



Te Kāhui
Hauora

Te Whakamahere Hauora o Te Taihuhu

Community Health Plan

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Ngā Aronga mō Tō Mātou Rohe

Priorities for our rohe

Te Kāhui Hauora o Te Taihū is the Iwi-Māori Partnership Board (IMPB) for Te Taihū. We were established to work alongside the health system and ensure that the experiences and aspirations of whānau across Te Taihū are heard, valued, and embedded into decision-making.

The following priorities highlight the key areas of wellbeing that will command our focus from 2025. Each priority either represents a major health disparity in our community or its potential to significantly improve a disparity.

All seven priorities were informed by confirmed following extensive talks with whānau and key stakeholders, including hauora Māori providers, iwi and mātā waka leaders and other hapori Māori, and informed by comprehensive health data.

Priority areas

CLINICAL

Access to high quality care and experiences

IMPACT

Care is easy to access, affordable, timely and culturally safe in Te Taihū. Whānau are enrolled and engaged with primary care, receive coordinated care across settings, and report high trust and excellent experiences.

FIRST ACTION

Increase enrolment of Māori in services and programmes that support their wellbeing.

FOCUS

- Increase PHO enrolment for Māori
- Ensure timely and complete Well Child Tamariki Ora (WCTO) checks and immunisations
- Strengthen whānau-centred maternity and early years care for māmā and pēpi
- Embed whānau voice and cultural safety standards in service design

CLINICAL

Cancer services

IMPACT

Māori in Te Taihū are protected by prevention and early detection, receive timely and effective treatment close to home, experience whānau-centred and culturally safe cancer care, and achieve equitable survival.

FIRST ACTION

Increase Māori participation in cancer screening programmes.

FOCUS

- Increase participation in bowel, cervical and breast cancer screening among Māori
- Ensure rapid pathways from referral to treatment
- Ensure supports are available to guide whānau Māori through their cancer care journey
- Support culturally safe palliative care journeys
- Embed whānau-centred care in treatment planning

CLINICAL

Workforce development and capability

IMPACT

A culturally safe, skilled workforce reflects our communities. Māori kaimahi are supported to use tikanga and te reo Māori in their practise.

FIRST ACTION

Grow and develop the Māori health workforce in Te Taihū.

FOCUS

- Grow Māori representation across roles and leadership
- Embed mandatory cultural safety and Te Tiriti training
- Strengthen pipelines into hauora roles for Māori living in Te Taihū
- Invest in whānau-centred and multidisciplinary care teams and services in Te Taihū

Priority areas

CLINICAL

Mental health and wellbeing

IMPACT

Whānau Māori experience strong oranga hinengaro through early support, equitable access to effective kaupapa Māori and mainstream services, timely specialist care when needed, and culturally safe experiences that build trust and resilience across the life course.

FIRST ACTION

Expand kaupapa Māori mental health and addiction services for rangatahi in Te Taihū.

FOCUS

- Expand kaupapa Māori mental health and addiction services
- Strengthen early intervention for rangatahi through primary care and school-based supports
- Ensure access to timely specialist services for Māori
- Rangatahi and tane receive the right support early, reducing crises

COMMUNITY

Health literacy

IMPACT

Whānau understand their conditions, rights and options, feel confident navigating services, and are supported by practitioners and providers who communicate clearly and respectfully.

FIRST ACTION

Support practitioners and providers to better engage whānau Māori.

FOCUS

- Support whānau decision-making through shared care planning
- Strengthen whānau-centred communication training for providers
- Support specialist services to engage whānau Māori well
- Increase outreach and kaupapa Māori vaccination programmes
- Support long-term condition management in primary care

COMMUNITY

Cultural connection

IMPACT

Whānau are connected to te ao Māori, with services, kaimahi and spaces that uphold our values, tikanga and language.

FIRST ACTION

Support the expansion and development of kaupapa Māori services, including rongoā, across Te Taihū.

FOCUS

- Increase iwi enrolment amongst whānau living in Te Taihū
- Embed the use of te reo Māori in health services, campaigns and across the health workforce
- Support Māori to connect with local marae, cultural events and kura
- Support more marae-based hauora services

COMMUNITY

Rongoā services

IMPACT

Whānau can easily find and access high-quality Rongoā Māori in every community, with sustained investment and recognised practitioners.

FIRST ACTION

Invest in Rongoā Māori practitioners and services.

FOCUS

- Invest in rongoā Māori practitioners and services
- Build pathways for whānau to access rongoā alongside mainstream care
- Recognise rongoā as a valued and legitimate service in Te Taihū

Monitoring framework

What we track and when

CLINICAL

Access to high quality care and experiences

ANNUAL MEASURES

Māori life expectancy in Te Taihū.
Potentially Avoidable Mortality rate for Māori by top ten causes in Te Taihū.

QUARTERLY MEASURES

Newborns enrolled with a Primary Health Organisation (PHO) by three months old.
PHO enrolment rates for Māori.
Eligible Māori tamariki enrolled with WCTO.
Enrolment with Lead Maternity Carer in the first trimester of pregnancy.
Children aged 0–4 years enrolled with the community oral health service.

QUALITATIVE MEASURES

Whānau report good experiences of care for the Primary and Secondary Care surveys.

CLINICAL

Cancer services

ANNUAL MEASURES

Cancer survival rates for Māori by cancer type in Te Taihū.
New cancer diagnoses by type and ethnicity in Te Taihū.

QUARTERLY MEASURES

Māori rates in cancer screening programmes:

- Breast
- Bowel
- Cervical

Māori to receive cancer management within 31 days of the decision to treat.

QUALITATIVE MEASURES

Whānau experiences of cancer care journey in Te Taihū.

CLINICAL

Workforce development and capability

ANNUAL MEASURES

Māori in the health workforce in specific health workforce roles including:

- Nursing
- Medical
- Allied health
- Midwifery
- Commissioning

QUARTERLY MEASURES

Training programmes available and attended to improve cultural safety for Māori.

QUALITATIVE MEASURES

Māori kaimahi report they are safe and supported to practise tikanga in their role.

Monitoring framework

What we track and when

CLINICAL

Mental health and wellbeing

ANNUAL MEASURES

Mental health and addiction diagnoses in Te Taihū by ethnicity, age and gender.

Suicide rates for Māori in Te Taihū by age group and gender.

Availability of rangatahi Māori services across Te Taihū.

QUARTERLY MEASURES

Rangatahi seen by mental health services within three weeks of referral.

Hospitalisations for mental and substance use disorders for rangatahi in Te Taihū.

Rangatahi participation in the Access and Choice programme.

QUALITATIVE MEASURES

Rangatahi report that services are youth-friendly, accessible and helpful.

Rangatahi report their health and wellbeing in Te Taihū is excellent/good.

COMMUNITY

Cultural connection

ANNUAL MEASURES

Funding available for kaupapa Māori services in Te Taihū.

Māori-focused roles and services in mainstream settings available in Te Taihū.

Proportion of kaimahi in Te Taihū who report they are fluent in te reo Māori.

QUARTERLY MEASURES

Number of whānau accessing kaupapa Māori services available in Te Taihū.

QUALITATIVE MEASURES

Whānau reporting a strong connection to their marae/iwi/hapu.

Whānau reporting they have attended or participated in a cultural event in their community.

COMMUNITY

Health literacy

ANNUAL MEASURES

Proportion of Māori reporting confidence in understanding their health information in Te Taihū.

ASH rates for Māori, by condition and by age, in Te Taihū.

QUARTERLY MEASURES

Proportion of Māori tamariki fully immunised at all milestone ages.

Māori tamariki attending community oral health services at age 5 or in Year 8.

CVD risk assessments completed on time for eligible Māori.

QUALITATIVE MEASURES

Whānau rating of their health literacy and involvement in care.

COMMUNITY

Rongoā services

ANNUAL MEASURES

Number of rongoā practitioners and providers available in Te Taihū.

Total amount of funding for rongoā services in Te Taihū.

QUARTERLY MEASURES

Number of whānau accessing rongoā services.

QUALITATIVE MEASURES

Whānau report it is easy to access rongoā services in Te Taihū.

Our measures and data sources

Annual

PRIORITY AREA

CLINICAL

Access to high quality care and experiences

MEASURE

Māori life expectancy in Te Taihū.
Current data: 81.8 years for Māori vs 83.4 years for non-Māori/-Pacific (2018 – 2022).

TARGET

Aim is to decrease life expectancy gap between Māori and non-Māori/-Pacific.

SOURCE

Nelson Marlborough Māori Health Profile 2015 (pp. Mortality)
otago.ac.nz/___data/assets/pdf_file/0012/230124/pdf-152511.pdf
Stats NZ subnational period life tables 2022–24
stats.govt.nz/news/maori-have-highest-increases-in-life-expectancy/

LEAD

HNZ

Potentially Avoidable Mortality rate for Māori by top ten causes in Te Taihū.

Top causes include ischaemic heart disease, lung cancer, stroke/accidents.

Māori PAM ~74% higher than non-Māori in Nelson Marlborough (2007–2011).

‘Top 10 by rate’ not publicly broken out for Te Taihū; custom extract likely required.

Aim is to understand leading causes of potentially avoidable mortality for Māori to guide local action and investment.

Nelson Marlborough Māori Health Profile 2015
otago.ac.nz/___data/assets/pdf_file/0012/230124/pdf-152511.pdf

HNZ

PRIORITY AREA

CLINICAL

Cancer services

MEASURE

Cancer survival rates for Māori by cancer type in Te Taihū.
Localised survival by ethnicity and cancer type is not published openly for Te Taihū. National studies show Māori have poorer survival for 23 of 24 most common cancers; local survival requires a Te Whatu Ora/Te Aho o Te Kahu extract.

New cancer diagnoses by type and ethnicity in Te Taihū.

Historic Nelson Marlborough Māori Health Profile lists most common cancers for Māori (breast, lung, colorectal). Current Te Taihū incidence by type and ethnicity requires Te Aho o Te Kahu customised data.

TARGET

Maintain a view of leading cancers amongst Māori and cancers where significant equity gaps persist. This will help guide our input into cancer service improvement programmes and solutions for Māori in Te Taihū.

SOURCE

Health New Zealand – cancer services.
tewhātuora.shinyapps.io/cancer-web-tool/
Reported annually.

LEAD

HNZ

Our measures and data sources

Annual

PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Mental health and wellbeing	Mental health and addiction diagnoses in Te Taihupo by ethnicity, age and gender.	Proportion of child population (aged 2–14) with mental health conditions (caregiver-reported), pooled data over time. Proportion of population (aged 15+) with mental health conditions (self-reported), pooled data over time.	New Zealand Health Survey, regional results. <i>Reported annually.</i>	HNZ
	Suicide rates for Māori in Te Taihupo by age group and gender.	Understand suicide rates amongst Māori in Te Taihupo and target resources at communities and groups where major inequities exist.	Health New Zealand tewhaturora.shinyapps.io/suicide-web-tool/ <i>Reported annually.</i>	HNZ
	Availability of rangatahi Māori services across Te Taihupo.	Services funded by Health New Zealand for youth mental health in Te Taihupo.	Health New Zealand – mental health commissioners. <i>Reported annually.</i>	HNZ
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Workforce development and capability	Māori in the health workforce in specific health workforce roles including: • Nursing • Medical • Allied health • Midwifery	The aim would be to set a baseline and look to increase total workforce numbers in priority workforces through targeted recruitment and development action.	Health New Zealand workforce data to start. Wider sector data from primary care, mental health and community care providers.	HNZ
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Cultural connection	Funding available for kaupapa Māori services in Te Taihupo.	No target set. Aim is to increase from baseline over time.	Health New Zealand commissioners.	HNZ
	Māori focused roles and services in mainstream settings available in Te Taihupo.	No target set. Aim is to increase from baseline over time.	Health New Zealand commissioners.	HNZ
	Proportion of kaimahi in Te Taihupo who report they are fluent in te reo Māori.	No target set. Aim is to increase from baseline over time.	Kaimahi/workforce survey.	IMPB

Our measures and data sources

Annual

PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Health literacy	Proportion of Māori reporting confidence understanding their health information in Te Taihū.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB
	ASH rates for Māori, by condition and by age, in Te Taihū.	Ambulatory sensitive hospitalisations for children (age range 0–4). Ambulatory sensitive hospitalisations for adults (age range 45–64).	Health New Zealand <i>Reported annually.</i>	HNZ
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Rongoā services	Number of rongoā practitioners and providers available in Te Taihū.	No target set. Aim is to increase from baseline over time.	Health New Zealand and ACC funded service providers in Te Taihū. <i>Reported quarterly.</i>	HNZ and ACC
	Total amount of funding for rongoā services in Te Taihū.	No target set. Aim is to increase from baseline over time.	Health New Zealand and ACC to provide funding total for rongoā services in Te Taihū.	HNZ and ACC

Our measures and data sources

Quarterly Measures

PRIORITY AREA

CLINICAL

Access to high quality care and experiences

MEASURE

TARGET

SOURCE

LEAD

Newborns enrolled with a Primary Health Organisation (PHO) by three months old.

Nelson Marlborough: 61% of Māori babies enrolled with a PHO by 3 months (late 2013). National analyses show lower early PHO enrolment for Māori infants.

Percentage of Māori newborns enrolled with a PHO by 3 months.

No target currently, but the aim would be to set a baseline and increase percentage of newborn enrolments for Māori over time.

Nelson Marlborough Māori Health Profile 2015
otago.ac.nz/_data/assets/pdf_file/0012/230124/pdf-152511.pdf

Health NZ/academics
s3.ap-southeast-2.amazonaws.com/nzdoctor.files/production/public/2023-04/Descriptive_analyses-Primary_Health_Organisation_enrolments_of_newborns.pdf

HNZ and PHO

PHO enrolment rates for Māori.

Latest Te Taihū-specific % not published in open sources. Nationally, ~6% of the population were not enrolled in 2019 with persistent ethnic gaps; Māori adults have lower enrolment/continuity than non Māori. Local % requires a Te Whatu Ora extract.

95% of all Māori enrolled.

Nelson Marlborough Māori Health Profile 2015
otago.ac.nz/_data/assets/pdf_file/0012/230124/pdf-152511.pdf

Health NZ/academics
s3.ap-southeast-2.amazonaws.com/nzdoctor.files/production/public/2023-04/Descriptive_analyses-Primary_Health_Organisation_enrolments_of_newborns.pdf

HNZ and PHO

Eligible Māori tamariki enrolled with Well Child/Tamariki Ora (WCTO).

Nelson Marlborough: 61% of Māori babies enrolled with a PHO by 3 months (late 2013). National analyses show lower early PHO enrolment for Māori infants.

Percentage of eligible Māori pēpi enrolled with WCTO.

No target set but the aim would be to increase enrolment and coverage for Māori.

Te Whatu Ora data services note (custom data extracts)
health.govt.nz/system/files/2022-11/health-and-independence-report-2021-supplementary-data-tables.xlsx

HNZ

Enrolment with Lead Maternity Carer (LMC) in first trimester of pregnancy.

Nelson Marlborough reported 89% of women booked in first trimester (early LMC registration).

Ethnic breakdown not shown in that cite.

Percentage of pregnant whānau enrolled with an LMC in the first trimester of pregnancy.

No target for this, but the aim would be to set a baseline for 2025 and increase this over the next five years.

Health New Zealand – maternity.
tewhātuora.shinyapps.io/report-on-maternity-web-tool/

HQSC/PMRC update quoting NMDHB early registration
hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMRC/Publications-resources/13thPMRCUpdateOnPreviousNeonatalMortalityRecommendations.pdf

Methodology
hqsc.govt.nz/assets/Our-data/Publications-resources/Methodology-maternity-Nov-2020.pdf

HNZ

Our measures and data sources

Quarterly Measures

PRIORITY AREA

CLINICAL

Access to high quality care and experiences

MEASURE

Children aged 0–4 years enrolled with the community oral health service.

Service exists locally; enrolment proportion by ethnicity not openly published for Te Taihū.

Nationally (2018–22), COHS coverage was ~49% for Māori/Pacific 5 year olds and ~63% at Year 8 vs higher for non Māori non Pacific.

TARGET

Percentage of Māori tamariki aged 0–4 years enrolled with the community oral health service in Te Taihū.

No target for this, but the aim is to establish a baseline and increase enrolment over time.

SOURCE

HNZ Nelson Marlborough COHS page
info.health.nz/locations/nelson-marlborough/childrens-oral-health

University of Otago 'Oral health of children and young people in Aotearoa 2023'
ourarchive.otago.ac.nz/view/pdfCoverPage?download=true&filePid=13413838760001891&instCode=64OTAGO_INST

LEAD

HNZ

PRIORITY AREA

CLINICAL

Cancer services

MEASURE

Māori rates in cancer screening programmes:

- Breast
- Bowel
- Cervical

Breast: Nelson Marlborough Māori coverage ~75% (2018–19). Cervical: Māori coverage nationally ~56% (Aug 2023). Bowel: National equity gaps persist; local Māori coverage requires district extract.

TARGET

70% of eligible wahine receive two-yearly breast screen.

60% of eligible Māori invited return a completed FIT kit.

75% of eligible wahine complete a cervical smear.

SOURCE

Health New Zealand
tewhātuora.shinyapps.io/nsu-bsa-coverage/
tewhātuora.shinyapps.io/nphs-nbsp/
tewhātuora.shinyapps.io/nsu-ncsp-coverage/

Reported quarterly.

LEAD

HNZ

Māori to receive cancer management within 31 days of the decision to treat.

Reported nationally as Faster Cancer Treatment (FCT) indicator. Te Taihū Māori breakdown is not published openly; local % available via Te Whatu Ora regional FCT dashboard.

90% of Māori receive cancer management within 31 days of the decision to treat.

Reported quarterly.
 National Health Target.

HNZ

Our measures and data sources

Quarterly Measures

PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Mental health and wellbeing	Rangatahi seen by mental health services within three weeks of referral.	80% of rangatahi access specialist Mental Health and Addictions services are seen within 3 weeks.	Health New Zealand reports.hqsc.govt.nz/HSI/_w_a25b3bf0/#!/summary <i>Reported quarterly.</i>	HNZ
	Hospitalisations for mental and substance use disorders for rangatahi in Te Taihupo.	Mental health and addictions hospitalisations by primary diagnosis (by Māori vs non-Māori).	Health New Zealand – Source: Ministry of Health QLIK MHA <i>Reported quarterly.</i>	HNZ
	Rangatahi participation in the Access and Choice programme.	Total number and proportion of rangatahi Māori accessing the Access and Choice programme in Te Taihupo.	Health New Zealand – Mental Health commissioners and local service managers. <i>Reported quarterly.</i>	HNZ
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Workforce development and capability	Training programmes available and attended to improve cultural safety for Māori.	The aim in this section would be to increase availability of cultural safety training for the entire health workforce in Te Taihupo.	Health New Zealand workforce development information on training courses available and uptake by their workforce.	HNZ
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Cultural connection	Number of whānau accessing kaupapa Māori services available in Te Taihupo.	No target set. Aim is to increase from baseline over time.	Health New Zealand commissioners providing data on utilisation of the kaupapa Māori services they manage. <i>Reported quarterly.</i>	HNZ
	Whānau reporting strong connection to their marae/iwi/hapu.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB
	Whānau reporting they have attended or participated in a cultural event in their community.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB

Our measures and data sources

Quarterly Measures

PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Health literacy	Proportion of Māori tamariki fully immunised at all milestone ages.	Ambulatory sensitive hospitalisations for adults (age range 45–64). Māori immunisation rates at 6, 8, 12, 18 and 24 months and at 5 years.	Health New Zealand to provide data from the AIR for Te Taihū. <i>tewhātuora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage</i> <i>Reported quarterly.</i>	PHO and HNZ data
	Māori tamariki attending community oral health services at age 5 or in Year 8.	Māori tamariki attending community oral health services at age 5. Māori tamariki attending community oral health services in Year 8.	Health New Zealand community oral health service. <i>tewhātuora.govt.nz/for-health-professionals/data-and-statistics/oral-health/age-5-and-year-8-data</i> <i>Reported quarterly.</i>	HNZ
	CVD risk assessments completed on time for eligible Māori.	90% of the eligible population to have had their cardiovascular risk assessed in the last five years. Eligible = Māori men 35–75 years and Māori women 45–75 years.	Primary care PHO data. <i>Reported quarterly.</i>	PHO
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Rongoā services	Number of whānau accessing rongoā services.	No target set. Aim is to increase from baseline over time.	Health New Zealand and ACC commissioners required to provide a report on access data over the past quarter.	HNZ and ACC
	Whānau report it is easy to access rongoā services in Te Taihū.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB

Our measures and data sources

Qualitative

PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Access to high quality care and experiences	Whānau report good experiences of care for the Primary and Secondary Care surveys.	Māori responses to the secondary, community and primary care surveys.	Health Quality and Safety Commission. <i>Reported quarterly.</i>	HQSC
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Cancer services	Whānau experiences of cancer care journey in Te Taihū.	We can provide additional advice and guidance around whānau Māori experiences of cancer care services to inform service improvement projects and development of solutions to improve care and experiences for Māori.	Whānau survey and cancer services experience case study/deep dive.	IMPB
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Mental health and wellbeing	Rangatahi report that services are youth friendly, accessible and helpful. Rangatahi report their health and wellbeing in Te Taihū is excellent/good.	There is robust quantitative data on rangatahi utilisation and service acceptance. Our added value is to centre rangatahi voice through direct engagement to: - define what wellbeing in Te Taihū means and feels like to them - describe their lived experiences of local services - identify practical changes by service, setting and system that would make Te Taihū a better place for rangatahi	Whānau survey and rangatahi engagement.	IMPB
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
CLINICAL Workforce development and capability	Māori kaimahi report they are safe and supported to practise tikanga in their role.	No target set. Aim is to increase from baseline over time.	Kaimahi/workforce survey.	IMPB

Our measures and data sources

Qualitative

PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Cultural connection	Whānau reporting strong connection to their marae/iwi/hapu.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB
	Whānau reporting they have attended or participated in a cultural event in their community.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Health literacy	Whānau rating of their health literacy and involvement in care.	Set a baseline and look to improve this through concerted work over the next 5 years.	Whānau survey.	IMPB
PRIORITY AREA	MEASURE	TARGET	SOURCE	LEAD
COMMUNITY Rongoā services	Whānau report it is easy to access rongoā services in Te Taihū.	No target set. Aim is to increase from baseline over time.	Whānau survey.	IMPB