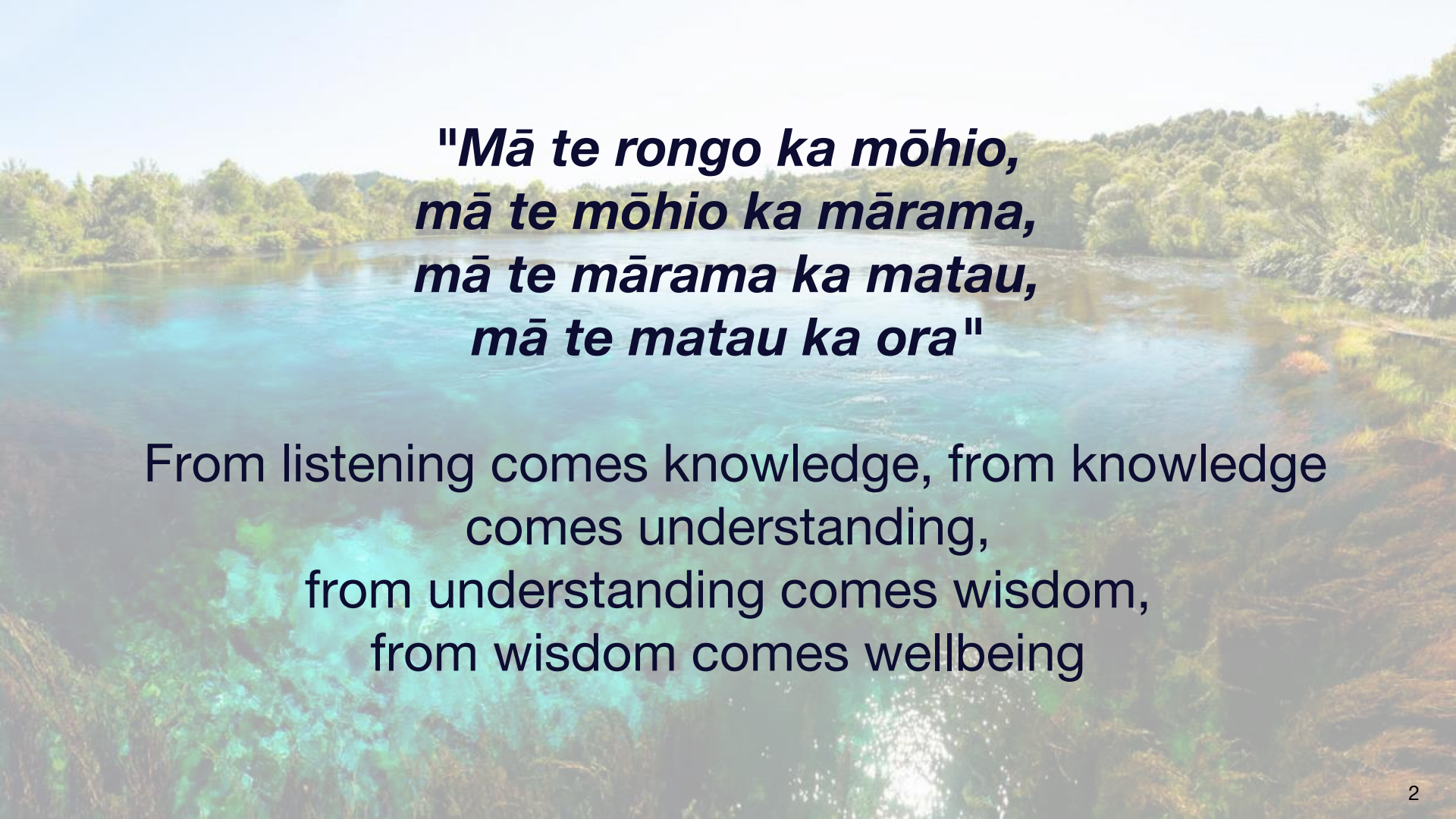


Te Kāhui Hauora o Te Taihū IMPB

# Hauora Māori Providers Hui- The future of Hauora in Te Taihū

Playback Document

17 Hōngongoi | July 2024



***"Mā te rongo ka mōhio,  
mā te mōhio ka mārama,  
mā te mārama ka matau,  
mā te matau ka ora"***

From listening comes knowledge, from knowledge  
comes understanding,  
from understanding comes wisdom,  
from wisdom comes wellbeing

Kaupapa   Item	Whārangī   Page
Whakapapa	4
Te Kaupapa o te rā	5
Hui process	6
Understanding the role of Te Kāhui Hauora o Te Taihū	7 - 11
The Journey to establishing Te Kāhui	12
Aotearoa and Te Taihū inequities	13 - 15
Te Piki Oranga and Te Whatu Ora presentations	16 - 18
Putting it all together - A design think session (Ideate, Design, Test)	19 - 24
Reflections - What we heard from participants	25
Our Board	26 - 27



# Whakapapa

The Pae Ora (Healthy Futures) Bill lays the foundation for the transformation of our health system to support all New Zealanders to live longer and have the best possible quality of life.

**The Pae Ora (Healthy Futures) Act 2022 took effect on 1 July 2022. It provides for the public funding and provision of services in order to:**

- Protect, promote, and improve the health of all New Zealanders
- Achieve equity in health outcomes among New Zealand's population groups, including by striving to eliminate health disparities, in particular for Māori; and
- Build towards pae ora (healthy futures) for all New Zealanders.

**The Act establishes Iwi-Māori Partnership Boards (IMPBs) to represent local Māori perspectives on the needs and aspirations of Māori with respect to planning and decision-making for health services at the local level.**

**The objectives of IMPBs as set out in the Pae Ora act are as follows;**

- to engage with whānau and hapū about local health needs, and communicate the results and insights from that engagement to Health New Zealand;
- to evaluate the current state of hauora Māori in the relevant locality for the purpose of determining priorities for improving hauora Māori;
- to monitor the performance of the health sector in a relevant locality in relation to how well it is performing against the needs and aspirations of whānau within the rohe (including through capturing of whānau voice as well as data);
- to commission hauora Māori services within the rohe, and;
- Work in partnership with various agencies, organisation and individuals to address the factors influencing Māori health

**Te Kāhui Hauora o Te Taihu IMPB represents the following iwi and hapū from various waka:**

**Kurahaupō waka**  
[Rangitāne](#), [Ngāti Apa ki te Rā Tō](#), [Ngāti Kuia](#)

**Tainui waka**  
[Ngāti Toa Rangatira](#), [Ngāti Rārua](#), [Ngāti Koata](#)

**Tokomaru waka**  
[Ngāti Tama](#), [Te Ātiawa o Te Waka-a-Māui](#)

# Te kaupapa o te rā

**Purpose of the hui:** To provide clarity of the role of Te Kāhui Hauora o Te Taihuhu IMPB (Te Kāhui) in supporting Hauora Māori service providers within Te Taihuhu, **fostering trust** in Te Kāhui Hauora o Te Taihuhu Iwi Māori Partnership Board, leadership and operations during times of uncertainty.

## **Objectives of the hui:**

- Foster connections.
- Gain a comprehensive understanding of the current state of hauora (inequities) in Aotearoa and Te Taihuhu rohe.
- Clarify the roles of Te Kāhui Hauora o Te Taihuhu and Te Whatu Ora in supporting hauora Māori.
- Gather feedback on stakeholders' expectations for the sector.
- Provide an opportunity for stakeholders to contribute to shaping the design of hauora in Te Taihuhu.



# Hui process

During the workshop:

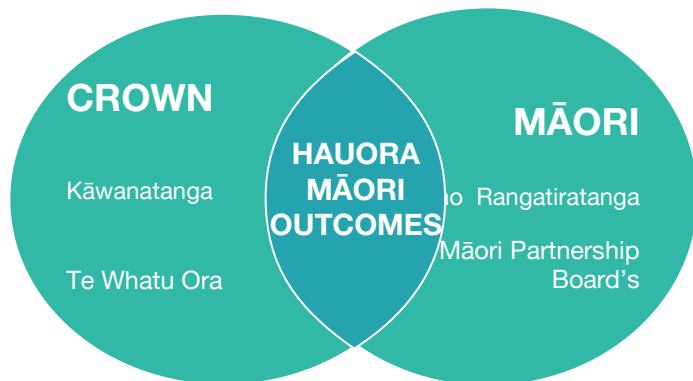
1. Everyone was **welcomed** into the space with a karakia, mihi and introduction.
2. Made time for **whakawhanaungatanga**, to connect deeply and to foster a sense of kotahitanga and belonging.
3. Provided a clear understanding of expectation of **roles and responsibilities** from Te Kahui.
4. **Grounding our purpose** by discussing the **inequities in Aotearoa and Te Taihū**.
5. Had presentation from **Te Piki Oranga** and **Te Whatu Ora**.
6. Introduced a **design thinking session** on **How we might improve hauora in Te Taihū?**
7. Conducted an **Ideation phase** session to identify **priority areas**.
8. Held a **design phase** session to **develop intervention approaches** for tackling these priorities.
9. Ran a **test phase** session to **establish measures** for monitoring and testing the effectiveness of our proposed intervention approaches.
10. Got **introduced** to part of the Te Kāhui Hauora o Te Taihū **IMPB Board**.

# Exploring The role of Te Kāhui Hauora o Te Tauihu

# The role of Te Kāhui Hauora as an IMBP

We heard from **Patricia Rodrigues (Pouwhakahaere)** on the **role of Te Kāhui Hauora**. Some of the key highlights from her whakaaro are outlined in the following four pages...

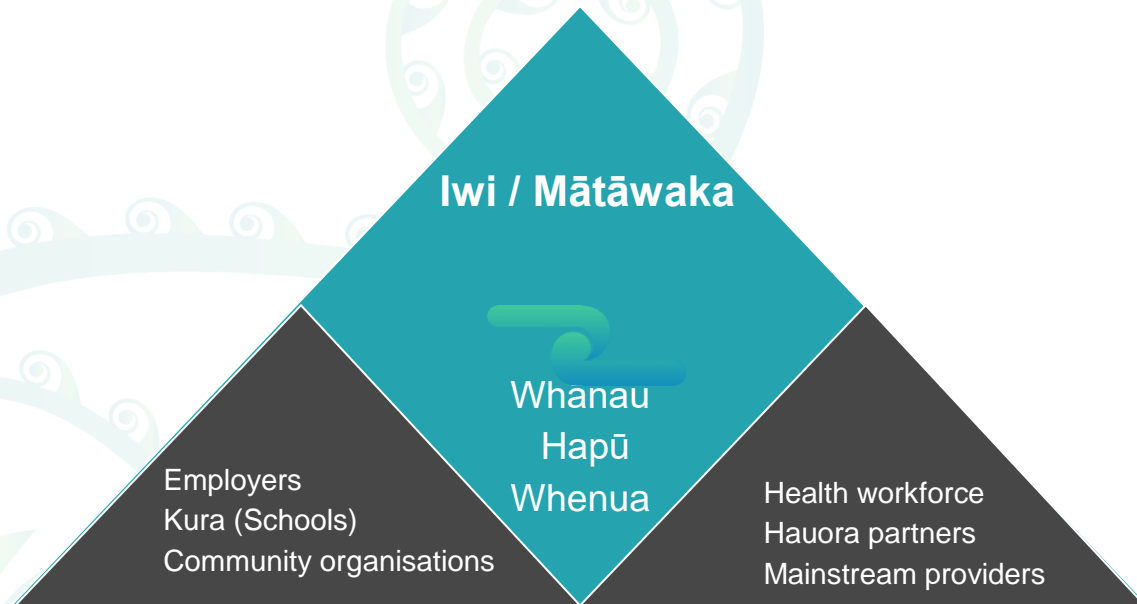
- **Partner** with those who should,
- **Monitor** those who do, and
- **Advocate** for those who cannot speak





## Partner

We strive to collaborate closely with individuals and organisations, ensuring that our **collective efforts** are **impactful and meaningful**.



# Monitor

The role of Te Kāhui Hauora in monitoring is to **oversee Health NZ and the overall health system**, not individual providers.

We have developed and are refining an **Accountability Framework** to demonstrate how we intend to carry out the monitoring function. The 5 key elements of this framework are:

- Outcomes- determined by whānau voice
- Priority setting - setting direction
- Intervention - accountability mechanism
- Transformation (if needed)
- Impact - measures and reporting

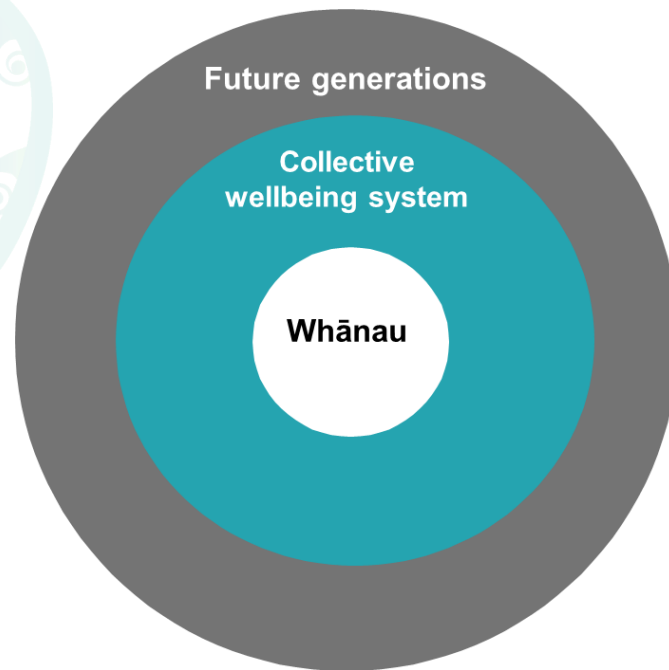


# Advocate

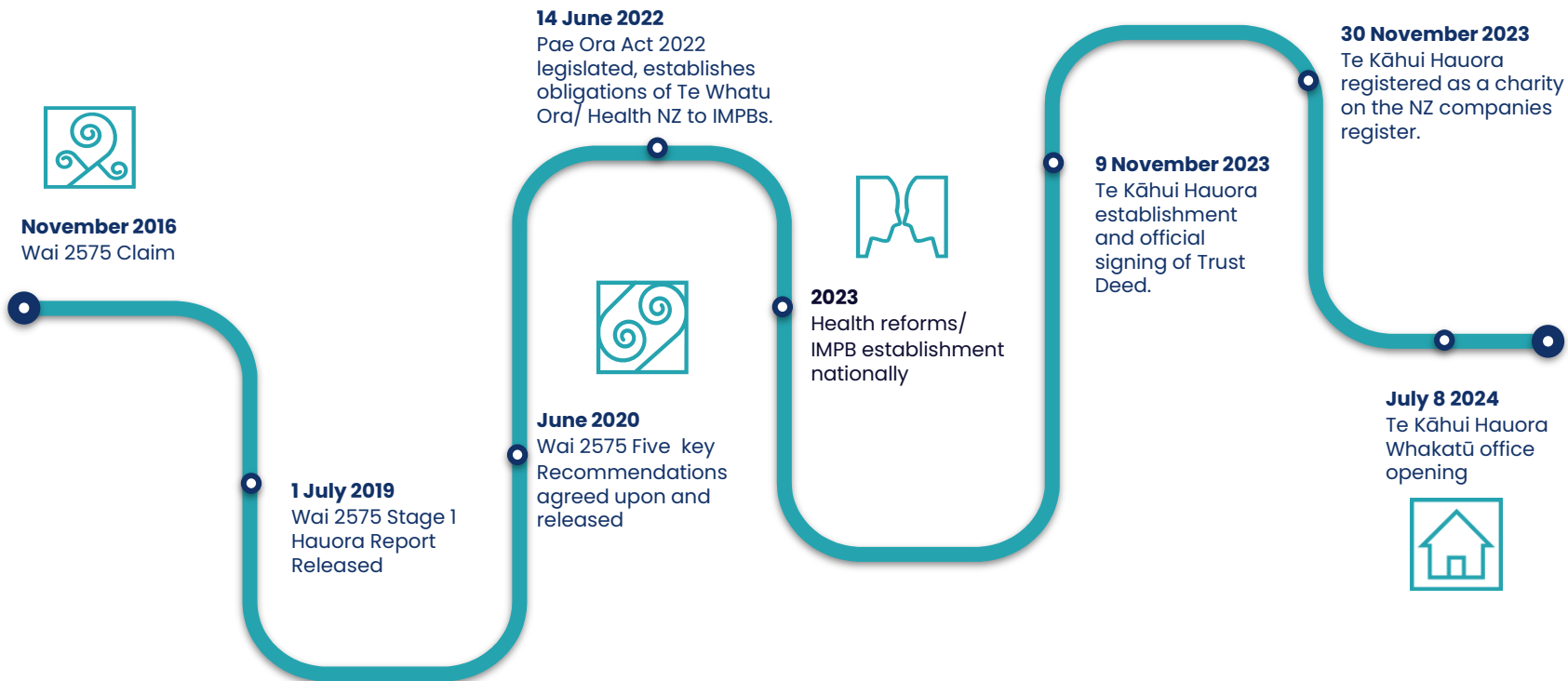
Part of our mission is to foster a thriving community by prioritising the **health and wellbeing of our people**.

Our primary commitment is **our whānau**, however we will;

- Work with the collective wellbeing system, encompassing providers, the workforce and various organisations and entities that deliver care within our communities.
- Advocate for future generations
- Protect mātauranga within our rohe
- Develop a community health plan to set out the vision for the future.



# The Journey of Te Kāhui towards establishment



# Exploring equity in Aotearoa and Te Taihū

# Inequities we see in Aotearoa

*We took time to explore the current state of equity (or inequity) in Aotearoa. The statistics below were shared.*

**1 in 5**

**Disabled children live in material hardship (20.4%).**

This is more than double the rate of non-disabled children who live in material hardship (10.1%).  
(Statistics New Zealand, 2020).

**40.3%**

**of Māori students achieved UE**

compared to the national level of 59.1%  
(Ministry of Education, 2020).

**2x**

**The mortality rate for rural under 30% is double that of urban living under 30's in Aotearoa.**

(Nixon et al, 2023).

**Māori are 2x more likely to die from avoidable causes in comparison to non-Māori** (Te Aka Whai Ora, 2023).

**2.6 x more Māori live in a deprived areas** compared to non-Māori  
(Ministry of Health, 2022).

**9-16%**

**Median hourly earnings for all women are currently \$30.15 compared to \$33.00 for all men (as at September 2023).**

European women had median hourly earnings of \$31.50, but by comparison, Asian women earned \$29.00, wāhine Māori earned \$28.29, and Pacific women earned \$28.00.  
(Ministry for Women, 2023).

**52%**

**of people in prison are Māori**

Despite Māori making up just 15% of the New Zealand population.  
(New Zealand Ministry of Justice, 2023).

# Inequities we see in Te Taihū- key statistics from HNA

*We took time to explore the current state of equity (or inequity) in Te Taihū. The statistics below were shared.*

**In 2018, 63.4% of Māori aged over 20 years in Te Taihū had achieved a level 2 Certificate or higher,**

compared to 75.7% for non-Māori.

**Māori in Te Taihū are significantly more likely than non-Māori to receive an income of \$20,000 or less**

This equates to 30.9% of Māori aged 20 years and over living on an income of \$20,000 or less **compared to 27.7% of non-Māori**

**15.3%**

**Of Māori (2,028 people) in Nelson Marlborough DHB**

Lived in overcrowded homes **compared to 8.3% of non-Māori**

**83 years**

**Is the life expectancy for Wāhine Māori in Te Taihū**

compared with 84.7 years for non-Māori wahine in Te Taihū.

**80.8 years**

**Is the life expectancy for Tāne Māori in Te Taihū**

compared with 82 years for non-Māori Tāne in Te Taihū.

**16.7%**

**Of Māori in Te Taihū were not enrolled with primary health care,**

compared to 4.3% for non-Māori.

# Presentations from Te Piki Oranga and Te Whatu Ora



# Te Piki Oranga- a kaupapa Māori primary health provider for Te Taihū

***We heard from Anne Hobby (Tumuaki - General Manager) who shared the mahi Te Piki Oranga are doing in Te Taihū to improve Hauora outcomes for whānau.***

## **About Te Piki Oranga**

Te Piki Oranga was established in July 2014 as the Māori health services provider in Te Taihū o Te Waka-a-Māui. They have community health hubs in Whakatū (Nelson), Wairau (Blenheim) and Motueka, and we also provide in-home, mobile and community outreach services. Their management team is located in Waimeha (Richmond) and across all sites Te Piki Oranga employs almost 100 kaimahi.

## **Key Messages in Anne's whakaaro;**

- Committed to restoring whānau health for a healthy future.
- Whānau are at the centre of their work, guided by tikanga.
- Their primary role is to level the playing field and create better health outcomes for Māori.
- Recognising the need for more space, hiring, training kaimahi, and introducing a cultural advisor with growth opportunities.
- Integration tikanga (customs) and mātauranga (knowledge) into conventional health practices.
- With many whānau involved within the organisations, they deeply understand the importance of whānau voice.

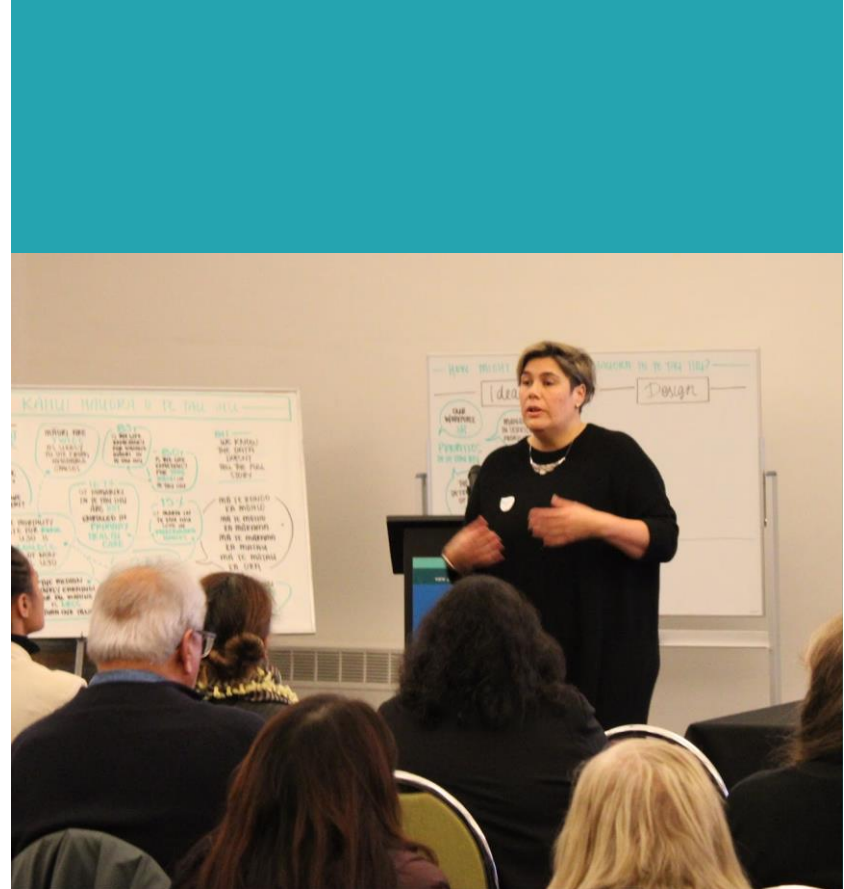


# Te Whatu Ora

***We heard from Mata Cherrington (Pou Taki ki Te Waipounamu - Regional Director) on the role of Te Whatu Ora within the health system and importance of sector collaboration.***

Key Messages in Mata's whakaaro;

- Establishing a healthcare system that embodies hauora Māori principles, ensuring the community's voice is heard and integrated into decision-making processes.
- Highlighting the importance of collaboration and mahi tahi (working together) to achieve common goals and improve health outcomes.
- Encouraging us to think 20, 30, and even 50 years into the future, always considering what will be beneficial for our mokopuna.
- Stressing the importance of staying connected to the people around you, recognising that they are not just your community but also your whānau.



Putting it all  
together- a design  
think session

# Putting it all together

We took all of our learnings for the day, as well as the knowledge we already held as a rōpū, and applied it in a design think session focusing on the question: **“How might we improve hauora in Te Taihuhu?”**

**The sessions included the following phases:**

1. **Ideate Phase** - Groups identified key hauora priorities.
2. **Design Phase** - Brainstormed potential intervention approaches to address these priorities.
3. **Test Phase** - Developed impact measures to monitor and evaluate the effectiveness of the intervention.

The goal of our design think session was to apply our knowledge and outline how we would approach the **ideation, design, and testing** phases of product design.



# Ideation - Identifying key hauora priorities

In six group, we discussed the GPS and Health Needs Assessment provided. Drawing on this information and our own experiences working with whānau, each group identified one key hauora priority for Te Taihū and discussed the rationale behind it.

***Through sharing our knowledge each group came up their key hauora priority for Te Taihū;***

***In addition to the six hauora priorities identified by each group, the following high-level themes were also discussed;***

The six key hauora priorities identified for Te Taihū
How might we <b><i>improve collaborative, cohesive, and navigational Services (CCNS) in Te Taihū</i></b>
How might we <b><i>improve access to quality ora services in Te Taihū</i></b>
How might we <b><i>activate a te ao Māori system in Te Taihū</i></b>
How might we <b><i>improve preventative services focused on mental health</i></b>
How might we <b><i>improve service options in te Tau Ihu (locality)</i></b>
How might we .....

Additional key hauora priorities identified for Te Taihū
<ul style="list-style-type: none"> <li>● Communication of services and user-friendly language</li> <li>● Workforce and Training</li> <li>● Collaboration and Partnership</li> <li>● Cultural Responsiveness</li> <li>● Funding and Resources</li> <li>● Trust and honesty</li> <li>● Community and Social Support</li> <li>● System and Service Design</li> <li>● Limited Health Services</li> <li>● Systematic racism and discrimination</li> <li>● Social determinants (housing, education, justice)</li> </ul>

# Design - Developing intervention approaches

In each group, we brainstormed potential intervention approaches to address their identified hauora priority. They considered their expectations from Te Kāhui Hauora and Te Whatu Ora, focusing on user experience, evaluation, accessibility, and the integration of equity and Te Tiriti principles.

*Through sharing our knowledge we came up with the following high level themes;*

The intervention approaches identified				
<b>Financial Barriers and Funding</b> <ul style="list-style-type: none"> <li>• Funding that follows the patient/whānau.</li> <li>• Pay equity.</li> <li>• Primary and community care.</li> <li>• Addressing financial barriers in primary and community care.</li> <li>• Flexible funding that meets needs.</li> </ul>	<b>Resource Management and Accessibility</b> <ul style="list-style-type: none"> <li>• Leveraging and better use of data.</li> <li>• Sustainable living concepts and papakainga models.</li> <li>• Resource allocation that follows the whānau and provides navigation support.</li> <li>• Wifi and digital equity, especially in rural areas.</li> </ul>	<b>Workforce Development and Training</b> <ul style="list-style-type: none"> <li>• Nurse practitioners.</li> <li>• The importance of manaaki.</li> <li>• Utilising students in organisations for learning.</li> <li>• Repositioning workforce and addressing isolated services.</li> <li>• Succession planning and developing a Māori workforce.</li> </ul>	<b>Collaborative and Integrated Service Models</b> <ul style="list-style-type: none"> <li>• One-stop shop for services</li> <li>• Services in close proximity to each other for cultural connection</li> <li>• Strong relationships and collaboration</li> <li>• Collaborating resources and shared learnings</li> <li>• Agreements and contracts to support collaboration</li> </ul>	<b>Community and Whānau Engagement</b> <ul style="list-style-type: none"> <li>• Navigators to support whānau connection to health services.</li> <li>• Manaaki-focused interactions: simple Te Reo language, comfort, and eye contact.</li> <li>• Community and employer responsibility.</li> <li>• Talking to whānau, not for them, and involving them in discussions.</li> <li>• Empowering and inspiring whānau to access health services safely.</li> </ul>
<b>Cultural Responsiveness and Equity</b> <ul style="list-style-type: none"> <li>• Inspiring whānau to diversify and use traditional practices like Rongoa.</li> <li>• Transparent knowledge sharing and breaking down power imbalances.</li> <li>• Mainstream support for culturally responsive solutions.</li> </ul>	<b>Preventative and Health Promotion</b> <ul style="list-style-type: none"> <li>• Health promotion and engagement.</li> <li>• Communicating prevention services.</li> <li>• Education on health signs and symptoms.</li> <li>• Messaging to rangatahi and health promotion narratives.</li> </ul>	<b>Local Leadership and Empowerment</b> <ul style="list-style-type: none"> <li>• Local champions and navigators.</li> <li>• Iwi decision-makers and IMPBs delivering insights.</li> <li>• Re-establishing initiatives like Te Aka Whaiora.</li> </ul>	<b>Accountability and Transparency</b> <ul style="list-style-type: none"> <li>• Accountability to whānau.</li> <li>• Transparent contracts and negotiations.</li> <li>• Consistently sharing the same information and knowledge</li> </ul>	<b>System Redesign and Improvement</b> <ul style="list-style-type: none"> <li>• Building and breaking apart systems for improvement.</li> <li>• Rebuilding in a safe, supportive, and kind way.</li> <li>• Prioritisation and impact on choice and generations.</li> <li>• Aligning resources and funding to these priorities.</li> </ul>

# Test - Monitoring/testing the approaches

In each group, we introduced the test phase to outline potential impact measures for monitoring and testing the effectiveness of the intervention (design phase). We also considered how data will be captured and utilised, ensuring privacy and security factors were addressed.

*Through sharing our knowledge we came up with the following high level themes:*

## The solutions identified to monitor/test the intervention approaches

### Health Outcomes:

- Improvement in life expectancy.
- Decrease in whānau turning up in Emergency.
- Departments (ED).
- Ash rates disparity decreasing.
- Te Tauihu surpasses equity at life indicators.

### Healthcare Access and Utilisation:

- More whānau tuning up for appointments.
- Wait lists empty.
- Resources and Data.

### Quality of Life:

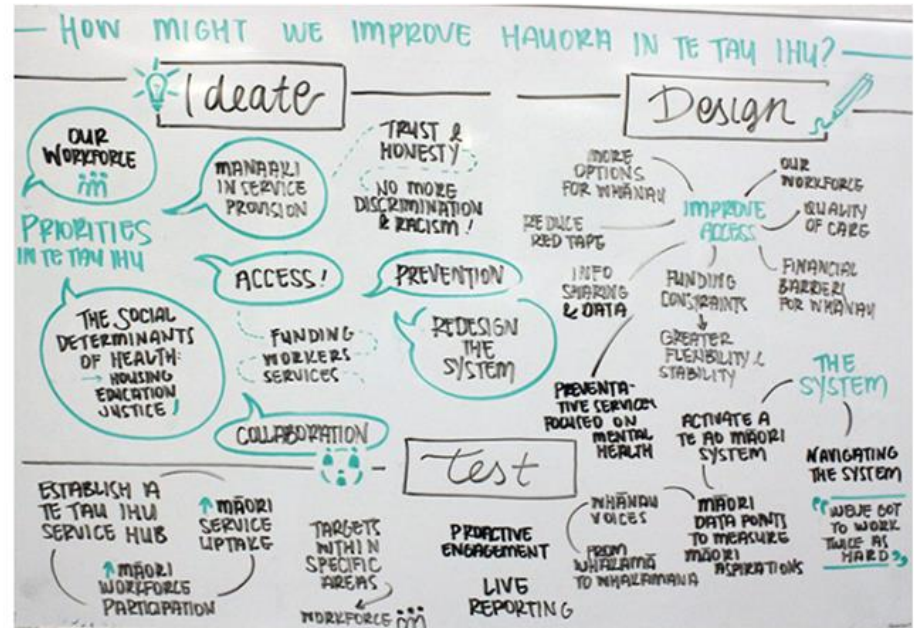
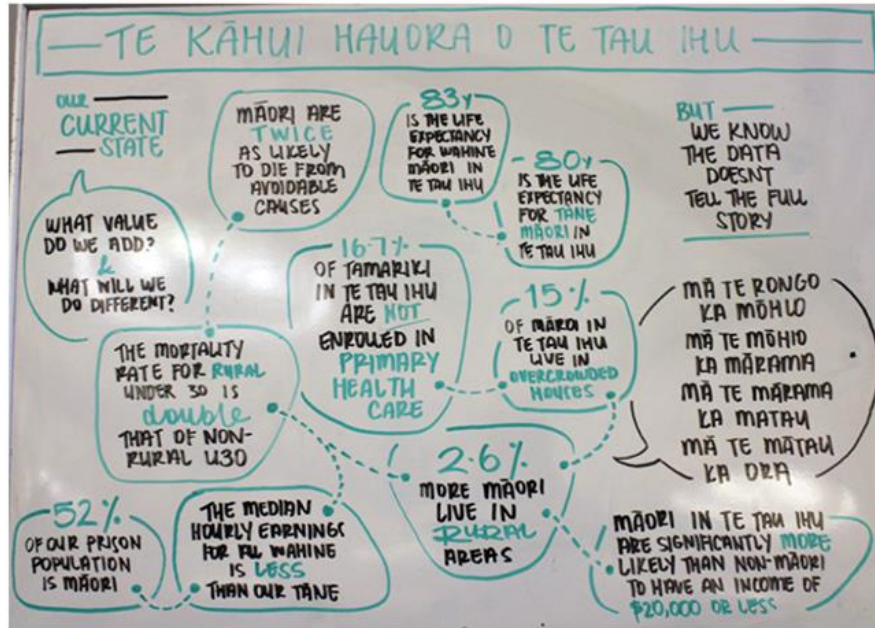
- Extensive workplace.
- Health and Safety guidelines.
- Attitudes and Perceptions.

### Community Engagement and Feedback:

- Surveys capturing whānau voice.
- Productive engagement.
- Built by whānau.

# Overall key findings - Summarised

Below provides an overview of the overall high-level key findings throughout the entire day. The image on the left highlights the key inequities and current state of the sector, while the image on the right summarises the key findings from all six groups in the design think session.





# Reflections - What we heard from participants

The horizontal axis represents the community focus areas we have gathered from our conversations and feedback, while the vertical axis indicates the domains where the IMPB possess the influence to drive progress. This helps visualise how our priorities align with our capabilities to create impactful changes.



# Te Kāhui Hauora o Te Taihū IMPB's Board

# Our Board

We heard from members of our Board: Patrick, Victoria, Lydia, Venessa, and Maria, who introduced themselves to hui participants. Unfortunately, due to other commitments, not all board members were able to attend the hui.

*Below is a high-level overview of our Board, their whakapapa, and their roles.*



**Patrick Smith - Co-Chair**  
Ngāti Apa ki te Rā Tō, Ngāi Tahu  
(Makaawhio hapu),  
Rangitāne, Te Ātiawa



**Leanne Manson - Co-Chair**  
Ngāti Tama ki te Tau Ihu, Te Ātiawa



**Lydia Mains - Trustee**  
Rangitāne, Ngāti Rārua.



**Venessa Ede - Trustee**  
Te Ātiawa, Ngāti Mutunga, Taranaki,  
Ngāti Rārua



**Maria Briggs (nee Wallace) - Trustee**  
Ngāi Tahu (Ngāti Irakehu/Ngāti Mahaki),  
Ngāti Whātua



**Victoria Thorn - Trustee**  
Ngāti Kūia, Ngāti Apa ki te Rā Tō,  
Rangitāne, Ngāti Kōata, Kai Tahu



**Olivia Hall - Trustee**  
Ngāti Rārua



**Kathryn Hippolite - Trustee**  
Ngāti Kōata



**Patariki Hippolite - Trustee**  
Ngāti Toa Rangatira

***"Hāpaitia te ara tika kia pūmau ai te rangatiratanga mō ngā uri whakatipu"***

Foster the pathway of knowledge to strengthen, independence and growth for future generations

We all have a role to play - how can we motivate everyone to **work together for our mokopuna and future generations to come?**

Te Kāhui Hauora o Te Taihū IMPB

Ngā mihi nui