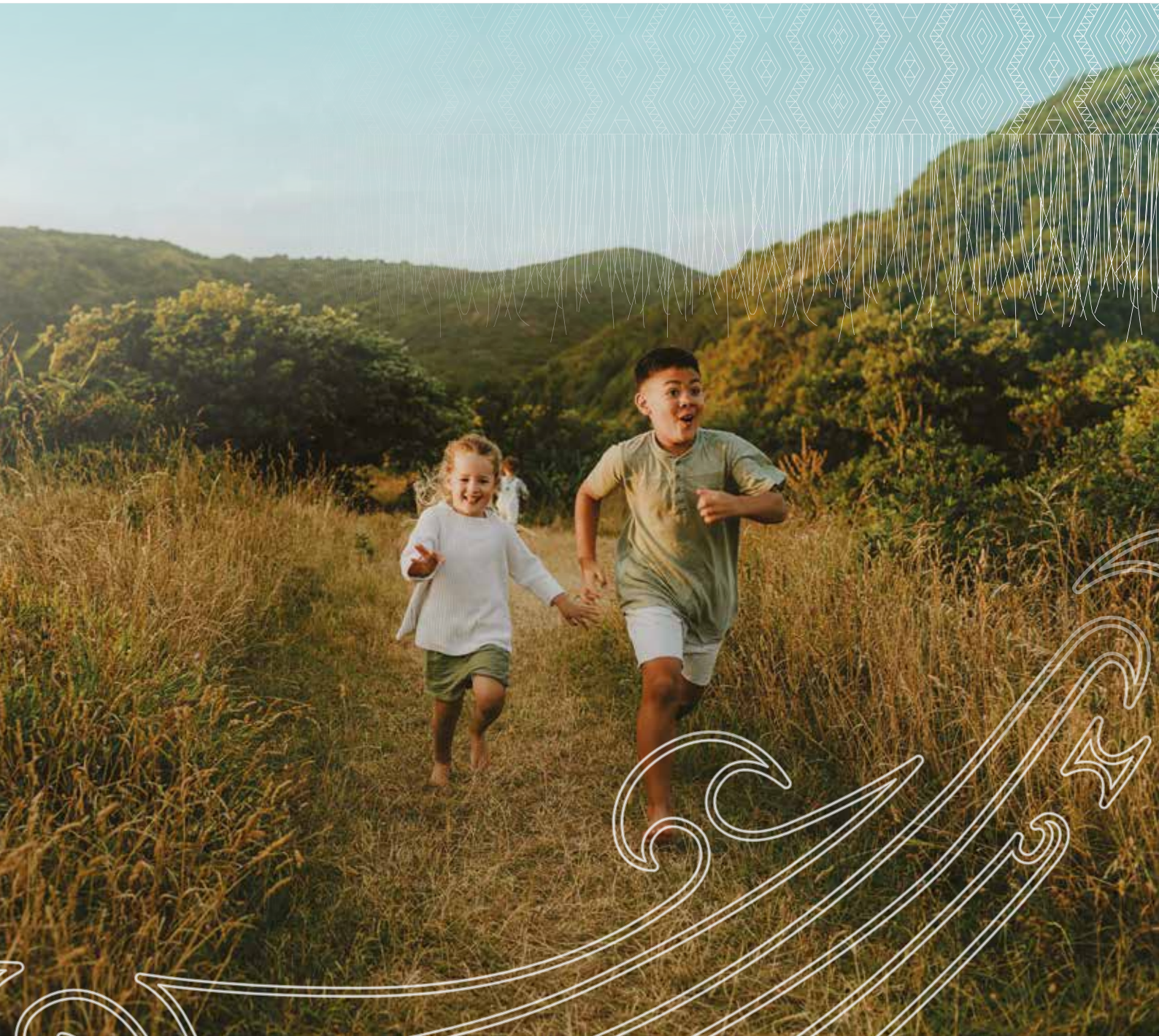
Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Te Pae Tata | Interim New Zealand Health Plan

2022



E kore tēnei whakaoranga e huri ki tua o aku mokopuna

Our mokopuna shall inherit a better place than I inherited

This is the first New Zealand Health Plan published under the Pae Ora legislation. It is an interim plan for the first two years of operation for Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority. This interim plan takes significant steps in priority areas to build our future health system, and to improve health outcomes and equity amongst New Zealanders.

The first comprehensive plan under the Pae Ora (Healthy Futures) Act 2022 will be prepared for delivery in early 2024.

Foreword

As we set off on our journey to Pae Ora,
I am reminded of the Tongikura of Kiingi Tāwhiao,

"E kore tēnei whakaoranga e huri ki tua o aku mokopuna – Our mokopuna shall inherit a better place than I inherited".

We will work collaboratively and collectively with Te Whatu Ora to ensure we drive through system changes, and grow and develop Te Ao Māori solutions, by supporting and enabling the development of our Māori providers, and increasing a sustainable and fit for purpose workforce, whilst ensuring whānau voice and local community solutions are well understood and embedded.

Te Tiriti partnership will be reflected at every level and through every phase of the reforms. Our pro-equity approach will be our anchoring guide from Te Pae Tata to Pae Ora.

Tipa Mahuta
(Waikato, Maniapoto, Ngāpuhi)
Board Chair, Te Aka Whai Ora

Foreword

Te Pae Tata is a staging post on the journey to Pae Ora. While this is an interim document that will evolve in future iterations, it marks a new level of transparency and accountability for the health system. Our structure and planned activities and reporting within Te Whatu Ora are based around delivery of Te Pae Tata.

Working together with Te Aka Whai Ora, we place equity and excellence, efficiency and effectiveness at the forefront of all of our delivered and funded services. We also foster innovation and energy in the same cause.

This is our health system, it belongs to all of us and serves all of us. We each have both common and specific needs, and this unity and diversity must be built into how we think, speak and act. This goes for all working within and with the health system.

Te Pae Tata has a wide range of actions – that is the nature of a national health service in a diverse society. We cannot avoid complexity and cost. But we can cut through bureaucracy and duplication and waste. We can be clear and decisive. Nothing else will do.

Rob Campbell
Board Chair, Te Whatu Ora

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Introduction

Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority present Te Pae Tata: interim New Zealand Health Plan.

This is an initial plan only, designed to get us up and running while a full process can be undertaken to design the first full scale New Zealand Health Plan. It replaces 20 different district annual plans. Through its implementation, it establishes a national service coverage and operating policies to unify our operating environment. It does not reflect everything that we will be doing over the next two years but lays out a foundational set of actions towards our goals. Te Whatu Ora and Te Aka Whai Ora have jointly created Te Pae Tata and acknowledge the stewardship and support of the Ministry of Health.

This is a period of reset, changing the foundations of our health service delivery system. Te Pae Tata delivers on the expectations of the interim Government Policy Statement on Health, the expectations of the Pae Ora legislation and the five key shifts, creating a new health service delivery system to serve all New Zealanders. Appendix two aligns the actions to these expectations.

Our new health system

The foundations of our new health system, outlined in the Pae Ora legislation are: to improve equitable health outcomes, embed Te Tiriti, implement a population health approach, and ensure a sustainable and affordable health system. Te Pae Tata outlines the first steps in becoming a health service delivery system that acts on the needs and experiences of our whānau and communities, preventing illness and supporting good health and wellbeing for all New Zealanders, no matter who you are and where you live. For Māori particularly we will embed Te Tiriti o Waitangi by growing Māori leadership, workforce and services. We are also taking action to make better financial and corporate choices so that more of our resources are in our communities and in services, rather than in corporate support.

Health equity matters for everyone: We aspire to health service delivery that gives all New Zealanders the opportunity to achieve good health and wellbeing outcomes, regardless of who they are or where they live.

Embedding a Tiriti-dynamic health system: To meet our obligations as Crown agents, we are building a health system that embeds Te Tiriti o Waitangi as its foundation. This means placing Te Tiriti at the forefront of thinking and providing opportunities to enact Te Tiriti principles and articles to improve health outcomes for Māori.

Implementing a population health approach: A population health approach, shifts our system to prevent illness and improve the health and wellbeing of local communities. We recognise that people's health can be achieved by collaboration with communities working together to plan, design and deliver health services.

Ensuring a sustainable health service delivery system: A sustainable and affordable health system will have an operating model that reduces bureaucracy and duplication as 26 entities are merged into Te Whatu Ora. It will act to innovate and redesign how we deliver care, including digital technologies to ensure health service investments contribute the greatest value.

Operating differently

Through the passing of the Pae Ora (Healthy Futures) Act 2022 and significant investment in the health sector through Budget 22, the government has created the necessary foundations for transformation of our system. To transform health service delivery in our communities, we will do more than change what we do; we are changing how we operate the health service delivery system to make the best use of resources to deliver the greatest value and achieve better and equitable health outcomes. The benefits of becoming one system, will take time to be realised but the changes we start in this interim Plan build a momentum where working as one system, with our workforces, our providers and our partner agencies becomes the platform for innovation, changes and excellence.

Through the establishment of Te Whatu Ora and Te Aka Whai Ora, and the implementation of Te Pae Tata, we will:

- **Create one system of care** with a network of both publicly and privately owned, and publicly funded healthcare providers to deliver joined-up and integrated care that people and whānau want and need.
- **Create a platform for innovation and change** that supports more equitable and better health and wellbeing for people, whānau and communities, as well as making it easier for our workforce and our providers to do their work.
- **Collaborate with our workforces** and their representatives, including unions, professional bodies, education institutions and training organisations, to grow and support our workforce, both rural and urban, to deliver what is needed.
- **Support our communities** by partnering in localities with Iwi Māori Partnership Boards, the Public Health Agency, National Public Health Service, government agencies and local government to build healthy environments that enable people to thrive.
- **Work collaboratively** across departmental agencies and Crown entities in the health sector, including Whaikaha – Ministry of Disabled People, Te Aho o Te Kahu – Cancer Control Agency, the New Zealand Blood Service, ACC, Pharmac, the Health Quality & Safety Commission and the Health Research Council. We will recognise the leadership of Te Hiringa Mahara – Mental Health and Wellbeing Commission working group, and the Health and Disability Commissioner and the opportunities this presents for improvements in our health service delivery system.

We will deliver on the reform

Government has outlined, in the interim Government Policy Statement on Health, what it expects the health system to deliver and achieve over the next two years. Alongside this, Government has prioritised five key shifts to be delivered by Te Whatu Ora and Te Aka Whai Ora.

There are four sections in Te Pae Tata: People and whānau at the heart of health; Priorities for improving health outcomes and equity; A unified, smarter, sustainable and equity-led health system and Priority populations. The broad range of actions are required to establish the foundations, implement Government priorities and deliver health services across Aotearoa.

Our six priority actions

Below we outline the core actions that create the backbone for success responding to the interim Government Policy Statement on Health and delivering on the Government commitment to five key shifts:

1. **Place whānau at the heart of the system to improve equity and outcomes**
   a. Implement mechanisms that ensure Te Whatu Ora and Te Aka Whai Ora value the voices of consumers and whānau in all service design and improvements, including Māori, Pacific, Tāngata whaikaha | Disabled people, ethnic and rainbow communities.
   b. Improve equity and outcomes by implementing service change and innovation in five priority areas:
      i. **Pae ora** | Better health in our communities
      ii. **Kahu Taurima** | Maternity and early years
      iii. **Mate pukupuku** | People with cancer
      iv. **Māuiuitanga taumaha** | People living with chronic health conditions
      v. **Oranga hinengaro** | People living with mental distress, illness and addictions
   c. Implement the Pacific health plan priorities.
   d. Implement the Health of Tāngata whaikaha | Disabled people plan priorities.

2. **Embed Te Tiriti o Waitangi across the health sector**
   a. Embed the principles and obligations of Te Tiriti o Waitangi and implement the Māori health improvement plan.

3. **Develop an inclusive health workforce**
   a. Grow the numbers and diversity of the health workforce, including Māori, Pacific and Tāngata whaikaha | Disabled people, to meet demand by addressing critical workforce gaps and ensuring workforce pipelines for future growth.
   b. Implement Te Mauri o Rongo | the Health Charter, and monitor actions to improve the workplace experience of the healthcare workforce.
   c. Develop an inclusive leadership and culture increasing the number of Māori, Pacific and Tāngata whaikaha | Disabled people in leadership and decision-making roles across the system.

4. **Keep people well in their communities**
   a. Implement the localities model across Aotearoa with locality partnership groups and provider networks to ensure all New Zealanders are part of a locality, with published plans agreed with Iwi Māori Partnership Boards.
   b. Establish the National Public Health Service, embedding Te Tiriti and leading implementation of a population health approach across service commissioning and localities, including working with Iwi Māori Partnership Boards.
   c. Establish comprehensive primary and community care teams within locality provider networks and improve access to healthcare for rural and remote communities.
   d. Implement the Reset and Restore Planned Care Plan with demand balanced across sites to maximise delivery to all our communities, utilising all the resources available.

5. **Develop greater use of digital services to provide more care in homes and communities**
   a. Scale and adapt population health digital services developed to support the COVID-19 response to serve other key population health priorities.
   b. Improve the interoperability of data and digital systems across the hospital network, and between primary, community and secondary care settings.
   c. Improve digital access to primary care as an option to improve access and choice, including virtual after-hours and telehealth, with a focus on rural communities.

6. **Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system**
   a. Implement a new national, regional and local organisation structure that unifies and simplifies the system including a consistent standardised operating model for corporate functions, including people and culture, finance, commissioning, hospital and specialist, data and digital and infrastructure.
   b. Capture the efficiencies of consolidation to redirect resources to the delivery of healthcare with an emphasis on reducing the overall proportion of expenditure related to corporate costs, redeploying those savings to frontline staff and services.
   c. Create and implement actions to deliver national consistency in data and digital capability and solutions across Te Whatu Ora including streamlining duplicate legacy systems inherited from DHBs and Shared Service Agencies, to improve intra-operability and reduce operating costs.
   d. Deliver the approved capital projects that are underway, to ensure that project milestones are met, and benefits realised.

e. Deliver a national asset management strategy and capital investment plan to inform Budget 2024, and out years, including the information solution strategy, requirements and road map for asset management and investment analysis.
f. Build the national procurement and supply chain function that implements supply chain strategy, policies, and guidance.
g. Implement a climate sustainability and response plan across the health sector.

Performance accountability

Te Pae Tata has a broad range of actions, and Te Whatu Ora and Te Aka Whai Ora must build the confidence of the Government, providers, the workforce and New Zealanders that the reform is making affordable decisions and having the impact needed. We are integrating the platforms and performance measurement systems of 26 agencies starting with maintaining current performance measurement systems.

In these first two years, we begin with the existing performance measures, including those in the interim Government Policy Statement on Health. We will report against the achievement of the actions outlined in this plan and on our national and regional financial performance.

From 1 January 2023, we will have new system performance improvement measures. These measures will start to demonstrate what New Zealanders can expect from our system.

Finally, the affordability of these changes is underpinned by financial planning. Government is supporting this transition with a two-year funding pathway providing the necessary financial certainty for our first two years of operation.

In Te Pae Tata all the actions are:

- directly funded as an initiative in Budget 22; or
- funded by a previous budget decision where the revenue has transferred to Te Whatu Ora from the Ministry of Health; or
- funded by the consolidation of existing resources; or
- funded by the re-commissioning, meaning redesign and re-contracting, of existing services.

Delivering on Government's expectations

Te Pae Tata is about delivering on the Reform.

Te Pae Tata delivers on the five key shifts with actions that will ensure the intentions of Government are reflected in the achievements of Te Aka Whai Ora and Te Whatu Ora:

The health system will reinforce Te Tiriti principles and obligations: By committing to the principles and obligations of Te Tiriti, adopting learnings and making the service changes that improve equity of access and outcome for Māori. This includes expanding Te Ao Māori health services.

All people will be able to access a comprehensive range of support in their local communities to help them stay well: Strategies include introducing a locality approach across Aotearoa, establishing comprehensive primary and community care teams, and increasing the range of Te Ao Māori and Pacific-led services in communities. It also means ensuring the needs of Tāngata whaikaha | Disabled people are included in service development.

Everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live: By establishing inclusive leadership and networks that drive equitable access regionally and nationally. This includes ensuring the system is consistent and people can access the care they need from the hospital networks, through ambulance and air transport, and through telehealth consultations.

Digital services will provide more people with the care they need in their homes and communities: Through expansion of telehealth access for primary care and specialist services, especially for those who cannot and do not access these services now. A national approach to digital solutions will be adopted to improve the capacity of services for digitally-enabled service delivery, to increase digital access options and improve digital literacy.

Health and care workers will be valued and well-trained for the future health system: This includes growing our workforce, driving urgent solutions to increase Māori and Pacific participation, and starting to resolve the workforce pipeline challenges, such as for doctors, nurses and midwives. We will work out how to employ a more professionally-diverse workforce, ensuring a wide range of multidisciplinary and unregulated roles are supported in teams.

Te Pae Tata delivers on the interim GPS with actions that will ensure the intentions of Government are reflected in the achievements of Te Aka Whai Ora and Te Whatu Ora.

Achieving equity in health outcomes: Establishing actions that ensure that equity in access and outcomes is a critical change in Te Pae Tata. Our approach to equity includes ensuring inclusive leadership, embedding equity in digital innovations and service redesign, and the removal of barriers to equity by growing Te Ao Māori and Pacific service delivery models and ensuring accessibility for Tāngata whaikaha | Disabled people.

Embedding Te Tiriti o Waitangi across the health sector: Te Pae Tata has been developed jointly by Te Whatu Ora and Te Aka Whai Ora. It embeds support for the Iwi Māori Partnership Boards, grows Māori leadership and develops services informed by mātauranga Māori. It also embeds actions to create a culturally safe workforce and ensure accountability across the system for equity of access and outcome for Māori.

Keeping people well in their communities: Te Pae Tata takes action to ensure communities can access a comprehensive range of support through a range of services and support locally to help people and whānau stay well. Actions include introducing a locality approach across Aotearoa, establishing comprehensive primary and community care teams, increasing the range of Te Ao Māori and Pacific-led services in communities and expanding digital technologies. Reducing variation to improve equity of service access and outcomes to planned and urgent specialist and hospital services. This includes ensuring the system is consistent and people can access the care they need from the hospital networks, through ambulance and air transport, and digital health care.

Developing the health workforce of the future: Te Pae Tata takes action to grow, strengthen and value our workforce. This includes driving urgent solutions to grow our workforce, increase Māori and Pacific participation, and starting to resolve the workforce pipeline challenges. It includes actions that will enable us to employ a more professionally-diverse workforce, ensuring a wide range of multi-disciplinary and unregulated roles across the health system.

Ensuring a financially sustainable health sector: Te Pae Tata will simplify the organisation of health service delivery. In this first year, the focus will be on merging the 20 district health boards and their seven shared service agencies into a single entity with a single operating model. We will take actions to unify and simplify the systems of decision making; nationalising enablers including procurement, data and digital systems, long term planning, infrastructure investment choices and workforce planning. It also reduces duplication and concentrates resources to achieve improvement in outcome and equity across priority areas of health service delivery.

Building our foundations

The foundations of our new health system are to improve equitable health outcomes, embed Te Tiriti, implement a population health approach, drive equity of outcomes and access, and to be a sustainable system.

Health equity matters for everyone

Our drive for health equity is the first foundation of our transformed health system and Te Pae Tata. We aspire to service delivery that gives all New Zealanders the opportunity to achieve good health and wellbeing outcomes, regardless of who they are or where they live. Equity is not only an issue of fairness; it is essential for building an inclusive society and economy where everyone can thrive. Although both equality and equity promote fairness, equality treats everyone the same regardless of need, while equity treats people differently acknowledging their different needs.

The Ministry of Health explains equity as follows:

'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.'

Despite decades of effort to address inequities, our health system has continued to underserve a number of groups in Aotearoa, including Māori, Pacific people, Tāngata whaikaha | Disabled people, rural communities, those on low incomes, and rainbow and ethnic communities. Inequities experienced by these groups can be demonstrated through differences in life expectancy. For instance, while on average New Zealanders are living longer, life expectancy for Māori is seven years less than non-Māori, six years less for Pacific people and 18-23 years less for people with an intellectual/learning disability.

The variation in service availability across Aotearoa is commonly identified by people as unfair – and is sometimes called a 'postcode lottery'. Where you live can have a direct impact on whether you can reasonably access a health service that can help you. We also know that the type of service available and how it works can also exclude some people. This can be because you need to have a good understanding of the health system to access and complete treatment, or there may be financial, distance, cultural or digital barriers to that care working for you. This means that some people are more likely than others to access health services and complete the care they need.

We will work to improve access to health services that work for our communities. It doesn't mean that every service or type of service must be everywhere, but that people have the ability to access comprehensive care in their community, and emergency and specialist care when they need it.

We will develop Te Ao Māori and Pacific services that reflect the needs of these communities to ensure they can access care in our communities. We will also ensure that Tāngata whaikaha | Disabled people, rural communities, the rainbow community, refugee and migrant communities, and all our communities, have access to services that work for them.

We acknowledge our obligations under the UN Declaration on the Rights of Indigenous Peoples and the UN Convention on the Rights of Persons with Disabilities.

Embedding a Tiriti-dynamic health system

To meet our obligations as Crown agents, we are building a health system that embeds Te Tiriti o Waitangi as its foundation. This means placing Te Tiriti at the forefront of thinking and providing opportunities to enact Te Tiriti principles and articles to improve health outcomes for Māori. It involves changing the way the system functions to address bias and discrimination, balancing leadership between the Crown and Māori communities, sharing decision-making and resources, and making the whole health system accountable for Māori health equity.

Te Aka Whai Ora has specific roles in the system to achieve this, including:

- Working with Te Whatu Ora in the design and delivery of services impacting on Māori health.
- Working with the Ministry of Health and Te Puni Kōkiri to monitor outcomes for Māori.
- Enabling and supporting Iwi Māori Partnership Boards and strengthening the voice of whānau.
- Commissioning Te Ao Māori solutions and services specifically developed with and for Māori.
- Improving service delivery and outcomes with and for Māori at all levels of the health sector.
- Undertaking and promoting public health measures, including commissioning public health programmes.

Waitangi Tribunal *Hauora* Report 2019 and Te Tiriti

The 2019 *Hauora* Report from the Waitangi Tribunal discusses the failings of past attempts to apply Te Tiriti within the health sector. In response, the Waitangi Tribunal recommended that a series of principles be applied to the primary healthcare sector and wider health system.

The actions in Te Pae Tata strive to uphold Te Tiriti o Waitangi. The articles of Te Tiriti provide us with an enduring foundation to our approach and the principles of Te Tiriti, as articulated through the health sector principles in the Pae Ora (Healthy Futures) Act 2022, help to guide our approach.

Overarching examples of how our health reform and the actions in Te Pae Tata embed Te Tiriti o Waitangi articles and principles are outlined below:

NGĀ KUPU O TE TIRITI – ARTICLES OF THE TREATY
Article one: Te Whatu Ora and Te Aka Whai Ora will take responsibility for their respective aspects of good mana whakahaere (governance). This means actively protecting Māori interests and aspirations to secure equitable outcomes for Māori. To do this we will consider Māori world views of health including mātauranga Māori, and take bold action to address discrimination, bias and systemic racism throughout the system.
Article two: We recognise that Māori are unique and indigenous (mana motuhake). The health sector will enable Māori to exercise their authority over Māori health in accordance with Māori philosophies, values and practices. Te Aka Whai Ora will facilitate and resource Iwi and Māori development and, along with Iwi Māori Partnership Boards, they will be equipped to exercise self-determination at all levels of the system.
Article three: We will deliver equitable health outcomes for Māori across the mana tangata (health sector). Te Whatu Ora and Te Aka Whai Ora will enable and support the voice of whānau in the design and delivery of services that are culturally safe and produce equitable outcomes.
Ritenga Māori declaration: We will actively protect and enable Māori cultural identity and mana Māori (integrity). This involves Te Whatu Ora and Te Aka Whai Ora jointly investing to grow the reach of kaupapa providers and Te Ao Māori solutions across our health sector, while also developing the health sector's understanding and application of Te Ao Māori approaches and models. This will give Māori more choice when services are needed and recognises the diversity within Māori society.

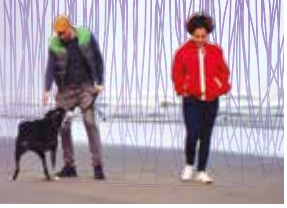
Enacting the principles of Te Tiriti

The health sector principles in the Pae Ora (Healthy Futures) Act 2022 incorporate key outcomes and behaviours from the principles of Te Tiriti, as articulated by the courts and the Waitangi Tribunal.

- **We will enable and support Māori** through genuine and meaningful engagement in the design, delivery, and monitoring of health services to reflect their needs and aspirations and improve hauora Māori outcomes.
- **We will be committed to achieving equitable health outcomes for Māori**. This means recognising different approaches and resources better aligned to achieving equitable access to services, levels of service and health outcomes.
- **We will ensure Māori are able to exercise decision-making authority** to gain equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Māori partners under Te Tiriti are well informed on the extent of efforts to achieve equitable health outcomes for Māori.

- **We will provide for Te Ao Māori health and disability solutions**. Furthermore, the Crown and its agents are obliged to ensure that all health and disability services are delivered in culturally safe and responsive ways that recognise and support the expression of hauora Māori models of care. Te Whatu Ora and Te Aka Whai Ora will work with the health sector agencies and Whaikaha, and be informed by the lived experiences of Māori to continuously improve services and health outcomes for Māori.
- **We will work in partnership with Māori to establish promotional and preventative measures to protect and improve Māori health and wellbeing**, through adopting population health approaches and addressing the wider determinants of health. This includes working collaboratively with other agencies and organisations.

Implementing a population health approach



A population health approach recognises that our health and wellbeing is influenced by many factors that are sometimes outside of our control and often outside the reach of the health system, such as housing quality, employment and income. Our health system will take a population health approach to our collaboration with communities, to work together to plan, design and deliver health services.

The population health approach is well articulated in the Māori concept of pae ora, which highlights the three interrelated components that impact our health and wellbeing:

MAURI ORA

Mauri ora is about healthy individuals and ways of living. To enjoy good health and wellbeing, people need their culture affirmed, a sense of identity and autonomy, and the ability to make healthy choices. This includes the food and drinks we consume, how well we can engage in physical activity, and the impact of alcohol and other drugs on our lives.

WHĀNAU ORA

Whānau ora is about healthy families and ensuring whānau are empowered to thrive, live healthy lifestyles and experience intergenerational wellbeing. This includes a sense of belonging and secure identity, access to good healthcare, housing and education, and being able to confidently participate in society.

WAI ORA

Wai ora is about healthy environments, the ability to engage and the quality of interactions we can have with our surrounding environment. This includes access to safe drinking water, clean air, quality housing, active transport options and being prepared for any emergencies. It also means that we must be good guardians of the land and natural resources.

Working alongside the Public Health Agency, local government and our cross-sector partners, we will shape and influence the environments that impact on people's health and wellbeing, empowering people and whānau to be supported in healthy choices and to pursue healthy lives.

Ensuring a sustainable health service delivery system

The transformation of the health service delivery system to meet the complex demands of our growing and ageing population is underpinned by a premise that a more affordable health system is one that invests in keeping people, their whānau and their communities well and out of hospital. It must address persistent inequities and be nationally-consistent so that health service delivery responds fairly, regardless of who you are and where you live.

The most significant driver of medium- and long-term sustainability will be the shift to models of care and service delivery models that:

- Make better use of interdisciplinary teams, with a greater mix of workforce roles so both the regulated and unregulated workforces collaborate to deliver great care.
- Use digital technologies to simplify care, enable greater self-management and support flexible options for people to access care.
- Ensure joined-up, integrated care within communities to reduce duplication and ensure services are connected for people and whānau when they need them.
- Reflect the population health approach to prevent avoidable illness, and intervene early to reduce the effects and delay the onset of complex health conditions.
- Plan and manage the introduction of new treatments, devices and health technologies.
- Embed a national clinical governance system to improve service quality and safety.
- Implement national and regional networks to drive service consistency.
- Ensure the services we provide reflect the needs of our patients and whānau, meaning we can reduce demand created by failure to intervene early and support whānau in their wellbeing.

It is also establishing a new operating model that will reduce bureaucracy, reduce duplication and avoid waste in health service delivery, and support our healthcare workforce and our communities to build healthy futures.

Section 1:

People and whānau at the heart of health | Ko te pūtake o te ngākau hauora, ko te whānau, ko te tangata

The reason for reforming the health system – and for Te Pae Tata – is to create a more equitable, accessible, cohesive and people-centred system to improve the health and wellbeing of all New Zealanders. This means people will be far more involved than they are today in determining what good care looks like.

We want to build a system that is always thinking about the people and whānau it serves, making sure that the delivery of health services works for them and genuinely improves health outcomes. This requires a high-performing health system where people participate in the design and delivery of care that supports them to live well in their communities. All people – whether they are using, delivering, planning or leading services – are central to this change.

In practice, this means we:

Put people and whānau at the centre, with people having more influence over how we plan and design services, and shape the care available to them locally.

Support our workforce whānau by making healthcare a better place to work, ensuring we have enough people, and the right people, with the right skills in the best places.

Establish inclusive leadership and build a culture of safety that implements Te Mauri o Rongo – The Health Charter.

Use data and intelligence in smarter ways to plan services based on who people are and where they live, and measure the experience of consumers and whānau, to ensure our system is responsive, accessible and equitable.

Te Mauri o Rongo – The Health Charter

Te Whatu Ora and Te Aka Whai Ora developed Te Mauri o Rongo – The Health Charter to guide the culture, values and behaviours of the health sector. It guides how health providers, including Te Whatu Ora and Te Aka Whai Ora, will relate to each other and together serve our whānau and communities to improve health outcomes and build towards pae ora. At the time of publication the Charter is in draft form and due to be consulted through the sector. We will do this in practical ways, including by:

- Caring for the people who care for the people.
- Recognising, supporting and valuing our people and the work we all do.
- Working together to design and deliver services.
- Defining the competencies and behaviours we expect from everyone, especially those in leadership.
- Recognising when things are not working and being responsive to address the problems.

Te Mauri o Rongo – The Health Charter will be the foundation for how we value and harness the voice and expertise of the health workforce to empower them in their work with each other and those they serve. It applies to the whole health sector workforce, including the Ministry of Health, NGOs, the primary and community care sector, and private providers. We are a whānau of five million, a workforce of 240,000 and together we can improve our health and wellbeing.

1.1

Valuing the voices of consumers and whānau

Transformation of health and healthcare requires people to be at the heart of everything that we do, driving the direction of change so that the care we provide enables people to thrive. We will amplify the voices of consumers and whānau to ensure that when we plan and design health services, we have the mechanisms in place to be held to account for acting on people's feedback. People deserve better experiences and outcomes when using health services.

We will ensure we hear the voices of people. We will strengthen the voices of Māori under our obligations to article three of Te Tiriti o Waitangi and listen to the voices of Pacific people and Tāngata whaikaha | Disabled people. There will be simpler ways for all our communities, including migrant, refugee, rural communities, the rainbow community and others to engage with decision-makers at national and regional levels.

Te Whatu Ora will support the Health Quality and Safety Commission (HQSC), the Health and Disability Commissioner, Whaikaha Ministry of Disabled People and the Aged Care Commissioner to ensure appropriate mechanisms exist to hear and respond to consumer voices, including establishing a National Consumer Forum so that the health sector can more easily and consistently engage with diverse communities, along with a Code of Expectations to guide what excellent engagement looks like across Aotearoa.

VALUING THE VOICES OF CONSUMERS AND WHĀNAU ACTIONS
Implement mechanisms that ensure Te Whatu Ora and Te Aka Whai Ora value the voices of consumers and whānau in all service design and improvements: · Establish national consumer leadership network · Measure and publish consumer and whānau experience · Implement people and whānau centred design.
Build on a national Pacific community and lived experience engagement framework to include and embed diverse Pacific voices into the design, delivery and performance of the health system.
Build a platform with Whaikaha | Ministry of Disabled People to include Tāngata whaikaha | Disabled people voices in the design, delivery and performance of the health system.
Build a platform with the Ministry for Ethnic Communities - Te Tari Mātāwaka to include diverse ethnic voices in the design, delivery and performance of the health system.
Build a platform with the Rainbow community to include their voices in the design, delivery and performance of the health system.

1.2

Strengthening workforce whānau

We know our health workforce is highly capable and dedicated. It includes those who are employed by Te Whatu Ora and Te Aka Whai Ora, along with people employed in our provider networks, including private, Iwi Māori, Pacific and NGO providers and charitable organisations.

For many years and particularly through the COVID-19 pandemic, they have worked above and beyond the call of duty to keep New Zealanders healthy and living well. We know our workforce is experiencing increasing strain with many in our workforce feeling tired. Tackling burnout, understaffing and the pressures created by COVID-19 will take time, and we are starting today.

We face challenges in having enough of the right people in the right places at the right time. There is global competition for trained and experienced people, and pressures from shortages contributing to overwork and staff dissatisfaction. Our workforce is aging and we need to find new responses to support our older workforce. These pressures are apparent in many professions, with current acute shortages of general practitioners, medical officers, nurses, midwives and some allied health and technical staff.

We are committed to ensuring that there are appropriate staffing resources to meet demand for the services we provide. This means growing, nurturing and developing a diverse workforce that feels valued and chooses healthcare as a lifelong career. It also means recruiting and retaining appropriate numbers of the right people with the right skills, cultural competence and values aligned with those in Te Mauri o Rongo – The Health Charter, and investing in ongoing professional development. It also means valuing the work of kaimanaaki and kaiāwhina across our system.

A Workforce Taskforce has been established to prioritise a national work programme that addresses barriers to improving workforce pipelines and address critical staffing shortfalls. We have existing workforce strategies, including the Māori Health Workforce Plan and the Ola Manuia | Interim Pacific Health Plan, that we will implement.

Te Whatu Ora and Te Aka Whai Ora begin as new entities committed to partnering with unions to ensure that staff are heard, can feel safe in their workplace, prioritising staff wellbeing and having a workplace free of bullying, racism, fatigue and burnout. Te Pae Tata requires investment in workforce training and development. We will ensure that staff are enabled and feel supported to have a voice and know that they are heard and valued, with more influence in the decisions that affect them. We will develop transformational leadership, with servant leaders who empower and listen to their workforce.

The implementation of Te Mauri o Rongo – The Health Charter is a critical element in building our operating culture to ensure we value the contribution of our workforce. The title 'Te Mauri o Rongo' – 'the Lifeforce of Rongo' refers to Rongo-mā-Tāne the deity of peace and cultivated food.

This name reflects our intention to provide a calm and stable working environment for kaimahi hauora, while recognising that working in health is often complex and emotionally engaging. It guides how leadership and those working in health relate to each other, serving our whānau and communities to continually improve their health outcomes and contribute to pae ora for all. Te Mauri o Rongo – The Health Charter is deliberately grounded in Te Ao Māori and Māori conceptions of leadership; it is intended to respond to the challenge of a Te Tiriti-centred leadership, workforce and health system.

We need our partners to collaborate with us to grow our workforce, partnering across government departments and ministries, professional councils and employee associations, universities, regulatory activities and unions. We also need our education providers, the Ministry of Education and the Tertiary Education Commission to work with us to ensure we are creating the workforce needed to serve our communities.

Finally, we will work with the government direction in pay parity and pay equity.

STRENGTHENING WORKFORCE WHĀNAU ACTIONS
Implement programmes to grow the numbers and diversity of the health workforce, including Māori, Pacific and Tāngata whaikaha | Disabled people, to meet demand by addressing critical workforce gaps as identified by the workforce taskforce.
Implement a workforce pipeline that is informed by intelligence (including a Common Person Number), works with education providers and professional bodies to ensure education and training programmes are in place to grow a quality and diverse healthcare workforce that supports all healthcare providers.
Work in partnership with responsible authorities to standardise professional and regulatory requirements across Te Whatu Ora, Te Aka Whai Ora and ACC to enable registered and unregistered staff to have training and experience pathways to advanced roles and improved interdisciplinary working across urban and rural health services.
Support the Government's planning for future investments in pay equity and pay parity to ensure a fair health workforce environment.
Support educational interventions to increase Māori and Pacific access to health professional training, building the workforce pipeline to grow Te Ao Māori and Pacific services.
Implement and monitor a programme providing nationally consistent cultural safety training to Te Whatu Ora and Te Aka Whai Ora workforces.
Informed by Te Mauri o Rongo | the Health Charter, implement and monitor actions to improve the workplace experience of the healthcare workforce.

1.3

Developing an inclusive leadership and culture

Leadership and culture are critical to the effectiveness and sustainability of our health system. Effective leaders set the tone of an organisation, motivating and supporting others to succeed. They also ensure that the teams they manage or the people they influence are moving towards the same goal: better health and wellbeing for all.

Leadership in the health system will be inclusive, reflecting the diversity of the communities we serve. We will strengthen and grow Māori leadership to ensure Māori are empowered to govern throughout the health system. We will also expand leadership by Pacific people and Tāngata whaikaha | Disabled people to ensure services are accessible and appropriate, with improved outcomes for those underserved by the system.

Our leaders will support a culture that is safe and supportive – one where there is zero tolerance for harassment, discrimination and bullying. This includes appropriate options and support that discourage unacceptable behaviour and encourage people to speak out when needed. Leaders will also support staff to succeed in their job and build a fulfilling career in the health sector. We want our workforce whānau to feel truly valued for the critical role they play in helping people to live longer, healthier and more independent lives.

DEVELOPING AN INCLUSIVE LEADERSHIP AND CULTURE ACTIONS
Increase the number of Māori, Pacific and Tāngata whaikaha | Disabled people in leadership and decision-making roles across the system.
Establish the Pae Ora Leadership Institute to develop our existing and future leaders in health.
Establish Pacific-led regional leadership structures for Pacific health in each region.
Establish a national dedicated Tāngata whaikaha | Disabled people strategic leadership team.

1.4

Strengthening the use of health insights and intelligence

Insights and intelligence data about the people we serve are crucial to keep people and whānau at the centre of service design, delivery and performance. Along with mātauranga Māori and quantitative data, this creates a whole and detailed picture of health service performance and whether people's needs are being met. These data will inform plans to meet service needs as our population grows, ages and becomes increasingly diverse. We will have an evidence base to inform timely decisions around adjustments to health service settings, and to respond to feedback from consumers and whānau.

We currently collect and maintain many datasets about our health system, but we have limited capacity and tools to bring information sources together to draw insights. We also have gaps in our knowledge, particularly in understanding the contributions of primary care and NGOs to health outcomes, along with understanding and measuring people's unmet needs. Developing this understanding is critical to improve health inequities. The Waitangi Tribunal Health Services and Outcomes Inquiry found opportunities for important improvements to the collection, use and availability of data for Māori health.

Our priority is to integrate our information sources to generate insights across the health system, and to understand the voices and feedback from consumers and whānau. We will close our data gaps and continuously improve our data quality. Our system intelligence function will be strengthened across data collection, knowledge synthesis, monitoring and evaluation to optimise responsive decision-making.

Māori sovereignty principles will be embedded in how we manage and use data. Health service organisations will treat health information as taonga/taoka for all groups of people, adhering to the Data Protection and Use Policy along with social service data users across Aotearoa. We will respect and value the people at the centre of our intelligence and insights. The interpretation and use of intelligence about communities will be led and interpreted by those communities, including our Pacific people and Tāngata whaikaha | Disabled people.

STRENGTHENING THE USE OF HEALTH INSIGHTS AND INTELLIGENCE ACTIONS
Establish intelligence and insight leadership that ensures Te Ao Māori, Mātauranga Māori, Pacific and Tāngata Whaikaha | Disabled people's world views are reflected in the use of health intelligence.
Implement a nationally consistent system of data capture, analytics and intelligence that supports the use of health intelligence and insights to ensure equity of access and outcomes from all health services across Aotearoa. This will include: • the Patient Profile and National Health Index to identify Tāngata whaikaha | Disabled people's experience of health, and • Geographic Classification for Health.

Section 2:

Priorities for improving health outcomes and equity | Ngā whakaarotau ki te mana taurite me te whakapiki i ngā putanga hua hauora

Our system will respond to the needs of all New Zealanders, to improve health outcomes and the equity of those outcomes.

One of the primary goals of health reforms is to improve health outcomes and achieve health equity for populations with poorer experiences of health outcomes. Over the next two years, we will drive improved health outcomes and equity by focusing on the areas with the greatest opportunity for health gain, particularly for Māori, Pacific people and Tāngata whaikaha | Disabled people.

Priority areas to improve health outcomes for all, with attention to equity, are:

- **Pae ora** | Better health in our communities.
- **Kahu Taurima** | Maternity and the early years.
- **Mate pukupuku** | People with cancer.
- **Māuiuitanga taumaha** | People living with chronic health conditions such as diabetes, heart disease, respiratory conditions, stroke and gout.
- **Oranga hinengaro** | People living with mental distress, illness and addictions.

We are also prioritising action on climate change to protect the future health of our communities.

These priority areas for health gain are not new; they are areas where inequities continue to persist despite significant effort to shift outcomes for the people who are underserved by the health system.

Over the next two years, changes to structures and settings will support new models of care to achieve equitable health outcomes for all New Zealanders in the priority areas for health gain.

2.1

Pae ora | Better health in our communities

Supporting the healthy futures of the people and whānau we serve is the intention of the Pae Ora legislation. Health and wellbeing, including mental health, is more than the absence of illness; it is the opportunity to live in environments where they can thrive, connected to their communities and their environments. To support our communities, the National Public Health Service and Service Commissioning will work with locality provider networks and communities to support a whānau and community-led approach for improved wellbeing. One that is coordinated and coherent, reflecting their strengths and aspirations.

The good news is that poor health is not a foregone conclusion. The majority (83.5 percent) of health loss in Aotearoa is due to non-infectious disease, with four types of illness accounting for half of this health loss, including cancer, cardiovascular disease, mental ill-health and musculoskeletal disorders. Many of these conditions are potentially preventable.

Strengthening the prevention of illness involves consideration of a broad range of factors that influence people's health. Te Whatu Ora and Te Aka Whai Ora will work with partner agencies to influence improvements in:

- **Physical environment:** Air and water quality, and access to active transport and green spaces.
- **Social and economic environment:** Poverty, education, employment, housing, social connectedness, racism, ableism and ageism.
- **Commercial environment:** Promotion of products and choices detrimental to health, including alcohol, tobacco and unhealthy food.

We are embedding a population health approach to take these factors into account. This will involve implementing the five strategies from the WHO Ottawa Charter for Health Promotion, including to build healthy policy, create supportive environments, strengthen community action, develop whānau, and reorientate health services.

People will live healthier lives when they feel part of an inclusive community, have access to safe, good-quality housing, and are active with good nutrition and emotional support. Achieving improved community wellbeing will involve the leadership of Iwi Māori Partnership Boards, hapū, communities, local government, health and social services, along with other agencies and organisations. Our COVID-19 response demonstrated that communities have the strength and capability to improve health and intervene early to prevent illness. Over the next two years, we will build on these achievements, continuing to adopt a preventive and proactive approach to supporting wellbeing.

We will systematically address the determinants of health, working alongside the Public Health Agency to support a 'health in all policies' approach. Stronger partnerships across a range of agencies will create physical, social and commercial environments that promote health and wellbeing, making the healthy choice the easy choice.

We will take a fresh approach to commissioning services. Our approach aims to support whānau to have access to prevention and early interventions to:

- Empower whānau to take charge of their own wellbeing.
- Ensure that mental health and physical wellbeing are recognised as interdependent.
- Create flexible options for communities to access screening and early intervention services.
- Strengthen providers who work with whānau to support healthy ways of living, along with prevention and early detection of illness.
- Provide outreach services where needed for whānau to access care.

We will need a diversity of delivery models around Aotearoa to respond to the varying needs, strengths and aspirations of local communities and localities. We cannot underestimate the value of local communities' insights and experiences, and we will draw on this expertise to embed a population health approach.

PAE ORA ACTIONS
Implement healthy public policies locally and regionally, to reduce harm from alcohol and other drugs, tobacco, unhealthy foods and obesogenic environments for all communities, with a focus on those with high proportions/ numbers of Māori, Pacific and other groups with inequitable outcomes.
Working with the Mental Health and Wellbeing Commission Locality Plans will support improved mental health and wellbeing and reduced harm from alcohol and drugs in local communities.
Engage with HUD, Kainga Ora, and MSD on options to ensure that people with enduring mental illness and addiction problems can access sustainable housing.
Commission approaches to support greater health and wellbeing making the healthy choices the easy choice for people at risk of chronic conditions and for families raising small children.
Reduce the impact of suicide on communities, including approaches consistent with mātauranga Māori, by accelerating the implementation of the Every Life Matters | He Tapu te Oranga o ia Tangata, Suicide Prevention Action Plan 2019-2024.
BUDGET 21/22 AND GOVERNMENT PRIORITIES
Implement the HIV Action Plan Budget 22.
Implement the Smokefree 2025 Plan with the Public Health Agency.
Implement the Budget 21 expansion of the Healthy Homes initiative.
Develop a national plan to reduce the threat of antimicrobial resistance.
Implement the National Hepatitis C Action Plan for Aotearoa New Zealand.
Ensure national consistency in early support for people and whānau experiencing family harm and violence by connecting them to community providers – Budget 22.

2.2

Kahu Taurima | Maternity and early years

Kahu Taurima will drive the integration of maternity and early years services for a child's first 2,000 days, from conception to five years old, across Aotearoa. These first 2,000 days lay the foundation for a child's entire future; it is a critical period that impacts lifetime health and wellbeing. Mātauranga Māori, along with conventional published evidence, supports investment in and support for the first 2,000 days so every child gets the strongest start to life.

Aotearoa has obligations under the United Nations Convention on the Rights of the Child to ensure basic and fundamental rights for our tamariki. We have more than 60,000 babies born every year and 60,000 opportunities to support a healthier future for them all. Kahu Taurima will focus on our pēpi, tamariki and support for strong, healthy, empowered whānau. It will ensure whānau are well informed about their options and the standard of care they can expect to receive.

Our universal services have supported families through Lead Maternity Carers (LMCs) – mostly midwives and Well Child Tamariki Ora services provided by midwives and NGOs. Over many years, these universal services have been under pressure with little opportunity for change. Increased service fragmentation is seen by patients and whānau as limiting the options to receive the care that best meets their needs.

There is a lack of maternal mental healthcare and whānau with greater needs often feel they do not receive adequate support. For some parents, service fragmentation is made worse by social difficulties such as poor quality housing and family violence.

In these first 2,000 days, the preventable inequity experienced by whānau Māori, Pacific and Tāngata whaikaha | Disabled people is significant. Pregnant Māori women and their pēpi experience poorer service access and outcomes. Pregnant Māori and Pacific people have the highest maternal death rates and are less likely to be cared for by a specialist LMC or obstetrician through most of their pregnancy.

Support for whānau with the greatest needs does not come from the health system alone. At the same time, the Whānau Ora Commissioning Agency and the two place-based initiatives, the South Auckland Social Wellbeing Board and Manaaki Tairāwhiti, have demonstrated that health services can contribute to whānau wellbeing by acting as an engagement point for meaningful support. This is more effective when health services partner with whānau, communities and the social sector to provide flexible, relationship-based, cohesive support across a range of health and social needs and aspirations. It is also important to recognise the expertise of kaumātua and pakeke

in the development and care of the whānau network.

The Kahu Taurima programme of work will take bold steps to change the commissioning of services to support our whānau and materially improve the first 2,000 days of life. We will work with whānau, communities and service providers to design and commission integrated models of care for culturally-appropriate, holistic health and social support for all whānau. These new models of care will be intensified according to need and local aspirations to optimise child development, establishing the building blocks for a positive life course.

KAHU TAURIMA ACTIONS
Redesign the universal model of care, working with LMCs and Well Child Tamariki Ora providers to implement a more flexible and responsive model.
Design and commission Te Ao Māori, whānau-centred and Pacific whānau-centred integrated maternity and early years services.
Redesign community-based oral health services for children so they are responsive to Māori whānau and Pacific aiga to reduce the inequity of access and outcomes.
Ensure national consistency and increased access to urgent oral surgery for children.
Provide education and resources to providers for the care of disabled parents and parents welcoming babies with impairments, aligned with the principles of Enabling Good Lives.
BUDGET 22 AND GOVERNMENT PRIORITIES
Establish maternal mental health and wellbeing pathways of care, including pathways for bereavement and access to specialist mental health services – Budget 22.
Improve access and consistency of access to neonatal retinal screening for premature babies – Budget 22.
Extend the Well Child Tamariki Ora Enhanced Support Pilots as part of these integrated care models – Budget 22.
Support Place based initiatives, including South Auckland and Manaaki Tairāwhiti. Extend the capacity of the health sector, including providers, to participate in place-based, integrated health and social sector services approaches – Budget 22.
Implement the health sector agreements in the Oranga Tamariki Action Plan to improve outcomes for children in their care.

2.3

Mate pukupuku | People with cancer

Each year, around 23,000 people are diagnosed with cancer and 10,000 die from this disease. Cancer is now the leading cause of health loss in Aotearoa, making up 18.5 percent of all health loss. There is significant inequity in cancer outcomes, with around 20 percent more Māori likely to develop cancer and nearly twice as many likely to die compared to non-Māori. Once diagnosed, Māori experience poorer survival than non-Māori for 23 of the 24 most common cancers. Pacific people also experience a higher incidence of and mortality from cancer compared with non-Pacific people. While cancer survival is improving in Aotearoa, our rate of improvement is slower than in other comparable countries and we risk falling behind.

Around 30-50 percent of all cancers are preventable. There are opportunities for cancer prevention strategies to reduce inequity through evidence-based interventions that change the environments in which we live, along with wellbeing interventions that engage Māori and Pacific people.

In December 2019, Te Aho o Te Kahu – Cancer Control Agency, was established to provide national leadership for a stronger, system-wide approach to improve cancer outcomes and address inequities. The vision of Te Aho o Te Kahu is to reduce cancers, improve survival and achieve equitable outcomes for all. It aims to lead a cancer control system that upholds Te Tiriti o Waitangi and provides care that is high-quality, equitable, sustainable and whānau-centred.

Cancer patients and whānau repeatedly describe their cancer journey as distressing and overwhelming, feeling lost and unsupported while navigating a complex medical system. Cancer patients and whānau want customised, holistic, high-quality services that seamlessly support the patient and their whānau through their whole cancer journey. Patients also expect their culture to be acknowledged and its pivotal role in their health understood. This means services that affirm and enhance a person's mana. For this kind of support, we need to focus on the system issues that create inequities, such as the barriers to service access and the variations in treatments offered.

Over the next two years, we will focus on the delivery of equitable care across the cancer continuum, from prevention to palliative end-of-life care and survivorship. The leadership focus will be on addressing unwarranted variations in care, so that everyone can access high-quality cancer care, regardless of who they are or where they live. This includes cancer prevention, improved diagnostic pathways and access to timely best-practice treatment once cancer is diagnosed. Delivery of care will be as close to home as possible, while maintaining safe, high-quality, sustainable services.

In the following actions, we will partner with Te Aho o Te Kahu and Hei Āhuru Mōwai – Māori Cancer Leadership Aotearoa to develop and implement better cancer care for New Zealanders.

MATE PUKUPUKU ACTIONS
Improve Māori and Pacific participation in breast, cervical and bowel screening through targeted approaches with Māori and Pacific community providers.
Develop new, joined-up pathways to facilitate rapid diagnosis of suspected cancer, beginning in primary care to support equitable access to cancer diagnostic and treatment options.
Establish the agreed radiotherapy satellite sites for linear accelerator services (LINAC rollout) to improve people's access to treatment in their communities, and ensure equity of access to radiotherapy.
Implement national pathways to access transport and accommodation to support the equitable completion of cancer treatment.
BUDGET 22 AND GOVERNMENT PRIORITIES
Deliver new equity-focused screening initiatives while sustaining those already developed, including age extension for bowel cancer, HPV self-testing and consideration of lung cancer screening – Budget 22.
Work with Pharmac to support the equitable implementation of new cancer drugs approved for use in Aotearoa.

2.4

Māuiuitanga taumaha | People living with chronic health conditions

One in four New Zealanders lives with multiple chronic health conditions that are often experienced by several generations in the same whānau, such as diabetes, heart disease and stroke. The greatest burden of chronic conditions is experienced by Māori and Pacific people, who develop these conditions 10-20 years earlier than non-Māori and non-Pacific.

Some chronic health conditions create a greater burden of illness for some communities.

Diabetes: An estimated 278,000 people in Aotearoa live with diabetes. While diabetes affects all age groups, around 90 percent of cases are type-2 diabetes which is more prevalent among older age groups. On average, Māori and Pacific people develop type-2 diabetes 10-20 years earlier than New Zealanders of European descent and they experience worse outcomes, including higher rates of limb amputation.

Cardiovascular diseases (CVD): CVD are a group of conditions that affect the heart and blood vessels. CVD are responsible for a third of all mortality and are a leading cause of health loss in Aotearoa. CVD and high blood-pressure affect more than one in five adults and one in two people aged over 40. For half of Māori, Pacific and South Asian people, death from heart disease is premature, occurs earlier than 75 years, and is avoidable.

Respiratory diseases: Respiratory disease is a general term for a complex set of conditions that affect the lungs and respiratory tract. Respiratory diseases account for around 10 percent of hospital admissions and are highly related to poor air quality, such as that caused by smoking, vaping and air pollution. Māori and Pacific children have a high burden of lung conditions arising from cold, damp and mouldy housing.

Stroke: Stroke is the second biggest killer in Aotearoa, accounting for 8.2 percent of all deaths and 4.2 percent of all premature deaths. It is the leading cause of serious impairment in adults. While 25-30 percent of strokes occur in people aged under 65, the incidence increases as people age. Stroke is largely preventable and the number of strokes could be reduced by three quarters.

Gout: Gout is a treatable form of arthritis associated with poor health and reduced life expectancy. Māori and Pacific people are disproportionately affected by gout, in part due to a genetic pre-disposition, yet they often receive sub-optimal care. They are more likely to experience earlier onset of gout and be admitted to hospital for care, with hospitalisation rates five times higher for Māori and 10 times higher for Pacific than for non-Māori and non-Pacific people.

The best way for us to tackle these chronic health conditions is to support people to live healthy lives, reducing the burden and prevalence of these diseases.

To improve treatment for these chronic health conditions, we will ensure our health services will work alongside whānau to improve the health and wellbeing of affected people, and reduce the need for hospital stays that disrupt people's lives.

Given that chronic conditions are responsible for the majority of ill-health in Aotearoa, concentrating on approaches that improve outcomes for a few important conditions is going to be key to making meaningful change over the next two years. The selected conditions with the greatest prevalence and inequities are those described above: diabetes, cardiovascular diseases, respiratory conditions, stroke, and gout.

MĀUIUITANGA TAUMAHA ACTIONS
Implement accessible and nationally-consistent clinical pathways for diabetes, cardiovascular diseases, respiratory conditions, stroke and gout, supporting specialist teams to integrate with primary and community care providers to create seamless pathways for whānau.
Identify and support Māori and Pacific NGOs to work with whānau with chronic conditions to support self-management of their conditions.
BUDGET 22 AND GOVERNMENT PRIORITIES
Develop a Pacific whānau-focused integrated care model for diabetes and implement a dedicated prevention and management programme in South Auckland for Pacific communities – Budget 22.

2.5

Oranga hinengaro | People living with mental distress, illness and addictions

Over 50 percent of New Zealanders will experience mental distress and addiction challenges at some point in their lives, which can impact their ability to build and maintain relationships, care for themselves and whānau, engage in work and participate in society. There is much we can do to support better mental health and wellbeing for New Zealanders and their whānau. This section is only one contribution – the actions outlined across Te Pae Tata to improve health outcomes will all contribute.

Mental health and addiction outcomes for Māori are poor compared to the overall population. Compared to non-Māori, Māori are more likely to experience mental health conditions, receive poorer care, be placed in seclusion, and are less likely to receive pharmaceutical treatment suited to their needs.

There is strong evidence that effective investment in mental health and addiction services positively impacts both people's health and wellbeing and the national economy. Mental ill-health drives economic costs equal to around five percent of gross domestic product (GDP). While some of the financial impact of mental ill-health relates to the direct costs of treatment, more than a third is related to lower employment rates and reduced productivity.

Our current mental health and addiction services are complex and confusing to navigate, so many people do not receive the help they need until it is too late. In 2018, the 'He Ara Oranga' report highlighted the urgent need to transform mental health and addiction services across the full continuum of care. In response, 'Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing' was developed, which is the high-level plan for transformation of services to support the mental wellbeing of New Zealanders.

The scale of change called for in He Ara Oranga and set out in Kia Manawanui is significant, but we are not starting from scratch. The government's response to He Ara Oranga was supported by substantive investment in a cross-government mental wellbeing package. Since the response, we have started building the missing components of our mental health and addiction system, including through enhanced primary-level supports, new kaupapa Māori services, and other population-focused supports, such as specific services for Pacific people, young people and rainbow communities. Mental wellbeing programmes in schools and tertiary institutions are expanding, and we are funding a range of community suicide prevention initiatives and new addiction-focused services. We will build on this momentum as we continue to transform our approach to mental wellbeing.

The COVID-19 pandemic has reinforced the importance of mental wellbeing and resilience around how people adapt to challenging situations. It has highlighted the lack of support currently available for those with enduring mental health conditions. The health system will need to be equipped to address the long-term impact of the pandemic on a community that was already in need prior to the pandemic.

To action Te Tiriti o Waitangi and achieve equitable mental wellbeing for Māori, we will expand Te Ao Māori services to ensure Māori whānau feel supported and engaged in their community and across specialist services. We will focus on better mental health for Pacific people and Tāngata whaikaha | Disabled people, to ensure our services communicate and work with whānau.

We will grow the support services to keep people with serious mental health problems living well in the community, helping people to avoid acute hospital stays where this is appropriate.

This includes partnering with housing services to make sure that people have appropriate accommodation when they are well enough to leave hospital and live in the community. The actions in Te Pae Tata will accelerate the transition between the current and future states, as described in He Ara Oranga (2018) and Kia Manawanui (2021).

Within the hospital and specialist service system, there will be a focus on specialist mental health services. A specialist service network will drive improvements in quality of care, access to care, patient experience and equity of outcomes for specialist mental health services, supported by the National Mental Health System and Services Framework. The framework will identify the core components of a contemporary mental health and addiction system, and guide the development of a national capacity plan for specialist mental health services.

The extensive range of service developments, support for young people, maternal and infant mental health and crisis services reflects the government commitment to He Ara Oranga.

ORANGA HINENGARO ACTIONS
Implement a nationally-consistent approach to the integration of specialist community mental health and addiction teams with NGOs, primary and community care.
Design and expand Te Ao Māori mental health service solutions, including primary mental health and wellbeing, access and choice services.
Urgently progress the mental health inpatient units approved builds and ensure the construction programme meets the agreed milestones.

Develop solutions with communities, including with NZ Police, to support people who are in mental distress or experiencing an acute mental health and addiction episode to access timely care and support.

Work with HUD and MSD in developing solutions with Kainga Ora, housing providers to improve access to quality, safe and affordable housing with support services, to transition people from inpatient mental health units into the community.

Continue the He Ara Oranga partnership between police, mental health and addiction services, community groups and Iwi service-providers giving methamphetamine-users the opportunity to get therapeutic help and employment support.

BUDGET 22 AND GOVERNMENT PRIORITIES

Continue the alcohol and other drug treatment courts in Auckland, Waitākere and Waikato – Budget 22.

Continue the rollout of integrated mental health and addiction services in primary care and for young people.

Expand the availability and trial new models of specialist mental health and addiction services for Budget 22, to support the following services:

- Child and adolescent mental health and addiction.
- Eating disorders.
- Taurite specialist Māori.

Continue and expand Mana Ake, a school-based mental health and wellbeing initiative, for primary and intermediate aged children – Budget 22.

Ensure the continuity of Piki, an integrated mental health support initiative for rangatahi – Budget 22.

Section 3:

A unified, smarter, sustainable and equity-led health system | He punaha oranga paiheretia, koi, toitū, a, mana orite

We are re-setting the foundations of our health system to unify health service delivery and deliver joined-up quality care for generations to come.

The last two sections have outlined how our new health service delivery system will be always thinking about the people and whānau it serves to make sure that the delivery of health services works for them, along with an ambitious plan to tackle health outcomes and improve equity of outcomes in six key areas.

This section outlines our plan to improve service delivery in public health, primary and community care, rural healthcare and hospital and specialist services. For service delivery to be sustainable and resilient, we need to consider what is important for each of these areas, while also building on the gains from creating joined-up, integrated services that deliver for people and communities.

The actions and approach outlined below are designed to tackle the problems of today, and to prepare for the challenges of tomorrow. Challenges include increases to investment in health services in response to population growth, ageing and diversity, along with decisions about the adoption of new healthcare technologies and interventions as these continue to improve. We need mechanisms to ensure health services are joined-up and integrated, that adoption of technologies and interventions is evidence-based, resource allocation delivers the best value, and our funding and business models support productive and sustainable health providers.

There are four areas of focus for performance of our unified health system:

- Ensure we have future capability for pandemic responses.
- Support healthy ageing through strong integrated care pathways to prevent unnecessary use of hospitals by our ageing population.
- Provide a continuum of care to ensure we have services to prevent the unnecessary use of hospitals and manage people's flow through our hospitals, and support early, and safe discharge.
- Ensure access to planned care across all settings, within agreed timeframes.

We will strengthen our ongoing COVID-19 response and our future pandemic resilience. The national public health system will provide the leadership, intelligence and capacity to protect our communities.

The three parts of this section include:

MECHANISMS TO DEVELOP A UNIFIED SYSTEM	TRANSFORMING HEALTH SERVICE DELIVERY SUB-SYSTEMS	STRENGTHENING OUR SYSTEM ENABLERS
• Implementing the locality approach • Nationally-consistent strategic networks • Joined-up and integrated pathways of care • Ensuring the quality and safety of our services • Strategic commissioning	• A stronger national public health system • Comprehensive primary and community care services in localities • Accessible rural healthcare • Networked specialist and hospital service delivery creating equitable access to services	• Digital healthcare • Health infrastructure

3.1

Transition to transformation

There are significant opportunities to reduce bureaucracy and unnecessary replication through the shift to a nationally led, regionally managed and locally tailored service. This change will drive value creation, changing how we fund health services and allocate our resources.

In the duration of this plan we will complete transition and merger of entities. By the end of 2024, we will also have positioned Te Whatu Ora to enable the transformation required to achieve the reform's objectives.

This includes:

- Establishing national functions to enable consistency and coordination to get the benefits of standardisation when it matters.
- Strengthening regionally-managed bonds to enable delivery, including community engagement.
- Establishing local hospital networks and localities to engage with communities and be responsive to consumers.

3.1.1 Establishing Te Whatu Ora – Health New Zealand

Over our first two years, we will unify our teams across geographic and professional boundaries, so that our people can work together for the benefit of patients, whānau and communities. This involves setting up new national structures with new leadership roles. The new structures and new ways of working include the following changes:

- Te Whatu Ora will have four regions nationally, known as Northern, Te Manawa Taki, Central and Te Waipounamu. Each region will have functions that operate within our national frameworks to support contract management, analytics and monitoring, and integration planning for primary and community care and hospital services.
- Te Aka Whai Ora will co-locate in regional offices to work in partnership with Te Whatu Ora on strategies and plans for regions and local communities. There will be regional directors for commissioning and for hospital and specialist networks.
- Our new National Public Health Service will bring together the people, abilities, skills and functions from the 12 former public health units, Te Hiringa Hauora – Health Promotion Agency and the Ministry of Health. It will work closely with Te Aka Whai Ora and the Ministry of Health, and in local communities, to embed a population health approach

and to improve people's health outcomes and the equity of health outcomes. Our ongoing COVID-19 work will be integrated with disease surveillance and response management.

- A whole-of-system approach will be used to better manage acute care, respond to winter demand and strengthen after-hours care. National leadership will ensure hospital and specialist services work cohesively across the country. Capacity will be strategically harnessed in public and private hospitals to best meet demand and overcome the significant variations in the quality of care that people experience.
- We will establish localities that draw together our primary and community services to focus on keeping people well in their communities. This will involve creation of comprehensive primary care teams and collaboration with Iwi Māori Partnership Boards, local government and social sector partners. There are over 20 million primary care encounters each year spanning aged care, midwifery, pharmacy, Whānau Ora, mental health, district nursing, allied health, and primary care, delivered by a mix of private, public and NGO entities.

ESTABLISHING TE WHATU ORA ACTIONS
Implements a national, regional and local organisation structure that unifies and simplifies the system using a consistent standardised operating model for corporate functions, including people and culture, finance, commissioning, hospital and specialist, data and digital and infrastructure.
Capture the efficiencies of consolidation to redirect resources to the delivery of healthcare: • Reduce the overall proportion of expenditure related to management costs and redeploy those savings to front-line staff and services.

3.1.2 Implementing the locality approach

While Te Pae Tata and other national documents will communicate the types of care people can expect to access, the localities approach will enable all New Zealanders to participate in planning and designing these services. Localities are a mechanism that gives effect to Te Tiriti o Waitangi, working with Iwi Māori Partnership Boards to determine the priorities for locality plans. They will afford greater opportunity for mana whenua to uphold their kaitiaki role; and empower Iwi, hapū and whānau Māori alongside wider communities; to shape the care they receive close to home.

Localities will focus on preventing ill-health and helping whānau stay well, giving Iwi Māori and communities a strong voice in identifying their local needs, and getting different health providers working together to improve people's experiences of healthcare.

Local communities, including Iwi Māori, will determine their own geographic area that will become a 'locality'. Localities will be small enough to feel local for the people that live there. Everyone in Aotearoa will fit within a locality that reflects their community.

For each locality, local communities, Te Whatu Ora and Te Aka Whai Ora will work together to create locality plans supported by regional commissioning teams, health intelligence units, public health services, local government and social service organisations. These plans will identify local whānau and community priorities for the design of locality health and wellbeing services and be endorsed by Iwi Māori Partnership Boards.

Within localities we will implement two important mechanisms to support service delivery:

Locality partnerships: Locality partnerships include Iwi Māori, trusted community leaders, health and social sector providers, councils and others. These leaders collaborate with communities, whānau and consumers to deliver three-year locality plans.

Provider networks: Local health providers will be networked together so that people with more complex needs are better able to access different parts of the health system. Provider networks will include service providers, including kaupapa Māori and Pacific providers, working together to deliver better care for whānau regardless of how they first access services.

Localities will be powerful because they will connect services. The healthcare system will feel coherent and connected when they need to access care. This means less re-explaining your medical history when you speak with different providers, easier appointments and referrals, and providers working together to provide wrap-around care. Locality providers will take a whānau-centred approach, starting with what people need rather than the services they usually provide. Pae ora starts in our localities.

The implementation of localities will be phased, using initial prototypes to test elements of the locality approach for populations, and creating a learning environment to inform full implementation across Aotearoa. In phase one, localities will cover approximately nine percent of the population. In 2022-23, phase two will cover an additional 20-30 percent of the population, with phase three completing the rollout across Aotearoa.

The actions we will take to implement localities include:

LOCALITIES ACTIONS
Establish a Localities Learning Collaborative to facilitate learning, including understanding whānau and community experience.
BUDGET 22 AND GOVERNMENT PRIORITIES
Implement the localities model across Aotearoa with locality partnership groups and provider networks to ensure all New Zealanders are part of a locality, with published plans agreed with Iwi Māori Partnership Boards – Budget 22.

3.1.3 Nationally-consistent strategic networks

A priority for these health reforms is the removal of unwarranted variations in access to care, waiting times and clinical practice. Unwarranted variations are inconsistent with fair and equitable access, and safe, effective clinical practice. We will work to ensure that all people, no matter where they live and who they are, receive a comprehensive range of support in their communities, and have access to emergency and specialist care when they need it.

Achieving national consistency depends on evidence-informed leadership, insights from health intelligence, the voices of consumers and experts from a wide range of fields. Internationally and in some parts of Aotearoa, clinical networks within a supportive health system are used to address problems with service delivery. Clinical networks draw clinicians and operational leaders together to identify why gaps occur, evaluate strategic options and adopt solutions to strengthen evidence-based practice, reduce service variation and improve patient outcomes. At present, there are significant gaps and variations to address in clinical networks.

As part of our health system transformation, we will implement networks both nationally and regionally to provide governance to clinical service delivery for complex issues. Networks will be made up of clinicians who bring expertise from different disciplines and different communities including Māori, Pacific, disability and rural consumers with lived experience, and experts including academics and researchers.

There are three types of networks:

National strategic networks: National groups of leaders will drive solutions to complex problems with guidance around improved service performance, health outcomes and equity, in areas like early years and long-term conditions. Expertise will come from across the health and social sector, including consumers, whānau, clinicians and commissioners. These networks will support the adoption of new models of care, technologies and services, reprioritising existing funding where needed. They will actively monitor system and service performance, ensuring services are well configured and planned to accommodate long-term demands.

National service networks: These are service-based networks to drive consistency in delivery of specialist and hospital services. These service networks will ensure that the quality and outcomes of care are consistent across Aotearoa, while recognising that some variance can help tailor care to community needs.

Regional hospital and specialist networks: A regional network will operates as 'one hospital' on many sites. Those in the regional networks will ensure 24-hour by 7-day hospital and specialist services are available and sustainable everywhere. They will minimise unnecessary duplication, clarify referral and discharge pathways, coordinate care, improve quality and reduce waste. They will also oversee collective workforce plans.

STRATEGIC NETWORKS ACTIONS
Establish national strategic networks in the priority areas of: • Pae ora | Better health in our communities • Kahu Taurima | Maternity and early years • Māuiuitanga taumaha | People living with chronic health conditions • Oranga hinengaro | People living with mental distress, illness and addictions.
Implement national specialist networks to support specialist, planned and urgent care access and outcomes across Aotearoa.

3.1.4 Joined-up and integrated pathways of care

Unifying the health system so that patients move seamlessly through the health system. They feel valued no matter who they are or where they live. Integrated care pathways will support a seamless experience and help to remove unwarranted variation in access and outcomes.

Health pathways are designed to deliver better treatment outcomes for people. A health pathway organises people's care across clinicians and settings, taking account of how local services are arranged and drawing on the best available evidence for clinical practice. It includes guidelines for assessment, investigations, diagnosis, treatment and criteria for referrals. Ideally a well-designed health pathway should be easy for people to understand. There should also be information to support people's understanding of services and how to access them.

Pathways are a powerful tool to promote equity, support more consistent care, and improve efficiency and transparency for both consumers and the health workforce. With pathways documented on shared online platforms, people delivering care can align their practice. Pathway information can also be made available to people to help them understand their own care.

Te Whatu Ora will establish a national platform of programmes and contracts to develop effective health pathways and reduce unwarranted treatment variation across Aotearoa. While national consistency is important, pathways will need to reflect the actual referral and treatment arrangements in local areas so they remain relevant and useful to clinicians. A careful balance is needed in their design.

JOINED-UP AND INTEGRATED PATHWAYS OF CARE ACTIONS

Develop whole-of-system pathways including for prevention, self-care, community and primary care and in hospital settings to achieve nationally-consistent, evidence-based care in the best setting for people and whānau for priority health needs, including:

- Develop health pathways that support equity, incorporating Mātauranga Māori, Te Ao Māori approaches, and integrating whānau perspectives to reduce the burden on whānau to navigate health services, particularly for complex care.
- Standardise pathways across Aotearoa to remove differences in eligibility criteria and access to health pathways, including diagnostics.

3.1.5 Ensuring the quality and safety of our services

Of central importance in the transformation of healthcare is that health services are safe for all people to access and use, and there is a focus on continuous quality improvement.

Thinking about safety in healthcare has changed in recent years, incorporating both traditional clinical safety and wider considerations about how people engage with health services and are affected by their experiences. Understanding the cultural context of care is critical to improving both people's safety and the standard of clinical care they receive. Cultural safety uses patient experience to define the quality of care, allowing people to comment on clinical practices, be involved in decisions about their own care and contribute to their own health outcomes and experiences.

We will focus on standardising the quality of care so that people can be assured that no matter who they are or where they live in Aotearoa, they will be treated well and receive excellent care from any health service provider. Clinical leadership will be a critical part of this change, to ensure that standards of care are based on evidence about best practice, reinforced through strong clinical governance across the system. Quality improvement plans will be developed and implemented to monitor and improve quality, safety and risk through all our service delivery models.

Our partners in quality and safety of service delivery are:

Health Quality & Safety Commission (HQSC): HQSC provides two pivotal roles that support the safety and quality of our health system: monitoring of performance and supporting quality improvement. The latter includes leading local, regional and national quality improvement programmes, supporting the health sector to build capability in quality improvement, and supporting consumer and whānau engagement.

Health Research Council: Research is a core component of a modern, high-performing and equitable health system. We will partner with the Health Research Council, providing intelligence on health, social and clinical needs to help inform how the Health Research Council prioritises funding for health research.

Health and Disability Commissioner: The Health and Disability Commissioner will continue to promote and protect the rights of consumers, providing people with a voice when rights have been breached, resolving complaints and holding providers to account for improving their practices. This includes the Aged Care Commissioner.

Pharmac: Pharmac is responsible for deciding which medicines and related products are funded in New Zealand. We will work with Pharmac to integrate medicines within the broader health system to achieve equitable outcomes, improve timeliness and transparency of decision making, broaden consumer, Māori and Pacific voices in decision making, and incorporate equity considerations in all stages of the assessment processes.

Accident Compensation Corporation (ACC): ACC administers Aotearoa's no-fault accidental injury compensation scheme and helps to prevent injuries from occurring. We will develop stronger partnerships with ACC in the development of safer clinical pathways to improve treatment safety and reduce the impact of injuries. This includes providing non-acute rehabilitation pathways, coordinating services for injured people and improving access to urgent primary care services.

Te Hiringa Mahara – Mental Health and Wellbeing Commission: The Commission's objective is to contribute to better and equitable mental health and wellbeing outcomes for people in New Zealand. We will work with the Commission in their enduring role to transform the approach Aotearoa takes to mental health and wellbeing.

Medsafe: Medsafe is the New Zealand Medicines and Medical Devices Safety Authority. It is a business unit of the Ministry of Health and is the authority responsible for the regulation of therapeutic products in Aotearoa.

The New Zealand Blood Service: The New Zealand Blood Service is responsible for collection of blood and organ donations. It manages the creation of blood products and matching of organ donations, and their supply for emergencies and planned care. It is responsible for the safety of Aotearoa's blood supply.

QUALITY AND SAFETY ACTIONS
Partner with HQSC and clinical leaders across the system to ensure that quality and safety is reflected in performance monitoring, in the delivery of Te Pae Tata and in the delivery of all services.
Partner with ACC to improve road and air ambulance services, increase medication safety and support work in injury prevention, including falls.

3.1.6 **Strategic commissioning**

Strategic commissioning is concerned with understanding our population's need for services, and how best to design services and utilise our resources to meet this need. Te Whatu Ora is ultimately about delivering better health outcomes and equity of outcomes for New Zealanders.

There are several approaches to identify health needs in populations and design services. These include research incorporating voices and feedback from people and whānau, using population-based analytics and other intelligence insights, along with understanding best practice and mātauranga Māori options. Strategic commissioning is grounded in continuous learning and improvement, to adjust and change services appropriately to meet the shifting and unique needs of our populations.

Well-planned strategic commissioning will increase the value and sustainability of the care we provide by making the most effective and efficient use of available resources and strengthening collaboration with our partners and communities, so we improve outcomes and achieve health equity.

Commissioners work with providers and provider networks to ensure delivery of system wide responses to meet population health needs, manage performance and ensure the greatest value for all New Zealanders.

Co-commissioning health services with Te Aka Whai Ora: Given strategic commissioning will make decisions on how resources are allocated and distributed, Te Whatu Ora and Te Aka Whai Ora will agree where they will jointly commission relevant health services to ensure that resources are being used appropriately to meet Te Tiriti o Waitangi obligations and achieve equitable health outcomes.

Sustainable NGO health commissioning: We will work with NGOs who provide a range of community and Aged Care health services to implement integrated and sustainable contracting. This will support eligible contracted providers, to build their capacity to support whānau across a wider range of services. Where there is good performance, we will develop longer-term and more flexible contracts to assist community providers to invest in the workforce and infrastructure they need. This will benefit all community providers, and particularly strengthen Māori and Pacific providers to be successful in their communities.

STRATEGIC COMMISSIONING ACTIONS
Implement a commissioning policy that embeds excellent commissioning practice across Te Whatu Ora and Te Aka Whai Ora.
Develop sustainable and integrated funding arrangements for existing and new Iwi and Māori organisations and Pacific providers reaching 25 percent of eligible providers in the first year and 50 percent in year two.
Implement a programme of pro-equity service planning to inform infrastructure, workforce, digital and transport. This will include regional service planning and individual national specialist service plans in agreed priority areas.

3.2

An enhanced national public health system

Public health is about society's organised efforts to promote health and wellbeing, prevent disease and prolong life for the whole population. This includes work to make our communities and environments places where people are protected from threats, can thrive and stay well.

Public health interventions can have cost-effectiveness ratios better than or equivalent to those of healthcare services. Illustrations include tobacco control initiatives, cardiovascular disease prevention, communicable disease control, and workplace health promotion programmes.

There are opportunities for considerable gains through combining the public health resources and expertise around Aotearoa. Within Te Whatu Ora, we are creating a new National Public Health Service, bringing together the people, abilities, skills and functions from the 12 public health units, Te Hiringa Hauora the Health Promotion Agency, and the Ministry of Health.

Working in partnership with Te Aka Whai Ora and the Ministry of Health, the National Public Health Service will lead in the delivery of public health activities across Aotearoa. It will work closely with regions, localities and community stakeholders to deliver health promotion and prevention, and to build public health capacity and knowledge.

The National Public Health Service will embed the population health approach central to the Pae Ora legislation and the work of Te Whatu Ora and Te Aka Whai Ora.

Through COVID-19, New Zealanders experienced the importance of public health leadership and expertise to manage a pandemic response. The National Public Health Service is a critical part of ongoing and future COVID-19 response. Our pandemic response demonstrated the strength and resilience of our public health system and showed where improvements are needed. A strong public health response is one that is proactive, innovative and connected to our communities. These lessons prepare us for future outbreaks and other threats to public health.

The National Public Health Service will work alongside its national partners and with local communities to deliver public health interventions, consistent with embedding a population health approach to improve health outcomes for New Zealanders and the equity of those outcomes. We will design our services to optimally deliver the five core public health functions through our regions and localities.

The five core functions are:

Health promotion: Collaborating with people and communities to make healthy choices easier.

Health protection: Protecting communities against health hazards like disease outbreaks and environmental threats.

Preventive interventions: Supporting our health system to focus on preventive care to everyone who needs it.

Health assessment and surveillance: Understanding the health needs of populations to help shape how healthcare is planned and delivered to improve health, wellbeing and equity for all.

Public health capacity development: Helping whānau, communities and agencies work together for health in any context.

PUBLIC HEALTH ACTIONS
Establish the National Public Health Service function, embedding Te Tiriti and leading implementation of a population health approach across service commissioning and localities, including working with Iwi Māori Partnership Boards.
Maintain and strengthen robust national surveillance mechanisms for detecting and responding to future communicable disease outbreaks and threats.
BUDGET 22 AND GOVERNMENT PRIORITIES
Develop and agree the investment in data and digital infrastructure to support the establishment of the National Public Health Service – Budget 22.

3.3

Stronger primary and community care

The primary and community healthcare sector is complex and wide-ranging, including services such as aged care, midwifery, pharmacy, Whānau Ora, mental health, district nursing, allied health and primary care. Services are delivered through a mix of private, public and NGO entities with a range of philosophies and models of care, including Te Ao Māori and Pacific providers, and services to support people to age well at home. Every year there are over 20 million consults or other encounters in primary care.

Strengthening primary and community care is one of our opportunities to reduce the risk and burden of disease, reduce demand for more costly and intensive specialist care, and ultimately achieve better and more equitable health and wellbeing outcomes for all New Zealanders. We will work closely with our primary care and community providers to ensure we support what is needed to grow the breadth and depth of services.

We will do this through:

- Implementing a localities approach, including the development of comprehensive primary and community care teams to give people access to a broader range of healthcare in their communities.
- Using information on each localities geographical, social and health needs to target the services required, as well as to monitor their effectiveness in improving health outcomes.
- Working with Iwi Māori Partnership Boards in developing Locality Plans and creating solutions for Māori.
- Changing funding and accountability arrangements to incentivise performance improvement.
- Addressing barriers to access and workforce challenges (see section 1.2).
- Supporting how we provide for unscheduled care.
- Supporting healthy ageing.

Integrated primary and community care within localities

Creation of comprehensive primary and community care teams is a key part of the locality approach, designed to broaden access to health services in the community. In all localities, comprehensive primary and community care teams will be commissioned to deliver high-quality care in accordance with community needs. In some cases, this could mean that you get immediate access to a physiotherapist who works with your primary care provider, and in other cases, it could mean having access to a specialist diabetes nurse.

Funding and accountability arrangements

Te Whatu Ora will transition services from current funding and contracting arrangements, such as primary health organisation and district health board contracts, to a new set of arrangements. New arrangements will include standardised terms and conditions for all primary and community care providers, supplemented with additional funding for specific services. We will support arrangements that bring providers together to support people, whānau and communities. We will reduce unnecessary reporting and bureaucracy.

We will also commission provider network support services to enable quality improvements and information sharing between providers. Standard requirements will include: data-sharing; meeting modern digital standards, including cyber security and interoperability; and working as part of locality provider networks.

Addressing barriers to access

Currently, there is variable access to primary care with one third of New Zealanders aged over 15 years having unmet need for primary healthcare. This can be due to cost, inability to get a timely appointment or time off work, or difficultly finding a local general practice to enrol with.

We will work with providers and communities to address barriers to access and unmet need, for both rural and urban communities. Approaches will include changes to the core funding formula for first-level services, continued investment in the growth and development of Māori and Pacific health providers, and rollout of provider networks and comprehensive primary and community care teams to provide more seamless, integrated care.

(The primary care and community workforce is addressed in section 1.2).

Addressing unscheduled care in primary care

Unscheduled care is any urgent or unplanned healthcare a person needs in a timely manner for an illness or injury. Around 2.5 million New Zealanders visit urgent care clinics each year, there are up to 20 million visits to general practices, and around 1 million visits to hospital emergency departments. As our population grows, ages and diversifies, primary and community care providers must be supported and resourced to meet the growing demand for unscheduled care, so that people can access care as close to home and as soon as possible.

As set out in Te Pae Tata, we will strengthen the management of unscheduled care in several ways to ensure people receive care in the right place, at the right time and from the right person. Included is increased use of telehealth services, improved access to general practitioner appointments on weekends and after-hours, provision of some hospital treatments in community settings where appropriate, and development of better care pathways with ACC and our ambulance services.

Supporting healthy ageing

Increasing the life expectancy for people in Aotearoa is in part a tribute to the success of our health system. Even so, older people who are not well supported in their wellbeing can have an avoidable burden of demand for healthcare. People aged over 65 years require 41 percent of acute medical admissions, 25 percent of emergency department visits, 43 percent of total bed days and 36 percent of general practice consultations.

Our Pae Ora plan for older people and kaumātua continues the work on the Healthy Ageing Strategy 2016-2026. We will pursue alternatives to hospital stays to care for older people who have an urgent health need, or serious health conditions requiring regular treatment.

There are great opportunities through a strengthened and joined-up primary and community sector to support older New Zealanders to live well at home and avoid unnecessary hospital care.

This is critical to ensure older people do not bear an unfair and unnecessary burden of poor health.

Through Te Pae Tata, how we address chronic care, how we respond to urgent care, how our home care support services operate, and aged residential care all contribute to reducing the avoidable burden for older people.

STRONGER PRIMARY AND COMMUNITY CARE ACTIONS
Implement an immunisation and screening catch-up programme including those delivered by Māori and Pacific providers.
Develop a nationally-consistent model for paediatric and adult palliative and end-of-life care that is integrated across primary and community health and strengthens the equitable provision of palliative care across Aotearoa.
Negotiate a community pharmacy services agreement to enable improved integration of clinical services, improvements to access and outcomes, and to drive equity gains.
Prototype admission avoidance, early discharge and home-based care, including remote monitoring pilots; and refocus community nursing, allied health and the Needs Assessment and Service Coordination services to be part of comprehensive primary and community care teams.
Review the aged care, home and community support services models to improve the sustainability of services and ensure equity of access and outcome.

BUDGET 22 AND GOVERNMENT PRIORITIES
Establish comprehensive primary and community care teams within locality provider networks. These will combine traditional primary care services with physiotherapists, pharmacists, care coordinators, advanced paramedics (rural focus), registered social workers and kaiāwhina – Budget 22.
Implement a revised general practice funding model that is responsive to health need and equitable outcomes for Māori and Pacific – Budget 22.
Commission comprehensive primary care models in high Pacific populations that address the needs of the community – Budget 22.
Implement the Payment to Family Members for Support Services for those who choose this option – Budget 22.
Commission comprehensive primary and community care models in high Māori populations that address the needs of the community – Budget 22.
Expand School Based Health Services into activity centres and increase service delivery levels in kura kaupapa for high need students – Budget 22.
Implement the Dementia Mate Wareware Action Plan – Budget 22.
Improve access to primary healthcare services for Transgender Peoples – Budget 22.
Implement services to support health practitioners to provide best practice healthcare to intersex children and young people and to empower intersex children and young people and their whānau to make informed decisions about medical interventions – Budget 22.

3.4

Rural healthcare

Over 700,000 New Zealanders, nearly one in seven, live in rural parts of Aotearoa. This rural population has a greater percentage of children, older people and Māori compared to urban areas. Compared to urban populations, people living rurally, particularly Māori, Pacific and those on lower incomes, face inequitable access to care. Poorer access to health services relates to barriers around costs, socioeconomic deprivation, geography and distance, transport and telecommunication limitations, and the design of services. Access to hospital-level care is particularly affected by distance, travel times and associated costs.

There are different definitions and degrees of rurality, with differing implications for people's access to and experience of health services. Rural areas that are close to urban areas can have better access to services than more remote areas. There are also inequities in health outcomes based on ethnicity, with Māori more likely to reside in rural areas and have higher health needs, along with Tāngata whaikaha | Disabled people who live rurally.

Iwi Māori Partnership Boards will ensure that Te Ao Māori approaches are incorporated into service designs and provide expertise to lead locality approaches and rural models of care. Leadership of Tāngata whaikaha | Disabled people within local planning will also be part of rural approaches.

To ensure service commissioning is appropriate for rural communities, we will engage with the Ministry of Primary Industries, and will embed a 'rural proofing' requirement across our service design and commissioning to ensure rural care is sustainable. We will recognise the strengths and aspirations of rural communities and address barriers for both communities and providers, to provide appropriate access to high-quality care. This includes expanding the use of digital and telehealth services, among our workforce and directly to people receiving care, to increase local access, connectivity and continuity of care. At the same time, we will maintain face-to-face services for people who cannot engage through digital technologies.

RURAL HEALTHCARE ACTIONS
Review the Primary Response in Medical Emergencies model with ACC and develop integrated and responsive rural ambulance programmes to improve access to primary and community care services.
Determine how to scale digital telehealth services to provide rural communities with reliable and sustainable afterhours access. Introduce and expand specialist advice models for virtual consultations with both whānau, and primary and community services providers.
Commission a national telehealth medical and specialist liaison service, with a specific focus to support rural areas and drive equity of access across key populations.
Ensure locality planning in rural areas improves access to healthcare in the most appropriate and sustainable way.

3.5

Networked hospital and specialist service delivery

A key focus of Te Pae Tata is to help people to stay well. But when people are unwell, our system needs to meet their needs with accessible, culturally responsive and high-quality healthcare. As part of our broader system of care, hospital and specialist services are important to restore people's health and improve patient and whānau outcomes.

Demand for hospital and specialist services is growing due to population growth, ageing, increased numbers of people with chronic health conditions, and new technologies that introduce new treatments. We also face increased pressures from the recent COVID-19 outbreaks, along with workforce and infrastructure challenges.

National leadership will ensure hospital and specialist services work cohesively across Aotearoa, making optimal use of capacity to meet demand and improving the consistency of access and outcomes for New Zealanders. They will be supported by nationally-consistent strategic networks (see Section 3.1.2).

At a regional and national level, we will focus on tackling the significant variations that exist in access to and outcomes of care, for various groups. We will simplify access to national and regional specialist services and address unwarranted variation in the quality of care people experience. Quality and outcome metrics with a focus on improving equity will be established for hospital and specialist services.

Our hospital and specialist system will create more sustainable agreements to harness private sector capacity to complement our public system resources. Alongside these tactical solutions, national service planning will ensure our system is future ready. Over the next two years, a rolling programme of work will create a national service plan to drive long-term efficiencies. This will bring together the requirements for national specialist services and regional care, to inform our infrastructure, workforce, digital and transport plans.

The unscheduled care system in Aotearoa is complex and not easy to navigate. There are many places where people can go when they are injured or unwell, and several different health services can be involved in a single episode of care. We need a whole-of-system approach to manage acute care for everyone, particularly as we prepare for winter pressures. Within primary and community care there is a commitment to strengthen telehealth, after-hours general practice, to shift some hospital services to the community where appropriate, and to work better with emergency services.

In this Plan we are taking key actions to build a hospital and specialist system that:

- Drives service change to create national consistency, equity and access to care.
- Provides more equitable and timely access to planned care.
- Delivers high-quality, integrated services for people with urgent care needs.

Reform transport and accommodation support

When services need to be delivered away from home, there is significant variation in the transport and accommodation available to enable access to care. We will focus support on people who are rurally based, those with disabilities and all other people who need to travel to complete treatments, with a priority on the equitable completion of cancer treatment (see action in Section 2.3).

We will ensure that responsive transport and accommodation options are available. This means working in partnership with the emergency road ambulance services, St John and Wellington Free Ambulance, along with the air ambulances. To address pressures, we will ensure they have the capacity to respond to emergencies and to provide a cohesive system, avoiding unwarranted variation in access to care.

Focus on what patients and whānau value and improve their experience of care

Te Whatu Ora will work to provide better coordination and easier navigation of services. A particular focus is where people need to access multiple specialties, care is provided across multiple locations, and between primary care, diagnostic services and specialist care. We will reorientate the hospital system to be more person- and whānau-centric. We will reduce the burden on people to coordinate multiple specialist appointments, and ensure specialist services are more integrated with primary and community care and are more often delivered in community settings.

NETWORKED HOSPITAL AND SPECIALIST SERVICE DELIVERY ACTIONS
Implement the Reset and Restore Planned Care Plan, with demand balanced across sites to maximise delivery to all our communities, utilising all the resources available.
Develop and implement surge planning that utilises regional and community care capacity to maintain safe patient and staff environments.
Develop regional and national production plans by 1 July 2023, to drive delivery of equitable, and greater levels of planned care for the next three years.

Implement regional equity accountability measures, to set clear expectations that specialist and hospital services are responsible for achieving equitable outcomes.
Develop regional booking and scheduling tools, including patient-led bookings to equitably improve the experience of patients and whānau.
Build a sustainable commissioning relationship with the private hospital sector establishing longer term agreements.
BUDGET 22 AND GOVERNMENT PRIORITIES
Ensure emergency air transport is consistently available to all New Zealanders with the required level of infrastructure and resource availability – Budget 22.
Ensure essential emergency road ambulance services are consistently available for all New Zealanders in urban and rural communities – Budget 22.
Support the NZ Blood Service to meet the demand for organ donation and transplantation support – Budget 22.

3.6

Outbreak response and managing COVID-19

The National Public Health Service will work with the Ministry of Health, the Public Health Agency and Te Aka Whai Ora to continue to strengthen our national COVID-19 response to ensure that the:

- **Response to COVID-19 can continue and evolve in a seamless fashion within the health entities.**
- **Legacy built through the COVID-19 systems are carried through to the new health entities to ensure the system remains prepared and resilient to future threats.**

Equity is a critical cornerstone of our approach to COVID-19. We will continue to develop and implement targeted protections alongside and for those most vulnerable. Our management approach will adjust as required to mitigate the cumulative impacts of COVID-19 and other viruses.

The management of COVID-19 will shift to monitor variants of concern and integrate our response activity into the wider pandemic planning and public health processes. The COVID-19 response will be balanced with other disease mitigation priorities, along with other seasonal illnesses and communicable diseases. To progress this new approach, the National Public Health Service will work in close cooperation with the Ministry of Health's Public Health Agency and Te Aka Whai Ora to deliver a resilient long-term strategy to manage communicable disease outbreaks such as influenza, respiratory syncytial virus (RSV), whooping cough and measles.

COVID-19 vaccination continues to be one of the most effective public health measures to minimise poor health outcomes for people at most risk. Over the coming two years, the National Immunisation Programme will continue to monitor the status of the COVID-19 vaccine uptake, the use of boosters and the effectiveness of vaccines against new variants of concern.

The National Immunisation Programme will work with public health units, Māori and Pacific health providers, and disability sector leads to develop COVID-19 immunisation initiatives that suit the needs of local communities. The National Immunisation Programme includes vaccination programmes for childhood illness, measles, mumps and rubella (MMR) and flu, as well as COVID-19.

Finally, there are workforce gaps to address. Our workforce has been continuously involved in the COVID-19 response and this demand will continue for our public health workforce. The National Public Health Service will begin with supporting and growing existing staff, while also developing a national curriculum and training to meet the growth in need for public health expertise.

3.7

Strengthening our system enablers

3.7.1 Digital healthcare

Digital tools will make an important contribution to improve efficiency, outcomes and equity of outcomes in health services. Te Whatu Ora will grow the opportunities for people to use digital tools to access and use their health information, make appointments, receive phone and video consultations and use equipment to monitor their health at home. It will be aware of digital inclusion and ensure digital capabilities and non-digital pathways where required for equity. In addition to personal computers and smart phones, digital tools include patient portals and digitally enabled clinical equipment to remotely monitor health status. Digitally enabled equipment can range from personal monitoring devices for self-care to more integrated systems where patient data can be reviewed periodically or in real time by health practitioners. Access to health information, self and remote monitoring empowers people, whānau and communities to better manage their own health and wellbeing.

Equally important is the need for digital tools to provide greater support to our workforce. Well designed information systems can reduce the administration burden for our staff, making the right information available at the right time and place, and capturing information updates easily. There are significant opportunities to improve efficiency and effectiveness in our clinical workflow support to help staff engage with patients, and also in our non-clinical workflows that are crucial to enabling our services. Effective digital solutions will enable our clinical staff to spend more of their time with patients, more easily engage in multi-disciplinary working, share information with peers and engage in a range of education and information resources. They will also support our non-clinical staff to spend more time on high-value tasks, minimising repetitive searches for and entry of data.

Integrating digital technologies into our health service delivery system is an essential part of the shift to a single health system – interoperable digital systems and standardised data will enable information to be accessed and shared seamlessly. The health reforms provide the opportunity for Te Whatu Ora to take a national view of our digital challenges, use our scale to leverage better digital services, and build on successes from around the country. To do this successfully, we will invest in the infrastructure needed to support the automation of healthcare, bringing systems and services online to keep pace with demand and the public's expectations. More investment will provide more digital options in health, which will improve efficiency, resolve operational and security risks, and ultimately mean improved individual and whānau experiences of care.

DIGITAL HEALTHCARE ACTIONS
Create and implement actions to deliver national consistency in data and digital capability and solutions across Te Whatu Ora including streamlining duplicate legacy systems inherited from DHBs and Shared Service Agencies, to improve intra-operability and reduce operating costs.
Implement Hira, a user friendly, integrated national electronic health record, to the agreed level, ensuring the expected benefits of the investment are achieved, and taking all practicable measures to ensure that project milestones are met.
Scale and adapt population health digital services developed to support the COVID-19 response to serve other key population health priorities.
Improve the interoperability of data and digital systems across the hospital network, and between primary, community and secondary care settings.
Improve digital access to primary care as an option to improve access and choice, including virtual after-hours and telehealth, with a focus on rural communities.

3.7.2 Health infrastructure

Safe and fit for purpose facilities, sites and equipment are important parts of our health system. Te Whatu Ora is responsible for 1,200 buildings over 30 campuses, ranging from hospitals to smaller healthcare facilities. Evidence-based decisions are needed to determine when we strengthen hospital buildings and site infrastructure, and when it is better to enable more service delivery in primary care, community and home settings.

Health services need specialised facilities in their design and their fit-out, which includes clinical and digital equipment. These facilities are among the most challenging to plan, design and build. Getting our health infrastructure right is crucial to enable our workforce to deliver care safely and effectively, and for people to receive high-quality care.

To support Government decision-making on capital investment in the long term, a 10-15 year national asset management and investment plan is required to understand our capital. This includes completion of the National Asset Management Plan.

Asset management plans will be informed by national and regional service planning to identify population and service requirements. Included are all facilities and assets that enable care whether owned or rented, across all locations from hospital campuses to day surgery, community care and mobile services hubs.

Efficiencies will come from national standardisation and oversight of asset management, facilities design and delivery of construction. Te Whatu Ora will actively participate in the development and use of the Australasian Health Facilities Guidelines, along with development of Aotearoa specific guidance that includes ensuring facilities are fit for purpose for our diverse communities, including the needs of Māori.

As the national asset management and capital investment plans evolve, more investments will be identified as routine upgrades and business cases will focus on new, more complex projects. This will see facilities and equipment repaired and maintained faster and more efficiently in response to local requirements.

HEALTH INFRASTRUCTURE ACTIONS
Deliver the approved capital projects that are underway, taking all practicable measures to ensure that project milestones are met and anticipated benefits realised.
Deliver a National Asset Management Strategy and Capital Investment Plan by December 2023 including the information solution strategy, requirements and road map for asset management and investment analysis.
Develop design standards for Aotearoa health facilities, contributing to and building on the Australasian Health Facility Guidelines.
Develop partnerships with other government sectors to align with and leverage off large capital delivery programmes in other sectors.
Establish accessibility standards with the disabled community for all new builds, new contracts and new services including transport and mobility options, and develop a plan to make existing infrastructure, services and environments compliant with new standards.

3.7.3 Procurement and Supply Chain function

Te Whatu Ora will build an integrated, equitable, clinically enabled and sustainable procurement and supply chain system. Our procurement and supply chain teams will be brought together into a single function. Te Whatu Ora will leverage its scale to negotiate improved terms for delivery of products and services it relies upon, securing savings for Te Whatu Ora and streamlining the cost of doing business for our suppliers.

The Procurement and Supply Chain function will build on work already underway to implement a national digital product catalogue using global product standards and being interoperable with the Australian national product catalogue. Over time, this catalogue, together with national contracts, will deliver greater cost and demand transparency and support the development of health technology assessment. As systems mature, this will drive improvements in patient safety and ensure products subject to a manufacturer or regulator's recall notice are promptly located and removed from inventories.

The Procurement and Supply Chain function will develop a nationwide inventory management, warehousing and logistics strategy. Over time this will lead to efficiencies through optimisation of the types and numbers of products in inventory holdings and through reduced wastage of under used or expired products. Ultimately, effective inventory intelligence will underpin the systems that ensure the right products are ordered and deployed at the right time for each patient's care requirements.

PROCUREMENT AND SUPPLY CHAIN ACTIONS
Build the national procurement and supply chain function that implements supply chain strategy, policies, and guidance.
Establish the clinical engagement, sustainability, and equity requirements for the Procurement and Supply Chain function.

3.7.4 **Action on climate change**

Implement a climate sustainability and response plan across the health sector:

Implement emissions targets and performance indicators for national, regional and local levels, and build a national database to track the operational and embedded carbon emission impacts of the health sector.

With Iwi Māori and other stakeholders, co-design a framework for Te Whatu Ora's approach to climate change, service resilience and environmental sustainability.

Identify actions to achieve a 25 percent reduction of category-1 emissions by 2025, including a fleet optimisation plan, transitioning boilers to low emission technologies, a nitrous oxide scavenging and destruction pilot and supporting desflurane phase out.

Identify actions to achieve 25 percent reduction of category-2 emissions by 2025, including Te Whatu Ora designing an energy efficiency programme by 2023 and an LED lighting conversion programme.

Develop nationally consistent best practice for waste management and business travel policies to reduce flight-related emissions.

For all Te Whatu Ora procurement contracts, develop, include and enforce policies for social and environmental outcomes and sustainability principles

CLIMATE CHANGE ACTIONS
Implement a climate sustainability and response plan across the health sector.
Implement emissions targets and performance indicators for national, regional and local levels, and build a national database to track the operational and embedded carbon emission impacts of the health sector.
With Iwi Māori and other stakeholders, co-design a framework for Te Whatu Ora's approach to climate change, service resilience and environmental sustainability.
Identify actions to achieve a 25 percent reduction of category-1 emissions by 2025, including a fleet optimisation plan, transitioning boilers to low emission technologies, a nitrous oxide scavenging and destruction pilot and supporting desflurane phase out.
Identify actions to achieve 25 percent reduction of category-2 emissions by 2025, including Te Whatu Ora designing an energy efficiency programme by 2023 and an LED lighting conversion programme.
Develop nationally consistent best practice for waste management and business travel policies to reduce flight-related emissions.
For all Te Whatu Ora procurement contracts, develop, include and enforce policies for social and environmental outcomes and sustainability principles.

Section 4:

Priority populations | Ngā taupori matua

In this section we consolidate the actions related to our priority populations that are embedded across Te Pae Tata. This is to enable these to be seen collectively.

4.1

Māori health improvement

Meeting the requirements for a Māori Health Improvement Plan

This section of Te Pae Tata covers the priority actions that Te Whatu Ora will take to 2024 to recognise Te Tiriti and to improve Māori health outcomes. We have selected a few priority actions that Te Whatu Ora can take direct ownership of and which Te Aka Whai Ora will hold us to account for delivering. It is important to note that this Te Pae Tata contains a great many other actions which will have a direct impact on Māori health and equity.

The work that Te Whatu Ora does to improve Māori health reflects the expectation that Māori health improvement and equity is everyone's business. Te Aka Whai Ora ensures that our system has a strong focus on Te Ao Māori and that the responsibility for improving Māori outcomes is shared across the whole health system.

While the health system has failed Māori in nearly every domain of health and change is critically necessary, there is much we can do to accelerate the journey over the next two years.

Māori communities demonstrated through the COVID-19 pandemic that, when given the opportunity and resources to develop their own solutions, they can mobilise quickly, reach deep into their communities and achieve results that matter.

There are a growing number of services and solutions, including pockets of excellence that are making a difference. These services are delivered by both Māori and non-Māori providers and workforces. They demonstrate a genuine commitment to implementing Te Tiriti and to providing services that are culturally safe and acceptable. We can build on these successes by enhancing and scaling up those services that work for whānau and deliver results.

To set a course for action over the next two years and beyond, a number of key priorities have been selected that will direct where Te Whatu Ora will focus its efforts:

- Embed a Tiriti-dynamic health system.
- Eliminate inequities in health outcomes for Māori.
- Deliver on the aspiration of pae ora.

The health needs assessment for Māori, including the main causes of avoidable death and illness for Māori, influenced the selection of four of the six health priorities selected for action. These areas offer the greatest potential for positive intervention and results.

Mate pukupuku | People with cancer: Cancer is a leading cause of illness and death for Māori, making up 25 percent of preventable deaths for Māori women and 10 percent for Māori men. There are persistent inequities in cancer incidence, mortality and survival rates for Māori with those diagnosed being more likely to be diagnosed at a later stage, more likely to die and die sooner, than non-Māori with cancer.

Māuiuitanga taumaha | People living with chronic conditions: Chronic conditions, including diabetes, cardiovascular disease, chronic respiratory disease and stroke, make up the largest causes of death and impairment for Māori, with people often experiencing multiple conditions. Māori are more likely to be exposed to the leading and preventable risk factors of tobacco, obesogenic environments, unhealthy diets and alcohol. Risk factors are, in turn, strongly influenced by determinants such as poverty, social exclusion and racism.

Kahu taurima | Maternity and early years: The 2,000 days between pre-conception and a child's fifth birthday are critical to secure their future health and wellbeing. A healthy pregnancy, safe birth, good nutrition, low stress and nurturing whānau relationships will have a profound impact on giving a child a great start to life. While infant and maternal mortality are higher for Māori than non-Māori, many of the leading causes of deaths in Māori children, including prematurity, sudden unexpected death in infancy (SUDI), respiratory disease, or accident, injury and assault are preventable. Services have not been appropriate, effective nor sufficiently accessible to many Māori whānau and parents. Nearly half of Māori women do not have a Lead Maternity Carer in their first trimester of pregnancy and more than half of Māori children have not received their vaccinations by 18 months of age.

Oranga hinengaro | People living with mental distress, illness and addictions: The top ten contributors to overall health loss for Māori include mental health conditions like anxiety and depression, traumatic brain injury, alcohol use disorders and schizophrenia. Suicide is the second leading cause of death for Māori men and a major contributor to the life expectancy gap for both Māori men and women. Māori experience poorer mental healthcare – being less likely to receive pharmaceutical treatment and more likely to be placed in seclusion and under compulsory treatment orders. Poor mental health results from many of the same drivers of health inequities – racism, colonisation, intergenerational trauma, poverty and cultural disconnection. A significantly higher proportion of Māori than non-Māori experience stress and difficulty in daily life, and experience social isolation and exclusion.

All the above areas need a strong population health approach. The creation of the priority for Pae Ora | Greater Health and Wellbeing is derived from the need to create environments in our communities that support healthy lifestyles for whānau.

Each of the conditions above relies on a core set of activities to enable change:

Māori leadership and mana motuhake: The autonomy of Māori within the health sector to lead as Māori will be strengthened to support a system that is characterised by a genuine Te Tiriti partnership. Iwi Māori Partnership Boards are an important part of this shift towards an equity and Tiriti-dynamic system. The future will be characterised by Māori in leadership positions making decisions in their own right and in partnership with other key stakeholders. The system will engage in a mana-enhancing way with the Māori health workforce, and Māori technical experts will be included at all levels of health system design and delivery.

Evidence-based policies for prevention and wellbeing: Strong population health and prevention is critical to achieve equity and overall health improvement. This includes action on the social, cultural and commercial determinants of health that have the strongest influence on Māori health inequities. The future will be characterised by a system that prioritises prevention and early intervention. It aims to reduce risk and build on the positive factors that contribute to Hauora, for example, whānau wellbeing, removing discrimination against Tāngata whaikaha | Disabled people, and promoting the uptake of healthy food options.

Integrated, whānau-centred services: Services will be whānau-centred and cohesive. This requires a greater focus on understanding the health needs of communities; addressing these needs in a more connected way; expanding outreach and home-based care; and addressing the social, cultural and commercial determinants of health. Health services must provide a safe, culturally aligned, diverse and inclusive space. Services must offer comprehensive wellbeing screening and support, where 'any door is the right door', backed up with community engagement, well developed primary, secondary and tertiary pathways, system-level solutions and Māori leadership.

Primary care designed to work for Māori: Primary care services for the future will be accessible, affordable, available and appropriate for Māori. Increased access to primary care ensures high-quality care is available where it is most needed and where there are considerable benefits to be gained, avoiding the need for hospital treatment. This will make positive changes in all leading health areas for Māori, including cancer, chronic conditions, mental health, maternity care and support for pēpi in their earliest years. Radically redesigning the primary care system will be done with Māori autonomy, leadership and oversight. Iwi Māori Partnership Boards and locality planning will be critical here.

A culturally safe workforce, with many more Māori workers and leaders: Māori working in the health and disability sector make the biggest contribution to improved health outcomes and equity for Māori. We will grow the number of Māori coming into health careers while also making our organisations safe and mana-enhancing places, not just to work in, but places to develop careers and exert influence. The workplace will value, support and protect Māori from discrimination and racism, and will do this through a universal expectation of cultural safety. Cultural safety training will help make a tangata tiriti workforce of healthcare professionals who are conscientised around racism and bias. Everyone will bring this awareness into their service to guarantee quality of care.

Below, we outline the priority actions across Te Pae Tata that ensure equity for all Māori and make Māori health outcomes everyone's accountability. These actions shift the system towards Māori outcomes by growing Māori leadership through mechanisms such as Iwi Māori Partnership Boards, increasing Māori in leadership positions and in the general workforce, strengthening Māori providers and improving access to Te Ao Māori services.

We will strengthen the intelligence regarding how well the system performs for all Māori, including specifically where and how we are demonstrating a successful reduction in inequities.

Māori Health Gain areas

MĀORI HEALTH IMPROVEMENT ACTIONS
Partner with Iwi Māori Partnership Boards to develop interventions that are tailored for Māori, build community capability and ultimately work for Māori.
Work with the Public Health Agency to develop and implement evidence-based public health and legislative interventions that reduce harm from alcohol and other drugs.
Review the national approach to Māori suicide prevention and construct suicide prevention approaches consistent with mātauranga Māori to reduce the rate of suicide and suicidal behaviour.
IMPROVE MATE PUKUPUKU FOR MĀORI
Take a pro-equity approach to age thresholds for access to screening and removing barriers to primary care to improve early detection.
Ensure access to timely best-practice treatment once cancer is diagnosed, with auditing to ensure deviations are justified.
Continue to explore programmes for lung cancer early detection and improve funding of pharmacological treatments.
IMPROVE MĀUIUITANGA TAUMAHA FOR MĀORI
Redesign primary care to remove barriers to access for Māori and to provide a more comprehensive option for whānau.
IMPROVE KAHU TAURIMA FOR MĀORI
Provide wrap-around support for wāhine hapū antenatal and birthing care, including identifying ways to provide longer-term intervention and prevention services.
Design immunisation and Well Child Tamariki Ora services that work for Māori and build off a strongly integrated maternity service.
Develop whānau-orientated interventions that provide intensive support for maternity and the early years.

IMPROVE ORANGA HINENGARO FOR MĀORI
Design and expand Te Ao Māori mental health service solutions including primary mental health and wellbeing services, known as Access and Choice.
Develop local urban and rural community networks, including NZ Police, to support people who are in mental distress or experiencing an acute mental health and addiction episode.
Increase the availability of, and trial, new models of taurite specialist Māori mental health and addiction services.

Enablers for Māori Health Gain

STRENGTHEN AND GROW IWI MĀORI LEADERSHIP
Iwi Māori Partnership Boards are in place and engaged locally, regionally and nationally.
More Māori are in leadership and decision-making roles in Te Whatu Ora and Te Aka Whai Ora.
GROW IWI MĀORI RESEARCH AND EVIDENCE, INCLUDING MĀTAURANGA MĀORI
Establish a Te Ao Māori intelligence and insights function, that includes use of mātauranga Māori.
IMPLEMENT EVIDENCE-BASED POLICIES FOR PREVENTION
Implement evidence-based policy interventions to address health priorities for Māori, including tobacco control, alcohol, obesity and diet.
DEVELOP PRIMARY AND COMMUNITY CARE THAT WORKS FOR MĀORI
Fairly fund Māori providers, valuing their role in primary care and maximising the value of comprehensive models of service delivery. Where there is good performance, we will develop longer-term and more flexible contracts to improve outcomes.
Commission comprehensive primary and community care services for Māori populations that improve access.
Commission a wider range and greater volume of Te Ao Māori health services.

CREATE A CULTURALLY SAFE WORKFORCE, INCLUDING A STRENGTHENED MĀORI WORKFORCE
Support educational interventions to increase Māori access to health professional training within the tertiary sector.
Support health sector interventions to increase the number and type of Māori health workers within the current workforce.
Set mandatory education for Te Tiriti o Waitangi, equity, racism and bias for the whole health workforce to ensure they can deliver culturally safe and culturally competent healthcare.
Assess and improve the cultural safety of healthcare organisations.
Build a network of non-Māori practitioners who are mentors and leaders on cultural safety work, who can build Te Tiriti awareness and help non-Māori understand their responsibilities to Māori.
ENSURE ACCOUNTABILITY FOR RESULTS FOR MĀORI
Ensure universal responsibility for monitoring performance by ethnicity and acting on the results.
Set Māori equity key performance indicators within health service delivery and seek action plans for remediation where performance is below the indicator, where there is no existing plan.
Embed Māori sovereignty frameworks and practice for governance of data and information, privacy and security. Ensure appropriate data and protection standards are in place.
Ensure ethnicity data is collected according to a common ethnicity data protocol and there is a universal responsibility for all parts of the system to monitor performance on equity, with public transparency of performance.
Empower the system to identify and implement solutions to address inequities and monitor the impact of actions.
Ensure we meet the Ministry of Business, Innovation and Employment (MBIE) target that at least 5 percent of contracts are awarded to Māori.

4.2

Pacific health

The health and disability system reform is an important opportunity to ensure equity in our health system. We know that many areas of the health system are not working well for Pacific people, whānau, aiga, ngutuare tangata, kainga, famili, kāiga, magafaoa, vuvale and kaaiga (families) and communities. We have known about these problems for a long time. The persistent five-to-six-year gap in life expectancy between Pacific and non-Māori and non-Pacific people, has been demonstrated for at least 20 years.

Some parts of our system have responded. Our Pacific health providers have worked closely with communities to design services that reflect Pacific families and their lives. We have invested in more community owned and led health responses and have begun to engage with communities more meaningfully.

Over the next two years, we will embark on an exciting programme of work that will build and strengthen the foundations for Pacific health in the reformed system, while starting on a long-term path to address key Pacific health priorities. These enablers and priorities were determined using the lessons we have learned from the COVID-19 pandemic, from what Pacific communities and the health sector have told us and following an in-depth health needs assessment.

Ola Manuia | Interim Pacific Health Plan provides more detail on Te Whatu Ora's approach to strengthening Pacific Health enablers and taking action on Pacific Health priorities.

The actions we take over the next two years will support Pacific families and communities to stay well and enable Pacific people to access the care they need more easily, where and when they need it.

To get there, we must continue the path forged by the COVID-19 pandemic: working together, investing together, learning together and achieving wellbeing together. We will take a dual approach that involves:

STRENGTHENING SIX KEY ENABLERS TO BUILD CRITICAL PACIFIC HEALTH FOUNDATIONS AND INFRASTRUCTURE, INCLUDING:	USING THE ENABLERS TO ACCELERATE GAINS IN SEVEN PRIORITY AREAS OF PACIFIC HEALTH, INCLUDING:
• Population health approaches and intersectoral collaboration to act on the socioeconomic and wider determinants of health. • Strong embedded mechanisms for Pacific families, community and lived experience voice. • Support and development of the Pacific health workforce. • Pacific provider support and development. • A dedicated Pacific commissioning function. • A robust Pacific health data and intelligence function.	• Mothers and babies. • Children and youth. • Older people. • Tagata sa'ilimalo | Disabled people. • Long-term conditions, including cancer, diabetes and gout. • Mental health and wellbeing. • Pandemic response, including addressing gaps and missed care over the last two years.

We have started to make gains for Pacific people through the efforts of communities and health workers across the country, and there are many excellent models across the country.

Ola Manuia sets out the details of how we will build on those successes and make an even stronger contribution to a thriving, resilient and prosperous Pacific Aotearoa.

PACIFIC HEALTH ACTIONS
Embed diverse Pacific voices in decision making across the health system.
Build on the Pacific community engagement framework in partnership with Pacific communities and relevant stakeholders to embed Pacific aiga and community voice into the reformed system.
Strengthen and build on existing Pacific networks, and develop new networks where there are current gaps, that include churches and other community groups, to develop, support and implement the engagement framework.
Support Pacific communities and providers to be active partners in the establishment of localities.

Establish a robust national Pacific health data and intelligence function.

Establish a highly-connected national Pacific Clinical Network to help support and mobilise the clinical workforce and create a forum where insights from front-line staff are systematically captured and used to inform quality improvement and service development.

Commission research to support development of evidence-based care pathways and responsive models in priority clinical areas, including maternity and early years care, long-term conditions and mental health services.

SUPPORT STRONG PACIFIC COMMISSIONING AND PACIFIC PROVIDER DEVELOPMENT

Resource regional Pacific Community Hubs so that Pacific providers can work together in an integrated way at local and regional levels.

Co-create partnerships with new Pacific providers in growth localities that do not currently have a Pacific health provider.

Conduct feasibility studies for Hawke's Bay and South Island providers to expand into primary care.

Support the continuation of innovative models of care developed through the COVID-19 response:

- *Strengthen Pacific providers by investing in the infrastructure required to sustain innovative models of care.*
- Assess how innovative models of care can be scaled up at different regional levels.

Fund Pacific providers who implement models of Pacific family-centred care that integrate maternity, early years care, primary care, hospital and social service providers.

Enter into high-trust, flexible and outcomes-based contracts with Pacific providers based on a shared understanding of their needs and innovative approaches.

ADVANCE PACIFIC HEALTH PRIORITY AREAS

Develop a Pacific whānau-focused diabetes integrated care model:

- *Invest in a South Auckland-based pilot over a four-year period that brings together Pacific communities and providers to deliver health promotion, community-based primary and secondary care focused on prevention, early intervention and optimal treatment of diabetes.*

Evaluate current Pacific whānau-focused diabetes integrated care models, with a continuum of care from primary to high-quality specialist care, including screening, prevention, early treatment and management of eye, foot and kidney complications;

- and assess how these can be scaled up at different localities and regional levels.

Support Pacific providers to identify and address the health needs of priority communities, including youth, the rainbow community, older people, Tagata sa'ilimalo/the collective of families, carers and people with disabilities, and those with lived experience of mental illness and addiction.
Ensure Pacific people and aiga are prioritised in the restart of planned care following the pandemic.
Develop and implement Pacific integrated models of care for Kahu Taurima | Maternity and early years.
Work with health providers and sector leaders to address the health gaps and needs of Pacific children following the pandemic, with a focus on strengthening immunisation services and oral health with improved coverage.
Support ongoing work across the sector to reduce current cancer health inequities of Pacific people and families: • *Urgently address the decline in Pacific people's breast, bowel and cervical cancer screening rates and ensure Pacific people with a diagnosis get the care needed.* • Work with relevant Northern region health providers and health leaders to provide sufficient resource and ongoing support for a consistent approach to the early diagnosis and treatment of endometrial cancer. • Work with Te Aho o Te Kahu to develop closer to home care principles for cancer patients and their aiga.
Work with Northern region health providers, health leaders and researchers to develop maternal mental health models of care for Pacific women; to be implemented as part of Kahu Taurima.
SUPPORT AND GROW A STRONG PACIFIC WORKFORCE
Develop a comprehensive Pacific Health Workforce Development Strategy to attract, train, strengthen, upskill and retain a growing Pacific workforce.
Work with the education sector to identify secondary and tertiary education barriers to Pacific health education and training, and the solutions to help.
Invest in initiatives and activities supporting Pacific health providers' workforce capability and capacity development.
Establish a programme to support the training and employment of Pacific nurse specialists in priority clinical areas of maternity and early years care and diabetes.
Investigate options to increase General Practice Education Programmes 1 and 2 teaching practices within Pacific providers.

4.3

Health of Tāngata whaikaha | Disabled people

Creating a fully accessible, inclusive and equitable health system for Tāngata whaikaha | Disabled people means better healthcare for everyone as many people also experience temporary disabilities due to illness, injury and age. Tāngata whaikaha | Disabled people make up nearly a quarter of New Zealanders. They belong to all age, ethnic and cultural groups, gender identities, sexualities, localities, socio-economic groups and every whānau and community. The health system reform has provided the opportunity to reimagine a public sector that collaborates with disabled New Zealanders in a mana-enhancing way to achieve equal health outcomes and live good lives.

The health system in Aotearoa does not work for Tāngata whaikaha | Disabled people. Tāngata whaikaha | Disabled people in Aotearoa experience a wide range of inequities when accessing health services and poorer health outcomes compared to non-disabled people. Without any historic efforts to collect disability data, the voices, experiences and health outcomes of Tāngata whaikaha | Disabled people are not reflected in health system priorities, policies, or accountabilities. Inequities in access to healthcare are particularly intensified for Māori disabled people, Pacific people with disabilities and disabled people who experience other forms of intersectional marginalisation.

Te Whatu Ora in partnership with Te Aka Whai Ora, will work with Whaikaha the Ministry of Disabled people and are committed to prioritising Tāngata whaikaha | Disabled people as an equity group. This commitment is a historic moment and represents a formal recognition that the health system must take responsibility for providing appropriate, accessible healthcare for Tāngata whaikaha | Disabled people. Transforming the health system approach to support disability will be complex; it requires us to challenge the basic assumptions, entrenched ableism and outdated models that the system is built on.

The disability community is calling for a rights-based, equity driven approach to health that sees, welcomes, celebrates, listens to and treats Tāngata whaikaha | Disabled people well and on an equal basis with non-disabled people. The Aotearoa disability community see a truly equitable healthcare system as one in which Tāngata whaikaha | Disabled people are treated with dignity and fairness, included, visible, and 'belong' in the healthcare system on an equal basis with their non-disabled peers.

Three key principles will underpin the work of Te Whatu Ora to reframe how we see, value and work with Tāngata whaikaha | Disabled people:

PRINCIPLE	EXPLANATION	OBLIGATIONS
Human rights model of disability	The transformed health system recognises and understands disability using the human rights model to inform its approach to service design, planning and delivery.	• United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). • Te Tiriti o Waitangi.
PRINCIPLE	**EXPLANATION**	**KEY ENABLERS**
Nothing about us without us	Tāngata whaikaha	Disabled people must lead the conversation about what an equitable health system means to them at every step of the way.	• Enabling Good Lives principles.
Connected, holistic models of care	Tāngata whaikaha	Disabled people are treated as whole people with access to consistent, connected, high-quality, culturally and age-appropriate care throughout the health system.	• Digital, data and intelligence. • Localities model. • Partnership with Te Aka Whai Ora and Pacific team in Te Whatu Ora.

These principles provide the foundations for an inclusive, accessible and equitable health system for Tāngata whaikaha | Disabled people. Based on this foundation, the priority areas and action points outlined below have been selected. These priorities are both aspirational and immediate, with a clear action plan to guide our work now to build a transformed health system that works with and for Tāngata whaikaha | Disabled people.

Key priorities in the next two years include:

Make all health services accessible, inclusive and equitable for Tāngata whaikaha | Disabled people: 'Accessibility' in the context of disability refers to a specific set of requirements and accommodations that ensure Tāngata whaikaha | Disabled people have equitable access to the environment, information and communications. Inclusive health services are accessible according to these requirements, and actively welcome and value Tāngata whaikaha | Disabled people for who they are rather than defining them by their clinical requirements or diagnosis.

Create twin-track pathways and services for Tāngata whaikaha | Disabled people and communities who need them: Tāngata whaikaha | Disabled people have the same healthcare requirements throughout their lives as non-disabled people, as well as some specific healthcare requirements related to their disability. To ensure equity, Te Whatu Ora will commit to making sure all health services are accessible and inclusive to Tāngata whaikaha | Disabled people, while also recognising and responding to specific services or pathways the disability community needs.

Commit to continued radical and measurable transformation toward person, whānau and community driven, holistic, inclusive and accessible healthcare services: Making healthcare services accessible, inclusive and equitable is the first step toward radical transformation. Long-term system change requires actions that fundamentally change how the health system understands, interacts with and includes Tāngata whaikaha | Disabled people.

The following actions create a new baseline for how Tāngata whaikaha | Disabled people feel engaged in the health system. It redefines the minimum expectation that new health services and infrastructure are accessible, patient-related information published by Te Whatu Ora and Te Aka Whai Ora is accessible, and that Tāngata whaikaha | Disabled people, their health needs and health inequities are understood. Also, when health services are designed and planned, Tāngata whaikaha | Disabled people are included to create intelligence regarding their experience in the health system.

HEALTH OF TĀNGATA WHAIKAHA | DISABLED PEOPLE ACTIONS
Establish accessibility standards for all new builds, new contracts and new services including transport and mobility options, and develop a plan to bring existing infrastructure, services and environments to be compliant with new standards.
Establish baseline accessibility and usability requirements for the production and publication of all public facing health information, including accessible language, accessible channels to find and use information, and alternative formats for health information.
DEVELOP INCLUSIVE MODELS OF CARE
Train the healthcare workforce on supported decision-making and informed consent processes and implement inclusive practices in models of care, for example, NZ Sign Language interpreters, hoists and sensory reduction, using e-technology.
Develop a plan to ensure health careers are accessible, equitable and inclusive for Tāngata whaikaha | Disabled people.
PRIORITISE DISABILITY IN SERVICE PLANNING AND COMMISSIONING
Mandate pro-equity strategic development, service planning and commissioning embedded with social determinants of health and wellbeing outcomes for Tāngata whaikaha | Disabled people.
Establish a Tāngata whaikaha | Disabled people strategic leadership team to oversee implementation of Te Pae Tata and maintain strong, transparent, continuous community involvement.
SUPPORT TĀNGATA WHAIKAHA | DISABLED PEOPLE TO LEAD THE CONVERSATION
Increase the disability leadership capacity in the design and development of health services.
Implement appropriate and accessible feedback processes for locality, service design and commissioning processes.
Support Tāngata whaikaha | Disabled people in culturally-appropriate ways in Māori, Pacific and other community-specific health services ensuring they are led by Tāngata whaikaha | Disabled people from those communities.
Implement the Patient Profile and National Health Index to provide a foundational data ecosystem to understand inequities facing Tāngata whaikaha | Disabled people.

Section 5:

A focus on performance | He aronui ki te whakatinanatanga

Te Pae Tata lays out changes in how we ensure people and whānau are at the centre of our system, how we improve health outcomes and drive equity in priority areas, and how we manage and organise health service delivery systems to be as effective as possible.

Te Pae Tata responds to the interim Government Policy Statement on Health, the Budget Vote Health and Whakamaua | Māori Health Action Plan 2020-2025. These documents include performance measures designed to monitor the performance of the health service delivery system. Appendix two shows how the actions in Te Pae Tata are aligned to the five key shifts outlined by the Minister of Health, the interim Government Policy Statement on Health and the Pae Ora (Healthy Futures) Act 2022.

5.1

Performance reporting

Demonstrating achievement against this interim plan is important for New Zealanders to see what benefits are being achieved through this reform and the benefits of this scale of change. Appendix three outlines all of the performance measures that are relevant to the sections of Te Pae Tata.

These are only the beginning. Building an approach that values the impact of health services for people and the outcomes that are achieved will be part of our performance approach from 2024.

In this first two years, performance reporting includes the following elements:

- Reporting on the performance measures agreed in the accountability documents for Te Whatu Ora and Te Aka Whai Ora.
- Achievement against the actions outlined in Te Pae Tata as milestone achievements, including the extent and coverage of the change.
- Achievement against the two year financial pathway and appropriations as outlined by Treasury.
- From 1 January 2023 we will provide health service access performance on monitoring unwanted variation in service access and outcome and equity measures for the four key priority areas.
- From 1 January 2023 we will provide outcome and equity measures in our four priority areas where we are driving whole of system improvement. These areas are Kahu Taurima | Maternity and the early years; Mate pukupuku | People with cancer; Māuiuitanga taumaha | People living with chronic health conditions such as diabetes, heart disease, respiratory conditions, stroke and gout; and Oranga hinengaro | People living with mental distress, illness and addictions.

Te Aka Whai Ora will monitor the delivery of hauora Māori services by Te Whatu Ora and provide public reports on the results of that monitoring.

After the first twelve months of operation, both entities will establish baseline knowledge as to how the system is performing to enable targets to be set.

Affordability

The Pae Ora legislation describes future New Zealand Health Plans (post 2024) as fully costed, which will be the first time the New Zealand health system has had future funding certainty for a three-year period. We will implement strong integrated planning processes, including a medium-term plan for managing cost pressures and building resilience. These will inform the development of the 2024-2027 Plan.

The first Plan – Te Pae Tata – is designed to balance the expectations of investment from Government as outlined in the interim Government Policy Statement on Health (iGPS) and Budget 22, within our financial constraints. The affordability of these changes is designed on a simple premise – that the total budget must not be exceeded and all health plan actions must have a clear funding source.

In Te Pae Tata all the actions have one of the following funding sources:

- Directly funded as an initiative in Budget 22.
- Funded by a previous Budget decision and the revenue has transferred to Te Whatu Ora from The Ministry of Health.
- Requires no additional funding as it is funded by the consolidation of existing resources.
- Funded by the re-commissioning (redesign and re-contracting) of existing services.

Financial performance will be reported as required by the iGPS, Health System Indicators and Vote Health. The monitoring of value for money and financial efficiency will be developed in the first twelve months of operation to inform the preparation for future health appropriations.

Appendices

Appendix One: Glossary of terms and acronyms

TERM	DEFINITION
Aiga	Family.
Hauora	Health.
HUD	Ministry of Housing and Urban Development
Kaimahi hauora	Health workers.
Kaiāwhina	Assistant, helper.
Kaimanaaki	Support worker(s) and community health worker(s).
Kaitiaki	Guardian, steward.
Kaupapa Māori	The knowledge, attitudes and values that are inherently Māori as held and followed by hapū and Iwi. This is synonymously linked to mātauranga Māori and underpinned by Te Tiriti o Waitangi, self-determination, cultural validity, culturally preferred teaching, socioeconomic mediation of Māori disadvantage, whānau connections, collective aspirations, and respectful relationships underpinned by equality and reciprocity.
Kaumātua	Māori elder.
Mana Motuhake	Self-determination, autonomy.
Mana Whenua	Customary authority exercised by an Iwi or hapū in an identified area.
Mātauranga Māori	Māori knowledge systems that reflect indigenous ways of thinking, relating, and discovering. It links indigenous peoples with their environments, is often inspired by environmental encounters and is conveyed within the distinctiveness of indigenous languages and cultural practices.
Pakeke	Adult.
Pēpi	Baby.
Rangatahi	Youth.
Tamariki	Children.
Tagata Sa'ilimalo	Collective concept inclusive of families, carers and people with disabilities.
Tangata Whenua	People of the land. In reference to a particular place, it means the Iwi or hapū that has mana whenua over the area.
Taonga	Treasure.
Taurite services	These are services that braid clinical and cultural care. They can be delivered by a Māori provider or a non-Māori provider. If delivered by a non-Māori provider, high-quality taurite services are delivered in partnerships with Māori.
Te Aho o Te Kahu	Cancer Control Agency.
Te Ao Māori	Māori world view.
GDP	Gross domestic product.
HIRA	National digital exchange platform for health information.
KPI	Key Performance Indicator.
LINAC	A medical linear accelerator directs beams of radiation into tumours to treat people with cancer.
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities.
Whānau	Family.

Appendix Two: Reconciliation of Te Pae Tata | interim New Zealand Health Plan against Government expectations

This Appendix provides an overview of the Government's expectations for Te Pae Tata | interim New Zealand Health Plan as outlined in the cabinet paper 'Health and Disability System Review: Proposals for Reform', the Pae Ora (Healthy Futures) Act 2022 and the interim Government Policy Statement on Health (iGPS). It provides an assessment of how Te Pae Tata meets these requirements.

REQUIREMENT	HOW TE PAE TATA DELIVERS THE REQUIREMENT	REFERENCE
FIVE KEY SHIFTS FROM THE CABINET PAPER 'PROPOSALS FOR REFORM'		
1. The health system will reinforce Te Tiriti principles and obligations	Te Pae Tata has a strong focus on building a health system which holds Te Tiriti o Waitangi as its foundation – placing Te Tiriti at the forefront of thinking and providing opportunities to enact Te Tiriti principles and articles to improve health outcomes for Māori. This includes: • Embedding Te Tiriti and making this a collective responsibility. • Balancing leadership between the Crown and Māori communities. • Māori exercise decision-making authority over matters of importance to them. • Considering Te Ao Māori | the Māori world views, including mātauranga Māori and kaupapa services to take bold action to address discrimination, bias, and systemic racism throughout the system. • Te Aka Whai Ora facilitating and resourcing Iwi and Māori development along with Iwi Māori Partnership Boards, will be equipped to exercise self-determination at all levels of the system. • Te Whatu Ora and Te Aka Whai Ora enabling and supporting the voice of whānau in the design and delivery of services that are culturally safe and produce equitable outcomes. • Jointly investing to grow the reach of kaupapa providers and Te Ao Māori solutions, and developing the health sector's understanding and application of Te Ao Māori approaches and models. • Enabling and supporting Māori through genuine and meaningful engagement in the design, delivery and monitoring of health services to reflect their needs and aspirations and improve hauora Māori outcomes. • Working in partnership with Māori to establish promotional and prevention measures to protect and improve Māori health and wellbeing. • A commitment to achieving equitable outcomes for Māori.	 See 'Building our foundations' and Section 4

REQUIREMENT	HOW TE PAE TATA DELIVERS THE REQUIREMENT	REFERENCE
2. All people will be able to access a comprehensive range of support in their local communities to help them stay well	Te Pae Tata reinforces the need for a more unified and joined-up approach to ensure all communities have access to a comprehensive range of support in their local community. This includes: • The establishment of localities, which is the key mechanism to ensure communities have access to a comprehensive range of supports in their local communities. Locally based service delivery will be supported through: – Locality partnerships – that include Iwi and Māori, trusted community leaders, health and social sector providers, and councils, who collaborate with communities, whānau and consumers to deliver locality plans. – Provider networks – local health providers will form networks and work together to deliver better care for whānau, regardless of where they seek it. • The strengthening of primary care, including the development of comprehensive primary and community care teams that will give people better access to a broader range of services in their communities. These comprehensive primary and community care teams will be commissioned according to the needs of the community and supported to deliver high-quality care for all people in all locations. • Improving the integration between primary and community care with secondary services will support the delivery of care closer to home and improve the experience people have with the health system. • The enhancement of digital health care and intelligence to improve the efficiency and effectiveness of care. This includes the establishment of a national after-hours primary healthcare telehealth service.	See Sections 2.1-2.3, 3, 4.1-4.3
3. Everyone will have access to high-quality emergency or specialist care when they need it	Te Pae Tata has identified accessible, high-quality emergency and specialist care as a focus for these first two years, with a particular aim to reduce the unwarranted variation in outcomes and access the system currently delivers. The establishment of regional hospital and specialist networks, supported by digital tools and health intelligence, and the development of national specialist pathways in priority areas for improved outcomes and equity gain, will ensure this shift is realised. This will make better use of the hospital and specialist capacity we have nationally, ensuring people are able to access the care they need. Te Pae Tata also focuses on the availability of responsive transport and accommodation options, working with emergency road and air ambulance services to ensure the capacity to respond to emergencies.	See Sections 3.3-3.5
4. Digital services will provide more New Zealanders with the care they need in their homes and local communities	Digital services are a critical part of our future models of care and underpin many of the transformations related to our service delivery system, in public health, primary and community care, rural healthcare, and hospital and specialist services. Te Pae Tata commits to: • Integrating digital technologies into our models of care and improving the digital infrastructure of the health system. This will enable people to access care in convenient ways and improve the uptake of innovations that deliver more efficient and effective care outcomes. • Supporting our workforce and healthcare providers by lifting digital capability across the system, so everyone has access to digital tools and has the capability to use them effectively. • Improving digital access to primary care as an option to improve access and choice.	See Section 3

REQUIREMENT	HOW TE PAE TATA DELIVERS THE REQUIREMENT	REFERENCE
5. Health and care workers will be valued and well-trained for the future health system	Te Pae Tata recognises the many pressures our health workforce whānau experience and commits to significant change to make a career in health a career of choice. This includes addressing workforce shortages, diversifying our workforce and investing in training and development. Te Pae Tata also recognises that developing an inclusive leadership and culture is critical to the effectiveness and sustainability of the health system. We commit to diversifying our leadership, embedding the lived values within Te Mauri o Rongo – The Health Charter in Te Whatu Ora and Te Aka Whai Ora, and proactively developing our future leaders in health.	See Sections 1.2-1.3
INTERIM GOVERNMENT POLICY STATEMENT ON HEALTH PRIORITIES		
Embedding Te Tiriti o Waitangi across the health system	Te Pae Tata has a strong focus on building a health system which holds Te Tiriti o Waitangi as its foundation – placing Te Tiriti at the forefront of thinking and providing opportunities to embed Te Tiriti across the system. This includes: • Balancing leadership between the Crown and Māori communities. • Māori exercise decision-making authority over matters of importance to them. • Considering Te Ao Māori world views of health, including mātauranga Māori, and take bold action to address discrimination, bias, and systemic racism throughout the system. • Te Aka Whai Ora facilitating and resourcing Iwi and Māori development, along with Iwi Māori Partnership Boards, will be equipped to exercise self-determination at all levels of the system. • Te Whatu Ora and Te Aka Whai Ora enabling and supporting the voice of whānau in the design and delivery of services that are culturally safe and produce equitable outcomes. • Jointly investing to grow the reach of kaupapa providers and Te Ao Māori solutions, and developing the health sector's understanding and application of Te Ao Māori approaches and models. • Enabling and supporting Māori through genuine and meaningful engagement in the design, delivery, and monitoring of health services to reflect their needs and aspirations and improve hauora Māori outcomes. • Working in partnership with Māori to establish promotional and prevention measures to protect and improve Māori health and wellbeing. • A commitment to achieving equitable outcomes for Māori.	See 'Building our foundations' and Section 4.1
Laying the foundations for the ongoing success of the health system	Te Pae Tata 'Building our foundations' outlines how embedding Te Tiriti, implementing a population health approach, driving for improved health outcomes, equity of access and sustainability are the foundations of the new health system we are building. Te Pae Tata aims to unify the health system, ensuring that all those who work in health operate with a 'one system' culture and ethos. Te Pae Tata recognises the criticality of health intelligence to our ability to continually improve the performance of our health system and ensure its ongoing success.	See 'Building our foundations' and Sections 1, 3, 4 and 5

REQUIREMENT	HOW TE PAE TATA DELIVERS THE REQUIREMENT	REFERENCE
Keeping people well in their communities	A key priority of Te Pae Tata is keeping people well in their communities. Key components of our drive to keep people well and ensure care is provided as close to home as possible includes: • The focus on pae ora – better health in communities, strengthening our prevention efforts and community wellbeing with the leadership of Iwi Māori Partnership Boards, hapū, community, local government, social sector and other partners. • The establishment of localities, which is the key mechanism to ensure communities have access to a comprehensive range of supports in their local communities. • The strengthening of primary care, including the development of comprehensive primary and community care teams that will give people better access to a broader range of services in their communities. These comprehensive primary and community care teams will be commissioned according to the needs of the community and supported to deliver high quality care for all people in all locations. • Improving the integration between primary and community care with secondary services will support the delivery of care closer to home and improve the experiences people have with the health system. • The establishment and strengthening of the critical partnerships providing wider healthcare support. • The integrated pathways of care, digital tools and health insights and intelligence across the whole system. • The enhancement of digital healthcare and intelligence to improve the efficiency and effectiveness of care. This includes the establishment of a national after-hours primary healthcare telehealth service.	 See Building our foundations; Sections 1.4, 2.1-2.5, 3, 4.1-4.3
Achieving equity in health outcomes	Te Pae Tata aims to improve health equity through all actions across all priority areas. Section 2 details our health gain priority areas which have been chosen specifically because they are the areas that deliver consistently inequitable outcomes for New Zealanders and are therefore the areas where we can make the greatest gains in health equity. With the investment in a strong and diverse workforce that reflects our communities and the development of models of care that address the needs of Māori, Pacific people and Tāngata whaikaha | Disabled people, we will be well equipped to improve health outcomes for people who are currently underserved by the health system. The strengthened use of health insights and intelligence is particularly important to improve health inequities. A key focus of Te Pae Tata is to improve the quality of health and equity intelligence, particularly for Māori, Pacific people, Tāngata whaikaha | Disabled people and rural communities. This includes improving our data collection, knowledge synthesis and responsive action through to monitoring and evaluation.	 See Building our foundations; Sections 1.2, 1.3, 1.4, 2, 3, 4.1-4.3

REQUIREMENT	HOW TE PAE TATA DELIVERS THE REQUIREMENT	REFERENCE
Developing the health workforce of the future	Te Pae Tata recognises the many pressures that our health workforce whānau experience and commits to significant change to make a career in health a career of choice. This includes addressing workforce shortages, diversifying our workforce, investing in training and development and actions to strengthen leadership and culture. Te Pae Tata also focuses on the importance of deliberate and dynamic workforce planning, which includes stronger utilisation of data and intelligence to fully understand workforce supply and demand, and working in partnership with education and training providers on pipeline strategies.	 See Section 1.2-1.4
Ensuring a financially sustainable health system	At the core of Te Pae Tata is the implementation of a population health approach which strengthens action in health promotion and prevention, and addresses the social determinants of health. By intervening earlier and working with our cross-agency partners to improve people's health and wellbeing, we can mitigate some of the future demand for healthcare, enhancing the sustainability of our health system. Te Pae Tata recognises the significant opportunity to improve efficiency in administrative and operating systems that will have a positive impact on financial performance; supported by the simplification of our system. Note that Te Pae Tata has been reconciled with Vote Health appropriations and Budget 22 funding to ensure all actions are deliverable within the funding available over the next two years.	 See 'Building our foundations' and Section 5
PAE ORA (HEALTHY FUTURES) ACT 2022*		
An interim Health Plan must be in place by our commencement date 1 July 2022	This Te Pae Tata | interim New Zealand Health Plan, will be delivered to the Minister in early July 2022 to ensure a plan is in place to guide the operations of the health system from the commencement date.	

*Note: the Pae Ora (Healthy Futures) Act 2022 specifies a number of requirements for the content and process to develop a New Zealand Health Plan, which will apply to the first full New Zealand Health Plan in 2024.

Appendix Three: Performance measurement

These measurements are from Te Pae Tata, the interim Government Policy Statement on Health on Health (iGPS), Whakamaua, the Health System Indicators (HSI) and Vote Health. They are grouped against the actions outlined in Te Pae Tata.

Where available these measures will be available for different population groups to highlight equity, namely Māori, Pacific people and Tāngata whaikaha | Disabled people, and different geographical areas including rural.

Valuing the voices of consumers and whānau

SOURCE	MEASURE
iGPS	Experience of primary healthcare and adult inpatient health services measured across demographic groups using patient experience surveys.
iGPS, Whakamaua	Experience of health services for Māori as measured by the primary healthcare and adult inpatient patient experience surveys.
iGPS, Whakamaua	Feedback from the Iwi Māori Partnership Boards on how they are fulfilling their role and whether they are receiving the support they require.
HSI	People report being involved in the decisions about their care and treatment.

A strong workforce whānau

SOURCE	MEASURE
iGPS	Engagement survey of staff on culture and shift towards one team ethos, a measure will be developed.
iGPS	Number and proportion of graduates of health training programmes from demographic groups under-represented in the health workforce, compared to the demographics of the population.
iGPS, Whakamaua	Proportion of Māori and other under-represented groups in the regulated and unregulated health workforce, compared to the demographics of the total population.

Developing an inclusive leadership and culture

SOURCE	MEASURE
iGPS, Whakamaua	Number of Māori in leadership and governance roles across the Ministry of Health and health sector Crown entities.
iGPS, Whakamaua	Proportion of Māori and Pacific people in leadership and governance roles across the Ministry of Health and health sector Crown entities.

Strengthening the use of health insights and intelligence

SOURCE	MEASURE
Whakamaua	Number of kaupapa Māori research proposals receiving ethics approval that focus on Māori health and disability.

Pae ora | Better health in our communities

SOURCE	MEASURE
iGPS	Enrolment with a primary maternity care provider in the first trimester of pregnancy, reported by ethnicity and geographic area.
iGPS, HSI	Complete roll-out of the Access and Choice programme for primary mental health and addiction support services so that access is available for 325,000 people per year by the end of June 2024.
iGPS, HSI	Access to planned care.
iGPS, HSI, Vote Health	Uptake of immunisations for key age groups, reported by ethnicity and geographic area.
iGPS, HSI, Whakamaua	Rate of hospital admissions for an illness that might have been prevented or better managed in the community, reported by key age groups.
iGPS, HSI, Whakamaua	Proportion of people reporting unmet need for primary healthcare, reported by ethnicity and geographic area.
iGPS	Proportion of people waiting for planned specialist care who receive it within four months, reported by ethnicity and geographic area.
iGPS	Standardised rate of acute readmissions within 28 days of discharge, reported by ethnicity and geographic area.
HSI	Reducing bowel cancer incidence – developmental measure.
HSI	Participation in bowel screening programme – mandatory contributory measure.

Kahu Taurima | Maternity and early years

SOURCE	MEASURE
iGPS	Enrolment with a primary maternity care provider in the first trimester of pregnancy, reported by ethnicity and geographic area.
iGPS, HSI	Uptake of immunisations for key age groups, reported by ethnicity and geographic area.
iGPS, HSI, Whakamaua	Ambulatory sensitive hospitalisations for children aged 0-4.

Mate pukupuku | People with cancer

SOURCE	MEASURE
iGPS	Proportion of people who start first treatment for breast, cervical and bowel cancer after a screening result shows presence of cancer, reported by ethnicity and geographic area.
iGPS	Variation of clinical prioritisation for cancer treatment and elective surgery, reported by ethnicity and geographic area.
HSI	Reducing bowel cancer incidence – developmental measure.
HSI	Participation in bowel screening programme – mandatory contributory measure.

Māuiuitanga taumaha | People living with chronic health conditions

SOURCE	MEASURE
iGPS, Whakamaua	Rate of diabetes complications, reported by ethnicity and geographic area.
Vote Health	Percentage of stroke patients referred for community rehabilitation who are seen face to face by a member of the community rehabilitation team within seven calendar days of hospital discharge.

Oranga hinengaro | People living with mental distress, illness and addictions

SOURCE	MEASURE
iGPS	Complete roll-out of the Access and Choice programme for primary mental health and addiction support services so that access is available for 325,000 people per year by end of June 2024.
iGPS, HSI, Whakamaua	People under 25-years able to access specialist mental health services within three weeks of referral.
iGPS	Percentage of spend of HNZ total budget on mental health.
HSI	Access to primary mental health and addiction services – developmental measure. Initial reporting of data from integrated primary mental health and addiction services.

Mechanisms to develop a unified health system

SOURCE	MEASURE
iGPS	Proportion of entities or services that have been assessed against the Consumer Engagement Quality and Safety Marker; and of those, the proportion that have been assessed at Level 3 or 4.
iGPS, Whakamaua	Health entity spending on Māori health service providers.
iGPS, Whakamaua	Geographical coverage and utilisation of Rongoā Māori services.

An enhanced national public health system

SOURCE	MEASURE
iGPS	Percentage of spend of Te Whatu Ora total budget on public health.

Stronger primary and community care

SOURCE	MEASURE
iGPS, HSI	Uptake of immunisations for key age groups, reported by ethnicity and geographic area.
iGPS, HSI, Whakamaua	Proportion of people reporting unmet need for primary healthcare, reported by ethnicity and geographic area.
iGPS, HSI, Whakamaua	Rate of hospital admissions for an illness that might have been prevented or better managed in the community, reported by key age groups.
iGPS	Experience of health services as measured by the primary healthcare patient experience survey.
iGPS	Percentage spend of Te Whatu Ora total budget on primary and community care.
HSI	General practitioner numbers as full-time equivalents per 100,000 population – developmental measure, mandatory contributory measure.
HSI	People report being involved in the decisions about their care and treatment.

Networked hospital and specialist service delivery

SOURCE	MEASURE
iGPS	Variation of clinical prioritisation for cancer treatment and elective surgery, reported by ethnicity and geographic area.
iGPS	Missed appointments for specialist care, reported by ethnicity and geographic area.
iGPS, HSI, Whakamaua	Variation in the rates of access to key identified services by ethnicity, geographic area and other characteristics. Initial areas include surgery, first specialist assessments, gender affirming care, colonoscopies, access to specialist mental health, including for rangatahi, and screening.
iGPS	Standardised rate of acute readmissions within 28 days of discharge, reported by ethnicity and geographic area.
iGPS	Percentage of people waiting for planned specialist care who receive it within four months.
iGPS	Experience of health services as measured by the adult inpatient patient experience survey.
iGPS	Percent spend of HNZ total budget on specialist and hospital services.
iGPS, Whakamaua	Did not attend and Did not wait percentages for Māori at outpatient services, including a comparison between percentages for Māori and non-Māori, non-Pacific.
HSI	Equitable reduction in standardised rates of intervention.
HSI, Whakamaua	Equitable reduction in standardised rates of acute bed days.

Strengthening our system enablers

SOURCE	MEASURE
iGPS	Proportion of medical appointments completed through digital channels, initially for outpatients and expanding to include GP appointments when data is available.
iGPS	Develop an Investment Strategy and National Asset Management Strategy by December 2023.

Māori health improvement

SOURCE	MEASURE
iGPS, Whakamaua	Funding received by kaupapa Māori health and disability service providers.
iGPS, Whakamaua	Geographical coverage and utilisation of Rongoā Māori services.
iGPS, HSI, Whakamaua	The percentage of Māori reporting unmet need for primary healthcare, including a comparison between Māori and non-Māori, non-Pacific.
iGPS, Whakamaua	Experience of health services as measured by the primary healthcare and adult inpatient patient experience surveys.
iGPS, Whakamaua	Did not attend and Did not wait percentages for Māori at outpatient services, including a comparison between percentages for Māori and percentages for non-Māori, non-Pacific.
iGPS, Whakamaua	Percentage of Māori in the regulated workforce compared with the percentage of Māori in the population.
iGPS, HSI, Whakamaua	Rates of ambulatory sensitive hospitalisations (ASH) for Māori aged 0-4-years, including a comparison with rates for non-Māori, non-Pacific.
iGPS, Whakamaua	Māori young people able to access specialist mental health or addiction services in a timely manner within three weeks from referral, including a comparison between access for Māori and access for non-Māori, non-Pacific.
iGPS, Whakamaua	Rate of diabetes complications for Māori compared with non-Māori, non-Pacific.
iGPS, Whakamaua	Measures of the health of Māori-Crown partnerships being developed by Office for Māori Crown Relations – Te Arawhiti, as evidenced in the health and disability system.
Whakamaua	Number of kaupapa Māori research proposals receiving ethics approval that focus on Māori health and disability.
iGPS, Whakamaua	Number of Māori in leadership and governance roles across the Ministry of Health and health sector Crown entities.
HSI, Whakamaua	Standardised acute bed days per capita for Māori, including a comparison between Māori rates and rates for non-Māori, non-Pacific.
iGPS	Proportion of Māori and Pacific people in leadership and governance roles across the Ministry of Health and health sector Crown entities.
iGPS	Percentage spend of Te Whatu Ora total budget on hauora Māori services.

Pacific health

SOURCE	MEASURE
iGPS, Whakamaua	Proportion of Māori and Pacific people in leadership and governance roles across the Ministry of Health and health sector Crown entities.

Other key measures

There are two measures which are relevant across the whole of Te Pae Tata.

SOURCE	MEASURE
iGPS	Health entities are clear about their own and other entities' roles and responsibilities, and are delivering to these.
iGPS	Develop and monitor an agreed measure of quality-adjusted, system-level productivity.

Presented to the House of Representatives pursuant to section 53(5)(a) of the Pae Ora (Healthy Futures) Act 2022

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Ā mātou whakapapa | Our narrative

In the pūrakau (ancient legend), when Tāwhaki ascended into heaven to attain the three baskets of knowledge, he also collected two mauri stones named 'Hōkai nuku' and 'Hōkai rangi'. These stones were seen as supporting the three baskets of knowledge, with one having the ability to look back into the past, while the other provided a vision into the future.

Watch Rahui Papa talk about Ā mātou whakapapa.
https://www.tewhatuora.govt.nz/about-us/who-we-are/our-story/

Te Whatu Ora – tohu

Read about the meaning behind our tohu – tāniko (shown above).
https://www.tewhatuora.govt.nz/about-us/who-we-are/our-story/

Te Aka Whai Ora – tohu

Read about the meaning behind our tohu – Te hau (shown below).
https://www.teakawhaiora.nz/a-matou-whakapapa-our-narrative/

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