



Tihei Takitimu Programme Plan



SEPTEMBER 2024



Ngā Kai o Roto

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Reference Documents

Reference Document A - Whānau Voice - Phase 1 Findings
 Reference Document B - Monitoring Framework
 Reference Document C - Hauora Māori Priorities Report
 Reference Document D - Hauora Māori Investment Plan

Preface

In the spirit of transparency, we are delighted to share with you the Tihei Takitimu Programme Plan, a plan that we talked about at our AGM in August earlier this year. The aim of the plan is two-fold – it firstly takes what matters to whānau and secondly describes how we are going to respond to what matters to whānau.

The plan is operational in nature, providing you with some insights about what we intend to achieve over the next three years – 2025, 2026, 2027. We are also anticipating that elements of the plan will change – as we hear more. Please treat this plan as a starting point, it will evolve.

As you know Tihei Takitimu Iwi-Māori Partnership Board, is a Crown construct, funded by the Government to 30 June 2026. And in the spirit of partnership, we have developed this plan from the lens of asserting ourselves as Strategic Commissioners.

To be clear, the role of Strategic Commissioning, under guidance from the Crown, does not involve the transactional activity associated with procuring contracts for the provisions of hauora or health services provision.

The role of Strategic Commissioning is more about how we influence a complex system to invest in solutions that impact hauora Māori in our rohe.

This plan speaks to legislated mandates, guided by the Pae Ora (Healthy Futures) 2022 Act. It splits out our functions – needs analysis, setting priorities, influencing investment and innovation and monitoring – all key to the role of a Strategic Commissioner.

In order for us to get anywhere near our vision – Whānau voice – shaping the evolution of hauora, we will lean heavily on our partners throughout the health system to advocate for high quality and timely access to health care. And this plan highlights our requirements from the system, and especially where thought leadership, strong coordination and insights and data are critical to enabling our role as Strategic Commissioners.

We have included some reference material that you might find helpful to read alongside this plan. Whānau Voice, Monitoring, Hauora Māori Priorities and the Investment Profile all inform this plan.

Finally, the overarching purpose of this plan lies in accountability - designed to keep all of us accountable.

In order for us to get anywhere near our vision – Whānau voice – shaping the evolution of hauora, we will lean heavily on our partners throughout the health system to advocate for high quality and timely access to health care.



Whakapapa

The geographical boundary for the Tihei Takitimu Partnership Board covers areas within the tribal boundaries of Ngāti Kahungunu (Heretaunga, Tamatea, Te Wairoa, Te Whanganui-a-Orotū), Ngāti Rakaipaaka, Ngāti Pāhauwera, Ngāti Hineuru, Mana Ahuriri and Maungaharuru-Tangitū Hapū. In this region there are kinship ties to the Takitimu, Kurahaupō and Mataatua waka.

Manawhenua in this region is represented by Tātau Tātau o Te Wairoa Trust | Ngāti Pāhauwera Development Trust | Maungaharuru-Tangitū Trust | Mana Ahuriri Trust | Hineuru Iwi Trust | Heretaunga Tamatea Settlement Trust | Ngāti Rakaipaaka | Te Taiwhenua o Te Wairoa | Te Taiwhenua o Te Whanganui-a-Orotū | Te Taiwhenua o Heretaunga | Te Taiwhenua o Tamatea | Ngāti Kahungunu Iwi Incorporated. We also recognise mātāwaka and relationships with iwi or stakeholders. These include but are not limited to Rongomaiwahine and Ngāti Kahungunu tribal connections to Tāmaki-nui-a-Rua and Wairarapa that have joined other Iwi-Māori Partnership Boards.



TIHEI TAKITIMU IWI-MĀORI PARTNERSHIP BOARD AREA

Foundations of our Partnership Board

VISION – OUR ASPIRATION

Whānau voice – shaping the evolution of hauora

MISSION – OUR PURPOSE

We will continually engage with whānau and hapū, evaluate the health system, determine priorities, engage on priorities with Te Whatu Ora | Health NZ and monitor outcomes.

VALUES – OUR GUIDING PRINCIPLES



He Kanohi Hōmiromiro

Rights based focussed and determined to create change for the betterment of Māori.



He Kanohi Kitea

Connected, accountable, and responsive to mana whenua and Hapori Māori.



He Pononga mō te Iwi

Committed to its role as a servant of the communities, and the attainment of whānau, hapū, and iwi health aspirations.



He Mana Motuhake

Dedicated to elevating the rangatiratanga of whānau, hapū and iwi in the design, develop and monitor the delivery of health services within the region.



He Ringa Hora

Dedicated to manaaki, and ensuring Māori and non-Māori that live within the region, are well cared for.

Our role as Strategic Commissioners

There are many ‘models’ of commissioning so we have selected a generally accepted model that is recognisable within the health system – and includes the four key processes of commissioning:

- Assessing need and engaging whānau
- Setting priorities and service planning with Health NZ
- Informing procurement by Health NZ to respond to priorities
- Monitoring performance of the health system

The functions of Iwi-Māori Partnership Boards are outlined at Section 30 of the Pae Ora Act 2022 and have been mapped to this commissioning model to demonstrate our status as strategic commissioners.

As strategic commissioners we will set high-level direction with HNZ based on whānau-affirmed priorities. We (currently) do not undertake transactional procurement functions including contracting and monitoring of providers. Similarly we undertake high-level strategic monitoring of system performance – not individual provider or contract performance.



Strategic commissioning aligned to IMPB Legislated functions



IMPB FUNCTION 1

Assessing needs and aspirations of Whānau

Legislative mandate

Pae Ora Act 2022 Section 30(1)(a) to engage with whānau about local health needs and communicate the results and insights to HNZ.

Our Role – Amplify Whānau Voice

One of our roles is to gather whānau voice across the Tihei Takitimu rohe, and in 2023 we endorsed an Engagement Model (opposite) designed to collaborate and empower whānau.

We completed our first round of engagement in 2023 – 2024 where whānau provided valuable insights on status, concerns, access and priorities and this informed the Hauora Māori Priorities Report (Reference Document C). As well as the whānau voice, we also analysed needs of whānau from IMPB profiles provided by Te Aka Whai Ora and other evidence such as the findings (and whānau voice) from Hawke's Bay maternity care services review; research on Māori uses of medicines, plus research on Māori and palliative care.

Tihei Tākitimu IMPB continues its whānau voice programme of work, to ensure future issues of our Whānau Voice report(s) are informing our strategic commissioning and monitoring functions moving forward.

Whānau voice

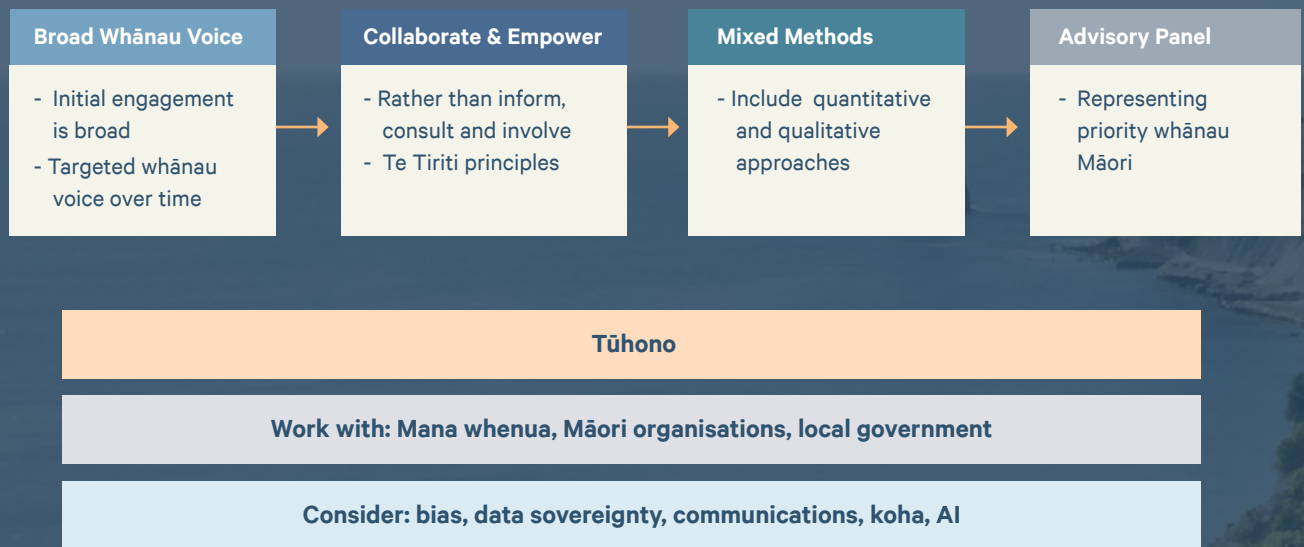
Key findings of the Whānau Voice process exposed multiple barriers to accessing health care services particularly in primary and community care such as cost and poor access to GP services, insufficient time allowed for appointments, financial costs of the services as well as time away from work, and lack of after-hours and weekend services. Whānau report that the historical experiences and distrust in the health systems adds to the challenges of navigating a complex disjointed system with comments such as:

“GP and medication cost, access to primary care due to shortages with specialist staff, overworked staff, under-resourced system, hospital that is not fit for purpose and cannot cope with increased population and diverse cultures”

Whānau have shared that they want to enhance services delivered by Māori for Māori and emphasise respect for cultural practices and provide culturally safe care, including access to Rongoā Māori and traditional practices and provide more Preventative Services including more dietary and nutritional advice, access to good quality and affordable food and exercise / sport / recreation options.

“Good health comes from good food. And good exercise. We're into our exercising, kickboxing, and we go hunting together. For me, the biggest thing would be food and where we source it from. Most of our food comes from the bush, the sea We buy very little from New World”

Tihei Takitimu Engagement Model



IMPB FUNCTION 2

Health Service Planning and Priority Setting

Legislative mandate

Pae Ora Act 2022 Section 30(1)(b) evaluate the current state of Hauora Māori for the purpose of determining priorities for improving Hauora Māori. Section 30(1)(c) work with HNZ in developing priorities for Hauora Māori

Our Role – collaboration for change focus

To drive health system transformation, our role is to collaborate with Te Whatu Ora | Health NZ to advocate for the priorities for Hauora Māori as determined from our whānau engagement and data analysis. Our expectation is that this collaboration achieves high quality community-led culturally responsive health care in Tihei Takitimu rohe, and that local solutions are led by local communities, to address local priorities. In particular it is our desire that health planning and priorities are disaggregated to more local areas:

- Te Wairoa
- Ahuriri
- Heretaunga
- Tamatea

The Wairoa community was selected as a locality prototype after the 2021 Health reforms, and as a result, developed a Locality Plan from engagement with that community and its providers. The Wairoa community is still committed to that plan as the issues for them have not changed. In fact, some issues have since been exacerbated by weather-related events. We have included specific Wairoa focus areas in our Hauora Māori Priorities report.

The key findings highlighted in the Hauora Māori Priorities report are wide ranging from system enablers, models of care, to personal health complexities just to name a few.

We have organised themes and priorities for health planning and prioritising with Te Whatu Ora | Health NZ, since this is how the system is generally organised. For instance:

- Public and population health services and programmes are overseen, funded, partially delivered and commissioned by the NZ Public Health Service (NZPHS) so it is important we engage closely with NZPHS leaders to advocate for the interests of whānau in our rohe.
- Primary and community care is managed and commissioned (and partly delivered) by the Regional Commissioner for Te Whatu Ora | Health NZ, so it is vital that we have a strong working relationship with this leader, to ensure they understand the issues facing our whānau and reflect this in their budgeting, service planning and procurement practices
- We also need to have a strong relationship with leadership for hospital and specialist services in the district, to influence the quality of care for Māori, as well as equity of access, utilization and outcome. A key area for discussion with both the hospital leadership and PHOs will be to undertake a 'deep dive' into emergency department presentations and to determine how much of this is impacted by lack of access to primary care.
- Enablers such as workforce development and quality data / information.

In response to these findings, the IMPB will take a multi-pronged collaborative approach with HNZ and the broader health sector and Hauora partners to inform the planning and strategic commissioning process. Thorough planning, inclusive of whānau voice is needed in order to ensure that future mainstream health services and development of new models of care meet the needs of our whānau.



A SUMMARY OF KEY PRIORITIES ACROSS HEALTH SYSTEM DOMAINS ARE:

Public and Population Health

- Endorse Governments 5 Priorities of Modifiable Behaviours
- Breast and cervical screening
- Health promotion
- Smoking/Vaping
- Kai Sovereignty

Primary and Community Care

- Endorse the Government's 5 priorities for Chronic Conditions
- Access to Primary Care
- Long-term conditions
- A sustainable primary care funding and delivery model

Hospital and Specialist Services

- Endorse the Government's 5 priorities for Health Targets
- Insights on barriers for appointments



IMMEDIATE AND LOCAL PRIORITIES FOR TIHEI TAKITIMU ARE:

Maternal Child Health

- Māori Models of Care
- Sexual and reproductive health

Immunisation

- Grow the number of Trained Vaccinators

Pharmacy

- Awareness raising on the management of prescriptions

Oral Health

- Mobile dental services to reach all communities
- Promotion of dental care entitlements

NASC and Support Services

- Cultural capability and capacity

Mental Health and Addictions

- Grow community-based services
- Resilience building for rangatahi

Rongoā Māori

- Expansion of service providers
- Review of ACC Endorsement Process

Enablers

- Workforce Development – midwifery and nursing
- Data and Insights – proactive, community lens, detailed across the priorities highlighted

Primary and community care is managed and commissioned (and partly delivered) by the Regional Commissioner for Te Whatu Ora | Health NZ, so it is vital that we have a strong working relationship with this leader, to ensure they understand the issues facing our whānau and reflect this in their budgeting, service planning and procurement practices.

IMPB FUNCTION 3

Strategic Procurement

Legislative mandate

Pae Ora Act 2022 Section 30(1)(e) Engage with HNZ to support stewardship of Hauora Māori and priorities for Kaupapa Māori investment and innovation

Our Role – innovation and investment, collaboration for change

An essential function and role of the IMPB is to support Health NZ in the procurement, development and delivery of Hauora Māori and priorities for Kaupapa Māori investment and innovation. Within this function, we see two roles with Health NZ, and we intend to add a further strategic commissioning role to influence investments by other sectors into the social determinants of health.

1. The first role is working with Te Whatu Ora's Hauora Māori services in relation to the Hauora Māori Appropriation, inherited from the former Te Aka Whai Ora. We know from evidence and tracking by Manatū Hauora that generally the Hauora Māori Appropriation (primarily the expenditure on Māori providers or initiatives specifically addressing Māori inequities) is around 3% of Vote Health.
2. The second role is working with Te Whatu Ora's Regional Integration Team (RIT) to influence, co-design and co-decide priorities for Hauora Māori across the services that Te Whatu Ora both provides and commissions. This effectively is where the other 97% of Vote Health lies.

This is further endorsed by the 12 August Cabinet paper describing IMPB functions at Clause 40:

“To embed whānau, hapū and community voice in service planning and design, and improve the quality of investment, IMPBs need to be well integrated into Health NZ's business planning, service design and monitoring processes, alongside other groups that represent community needs”

Directing the Hauora Māori Appropriation (the 3%) – Innovation and investment focus

This is the appropriation inherited by Health NZ from Te Aka Whai Ora. Prior to that Te Aka Whai Ora inherited the contracts and resources from former DHBs and the Ministry of Health after the 2021 Health reforms (known as Legacy Agreements), and new appropriations to Te Aka Whai Ora from 2021 – 2022 annually have since been added to the appropriation.

At present we do not yet have a line of sight over the allocations made within the appropriation for our area for 2024 – 2025 but we do have information from Te Aka Whai Ora on their 2021 – 2024 investments in our rohe (see Reference Document D). It is unclear at this point what the more recent investments (2024 - 2025) has been targeted toward and whether this meets the identified health needs outlined in this plan. The investment to June 2024 shows that just over \$38m was invested in our district. This is approx. 8% of the total investment held of \$620.328m nationally. The October 2023 report indicated that the \$38m was invested as follows:

| SERVICE / DOMAIN | INVESTMENT 2023 – 2024 | % SHARE |
|------------------------------|---------------------------|-------------|
| Mental health | \$9,108,149 | 24% |
| Public and population health | \$8,627,346 | 23% |
| Primary care | \$8,150,845 | 21% |
| Kahu Taurima | \$7,014,215 | 18% |
| Addictions | \$2,163,861 | 6% |
| Mātauranga Māori | \$1,453,557 | 4% |
| B22 Cost pressure funding | \$906,511 | 2% |
| Health of older people | \$901,399 | 2% |
| Total | \$38,325,883 | 100% |

We would expect transparency over the 2024 – 2025 investments made over and above this sum, in our rohe, so that we have the full picture and can generate solutions and decisions based on complete information for investment priorities beyond 1 July 2025.

Co-commissioning with Te Whatu Ora | Health NZ (the 97%) – collaboration for change focus

The collaboration with Te Whatu Ora | Health NZ is essential to maximise the IMPB's influence over the services delivered and commissioned from the remaining 97% of Vote Health. Ultimately, we expect to see the investment in Hauora Māori services increasing to focus on the many inequities across the system including key government priorities. The results of this collaboration will see the Hauora Māori priorities embedded into the Ikaroa Regional Health and Wellness Plan.

Work with Health NZ's Regional Integration Team (RIT) has already begun with our representation at that table, to influence the prioritisation of their current investments and service delivery models, toward Māori inequities and priorities inherent in the data and whānau feedback. At present Health NZ delivers the vast majority of hospital and specialist services in our area – yet we still have significant numbers of emergency department presentations; avoidable hospitalisations and whānau who are missing out of specialist appointments and planned care.

We will continue to gather whānau voice over time, and to enable local leadership to inform us on how future health investment meets the needs and priorities of whānau in our rohe.

Equally, HNZ's role is to ensure the IMPB is involved and kept abreast of the end-to-end process of planning, strategic commissioning and procurement of Hauora Māori and Kaupapa Māori services. A collaborative approach to planning supports a shift in decision-making and resources closer to communities. A key enabler will see Te Whatu Ora | Health NZ supporting community-led and localised approaches for:

- Te Wairoa
- Ahuriri
- Heretaunga
- Tamatea

Alignment with Government Priorities

The Government has identified 15 health priorities (known as the 5+5+5) which are described below. It is our assumption therefore that Te Whatu Ora | Health NZ will focus on these priorities in order to meet its obligations as a Crown agency – but it is also incumbent on our IMPB to work alongside Te Whatu Ora | Health NZ to give effect to addressing inequities for Māori in the process.

We have already identified that these priorities matter to Māori – as inequities for Māori exist across all of these priorities. It will be our expectation that Te Whatu Ora | Health NZ will work with us on designing solutions to meet the targets, and we will also be monitoring these 15 health priorities across our 4 Hapori through regular IMPB-specific reporting.

We have already identified that these priorities matter to Māori – as inequities for Māori exist across all of these priorities.



GOVERNMENT’S HEALTH PRIORITIES

| | | | | | |
|---|---------------------------------------|--|--|--|---|
| 5 x Health Targets | Faster Cancer treatment - 90% | Improved Immunisation for children - 95% | Shorter stays in ED-95% | Shorter wait times for first specialist assessment - 95% | Shorter wait times for treatment-95% |
| 5 x Pathologies | Cancer | Cardiovascular disease (CVD) | Respiratory Disease | Diabetes | Mental health (see specific targets below*) |
| 5 x Modifiable Behaviours | Smoking | Alcohol | Diet | Exercise | Social cohesion |
| *Mental Health and Addictions Specific Sub-Priorities | Faster access to specialist MH&AS-80% | Faster access to primary MH & AS-80% | Shorter MH & Addiction-related stays in ED-95% | Increased MH&A workforce development | |



HAUORA MĀORI ADVISORY COMMITTEE (HMAC) PRIORITIES

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

IMPB FUNCTION 4

Strategic Monitoring

Legislative mandate

Pae Ora Act 2022: Section 30(1)(d) Monitor the performance of the health sector in [the IMPB] Locality
Section 30(1)(f) "Report on Hauora Māori activities of HNZ to Māori in the IMPB Locality"

Our Role – collaboration for change focus

Our role is to monitor the performance of the health system at a strategic level – not to monitor individual providers and their contracts (that is operational monitoring which is the function of Te Whatu Ora). To perform our strategic monitoring role – we need timely access to high quality and relevant data.

The Hauora Māori Priorities Report is an initial step towards understanding the current state of health services and whānau experiences of health service delivery in the rohe. The weakness of our first Hauora Māori Priorities report is that the data we received was variable (different dates / scope); the data was primarily for the Hawkes Bay (former DHB) boundary and not the IMPB boundary, and the data did not meet our needs for locally tailored information:

- Te Wairoa
- Ahuriri
- Heretaunga
- Tamatea

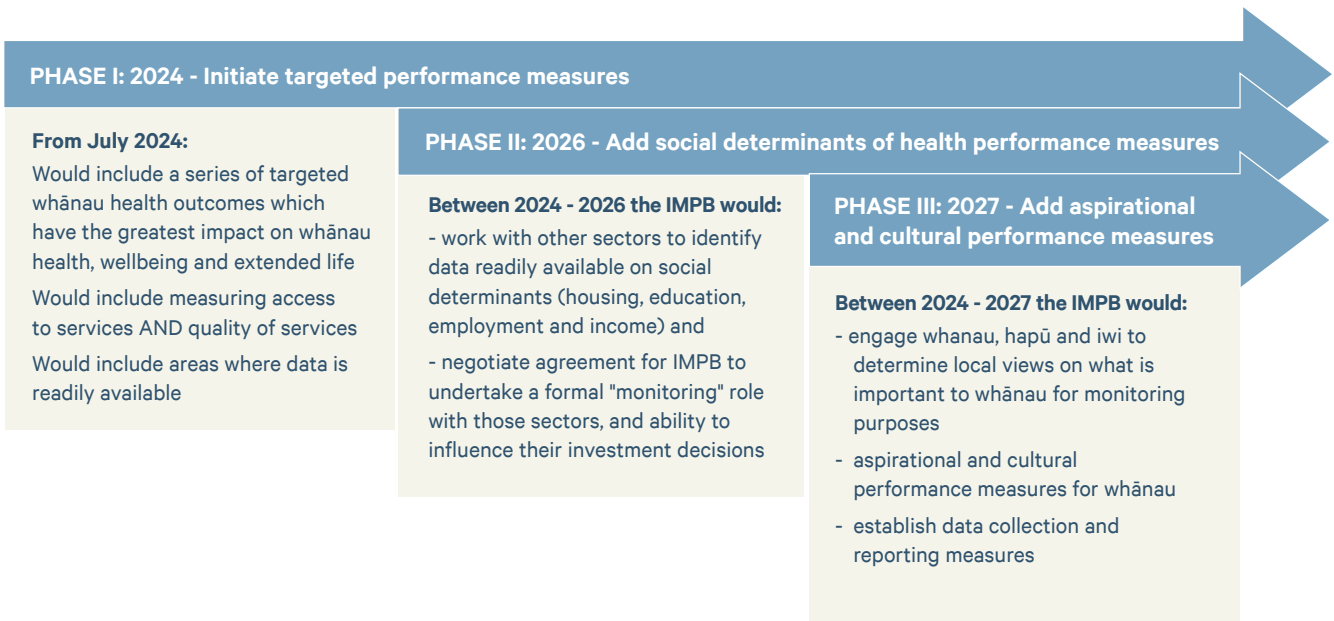
Earlier this year, we endorsed a kaupapa-led monitoring framework designed over three phases, enabling us to start with something simple, and build as we learn more about what matters for whānau (see diagram opposite).

Our role is to maintain a continued focus on monitoring whānau experiences, Hauora Māori outcomes and health system performance. We will report to Māori in our rohe on the results of our monitoring efforts.

We have determined some priorities of our own which we will monitor, and we also expect to receive regular reports (minimum quarterly) from Te Whatu Ora on the status of the government's health targets and priorities as below. The government's health targets align and relate to many of the key themes in our Hauora Māori Priorities report.

A key enabler to ensure we can perform this monitoring role, is to receive quality data that is specific to our coverage area (which is different to the former Hawkes Bay DHB area). Part of the former Hawkes Bay DHB district (Mahia) is now included in the Toitu Tairāwhiti IMPB area – yet we continue to receive Hawkes Bay wide data. It is vital that all data we receive from Te Whatu Ora is relevant only to our coverage area, and that our neighbours to the north receive the data for the Mahia community. We will also require data for each of our hapori.

Our role is to maintain a continued focus on monitoring whānau experiences, Hauora Māori outcomes and health system performance.



THREE YEAR WORK PLAN

Strategic Plan 2023 - 2026

OUR FOCUS, AND WHAT MATTERS TO US

| Amplify Whānau Voice | Collaboration for Change |
|--|--|
| <p>We believe that people power is integral to transformational change.</p> <p>Our role is to empower and amplify the voice of whānau.</p> <p>We believe that we can represent an authentic whānau voice through data, research and stories.</p> | <p>To bring about transformational change, we believe that we need to collaborate with key stakeholders - across policy, services and procurement.</p> <p>Our role is to partner with influencers, change agents, decision makers, and leaders throughout the health and across other sectors.</p> |
| Innovation and Investment | Grow Capability |
| <p>We believe that whānau voice must inform innovation and investment in hauora.</p> <p>Our role is to ensure that policy settings that determine investment are challenged and aligned to whānau wellbeing priorities.</p> | <p>We believe that capability in transformational change is key to meeting our aspirations.</p> <p>Our role is to be clear about what we will do and what we won't do - and govern and lead with courage.</p> |

OUR COMMITMENT - WE WILL NOT REST UNTIL WE HAVE

| Amplify Whānau Voice | Collaboration for Change |
|---|--|
| <p>Listened to and heard the authentic stories of whānau, hapū and iwi.</p> <p>Collated evidence - quantitative and qualitative.</p> <p>Shared our insights widely, with diverse audiences and importantly, with whānau so that they can validate our insights.</p> | <p>Built a reputation as trusted, independent and influential partners.</p> <p>Demonstrated that we have advocated for change in the health system, by advocating for whānau.</p> |
| Innovation and Investment | Grow Capability |
| <p>Ensured that whānau voice influences ongoing investment and innovation.</p> <p>Enabled experimentation and innovation in hauora.</p> <p>Shifted and grown investment targeting the priorities for whānau.</p> | <p>Grow an ambitious and whānau-centric team.</p> <p>Built a lean organisation with the capability to create immediate and lasting impact.</p> <p>Can demonstrate a board culture that is characterised by learning.</p> |

HOW WILL WE MEASURE OUR IMPACT?

| Amplify Whānau Voice | Collaboration for Change |
|--|---|
| Our understanding of what the priorities are for whānau. We will have established a centre of intelligence. | Whānau advocacy is tangible. Influenced change. |
| Innovation and Investment | Grow Capability |
| Investment is shifting to a needs-based paradigm. Tangible innovation led by Māori. | Met our commitments to whānau and funding partner(s). We have a lean and impactful organisation. |

Our role is to be clear about what we will do - and govern and lead with courage. We believe that whānau voice must inform innovation and investment in hauora.



OUR WORK PROGRAMME 2025 - 2027

IMPB FUNCTION 1

| Strategic commissioning focus: Assessing needs and aspirations of whānau IMPB Strategic focus: Amplify whānau voice | | |
|---|---|---|
| Year One: Jan 2025 – Dec 2025 | Year Two: Jan 2026 – Dec 2026 | Year Three: Jan 2027 – Dec 2027 |
| <ul style="list-style-type: none"> Complete Whānau Voice Phase 2 – synthesize and share findings. Contribute findings to health service planning and priority settings Identify and confirm key priority areas of focus for year two Engage with whānau for Monitoring Framework on “what matters to whānau” from a cultural, social and Hauora perspective (to feed into Monitoring Framework) | <ul style="list-style-type: none"> Ongoing support for Whānau Voice - Phase 2. Update Hauora Māori Priorities Report and work towards key priority areas of focus year three. Support for projects determined by Whānau Voice – Phase 2 – Advisory Panel | <ul style="list-style-type: none"> Ongoing support for Whānau Voice – Phase 2. Maintaining relationships with whānau and continue to explore whānau voice. Aspirational and cultural performance measures for whānau Support for projects determined by Whānau Voice – Phase 2 – Advisory Panel |
| Support required from the Health System: | | |
| <ul style="list-style-type: none"> Thought leadership on how best to engage with whānau across demographics (age, gender, health status) Innovation Funding – real time experiences of health system | <ul style="list-style-type: none"> Thought leadership on how best to build the capability of whānau as advocates. Innovation Funding – local innovation | <ul style="list-style-type: none"> Thought leadership on transformational change. Innovation Funding – local innovation |

IMPB FUNCTION 2

Strategic commissioning focus: Health service planning and priority setting
IMPB Strategic focus: Amplify whānau voice

| Year One: Jan 2025 – Dec 2025 | Year Two: Jan 2026 – Dec 2026 | Year Three: Jan 2027 – Dec 2027 |
|--|---|--|
| <ul style="list-style-type: none"> • Ensure Hauora Māori priorities embedded in Regional Health and Wellness Plan • Engage with HNZ, health sector and hauora partners to address priorities and dedicate resources | <ul style="list-style-type: none"> • Collaborate and plan with HNZ to ascertain funding appropriation/resource for current and new priorities • Develop a social investment approach for our specific context and priorities | <ul style="list-style-type: none"> • Review/Collaborate with HNZ to plan improvement projects for key priority areas • Review/collaborate/plan for funding/resource • Develop a trial for an inter-agency initiative based on our social investment approach |
| Support required from the Health System: | | |
| <ul style="list-style-type: none"> • Engagement Plan and Collaboration Agreement with Terms of Reference outlining a timeline of key activities, roles and responsibilities, hui schedule. • Data and insights across Tihei Takitimu highlighting investment, outcomes, performance reports. • Thought leadership on Health Economics | <ul style="list-style-type: none"> • Engagement Plan and Collaboration Agreement with Terms of Reference outlining a timeline of key activities, roles and responsibilities, hui schedule. • Data and insights across Tihei Takitimu highlighting investment, outcomes, performance reports. • Thought leadership on Social Investment | <ul style="list-style-type: none"> • Engagement Plan and Collaboration Agreement with Terms of Reference outlining a timeline of key activities, roles and responsibilities, hui schedule. • Data and insights across Tihei Takitimu highlighting investment, outcomes, performance reports. |

IMPB FUNCTION 3

| Strategic commissioning focus: Strategic procurement IMPB Strategic focus: Innovation and Investment and collaboration for change | | |
|---|---|--|
| Year One: Jan 2025 – Dec 2025 | Year Two: Jan 2026 – Dec 2026 | Year Three: Jan 2027 – Dec 2027 |
| <ul style="list-style-type: none"> • Work with RIT to review current Kaupapa Māori services / investment /innovations and possibilities beyond 1 July • Review/advise HNZ on current Hauora Māori priorities, and government health targets | <ul style="list-style-type: none"> • Work with RIT to implement improvement projects focused on whānau voice key priority areas • Work with RIT to monitor implementation of focus areas from Regional Health and Wellness Plan Work with other sectors to identify data readily available on social determinants (housing, education, employment and income) and • Implement improvement projects focused on whānau voice key priority areas • Engage with other agencies around priorities identified in our social investment analysis | <ul style="list-style-type: none"> • Review progress of year two implement new improvement projects focused on whānau voice key priority areas • Develop an integrated inter-agency procurement approach for social investment trial |
| Support required from the Health System: | | |
| <ul style="list-style-type: none"> • Communications collateral clearly articulating the role of Strategic Commissioning – the role of Health, the role of IMPBs • Data and insights across Tihei Takitimu highlighting investment, outcomes, performance reports. | <ul style="list-style-type: none"> • Data and insights across Tihei Takitimu highlighting investment, outcomes, performance reports. | <ul style="list-style-type: none"> • Data and insights across Tihei Takitimu highlighting investment, outcomes, performance reports. |

IMPB FUNCTION 4

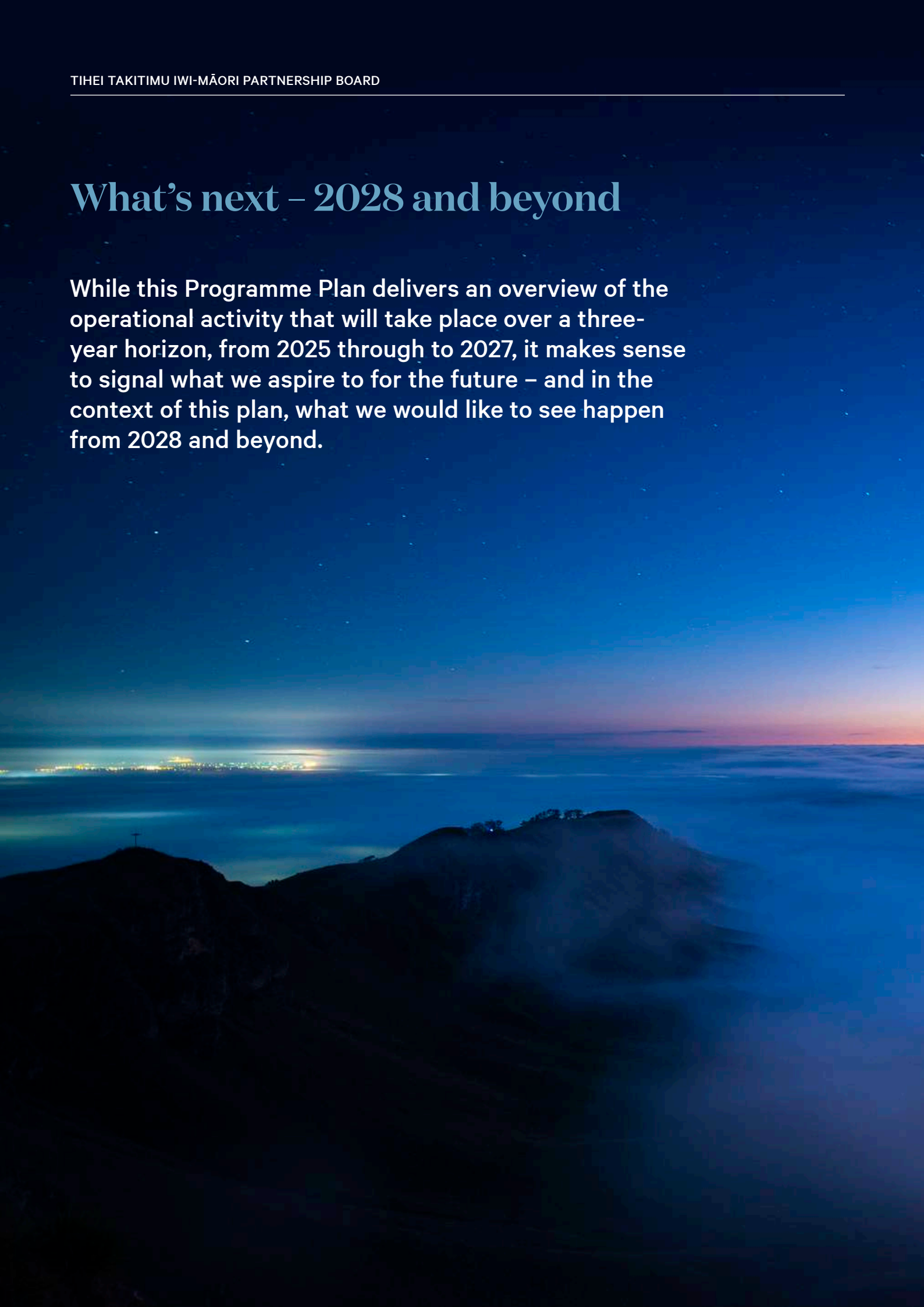
Strategic commissioning focus: Strategic monitoring

IMPB Strategic focus: Collaboration for change

| Year One: Jan 2025 – Dec 2025 | Year Two: Jan 2026 – Dec 2026 | Year Three: Jan 2027 – Dec 2027 |
|--|---|---|
| <ul style="list-style-type: none"> Review/advise HNZ on current Hauora Māori priorities, and government health targets Monitor the local performance of the health system and seek qualitative and quantitative input and information from Post Settlement Governance Entities, Councils, Children's Commissioner on health system performance Receive reports and monitor Government priorities (5+5+5) as well as identified IMPB priorities for the Tihei Takitimu rohe Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance | <ul style="list-style-type: none"> Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau Negotiate agreement for IMPB to undertake a similar strategic commissioning role that includes monitoring of socio-economic results and ability to influence their investment decisions Monitor the local performance of the health system and seek qualitative and quantitative input and information from Post Settlement Governance Entities, Councils, Children's Commissioner on health system performance Receive reports and monitor Government priorities (5+5+5) as well as identified IMPB priorities for the Tihei Takitimu rohe Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance | <ul style="list-style-type: none"> Update Monitoring Framework to embed results from whānau engagement in Y1 on what matters to whānau Monitor the local performance of the health system and other systems that influence determinants of health. Seek qualitative and quantitative input and information from Post Settlement Governance Entities, Councils, Children's Commissioner on health system performance Receive reports and monitor Government priorities (5+5+5), social sector priorities, whānau-led priorities for the Tihei Takitimu rohe Conduct critical analysis of data and information, share with Te Whatu Ora and publish results. Advocate for targeted efforts in areas of under-performance Develop monitoring framework for social investment trial |
| Support required from the Health System: | | |
| <ul style="list-style-type: none"> Quarterly dashboards delivered on time for Wairoa, Heretaunga, Ahuriri and Tamatea reflecting 1. Government Priorities (5+5+5) and 2. Tihei Takitimu Priorities Respond within 20 days to requests for data. The development of a dashboard tracking requests for data, visibly showing all requests for data which may be helpful for all IMPB. Proactive sharing of data without the need to raise a data request. Proactive media monitoring across Māori health. | <ul style="list-style-type: none"> Quarterly dashboards delivered on time for Wairoa, Heretaunga, Ahuriri and Tamatea reflecting 1. Government Priorities (5+5+5) and 2. Tihei Takitimu Priorities Respond within 20 days to requests for data. The development of a dashboard tracking requests for data, visibly showing all requests for data which may be helpful for all IMPB. Proactive sharing of data without the need to raise a data request. Proactive media monitoring across Māori health. | <ul style="list-style-type: none"> Quarterly dashboards delivered on time for Wairoa, Heretaunga, Ahuriri and Tamatea reflecting 1. Government Priorities (5+5+5) and 2. Tihei Takitimu Priorities Respond within 20 days to requests for data. The development of a dashboard tracking requests for data, visibly showing all requests for data which may be helpful for all IMPB. Proactive sharing of data without the need to raise a data request. Proactive media monitoring across Māori health. |

What's next – 2028 and beyond

While this Programme Plan delivers an overview of the operational activity that will take place over a three-year horizon, from 2025 through to 2027, it makes sense to signal what we aspire to for the future – and in the context of this plan, what we would like to see happen from 2028 and beyond.



At the start, the Tihei Takitimu Iwi-Māori Partnership Board made it clear that transformation could not happen, without whānau, without ambition, without a roadmap.

The Agreement with the Crown has an expiry date of 30 June 2026. And until there is surety in the arrangement past this date, it is difficult to determine what 2028 and beyond will look like, and in fact, what 2027 and beyond will look like.

In spite of this, we have aspirations beyond termination of this arrangement, and our ambition is to ensure that whatever we have achieved has ‘grown legs’, is ‘rustled on’ and we want to see:

- An environment where whānau have access to timely and high quality health care
- A system that enables whānau to live long and healthy and productive lives
- A country that prioritises equity when it comes to investment in health services
- That whānau are enabled to make good decisions about what matters for whānau



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