



Te Taumata Hauora o Te Kahu o Taonui

Te Tai Tokerau Iwi-Māori Partnership Board

Ngarupaewhenua Community Health Plan

2024 - 2027



CONTENTS

KŌRERO WHAKARĀPOPOTO | Executive Summary..... 3

WHĀINGA Ā-WHĀNAU | Whānau priorities..... 4

GOVERNMENT HEALTH TARGETS AND PRIORITIES 7

MONITORING FOR OUTCOMES FRAMEWORK..... 8

WHAKAWHANAKE TONU | Improvement and Innovation 11

APPENDIX 1 - Te Taumata Hauora o Te Kahu o Taonui Strategic Positioning Paper 14

APPENDIX 2 – Te Taumata Hauora o Te Kahu o Taonui Road Map 15

APPENDIX 3 – Data Informed Priorities 17

APPENDIX 4 – Minimal Viable Package (MVP)..... 19

APPENDIX 5 – Te Kai a Te Rangatira - Communications Strategy 20

APPENDIX 6 – Te Taumata Hauora o Te Kahu o Taonui - Hononga Rau, Hohenga Huhua - Strategic Relationships in Action - Monitoring Framework. 21

KŌRERO WHAKARĀPOPOTO | Executive Summary

Ngarupaewhenua is the last wave that brought Kupe to shore in Hokianga, which translates into reaching our aspirations of and with whānau, hapū and community.

Our Community Health Plan, **Ngarupaewhenua 2024 - 2027**, is a comprehensive approach undertaken by Te Taumata Hauora o Te Kahu o Taonui (the IMPB) for two reasons.

First, aimed at leveraging off our legislated obligations to improve Māori health outcomes for whānau hapū and communities within Te Tai Tokerau and secondly, to outline the required infrastructure, capacity, and capability to ensure effective delivery of our legislative functions over the next three to four years.

Ngarupaewhenua also acknowledges the Government's health targets and priorities, incorporating insights from the IMPB and regional Te Whatu Ora. This establishes the necessary accountability, monitoring mechanisms, and frameworks for regular evaluation, review, intervention when appropriate, strengthening, innovation and improvement.

To achieve these functions requires authentic and meaningful engagement with whānau, hapū, iwi and communities, strong collaboration with the local health provider ecosystem, and IMPB integration into the Te Whatu Ora systems and processes like business planning, service design, service monitoring, and strategic commissioning by January 2025.

Furthermore, Te Whatu Ora priorities need to reflect and be guided by the IMPB priorities. Key determinants driving Ngarupaewhenua include, but are not limited to:

- Cultural and community competency in the health ecosystem
- Equitable access to health services
- Equitable hauora Māori outcomes
- Mental health outcomes
- Chronic disease management
- Oranga o te whānau (Family wellbeing)
- Tamariki Ora | Childhood Wellbeing
- Prevention, and,
- Community engagement.

Ngarupaewhenua will contribute to the broader health reform efforts under New Zealand's Pae Ora (Healthy Futures) Act 2022, where greater local leadership is given to Māori in hauora service delivery, planning, evaluation, and outcomes. Ngarupaewhenua will be reviewed annually.

Definitions:

- **Te Tai Tokerau:** When the Iwi-Māori Partnership Board (IMPB) refers to Te Tai Tokerau, this is inclusive of our entire region, from Portage Road in Ōtāhuhu, to Te Hiku o te Ika. Occasionally Tāmaki will be used in specific reference to Auckland.
- **Whānau:** The Term whānau within this plan seeks to be inclusive of all minority, under serviced, and underrepresented populations including whānau whaikaha, whānau hauā, and LGBTQ. This inclusive approach ensures whānau are not singled out and 'othered'. When the IMPB refers to the uplifting and enabling of whānau this includes enabling all populations to live well ensuring language that promotes tangata whaikaha and whānau hauā leadership, contributions, and outcomes. However, when there is a specific need or solution for a defined population, we will articulate whānau whaikaha, and whānau hauā as appropriate.

WHĀINGA Ā-WHĀNAU | Whānau priorities

Whānau Voice Priorities

Comprehensive and inter-generational iwi aspirations, inform local health priorities and outcomes, the IMPB priorities will collectively inform whānau and community engagement, data analysis, and government priorities.

Early whānau and community engagement by the IMPB, captured over the last 5 years through community hui¹, Primary Care surveys², and Locality community engagement forums with whānau, focus groups and interviews³, alongside feedback from Covid-19 and adverse weather events, has identified shared regional priorities. These remain broad to accommodate the introduction of a suite of rotating solutions as resources and investments are made:

- **He Whare Oranga, He Whare Māori**
Warm, dry, secure, and affordable housing.
- **Te Āpōpōtanga**
Māmā and Pēpē.
- **Kia Tika, Kia Kounga Hoki Ngā Ratonga Hauora**
Timely access to quality hauora services.
- **Oranga Hinengaro, Oranga Wairua**
Living mentally well and free from addictions

The IMPB has invested significantly in understanding local provider networks to collaboratively identify and develop short and long-term outcomes and aspirations that are responsive to whānau and community unique needs, character, and challenges.

Once the IMPB receive the necessary permissions, outcome reports, and integral data from Te Whatu Ora, we plan to establish the following timeframes:

- Within three months, we will agree on criteria for future investment that commissions for outcomes.
- Within twelve months of commissioning, we will monitor and assess the outcomes and progress of those investments.
- Within eighteen months of strategic commissioning, we will assess the performance of the health sector/system within our IMPB geographical coverage

Our initial outcomes to achieve within the first three to twelve-month period of our three-year plan include:

Priority	Outcome	Timeframe
He Whare Oranga, He Whare Māori Warm, dry, secure, and affordable housing.	The IMPB plans to hold Te Whatu Ora and the Healthy Homes Initiatives accountable for their regional performance and outcomes. Recognising the limited investment from the health sector in housing, and the IMPB's current limited role in this area.	December 2025

¹ Northland DHB, Wereta. H, 2019, *Healthy Whānau, Happy Whānau and Our Voices are Heard*.

² Te Hauora o Te Hiku o Te Ika, June, 2022. *Primary Care Surveyed Results*

³ Taikorihī Locality, 2022. *Focus Priorities – 2023-2026*

Priority	Outcome	Timeframe
Te Āpōpōtanga Māmā and Pēpē	<ul style="list-style-type: none"> Immunisation rates for pēpē and māmā will increase, meeting government MVP clinical targets and promoting a healthier whānau, hapū, and community. Stronger ties between whānau, māmā, and local hauora providers will enhance ongoing engagement and support for well-being. 	April 2025 Ongoing
Kia Tika, Kia Kounga Hoki Ngā Ratonga Hauora Timely access to quality hauora services.	<ul style="list-style-type: none"> GP wait times for urgent and non-urgent cases will be reduced, ensuring faster and more efficient access to care. 'Closed books' at GP services will decrease, improving availability. Alternative access options, like AI and telehealth, will be considered. Increased engagement by enrolled whānau will strengthen provider-whānau relationships and improve health outcomes. The unenrolled Māori population will decrease, enhancing equity and access to primary care. 	March 2025
Oranga Hinengaro, Oranga Wairua Living mentally well and free from addictions	<ul style="list-style-type: none"> Whānau will gain faster access to AOD and mental health support services, minimising delays and ensuring timely care. The IMPB will provide ongoing monitoring and advocacy for better resources and investment in this outcome. The timeframe for this priority is to be determined based on further commitment from Te Whatu Ora for increased investment and resource allocation. 	December 2026

These outcomes and aspirations vary by their local context, with common themes including:

- Whānau have **access** to appropriate, safe, healthy homes.
- Taitamariki can **achieve their full potential** and see a positive future for themselves.
- Whānau have **access** to locally available secure, well-paid training and work.
- Whānau are healthy and have **equitable health outcomes**.
- Whānau have their own **oranga strategies** and are resourced and supported to implement.

The IMPB's Communications Strategy Te Kai A Te Rangiatira (Appendix 5), will detail how whānau and community voices will be independently captured using online tools, community hui, iwi gatherings, and other platforms. This will be complemented by Te Whatu Ora's reporting systems, designed to minimise additional resource demands on providers and others who already capture whānau voices through existing processes.

To advance the priorities of the IMPB, Te Whatu Ora/Health NZ will be required to engage regularly, (quarterly) when Investment decisions are in process that will impact on the achievement of whānau and community outcomes and fulfilling this Plan. This will ensure that the IMPB is engaged and participating during and after budgets have been approved both regionally and locally. Provision by Health NZ of their commissioning model that identifies, Primary and Community, National Public Health Service, and Hospital and Specialist Services at quarterly periods would ensure that the IMPB is engaged at the right times to ensure the role of strategic commissioning is able to be performed.

The need and access for real-time data will be critical for the IMPB to enable the review and assessment of local needs both in Northland and Tamaki. An information/data sharing MOU between Health NZ and Te Taumata Hauora IMPB will be required to authenticate this relationship.

Enablers, Capabilities and Functions

To deliver on these aspirations, the IMPB will 'power up' to engage extensively with whānau, iwi, and communities across Te Tai Tokerau.

Investment in key functions and capabilities is required to deliver effectively on our role and give effect to whānau-enhanced commissioning in the rohe. The key functions are:

- **Strategy Development** – To inform, support and guide hauora Māori and other strategies that impact the wellbeing of whānau, iwi, and communities in Te Tai Tokerau, advocating for those priorities.
- **Strategic Planning** – To identify and develop priorities and plans for improving hauora Māori at all levels, and in partnership with local and regional sector leaders.
- **Commissioning and Development** – To lead and influence strategic commissioning and financial decisions to advance hauora Māori priorities.
- **Community and Whānau Engagement** – To identify and advocate for whānau health needs, ensure Māori-led service design, participate in co-design, and grow a strong community presence.
- **Innovation** – To identify and support innovative care models, programmes and initiatives to address hauora Māori issues and enhance providers' innovative capabilities in our rohe.
- **Policy Development** – To support Manatū Hauora when appropriate with advice on hauora Māori policy settings, strategies, priorities and opportunities for whānau and community health in Te Tai Tokerau.
- **System improvement** – To champion system quality improvement for equitable access and outcomes and analyse local/regional service performance.
- **Partnerships** - Foster strong relationships with local iwi, communities, service providers and cross-sector agencies for collaborative initiatives, holding our role as representatives of Te Tiriti o Waitangi partners to the health system.
- **Local intelligence and monitoring** – To develop high quality data analytics, inform priorities, set performance expectations and targets, guide commissioning, monitor hauora Māori outcomes, and evaluate local/regional health sector performance.
- **Social Investment** – Future planning to explore the opportunities a collective Social Investment approach may contribute to the improvement of hauora Māori outcomes.

GOVERNMENT HEALTH TARGETS AND PRIORITIES

Priorities for the health system

The Government Policy Statement (GPS) on Health 2024-2027 sets out expectations for improvement to health services, at the same time signalling a shift towards prevention and early intervention and bringing care closer to whānau, hapū and community. These include:

The commitments and focus on improving access and timeliness are also reinforced through 5 health targets:

- 95% of patients receive cancer management within 31 days of the decision to treat.
- 95% of tamariki are fully immunised at 24 months of age.
- 95% of patients to be admitted, discharged, or transferred from an emergency department (ED) within 6 (six) hours
- 95% of patients wait less than 4 (four) months for a first specialist assessment.
- 95% of patients wait less than 4 (four) months for elective treatment.

The mental health and addiction targets are:

- Faster access to specialist mental health and addiction services.
- Faster access to primary mental health and addiction services.
- Shorter mental health and addiction-related stays in emergency departments.
- Increased mental health and addiction workforce development.
- Strengthened focus on prevention and early intervention.

Over the next three years, the focus of the health system, to ensure quality health care, will be reflected through these priority areas:

1. **Access** – ensuring all New Zealanders have equitable access to the health care services they need, no matter where they live.
2. **Timeliness** – making sure all New Zealanders can access these services in a prompt and efficient way.
3. **Quality** – ensuring New Zealand’s health care and services are safe, easy to navigate, understandable and welcoming to users, and are continuously improving.
4. **Workforce** – having a skilled and culturally capable workforce who are accessible, responsive, and supported to deliver safe and effective health care.
5. **Infrastructure** – ensuring that the health system is resilient and has the digital and physical infrastructure it needs to meet people’s needs now and in the future.

The GPS also highlights the need to prevent and reduce the impact of **5 non-communicable diseases**: cancer, diabetes, respiratory disease, cardiovascular disease and mental health. Together, these account for about 80% of deaths from non-communicable diseases in New Zealand.

To better prevent these non-communicable diseases, we will address 5 modifiable risk factors: alcohol, tobacco, nutrition, physical activity and adverse social and environmental factors.

<https://www.health.govt.nz/publications/government-policy-statement-on-health-2024-2027>

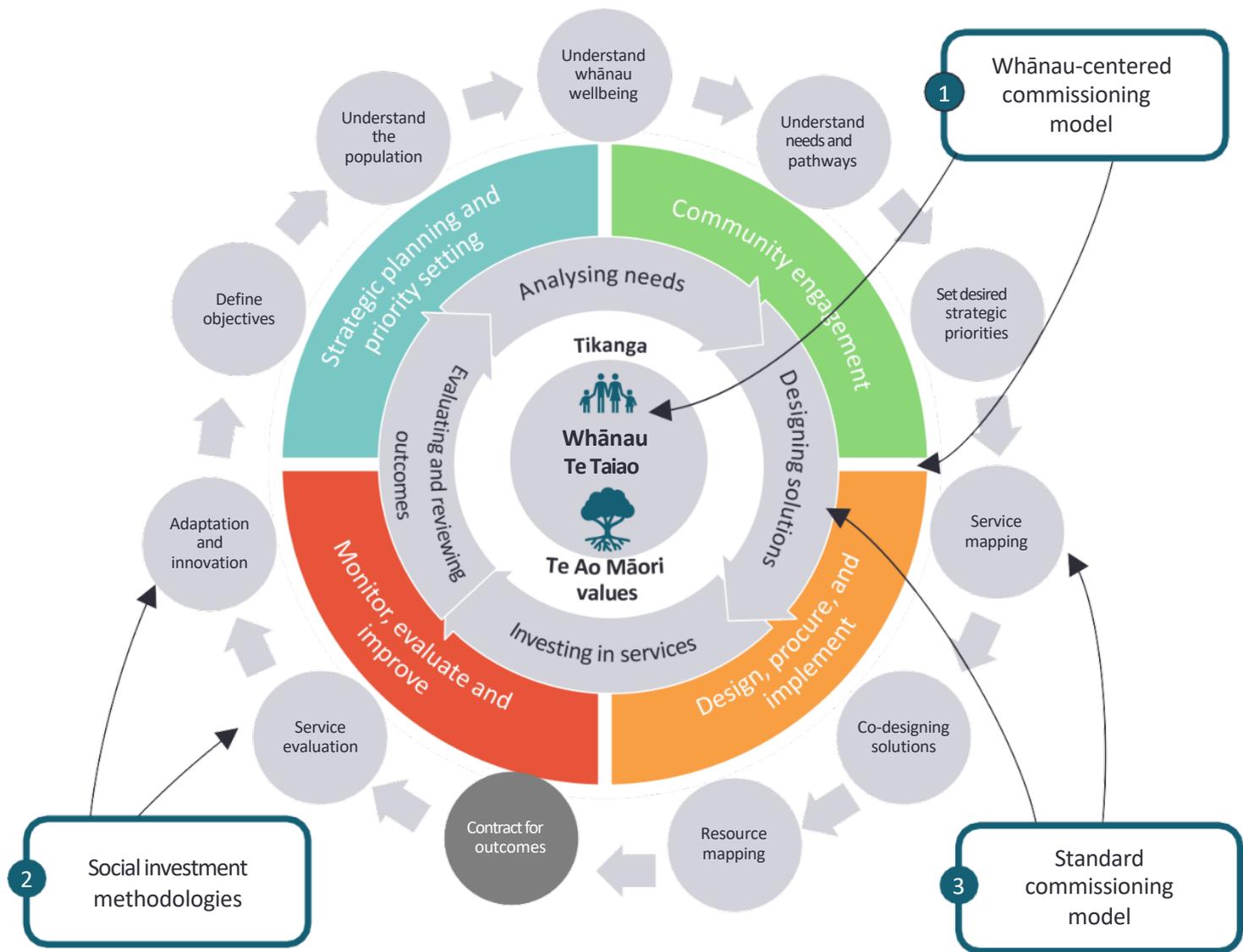
MONITORING FOR OUTCOMES FRAMEWORK

Our whānau-centered commissioning model draws from several approaches and methodologies.

Our commissioning model brings together complementary models and methodologies to support robust, evidence-informed commissioning that is grounded in te ao Māori and centres the needs of whānau to deliver greater health outcomes. A summary is outlined below.

The development of robust, independent data analytics and processing capability is critical to the IMPB, we expect resourcing and support to achieve this.

This will enable our unique views, interests and experience to shape analyses and how we extract our own insights from data.



Similarly, we will be able to apply an equitable lens to how we evaluate programs and influence resource allocation effectively within a whānau-centered outcomes-based commissioning framework [Appendix 6]

A mātauranga Māori lens will be applied to any data analytics is pivotal to enhancing our role and influence in health system decision-making and investment. Solutions will be tailored to the unique cultural context of Te Tai Tokerau whānau and fostering local Māori innovation and excellence in service planning and delivery.

Phased Approach

The IMPB is ready to work alongside the Minister, Manatū Hauora and Te Whatu Ora to lift hauora outcomes for Māori in the Te Tai Tokerau.

As Tiriti-partners, our iwi members have durability, inter-agency influence, and inter-generational horizons. As the prime recognised mechanism through which the health system is required to engage with Iwi Māori, we will collaborate and partner with the Minister and system leaders above, and other agencies/sectors as required to strengthen this opportunity, to bring about positive innovative change in the system.

Our Monitoring for Outcomes Framework focuses on empowering whānau, iwi, and community to define their own milestones and outcomes, ensuring that data collection and analysis are Te Tiriti o Waitangi compliant and aligned with their needs and aspirations. This ensures ownership and relevance of the process. This requires a structured approach to operationalise:

Enablers	Results	Timeframe
Te Tiriti o Waitangi (Te Tiriti)	Review all relevant strategies and actions to align to the obligations for tangata whenua within Te Tiriti with equity of access and outcomes as the priority.	March 2025 Annual Review
Whānau, Iwi, and Community Determined Outcomes	Engage whānau, hapū and community to determine their desired outcomes. These should reflect their specific priorities, values, and aspirations.	January 2025 (regular engagement)
	Ensure that the outcomes are meaningful for whānau, hapū and community and reflect their needs and aspirations incorporating mātauranga Māori.	Quarterly
Community-led timelines	Recognise that different communities have varying capacities, paces, and needs for adjustment over time. Milestones will vary across priorities as urgency differs, may require daily, weekly, or monthly monitoring for change i.e., immunisation rates for tamariki, while others will be 'slow burners' where change will be gradual for various reasons requiring less frequent monitoring i.e., whānau are living mentally well and free from addictions.	Quarterly or as required

Enablers	Results	Timeframe
Data Requirements	Engage with the community to identify the types of data sets that will be meaningful to measure progress. i.e., qualitative data (kōrero, wānanga, stories, narratives) and quantitative data (statistics, numerical indicators).	Annually or bi-annually
	Data reflects both material progress and well-being indicators i.e., health, social cohesion, environmental sustainability, and cultural preservation as determined by whānau and communities.	Annually
Data Source	Determine where the data will come from. This could include wānanga, community engagement, surveys, whānau interviews, local health providers, and government statistics.	Annually
	Data collection is feasible, and sources are accessible to the community. This might involve training or partnerships to gather and validate the data.	Annually
Data Formatting	Data is collected and presented in formats that align with whānau, hapū and community preferences. This may include wānanga, haka, waiata, visual storytelling, oral presentations, or written reports.	December 2025
	Data is easily accessible and clear, using infographics, videos, or interactive dashboards where needed.	December 2025
Data Analysis and Evaluation	Whānau, hapū and community lead or participate in the evaluation process. Ensuring resources and support are provided to accurately analyse, interpret, share, and act on the data.	Annually
	Frameworks utilise mātauranga Māori for interpreting the data, allowing for a nuanced understanding of the accessibility, challenges, successes, and outcomes.	Annually
Informed Strategic Commissioning:	Findings from the evaluation process inform future strategic initiatives. This may include adjusting priorities, redirecting resources, or enhancing specific hauora Māori investment based on the analysis.	December 2024
	A continuous feedback loop where the whānau, hapū and community's evaluation directly influences the design and commissioning of future Hauora Māori services, ensuring adaptability and responsiveness to evolving needs.	December 2024

This monitoring framework supports whānau and individual autonomy as articulated in He Whakaputanga and ensures that the process is whānau and community-centric, culturally grounded, has accountability measures and milestones, remains adaptive to change, and achieves the obligations articulated within Te Tiriti o Waitangi.

WHAKAWHANAKE TONU | Improvement and Innovation

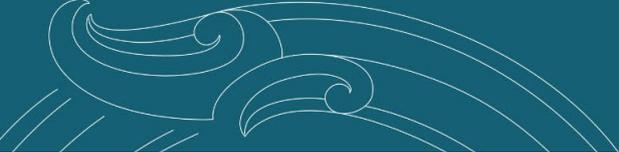
To develop effective and impactful investment, resource devolution, and continuous monitoring of outcomes, the IMPB will focus on capacity-building, technology for whānau-voice and data-driven insights, through strategic partnerships.

By aligning our priorities with broader health ecosystem goals and maintaining robust monitoring, our strategic commissioning will be dynamic and responsive to changing and evolving needs.

Key Priorities	Action	Timeframe
Investment	Identify and assess areas where investment (both financial and non-financial) is already being made, such as workforce development, technology, community partnerships, and infrastructure.	Timeframes guided by Te Whatu Ora
Investment Plan	In partnership with Te Whatu Ora and Te Manatū Hauora prioritise impact-driven investments	
	Ensure that investments are aligned with whānau, hapū, and community outcomes. Prioritise those that deliver long-term, sustainable impact.	
	Ensure resources are distributed equitably accounting for disparities in access, need, and outcomes within different takiwā, communities, and demographics.	
	Consider future co-investment with key partners (such as government agencies, non-profits, and private entities) to pool resources and amplify the impact of shared outcomes.	
	Develop a Resource Allocation Framework in partnership with Te Whatu Ora and Manatū Hauora.	
	Take stock of existing services to address priorities across takiwā and community.	
	Allocate resources based on community-determined priorities and needs, verified by relevant data and evidence. Ensuring that resources are deployed equitably and effectively to meet Hauora Māori outcomes.	
	Invest in building the capacity and capability of whānau, hapū, and community.	

Key Priorities	Action	Timeframe
Monitoring Outcomes Framework and System	Develop a robust system for continuously collecting data that provides understanding of whānau, HAPŪ, and community outcomes. Consider technology for real-time reporting, and other mechanisms for gathering qualitative feedback.	January 2026
	Integrate monitoring tools across departments and partnerships to provide a holistic view of progress. This is a long-term challenge and will not be achieved by IMPB alone.	
	Establish regular review cycles where data is captured and evaluated, with opportunities to course-correct, improve, or disinvest where necessary.	
Real-time insights	Use digital tools (dashboards, real-time analytics) to track progress against milestones and outcomes, allowing for agile decision-making and responsiveness to evolving and unique local needs.	
IMPB Needs	Capability and Capacity-building by investing in training and development of staff, partners, and community members to enhance skills in areas such as data analysis, resource management, and evaluation.	
Technological infrastructure	Develop or acquire technology platforms to support monitoring, data collection, and communication with stakeholders including whānau and providers. This includes tools for visualisation, real-time reporting, and knowledge-sharing.	
Partnerships	Maintain and grow partnerships that provide additional resources or expertise, such as Te Whatu Ora, Māori Health Directorate, Regional Integration Teams, PHO's, health providers, learning institutions, iwi entities, and private sector. This enhances both the financial and intellectual capital available for progressing the Community Health Plan.	

Key Priorities	Action	Timeframe
IMPB Priorities are the System's Priorities	Ensure, the priorities of the health system are (e.g., government strategies, regional plans). aligned with the IMPB priorities (whānau, iwi, and community voice) are (e.g., government strategies, regional plans). Ensuring IMPB efforts and priorities are supported by the system and that external resources can be mobilised efficiently when required.	January 2026
	Be proactive in shaping system-level priorities by advocating for community-specific needs, making sure the system responds to whānau, hapū, and community voices.	
Monitoring the system	Develop a process to collaboratively evaluate the system performance of Te Whatu Ora in achieving the impact on whānau hauora Māori outcomes.	
	Influence Crown policy settings that impact on whānau outcomes.	
Te Tiriti o Waitangi Compliant Commissioning	Use data from continuous monitoring to inform strategic commissioning. Prioritise areas that demonstrate a high return on investment (both socially and economically) for whānau, hapū, and community.	
	Ensure that all commissioned services or kaupapa are tied to specific and measurable outcomes, and regularly assess whether those outcomes are being met.	
Adaptive Strategy	Regularly review and adjust commissioning strategies based on feedback from monitoring. This allows for flexibility as community priorities evolve and new challenges or opportunities arise.	
Partner collaboration	Foster strong relationships with Te Whatu Ora, PHO's, and Whānau Ora Commissioning Agencies who play key roles in delivering commissioned services to ensure priorities, evaluations, and resources are continuously aligned.	



APPENDIX 1 - Te Taumata Hauora o Te Kahu o Taonui Strategic Positioning Paper

Link:

[Te Taumata Hauora o Te Kahu o Taonui - Strategic Positioning Paper May 2024](#)

APPENDIX 2 – Te Taumata Hauora o Te Kahu o Taonui Road Map

Q3 2024	July	Whānau priorities and aspirations profile
		Engagement Mechanism for commissioning
	August	IMPB priority outcomes and key focus areas
		Health data insights, information and service provision
		Regional collaboration plan with Ngā Pou Hauora o Tāmaki IMPB
	September	
Q4 2024	October	Engagement and planning for Co-commissioning
		Local and Regional Investment Plan 25/26
		Monitoring Framework drafted and finalised
		Data and evidence informed decision-making framework
	November	Engagement and planning for Co-commissioning
		Local and Regional Investment Plan 25/26
		Co-commissioning model agreement with Te Whatu Ora
		Co-commissioning model consultation with whānau, hapū community and iwi.
	December	
		Prepare for co-commissioning, monitoring and monitoring against Ngarupaewhenua (Community Health Plan)
Q1 2025	January	Embedding the monitoring and strategic commissioning approach with Te Whatu Ora.
		Commence Co-commissioning
	February	Co-commissioning cycle commences
		Monitoring Outcomes Framework ratified with partners and providers
	March	
		Monitoring Framework ratified with partners and providers
		Performance monitoring, agreements and expectations in place
Q2 2025	April	Outcomes and performance data for monitoring and assessment criteria
		Monitoring Framework finalised
	May	Monitoring Framework published and shared
	June	Prepare for strategic commissioning to commence in July
		Monitor performance of Immunisations target
		Engage with PHOs for planning for next financial year – Access to Primary Care
Q3 2025	July	Planned engagement across sector to reassess IMPB Priorities
		Data collation of IMPB priorities with HNZ
	August	Assess performance of system against IMPB priorities
		Re/Affirm IMPB Priorities-Tai Tokerau and Tamaki
	September	
		Feedback to HNZ on finding of performance of system for previous 6-12 months

Q4 2025	October
	Engage with HNZ in budget planning – Primary & Community Care, HSS, NPHS for 2026
	Monitor/Assess performance of Immunisations target
	November
	Review funding & planning process with HNZ
December	Draft up IMPB Review
Q1 2026	January
	Monitor performance of Immunisations target
	February
	Determine Co-Commissioning functions with HNZ
	Waitangi Day - Opportunity with Whanau engagement
	March
Align IMPB Priorities in Northern Regional Health Plan	
Regional Budget defined	
Q2 2026	April
	Monitor/Assess performance of Immunisations target
	Review IMPB Performance
	May
	Government Annual Budget
	June
Monitor and Assess performance of the system	
Q3 2026	July
	Assess performance of system against IMPB priorities
	Monitor/Assess performance of Immunisations target
	August
September	
Q4 2026	

APPENDIX 3 – Data Informed Priorities

From the IMPB Health Profiles Volume 1 and Volume 2, some data-informed priorities have emerged. Those include the following:

- Ischaemic Heart Disease
- Lung cancer
- Diabetes
- Chronic obstructive pulmonary disease (COPD) and
- Cerebrovascular

There is some variation between genders in different localities:

- Breast cancer for wahine Māori in the old Waitematā and Auckland DHBs.
- Suicide high for tāne Māori in Waitematā and Auckland DHBs.

The IMPB understands Public Health and Population Health ecosystems have a prevention role to play in combating some of these symptoms along with our regional hospitals. Potentially the IMPB role will be one of monitoring and reviewing of local strategies, activities, and investments.

Leading causes of death for Māori within the IMPB rohe in 2014 – 2018 were:

- ischemic heart disease
- lung cancer
- diabetes
- chronic obstructive pulmonary disease (COPD), and
- cerebrovascular disease.

The leading cause of death for wahine Māori within the IMPB region in 2014 – 2018 were:

- lung cancer
- ischaemic heart disease
- COPD
- diabetes, and
- cerebrovascular disease.

Breast cancer was among the leading causes of death in the old DHB regions for Auckland and Waitematā.

For tāne Māori the leading causes of death within the IMPB region in 2014 – 2018 were ischaemic heart disease, lung cancer, diabetes, traffic accidents, and COPD, however in the old DHB regions of Auckland and Waitematā, suicide was among the leading causes of death.

Population sizes impact on the ranking of leading causes where there is a small population size, therefore local causes of death for tāne Māori and wāhine Māori should be interpreted together with the leading causes of death for Māori nationally.

Being involved in, and connected to, culture, whānau, hapū, iwi, marae, customs, traditions, and te reo Māori were considered very/quite important by almost half of the Māori population within the IMPB region. With only a very small number of Māori respondents within the region citing Māori culture was not at all important to them.

Other known protective factors that contribute positively or negatively to health status include, but are not limited to:

- Access to culture, language, and healing practices
- Education
- Employment
- Access to a vehicle
- Technology
- Housing
- Financial security

Despite the age of the data informing these priorities, these protective factors remain important as their contribution is significant to the access and outcomes being sought by whānau, hapū and community from their local health services.

Links:

Te Taumata Hauora o Te Tai Tokerau IMPB Health Profiles:

[Health Profile - Volume 1](#)

[Health Profile - Volume 2](#)

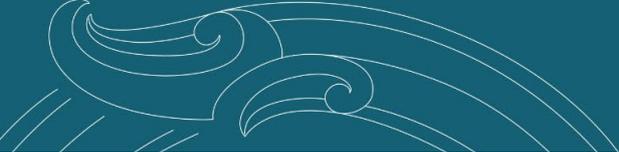
APPENDIX 4 – Minimal Viable Package (MVP)

The IMPB understands the MVP represents a minimum viable package desired by the Minister and Manatū Hauora. We are cognisant of ‘levers’ available to influence immunisations, CVD and diabetes assessments, increased uptake of screening programmes, and increased utilisation of mental health and addictions services by rangatahi requires IMPB to be involved in the planning, implementation, and evaluation phases that contribute to the delivery.

The IMPB will not accept accountability for outcomes over processes and services for which we have little to no influence in their planning, implementation, and evaluation and as such would be relegated to a role of monitoring the systems and processes for improvement.

Clinical Priorities and Actions to inform the Minimal Viable Package

Clinical Priority	MVP Action
Māori are protected from communicable diseases across the life course using immunisation.	Increase timely access to immunisations for whānau Māori.
Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to CVD.	Increase cardiovascular disease (CVD) risk assessment.
Pakeke are accessing primary and community health care early, with positive outcomes relating to diabetes.	Increase management of diabetes via annual diabetes review.
Detection, screening, and diagnosis of cancers are timely, comprehensive, and effective.	Increase uptake of national screening programmes for Māori.
Rangatahi experience stronger mental health and resilience through better access to preventative and clinical mental health services.	Increase access to rangatahi mental health and addiction services (non-hospital)



APPENDIX 5 – Te Kai a Te Rangatira - Communications Strategy

Link:

[Te Kai a Te Rangatira - Communications Strategy](#)

APPENDIX 6 – Te Taumata Hauora o Te Kahu o Taonui - Hononga Rau, Hohenga Huhua - Strategic Relationships in Action - Monitoring Framework.

Link:

[Hononga Rau, Hohenga Huhua - Strategic Relationships in Action - Monitoring Framework](#)