


Agenda

Te Whatu Ora

Health New Zealand

Waikato


Meeting name:	Te Manawa Taki Regional Integration Team (kanohi ki te kanohi)		
Location:	Ngāti Whakaue Building, Rotorua Hospital, Corner Arawa Street, Pukeroa Road, Rotorua 3010		
RIT Attendees:	Regional Wayfinder Nicola Ehau (Co-Chair) ; Regional Director Te Aka Whai Ora Stewart Ngatai (Co-Chair) ; Regional Pacific Health Director Vincent Tuoti ; Interim Regional Lead Service Improvement and Innovation Sarah Davey and Regional Director National Public Health Service Nat White .		
Attendees:	Interim Regional Communications and Engagement Lead Te Manawa Taki Nick Wilson ; Group Manager Regional System Integration Lisa Gestro ; Group Manager Localities Te Manawa Taki Rawinia Mariner ; Group Manager Office of the Regional Wayfinder Te Manawa Taki Mike Agnew and Kirsty Walker (Title TBC)		
Apologies:	Regional Director Hospital & Specialist Services Chris Lowry and Interim Regional Lead Data and Digital Te Manawa Taki Garry Johnstone .		
Date:	Thursday 16 November 2023	Time:	09:00am – 04:00pm
Chairperson:	Nicola Ehau & Stewart Ngatai	Minutes by:	Roshi Viyakesparan
Time	Details	Attachments/Notes	Who
8:50	Assemble at <ul style="list-style-type: none"> Ngāti Whakaue Building, Corporate Services Conference Room – second floor, Rotorua Hospital 		All
09:00	Whakawhanaungatanga		All
Standing items			
9:30	<ul style="list-style-type: none"> Review minutes & Actions from previous meeting (30 October 2023) – DRAFT 	 30 Oct 2023 - RIT Draft Minutes v1.docx	
09:35	<ul style="list-style-type: none"> Health & Safety 		Nicola Ehau
09:45	<ul style="list-style-type: none"> System Pressures 		Nicola Ehau
10:00	<ul style="list-style-type: none"> Immunisations 		Natasha White
10:15	Break		
10:30	SESSION 1: ELT Pack – RIT Functional Framework & SOPs	(Paper be circulated separately due to file size)	Nicola Ehau
11:15	Out of scope	Virtual Update (Paper be circulated separately due to file size)	Tio Sewell
12:00	Kai (Lunch)		
	SESSION 3: Lakes-based		

Meeting Agenda

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12:30	<ul style="list-style-type: none">Commissioning<ul style="list-style-type: none">Localities update	Verbal Update	Rawinia Mariner
1:15	<ul style="list-style-type: none">Rotorua Area Primary Health Services<ul style="list-style-type: none">Roiora	In-person	Lisa Gestro/ Kirsten Stone
2:00	<ul style="list-style-type: none">Te Aka Whai Ora<ul style="list-style-type: none">Te Arawhiti	Verbal Update	Stewart Ngatai
2:30	SESSION 3: Regional Health & Wellbeing Plan	(Paper to be circulated separately due to file size)  IMPB update 14.11.23 FINAL.pptx	Nicola Ehau
3:15	Break		
3:30	Any other Business		All
3:45	Wrap up		Nicola Ehau
4:00	Whakamutunga		

Meeting name:	Te Manawa Taki Regional Integration Team (kanohi ki te kanohi)		
Location:	Waiora CBD, 87 Alexandra Street, Hamilton Central, Waikato		
Date:	Monday 30 October 2023	Time:	10:00 – 16:30
Co-Chairs	Nicola Ehau & Ricky Bell	Minutes by:	Crystal Langton-Garde
Members:	Regional Wayfinder Nicola Ehau (Co-Chair) ; Regional Pacific Health Director; Vincent Tuoti ; Interim Regional Lead Service Improvement and Innovation Sarah Davey ; Regional Director Hospital & Specialist Services Chris Lowry and Regional Director National Public Health Service Nat White .		
Attendees:	Interim Regional Communications and Engagement Lead Te Manawa Taki Nick Wilson ; Interim Regional Lead Data and Digital Te Manawa Taki Garry Johnstone ; Group Manager Regional System Integration Lisa Gestro ; Senior Adviser Te Manawa Taki Ricky Bell on behalf of Stewart Ngatai ; Interim Director Te Manawa Taki West Makarita Tangitu-Joseph and Group Manager Office of the Regional Wayfinder Te Manawa Taki Mike Agnew .		
Apologies:	Regional Director Te Aka Whai Ora Stewart Ngatai (Co-Chair) and Regional Director Hospital & Specialist Services Chris Lowry		

Item No.	Details	Speaker
Standing items		
1.	<p><u>Health & Safety</u></p> <ul style="list-style-type: none"> Offering support to Te Aka Whai Ora colleagues during this period of change. Concerns raised regarding regional access, specifically in the context of staff members who travel to different offices. The issue at hand is that these staff members do not receive adequate health and safety training, posing a potential risk or oversight in ensuring their well-being during their travels and work in various locations. 	All
2.	<p><u>Final Terms of Reference</u></p> <ul style="list-style-type: none"> The terms of reference have undergone significant revisions, with ongoing discussions and refinements. Despite these challenges, the team successfully retained the "healthy futures" component and maintained a balance between functions and purpose. Regarding the delegation of authorities in service delivery and community, the focus is on highlighting the significance of individuals at the table possessing decision-making authority and recognising the value in their specific roles. The ultimate objective is to guarantee a purposeful and impactful contribution to regional integration. Service Innovation and Improvement was indicated to be a significant enabler alongside Communications and Engagement and Data and Digital. Human Resources may be introduced to the Regional Integration Team as an enabler at some stage, however this is still up for discussion. 	Nicola Ehau

	<ul style="list-style-type: none"> Regarding the quorum, presently, we do not have the necessary number to make any decisions. This will be raised at the upcoming Regional Integration Team Co-Chairs meeting to assess its manageability moving forward. As an action, all members of the Regional Integration Team were asked to speak with their immediate report to initiate the formal sign-off delegations. These delegations will act as the authorised representative in the members' absence. <p>Action Point 1 – Delegated authority: Complete the authorised delegation form and ensure it is signed off by your Director. Please forward these to Co-Chairs and copy in Crystal.</p>	
	<p><u>System Pressures</u></p> <ul style="list-style-type: none"> The national system pressures group has been stood down. A discussion will occur to see if these updates will need to be presented as a standing agenda item moving forward. There is a shift towards establishing new and more impactful minor ailment programmes. There is a focus on addressing specific healthcare needs, such as regular contraception appointments and reconsidering the necessity of certain appointments in general practice. The regional interest lies in exploring innovative approaches, especially in areas like women and older people. The aim is to alleviate pressure on general practice by reimagining services and expanding oversight for various actions. Each initiative incorporates an evaluation function as an integral component and there is a dedicated aspect designed to assess and analyse its effectiveness, impact, and overall success. 	Nicola Ehou
3.	SESSION 1: Purpose and Function on a Page	Sarah Davey
	<ul style="list-style-type: none"> A collaborative session took place to review the 'Purpose and Function on a Page' document. This document serves the purpose of articulating to whānau, peers, and colleagues the responsibilities of the Regional Integration Team in a concise and accessible manner. 	
4.	<p><u>Immunisations</u></p> <ul style="list-style-type: none"> The goal is to provide clarity on the guiding principles, design features, and priority populations that influenced the recommendations for immunisation services. The project is divided into three parts: a desktop review of current contracting arrangements and the local immunisation teams, a rapid assessment of whānau voice, and face-to-face meetings with stakeholders across the region. The diverse immunisation teams vary in size, location, and relationships with community providers, impacting their reliance on COVID-19 funding. The recommendations aim to address system gaps and set a foundation for transformation, emphasising the need for increased provider diversity and the shift of contracts to Hauora Māori and Pacific partners. The goal is to empower whānau with information, acknowledge engagement gaps with disability providers, and ensure equitable outcomes. Recommendations include establishing permanent local and regional immunisation leads and encouraging collaboration among teams for shared best practices. <p>Feedback from the RIT:</p>	Natasha White/ May Pritchard/ Kaitlin Greenway/ Rochelle West

	<ul style="list-style-type: none"> • Since the pandemic, a significant issue regarding distrust has emerged within whānau and communities, characterised by a heightened sense of distrust concerning the reliability of information sources. • In terms of the rapid assessment, concerns were raised around data sovereignty. Whānau and communities express a reluctance to have their vaccination information recorded due to concerns about data security and privacy, leading to hesitancy in getting vaccinated. <ul style="list-style-type: none"> ○ The emphasis is on empowering the community through trusted local champions to rebuild trust eroded by misinformation since COVID. The plan involves connecting with these champions to strengthen relationships and restore confidence in information sources. Seek opportunities to disinvest as well as investment. • The increase in options has cost implications. Operational teams can explore opportunities for disinvestment and reinvestment. • The use of the term "Tinorangatiratanga" needs to be revised. Adjustments are advised to ensure the focus is on investing into whānau having their own Tinorangatiratanga. • Ensure alignment where it has already been achieved, specifically in the lead maternity carer domain with robust processes in place. Some elements already line up and feature in the Regional Health and Well-being Plan. Tidy them up to ensure they cohesively sit as one cohesive unit. • The goal is to identify individuals or teams responsible for executing the tasks on the ground. This understanding is crucial for effective coordination, allowing the team to confidently assign roles and recognise who will be leading the work, especially concerning the collective pieces contributing to the overall mission. 	
	<p><u>Planned Care</u></p> <ul style="list-style-type: none"> • Deferred 	Chris Lowry
5.	SESSION 2: Risk Capture Session	Guy Hobson
	<ul style="list-style-type: none"> • Guy Hobson (Risk Assurance Programme Manager, Hauora a Toi) led a risk capture session to review the top risks the Regional Integration Team face. The RIT were given a document to complete to include their top five risks within their team. • Risks are derived from a comprehensive analysis of the Te Manawa Taki Datix system, particularly focusing on extreme risks that could potentially lead to system failures. The discussion highlighted the need for active management and reduction of these risks. Various areas of concern include workforce shortages, budget overruns, infrastructure risks, and the progress of the reforms. The need for opportunities for disinvestment and a focus on climate change was highlighted. • The report presented 58 extreme risks, with almost 400 high risks beneath them, covering a wide range of issues from staffing concerns to building inadequacies and waiting lists. The importance of a unified approach and a team of teams thinking is emphasised to address and understand the interconnected nature of the identified risks. 	

	<p>SESSION 3: Waikato-based</p>	
	<p><u>Pacific Health – K’aute Pasifika</u></p> <ul style="list-style-type: none"> • Rachel Karalus (Chief Executive Officer, K’aute Pasifika) • K’aute Pasifika Trust works with communities towards a shared vision of improved health and wellbeing. They provide health, education, employment and social services to Pasifika communities and all other ethnicities who wish to access these services. • The Pacific population in New Zealand is steadily increasing, currently constituting 8% of the total population, with 381,642 individuals identifying as Pacific. • Pacific people in Aotearoa face significant health disparities, including a six-year lower life expectancy compared to NZ European, Asian, and other ethnicities. Less than half of pregnant Pacific women receive vital screening and health checks in their first trimester. Additionally, half of Pacific elders over 65 years old have diabetes, and while they access care, the disease is often poorly controlled, leading to adverse outcomes. Mental distress is prevalent among Pacific people, especially youth, with limited access to support, and they disproportionately bear the impacts of suicide. • Pacific people in New Zealand exhibit lower enrolment and utilisation of general practice services compared to European or Māori populations, especially in younger and older age groups. Additionally, barriers to medication access result in lower prescribing and dispensing rates compared to European or Māori populations. • Pacific people exhibit lower rates of hospital admission overall but experience longer stays, indicating higher complexity. There are higher Acute Medical/Surgical Hospitalization rates for respiratory conditions, increased 'Did Not Attend' rates for outpatient appointments in various specialties, and greater utilisation of emergency departments for non-urgent conditions compared to the general population. • Pacific people, living in larger households, face high rates of housing-related hospitalisations. Income serves as a significant social determinant affecting Pasifika people's health and their access to preventive, intervention, or treatment services. Key barriers to accessing primary care for Pasifika individuals include cost, transportation, and language. • K’aute Pasifika – Strategic Plan <ul style="list-style-type: none"> ○ Mission: To improve the holistic wellbeing of Pacific communities in New Zealand. ○ Vision: Dynamic, healthy, strong, educated, collaborative, sustainable Pacific communities living to their full potential. ○ Values: Service (Auaunaga), Unity (Tutu Faatasi), Respect (Faaloalo), Faith (Faatutua) ○ Focus area and Goals: To be synonymous with Pacific excellence and high-quality service delivery underpinned by Pacific models of care. ○ How will this be achieved: Remain true to objectives, optimal operating models and match fit technology • K’aute Pasifika Village project includes completed Fale and Amenities, Early Child Learning, and a Wellbeing Centre (Bowling Club), expected to be complete by May 2024. The total budget is approximately \$17 million, with forecasted final costs of 	<p>Rachel Karalus</p>

	<p>construction and design at \$12.4 million, along with an additional \$5 million for exclusions, operational start-up, and construction not funded.</p>	
	<p><u>Commissioning – Regional Health & Wellbeing Plan</u></p> <ul style="list-style-type: none"> • The first draft of the Te Manawa Taki Regional Health & Wellbeing Plan was submitted to the national team for review. • The national team provided feedback expressing interest that other regions should also incorporate Emergency Management into their plans. The plan was positively acknowledged for its conciseness, readability, and use of infographics. The incorporation of the life course was particularly of interest for its innovative approach. • In terms of the actions within the plan, the national team aims to provide leadership in standardising granularity, seeking increased measurability and consistency. 	<p>Lisa Gestro</p>
	<p><u>Te Aka Whai Ora – Toi Ora System of Care</u></p> <ul style="list-style-type: none"> • Matetu Mihinui, Te Aka Whai Ora and Marama Tauranga, General Manager Innovation and Transformation, Te Aka Whai Ora • The whakapapa of Te Toi Ahorangi spans 18 months of internal and external engagement, led by Tricia Keelan who was the General Manager at the time. The purpose was to delve into the history of Māori leaders in the Bay of Plenty seeking to transform the system by listening to voices and incorporating their priorities into the system of care. The feedback emphasised adhering to Te Ao Māori concepts, leading to endorsement and adoption by the board. Subsequently, the establishment of a Wharewaka (Te Ao Māori Programme Management Office) focused on three key changes: honouring Te Tiriti o Waitangi, upholding the power of mana, hapu, and iwi, and determining the collaborative working program with the DHBs at the time. • The overarching visual employs Waka Hourua as a metaphor symbolising the treaty relationship and partnership. Toroa embodies iwi leading the way, consistently focused on the horizon representing aspirations, known as Toi Ora. This signifies a comprehensive system approach where everything is interconnected. • In the Bay of Plenty initiatives, the vision consistently considers connections, emphasising the interplay between change, investment, and partnerships. The investment model is intricately linked with data sovereignty, principles, and approach in every collaborative effort. • Te Whatu Ora’s responsibility is to establish and facilitate localities. Te Aka Whai Ora adopts the Toi Ora design, integrating the associated values and tikanga into its approach. • The system of care has four timu: <ul style="list-style-type: none"> ○ First timu revolves around virtual environments and construction, considering tikanga kawa and integrating it into the fabric. ○ Second timu focuses on system policy and workforce, establishing policies for mandatory training in the Bay of Plenty's system of care approach. ○ Third timu concentrates on quality and safety, collaborating with clinical directors to develop clinical governance frameworks and performance measurement for Māori. 	<p>Marama Tauranga/ Matetu Mihinui</p>

	<ul style="list-style-type: none"> ○ Fourth timu addresses pathways of engagement, emphasising the He Pou Oranga Tāngata Whenua training program to enhance the quality of whānau experiences in the health system • Mental Health was the initial focus in the Bay of Plenty, chosen for its potential to have the most significant impact on Māori whānau. However, it took more than 12 months to initiate mental health involvement because achieving a state of readiness required some internal adjustments. A relationship was maintained with them during this time and utilised the opportunity to assist them in developing their business cases, including submissions, clinical work plans, and more, until they were prepared for the actual training. 	
	<p><u>National Public Health Service – NPHS Waikato team</u></p> <ul style="list-style-type: none"> • Hinemoerangi Ngātai Tangirua (Interim Service Director and Health Improvement), Dr Felicity Dumble (Clinical Director), Dr Rose Black (Intelligence and Policy) Shunde Xie (Health Protection), Teresa Binoka (Pasifika Equity), Arapeta Paea, (Te Aitanga a Pēpeke), Pania Te Haate (Kaitātaki Group Manager Community and Whānau Wellbeing) • The Waikato Clinical Team focuses on prioritising Manaaki and respect/recognition as primary goals, both internally and externally. The structure involves the Ministry of Health/Population Health and Medical Services, Ministry of Social Services, Clinical Nurse Specialists, Registrars, and PGY2. Consideration is given to location, taking into account population density and geography. The approach is designed to provide support during outbreaks and deployment. • The Health Protection Team ensures public health protection through environmental risk management and regulatory services, spanning alcohol, smoke-free initiatives, and communicable disease control. The team structure involves health protection officers, advisors, communicable disease support officers, and administrators. • The Intelligence Team contributes to informed public health decisions by automating health statistics for alcohol licenses, managing COVID situation reporting, and utilising expertise in IT, math and stats, GIS, and public health knowledge. • The focus on health equity in all policies involves advocacy, community collaboration, cyclone response, building relationships with decision-makers including Ōtorohanga District Council and Hamilton City Council, applying Tiriti o Waitangi and Critical Tiriti Analysis for equity, conducting analysis, involving the Rautaki team, providing training, and participating in regional networks, strategies, funding, and leadership development. • The Health Promotion Team aims to improve oral health for Māori and Pacific children by addressing barriers to whānau engagement, enhancing stakeholders' knowledge, increasing access to Community Oral Health Services, and creating culturally appropriate oral health resources through whānau voices. • Ōkura Nutrition Programme – key learnings from Covid-19 include co-designing initiatives with community partners, having oversight from a registered dietitian, a focus on food security, and the potential to expand into food sovereignty initiatives for all takiwā. <p>Action Point 2 – Waikato NPHS Health & Wellbeing Plan: Circulate Waikato Plan to RIT.</p>	<p>Natasha White/ Pania Te Haate/ Hinemoerangi Ngatai Tangirua</p>
<p>Discussion</p>		

	<p><u>Follow up hui with IMPBs & Locality prototypes – two sessions</u></p> <ul style="list-style-type: none"> Calendar invites have been sent to attend a session on the 14th of November with IMPBs and Locality leads to review the Regional Health and Wellbeing Plan. <p>Action Point 3 – RHWP session with IMPBs & Locality leads: RIT to attend both sessions.</p>	Nicola Ehau
	<p><u>IMPB quarterly meetings</u></p> <ul style="list-style-type: none"> This will be the first quarterly meeting with IMPBs where the Regional Health and Wellbeing will undergo one final review on the 30th of November in Auckland, before being submitted to the national team on the 22nd of December. The Regional Health and Wellbeing Plan will be the primary focus, however there will be an opportunity to discuss other items. <p>Action Point 4 – First quarterly meeting with IMPBs: RIT to attend meeting in Auckland. Please indicate your availability ASAP.</p>	Nicola Ehau
	<p><u>RIT visit to Lakes</u></p> <ul style="list-style-type: none"> The final RIT face to face meeting will be held in Lakes, Rotorua on the 16th of November at the Rotorua Hospital. <p>Action Point 5 – RIT visit to Lakes: RIT to attend final face to face meeting in Rotorua.</p>	Nicola Ehau
	<p>Karakia and Close</p>	

Action Register

Meeting Date	Action	By Whom	By When
30/10/2023	<p>Delegated authority forms: Complete the authorised delegation form and ensure it is signed off by your Director. Please forward these to Co-Chairs and copy in Crystal.</p>	All	27 November 2023 (Next fortnightly RIT meeting)
30/10/2023	<p>Waikato NPHS Health & Wellbeing Plan: Circulate Waikato Plan to RIT.</p>	Crystal	Actioned on 02 November 2023
30/10/2023	<p>RHWP session with IMPBs & Locality leads: RIT to attend both sessions on the 14th of November.</p>	All	Actioned
30/10/2023	<p>First quarterly meeting with IMPBs: RIT to attend meeting in Auckland on the 30th of November. Please indicate your availability ASAP.</p>	All	30 November 2023
30/10/2023	<p>RIT visit to Lakes: RIT to attend final face to face meeting in Rotorua.</p>	All	16 November 2023

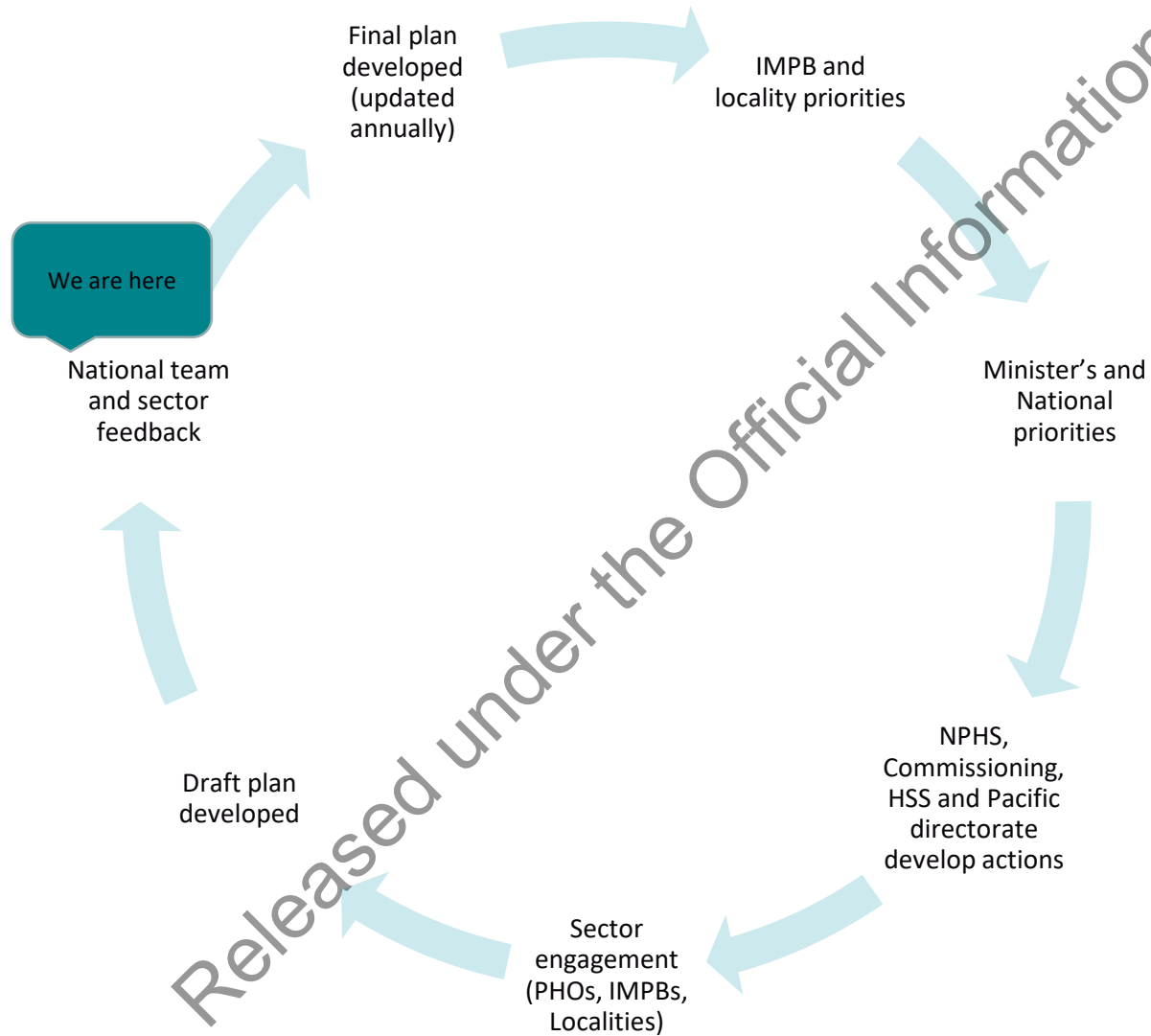
Te Whatu Ora
Health New Zealand

Regional Health & Wellbeing Plan

Te Manawa Taki

Released under the Official Information Act 1982

Process



National feedback

What we've done well

- Innovative approach using the life course
- Brief, easy to read
- Succinct front section and use of infographics
- Inclusion of emergency planning

What we can improve

- Actions to be more specific and measureable. Avoid strategic intentions.
- Measures – core set of measures to be consistent across the regions
- Disability consistent approach across all regions needed – we will work with national Disability team.

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Adults living in high deprivation are 2x more likely to be obese as those living in low deprivation areas

8% of people in Aotearoa smoke.

16% of people in TMT smoke.

30% of Māori smoke

22% of Pasifika smoke.

13% of Europeans/others smoke

Adults that live in high deprivation areas are more likely to smoke **4.3x**

Stretching from Cape Egmont in the West to East Cape of the North Island, Te Manawa Taki covers a **56,728 km²** area

21% of Aotearoa New Zealand's land mass

TOTAL POPULATION **1,030,475**

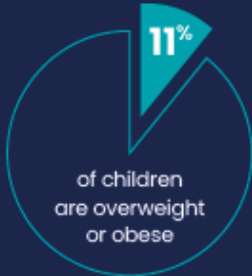
60% European/Other
28% are Māori, the highest proportion of all the regions



2 in 3 adults are overweight or obese

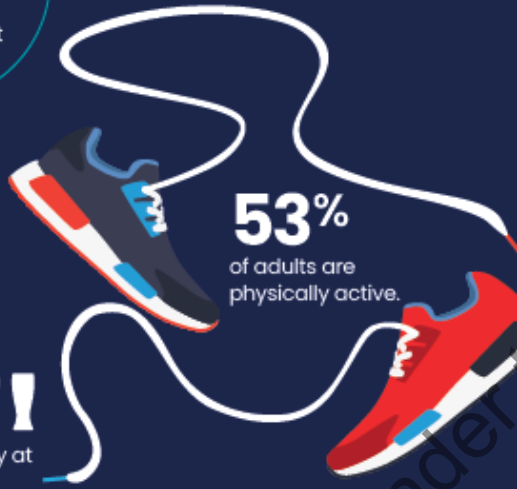
Children overweight or obese

15% Maori
8% NZ euro/other
53% Pasifika



1 in 5 adults engage in hazardous drinking patterns

1 in 10 adults drink heavily at least weekly



53% of adults are physically active.



During Cyclone Gabrielle 50% of those impacted by loss of drinking water were Māori and from high deprivation areas

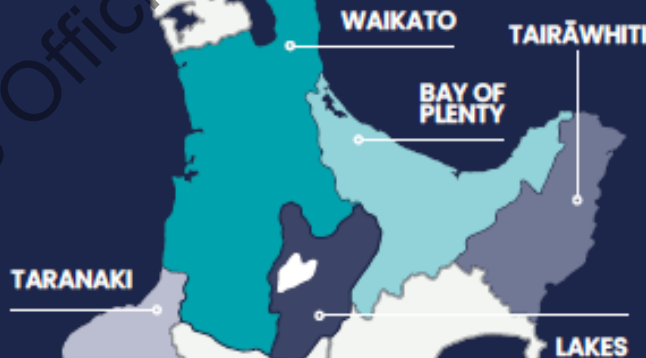
87 **74**

Life expectancy varies from 74 in one of the most deprived areas (Q5) to 87 in one of the least deprived areas (Q1)



Life expectancy in Aotearoa is **82**
TMT Māori life expectancy varies from 71-74 for tane and 75-78 for wahine

there are **5 districts**



adults eat the 3+ serves of fruit and veges each day

15% of households spend...
40% ...or more of their income on housing



58% Europeans
31% Māori
21% Pasifika

9% Asian
3% Pasifika

1 in 5 report their home has mould

1 in 4 people report their home is damp



7% of ākonga (students) are chronically absent
and
9% miss school one day a week

Following the September Regional IMPB hui

Plan response to
feedback

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What we heard

“There needs to be behaviour change - either at a system, service, political or community level. IMPB priorities relate to these behaviour changes”

“Shift/embed resource into the community to support mana motuhake”

“Emergency response and climate change need to be priorities”

“There needs to be more of a focus on tāngata whaikaha disabled people”

“Screening services must be easily accessible”

“Before we look at “starting well” the social determinants of health need to be addressed – housing, transport, food”

“Need our own rongoa, own specialists within our own whānau.”

“Need to be clear on what is it impacting on our (the health systems) ability to deliver vaccines and for Māori to be comfortable choosing to be vaccinated.”

“We need increased choice – should be able to access services across all providers i.e. full spectrum of vaccination options.”

What we're doing

System Transformation

Develop and implement a regional anti-racism strategy and action plan, based on direction Ao Mai te Rā, the anti racism kaupapa

Embed Te Tiriti o Waitangi informed by the preamble, three articles and Ritenga Declaration across design and delivery of all public health actions

Utilise *Te Tiriti o Waitangi – Equity Implementation Guide and Score Card* framework, across all public health service design and delivery to achieve health equity.

- Establish a working group and process to examine existing work to ensure alignment with the framework.
- Implement continuous improvement projects across service design and delivery in line with Te Tiriti framework to improve health outcomes for Māori.

Develop an agreed engagement plan to strengthen relationships.

- Complete relationship mapping to identify current relationships with IMPBs, localities, Iwi, hapū, kaupapa Māori services, and communities.
- Identify opportunities to strengthen and establish trusted relationships.

Respond to needs and aspirations of communities through IMPBs and localities, collaborating on identified priorities, resourcing, and empowering community leadership to address the determinants of health

Expand and support rongoa Māori service providers in primary care, rehabilitation and mental health.

What we're doing

Determinants and emergency planning

Apply a Health Equity in All Policies (HEiAP) approach that addresses the determinants of health as prioritised by the IMPBs and localities (housing, tobacco and vaping, gambling, food security, alcohol, and climate change):

- Develop regional approach to HEiAP
- Develop community capacity to engage in healthy policies and advocacy on the identified determinants of health.
- Form alliances to influence policy that address the determinants of health and achieve equity, with local and regional government, IMPBs, Priority communities (Māori, Pacific, Whaikaha, Rainbow), Localities, and other stakeholders

Review existing approaches to the priority determinants of health. Work with communities and partners to develop, implement and evaluate new innovative approaches to the priority determinants.

Support and strengthen whānau, hapū, marae, iwi food security initiatives.

Develop a regional emergency response plan (risk reduction, readiness, response, and recovery).

Understanding Māori and community responses to climate change and extreme weather events will be a key component of the plan development:

- **Workforce development:** undertake audit of trained staff in EM (Q1). Upskill 25% of staff requiring EM training (Q4)
- **Local Partnerships:** working with local community and iwi leaders in each District and local Emergency Management leaders, establish a working group to determine key priorities and actions
- **Cultural Protocols:** working group to inform the inclusion of local Māori cultural protocols and practices into Te Manawa Taki emergency response plan.
- **Feedback and Evaluation:** After each emergency response, gather feedback from Marae representatives and community members to identify areas for improvement. Use this feedback to update and refine the emergency plan.

What we're doing

Disease prevention

Implement Te Manawa Taki Regional Immunisation Action Plan, including the 'Reimagining the future state' immunisation project recommendations

Co-design actions with tāngata whaikaha to deliver equitable immunisation outcomes and experiences for disabled people and their dependents. Once implemented the actions will be evaluated.

Review and improve regional coordination and local delivery of screening programmes to better align with community and whānau needs, Mātauranga Māori health promotion approaches and the recommendations from Rongohia Te Reo, Whatua He Oranga - The Voices of Whānau Māori Affected by Cancer

Address inequities in access to screening in particular breast, cervical, and bowel screening including use of (or addition of) Māori support services to support whānau to access and complete screening.

Address high rates of morbidity from lung cancer and implement lung cancer screening for Māori.

What we heard

“Starting well should begin with mama, before pēpi arrives.”

“It [starting well] should start with housing, environment.”

“Many mothers want to stay with their midwife beyond six weeks.”

“Issue of resource/workforce still remains – many whānau cannot enrol with a GP or access a LMC because the books are full.”

“Big issue is how to we increase the resource that sits inside Māori and Pacific providers so there is more capacity to enrol whānau.”

“Health literacy is key to prevention. Where does matauranga Māori fit and how can it be implemented for whānau?”

“Can WCTO have earlier engagement.”

“Shift/embed resource into the community to support mana motuhake”

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What we're doing

Starting well, immunisation, oral health

Shift the OIS and coordination services from HSS into Māori and Pacific providers who know their communities best. Shift in intent of funding, who delivers it and where i.e. marae

Work alongside health partners to redesign models of care and service delivery as we implement Kahu Taurima across the region.

Prioritise and fund a collaborative hui between LMC, General Practice, WCTO, māmā and pēpi. The 6 week immunisations will be offered at this hui and a plan for future care completed.

Actively recruit graduates from the new satellite midwifery training course to address workforce shortages. This course targets trainees that live rurally and want to stay in their community. It removes barriers to training by offering the course closer to home enabling more people to train as a LMC

Recruit a 'mobile outreach team' of dental therapists to address the immediate workforce and service gaps
Evaluate the effectiveness of the outreach team and if successful at improving outcomes, roll out across other services with workforce gaps.

Actively recruit graduates from the new satellite dental therapist training programme to address workforce shortages in rural communities. This course targets trainees that live rurally and want to stay in their community. It removes barriers to training by offering the course closer to home.

What we heard

“those who most need services find it difficult and when they do get access the barriers in the way of receiving care make it even harder”

“Funding should be provided for the required infrastructure (i.e. data and digital support to access online specialists)”

“Symptom management and a dignified death must be available whether you're urban, rural, rich or poor”

“we want care to be marae based services with the kaimahi needed to support this”

“change the way primary care is funded”

“The way in which services need to be delivered over time needs to be in a way that whānau best receive them”

“address the waitlist times”

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What we're doing

Living well, rural health, palliative care

Collaborate with sector partners to implement Comprehensive Primary Care Teams (CPCT) based on locality need. As services are reviewed and re-designed CPCT will identify and develop processes and ways of working that ensure services are accessible to all, including unenrolled populations. PHO collaboration will support implementation and development of services on the ground.

- Identify gaps, design and agree with sector partners the future state with short and long-term change options Q2-Q3 23/24
- Implement the short and long term change options 24/25 – 26/27

Improve access for rural and remote populations through the use of virtual tools and virtual hubs:

Complete locality plans and identify where the need for virtual tools and virtual hubs exists.

- Undertake a review with comprehensive care teams and Hauora Māori teams to identify what virtual tools are currently being used and work well.
 - Identify gaps and needs such as internet access and address these needs through locality planning.
- Increase the use of patient monitoring tools through comprehensive care teams.

Increase the range of cancer support services for those undergoing treatment, survival and rehabilitation.

Increase supports for Māori during palliative pathways.

Identify what the minimum standard of Palliative Care services is.

Ensure every locality has, as a starting point, access to that minimum standard.

Implement the capitation equity funding for Māori primary care providers.

Develop and implement locality plans based on community and whānau needs.

What we're doing

Ageing well

Develop and implement equitable pathways for home support and rehab services across all localities.

Develop and enhance community non-acute rehab providers to ensure that all aspects of the pathway can be provided, irrespective of where the population resides:

- Ensure all localities have pathways developed that deliver the new ACC Non Acute Rehab contract
- Ensure there are specific kaupapa Māori and Pacific responses to older people needing support to remain at home
- Partner with community providers to ensure that we have a skilled workforce and a workforce pipeline to meet future demand.

Develop a regional plan to increase the number of psychogeriatric beds.

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What we heard

“Greater support for children, like the Mana Ake programme, should be available everywhere”

“The current system provides help at the point of crisis but not prior. There needs to be a shift to early intervention.”

“For our region the biggest challenge is that whānau who are complex in need stay in hospital too long, can't be placed anywhere with sufficient support.”

“Accommodation providers need to be able to respond to the needs of our community in a way that honors tāngata whaiora mana.”

“Increase access to psychosocial services to support whānau resilience with a focus on disaster or weather impacted areas.”

“There needs to be more prevention and early intervention”

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What we're doing

Mentally well

Mental health rehab facilities and services High and Complex Needs:

- Invest in the development of a new regional pathway for the high and complex needs cohort across the region, starting with Waikato
- Establish a regional clinical governance and oversight structure for this cohort
- Reimagine the way that residential rehab is structured and commissioned to promote more individually tailored wrap around support for Tangata Waiora
- Facilitate strong partnerships between specialist services and community providers to enable a shared care approach for this group

Collaborate with sector partners and IMPBs to ensure all people who experience mild to moderate mental distress are able to easily access services that meet their needs:

- Undertake a review of current investment in primary mental health services
- articulate how current service delivery partners connect and collaborate to meet population needs
- Identify service gaps for mild to moderate mental distress
- Investigate ways to bridge any gaps, and grow access through reprioritised funding or access to new national and local initiatives such as talking therapies
- Identify what localities need to become self-reliant in managing mild to moderate mental health distress and the settings that would increase accessibility in that locality i.e. school, work, sports clubs

Support community based accommodation providers to offer services for high and complex whānau

Build and upgrade mental health facilities that are fit for purpose and designed in a way that is conducive to well-being.

Engage with community and whānau to understand the story of those who suffer from addiction issues. These stories will inform service design.

Any further thoughts..?



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Next steps

Would the IMPBs like to be part of the foreword for this plan?

Propose photos of IMPB chairs to be included in the front with foreword?

Further feedback?

Have any priorities been missed?

Have we interpreted the feedback to date correctly?

Next draft due to national office: December 22 2023

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Te Whatu Ora
Health New Zealand

Regional Health & Wellbeing Plan

Localities – update November 2023

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Health care & wellbeing

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Access to culturally safe care across the health system	<ul style="list-style-type: none"> Total Toi Ora – culturally-appropriate coordinated care available 24/7 	<ul style="list-style-type: none"> Accessibility and choice in health and disability services for whānau with long term conditions, disability or people who have experienced an accident. Redesign services using a collaborative, community and whānau centred approach that ensures effective community engagement. 	<ul style="list-style-type: none"> Hono ki te Hapori: Whānau are enabled to access primary, specialist and emergency care when they need it. All whānau can access kaupapa that support their oranga hinengaro. Whānau levels of satisfaction increase through accessing higher quality services 	<ul style="list-style-type: none"> Whanau focused health programs
Matauranga Māori	<ul style="list-style-type: none"> Toi Tohunga – empowering local tohunga to practice their healing modalities 	<ul style="list-style-type: none"> Building cultural identity and connection through Mātauranga Māori and Te Ao Māori services 	<ul style="list-style-type: none"> Matauranga a Iwi practitioners are acknowledged, and Maori therapies are elevated 	
Wellbeing / wellness		<ul style="list-style-type: none"> Effective health promotion and prevention programmes Health literacy (whānau understand what they can do to stay well and available options) Increasing options and access to leisure and social activities that keep rangatahi actively participating in their communities. 	<ul style="list-style-type: none"> Whānau engage in activities that bring them oranga Increased wananga, events and support services for whānau Increased in suicide prevention and intervention 	<ul style="list-style-type: none"> Fitness initiatives Community Events Maintained walking tracks in nature

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Health care & wellbeing

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Primary & community care		<ul style="list-style-type: none"> ▪ Access to affordable dental care services (esp. during pregnancy) ▪ After hours primary care ▪ Dental services for relief of pain ▪ Mobile, home-based assessments in the home ▪ Primary birthing closer to home 	<ul style="list-style-type: none"> ▪ Free GP services ▪ Decreases in intervention required for misuse/overuse/underuse of prescription medicine ▪ 1 x Whare Manaaki for whānau available 24/7 in both Turangi and Taupo 	<ul style="list-style-type: none"> ▪ Dental Care ▪ Mobile GP services for rural communities ▪ Counselling ▪ Permanent doctors, nurses and healthcare staff ▪ Drug & alcohol rehabilitation
Hospital & Specialist services (acute care)		<ul style="list-style-type: none"> ▪ Access to specialist advice and diagnostic services ▪ Birthing and urgent obstetric services 	<ul style="list-style-type: none"> ▪ Increased attendance at specialist appointments by increasing specialists regularly coming into the area 	<ul style="list-style-type: none"> ▪ Specialist Visits- optometrist, pediatrics, audiology
Emergency care and emergency response	<ul style="list-style-type: none"> ▪ Tawharautia Toirāwhiti – a Coast Response team to help deal with natural disasters, events and pandemics 	<ul style="list-style-type: none"> ▪ After hours emergency care services ▪ Mental health and addictions (crisis and acute) ▪ Emergency transport options 	<ul style="list-style-type: none"> ▪ 1 x Ambulance and paramedic permanently based in Turangi 	

Services & supports across the life course

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Tamariki – Rangatahi (including maternity)		<ul style="list-style-type: none"> Integration of maternal mental health, Tamariki Ora, immunisation outreach, parenting programmes and Whānau Ora services with maternity services 		Tamariki & Rangatahi: <ul style="list-style-type: none"> Recreation Holiday Programs School Nurses Sexual health Sports & Creative outlets Mental health services
Rangatahi		<ul style="list-style-type: none"> Increase the support that can be delivered through education settings such as social workers, counselling, sexual health and nursing Harnessing technology such as online services that can improve access and present viable ways to reach our at-risk young people 	<ul style="list-style-type: none"> 2 x Rangatahi safe spaces within our rohe 	
Wahine				<ul style="list-style-type: none"> Women health promotion pre/post-natal support Lactation consultants Mobile health care Yoga/ Fitness Mental Health Services Relationship Counseling Parenting Courses

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Services & supports across the life course

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Tane				<ul style="list-style-type: none"> ▪ Industry based health support ▪ Addiction services ▪ Men's health promotions ▪ Men's groups ▪ Sports/ Recreation/Fitness
Kaumatua		Lack of residential and dementia beds for our aging community.	Kaumatua living with mate wareware, mate a roro – have support networks or alternative care solutions	<ul style="list-style-type: none"> ▪ Taichi ▪ Community events ▪ Medication alerts/delivery/ support ▪ Dementia support ▪ Travel shuttles to appointments ▪ Advocacy ▪ In home support ▪ Mobility

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Social determinants

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Kai / food sovereignty	<ul style="list-style-type: none"> Toi Kairākau – growing a local food sovereignty system with whānau 		<ul style="list-style-type: none"> Connect whanau to Pukenga to develop their own Pātaka and improve nutritional knowledge so that maara kai, permaculture and kohinga kai activities are again normalised to support healthy food choices for whanau 	<ul style="list-style-type: none"> Education around nutrition
Housing	<ul style="list-style-type: none"> Te Tini o Toikāinga – building papakāinga on our whenua to create sovereign lifestyles 	<ul style="list-style-type: none"> Āhuru Mōwai: Housing first Some whānau need access to funding for housing repairs and modifications. Lack of emergency housing, respite accommodation, supported accommodation for tangata whaiora or tangata whaikaha <ul style="list-style-type: none"> Access to safe home, work, school, and community environments 	<ul style="list-style-type: none"> Tū Whare Oranga: Increased number of whanau living in affordable rentals that are warm, dry and safe Increases in whanau capability to maintain a healthy home Decreasing use of emergency housing across our rohe Increasing collaborative housing projects across government, iwi and community 	<ul style="list-style-type: none"> Housing Relationships Education Employment services access Financial stability
Culture & identity	Toi Tuku Iho – sharing the gifts and transmission of our art forms	Supporting people to stay connected with the community, their culture and whakapapa – ensuring a sense of belonging Identify opportunities to amplify Rangatahi voice and build confidence in sense of self and belonging.	Whanau participation in wananga to increase their cultural capability	Cultural connectedness

System enablers

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Mana Motuhake for whānau	Toi Tiaki Tangata – whānau direct commissioning – customised bespoke solutions that suit whānau for where whānau are at and where they want to be	<p>People want to be recognised as having unique needs, priorities, culture, values and beliefs</p> <p>People want to be heard by their health care teams and be provided with information and choices so they can make informed decisions for themselves and their whānau.</p> <p>People want to feel like they can trust their health care provider.</p> <p>Establish robust community and iwi leadership to inform locality planning.</p>	<p>Whānau are supported to identify alternative natural therapies</p> <p>Enable mana motuhake amongst whānau for self-reliance, interdependence and not dependency to see a reduction in chronic conditions as a result of better nutrition</p> <p>Increased manawhenua led services</p>	
Data and Digital & Health Technology		<p>More mobile and telehealth services</p> <p>Internet connectivity</p> <p>Robust telecommunication system</p> <p>Telehealth, virtual consultations and home monitoring BAU</p> <p>Whānau control of own health information</p> <p>A cohesive integrated health information management strategy.</p>	<p>Integration of services and data sharing between the system and the IMPB (including direct access to national datasets by the IMPB to extract data when we want it)</p> <p>Set up Pātaka parongo to support digital enablement (host online forums to link whānau to services) – support internet connectivity</p>	Connectivity

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System enablers

	TOIRAWHITI (EBOP) LOCALITY	TE TARA O TE WHAI: HAURAKI LOCALITY	TUWHARETOA LOCALITY	TAIRAWHITI LOCALITY
Infrastructure	Whare Tangata – purpose-built Toi Ora facilities that support whānau from conception, birth and return to the earth – along the Toirāwhiti coastline		Increased mobile and digital enablement across community and flexibility of services	Community gyms
Workforce	Te Oho Toi Ora – designing and developing a Toi Ora workforce	Rural workforce development: <ul style="list-style-type: none"> ▪ shortage of midwives ▪ chronic vacancies across the mental health workforce ▪ minimal allied health / rehabilitation workforce ▪ State of disability workforce is unknown ▪ issues in funding and pay which impacts on recruitment and retention ▪ large voluntary workforce ▪ Improved participation in post school tertiary and employment pathways 	Whai Mana: Whanau have access to culturally responsive practitioners: <ul style="list-style-type: none"> ▪ increase number of whanau in training ▪ Tuwharetoa cultural competency programme ▪ Increased kaupapa Maori practitioner (4 x FTEs) with lived experience ▪ Whanau navigator training is provided ▪ Training needs of whānau identified and met through training plans e.g., first responders, first aid, seeking advice, medical opinions, health literacy 	

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