TAIRĀWHITI TOITŪ TE ORA WHĀNAU COMMUNITY HEALTH PLAN

SEPTEMBER 2024

TAIRĀWHITI
TOITŪ
TE ORA

Contents

Mihi

Kia ora tatau,
Huihui mai ra e nga waihotanga a Kui ma a Koro ma,
i raro i te tahu whakaaro a te Tairāwhiti
i torotoro atu ki nga whānau, kei nga kokoru, kei nga pumutomoto o
Te Tairawhiti mai i Hikurangi mai tawhiti, ki Matawai, ki te Mahia mai tawhiti.
E hua mai nei o ratou whakaaro
a ratou korero, o ratou wawata
nga momo huarahi hoki e taea ai
te noho roa i runga i te mata o te whenua.
Kia rongo i te ha o Papatuanuku o Ranginui
otira te taiao e tauawhi nei i a tatau.
Tipu matoro ki te ao
Haumi e hui e taiki e.

Tā Selwyn Tanetoa Parata KNZM

Executive Summary

This plan is the first of many in an iterative whānau community health planning process, and as such is more heavily focused on our immediate priorities and alignment with the Minister of Health's stated priorities and the Government Policy Statement on Health. We expect that over time, our community health planning process will be the key tool in setting the direction for this region's whole 'system' design, system transformation and future priority setting. We expect the implementation and evaluation of priority actions over the next three years and beyond will generate key data and information to develop a long-term business case for system transformation in Te Tairāwhiti.

Key message

Our long-term pathway is to move from addressing immediate needs, to removing barriers and improving equity, to whānau exercising rangatiratanga over their own health and wellbeing.

The outcomes we seek are holistic, based on the wellbeing of the whole whānau and embody a commitment to equitable health care, to ensure all our whānau can live healthy lives in the communities they choose.

Our high-level outcomes focus on:
- Whānau exercise of rangatiratanga over their own health and
- Whānau flourishing in their own homes and communities.
- Quality of life across the whole lifespan

Supported by:
- Timely access to exemplary and culturally adept services
- Health literacy and access to the right data and information
- Positive and functional relationships

Our current regional context presents both significant challenges to the resiliency and effectiveness of our health system and unprecedented opportunities for improvement and system transformation.

- We are an innovative and resilient region building on our 'wayfinder' traditions
- Key challenges and opportunities:
  o Housing affordability and cost of living (including healthy kai)
  o Healthy homes
  o Cyclone recovery, land use change and climate resilience
  o Vibrancy and long-term sustainability of all our communities
  o Health and disability workforce shortages

We must achieve system transformation not just improved services in the next few years.

We must approach wellbeing in an integrated way. Flourishing whānau and improved health support improvement in education and employment options.

Enabling rangatiratanga must be at the centre of system transformation.

Our key priorities focus on:
- **Access to care**
- **Whānau experience**
- **Resilience in the system**
- **Achieving equity**
- **Community involvement**
- **Sustainable workforce.**

Key actions focus on:
- Providing services to underserved communities
- Planning for better system and service resilience
- Supporting whānau interactions with the health system
- Workforce development
- Data, analysis and modelling tools and research investments
- Each community also has its own priorities and actions.

We must see more and better placed investment in our whānau, driven by sophisticated data analysis and local decision-making.

In the immediate term, we need circuit breaking investment in a system that is right for our people.

In the medium-long term we need increased focus on prevention and early intervention.

Our engagement approach to date has been multifaceted, encompassing online engagement, whānau hui, utilisation of existing events, bespoke engagement with specific communities of interest, and utilisation of previous engagement material. Most whānau who engaged are Māori. We expect ongoing engagement, to keep whānau voice at the heart of system transformation, to be a core part of our future mahi.

Key concerns expressed through engagement include:
- Access to services
- Whānau experience in health settings
- Resiliency of health services
- Support to live healthy and autonomous lives
- Lack of trust in the health system and providers

Introduction

The development of this Whānau Community Health Plan has been led by five iwi of Te Tairāwhiti and Mahia, Ngāti Porou, Te Aitanga-a-Māhaki, Ngāi Tāmanuhiri, Rongowhakaata and Rongomaiwahine. These five iwi came together to lead the development of the Tairāwhiti Localities Plan from 2021 to 2023, which provided the foundation for this Whānau Community Health Plan, and continue to work together through leadership of the Tairāwhiti Toitū Te Ora Iwi Māori Partnership Board (Tairāwhiti Toitū Te Ora).

Te Tairāwhiti encompasses an intergenerational layering of connection between everyone, iwi, hapū, marae, whānau, everyplace and everything in a holistic and interconnected sense - a unique place in the world, settled by our ancestor Maui some 46 generations ago and followed by successive navigators who brought with them the tools, methods and gumption to live successful lives underpinned by a deep respect for te Taiao.

The iwi and hapū of Te Tairāwhiti have held fast to the way-finder, navigation and innovative traditions and legacies of our ancestors that pushed boundaries, ventured beyond the horizons, and thrived in the landscapes and environments they settled.

Our ancestors were shaped, informed, and moderated by their mātauranga, rangatiratanga and kaitiakitanga. They flourished and adapted to whatever conditions and times they found themselves in, and this state of self-determination, wellbeing, and prosperity continued for centuries.

The Hauora of our ancestors was deeply interconnected with the wellbeing of the Taiao and this remains the same today. The Taiao is what grounds us, it is what keeps us well, it is the source of everlasting mauri, it is our mother and father. From our wai to our ngāhere, to our whenua and moana, to the seen and the unseen, all are deeply important in ensuring our people flourish.

Our people, our Tai Tangata sit at our heart, the voices of our people we amplify, the skills and capacity held we encourage, our people both near and far are our capital, we are related through whanaungatanga, we are connected as whanaunga through whakapapa and as such responsive to one another as whānau. Our expression of Mana Motuhake is directly linked to each of our own identities as collectives and individuals when, where and how we choose to express ourselves.

We know we face many challenges in our communities, and we also know our communities have many strengths on which to build a better and more responsive system, and so, our Whānau Community Health Plan is both aspirational and practical in its intent. It considers both:

- what is required, and possible, in the immediate term to address the most pressing priorities of whānau; and
- the long-term pathway to the system transformation required, to enable whānau to exercise rangatiratanga over their own health and wellbeing and enjoy the levels of wellbeing and prosperity enjoyed by our ancestors.

We welcome the opportunity to partner with the Crown to:

- give effect to the articles, the intent, the principles and the promises inherent in Te Tiriti o Waitangi; and
- deliver a future focussed approach to health and wellbeing within a whānau and people centered primary and community care system.

Finally, it is important we honour and acknowledge the mahi invested in developing the previous Te Tairāwhiti Localities Plan from 2021 to 2023 which provided the foundation for this Whānau Community Health Plan.

Partners to the plan

The development of this plan was led by Tairāwhiti Toitū Te Ora Iwi Māori Partnership Board, Toitū Tairāwhiti, a collective of three Tairāwhiti iwi - Ngāti Porou, Te Aitanga-a-Māhaki and Ngāi Tāmanuhiri - who have collaborated on health, education, housing, employment, environmental and economic development, COVID responses and more latterly Cyclone relief, response, and recovery - Rongowhakaa and Rongomaiwahine.

In developing this plan, Toitū Tairāwhiti, Rongowhakaata, Rongomaiwahine, and Tairāwhiti Toitū Te Ora have worked with Te Tairāwhiti Localities Plan Roopu, local health providers and advocates, Gisborne District Council, Trust Tairāwhiti, Te Whatu Ora (both nationally and regionally) and Te Aka Whai Ora.

Strategic Partners

Rongowhakata
Iwi Trust

Te Rūnanganui o
Ngāti Porou

Te Aitanga-ā-
Māhaki Trust

Tāmanuhiri Tūtū
Poroporo Trust

Rongomaiwahine
Iwi Trust

Te Whatu Ora and
Te Aka Whai Ora

Trust Tairāwhiti

Te Kupenga Net Trust

Manaaki Matakaoa

Te Whare Hauora o
Te Aitanga a Hauiti

Pinnacle Midlands Health
Network – Tairāwhiti

Ngāti Porou PHO

Tūranga Health

Ngāti Porou Oranga

**Other partners supporting the
development of the plan**

Purpose of the plan

The purpose of our Whānau Community Health Plan is to:

- identify the Hauora aspirations and priorities of Te Tairāwhiti whānau so those aspirations and priorities can inform a whānau centred design and delivery of our health system and services;
- identify system and service improvements that can be achieved in the short to medium term;
- identify the systemic changes required to:
  - enable whānau to exercise rangatiratanga over their own Hauora; and
  - enable whānau achieve their Hauora aspirations and priorities.

Our approach to Hauora

"My definition of health and wellbeing is when my whole whānau, hapū, iwi are thriving mentally, physically, emotionally and 'a wairua'. Where we are determining our health journey, acknowledging medicine is one part but having a wider understanding that how we look after ourselves as whānau is more important"
– anonymous survey participant.

This plan is guided by **He Kawa Whakauru**, a Hauora framework designed by Tairāwhiti Toitū te Ora. He Kawa Whakauru supports:

- A holistic, whole of region approach to wellbeing
- Integration of health, education, housing, mātauranga and other social care services that impact on the lives of our people
- Authentic collaboration with partner agencies and communities
- A focus on effective community interventions using community development and prevention strategies.
- Our whānau, hapū and Iwi being at the heart of what we do

HAUTUTANGA
Leadership and Innovation
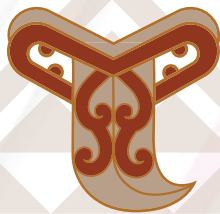
WHAKAMAUI
Revitalisation & Disruption

WHAKATIKA
Removing inequity

Our long-term pathway: how we want to see our health system and services progress over time

Meeting the immediate priorities of Te Tairāwhiti whānau

Addressing barriers and achieving equity for Te Tairāwhiti whānau

Whānau enabled to exercise rangatiratanga over their own health and wellbeing

Over time we want to see the focus of investment in the system moving from meeting immediate priorities to enabling whānau to exercise rangatiratanga over their own health and wellbeing. We want to see the system shift from one that is by necessity focused on addressing illness to one that is focused on promoting and achieving wellness, led and designed by whānau and driven by their aspirations. A more detailed explanation of the system change we want to see is set out in the system thinking, change and transformation section.

Outcomes: what we expect to see when the system is working for our people in Te Tairāwhiti

As the system moves from a focus on meeting immediate priorities toward enabling whānau to exercise rangatiratanga over their own health and wellbeing, we would expect to see:

Whānau enjoying a high quality of life at all stages of their lives

Whānau flourishing in their own homes and communities, in their own ways

Whānau exercising rangatiratanga on a daily basis over their health and wellbeing

Supported by:

- Timely access to exemplary and culturally adept health and disability services
- Access to evidence based information to support whānau-led decision making
- Positive and functional relationships across the health system and broader social investment sector

Over time we will refine these outcomes and develop specific indicators for each one – a Hauora 'dashboard' that will provide point in time pictures of Hauora for our whānau – tracking improvements, the efficacy of investment and identifying gaps to be addressed.
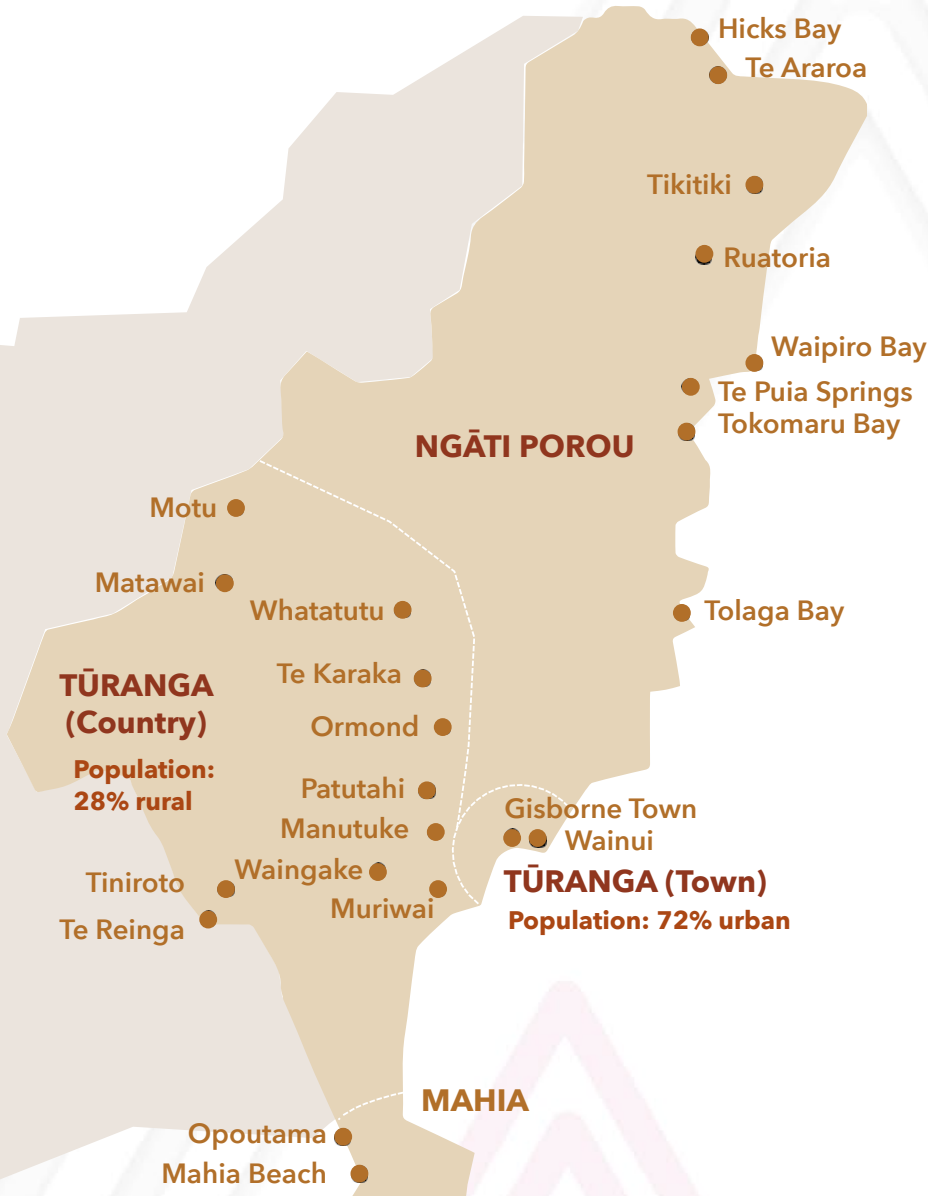
It is important that we drive the data model, so our approach to health in our region is aspirational, and not stuck in a long-standing deficits framework.

Plan timeframes

This version of our Whānau Community Health Plan reflects the current realities of whānau in Te Tairāwhiti and is focused on their priorities for the next three years and beyond.

We have committed to annually review and refresh our Whānau Community Health Plan, to recognise the dynamic environment we are operating in. The annual reviews will provide us with the opportunity to do deeper dives into engagement with whānau across the region, and with communities with particular interests and challenges.

Our regional profile – Te Tairāwhiti

Hicks Bay
Te Araroa

Tikitiki

Ruatoria

Waipiro Bay
Te Puia Springs
Tokomaru Bay

NGĀTI POROU

Motu

Matawai

Whatatutu

Tolaga Bay

**TŪRANGA
(Country)**

Te Karaka

Ormond

**Population:
28% rural**

Patutahi

Manutuke

Gisborne Town
Wainui

Tiniroto

Waingake

TŪRANGA (Town)

Te Reinga

Muriwai

Population: 72% urban

MAHIA

Opoutama
Mahia Beach

Iwi of Tairāwhiti[8]

Ngāti Porou
- Total population estimate: 102,480
- Tairāwhiti resident population estimate: 16,806

Te Aitanga-ā-Māhaki
- Total population estimate: 10,593
- Tairāwhiti resident population estimate: 3,972

Rongowhakaata
- Total population estimate: 9,021
- Tairāwhiti resident population estimate: 3,112

Ngāi Tāmanuhiri
- Total population estimate: 3,609
- Tairāwhiti resident population estimate: 1,458

Rongomaiwahine
- Total population: 8,007
- Resident population statistics for Rongomaiwahine are currently only available at the regional level – 8.2% of Rongomaiwahine live in the Gisborne District while 32.2% live in the Hawke's Bay Region

TAIRĀWHITI - Total land area: 8,351 km²

Population (Gisborne District + Mahia statistical area[1])

- Estimated population: 52,835[2]
- Māori population: Approx 55%[3]
- Pasifika population: Approx 5.5%[4]
- Under 25 years old: 35%[5]
- Projected population in 2033: 55,300[6]
- Projected Māori population proportion 2033: Approx 63%[7]

Notes:
- *"different data sources were used to develop a fulsome regional profile, as such some inconsistency between data may be present"*
- *Where available, this profile contains data from the 2023 Census. Where 2023 Census data is not yet available, the data includes Stats NZ population estimates and projections usually based on 2018 Census data. In anticipation of further data from Census 2023, we have kept our regional profile high-level so as not to promote decision making based on out of date data. More detailed data on health status (which dates from 2018) can be found in the Tairāwhiti Toitū Te Ora Health Profile completed by Te Aka Whai Ora.*

[1] The Mahia statistical area includes the Mahia Peninsula + Nuhaka and surrounds – map can be found at https://statsnz.maps.arcgis.com/apps/webappviewer/index.html?id=6f49867abe464f86ac7526552fe19787

[2] Gisborne District population count (51,135) *taken from 2023 Census national and subnational usually resident population counts and Mahia population estimate (1250) taken from Statistical area 2 population projections 2018 (base) – 2048.*

[3] *2023 Census national and subnational usually resident population counts – Ethnic group (grouped total responses – level 1) by regional council areas – Gisborne Region.* Note 2023 ethnicity stats not yet available at the statistical area level but inclusion of Mahia data unlikely to have a significant effect on overal Māori population proportion

[4] *2023 Census national and subnational usually resident population counts – Ethnic group (grouped total responses – level 1) by regional council areas – Gisborne Region.* Note as above for Mahia

[5] Gisborne District under 25 population count (17,847) taken from 2023 Census national and subnational usually resident population counts and Mahia under 25 population estimate (100) taken from *Statistical area 2 population projections 2018 (base) – 2048.*

Health service provision

49,409[9]

Number of people enrolled with primary health care providers in the Gisborne District (in the 12 months to June 2024

Two primary healthcare organisations:
- Ngāti Porou Hauora Charitable Trust (Ngāti Porou Oranga)
- Pinnacle Midlands Health Network – Tairāwhiti

As of June 2022 there were:
- 11 primary care practices (8 open and 3 closed book) serviced by 40 GPs (not including locums)
- 8 pharmacies
- 1 hospital
- 1 rural hospital
- 6 aged residential care facilities
- 1 public oral health service
- 5 private dental practices and several other private health care providers

We have four Kaupapa a Iwi / Kaupapa Māori service providers:
- Ngāti Porou Oranga
- Tūranga Health
- Te Whare Hauora o Te Aitanga a Hauiti
- Te Kupenga Net Trust.

Health status

- Life expectancy Māori females: 77[10]
- Life expectancy Māori males: 73
- Life expectancy non- Māori females: 85.4
- Life expectancy non- Māori males: 82.1

Self-rated health – data from the Tairāwhiti Wellbeing Survey 2023
- Percentage of respondents who rated their overall health as good, very good or excellent: 77%
- Average life satisfaction among respondents: 7/10
- Average rated family wellbeing among respondents: 6.9/10
- Average rated 'control over the way your life turns out': 7.3/10
- Percentage of respondents who agree or strongly agree that Tairāwhiti is a great place to live: 65%
- Percentage of respondents who have someone to talk to in a time of need: 80%
- Percentage of respondents who feel supported and respected in their communities: 64%

Other indicators

Tamariki
- 2 year olds who had received all milestone immunisations at June 2024: 64.7%[11]
- Children who were caries (tooth decay) free at age 5 in 2023: 34.84%[12]

Mental health
- Percentage of under 25 year olds seen within three weeks of referral to a mental health service: 85.7% (1 July – 30 September 2023)[13]

[6] Gisborne District estimated population 2033 (54,000) + Mahia statistical area estimated population 2033 (1300) from *Statistical area 2 population projections 2018 (base) – 2048 – Stats NZ*
[7] *Subnational ethnic population projections, by age and sex, 2018(base)-2043 - for Gisborne Region – Stats NZ*. Note as above for Mahia statistical area
[8] Census 2023 data accessed on Te Whata
[9] Infometrics – Quarterly Economic Indicator June 2024. https://qem.infometrics.co.nz/tairawhiti/social/health-enrolments?compare=new-zealand *note does not specifically include Mahia however, the enrolment numbers may include Mahia residents who have enrolled with Gisborne PHOs
[10] All life expectancy stats from Subnational ethnic population projections, projection assumptions, 2018 (base)-2043 update – Stats NZ. Does not include Mahia
[11] Annual childhood immunisation coverage by milestone age and ethnicity, Q4 23-24 (1 July 2023 - 30 June 2024), Data extracted on 09/07/2024 – Te Whatu Ora Immunisation coverage https://www.tewhatuora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage
[12] 2023-Age-5-oral-health-data-from-the-Community-Oral-Health-Service – data based on children examined in 2023. https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/oral-health/age-5-and-year-8-data
[13] Clinical-Performance-Metrics-Q1-2023-24-FINAL – Te Whatu Ora

Distinct communities within Te Tairāwhiti
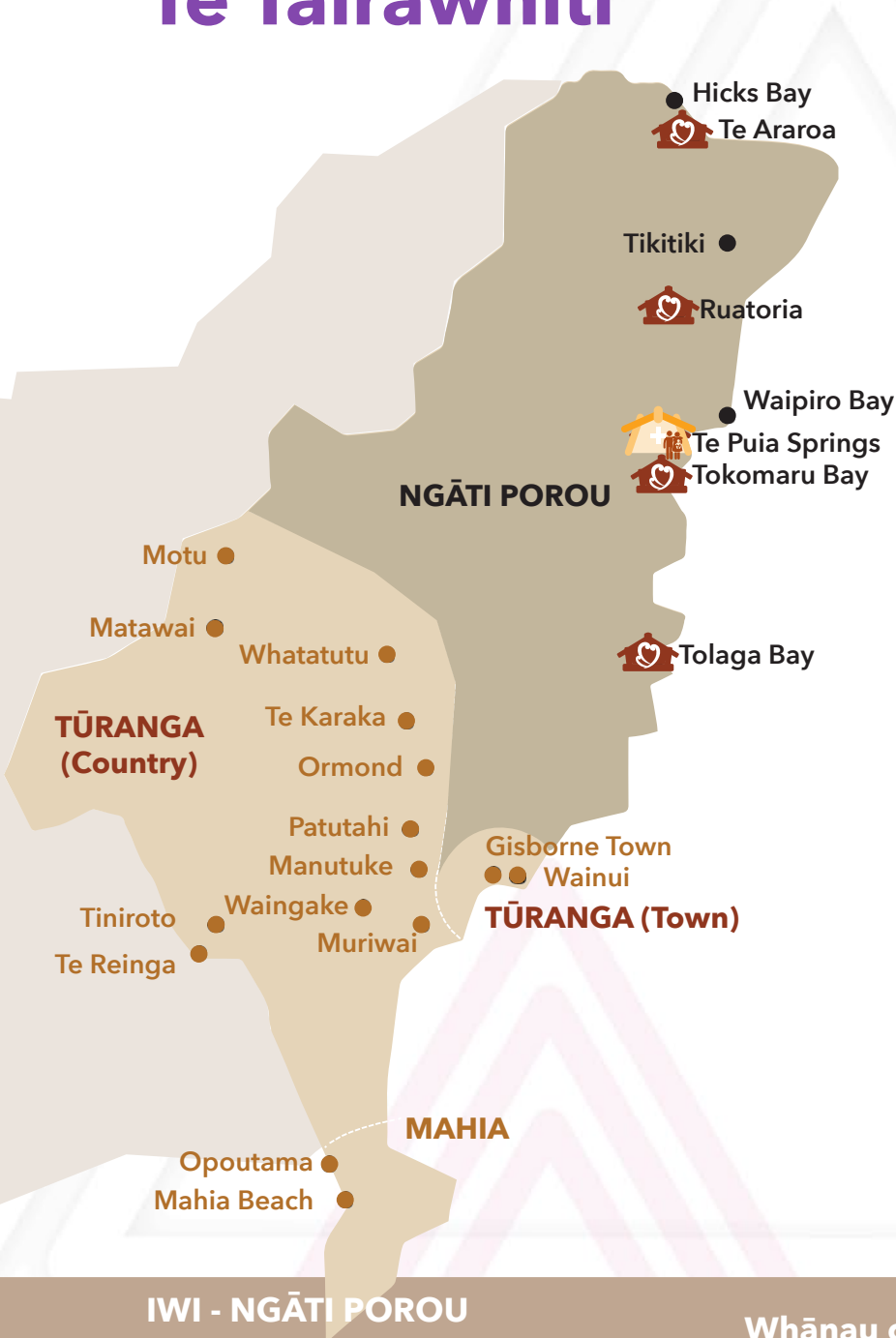
Ngāti Porou | East Coast

Ngāti Porou is a nation unto itself. We refer to ourselves as Te Wiwi Nāti. Coined by Sir Āpirana Ngata, the name compares the people to wiwi – close, compact-growing rushes. The isolation and remote nature of each of our communities means that everyone knows each other, most of us are related, and this provides strength when it comes to caring for one another.

Our communities are nestled in river valleys and along the coast where exquisitely carved marae dot the landscape, and te reo and tikanga are alive and well, with more than 50% of the population speaking both Māori and English.

Our Pakeke are held in high esteem and play a key role when it comes to leadership and decision making. They are the storehouses of tribal knowledge, genealogy, and traditions; the guardians of tikanga; and nurturers of future generations.

Note: "different data sources were used to develop a fulsome profile, as such some inconsistency between data may be present. Some data presented below also includes people who are or were resident in Gisborne City who are or were enrolled with Ngāti Porou Hauora. The bulk of the data presented is from the Ngāti Porou Hauora Health Dashboard Update Report 2022"]

IWI - NGĀTI POROU

Total population est: 92,349
NP|EC estimated resident population: over 4000

Tūranga based: avg. 9,000 residents

58 hapū   **48 marae**

Whānau community map

- Majority of the region classified as rural or highly rural.

Population[1]

- Resident pop estimate: 6120[14]
- Māori population: 85%[15]
- Median age: 37.5[16]

Health service provision

One primary care organisation: Ngāti Porou Oranga

Percentage of population enrolled with Ngāti Porou Oranga: 77%

5 primary health care clinics (not including Puhi Kaiti in Gisborne) at:
- Matakaoa
- Ruatoria
- Te Puia
- Tokomaru Bay
- Ūawa

1 rural hospital – Te Puia Springs Hospital

1 regular GP for the whole of East Coast which is otherwise serviced by locums

2 midwives servicing the whole of East Coast

Health status[18]

Life expectancy at birth:
- 75 for females
- 71 for males

Ambulatory Sensitive Hospitalisation rates for Ngāti Porou Oranga enrolled Māori population have been declining over time and trending nearly the same as Tairāwhiti (on the whole) and NZ

Trend in amenable mortality for Ngāti Porou Oranga enrolled Māori declining.

Tamariki health indicators:
- Māori children fully immunised at 8 months: 80%

Long-term conditions
- Diabetes prevalence for the NP PHO has decreased slightly in the 3 years to 2021 from 10% to 8% however total number of people with diabetes has increased around 26% in the 6 years to 2021.
- More than half of the people diagnosed with diabetes in the NP PHO have good glycaemic control.

Cancer
- The rates of all cancer among NP Māori have been stable and started to decline slightly in the four years 2015-2018.

Tūranganui ā Kiwa

"Tūranga tangatarite, Tūranga makaurau"

Hicks Bay
Te Araroa
Tikitiki
Ruatoria
Waipiro Bay
Te Puia Springs
Tokomaru Bay

NGĀTI POROU

Motu
Matawai
Whatatutu
Tolaga Bay

TŪRANGA (County)
Te Karaka
Ormond
Patutahi
Manutuke
Waingake
Tiniroto
Muriwai
Te Reinga

Gisborne Town
Wainui
TŪRANGA (Town)

MAHIA

Opoutama
Mahia Beach
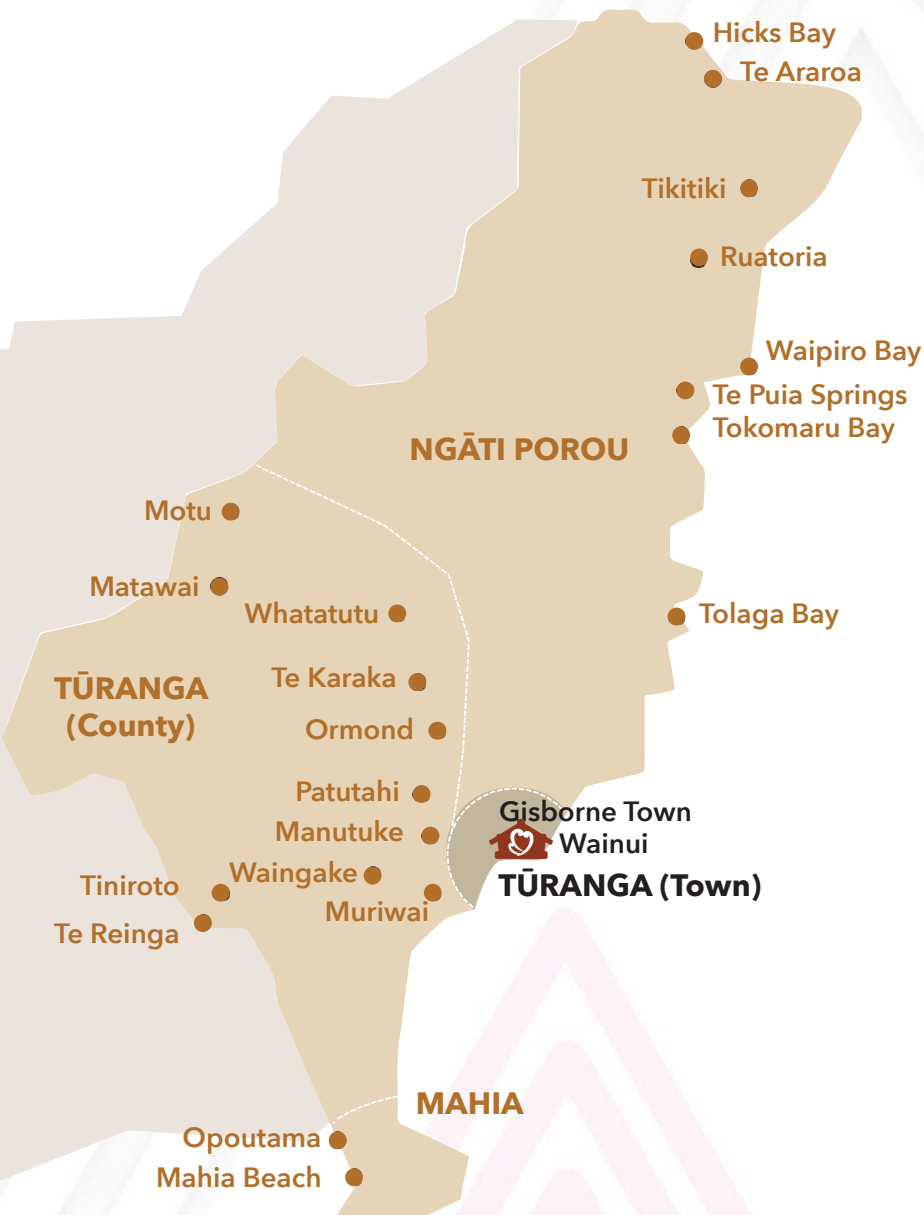
The region of Tūranganui a Kiwa is the home of three closely related iwi: Te Aitanga-ā-Māhaki, Rongowhakaata, and Ngāi Tāmanuhiri. Other important kin groups also reside there. These include Te Whānau ā Kai and Ngāriki Kaiputahi. Primary waka affiliations of Tūranga peoples are to Horouta and Takitimu, with other connections into Maatatua, Karaerae, Nukutere, and Te Ikaroa a Rauru.

There is "a powerful mixture of commonality and difference in the whakapapa of Tūranga hapū and iwi…with highly independent and inter-dependant kin groups having dominion over a rich landscape of resource complexes"[2]. The peoples of Tūranga are closely linked by physical proximity and interwoven whakapapa, yet each has its own independent mana born of distinct whakapapa lines, distinct resource "ownership", and strong leadership.

The whakatauki 'Tūranga tangatarite' is said to literally mean 'Tūranga people are all equal – no one stands above the others'; but the whakatauki also alludes to collective action – Tūranga people acting together, particularly in times of crisis and challenge. This trait of was clearly seen in response to recent challenges such as COVID 19 and Cyclone Gabrielle, and is an important principal that has guided the development of Hauora priorities for Tūranga.

Note: different data sources were used to develop a fulsome profile, as such some inconsistency between data may be present. Some data may also include a small number of people resident in the NP|EC whānau who may have registered with a primary care provider in Tūranga]

TŪRANGA IWI

Te Aitanga-a-Māhaki
Total population est: 10,593
Tairāwhiti resident population est: 3,972

Rongowhakaata
Total population est: 9,021
Tairāwhiti resident population est: 3,112

Ngāi Tāmanuhiri
Total population est: 2,163
Tairāwhiti resident population estimate: 1,458

Population

- Resident population: 38,200[19]
- Māori population at 2018: 51.6%[20]
- Percentage of people under 30: 40.7%[21]

20+ marae located across Tūranga

[19] 2023 *Census national and subnational usually resident population counts – for Gisborne urban area*
[20] From Census 2018 data – note statistical area ethnicity data for 2023 not yet available or included in estimates
[21] Subnational population estimates (urban rural), by age and sex, at 30 June 1996-2023 (2023 boundaries) - Stats NZ

Tūranga – Gisborne City profile

Health service provision

Two primary care organisations:
- Ngāti Porou Hauora Charitable Trust - about 25% of NPO enrolled people reside in Gisborne City
- Pinnacle Midlands Health Network – Tairāwhiti – 55,106 people enrolled with practices located in Gisborne City (presume some outside region residents remain enrolled and some double ups may be present)

5 primary health care clinics

3 Māori health providers:
- Tūranga Health
- Ngāti Porou Oranga
- Te Kupenga Net Trust

Region's hospital located in Gisborne City

All of Te Tairāwhiti permanent dental practices are located in Gisborne City

Tūranga – Townships and Communities profile

Hicks Bay
Te Araroa
Tikitiki
Ruatoria
Waipiro Bay
Te Puia Springs
Tokomaru Bay
NGĀTI POROU
Motu
Matawai
Whatatutu
Tolaga Bay
Te Karaka
TŪRANGA (Country)
Ormond
Patutahi
Manutuke
Gisborne Town
Wainui
TŪRANGA (Town)
Tiniroto
Waingake
Waihirere
Muriwai
Te Reinga
MAHIA
Opoutama
Mahia Beach

Population[3]

- Resident pop: 10,350[22]
- Māori population at 2018: 42.8%[23]
- Median age: 40.8[24]

Health service provision

1 primary care organisation Pinnacle Midlands Health Network – Tairāwhiti

1 primary care clinic located in Te Karaka:
Waikohu Health Centre (Tūranga Health) with 1588 enrolled patients

2 Māori health providers:
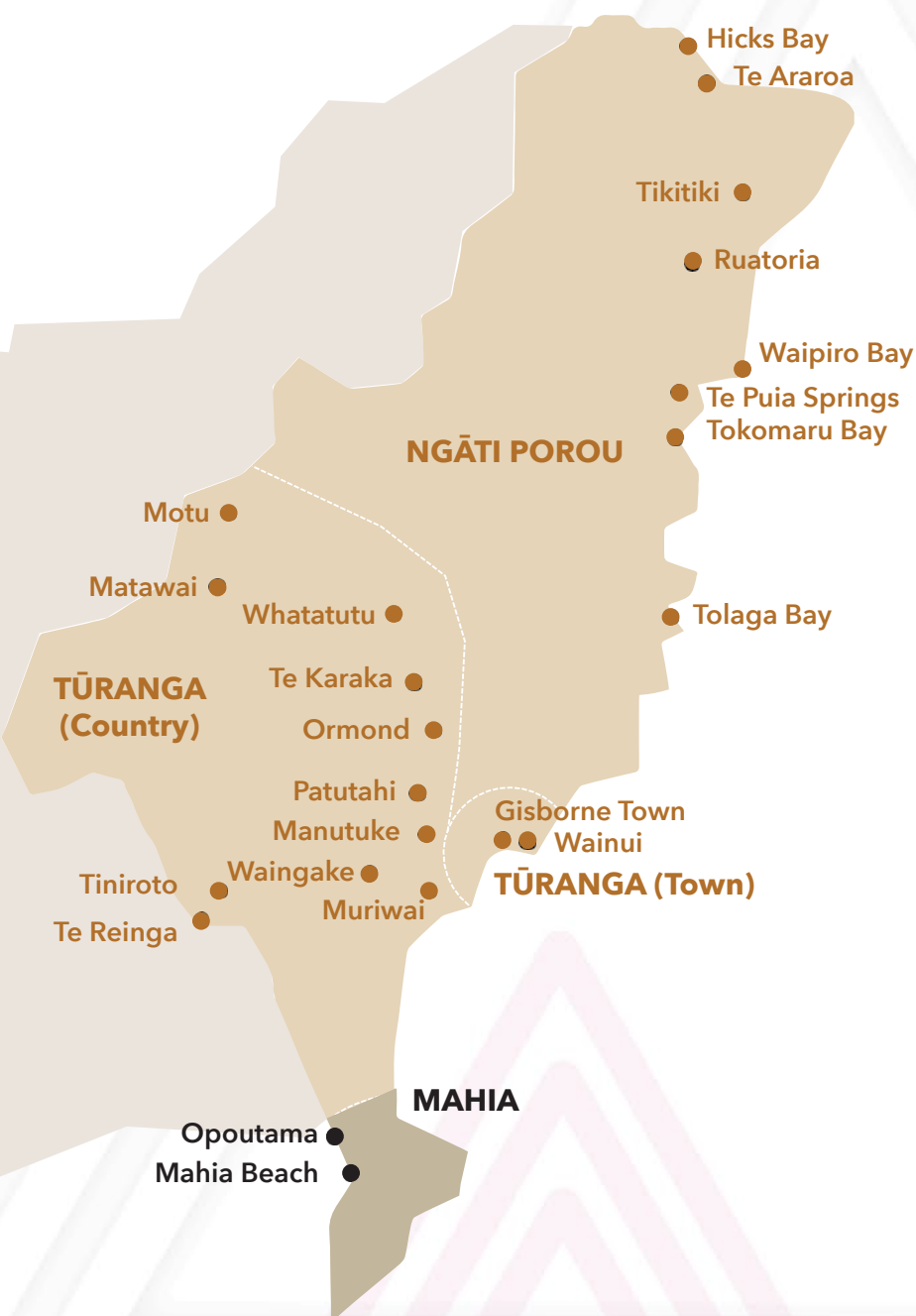- Tūranga Health
- Te Kupenga Net Trust

Most Tūranga – Townships and communities residents enrolled with primary care providers located in Gisborne City

[25] Mahia population estimate (1250) taken from *Statistical area 2 population projections 2018 (base) – 2048*.
[26] Data from 2018 Census – 2023 Census data at the statistical area level not available
[27] Census 2023 data accessed on Te Whata

Rongomaiwahine profile

Hicks Bay
Te Araroa

Tikitiki

Ruatoria

Waipiro Bay
Te Puia Springs
Tokomaru Bay

NGĀTI POROU

Motu

Matawai

Whatatutu

Tolaga Bay

TŪRANGA (Country)

Te Karaka

Ormond

Patutahi

Manutuke

Gisborne Town
Wainui

TŪRANGA (Town)

Tiniroto

Waingake

Muriwai

Te Reinga

MAHIA

Opoutama
Mahia Beach

"He manako i te koura i kore ai"

This famous whakatauaki is from the famous Mahia tipuna, Hikairo. The broader context of the whakatauaki speaks to preparation and hard work being required to achieve your aspirations. Rongomaiwahine Iwi is represented by 7 marae, Tuahuru, Ruawharo, Mahanga, Te Rakato, Apaapa-a-Rangi, Te Atihau and Kaiuku Marae. 5,931 people identify as being a descendant of Rongomaiwahine Iwi, but a fraction of that number live as ahi kā in Te Mahia.

Te Mahia sits in a 'black spot' for health service provision historically their health needs have primarily been serviced by Wairoa and the Hawkes Bay Hospital in Hastings. Lengthy commutes, remote access and historically poor health outcomes contribute to the increase of demand and immediate need for Te Mahia health needs to be serviced closer to Te Tairāwhiti services and Gisborne Hospital.

To meet the priorities of their whānau, Rongomaiwahine support community events and the promotion of health, yet continue to experience reduced localised health services for Te Mahia.

IWI

Rongomaiwahine
Population at 2013 Census: 4,473

At 2013 35.3 percent of Rongomaiwahine people were living in the Hawke's Bay

Population

Resident pop estimate:
- Māori population : 66%
- Tamariki and rangatahi aged 0-19: 22%
- Population under 30 years old at 2018: 34.2%
- Population over 65 at 2018: 24.5%
- 34% of people live in "rural settlements"
- 66% of people live in "rural areas"

Health service provision

1 primary care organisation – Health Hawke's Bay (does not have a base in Mahia)

1 hospital located in Wairoa
1 pharmacy located in Wairoa

St John station in Mahia, with ambulance, mostly run by volunteers.

St John run a health shuttle between Mahia and Wairoa for GP and hospital appointments.

1 kaupapa Māori health provider:
Kahungunu Executive ki Te Wairoa (does not have a base in Mahia): provide a range of community health care services

1 GP practice located in Wairoa, serviced by 10 GPs:
- Runs an outreach clinic in Mahia every 3-4 weeks tailored to need at the time
- Palliative care visits at home as needed
- Urgent care in Wairoa
- Medication drop off from Wairoa Pharmacy

Rongomaiwahine Iwi Trust provides a range of community health and social services in-community

Key regional context

We advocate in this plan for an integrated approach to investment, design and delivery of services, and expect key actors across the whole system (not just the health system) to actively work together to ensure the people of Te Tairāwhiti can achieve their health and wellbeing aspirations.

We know there are several well-known social, cultural and economic determinants of health such as:

- income
- housing quality
- quality of population-based services and utilities
- affordable nutritious food
- social support within communities.

The last few decades have brought some significant social, cultural and economic challenges to our region which have the potential to have lasting impacts on our health outcomes. In recent years the COVID pandemic, rising cost of living and housing pressures, workforce pressures and increased severe weather events have tested the resilience and effectiveness of not only our health system but of all our social systems and our physical infrastructure.

Most of the issues we raise are well known. While not specifically presented in this plan, we have collected a range of data and other evidence to support our views.

Responding to these challenges, alongside health reform, has and will also provide opportunities to test new ways of working, enable iwi providers to move into spaces which have traditionally been closed to them, enable whānau and communities to design their own health responses, and to secure new and sustainable investment.

Key issues	Quote from engagement	We would expect actors in the health system, including policy makers, national and local decision makers and service providers to…
Housing affordability and the cost of living: • Broad cost of living pressures • Housing affordability • Reliability and sustainability of housing 	"out the gate" – a description of housing costs by a whānau hui participant "finally at peace" – a description in a Gisborne Herald article of how a Tūranga based mum of six now feels after moving to a permanent home	• be cognisant of the additional pressures facing whānau and factor this in to their approach to designing health services and responses, and in their delivery of care • work together across key agencies and service providers to better understand access to service realties of our most vulnerable whānau, such as those in transitional housing • investigate options to relieve cost pressures on whānau in the health setting (e.g., supporting whānau to reduce transport costs through better logistical planning support) • work together across government and non-government organisations to ensure health outcomes are considered in other policy and delivery areas • provide support for initiatives under the Tairāwhiti Regional Housing Strategy and Rongomaiwahine Iwi Trust - He Mahere Rautaki
Healthy homes 	"Warm dry homes" – the top health priority of a survey participant "I'd like to see more stringent requirements of government services and all landlords re: healthy homes standards" – anonymous survey participant	• provide support for initiatives under the Tairāwhiti Regional Housing Strategy • share information between the health and housing sector around the impact of healthy homes on whānau health outcomes • use health expertise, relationships and credentials to advocate for healthy homes investments
Cyclone recovery, land use change and climate resilience 	"The loss of power, landline and cell phone took away our link to emergency services and them us. We were rendered helpless and if our fate was in the hands of a bomb or a breech, we waited in fear of the unknown"- submission on the Ministerial Inquiry into land use in Tairāwhiti and Wairoa	• consider the reliability of infrastructure – including transport, communications, water and power – in future system and service design • consider the long term physical and mental health impacts of climate change and climate change adaptation measures • take an active role in regional recovery conversations to ensure whānau health aspirations and priorities are considered and provided for

| Key issues	Quote from engagement	We would expect actors in the health system, including policy makers, national and local decision makers and service providers to…
Health and disability workforce shortages	"The lack of service providers across the health sector providing for Tairāwhiti. Doctors, Dentist, Midwives, Mental health providers…" – anonymous survey participant	• work toward alleviating immediate workforce pressures as a priority • consider innovative ways to deliver services that do not exacerbate current workforce pressures • consider and plan for how to grow a sustainable local workforce as a priority • Upskilling existing community support group workforce and non-clinical kaimanaaki as additional support
Considering the vibrancy and long-term sustainability of all our communities	"The people of Tairāwhiti, especially tangata whenua, are committed to living here. Sustainable employment and investment opportunities must be available 'close to home', to ensure tangata whenua have a viable choice to stay on their whenua." – Outrage to Optimism p33	• consider whether choices made about the location of services will contribute to the vibrancy and sustainability of all our communities • consider more holistic measures of return on investment

Whānau voice
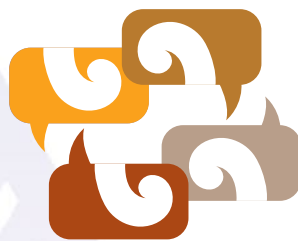
Our engagement approach so far

A creative and multi-faceted approach to information sharing and engagement was taken including:
- an informative website
- an online survey and poll
- engagement hui in each rohenga
- seeking whānau views at already scheduled events
- hui with communities with specific interests
- discussions with key providers and health advocates about the priorities and aspirations of the communities they serve.

Two phases of whānau engagement took place, one in 2023 and a more recent round of engagement in 2024.

The plan also drew on widespread engagement with whānau throughout the regional response to COVID 19 in the past three years and other processes which have included community engagement such as:
- The Ministerial Inquiry into land use in Tairāwhiti and Wairoa, specifically the Report and recommendations, Appendix 1 Expansion and evidence and Appendix 4 Summary of submissions
- The Trust Tairāwhiti Wellbeing Data
- Research and other work that Sport Gisborne Tairāwhiti has completed with Tairāwhiti communities around sport and recreation including as determinants of health and wellbeing
- Tairāwhiti Regional Housing Strategy June 2022 – prepared by Manaaki Tairāwhiti.

Phase one engagement – 2023

Online survey and poll

The online survey and poll were open to all whānau in Te Tairāwhiti and were accessed via the Toitū Tairāwhiti website. The survey and poll were promoted primarily through health providers and iwi organisations.

Online survey

The survey asked questions about broad whānau priorities, health priorities and concerns, whānau aspirations, confidence in accessing care, sense of control over health and wellbeing and data and information. The survey received 390 responses. 72% of survey respondents were Māori, 12% were European and 8% Pasifika. The majority of respondents were from either Ngāti Porou|East Coast (47%) or Tūranga – Gisborne City (32%).

Poll

The poll asked questions about services whānau want to see more of, number of people in the respondent's household, barriers to accessing health care, age, ethnicity and community of residence. The poll received over 500 responses.

Engagement in Ngāti Porou|East Coast

Engagement in the Ngāti Porou|East Coast rohenga included the following key approaches:

- Active promotion of the online survey and poll – resulting in 47% of survey respondents being from this rohenga;
- Hapū engagement in the Matakaoa rohe: Ngāti Porou Oranga led a hapū engagement hui focused on hapū and whānau views of: wellbeing/oranga, aspirations, concerns about the health system and role of toi/arts in relation to wellbeing;
- Specific engagement with whānau who use mental health and addiction services who live in the Ngāti Porou|East Coast whānau community: Te Kupenga Net Trust led discussions focused on the needs of these whānau and their experiences of the health services (not limited to mental health and addiction services) they engage with; and
- A social media poll on dental services completed by a local dental advocate.

In establishing Ngāti Porou|East Coast priorities we also drew upon recently expressed Ngāti Porou|East Coast views around service resilience and access and impacts of recent events on whānau wellbeing, which were reported as part of the Ministerial Inquiry into Land Use in Tairāwhiti and Wairoa.

Engagement in Tūranga

Engagement in Tūranga (including both Gisborne City and other townships and communities) included the following key approaches:

- Active promotion of the online survey and poll resulting in 36% of survey respondents being from Tūranga (either resident in Gisborne City or another township or community).
- Engagement with whānau through existing whānau hauora events: Tūranga Health led engagement with whānau who attended five whānau immunisation events. Across the five events 317 surveys (separate from the online survey) were completed which drew out whānau health priorities. These events took place at Elgin, Gisborne Central, Manutuke, Patutahi and Te Karaka.
- Specific engagement with whānau who use mental health and addiction services who live in either Gisborne City or other Tūranga communities: Te Kupenga Net Trust led discussions focused on the needs of these whānau and their experiences of the health services (not limited to mental health and addiction services) they engage with.

Tūranga Health also shared their insights into whānau health aspirations and priorities from previous engagement they had completed as part of their ongoing programmes, including kaumatua programmes and their COVID 19 response. Tūranga Health note that their approach was supported through taking mobile and portable services into community settings which meant under engaged communities were reached.

Rongomaiwahine engagement

Mahia is a small and close knit community and as such engagement primarily focused on gaining insights from existing, regular hauora and other programmes in the community led by Rongomaiwahine, including kaumatua events, rangatahi events, in home visits to local whānau and community interactions following Cyclone Gabrielle.

Rongomaiwahine Iwi Trust recently completed a survey of over 100 (out of a total of 270) homes to assess whether homes are fit for purpose.

Rongomaiwahine Iwi Trust maintains what they describe as a constant engagement model, continually maintaining relationships and gathering up to date information on the priorities of their whānau. Three Rongomaiwahine kaimahi are employed to provide basic wellbeing support, including warm bedding and food – continuous information on whānau wellbeing is gathered through this channel.

Engagement with specific communities with common interests

Pasifika community in Tairāwhiti

Engagement was completed with Pasifika communities in Tairāwhiti with the support of the Pacific Islanders' Community Trust in Gisborne. This engagement was primarily done through working with Pasifika whānau to complete hard copies of the online survey and poll. 59 surveys and polls were completed, and whole households were engaged, ensuring a good cross section of participants by age and gender.

The surveys completed as part of this process have not been incorporated into the overall online survey data, however, it would be useful to include these in the next iteration of the plan to create a more fulsome picture of the region.

32 Pasifika respondents (8% of total respondents) completed the online survey.

Rangatahi

The online survey was completed by one 0-17 year old and 91 18-35 year olds (23% of participants). The surveys completed by the Pasifika community included 19 completed by 0-17 year olds (32% of participants) and 12 completed by 18-35 year olds (20% of participants).

The Trust Tairāwhiti wellbeing data includes rangatahi responses and insights, and data and information received from Sport Gisborne Tairāwhiti also had a strong focus on Rangatahi.
We expect to deepen engagement with rangatahi to better shape priorities in future versions of the plan.

Rainbow community

The online survey was actively promoted to the Rainbow community resulting in around 50 surveys being completed either independently online or through community networks and connections. Participants were 16-62 years, were of either Māori, Pasifika or European ethnicity and came from across Tairāwhiti. Groups that participated were takatapui, transgender, leiti, non-binary, gay, lesbian and bisexual.

The survey did not ask specific questions about Rainbow affiliation so it is not possible to ascertain, with confidence, from the survey which health concerns and priorities are common to those in the Rainbow community or to certain parts of the rainbow community.

Two group sessions where the survey was promoted and discussed were also held. Unfortunately, due to the state of emergency in mid-June a planned hui was not able to be held. We expect to deepen engagement with Rainbow people and communities to better shape priorities in future versions of the plan.

We have also drawn on LGBTQI+ commentary on the national health strategy to better understand what initial priorities for the rainbow community may be.

Tangata whai kaha

The online survey was also promoted across tangata whai kaha networks and there is evidence in the responses provided that tangata whai kaha did participate in the survey. The survey did not however ask specific questions about disability status so it is not possible to ascertain, with confidence, from the survey which health concerns and priorities are common to tangata whai kaha or specific tangata whai kaha groups. We expect to deepen engagement with tangata whai kaha to better shape priorities in future versions of the plan.

Whānau accessing mental health and addiction services

Te Kupenga Net Trust carried out specific engagement with whānau in both Ngāti Porou|East Coast and Tūranga who have accessed their mental health and addiction services and provided insights from this engagement.

Phase two engagement – 2024

Phase two engagement consisted of 11 face to face hui in the following communities/locations:
- Matakaoa
- Waiapu
- Ruatoria
- Waipiro Bay
- Tokomaru Bay
- Uawa
- Mahia
- Muriwai
- Whatatutu
- Te Karaka
- Te Poho o Rawiri Marae – Kaiti.

The main focus of these hui were whānau aspirations and priorities for change within the health system.

Whānau voice - insights from engagement

Several key themes emerged from all engagement that was completed.

Access to health services is a major concern for whānau, especially those in isolated areas of Te Tairāwhiti. Whānau have described a *"lack of service providers across the health sector"* including doctors, dentists, midwives, mental health services, optometrists and pharmacies. On the East Coast, better access to dental care was consistently raised as a key priority.

Access to services is an issue in both primary and secondary care settings with whānau describing the challenges of a lack of in community primary health providers such as GPs and dentists as well as significant difficulties, including waiting times and transportation requirements, with access to specialist services.

Some whānau mentioned their anxieties around being in isolated communities should something go wrong with their or their whānau members' health. One young parent noted that *"it's scary having a baby with the current services"* and that they were afraid to introduce their baby to potentially allergenic foods because of the lack of services where they live and the distance to Gisborne to seek help should they require it.

Whānau aspire to have core primary services consistently delivered in their own communities with effective support for accessing secondary services, use of innovative technologies and approaches to make sure every community is well serviced, and support for communities themselves to be well equipped to provide support for their own people.

Whānau have had to find their own ways to cope with lack of access to services with one survey participant explaining that *""I have to control my health and well-being as I cannot count on the availability of health services"*. Another survey participant described not being able to fill their prescriptions because of the lack of local supply in their community, noting they had sent their last prescription to Wellington to be collected by a friend. Another survey participant described that they had bought their own asthma tools as they couldn't access an asthma machine in their community.

> ### *"I have to control my health and well-being as I cannot count on the availability of health services"*.

Closely related to issues of access, **whānau want a system that is responsive to their needs, easy to navigate and treats them as valuable.** Whānau want to be able to access services without feeling *"judged… categorised, sterotyp[ed]"* or *"discriminated [against]"*. A key issue that several whānau raised was that they have encountered discrimination and/or a lack of care and empathy in their interactions with health services, with one survey participant noting that practitioners *"don't ask or consider what methods of treatment I would prefer...this group of practitioners have no compassion or empathy, and it makes us feel unwelcome and uncomfortable. Often, we (me and my whānau) are treated as second class"*. The Trust Tairāwhiti Wellbeing Survey data supports this view with 49% of participants reporting having experienced discrimination in any setting and 26% of that 49% reporting having experienced discrimination specifically when seeking healthcare.

Another survey participant explained that *"currently access to empathetic & culturally responsive drs is challenging as is continuity of care"*, while another recounted a recent experience with their mainstream health provider who "failed to respect or recognise a Māori world view or health in a holistic sense".

Whānau would like to have access to dedicated cultural support in health settings, whether that be specialist advocates or the choice to see Māori or Pasifika doctors, nurses and other health professionals. Whānau would also like to see Marae considered as potential wellness hubs.

Whānau feel that *"relationships and connections matter"* and would like to see greater continuity of care within their own communities. As an example, one participant at a whānau hui raised GP consistency in the community as a concern, noting that they were "getting hoha with locum GPs" to whom whānau have to continually repeat their stories. In the Pasifika community survey, some participants wanted to see Pasifika health practitioners who could engage with them in their own language and in accordance with their own values.

Our systems and services lack resilience and this has a significant impact on whānau. Recent Cyclones and other weather events as well the COVID pandemic have highlighted a lack of resilience in our regional and local health, and other, services.

A lack of access to emergency services during times of emergency was highlighted as a critical issue, both through specific community engagement and through engagement that was completed as part of the Ministerial Inquiry into land use in Tairāwhiti and Wairoa. One submitter to the Inquiry was quoted in the summary of submissions as saying *"the loss of power, landline and cell phone took away our link to emergency services and them us. We were rendered helpless"*.

Severe weather and other events have also had an impact on access to primary care and what might be considered "everyday" services with one survey participant stating that "post-Gabrielle, access to healthcare and medication was a definite barrier".

While vulnerabilities in our systems were exacerbated by recent events, they were arguably present long before those events. The Pakowhai No. 2 Incorporation submission to the Land Use Inquiry sums up this feeling when they state ""In small Māori communities on the East-Coast, it seems as if these communities are not just isolated, but strategically neglected by design".

Whānau want to be able to lead healthy lifestyles and take control of their own Hauora. Many survey participants raised healthy lifestyles and support for healthy lifestyles as key health priorities and concerns, especially as they felt they could not rely on the system to care for them adequately should they become unwell. One survey participant even stated that they would rather their kids and grandchildren would never need to access this *"bugger of a system"*. Several hui and survey participants expressed a desire for more health and recreation opportunities in their communities to support wellbeing.

Whānau want to be able to lead healthy lifestyles and take control of their own Hauora.

A key priority raised in engagement by the Pasifika community was nutrition, and several participants specifically noted that they would like to receive more and better information about healthy living, including nutrition and exercise.

Insights gathered by Sport Gisborne Tairāwhiti and reported in their 2022 report *Te Ara Hou: a new path for our rangatahi,* highlight barriers that rangatahi, especially those in rural communities' face in participating in sports, fitness and recreation. These include the state of our roads, population and numbers for games and activities, training opportunities for coaches and referees, technology and lack of sleep, substance use, disagreements between key people in their communities, access to land, and adults letting them down.

The collective feedback provided by whānau across a range of topics, provides a strong indication that **whānau trust in the health system and in health providers is generally low in some communities.**

Limitations of our engagement approach

As discussed above, there are several communities who are not well represented in the current engagement data which we plan to remedy for future iterations of the plan.

There has also been disproportionately low levels of engagement from Pākeha, despite around half of the Tairāwhiti population and around 35% of the Mahia population identifying as Pākeha. While we hope to engage a wider cross section of our community to inform future iterations of the plan, we are not overly concerned, as Māori and Pasifika communities have the potential to be most positively affected by effective system change.

Where key communities with interests (e.g., Rainbow Community and Tangata Whai Kaha) engaged primarily through the survey or poll (rather than through hui), it has not been possible in most cases to ascertain needs, aspirations and priorities which are common to those communities.

Our priorities

The following section covers our priorities across a range of kaupapa and communities.
These include priorities for:

- Whānau voice
- Strategic commissioning
- Monitoring
- Hauora across our whole region
- Hauora for distinct geographical communities
- Hauora for communities with common interests.

The priorities set out in this section were developed prior to the release of the Government's health targets and the Government Policy Statement on Health 2024-2027 and are primarily driven by whānau voice. We are confident that all our priorities will contribute to meeting Government objectives and specific targets. Work is already underway on many of the specific issues highlighted by the Government. In Appendix One to this plan, we set out how our plan will contribute to achieving Government priorities across the board.

We have also identified four specific Government priorities we intend to focus on in the next three years.

| Faster cancer treatment | Improved immunisation for children | Shorter stays in emergency departments | Shorter wait times for first specialist assessment. |

These clinical priorities are:
Appendix Two sets out these four priorities including shifts we want to see and priority actions.

Our priorities for whānau voice

We have identified the following priorities in relation to whānau voice:
- Whānau voice informing the system at every stage
- Effective processes and mechanisms that make it easy for whānau to share their views and aspirations at any time
- Hearing from underrepresented communities

The shifts we want to see include?
- A system that is highly responsive to whānau priorities and aspirations
- A system where all whānau and all communities of interest are heard and supported equitably

Success measures that could be used to monitor progress include:
- Number of whānau and individuals providing feedback into the system through processes and mechanisms provided for that purpose
- Self-reported satisfaction levels with experiences of the health system
- What processes and mechanisms exist to support whānau voice influencing the system and whānau satisfaction with those processes and mechanisms
- Improvements to health services and systems that resolve issues raised by whānau and communities

Priority actions – Whānau voice

Action	Timeframe
Development of an ongoing, regular whānau engagement programme	Within 12 months
Engagement with underrepresented communities of interest e.g., Rainbow community, tangata whai kaha, to fill existing gaps in whānau voice data	Within 12 months
Development of processes and mechanisms that provide for whānau to easily share their feedback, views and aspirations at any time, including in real time	Within 1-2 years

Our priorities for strategic commissioning

We have identified the following priorities in relation to strategic commissioning:
- Designing services that are responsive to identified whānau priorities and promote integration
- Allocating resources effectively to maximise impact
- Ensuring high-quality service delivery and continuous improvement

The shifts we want to see include?
- Whānau voice at the centre of service design and delivery
- Well-designed and integrated health services
- Improved patient experience and satisfaction
- Optimal use of resources
- Financial sustainability and value for money
- High-quality and effective health services
- Continuous improvement in service delivery

Success measures that could be used to monitor progress include:
- Effectiveness of mechanisms for collecting and acting on feedback in the strategic commissioning process
- Extent of community participation in the strategic commissioning and decision-making process
- Number and scale of changes to existing, services or development of new services that reflect whānau and community feedback
- Number of new services commissioned or existing services recommissioned to reach marginalised and underserved communities
- Budget adherence
- Return on investment (metric to be developed) of funds allocated
- Number or proportion of health and other sector service providers who have been involved in strategic commissioning during a commissioning period
- Number or proportion of services commissioned which include expectations of explicit collaboration between organisations
- Number of updates and improvements to services, strategies and plans that reflect performance evaluations and emerging priorities
- Process in place for strategic commissioning in response to public health emergencies or crises and effectiveness (metric to be developed) of process if and when used.

Priority actions – Strategic Commissioning

Action	Timeframe
Monitor expenditure and financial performance.	Immediately
Develop service models that address priority health issues.	Within 6 months
Develop a budget that aligns with strategic priorities.	Within 6 months
Establish quality standards and performance metrics.	Within 6 months
Implement quality improvement initiatives.	Within 6 months
Foster collaboration between health providers and other sectors (e.g., social care, education).	Within 12 months
Implement whānau-centered approaches.	Within 12 months
Adjust resource allocation based on performance and priorities.	Within 12 months
Regularly review and update practices based on feedback and performance data.	On going

Our priorities for monitoring

We have identified the following priority for monitoring:
- Building an equitable monitoring model with an aspirational focus

The shifts we want to see include?
- A monitoring system that highlights progress on health and wellbeing outcomes across a broad range of indicators and deficits
- More regular performance monitoring across the system
- Consistent data gathering across all our communities
- A data gathering and sharing model that supports Māori data sovereignty, whānau preferences and appropriate access for decision making
- Data driving change across the system

Success measures that could be used to monitor progress include:
- Proportion of aspirational health and wellbeing measures being publicly reported on
- Regularity of monitoring information made available for decision makers
- Consistency of data across different communities
- Number of changes to services or new services commissioned based on data driven insights

Priority actions – monitoring

Action	Timeframe
Development of aspiration focused data dashboards for:	
- The whole region	Within 12 months
- Distinct geographical communities	Within 1-2 years
- Māori	Within 1-2 years
- Other communities of interest	Within 1-2 years
Ensuring data collection mechanism in place for all dashboard measures	Within 12 months

Our region wide priorities for improving health and wellbeing

We have identified six common priorities for improving health and wellbeing across our region. We have formed these priorities based on whānau voice, the advice of our partners and the data and evidence available to us.

- **Better access to community and primary care**
- **Improving whānau experience with health services**
- **Improving the resilience of our health system and services**
- **Achieving 'equity' for Tairāwhiti whānau and communities**
- **Whānau, hapū and iwi involvement in system and service design**
- **Sustainable and available workforce**

All 6 priorities are closely connected and must be addressed in an integrated way, alongside the broader determinants of health in our communities. As such we provide one set of priority actions that support all priorities at the end of this section.

The potential progress and performance measures identified in this section are high-level ideas that could be further considered when formal progress and performance measures are adopted.

Better access to community and primary care

The importance of primary and community care has been identified as a priority across all Te Tairāwhiti. When whānau have been asked about their health priorities and the services they need in their communities, there is a heavy focus on primary care needs and services such as GP care, primary dental care, primary mental health services, screening for a range of diseases, healthy lifestyle support, ante, and post-natal care for māmā and tamariki, winter readiness and access to medicines.

Better access to primary and community health care will be a key factor in achieving our health and other aspirations across the region. This is especially true for rural areas. We know that effective access to primary care leads to better long-term health outcomes and can reduce hospitalisations and amenable morbidity and mortality. Data collected by Ngāti Porou Oranga gives a good indication on the potential positive effects of improved primary care especially.

We note that mental health and addiction services are highly specialised and as such should receive specialised focus in designing better access pathways for primary mental health and addiction services.

The shifts we want to see include?
- Improved access within underserved communities to regular "wrap around" primary health services that include general practice services, dental care and ante and post-natal care
- More innovation in the delivery of **in-hapū/in-community** health services
- Greater support for whānau who need to travel to access screening or other primary care services
- Increased access to primary mental health and addiction services.
- Faster access to prescriptions for whānau in rural areas
- A growing local workforce
- Better use of data modelling and analysis to target interventions.
- Invest in already established community-based groups to support continuity of access for whānau
- Consider secondary and tertiary access in EPOD services
- Invest in health conditions and medication education for whānau

Success measures that could be used to monitor progress include:
- Number of whānau able to access primary care services in their own communities (vs outside their communities)
- Decrease in the number and proportion of people not enrolled with a PHO
- Decrease in secondary healthcare interventions
- Workforce growth and retention
- Qualifications and completed training across the workforce
- Reduction in amenable mortality
- Increase in early stage diagnosis of cancers and other diseases
- Number of in-community screening tests completed
- Number of in-community childhood immunisations completed
- Reduction in average distances travelled to access primary care
- Increase in investment in preventative and early interventions.

Improving whānau experience with health services

The need to provide a different experience of the system if we want whānau to engage, especially Māori whānau, came through loud and strong from both providers and whānau. Key themes include; follow through from providers in the system, addressing discrimination, accessibility within communities and the resilience of our health services. A key aspect of this priority is to invest in and expand innovative approaches and to explore new approaches to service delivery.

Focusing on this priority is also a key way we expect whānau who are not engaged, or are under engaged, with the health system can be reached. We want to stress that mobility and portability, where providers "step into" communities should be a strong feature of our regional approach as a complement and alternative to more traditional static services.

Kaupapa Māori providers are a key part of the solution for improving the experience of whānau, especially but not limited to Māori whānau, within the health system. Māori health providers are distinctive because of a range of factors including Māori leadership, authenticity and responsiveness, dedicated to achieving whānau ora, holistic approaches and use of multi-disciplinary teams[28]. Because of their networks and their track record of working with whānau, Māori health providers are already influential in our region and have the potential to be more so in the future.

[28]*https://www.health.govt.nz/system/files/documents/publications/te-toi-hauora-nui.pdf*

The shifts we want to see include:
- expansion of innovative approaches in primary care settings (e.g., approaches recently taken in community vaccination)
- innovative approaches to engage under-served and under-engaged communities
- more local research into the impacts of in hapū and in-community mobile care and other innovations to support expansion of programmes
- service providers being held accountable for their standard of "whānau experience"
- greater support for, resourcing of and utilisation of kaupapa a iwi and kaupapa Māori providers in delivering services, especially to Māori and other under-served communities
- greater support for the growth of a Pasifika health workforce
- a growing workforce delivering a high standard of care that is recognised as excellent by the community
- reduction or elimination of cost related barriers to access to care.

Specific success measures that could be used to monitor progress include:
- decrease in the number and proportion of people not enrolled with a PHO
- increase in numbers of whānau receiving primary care consults in identified communities
- decrease in secondary health care intervention requirements
- increase in early referrals and diagnoses
- lower levels of discrimination experienced in health care settings
- workforce growth and satisfaction
- feedback from whānau on their experiences
- reported outcomes from providers who have implemented "whānau experience standards"

Resilience of our health system and services

The recent cyclones Hale and Gabrielle, the cumulative effects of earlier severe weather events and the COVID 19 pandemic have highlighted critical vulnerabilities in our health system and services including:
- the heavy reliance on vulnerable regional infrastructure (including roading, water power and communications) for the delivery of emergency services and primary and secondary health care, especially for rural communities
- critical workforce shortages
- critical shortages in the capacity of all our health services and especially our mental health services
- continuing distrust of the system and disengagement from the system by some groups.

Building resilience into our systems, including our health system will be critically important.

The shifts we want to see include:
- sustainable in-community service provision that is less reliant on vulnerable regional infrastructure
- a focus on wellness and prevention that minimises reliance on formal health and social services
- a growing local workforce that is culturally competent and continuously developing and training
- smarter use of technology in service provision that still maintains relationships and continuity
- greater support and resourcing for providers, especially kaupapa Māori providers to deliver innovate in-community services
- infrastructure investment decision-making that better considers the Hauora priorities of our whānau.

Specific success measures that could be used to monitor progress include:
- number of days a specific service is available in a community
- number of days a community is without primary care services
- ability of emergency services to complete call outs
- workforce growth and retention rate
- reduction in hospitalisations and waiting times for secondary care
- number of primary care appointments delivered in community
- number of virtual consultations.

Achieving equity

Key goals across the whole region are to achieve equity between Tairāwhiti and the rest of Aotearoa, between Māori and non-Māori and between other communities with interests and the general population.

As evidenced by the data set out in the early part of this plan, Tairāwhiti suffers from a higher rate of socio-economic deprivation than other parts of the country which can also translate into poorer outcomes. Compounding of high deprivation and rural locations, and the associated resource need is also a critical point for the development of new funding formulae which are discussed in the investment section of this plan.

Achieving equity has been a key focus in Tairāwhiti for some time and was a key focus area in the Hauora Tairāwhtiti 21/22 annual plan (prior to the transition to Te Whatu Ora Tairāwhiti) - the plan highlighted four key "ingredients" for equity which were:
- supporting iwi to take a leadership role
- enhancing understanding of equity
- questioning current challenges at every opportunity
- recognising that many whānau living in Tairāwhiti do not have the opportunities which enable full access to current health services.

The shifts we want to see include:
- iwi taking a stronger leadership role in the design and delivery of the health system and health and community care services, including commissioning
- we have a clear understanding of what achieving equity means in our region and the ability to develop the metrics to measure equitable outcomes and investment
- disparities are recognised and removed at every opportunity
- whānau have reliable access to the services, data and information they need, all the time and in real time.

Specific success measures that could be used to monitor progress include:
- decline in disparities on key health measures between:
  - Tairāwhiti and national averages
  - Māori and non-Māori within Tairāwhiti
  - Other key communities, including each iwi who is partner to this plan, other whakapapa based communities and communities with interests, and the broader Tairāwhiti population.

Whānau, hapū, iwi and community involvement in system and service design

As highlighted throughout this plan, we have a long way to go in our region in building an equitable system that works for all. Our whānau, hapū, iwi and communities need to be front and centre in the system and service design process if we are going to build the kind of system that is actually responsive to their unique priorities and aspirations.

As expressed by a survey participant, our communities want "direct input at whānau and hapū and hapori community level FROM the START. Culturally appropriate engagement from the start…"

The shifts we want to see include:
- our whānau, hapū, iwi and communities are designing the services that work for them and meet their priorities and aspirations
- the delivery of co-designed health services in our hapū, iwi and communities is contributing to better health outcomes and improved equity for whānau in those hapū, iwi and communities.

Specific success measures that could be used to monitor progress include:
- number of services co-designed
- equity improvements in relation to co-designed services
- whānau, hapū, iwi and community satisfaction with services.

Sustainable and available workforce

The nationwide shortage of healthcare workers has been felt particularly hard in Tairāwhiti. This is a critical issue across Te Tairāwhiti and has additional impacts in rural areas where even small gaps in the (already small) workforce are strongly felt.

The delivery of the priorities set out for each distinct community are reliant on improved workforce capacity and capability. This plan supports innovative approaches to expanding and improving our local workforces, such as increased utilisation of non-clinical workers (the success of which has been demonstrated through the use of non-clinical workers in delivering COVID and other vaccinations), innovative delivery solutions (to reduce workforce pressures and increase efficiency and effectiveness), more focus on our regional offering (to attract more health workers) and new learning and qualification pathways.

The shifts we want to see include:
- a sustainable workforce equitably serving whānau, hapū, iwi and all Te Tairāwhiti
- a satisfied local workforce with a healthy workload and healthy work life balance
- increased use of local whānau, hapū, iwi and community people as part of the local health workforce in both clinical and non-clinical roles
- innovation in the delivery of services that alleviates pressure on our clinical workforce
- health careers being an attractive option.

Specific success measures that could be used to monitor progress include:
- workforce growth and retention
- workforce satisfaction
- number of people trained locally
- number and proportion of Māori and Pasifika in the local health workforce.

Priority actions include:

Action	Timeframe
Increase the number of multi-service/provider community events to provide multiple primary services (e.g., check-ups, screening, immunisations, nutrition advice etc) in one go	Within next 12 months
Develop and approve a plan for a network of mobile and/or community based and technologically supported, primary health services - designed to be resilient to severe weather events, climate change, pandemics, and other adverse events	Within 18 months
Rapidly stand-up an in-community primary care pilot (specific community to be agreed) to demonstrate the impacts of our proposed new way of working	Within 12 months
Establish a "wellbeing support fund" to enable underserved communities to access services without financial barriers	Include in Budget 2025
Develop and approve a "workforce development, attraction and retention" package to grow the local health workforce	Within 12 months
Invest in recruiting and training more non-clinical staff to deliver community and preventative health services and logistical support	Within 12 months
Develop an intermediary service to support whānau and specialist services in their interactions	Within 18 months
Invest in data and research for whānau, hapū, iwi and communities where information gaps are evident	Within 12 months
Collate existing and collect new structured and unstructured data and information for analysis and modelling to support decision-making	Within 12 months
Invest in in-depth whānau, hapū, iwi and community engagement in the design and delivery of all initiatives recommended as part of the priority action set	Within 12 months

Ngāti Porou|East Coast priorities

Priority	Key quotes and insights from engagement	Priority actions
Bringing services closer to home: improving access to primary and secondary health care services for East Coast rohenga	*"For a doctor to be here long enough to know us"* – hapū hui attendee describing one of their aspirations *"I don't think that medical services across the board are enough, I think they should be accessible for everyone at least 5 days a week"* – anonymous survey participant describing their health concerns *"Costly to get to specialist – bring specialist here"* – hapū hui attendee describing concerns	• Develop with the NP|EC community an effective model for the delivery of secondary and specialist care for NP|EC communities • Provide for further subsidised transport and logistical support for whānau who do need to travel to access services • Develop a plan including the required conditions for the retention of permanent GPs in at least two NP|EC communities **Within 1-2 years** • Develop with the NP|EC community, a workforce development, attraction and retention package for the NP|EC community • Investigate the viability of medical technologies (e.g., scanning and screening technologies) being mobilised or permanently located on the Coast **Within 3 years** • Develop with the NP|EC community, a resilient and reliable network of 'in-community'-delivered primary care
Mental health and wellbeing of communities affected by severe weather events	Most local submitters commented on the harmful mental health and wellbeing impacts the cyclones has had on them and their community. Increased levels of anxiety and depression were mentioned by many local submitters – from the summary of submissions to the Ministerial Inquiry into land use… *"Our resilience and our resolve has reached its maximum."*[29]	**Within 12 months** • Ensure Ngāti Porou Oranga has a key and clear role in recovery and resilience planning in the rohe • Implement a 12-month programme of proactive psychosocial support to cyclone affected communities **Within 3 years** • Ensure mental health and wellbeing are a key part of the NP|EC primary care network to be developed

[29] *Nori Parata as quoted in One News Article 'John Campbell on 'heartfelt, damning and sometimes angry' slash report. Friday 12 May 2023 https://www.1news.co.nz/2023/05/12/john-campbell-on-heartfelt-damning-and-sometimes-angry-slash-report/*

Priority	Key quotes and insights from engagement	Priority actions
Staying healthy in our own homes and on our own whenua	"People need more community fitness here and opportunities to go along and be able to find information or support for fitness and health" – anonymous survey participant *"We don't want to see our Pakeke in Gisborne in a home!! Invest in our whānau" – hapū hui participant describing their aspirations*	**Within 12 months** • Provide for the expansion of existing wellbeing and preventative initiatives and the development of new initiatives in NP|EC communities • Collaborate with Sport Gisborne Tairāwhiti on their work to promote and provide for better sport, fitness and recreation opportunities for East Coast Communities **Within 3 years** • Ensure kaumatua care is a key part of the NP|EC primary care network to be developed
Preventing and managing diabetes	*11 survey participants specifically highlighted diabetes as a top health concern* *"Finding the right balance of providing a healthy and well-rounded diet for my family that is cost effective, accessible and practical"* *"Information (diabetes and overweight) the correct information and promotion about health issues especially within our PI and Māori community". – anonymous survey participants on their top health concerns*	**Within 12 months** • Ensure that diabetes prevention and care is considered in the design of the NP|EC primary care network • Provide for the expansion of existing preventative initiatives and the development of new preventative initiatives • Collaborate with Healthy Families East Cape in the development and implementation of a kai strategy for NP|EC
Provision of dental care in East Coast rohenga	*"Dentist! We need a dentist please"* *"Dental is definitely top of my health concerns. Not only for myself but my whānau as we currently don't have access to a dentist. Not even in Gisborne because a lot of dentists are not taking on new clients. A lot of our whānau live off of whatever pain killers they can get to try get by which can't be good for their health". – anonymous survey participant* 100% of respondents (479) in a social media poll on dental services agreed that dental should be a priority for Tairāwhiti	**Within 12 months** • Expand mobile dental service to help meet short-term need • Investigate innovative options to deliver dental care to the Coast in the short term e.g. dental events and provision of services at existing events, blocking out days for Coast residents at Gisborne dentists • Provide travel assistance for dental treatment that must be completed outside the community **Within 1-2 years** • Develop a dental care subsidy model for NP|EC **Within 3 years** • Ensure that dental care is a key part of the NP|EC primary care network to be developed

Te Aitanga a Māhaki; Rongowhakaata and Ngāi Tāmanuhiri' endorsed priorities for Tūranga – Gisborne City

Priority	Key quotes and insights from engagement	Priority actions
Kaumatua flourishing in their own homes and whānau	*"at a certain age I feel that the grand rule is at the age at 70 you get cut but before that they invest all kinds of treatment which basically to me means the throw you away"* – anonymous survey participant *"Our old people and children for everything"* – anonymous survey participant describing their top health concerns	**Within 12 months** • Expand existing kaumatua programmes **Within 1-2 years** • Develop an investment model for whānau based aged care **Within 3 years** • Plan for (within 12 months) and invest
New models of care to improve whānau engagement and experience	Good services are those services that do what they say they are going to do, are safe, appropriate and free from discrimination – insight from whānau hui participants *"Relationships and connections matter!"* *"currently access to empathetic & culturally responsive drs is challenging as is continuity of care"* We need to the continuation of programs instead of just being a PILOT program and then nothing comes of it because no money for continuation – anonymous survey participants	**Within 12 months** • Expand existing innovative approaches (e.g. whānau vaccination events, kaumatua programmes) into broader primary health care settings • Development of workforce model for delivery of innovative approaches • Support the 'new model of care for Elgin' being developed by Tūranga Health **Within 1-2 years** • Investigate development of Marae based wellbeing hub at Te Poho o Rawiri
Mental health and addictions - recovery, and rehabilitation	*"Mental health and addiction support for our community. And appropriate disability support for our whānau"* *"cutting back on addictions alcohol and vaping smoking/drug dependency"*- anonymous survey participants describing their top health concerns *Priorities need to be inclusive of homeless whānau in Gisborne city – insight from engagement by Te Kupenga Net Trust with whānau users of mental health and addiction services*	**Within 12 months** • Increase capacity in the local mental health system with those in immediate distress as a priority • Provide for more advocacy and navigation support for whānau accessing mental health and addiction services **Within 1-2 years** • Support and develop more community led / clinically partnered services offered by Māori providers locally

Priority	Key quotes and insights from engagement	Priority actions
Managing long-term conditions	*"There [are] a few issues I have been dealing with for over 15yrs now and not one resolution"* - anonymous survey participant discussing their ability to exercise control over their own health *"My Papa suffers from diabetes, heart attacks, and high blood pressure. I have ongoing and consistent tinitus that never stops, managed high blood pressure and asthma. Both of us have issues with our vision. Asthma affects every moko in our whānau"* – anonymous survey participant discussing their top health concerns	**Within 1-2 years** • Development of a lifestyle programme for long-term condition transformation
Supporting parents and their tamariki in the first 2000 days	*"mental health for young parents"* *"our old people and children for everything"* – anonymous survey participants describing their top health concerns *"Children's health and awareness prevention rather than when they're older having to figure out this bugger of a system"* – anonymous survey participants discussion their top health concerns	**Within 12 months** • Expand existing Tamariki Ora programmes **Within 1-2 years** • Provide more non-clinical support for new parents

Te Aitanga a Māhaki; Rongowhakaata and Ngāi Tāmanuhiri endorsed priorities for Tūranga – Townships and communities

Priority	Key quotes and insights from engagement	Priority actions
Kaumatua flourishing in their own homes and whānau	*"at a certain age I feel that the grand rule is at the age at 70 you get cut but before that they invest all kinds of treatment which basically to me means the throw you away"* – anonymous survey participant *"Our old people and children for everything"* – anonymous survey participant describing their top health concerns	**Within 12 months** • Expand existing kaumatua programmes **Within 1-2 years** • Develop an investment model for whānau based aged care **Within 3 years** Plan for (within 12 months) and invest
New models of care to improve whānau engagement and experience	*Good services are those services that do what they say they are going to do, are safe, appropriate and free from discrimination* – insight from whānau hui participants *"Relationships and connections matter!"* *"currently access to empathetic & culturally responsive drs is challenging as is continuity of care"* *We need to the continuation of programs instead of just being a PILOT program and then nothing comes of it because no money for continuation* – anonymous survey participants	**Within 12 months** • Expand existing innovative approaches (e.g. whānau vaccination events, kaumatua programmes) into broader primary health care settings • Development of workforce model for delivery of innovative approaches • Support the 'new model of care for Elgin' being developed by Tūranga Health
Managing long-term conditions	*"There [are] a few issues I have been dealing with for over 15yrs now and not one resolution"* - anonymous survey participant discussing their ability to exercise control over their own health *"My Papa suffers from diabetes, heart attacks, and high blood pressure. I have ongoing and consistent tinitus that never stops, managed high blood pressure and asthma. Both of us have issues with our vision. Asthma affects every moko in our whānau"* – anonymous survey participant discussing their top health concerns	**Within 1-2 years** • Development of a lifestyle programme for long-term condition transformation
Supporting parents and their tamariki in the first 2000 days	*"mental health for young parents"* *"our old people and children for everything"* – anonymous survey participants describing their top health concerns *"Children's health and awareness prevention rather than when they're older having to figure out this bugger of a system"*	**Within 12 months** • Expand existing Tamariki Ora programmes **Within 1-2 years** • Provide more non-clinical support for new parents

Rongomaiwahine priorities

Priority	Key quotes and insights from engagement	Priority actions
Bringing services closer to home: access to primary health care services in East Coast whānau	Multiple service priorities and aspirations raised by Rongomaiwahine whānau, including GP services, dental services, midwifery, physiotherapy and primary mental health services, are key primary care services – insights from Rongomaiwahine engagement	**Within 12 months** • Extend innovative delivery of programmes and services (e.g., whānau vaccination days) in Tūranga to include the Rongomaiwahine whānau • Expand existing kaumatua care programmes **Within 1-2 years** • Transition access to care and early intervention services to Rongomaiwahine (from Ngāti Kahungunu Executive) **Within 3 years** • Develop with Rongomaiwahine and whānau, a resilient and reliable approach for the delivery of primary care including new models of care
Improving the accessibility of outside community health services	Mahia whānau acknowledge the size of their community can make it unrealistic to provide all services "in-community" and they also want to explore how to improve access for Mahia based whānau to out of community services. Because they are not part of the Tairāwhiti region, Mahia residents cannot enrol with Gisborne based primary care practices even though Wairoa services are not currently sustainable and Gisborne is closer than Hawke's Bay – insights from Rongomaiwahine engagement	**Within 12 months** • Enable Mahia residents to enrol with Gisborne based GPs and dental practices • Provide for further subsidised transport and logistical support for whānau who do need to travel to access services **Within 1-2 years** • Provide for Mahia residents to be transferred to Waikato Hospital for complex secondary care (rather than Wellington) **Within 3 years** • Ensure the accessibility of out of community services
Providing services and activities that support healthy lifestyles for the whole whānau	As a small, underserviced community, Mahia whānau feel that more should be done to prioritise pro-active wellbeing, to reduce whānau reliance on the health system. This kind of support can also be provided in a non-clinical environment – insights from Rongomaiwahine engagement	**Within 1-2 years** • Focus on investment in healthy lifestyle and preventative services and support in the Mahia community. **Within 3 years** • Ensure healthy lifestyle support and prevention is a key part of the primary care model to be developed for Mahia
Prevention, management and care for serious / long-term health conditions	Mahia is an isolated community with a long distance to health care services, limited hours during the day to access health services, and low incomes. These factors delay engagement with health organisations Rongomaiwahine welfare kaimahi who engage with whānau to provide wellbeing services, have identified the reluctance to seek care as a barrier to early intervention	**Within 1-2 years** • Proactive engagement with whānau for earlier detection of serious health conditions (including cardiovascular diabetes

Communities with interests – priorities

Community	Priority	Engagement insights	Priority actions
Rainbow community	Deepening engagement with Rainbow people and communities, Tangata Whai Kaha and Rangatahi to inform Te Tairāwhiti priorities	**From the Rainbow community** *"no mention of rainbow needs and support on the survey"* – from discussion on the survey with Rainbow community	**Within 12 months** • establish stronger relationships with existing networks • establish advisory groups for the community health planning process if appropriate and supported by the relevant communities
Tangata Whai Kaha		**From Tangata Whai Kaha** At least 7 people raised disability related concerns through the survey, however we do not have further information about those concerns nor a strong idea of whether there are any common priorities across the Tangata Whai Kaha community or certain groups of Tangata Whai Kaha	**Within 1-2 years** • include Rainbow, rangatahi and Tangata Whai Kaha specific content in future community health planning surveys and other engagement methods
Rangatahi		**From rangatahi** Only one 0-17 year old completed the online survey and survey and no specific engagement hui were able to be held with rangatahi	
Pasifika	Nutrition and healthy lifestyles	80% of Pasifika survey participants indicated that nutrition was a priority for them 40% of Pasifika survey participants indicated that recreation and wellbeing was a priority for them Several Pasifika survey participants specifically noted that healthy living, nutrition and exercise were among their top health concerns and wanted more information to be available on this	**Within 12 months** • undertake more in-depth engagement with the Pasifika community in Tairāwhiti about how to address this priority **Within 1-2 years** • develop a set of information and resources with the Pasifika community to promote healthy nutrition and lifestyles
Pasifika	Access to dental care	75% of Pasifika poll respondents wanted to see more dental services in the community	**Within 12 months** • undertake more in-depth engagement with the Pasifika community in Tairāwhiti about how to address this priority • oral health services (especially for children) taking a more active approach to engaging with Pasifika communities **Within 3 years** • development of a 'pipeline' for the development of Pasifika dental professionals

Community	Priority	Engagement insights	Priority actions
Pasifika	Reducing barriers in access to care	72% of Pasifika survey respondents identified better access to services as something that would help them and their whānau have a better life and achieve their goals 81% of Pasifika poll respondents identified cost as a barrier to accessing health care Several survey participants noted a desire for more services which are "Pasifika friendly" including practitioners who speak Pacific languages	**Within 12 months** • undertake more in-depth engagement with the Pasifika community in Tairāwhiti about how to address this priority **Within 1-2 years** • identifying and working with certain health care providers to become "services of choice" for Pasifika whānau **Within 3 years** • development of a 'pipeline' for the development of Pasifika health professionals
Rainbow people and communities	Bridging data and research gaps on the key determinants of health and health outcomes for rainbow people and communities	N/A	**Within 12 months** • undertake more comprehensive analysis of existing data for rainbow people collected in the NZ health survey • identify key gaps in data and research for rainbow people and communities in Tairāwhiti including the specific priorities, aspirations and health outcomes for Māori people and rural people who are part of the rainbow community
Whānau accessing mental health and addiction services	Building capacity, capability and competency in our mental health services	Whānau raised the following views in engagement: • Early access to care important • First priority is those in immediate distress • Whānau need more choice in the services available to them • Whānau encounter discrimination when seeking primary health care services • Confidentiality and ethical treatment of information important • More support needed locally • Priorities need to be inclusive of homeless whānau	**Within 12 months** • Expand community led - clinically partnered approaches and services (both existing and new) • Further investigate the experiences of whānau accessing mental health and addiction services to influence future service design **Within 1-2 years** • Develop a mental health and addiction specific workforce growth, development and retention package • Ensure that mental health and addiction services receive specific focus when

Whānau accessing mental health and addiction services	Equipping whānau with tools to recognise signs of mental distress and support early intervention and reintegration	**Whānau raised the following views in engagement:** • There is a need to raise more awareness and offer more health education • First priority is those in immediate distress • Community settings important • Need for better reintegration services	**Within 12 months** • Work with whānau who have experience supporting whānau in mental distress and whānau reintegrating into their communities to design tools and resources for whānau

Systems thinking, change and transformation

Service level one: meeting whānau needs now
Meeting the requirements to improve the health and wellbeing of whānau NOW, cognisant of their current realities and lived experiences and the in-region initiatives contributing to the broader regional wellbeing agenda

Service level two: improving equity

Closing the gap between health outcomes for Tairāwhiti whānau and national outcomes

Service level three: exercising rangatiratanga

Whānau enabled to exercise rangatiratanga over their own health and wellbeing

To meet our Hauora goals we need system transformation.

We strongly believe that to meet the Hauora outcomes we set out early in this plan, and to follow our proposed trajectory from meeting immediate needs to enabling whānau to exercise rangatiratanga over their own health and wellbeing, that widespread system transformation is needed.

Our Whānau Community Health Plan must be one part of an integrated health system that is connected to a broader integrated wellbeing system through kaupapa including, but not limited to, housing, workforce development, environmental health, cyclone recovery and economic development. We have strong region wide connections and cohesion and partners to our plan are already involved in delivering initiatives that have broad wellbeing impacts such as:

• the Tairāwhiti Regional Housing Strategy
• regional Cyclone recovery planning and implementation
• the provision of various social services
• the delivery of various environmental kaupapa
• regional economic development initiatives.

We need central government agencies to approach wellbeing in the same way to better respond to our priorities.

System transformation – 12-month focus areas

We understand that the plan we have presented here is the first of many in an iterative planning process. As such, it is more heavily focused on our immediate priorities. We expect that over time, our community health planning process will be embedded as THE priority setting tool for our region and communities and will set the direction for the regions 'system' design to ensure it can:

- respond to the priorities, aspirations, strengths, and assets of whānau, hapū, iwi and communities.
- minimise risk of a 'one size fits all' approach to Hauora thinking and health provision.
- design and construct the structural arrangements and conditions required to achieve equitable decision making between Māori and the State; that remove the health barriers between Māori and non-Māori.
- give effect to robust systems change processes, without detracting from the delivery of essential, customised, and universal health services to whānau.
- provide transparency and line of sight across all aspects of the health sector to understand how each component part contributes to whānau, hapū, iwi and community wellbeing and eliminates existing and emerging distractions and risks.

We have identified 4 system transformation focus areas that we want to work closely with Te Whatu Ora on over the next 12 months as part of implementing this plan and ensuring that our region is set up for success long-term.

System transformation focus area	Potential actions
Integrated wellbeing	- Working with central government agencies to develop a plan and commitment to agencies taking an integrated wellbeing approach in our region - Working with the support of central government to develop a Te Tairāwhiti specific wellbeing model - including refined outcomes and a region specific equity model
Investment	Working with Te Whatu Ora to reimagine the investment model for our region (more information on our proposed approach to investment in the next section)
Data and digital enablement	Working with Te Whatu Ora to build a data and digital pipeline for our region that supports rangatiratanga and health literacy for our people and better overall decision-making in the system
Enabling rangatiratanga	- Working with Te Whatu Ora to provide access to effective data, information and resources to support whānau decision making - Working with Te Whatu Ora to embed a community health approach that takes whānau wellbeing priorities seriously in the design and delivery of services - providing more resourcing to address the social determinants of health - working with Te Whatu Ora to develop effective local decision-making for investment and service design that embodies an ongoing commitment to the localities approach

Investment approach

At the high level, there are four key shifts we want to see in the regional investment approach, which are:

- growing the total investment level for Te Tairāwhiti so every part of the system – from prevention to complex hospital care are better funded and existing gaps can be addressed;
- changing investment proportions over time toward more preventative and primary care and disinvestment in approaches that are not working;
- moving away from population-based funding to equity-based funding that takes better account of the long-term underinvestment in Te Tairāwhiti health and wellbeing and recognises the high and complex needs in our region; and
- changing the investment decision making model over time to localised decision making.

Growing the total investment level for Te Tairāwhiti

Our community health plan identifies multiple critical and immediate priorities within our region for which "circuit breaking" investment is needed – many of which are the result of inter-generational underinvestment in our health, and broader social systems. Both our primary and secondary care systems are overwhelmed, and critical workforce shortages are exacerbating issues. Putting it plainly, our region requires more health spend in every part of the system, just to get on top of current issues.

Changing investment proportions over time toward more preventative and primary care

We know that the later a health intervention takes place, the more costly that intervention is (not only in monetary terms), for both the person receiving that intervention and their whānau, and the health system.

Poor health also has a hapū, iwi and community cost, impacting on social and economic outcomes for an unwell person's whole whānau, an issue which when compounded with other social and economic issues faced in this Te Tairāwhiti, contributes to an intergenerational cycle of deprivation.

Life expectancy in Tairāwhiti is also below the national average, with Māori men resident on the NP|EC whānau community facing a whopping 10-year shorter life expectancy than the national average. Loss of years of life also comes with a cost to whānau, hapū, iwi and the community and we know from the Ngāti Porou Hauora Dashboard data that more than half of the total deaths among Māori who were enrolled with Ngāti Porou Hauora up to 2021 were potentially avoidable.

We advocate for a transition over time in the regional funding model towards front loading investment in hapū, iwi, community and primary care, which should reduce both cost and pressure on secondary health services and contribute to a more 'well' population overall.

Moving away from population-based funding to equity based funding.

Historic underinvestment in our region has partially been driven by a funding model which is largely based on population - which due to our relatively lower population compared to other regions, has seriously disadvantaged us. The evidence that such a model does not work for this region can be seen in our relatively poor outcomes when compared with national level outcomes. We need the funding model to be more responsive to the high and complex needs of our communities by explicitly taking these into account and want to work closely with Te Whatu Ora to develop an effective and equitable investment approach. Changing the investment decision making model over time to more localised decision making

Nationalised, and even regionalised investment models have not served all our communities well. We don't want our whānau community health planning process to be just one of many influences on how investment is decided for our region and distinct communities, with the local interest being deprioritised in favour of the national interest.

We want our whānau community health planning process to be the key driver for hauora and wellbeing transformation and investment in our region and in our distinct communities, and to that end we propose that over time, the balance of investment decision making power be transferred to the regional and local setting. Within our context, over 50% of the population being of Māori descent and the majority of them, uri of Tairāwhiti iwi, this provides the government and Te Whatu Ora a great opportunity to partner with local iwi in the design of co-investment and co-commissioning models.
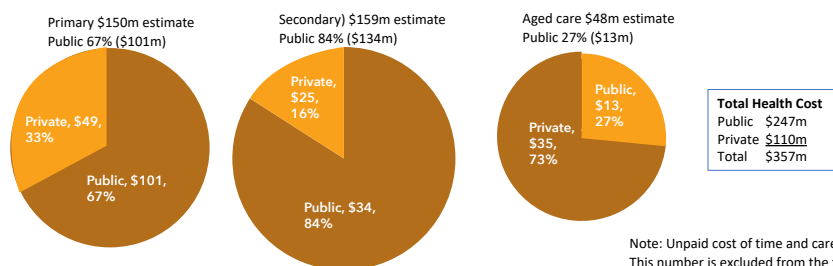
The wellbeing investment case

In this final part of the plan, we set out illustrative data and information that supports the case for both increased investment and proposed changes to the investment model. In this illustrative investment example, we look specifically at:

- the impacts of shifting health investment from secondary care back to primary care
- reducing long term and intergenerational lost value for whānau due to lower engagement in education and employment
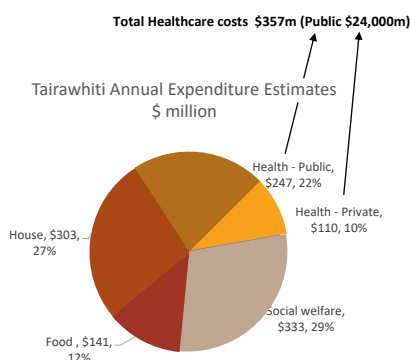- reducing the value of lost years of living.

The total public sector investment in Tairāwhiti health in 2022 was approximately $241M[30], or $4,930 per capita (excluding centralised costs). This was 17% above the national average, reflecting the lower health status of our local people, increased need, and expected requirements for secondary health interventions.

The diagram below illustrates our best estimate of the current health spending in Tairāwhiti.

KaTLP Information and Analysis
Tairāwhiti

Primary $150m estimate
Public 67% ($101m)

Secondary) $159m estimate
Public 84% ($134m)

Aged care $48m estimate
Public 27% ($13m)

Private, $49, 33%
Public, $101, 67%

Private, $25, 16%
Public, $34, 84%

Public, $13, 27%
Private, $35, 73%

Total Health Cost	
Public	$247m
Private	$110m
Total	$357m

Note: Unpaid cost of time and care has been estimated at $10,000m. This number is excluded from the tables

Total Healthcare costs $357m (Public $24,000m)

Tairawhiti Annual Expenditure Estimates
$ million

Health - Public, $247, 22%
Health - Private, $110, 10%
House, $303, 27%
Social welfare, $333, 29%
Food , $141, 12%

Tairawhiti Health Costs - 2022 Estimate					
Drivers	Whanau care	Primary	Secondary	Aged care	Total Health
Population					51000
Tairawhiti gap - Public		20%	20%	-30%	
Tairawhiti gap - Private		-10%	-10%	-20%	
Whanau care %	10%	20%	20%	100%	
Whanau care added %		20%	20%	100%	
$ m					
Public		$100	$132	$9	$241
Private		$45	$23	$29	$97
Total		$145	$155	$38	$338
Whanau care	$10	$29	$31	$33	$93
Total	$10	$174	$186	$71	$431
Per capita $					
Public		$1,953	$2,588	$178	$4,720
Private		$885	$456	$565	$1,906
Total	$0	$2,838	$3,044	$743	$6,625
Whanau care	$663	$522	$533	$863	$2,580
Total	$663	$3,360	$3,577	$1,606	$9,206

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[30] *This figure excludes estimated private spend of $97m + the estimated cost of whānauwhānau care at $93m*

The assessment is that the current gap in health status of whānau and underinvestment in closing this gap has an $93m (negative) impact on whānau and the Tairāwhiti economy.
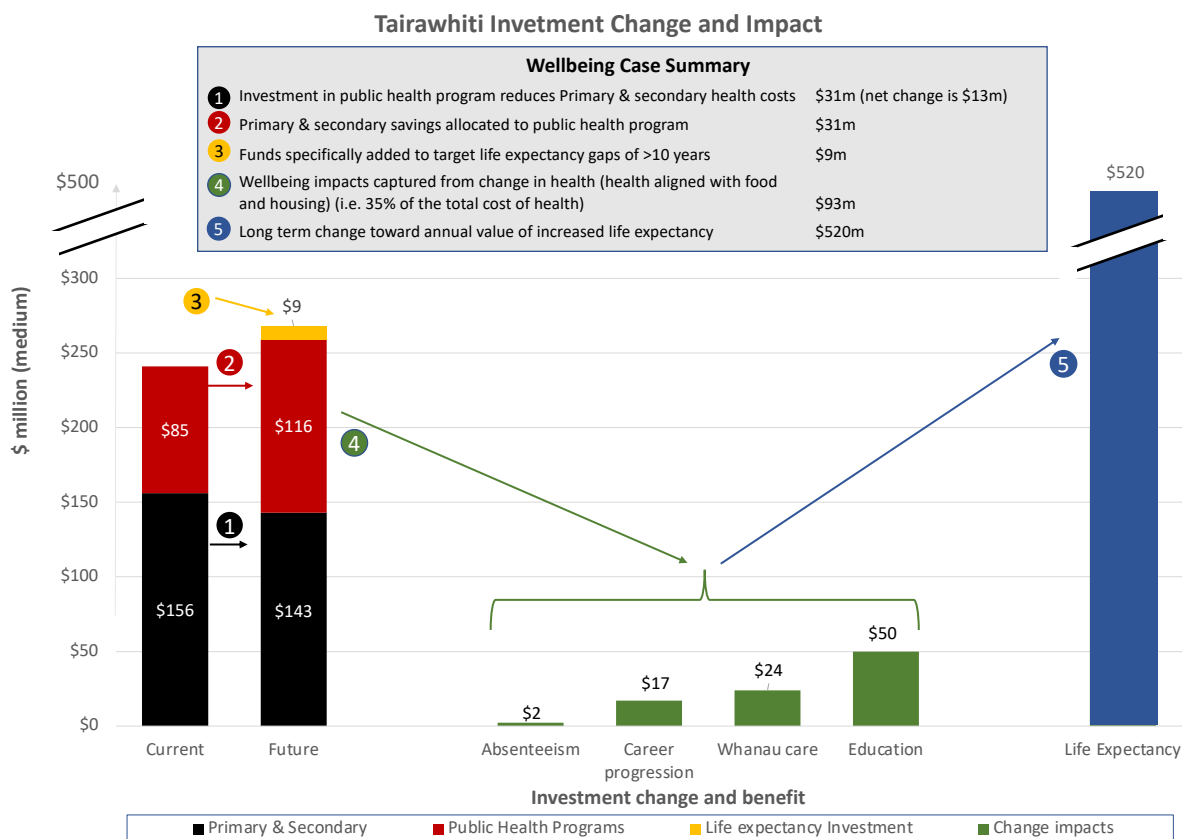
If we compare the level of annual public investment in Tairāwhiti health to the estimated annual costs of the loss of 10 years of life (as per life expectancy), there is an annual additional cost of $520m[31] - This is almost double the actual spend on health in Tairāwhiti.

Underinvestment in health is also national issue – national per capita health spend is 30% less than the average per capita health spends of the top 10 nations. For Tairāwhiti this would equate to $2,000 per capita or $100m.

If there was significantly increased overall investment coupled with proportionately higher investment in prevention and early intervention this would be a circuit breaker that begins to address health status and broader wellbeing indicators for Tairāwhiti whānau.

The following diagram illustrates the broader wellbeing and life expectancy benefits (quantified financially) of an additional $27m of health funding coupled with an amended distribution of funding among primary and secondary care, public health programmes and life expectancy investment.

Tairāwhiti Wellbeing Case

Tairawhiti Invetment Change and Impact

Wellbeing Case Summary

❶	Investment in public health program reduces Primary & secondary health costs	$31m (net change is $13m)
❷	Primary & secondary savings allocated to public health program	$31m
❸	Funds specifically added to target life expectancy gaps of >10 years	$9m
❹	Wellbeing impacts captured from change in health (health aligned with food and housing) (i.e. 35% of the total cost of health)	$93m
❺	Long term change toward annual value of increased life expectancy	$520m

The wellbeing case for investment and health delivery will be developed over the next two years.

[31]In Western countries and other liberal democracies, estimates for the value of a statistical life typically range from US$1 million–US$10 million; for example, the United States FEMA estimated the value of a statistical life at US$7.5 million (NZ$12.5m) in 2020. The Tairāwhiti model has discounted the US value by 70%

Appendix One:
contributions of this plan to achieving system priorities set out in the Government Policy Statement on Health (GPSH) 2024-2027

Priority areas for action over the next three years

Priority area	CHP alignment and contribution (non-exhaustive)
Priority area 1: Access	• Like the Government, we too expect that all Te Tairāwhiti residents, regardless of where they live in the rohe, have equitable access to the health care and services they need. • Our CHP has a strong focus on access to care, especially in underserved communities, with a region wide priority and several community specific (both geographic and communities of interest) priorities being focused on improving access to care. • We have a strong focus, especially in our rural communities on delivering care closer to people's homes which is an expected change in the GPSH. • Our specific focus on expanding and developing innovative methods of delivering services, especially in primary and community based settings is well aligned with Government expectations. Kaupapa Māori providers in Tairāwhiti have already implemented innovative approaches and we expect to see further investment in such approaches. • Several of our other regional and community specific priorities such as improving whānau experience of the health system and services and preventing and managing long-term conditions rely on improved access to care to be achieved. • Our proposed investment model is also targeted at improving access to preventative and primary care as a major driver of system change.
Priority area 2: Timeliness	• Faster access to care, especially specialist services has been raised as a priority across our region and especially in more isolated communities – in the short term, additional support for people to access specialist care outside their communities will support this target to be met, while in the long term, bringing specialist care into communities, via innovative methods, will support this target to be met and maintained. • Increasing the size and skill of our local workforce (as per our regional priority) will also be key in achieving this priority for our region over the longer term. • We expect concerted efforts to improve access to care, in response to our regional and community priorities, will support shorter wait times for both elective and non-elective treatment. • Our regional and community priorities focused on wellness and prevention will also contribute to this priority by alleviating pressure on health services.

Priority Area 3: Quality

- Our regional and community priorities focused on improving whānau experience of the health system and services will contribute to health care and services being "safe, easy to navigate, understandable and welcoming to users" in our communities as per Government expectations.
- Of particular importance to us is ensuring that health care and services are culturally safe and consistent with Te Tiriti o Waitangi.
- Improved quality will also be supported by growing and improving the local workforce, improving the quality of data collected and used in decision making and transformative investment as advocated for in our plan.
- Our focus on supporting wellbeing and prevention is in line with Government expectations of quality services.
- Our focus on engagement with all geographical communities and communities of interest as a regular feature of strategic commissioning and service design will contribute to quality.

Priority Area 4: Workforce

- Our regional priority focused on growing and strengthening our local workforce and distributing that workforce equitably across our communities is aligned with and will contribute to this priority.
- Our focus on the workforce as a whole i.e., growing and improving both the clinical and non-clinical workforce will support efficiency and ensure that people's skills are used in time and cost effective ways.
- Our regional and community priorities focused on attracting health professionals into our local workforce, making health an attractive career option for local people and then ensuring the conditions to maintain our workforce will contribute to achieving this priority in our region.
- Our plan also promotes the development of career 'pipelines' for certain communities of interest, to ensure that our workforce is representative of those it is serving
- Our focus on improving whānau experience of the health system and services, especially in relation to cultural safety, will also contribute to improving the quality and competency of our workforce for our people.

Priority Area 5: Infrastructure

- Effective health infrastructure will be a critical enabler of our regional and community health aspirations, especially in relation to access to care.
- Several of our priorities have an infrastructure component including the development of innovative delivery methods for more isolated communities (including the use of new technologies), improving access to in community care as a priority and out of community care where required, growing investment across the whole system and improving mechanisms to feed whānau voice into the system Effective infrastructure specifically designed for our communities and their priorities and aspirations will also be critical in delivering high quality sevices in a cost-effective way.

Appendix Two:

Clinical priorities – in alignment with Government priorities

Priority	Shifts we want to see	Potential success measures	Priority actions
Faster cancer treatment	• **Accelerated Diagnostics:** Streamlined and faster diagnostic processes. • **Timely Treatment:** Patients start cancer treatment within optimal timeframes post-diagnosis. • **Efficient Pathways:** Reduction in delays across the cancer treatment pathway.	• **Diagnostic Turnaround Time:** Average time from referral to cancer diagnosis. • **Treatment Initiation Time:** Percentage of patients starting treatment within the recommended timeframe (e.g., within 31 days of diagnosis). • **Patient Outcomes:** Improvement in survival rates and clinical outcomes. • **Patient Satisfaction:** Patient feedback on the timeliness and coordination of care.	• **Implement Fast-Track Services:** Create fast-track services for urgent cancer cases • **Improve Data Management:** Utilise data analytics to identify and address bottlenecks in the diagnostic and treatment processes • **Expand Treatment Facilities:** Increase capacity for treatment services, including chemotherapy and radiotherapy
Improved immunisation for children	• **Higher Coverage Rates:** Increased rates of childhood immunisations. • **Better Access:** Greater accessibility to immunisation services. • **Enhanced Public Awareness:** Improved public knowledge about the importance of vaccinations.	• **Immunisation Rates:** Percentage of children up-to-date with recommended vaccinations. • **Service Accessibility:** Number of immunisation clinics and outreach services available. • **Public Awareness:** Results from public awareness campaigns and surveys. • **Disease Incidence:** Reduction in the incidence of vaccine-preventable diseases.	• **Expand Immunisation Clinics**: Increase the number of clinics and extend their hours to improve access • Implement deliberate awareness campaigns to build trust amongst the community • **Enhance School-Based Programs:** Strengthen immunisation programmes in schools and childcare centres • **Mobile Immunisation Units:** Deploy mobile units to reach underserved communities and remote areas • **Monitor and Report Data:** Regularly track and report immunisation coverage rates to identify gaps and areas for improvement

Priority	Shifts we want to see	Potential success measures	Priority actions
Shorter stays in emergency departments	• **Efficient Triage:** Faster and more efficient triage processes. • **Improved Patient Flow:** Enhanced coordination to manage patient flow and reduce delays. • **Streamlined Discharges:** More efficient discharge processes to free up ED capacity.	• **Average Length of Stay:** Reduction in the average time patients spend in the ED. • **Triage Time:** Reduction in time to initial triage and treatment. • **Patient Flow Metrics:** Improved metrics on patient throughput and flow. • **Patient Satisfaction:** Increased satisfaction with the ED experience, particularly regarding waiting times.	• **Revise Triage Protocols:** Implement fast-track triage systems for less severe cases • Implement Manage My Health • **Improve Care Coordination:** Enhance coordination between ED staff, specialists, and primary care providers • **Optimise Discharge Processes:** Develop streamlined discharge procedures and follow-up care plans • **Increase ED Capacity:** Expand ED facilities and staff as needed to handle peak times • **Use Data Analytics:** Monitor real-time data to manage patient flow and identify areas for improvement
Shorter wait times for first specialist assessment.	• **Efficient Referrals:** Faster and more efficient referral processes to specialists. • **Increased Specialist Availability:** Greater availability of specialist appointments. • **Improved Scheduling:** More effective scheduling systems for initial assessments.	• **Referral-to-Assessment Time:** Reduction in the average wait time from referral to first specialist assessment. • **Specialist Appointment Availability:** Increase in the number of specialist appointments available. • **Patient Access Rates:** Percentage of patients seen within the target wait time. • **Patient Satisfaction:** Improved patient satisfaction regarding the timeliness of specialist care.	• **Streamline Referral Processes:** Implement electronic referral systems and ensure clear referral guidelines • **Increase Specialist Capacity:** Recruit additional specialists or extend the hours of existing specialists • **Improve Scheduling Systems:** Utilise advanced scheduling software to manage appointment bookings more efficiently • **Enhance Coordination:** Strengthen communication between primary care providers and specialists to facilitate quicker assessments • **Monitor Wait Times:** Regularly track and analyse wait times to identify and address delays