs will focus on strategic functions that enhance local-level decision-

making, such as whānau engagement, service planning, and monitoring. Operational functions, including service delivery and day-to-day procurement, remain within the remit of Te Whatu Ora. Our role is to provide strategic oversight, particularly in advocating for Māori health priorities and ensuring that regional and national health plans reflect these priorities. This strategic-operational distinction ensures there is no overlap, while both entities collaborate toward shared goals in health equity and outcomes-driven service provision. Additionally, we will work in partnership with Manatū Hauora to influence high-level policy decisions that impact our communities, without directly managing operational health services.

# IMPB core functions in the strategic commissioning cycle include:

- 1. Whānau engagement and needs analyses
- 2. Health service planning and priority setting
- 3. Strategic procurement (while Te Whatu Ora does operational procurement)
- 4. Strategic monitoring (while Te Whatu Ora does provider and contract monitoring and as entities undertaking these legislated functions, we need to maintain governance and operations to remain accountable entities (e.g., Board, management, finance, administration, communications).

Currently each IMPB has operational resource to the equivalent of 4 FTE, with shared regional capabilities, and the costs of engagement, Board operations, as well as participating in regional and national meetings with Te Whatu Ora. It is clear this is insufficient to meet the full suite of current and anticipated demands from Health NZ | Te Whatu Ora, Manatū Hauora, our own communities and iwi. Our current funding covers some of the costs of these core functions:



- Operations: Operating our Board including Board secretariat; Financial management; Reporting as a legal entity; management, administration, some communications (e.g. website)
- Community and Whānau engagement:
  To identify and advocate for whānau health
  needs, ensure Māori-led service design,
  participate in co-design, and grow our
  strong community networks/presence
- Data analytics: To review data from PHOs and Te Whatu Ora to include in our needs analyses and present findings
- Planning: To write Community Health Plan and Priorities, and engage with Te Whatu Ora and Manatū Hauora (local, regional and national meetings)

# For our current investment we have delivered:

- 1. Community Health Plans
- 2. Hauora Māori Priorities Report (from Whānau Voice & Data analysis from TWO and PHOs) including Data Sharing Agreements with some PHOs
- 3. Whānau engagement (surveys, hui, focus groups, case studies, interviews) and resulting Whānau Voice reports
- 4. Strong working relationship with Te Whatu Ora in the region including attendance at monthly RIT meetings, and inclusion of our IMPB Priorities in the 2023 (and soon 2024) Regional Health and Wellness Plans
- 5. Operational IMPB Boards and management including shared services between our IMPBs, and communications

# What we need to be successful:

Assuming a greater role in strategic commissioning means additional functions that require additional resources:

• Service development and planning: To inform, support and guide hauora Māori and other strategies that impact the wellbeing of our people in the region, advocating for our whānau and community health priorities. To identify and develop priorities and plans for enhancing hauora Māori at all levels, in partnership with local and regional sector leaders. The focus is on having the capability to review and respond to service improvement across all areas: Public & Population Health, Primary & Community Care; Hospital and Specialist Services; all enablers (workforce and provider development, funding, infrastructure).



- Strategic procurement: To lead and/ or influence strategic commissioning and financial decisions to advance hauora Māori priorities [we exclude operational procurement which is a function we agree should remain with Te Whatu Ora]. This requires transparency from Te Whatu Ora on current investments so we can influence re-prioritisation and better targeting toward Government and IMPB priorities
- Innovation: To identify and support innovative care models, programmes and initiatives to address Māori health issues and enhance providers' innovative capabilities in our region. Working to achieve more costefficient results.
- Policy Development: To support Manatū Hauora when appropriate with advice on hauora Māori strategies, priorities and opportunities, regulations and policies for whānau and community health in our region

- System improvement: To champion system quality improvement for equitable outcomes and analyse regional service performance

   including data quality and service delivery quality
- Partnerships: Foster strong relationships with local iwi, communities, service providers and cross-sector agencies for collaborative initiatives, holding our role as leaders in hauora Māori partnering with the health system (including other sector agencies to influence determinants of health)
- Local intelligence and monitoring:
   To develop high quality data analytics, social investment and outcomes-based commissioning capabilities to assess needs, inform priorities, set performance expectations and targets, guide commissioning, monitor Māori health outcomes, and evaluate local/ regional health sector performance



Investment in several key functions and capabilities is required to deliver effectively on our role and give effect to whānauenhanced commissioning in the region. Without the requisite investment and resourcing, we will struggle to provide high quality, well-informed, evidence-based advice, influence and decisionmaking.

It is our view that we are currently funded only one quarter of what we really need to be successful, influential and impactful on both government, and our, health targets. Currently, the resource allocation to each IMPB only covers approximately 25% of what is required to meet both current and future demands. Key resource gaps include the following:

• Clinical Expertise: To monitor and influence clinical service performance and outcomes. This will support engagement with healthcare providers, particularly in

improving services like Primary Mental Health and Tamariki Ora.

- Data Analysis Capability: Additional data scientists or analysts are required to independently assess and monitor health outcomes in real time. The absence of this expertise limits our ability to respond to issues swiftly and weakens our role in outcomes-based commissioning.
- Communications: Given the growing complexity of our role, strategic communications expertise is necessary. We need additional FTE dedicated to managing relationships with the Crown, communities, and media, alongside enhancing whānau and iwi engagement.

These investments are vital if IMPBs are to fulfil their strategic commissioning role effectively and influence the necessary improvements in Māori health outcomes.

# WHANAU VOICE

Engaging with whānau in our rohe has been a continuous priority across the health sector for many years. This ongoing engagement for Ngaa Pou ensures we understand and respond to the changing needs of whānau while honoring their voices and perspectives. Our aim is to keep refining healthcare services based on whānau input.

### Our approach focuses on:

Active, ongoing engagement with our communities to gather insights, prioritise needs, and inform health service improvements. Regular surveys, hui, and wananga allow us to stay connected with whānau and ensure their voices remain at the forefront.

### Our methodology to date includes:



### 1. Whānau Voice Surveys:

Collecting feedback at key community events (e.g., Waikato-Tainui Poukai) and through online surveys (Jan 2025).



### 2. Engagement Reports: Analysing



### 3. Community Consultations:

Direct engagement with whānau from multiple hapū and iwi, such as Ngāti Tamaoho and Ngāti Amaru.



# 4. Continuous Feedback:







OUR WHĀNAU VOICES "A Healthy community starts with strong whānau."

"Hauora means having the ability to raise my future moko and make informed decisions about our health."



# OUR PRIORITIES

# Some early themes that have emerged

PRIORITIES	MANA MO				TUHAKE		
	ACCESS & QUALITY			WHOLE LIFE COURSE*			WORKFORCE
OUTCOMES	Access and quality of Health Care services				Improved patient experience and cultural responsiveness		
POPULATION				Mama & Pepe	Rangatahi	Pakeke, Kaumatua, Kuia	
	Affordable and Increased access to healthcare		Improved Immunisation for children	Improved Mental Health outcomes for whānau Māori	Pakeke are accessing community health care early	Increased Training & Cultural Responsiveness	
TARGETS	Increase in visits to a health care provider	Increased enrolment	Increase early intervention and prevention service	Increase children vaccination within 14 days of due dates	Reduction of hazardous alcohol use	Increase immunisation rates	Improved patient experience in Hospital
INDICATORS	Utilisation of health care services	Health provider enrolment	Community prevention, early intervention service use	Immunisation rates	Campaign education rangatahi	Immunisation rates among Māori	Patient experience Reduce no. of Complaints Cultural safety training programmes
MEASURE**	N/% Māori visiting a health care provider in a year	N/% of Māori enrolled	N/% of Pakeke participating in preventive and early intervention services	Timeliness of immunisation delivery for tamariki	N/% of contacts with campaign	N/% of Māori receiving recommended vaccines	N/% closed complaints per year N/% complaints per year

<sup>\*</sup>ALL WHĀNAU INCLUDING TANGATA WHAIKAHA

PRIORITIES MAY CHANGE AND BE ADAPTED OVER TIME TO ALIGN WITH WHĀNAU EXPERIENCES AS WE WORK THROUGH PHASE 1 OF OUR ENGAGEMENT STRATEGY

<sup>\*\*</sup>REVIEW CYCLE IS TO BE COMPLETED ON A 6-MONTH PERIOD ALIGNING WITH REPORTING. QUARTERLY DATA UPDATES TO BE PROVIDED FOR AVAILABLE MEASURES.

The graph below visualises 4 key priorities that have emerged, offering

a snapshot of the feedback we've emerged from whānau voice.

### **Mana Motuhake**

### Why is this important to whānau?

Whānau need to feel empowered and in control of their health and wellbeing, with the ability to make decisions for themselves.

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Whānau need to feel empowered and in control of their health, with the ability to make decisions for themselves.

### **Access and Quality**

### Why is this important to whanau?

Whānau should have equitable access to healthcare services without barriers like cost, distance, or long wait times.

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A positive effect on my whānau's well-being is affordable healthcare, including access to free GP visits and regular check-ups

### **Whole Life Course**

### Why is this important to whanau?

Supporting whānau throughout their life course ensures that health and wellbeing are nurtured at every stage, from birth through to elder care.

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Priority of urgent pain reliefs, assessments for whānau should be considered, having good support when making decisions around life-threatening sicknesses... There needs to be a balance culturally, not just medically.

### Workforce

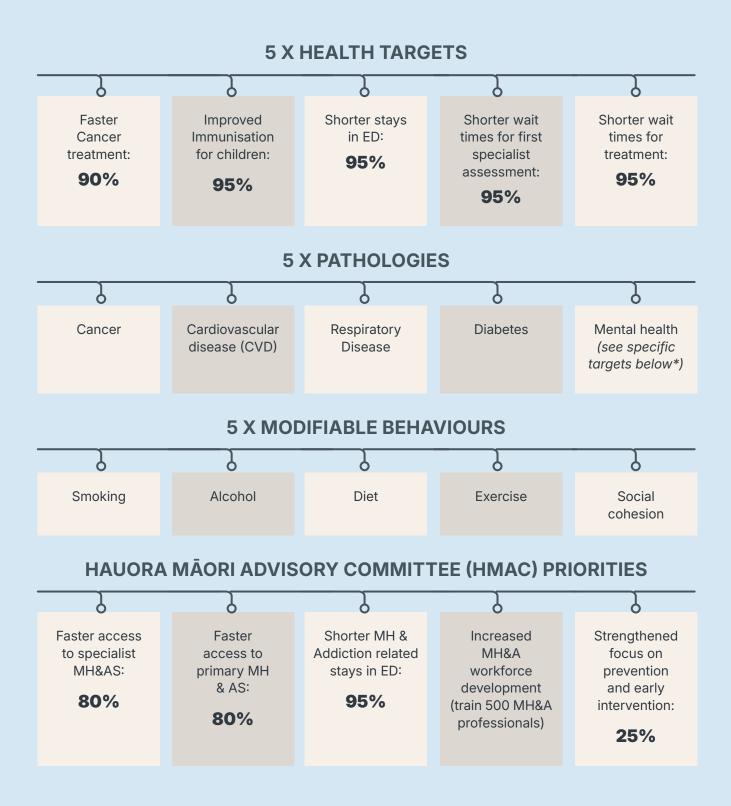
(Training and Cultural Responsiveness)

### Why is this important to whanau?

A culturally responsive workforce ensures that whānau are supported in ways that align with their identity, values, and health needs. 99

It seemed that none of the nursing staff understood the importance of managing nan in a way that met our tikanga needs.

# GOVERNMENT'S HEALTH PRIORITIES



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

# IMPB MONITORING FRAMEWORK

This Monitoring Framework will enable us to monitor health and disability system performance according to agreed outcomes and indicators for hauora Māori.

Our Monitoring Framework is closely aligned with Government's direction for health specifically:

- a) **Tier 1 Purpose:** The ultimate outcome we are seeking is improved life expectancy and quality of life for Māori, in line with the GPS.
- b) Tier 2 Priorities: Our outcomes and indicators will incorporate Access, Timeliness, Quality, Workforce, and Infrastructure, also in line with the GPS.
- c) Tier 3 the 5+5+5 Roadmap is demonstrated through the Five Health Targets, Five Modifiable Behaviours, and

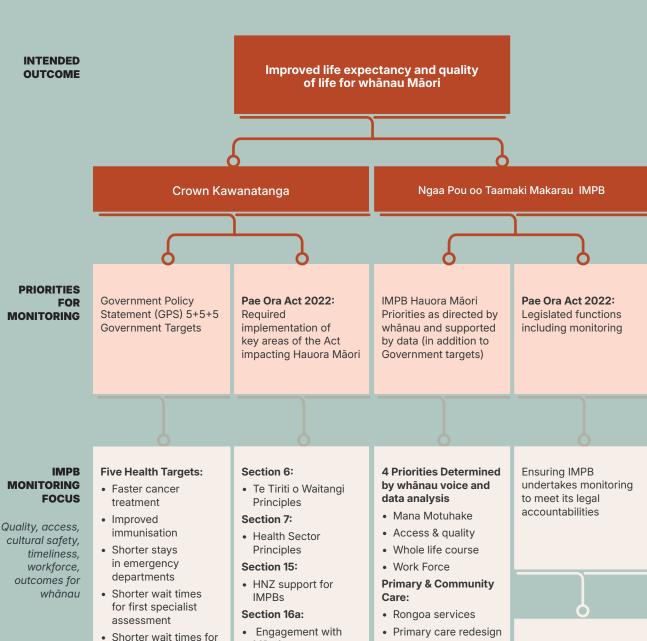
Five Pathologies included in our Monitoring Framework.

We have a set of emerging rohe-specific hauora Māori priorities aligned with our Needs Analyses and Whānau Voice efforts. This aligns with how we envisaged our mahi together, as Te Tiriti o Waitangi partners: the Crown acting in its Kāwanatanga role, and our IMPB acting in our legislated monitoring and commissioning role, guided by the Voices of Whānau Māori.

4. Our outcomes and indicators consider system enablers, a life-course approach, and whānau priority populations. An initial focus on a small set of outcomes and indicators enables us to have an increased focus on achieving measurable change for whānau.



# **Monitoring Framework**



treatment **Five Modifiable Behaviours:** 

- Diet
- Exercise
- · Alcohol use
- Smoking
- Social cohesion

### **Five Pathologies:**

- Cancer
- Diabetes
- Cardiovascular disease
- · Respiratory disease
- Mental health

Engagement with Māori

### Subpart 4:

 Iwi Māori Partnership Board

### Section 42:

 Hauora Māori Strategy

- · Primary care redesign
- · Rangatahi services
- Kaumātua health
- · Rural mobile care
- · Oral health
- · Palliative care

### **Hospital & Specialist:**

 Access for tangata whaikaha

### **Enablers:**

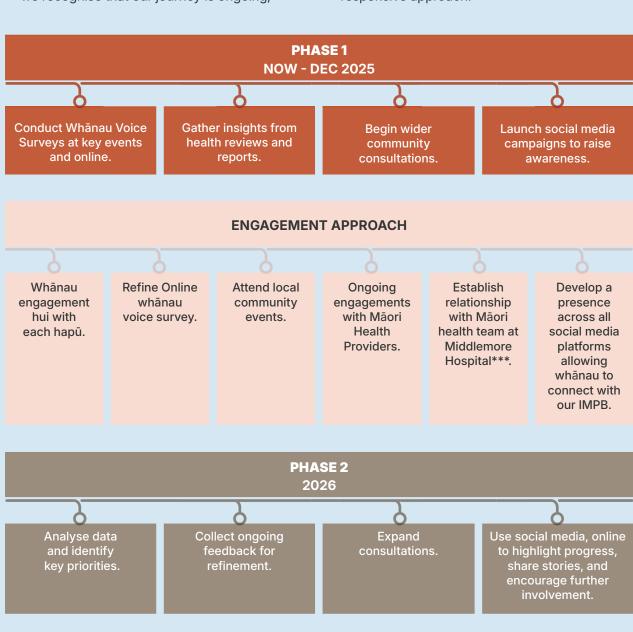
- Workforce
- Funding
- Data
- Decision-making
- Racism

Quarterly monitoring reports shaped from IMPB assessment of data and whānau feedback

# OUR NEXT STEPS

As we look ahead, our next steps are focused on building a stronger, more connected relationship with iwi/hapū and whānau. While we recognise that our journey is ongoing,

each phase of engagement is an opportunity to deepen our understanding, refine our approach, and ultimately create a more responsive approach.



**PHASE 3** 2027

Develop ongoing engagement to monitor needs and maintain focus.

Continue leveraging social media for updates, feedback, and community engagement.

# OUR TARGET AUDIENCES

At the heart of our mahi; are the communities we serve. Our approach is deeply rooted in engaging with the communities who need us most, ensuring that our efforts are grounded in what

matters to them. We will continue to focus on building relationships with a wide range of audiences to ensure our whānau voice engagements are meaningful, inclusive, and speak to the real needs of whānau.



Whānau



lwi and Hapū



Rangatahi



Māori Women's Groups



Community Leaders and Influencers



**Educational Institutions** 



Marae



Tāngata Whaikaha



Health and Social Service Providers



Māori Health Providers



Māori Healthcare Professionals (Doctors, Nurses)



Elderly Whānau

