

22 November 2021

Tēnā koe [REDACTED]

YOUR OFFICIAL INFORMATION ACT (1982) REQUEST HBDHB REF: OIA2021145

I refer to your Official Information Act request dated 4 November 2021 where you requested urgent information from Hawke's Bay District Health Board (HBDHB). Your questions and HBDHB's response is provided below:

- ***Produce the Agenda on which this issue was discussed .***
- ***Produce the reportage , minutes or advice that evidenced your view that WOCA receiving Maori NHI Data would UNDERMINE your ability to reach these people .***
- ***We have assumed " these people " mean Maori .***
- ***We require the evidence of the vote and who was in attendance ?***
- ***Please release to WOCA all reportage tabled with your DHB , howsoever produced , from whomsoever authored on Maori COVID Testing and Vaccination rates January 21 2020 to October 31 2021 .***
- ***Please produce your Maori Health Plan for calendar years 2019 /2020 and 2020/2021 .***
- ***Please produce your Maori Vaccination Plan that was directed by the MOH Maori Vaccination Plan***

Hawke's Bay DHB has not discussed this issue at Board level and therefore is unable to provide the information you have requested for questions one, two, three, four and five under s18 (e) of the Act, as the information requested does not exist.

Please find attached Hawke's Bay DHBs *Mana Ora Mana Māori COVID vaccination rollout for Māori* document plan and *Whānau Ora, Hāpori Ora Healthy Families, Healthy Communities* strategic plan in response to questions six and seven.

I trust this information meets your needs. If you would like any further information or clarification please phone me. If you are not satisfied with this response you may contact the Office of the Ombudsman, phone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Hawke's Bay DHB website after your receipt of this response.

Ngā mihi



Patrick Le Geyt
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Whānau Ora, Hāpori Ora

Healthy Families, Healthy Communities

Rautaki Hauora a Te Matau-a-Maui
Hawke's Bay Health Strategy

2019–2029

July 2020



Mihi

He kupu whakataki

“Pūnaha ana te hau āwhiōrangi i ngā maunga ihi mārangaranga

Ko te papatātahi o Nukutaurua

Ko te kauuananu o Moumoukai

Kua Horopāpera ki Whakapūnake

Tātārā-ākina ki Maunga-haruru

Ki te pū o te tonga Ko Kahurānaki

Paearu ake ōna toitūtanga

Hei tāhū ohooho mana taurite

Hei rautaki uru oranga taku haere

Māhere ki te ākau roa a te Mātau-a-Māui

He haumāru nui; He hautapu roa; He hauora e”

Tihei Mauri Ora!!

Message from the CEO, Board, Clinical & Consumer councils

Whānau Ora, Hāpori Ora sets the scene for the delivery of health services to individuals and communities across Te Matau-a-Māui, the Hawke’s Bay region, for the next ten years. This strategy provides the foundation for the planning, delivery and monitoring of services, which will result in better health outcomes, thereby enabling all people within our region to experience similar health outcomes.

This plan brings together all the relevant components of planning articulated in the Clinical Services Plan, the People Plan and the Health Equity Report. It combines with the Ngāti Kahungunu work on health equity as expressed in He Ngākau Aotea, to ensure the provision of high quality health services to all Hawke’s Bay residents. This means that Māori, Pasifika and those people with unmet need will be of particular focus over the course of this strategy.

Whānau Ora, Hāpori Ora reflects our commitment to building relationships with our communities to ensure that their voices are heard. We are endeavouring to base services on this feedback so that it matches expectations with delivery of services. Alongside this approach we have an impetus to ensure clinical leadership is supported to provide safe, high-quality services comparable to the rest of the country.

Designing the health system for 2029 requires us to look forward with vision, courage and attitude, underpinned by our values – He Kauuananu (Respect), Ākina (Improvement), Raranga Te Tira (Partnership) and Tauwhiro (Care).

Tuāwhakarangi – Vision

Whānau ora, hāpori ora

Healthy families, healthy communities

He rautākiri – Mission

Working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay.

Ngā ūara – Our values

HE KAUANUANU RESPECT
Showing **respect** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

RARANGA TE TIRA PARTNERSHIP
Working together in **partnership** across the community. This means I will work with you and your whānau on what matters to you.

ĀKINA IMPROVEMENT
Continuous **improvement** in everything we do. This means that I actively seek to improve my service.

TAUWHIRO CARE
Delivering high quality **care** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.

Ngā mātāpono – Principles

Whānau participation in their own care
Healthy lifestyles are encouraged
Access to healthcare is easy
Nurturing environments of trust are established
Affordable primary care is targeted to need
Understand our populations and their perspectives

Outstanding quality of care is everywhere
Relationship-centred practice is where care begins
Adopting safe practice at all times

Holistic and wellbeing approach
Authentic and trusting relationships
Person and whānau-centred care

Our healthcare system is easy to navigate
Research and evidence-based healthcare
Integrated health care teams

Outcomes-focused
Respectful relationships matter
Achieving equity for Māori is a priority

Tuāwhakanuku – Introduction

Why a health strategy?

The health system is made up of a range of organisations contributing to the health of New Zealanders and local communities. As the New Zealand Health Strategy points out, to perform to a high standard the system needs more than a skilled workforce and resources. It needs a shared view of its overall purpose and the direction it is going, combined with effective ways of working.

‘A strategy is a guide for achieving the sort of future that you want. It can help people, organisations or a whole system work together more effectively on the most important things. Without a strategy, small problems today can become big problems overtime’.

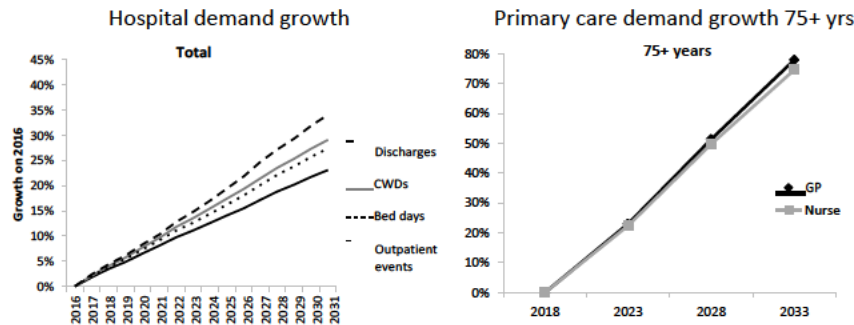
- *New Zealand Health Strategy*

Hawke’s Bay District Health Board has a role to lead the Hawke’s Bay health system and strengthen the links between its different parts. But we recognise our partners will lead and support much of the transformation required in the sector. We also acknowledge health and wellbeing are not solely influenced by the health sector and working with inter-sectoral partners is critical to people living and staying well.

Where are we at?

Over the last five years, we have shifted our perspective from DHB services to whole-system management and engagement with iwi and post-settlement governance entities, with our Transform and Sustain strategy. Success in preventative services such as immunisation and screening show what can be achieved when we purposefully set out to understand the needs of our community and deliver our services in a way that meets the needs of whānau.

Despite the progress we have made many, challenges remain. Our 2018 Health Equity Report shows large inequities in health persist for Māori, Pasifika and those with the least social and economic resources. Demographic changes will increase pressure on our already-stretched health services. If we continue along the same path, the number of primary care consultations, hospital appointments and inpatient stays will continue to outstrip population growth. These challenges impact the system’s ability to provide the highest quality of care as well as the health and wellbeing of staff.



The graphs above show the trend for demand on services if we continue with the status quo

Māori and Pasifika, people with disabilities, people with experience of mental illness or addiction, and those living in socioeconomic deprivation continue to experience unacceptable inequities in health outcomes.

It is clear we need a new approach to achieve equity amongst our population and meet future demand. We need to redesign and co-design our health system, investing in primary health care to ensure proactive, seamless care with a wellness focus to support whānau to remain well. For the future we need to make bold decisions to deliver the best and fairest outcomes for all people in Hawke's Bay.

A focus on people

At its heart, this strategy is about people — members of communities, whānau, hapū and iwi. We exist because of them and we recognise that people and whānau are the experts in their own lives. We need to focus more on the places people spend their time and take the delivery of healthcare outside traditional clinical venues. We need to plan and deliver health services in the wider context of people's lives and consider how we include cultural health practices (e.g., mirimiri and rongoā Māori).

There are two priority population groups that we need to respond to: whānau with children and young people, and older people. We need to support whānau to achieve goals and aspirations and ensure children have the best start in life. At the same time, we recognise our population is ageing and we will step up our response to keep older people well at home and in their communities.

The district health board must act as a careful steward of health resources, which is a challenging task. We need our community to help us so we invest in the areas that matter most to people and whānau.

Our commitment to Te Tiriti o Waitangi

The New Zealand Public Health and Disability Act 2000 holds us accountable for recognising and respecting the principles of Te Tiriti o Waitangi, the Treaty of Waitangi. Our Treaty relationship is based on our Memorandum of Understanding with Ngāti Kahungunu. We are committed to improving health outcomes for Māori, increasing Māori representation in the health workforce, and ensuring a culturally safe and responsive health system.

The Waitangi Tribunal Health Services and Kaupapa Enquiry 2019 found the articulation of the Treaty principles of partnership, participation and protection as out-of-date and has accordingly refreshed Treaty principles as:

Partnership – requires the Crown and Māori to work in partnership in governance, design, delivery and monitoring of health and disability services. Māori must be co-designers, with Crown, of the health and disability system for Māori.

Active Protection – requires the Crown to act, to the fullest extent possible, to achieve equitable outcomes for Māori. This includes ensuring that it, its agencies, and its Treaty partner are well informed on the extent, and nature of, both Māori health outcomes and efforts to achieve Māori health equity.

Equity – requires the Crown to commit to achieving equitable health outcomes for Māori.

Options – requires the Crown to provide for and properly resource kaupapa Māori health and disability services and ensure health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

Mā te āhei ka hono ki ngā ritenga kē?

How does the strategy fit with other plans?

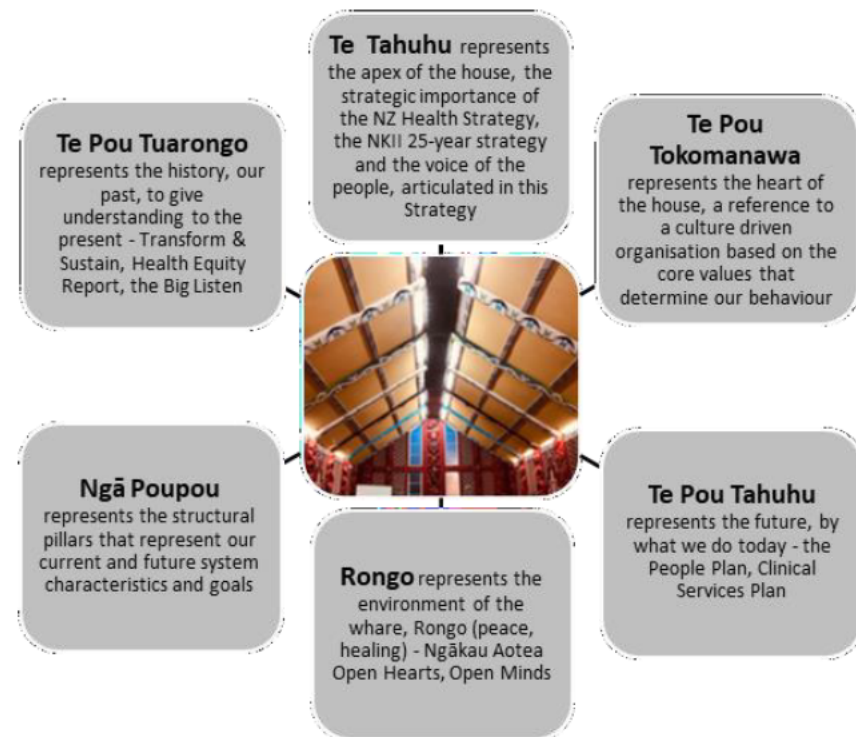
Our **Clinical Services Plan** sets out challenges and opportunities the system faces and describes concepts for the future we want. Our **People Plan** describes the culture and values we want and how we will grow our people to deliver on those concepts. The evidence in our **Health Equity Report** gives weight to the call for a bolder approach to resolving ongoing inequities. **He Ngākau Aotea** advocates for us to partner with Māori to improve their health outcomes. At the same time we are developing a **Digital Health Strategy** and **Finance Strategy** to enable the implementation of our strategies and plans.

Each of these plans we produced is an important part of the process and this strategy is the conclusion of that phase. We have written this strategy to ground the strategic themes that have emerged as common threads in our more detailed work.

This strategy sets the compass to guide us for the next ten years. Each of the supporting documents is a key reference and guide that we will continuously refer to as we implement our strategy.

Rūia taitea kia tū ko taikaka ānake

Discard the sapwood to uncover the hardwood



The wider context

The Government is in the process of important work that will shape the evolution of our health system. That work includes the refreshed New Zealand Health Strategy, the response to the Inquiry into Mental Health and Addiction, the Health and Disability System Review, Waitangi Tribunal Health Services Kaupapa Enquiry and the Government's wellbeing budget approach. The Treasury has adopted a Living Standards Framework that aligns stewardship of the public finance system with an inter-generational wellbeing approach.

The kaupapa of this strategy aligns with the principles and values articulated by central Government. The 'how' will have a distinctly Hawke's Bay flavour as we co-design responses with our communities.

Turning strategy into action

We are developing a five year implementation plan so we can 'get on and do it'. We need to be clear about what needs to happen and when, and who is responsible. This strategy has a 10-year outlook but making it happen requires some shorter-term signposts. The implementation plan will prioritise and describe concrete actions with timeframes and budget requirements, identify key risks and dependencies, and define performance indicators (measures) so we can monitor our progress. The plan will be periodically updated throughout the lifetime of this strategy.

Our community expects meaningful change and it is important we hold ourselves to account. We need to develop measurable objectives with our system partners and community representatives. We can't measure everything but by setting key objectives in the areas that matter most, we can demonstrate our progress over time.

Population health outcomes

The purpose of the health system is to achieve good health outcomes for whānau.

Our high-level accountabilities should be focused on outcomes rather than the processes that achieve them. We will develop a robust population health outcomes framework to monitor results in the design and delivery of health services. The national System Level Measures are important indicators of performance.

Improved use of information will enable us to target populations with unmet need. If we don't see results, we will have the ability to adjust our approach.

He Ngākau Aotea – A new heart, a new way

He Ngākau Aotea – *a new heart, a new way* – is an active partnership between whānau, hapū, Ngāti Kahungunu Iwi Inc and Hawke’s Bay District Health Board to achieve whānau wellbeing in the Hawke’s Bay region.

Why is this important

Based on Ngāti Kahungunu’s experiences and discussions with the South Central Foundation in Alaska, He Ngākau Aotea requires us to partner with Māori at all levels, including whānau, hapū and communities, to better determine how we support improved whānau wellbeing.

At its core, He Ngākau Aotea is about whānau ora. It stresses the need to put whānau at the centre of service design. It starts by asking whānau what they want to achieve for themselves, then responding to those aspirations in order to enable whānau potential. It signals a need to shift to Māori models of care and challenges us to be bold, courageous and innovative in achievement of Health equity for Māori, which will in turn positively impact on health outcomes for Pasifika and those with unmet need.

He Ngākau Aotea has been woven throughout each of the strategic goals and will be brought to life in the implementation plan.

Ngā hua pūnaha – System goals

We have identified six system goals to fulfil our mission and realise our vision. These goals have emerged as common system characteristics throughout our planning and equity monitoring work.



1. Pūnaha ārahi hāpori

Community-led system



2. He paearu teitei me ōna toitūtanga

High-performing and sustainable system



3. He rauora hōhou tangata, hōhou whānau

Embed person and whānau-centred care



4. Māori mana taurite

Equity for Māori as a priority; also equity for Pasifika and those with unmet need



5. Ngā kaimahi tōtika

Highly skilled and capable workforce



6. Pūnaha tōrire

Digitally-enabled health system

Objective

Increase healthy life expectancy for all and halve the life expectancy gap between Māori and non-Māori

This is a high-level objective to help us track achievement of our vision and mission. We also want to reduce the gap for Pasifika and people with unmet need, however it is more difficult to measure life expectancy for these groups.

Many complex factors contribute to life expectancy and we don't have control or influence over all of them. We want all groups in our community to enjoy the same length of life, but our health strategy cannot achieve this alone. Closing the life expectancy gap requires collaborative cross-government action to improve socio-economic, cultural and environmental conditions; and ensure that living and working conditions are equitable.

However, we still have a major part to play. The stark message from our Health Equity Report is that Māori, Pasifika and people living in socio-economic deprivation are more likely to die from avoidable causes. For Māori, nearly a quarter of all avoidable deaths can be prevented if we improve heart health. Another quarter will be avoided if we prevent lung cancer deaths through smoke-free living, and address the underlying causes of suicide and vehicle crashes. For Pasifika we also need to focus on preventing and managing diabetes and preventing stroke.

Dependencies

The six system goals outlined are interlinked and require us to develop strong capabilities:

Mind-sets and behaviours – the workforce will need to work differently, earning the trust of communities and whānau, showing cultural competency, and shifting our thinking towards a hauora Māori, wellbeing approach.

Collaborative, collective action – successful impact requires a common agenda, shared measurement systems, coordinated actions that maximise the capabilities of each organisation or group, ongoing communication and supporting infrastructure.

Business models – redesign is required to support a community-led health and wellbeing system. The scale and consistency of the operating model is critical to allow more specialist services to be provided in and around primary health centres.

Workforce – influence and work effectively with our workforce, educators, professional bodies and regulators to ensure we have the workforce size, skill and flexibility we need to deliver new models of care.

Digital enablement – proactively invest in digital technology and skills; and develop strong data governance and standards.

Investment – a long-term approach to wellbeing, upstream investment of resources and a resolute commitment to our investment principles².

² Investment principles are included in the Finance Strategy



1. Pūnaha ārahi hāpori Community-led system

Health services will be designed and delivered to meet the needs identified by our communities, whānau and consumers

Why is this important?

We must turn to our communities for the solutions to achieve equity within our population and meet future demand. Our communities are many and varied, including some small and relatively isolated rural communities, and groups of people with shared identity, experiences or interests. We need to identify and partner with different forms of local leadership to help transform our health system.

Wellness starts at home and in the community. Achieving equitable population health outcomes requires inter-sectoral collaborative action, driven by the wants and needs of communities. Our role is to support community-led planning and action by pooling expertise and resources—supporting communities to address long-standing social determinants of health in Hawke's Bay.

We want to make sure the health services we provide support community goals and help communities become less dependent on services. This means giving up some control, co-designing services with the people that will use them, and following through to implementation. We bring certain expertise to the table, but will support communities to design ground-up services to meet their needs. Resources are limited, but communities have local knowledge that can help us provide cost-effective and sustainable services.

What success will look like

- Health needs assessments and information about services and resourcing, expressed at a local level, are available and easy-to-understand.
- Communities are more able to make informed decisions about the services and support whānau need to stay well.
- Community-level plans promote and build healthy, safe and resilient whānau, with a greater proportion of local health services prioritised directly by those communities.
- Whānau report feeling influence, ownership and pride over their health services, and confidence that those services meet their needs.
- Local leaders from public, private and community sectors come together regularly to address health and social issues whānau tell us matter most to them.
- Consumers and whānau have primary healthcare options to meet their needs and wants, with services easily accessed when they require them.
- Primary and community services deliver a range of local and integrated support and treatment options for behavioural health needs, reducing dependence on specialist mental health services and associated stigma.
- Service developments are always co-designed with local people, in full partnership with Treaty partners.

Our approaches

- Support communities with tools and access to expert advice so they can drive 'ground-up' preventative strategies.
- Co-design services with the communities that will use them and develop 'grass-roots' responses where appropriate.
- Develop committed alliances with inter-sectoral agencies to improve social and economic conditions for people and whānau and ensure healthy environments for our communities.
- Base services in the community as much as possible and support primary health centres to function as people's 'health care home'.
- Contribute to community-level plans and place-based initiatives that promote and build healthy, safe and resilient whānau.
- Activate communities with the means, tools and support to take ownership of their local health services.
- Integrate rural health facilities with local communities and services.
- Ensure population health strategies and core public health services are a key part of community and/or place-based planning.
- Support older people by developing age-friendly communities, coordinating volunteer services and providing opportunities to participate in the community.



2. He paearu teitei me ōna toitūtanga – High-performing and sustainable system

Delivering the highest quality, safe, effective, efficient and sustainable services to meet the needs of our population with the funding available

Why is this important?

The shape and size of our population has changed dramatically. Advances in medicine mean many people now live longer. As they age, people have higher health needs. For some in our community, long term conditions now impact in mid- life. For younger people and families, social factors such as unemployment and poor housing are linked to poor health outcomes for both adults and children.

Where services were once designed to treat single conditions, we now see a demand for care that can deal appropriately with complexity. This requires a ready supply of necessary skills and the time and space to get things right.

This is not the reality of our health system today. Services often operate above planned capacity, in and out of hospital, with an ultimately increased risk of adverse events. As importantly, clinicians and managers do not have the time they need to work with consumers on quality improvement projects.

To address this we need to base many more services in primary care, and focus on proactive, preventive approaches. At the same time, we need to implement strategies to reduce hospital demand so specialists can focus on assessment, decision making and intensive treatment. When there is a need for hospital care, we will work with consumers, their whānau and community providers to plan well-supported transitions.

Through honest and respectful conversations with people and whānau we can stop making clinically ineffective or unwanted interventions. If we cut out waste we can deliver higher-quality or more extensive services within our existing resources.

What success will look like

- The amount of time people spend waiting for healthcare is radically reduced.
- Health services match or exceed comparable health systems' measures of safety, access and clinical effectiveness.
- We support a greater proportion of our population to live, as pain-free as possible, without the need for surgery. When surgery is needed to offset the lifelong impacts and costs of disability, it is done quickly.
- The health system has an extensive programme of quality improvement projects, with time for clinical and managerial participation.
- There is a sustained reduction in more serious clinical events, and reviewing when things do go wrong drives the selection of improvement projects.
- Our health system can sustainability finance capital investment to maintain, replace and develop the infrastructure needed for modern, high-quality care.
- Pollutant emissions are significantly reduced.
- All services provided by the DHB and its partners demonstrate cost effectiveness that matches the leading health systems nationally and internationally.

Our approaches

- Maintain strong local clinical governance and networks to reduce any variation in quality, safety and sustainability of services.
- Ensure clinically-partnered commissioning that measures outcomes.
- Apply lean thinking to primary care business models to deliver more proactive care and better utilise the workforce.
- Deliver care in the least resource-intensive setting, allowing good access to specialist interventions currently only available in hospital.
- Develop alternatives to face-to-face contact so people can communicate with a wider range of health providers.
- Have informed conversations with consumers, whānau and health professionals about interventions that add value to care.
- Implement acute demand management to avoid hospitalisation and provide more options for consumers.
- Invest responsibly to offer value-for-money and intervene at the most timely and cost effective opportunity.
- Build on our 'whole-of-system' approach to older persons' care, providing earlier and more responsive input across home, primary and hospital settings; and extend to rural areas.
- Implement productivity programmes for 24/7 hospital services with timely decision making and minimal wasted time.
- Base the management of long-term conditions in the community, integrating specialist clinicians with primary care.
- Ensure facilities are fit-for-purpose and flexible so we can provide contemporary, high-quality healthcare.
- Provide leadership and resourcing to ensure infrastructure is environmentally sustainable.



3. He rauora hōhou tangata, hōhou whānau – Embed person and whānau-centred care

Person and whānau-centred care will become ‘the way we do things’

Why is this important?

A person and whānau-centred approach focuses on people, their whānau, friends and carers; and understanding their needs, aspirations and what matters to them.

Research shows person and whānau-centred care improves health outcomes and consumer experience, and use of health resources.

Embedding a person and whānau-centred approach means our models of care will evolve to meet the specific needs of different groups, such as older people, families with children, or youth.

Digital technology will enable people to have greater control of their personal health information, and to access services and provide feedback in different ways.

A focus on a wellbeing model that supports people to manage their own physical and mental wellbeing by making health easy to understand will enable people to make informed and more appropriate health decisions.

Developing new types of services, such as behavioural services, will help with psychological, emotional, relationship and cultural issues; in a way that is relevant to individuals and whānau.

Creating a culture that is person and whānau-centred will require a fundamental shift in behaviours, systems, processes and services for people working across Hawke’s Bay’s health system.

What success will look like

- Patients and whānau consistently report that health services are easy to access, and communication about their care (both with them and between providers) is effective and timely.
- Our primary healthcare system is relationship-based, with patients and whānau experiencing continuity of care from a range of professionals who take the time to understand them.
- When something goes wrong in our care, patients and whānau are involved, supported and kept informed throughout the process.
- Patients and whānau consistently feel they are supported to make good choices by making healthcare easy-to-understand and navigate.
- Healthcare professionals are trained to enable patients and whānau to express clear treatment goals and lead decisions about their care.
- People remain well at home with whānau support for as long as that remains their choice.
- Youth feel respected and valued when accessing health services, and report that services are both welcoming and accessible.
- People and whānau consistently have their cultural needs understood, respected and met, no matter which health service they engage with.
- Service developments are always co-designed with local people and in full partnership with Treaty partners.

Our approaches

- Ensure people have access to relevant information and preventative services, so they can make informed choices and take control of their own health and wellbeing.
- Identify frailty, developing person-centred plans (including advance care plans) that enable proactive and preventative strategies, to provide the best and most appropriate care.
- Develop and reconfigure services so people receive quality and timely services from the most appropriate provider, in the way they want it.
- Build and deliver wellbeing plans with people and their whānau so care is delivered in a people-centric way.
- Design services with the input of the people who use them so they are innovative and effective.
- Increase home-based and community supports so older people are kept well at home.
- Develop real-time feedback opportunities and act upon feedback provided.
- Support people to return home safely from hospital as soon as possible.
- Deliver a coordinated approach for primary school-aged tamariki and their whānau including wellbeing, screening and clinical programmes.
- Plan the majority of care proactively and provide timely access to urgent care when people need it.
- Intensify our whānau-ora approach for young whānau with the greatest unmet needs (including those with disabilities).
- Learn from Kaupapa Māori and international best practice and design and deliver services according to the priorities of our whānau and communities.



4. Māori mana taurite – Equity for Māori as a priority; also equity for Pasifika and those with unmet need

Increase the life expectancy of all, while focussing on reducing the life expectancy gap for Māori, Pasifika and people with unmet need

Why is this important?

Different groups in our community have differences in health that are not only avoidable but unfair. Māori and Pasifika; people with disabilities or who experience mental illness; and those living in socioeconomic deprivation continue to experience unacceptable inequities in health outcomes.

Achieving equitable health outcomes underpins all our priorities for the Hawke's Bay health system. A genuine equity focus means we commit to working with hard to reach groups, for example, people without a home, gang affiliated, or prison populations.

We have an obligation to provide high-quality services that do not add to the inequities between population groups. Differences in socioeconomic determinants of health (such as housing, education and employment) are often long-term, inter-generational and as a result are ingrained in individuals and families.

Supporting community development, and supporting whānau, hapū and iwi to achieve health and wellbeing, will benefit all in our community.

An equitable system recognises that different people with different levels of advantage require different approaches and resources to achieve the same outcome. Refocusing resources in the areas that will make a real difference will help eliminate unmet need and inequities. Whānau will be equal partners in planning and co-designing services that are mana-enhancing and focussed on what matters the most to them.

What success will look like

- All children have a safe, warm and dry house; and inequities in avoidable illnesses are eliminated.
- Services are prioritised and designed to meet the needs of Māori, Pasifika and populations with the poorest health and social outcomes.
- All population groups have equitable access to health services and no-one misses out on the care they deserve because of affordability, transport or other social issues.
- Our commissioning process supports providers to be innovative, and rewards them for making equity gains.
- The funding share for kaupapa Māori services as a priority, and then for Pasifika services, is at least double the 2019 level.
- Consumers can access traditional cultural practices (such as rongoā Māori) where they are identified in their wellbeing plan.
- People with a disability report feeling influence, ownership and pride over their health services, and confidence those services meet their needs.
- Clinical practice is integrated with kaupapa Māori and other cultural practices to deliver holistic healthcare.

Our approaches

- Invest more in children and young people with a focus on the first five years of life.
- Work with Ngāti Kahungunu, hapū and other post-Treaty settlement groups to address socioeconomic disadvantage and health inequities for Māori.
- Shift resources and invest in services that will meet the specific health needs of whānau with the poorest health and social outcomes.
- Invest more in kaupapa Māori and Pasifika wellbeing models and services that are co-designed with whānau and communities.
- Intensify our whānau ora approach for young whānau with the greatest unmet needs (including those with disabilities).
- Learn from international best-practice and design and deliver services according to the priorities of whānau and communities.
- Remove barriers to accessing high-quality health care including those arising from institutional bias.
- Integrate cultural competency throughout all training.



5. Ngā kaimahi tōtika – Highly skilled and capable workforce

Align health sector workforce capacity and capability with future models of care and service delivery

Why is this important?

The people who work within the Hawke's Bay health system are our greatest asset. A well-skilled, supported and engaged workforce supports high quality care. By ensuring our workforce is representative of local communities, with greater numbers of Māori and Pasifika working at all levels of our system, we can take a more proactive and deliberate approach to developing the workforce required to deliver the health and wellbeing service of the future.

Developing new or stronger skills and ensuring we maximise opportunities that digital technologies offer us will see the emergence of new roles and an opportunity to 'grow our own' in Hawke's Bay.

Reducing barriers that stop people from using their skills flexibly and fully, and collaboration and skill sharing between teams, will help us deliver person and whānau-centred care.

Attracting high-quality people to work in Hawke's Bay, nurturing talent, looking after people's wellbeing, encouraging improvement, celebrating success, and providing a satisfying professional life will help us better support whānau and other individuals.

To deliver on this strategy we will need transformational leadership, as skilled leadership underpins the capability and capacity of teams to support innovation and drive change.

What success will look like

- Whānau and volunteers are supported and recognised for providing the majority of wellbeing care in our communities.
- We maximise our influence on the Hawke's Bay labour market, creating better opportunities for local people, and ensuring worker numbers and skills are matched to needs across the whole sector.
- Our workforce is representative of, and understands and supports the health needs of, the population it serves.
- Our people tell us that Hawke's Bay is somewhere they feel safe and are supported to grow and develop, both professionally and inter-professionally.
- Inter-professional teams working at the top of their scope, across sectors, will be focussed on collaborating and sharing skills to meet consumers' needs.
- We work constructively with education providers, professional bodies, regulators and unions to ensure that our current and future workforce needs are well-supported.
- Proactive training and skills development (including digital) ensures that existing, as well as new roles, are ready to work in new ways.
- Our system has a strong service culture and everyone working within it demonstrates our shared values and behaviours.
- Visionary and motivating leaders drive the implementation of new models of care, support the development of individuals and teams, and ensure high performance.

Our approaches

- Staff are recruited and developed to meet our current and future need.
- Develop leaders that support and inspire, and engage with people to be their best.
- Ensure our workforce is culturally diverse and competent; reflecting, understanding and supporting our community's health needs.
- A wider range of disciplines, including non-traditional roles and specialist care, are available in primary and community care.
- Value, empower, support and allow time for our people to develop skills, leadership and initiative so they can make a difference.
- We work as one team across the sector with more shared care arrangements and inter-professional practice.
- Help staff look after their own wellbeing and ensure a safe working environment with sufficient resourcing to provide quality care.
- Encourage, support and value the services provided by health-related charitable organisations and volunteers within our communities.
- Provide opportunities for everyone to get involved in designing our services and our workplace.
- Invest in clinical governance and clinical networks to ensure quality, safety and sustainability of services.
- Increase the ways all staff contribute to improving care, including staff surveys, consultation and improvement projects.
- Invest in staff education to address urgent quality and safety issues.



6. Pūnaha tōrire – Digitally-enabled health system

Delivering and sharing information and insights to enable new models of care, better decisions and continuous improvement

Why is this important

A digitally-enabled health system integrates people, information, processes and technology to deliver better health outcomes. It has its focus firmly on people and outcomes, implementing smarter ways of doing things that create the greatest value and enable us to achieve our strategic goals.

Making information easy to access and share will help us implement new models of care. Trusted information needs to be available any time, any place and across different channels according to people's preferences and situations. Giving people access to their own digital health record gives them greater control of their healthcare journey.

Unlocking the power of data to deliver insights will help people make better and faster decisions. Better use of data will enable us to measure and improve the quality and effectiveness of health services.

Developing a continuous service improvement culture will ensure we get best value from our system. This means streamlining workflow and developing more iterative and rapid ways of doing things.

By making sure we have the core technology, along with rules for collecting, storing and using data, we can enable quicker, easier access and integration.

What success will look like

- Consumers and whānau report significant improvements in how easy it is to access and consume health services.
- Consumers have direct access to personalised health and wellbeing information, supporting them to manage their own health.
- Healthcare professionals routinely use digital platforms to plan and record care and communicate with each other, leading to improvements in workforce motivation and wellbeing.
- Digital systems and processes significantly reduce the incidence of patient harm by reducing the impact of human error.
- Digital solutions enable significant productivity gains for our workforce, enabling more clinical time focused on building meaningful relationships with our consumers and whānau.
- Population health data is widely used to develop preventive care services, reducing the demand on urgent and unplanned care services.
- Health planners, working with local communities, form information-based judgements about the performance of services in meeting population needs.

Our approaches

- Adopt an innovative and agile delivery approach underpinned by strategic partnerships and skilled local teams focused on delivering business value first, technology second.
- Use our data to better understand our health system and define new improved models of care.
- Adopt a holistic approach to improve the health system as a whole rather than focussing on individual parts.
- Support models of care that deliver the right care at the right time by the right team in the right place.
- Enable access to services and information at the right place and time by providing people with options that support different preferences and care situations.
- Empower our workforce to confidently use digital technologies to deliver health services.
- Provide a consolidated, accurate, shared and comprehensive view of health, care and community information.
- Implement improvement methodologies and streamlined processes that make it easy for people to do the right thing and to try new things.
- Use the data we collect to make more informed decisions and improve our processes, including predicting and responding to demand.
- Embed monitoring, evaluation and research within our system, and share learning so best practice and innovation spreads.

Mana Ora Mana Māori Strategy - COVID Vaccination Rollout for Māori

He mana ora, he mana Māori, whītiki kia ū, whītiki kia mau, kia puta ai tatou, ki te Ao Mārama.

The essence of Māori holistic being, uphold and be resolute, let us become one? within the world of life.

Mana Ora Mana Māori aims to inform our intent and focus towards Māori wellbeing. This is reflected in defining the intent: It validates Māori paradigms and informs approaches that are responsive, agile, innovative and holistic provoking that aligns to being Māori. This will strengthen further targeting to address inequity for Māori in the COVID-19 vaccination roll-out.

Background

The Mana Ora, Mana Māori strategy prioritises the needs of Māori through a 'for Māori by Māori' coordinated and consistent approach to address vaccination equity for Māori. It will provide direction and support to enable mobilisation across the Rohe, in partnership with communities, iwi and other providers. Collectively driving an increased vaccination roll-out across the rohe.

Hawkes Bay DHB has the one of the largest¹ Māori eligible population of all DHBs in New Zealand (**34,059**) behind Waikato, Counties Manukau, Northland, Bay of Plenty and Waitemata.

COVID vaccination rates as at 14 November 2021:

Total population - Hawkes Bay:

- 1st dose: 88% 127,766
- 2nd dose 77% 112,544

Total Māori Population - Hawkes Bay:

- 1st dose 74% 25,116
- 2nd dose 57% 19,413

Goal

To protect our whakapapa through the achievement of full vaccination coverage for whanau, hapū and iwi in Hawke's Bay by December 2021.

How will we reach our goal?

By partnering across Iwi, Māori providers, PHO, HBDHB and community networks to plan and coordinate vaccination efforts for Māori.

This will include:

- **Collective monitoring of equity outcomes -**

Weekly analysis and sharing of HBDHB Vaccination Equity Report with Providers to inform decision making on targeted approaches.

- Weekly Provider hui to discuss equity data and support coordinated response

- **Models of Delivery -**

A bespoke Māori vaccination equity model to provide vaccination clinics targeted to meet the needs of whānau, hapū and iwi. Staffing the Vaccination team incorporated a mixed model approach including clinical and support staff across Iwi/Māori and community networks.

Activities to date include:

- 32 clinic sites across Hawkes Bay.
- Drive through clinics available in all urban Māori communities
- Outreach clinics to all rural Māori communities
- Mobile clinic vans available in November for all rural and urban Māori communities
- Each Maori provider has identified activities and approaches to support their respective communities. We are now tracking and holding weekly meetings with providers to provide updates on current uptake and to identify any new activities and events that are being developed to continue to be responsive to communities.

- **Localised Whanau and community engagement:**

U tonu communication approach and weekly Provider hui supports with connection with whānau, hapū and iwi, including a youth focus. National COVID 19 messaging that is responsive to our rohe has been adapted for local use.

- **Maori Health Provider DHB funded contracts to:**

- Support the COVID-19 vaccinations roll-out programme by increasing access to vaccinations for whānau, Māori, hapū, iwi and communities.
- Focused on COVID-19 vaccine-navigator and vaccine coordinator roles in Māori Health Provider organisations with a view to supporting wrap around services

Each Maori provider has been funded to develop activities and approaches to support their respective communities.

Weekly meetings with providers to provide updates on current uptake and identify any new activities and events that are being developed.

- **Monitor and report on vaccination rates for Māori including:**
 - Increase in overall Hawke’s Bay Māori vaccination rates
 - Increase in “by suburb” vaccination rates
 - Will see vaccination uptake in targeted age groups including Rangatahi

(The HBDHB will continue to provide weekly vaccination equity reports to all key stakeholders)

Key Impacts on Māori Vaccination Equity Locally

- The vaccine sequencing framework:
Has affected Māori population early vaccination uptake.
The average age of HB Māori is 25 years versus 47 years for Non-Māori, and although equity has almost been achieved for over 65 years Māori, the universal age band approach has not served the overall equity for the total population of Māori.
***Response:** The DHB equity advisory group has pushed early in the vaccine roll out for the DHB to deliver a whanau-centred approach to vaccination roll-out. This was supported by the DHB and we have delivered Marae-based clinics in partnership with Iwi to ensure a model of delivery to support kaupapa Māori have been supported.*
- Rangatahi Uptake.
Since 1 September Māori vaccination rates have significantly increased with the 12 and over approved to begin access to vaccination roll-out. Rangatahi initiatives are now established to increase responsiveness to these age groups. Incentives and approaches that work for rangatahi are now being developed within all providers. A centralized approach to ensure coordination and resourcing to Rangatahi Māori has now been established in the Māna Ora Mana Māori plan.
***Response:** Mobilisation of Rangatahi Champions across the region in partnership with iwi/Māori Providers. Supporting vaccination education and uptake in local communities including schools with High Māori and Pacific populations.*
- Primary Care roll out.
Primary care providers have been funded to support and vaccinate their enrolled populations. Some PHOs have been early in involvement with the vaccination roll-out, however many providers have not taken up or are just beginning to set up to support. Whilst some groups such as Queen Street were early adopters most were very slow coming on board. This placed additional demand on DHB stand-up clinics to vaccinate. With more PHOs now coming on board.
***Response:** Primary Care providers are partnering with DHB to provide drive through clinics in areas of high deprivation.*

- **Vaccine hesitancy:**
This is particularly strong amongst Māori populations. More planning and extended timeframes needed to be factored in to address Māori issues with vaccine safety and building trust of vaccination programme.
***Response:** Providing educate to vaccination opportunities in schools and wider community from a Rangatahi perspective, delivered by Rangatahi, supported by Vaccination experts.*
- **Communications:**
The health sector communications needed to be more Māori specific and localised in their messaging.
***Response:** Utilising a coordinated vaccination approach to communications across media, U Tonu. Rangatahi Advisory group utilised to inform messaging and incentives for Rangatahi.*
- **COVID outbreaks and vaccination uptake:**
Where there have been recent positive COVID cases, Māori vaccination rates have shown to increase in response.

Vaccination Equity activities - November

The November plan below identifies the current and proposed vaccination activities occurring across providers. We propose to provide regular updates of equity activities to inform the group.

- **Purchase of Mobile Vans**

The DHB has purchased four campervans for each region to support the mobilization of the COVID-19 roll out to regions. Currently these vans are being set-up with clinical equipment and resources to support a one stop shop. Promotion and plans to ensure the vans are promoted and are going out to both rural and hard to reach communities.

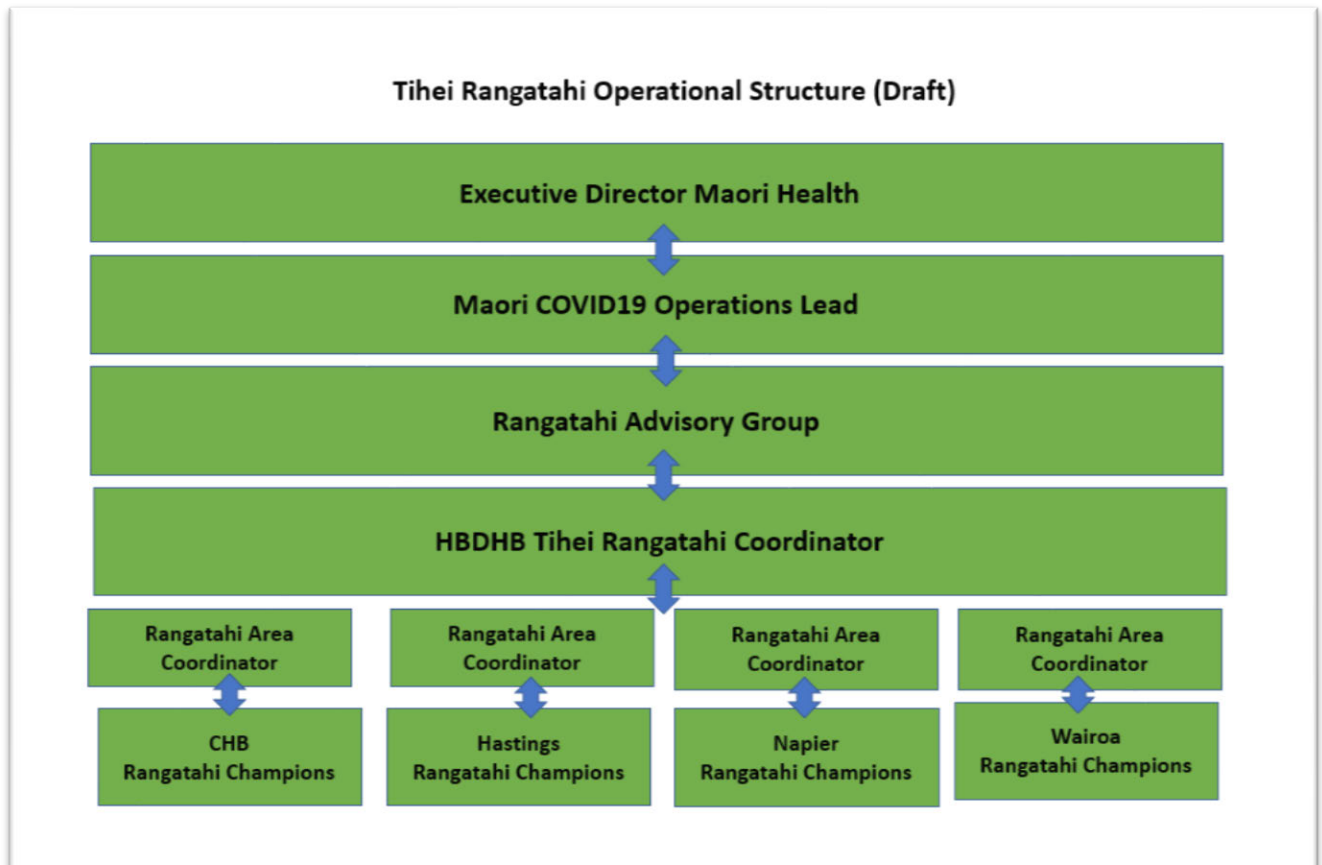
- **Collaborative community and provider approach**

Connecting and developing a weekly meeting with Councils, Iwi representatives, Rangatahi Māori Health providers, other agencies to work collaboratively to drive and support vaccine roll-out. This should include

- Overall clinics weekly each region
- Current Data regionally
- Discuss areas low uptake and identify potential solutions.
- Collaboratively identify additional events and activities that increase access to clinics
- Confirm additional resourcing and requirements to meet 90% uptake before Christmas.

- **Tihei Rangatahi Mobilization**

Rangatahi Champions have been identified by local Providers and communities. They are being activated to support the mobilisation of Rangatahi Māori across Hawkes Bay to vaccinate. Each area has a Rangatahi Champion Coordinator supporting localised responses with a Tihei Rangatahi Lead providing overall Hawkes Bay wide coordination. The DHB is funding rangatahi champion roles. (See Tihei Rangatahi Operational Structure draft structure below).



How will we measure progress towards our goal?

Monitor and report on vaccination rates for Māori including:

- Increase in overall Hawke’s Bay Māori vaccination rates
- Increase in “by suburb” vaccination rates
- Will see vaccination uptake in targeted age groups including Rangatahi
- Increased visibility promotion and roll-out
- Connected community who are able to identify clinic sites that are accessible and available.
- See consistent increase in targets for Māori across each rohe.

(HBDHB will continue to provide weekly vaccination equity reports to all key stakeholders)

Appendix 1 (Tihei Rangatahi Draft Plan).



ⁱ Hawkes Bay 6th highest Maori population within all DHBs.

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