

29 November 2021

John Tamihere  
Chief Executive Officer  
Whanau Ora Commissioning Agency

Via email:  
[John.Tamihere@waiwhanau.com](mailto:John.Tamihere@waiwhanau.com)

Tānā koe John

# WHANGANUI

DISTRICT HEALTH  
BOARD

Te Poari Hauora o Whanganui

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100 Heads Road, Private Bag  
3003 Whanganui 4540, New  
Zealand

## Official Information Request- OIA 13885 Urgency Provisions — Affidavit

The Whanganui District Health Board (WDHB) has received the transfer of your request to Ministry of Health on 4 November 2021 under Section 12 of the OIA. You requested the following information:

You will note below the Urgent OIA that was forwarded to Messrs Gibbs, Bloomfield and Crowley — an attachment supporting this Urgent OIA is also attached for your information.

Everyone of you therefore must have hosted meetings, with this item on the Agenda, denying the Whanau Ora Commissioning Agency (WOCA) access to Maori NHI DATA.

Your DHB denied us access to this data because you determined it would undermine your ability to get to these people.

WOCA asks the following OIA Urgent questions of you:

1. Produce the Agenda on which this issue was discussed.
2. Produce the reportage, minutes or advice that evidenced your view that WOCA receiving Maori NHI Data would UNDERMINE your ability to reach these people.
3. We have assumed these people "mean Maori.
4. We require the evidence of the vote and who was in attendance?
5. 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.
6. Please produce your Maori Health Plan for calendar years 2019 /2020 and 2020/2021.
7. Please produce your Maori Vaccination Plan that was directed by the MOH Maori Vaccination Plan

The Whanganui District Health Board response:

1. Produce the Agenda on which this issue was discussed. There have been no meetings with this item on the agenda.
2. Produce the reportage, minutes or advice that evidenced your view that WOCA receiving Maori NHI Data would UNDERMINE your ability to reach these people. There have been no meetings with this item on the agenda.

3. We have assumed " these people "mean Maori.  
There have been no meetings with this item on the agenda.
4. We require the evidence of the vote and who was in attendance? There have been no meetings with this item on the agenda.

Chief Executive | Phone 06 348 3140 | Fax 06 345 9390

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Better health and independence | He hauorapaiake, he rangotiratanga

wdhb.org.nz

5. 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.

This request is being refused on the basis that "the information requested cannot be made available without substantial collation or research" as per Section 18(f) (23) of the OIA.

6. Please produce your Maori Health Plan for calendar years 2019 / 2020 and 2020/2021 Whanganui DHB has adopted He Korowai Oranga Māori Health Strategy and Whakamaua Māori Health Action Plan 2020-25, threaded through the key objectives of the WDHB Strategy He Häpori Ora 2020-23, as the guidance documents for Māori Health strategy, planning, commissioning and provision of services that are responsive to Māori whānau.

Please see attached.

7. Please produce your Maori Vaccination Plan that was directed by the MOH Maori Vaccination Plan  
Please see attached.

Should you have any further queries about the above information, please contact our OIA co-ordinator Anne Phoenix at [anne.phoenix@wdhb.org.nz](mailto:anne.phoenix@wdhb.org.nz)

Ngā mihi



**Graham Dyer**  
Kaihautū Kaihautū Hauora— Acting Chief Executive  
Whanganui District Health Board



WHANGANUI  
DISTRICT HEALTH BOARD  
*He Pūnui/He Pūnui e Whanganui*

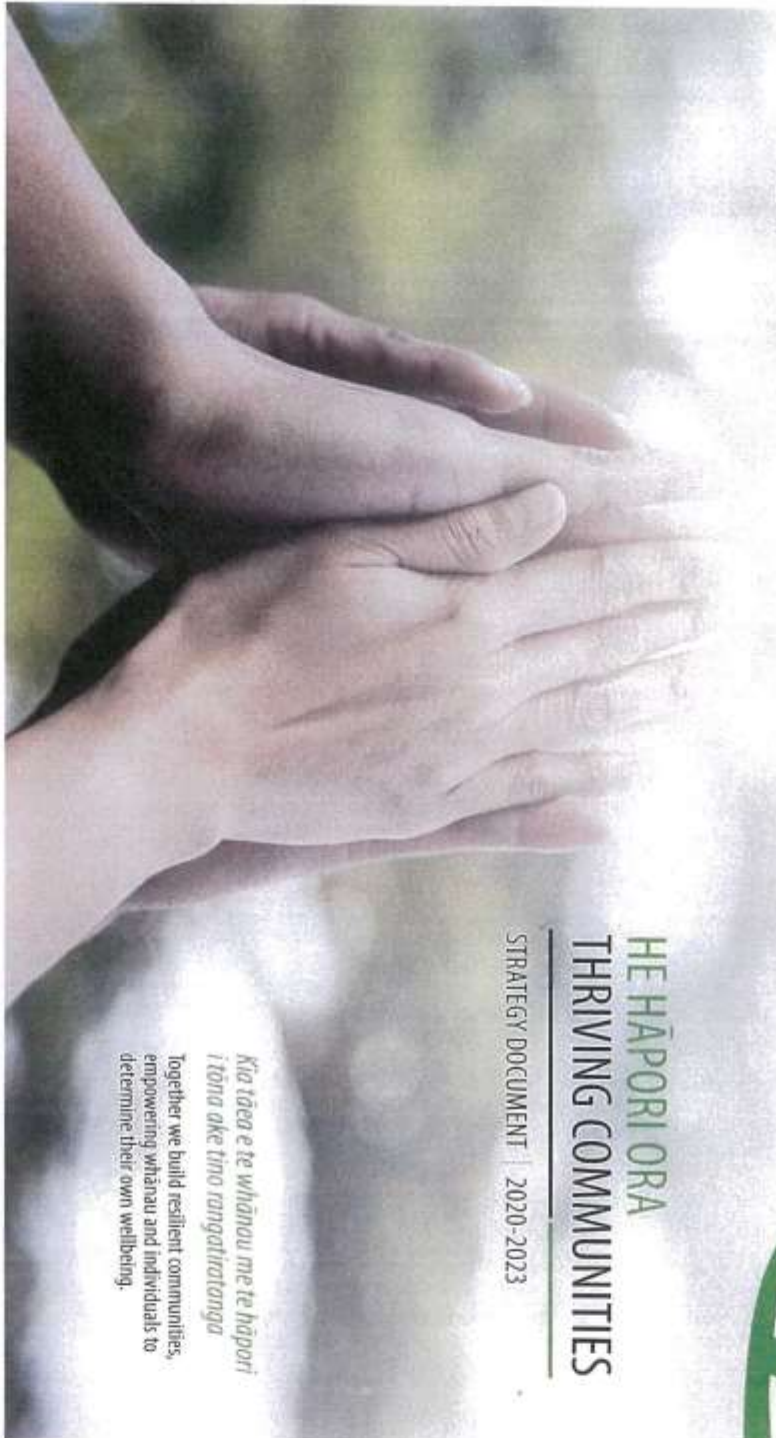


# HE HĀPORI ORA THRIVING COMMUNITIES

STRATEGY DOCUMENT | 2020-2023

*Kia tāea e te whānau me te hāpori  
i tōna ake tino rangatiratanga*

Together we build resilient communities,  
empowering whānau and individuals to  
determine their own wellbeing.







**Tehei mauri ora. Nei rā ko Te  
kū, tēnā koutou.  
Whanganui, tēnā  
atoua.**

**Ngāti Rangī and Ngāti Uenuku, we greet you.  
To all of you within the district of the Whanganui District  
Health Board, we greet and acknowledge you all.**



Te Rau o Te Aho o Te Whanganui  
Whanganui District Health Board

Whanganui District Health Board

u | tōdūhēhē o tōrōu o Whanganui | teakōrou, teakōrou | tēhāhāhārou

Ngāwairi | Ngāwhangaitahi | Ngāhauwhāhi

Māori āwhangaitahi

Whanganui District Health Board

Whanganui District Health Board

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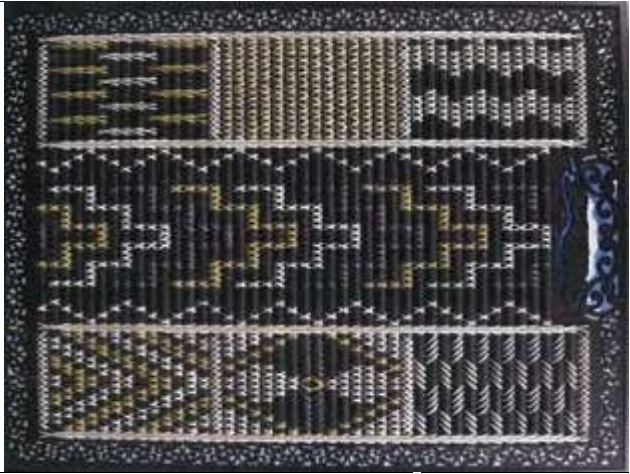


www.stiefhartboard.com

Hersteller: Stiefhart Board

Bitte beachten Sie, dass die Angaben in dieser Broschüre nur Richtwerte sind und nicht als verbindliche Zusicherung zu verstehen sind. Die Angaben sind ohne Gewähr.

HE EKE  
www.he-eke.com



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# HE KĀRERE NŌ TE PŌARI MESSAGE FROM OUR BOARDS

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*The timing of this strategy could not be better.*

With a strong indication from the government, through the Wellbeing Budget 2019, for improved living standards for Aotearoa, including a focus on mental health and wellbeing, reducing poverty, disparity and social cohesion, we know we are on the right track with what we want to achieve for our people.

The New Zealand Health and Disability System Review, which was released in full in June 2020, suggests the overall health system requires changes to deliver equity, wellness and access to services.

We are in a good place to think about how these nationwide changes will influence our role and how we can lead by example as a model for social governance, pro-equity and services delivered closer to the home and in communities.

We are committed to pro-equity for Māori and to ensure everyone in the health sector is accountable for meaningful services and interventions to support Māori self-determination and Whānau Ora.

We are incredibly proud of what can be achieved in the Whanganui rohe – we already have the passion and knowledge in our communities which is the foundation for building stronger, more resilient and healthier communities.

Whanganui District Health Board and Hauora a Iwi are committed to building stronger, more resilient and healthier communities and we will continue to work side-by-side to make this strategy come to life for everyone in our rohe.

We are pleased to present the *He Hāpori Ora: Thriving Communities* strategy to our rohe. We are looking forward to what we can achieve in the future.



Toihau - Board Chair  
**Ken Whelan**



Hauora a Iwi Board Chair  
**Mary Bennett**

# TE KĀRERE O TE KAITŪHAUORA INTRODUCTION TO HE HĀPORI ORA

Thank you for taking the time to read He Hāpori Ora – Thriving Communities, Whanganui District Health Board's strategic document. This strategy was written before the Covid-19 pandemic, which dominated the health sector internationally, nationally and regionally for the start of 2020 and no doubt will influence the health sector for years to come.

But, like most crisis situations, positives arise from challenging times. The focus of this strategy – and the vision we want to see for our communities – is how we move from a regional health system of disconnected services and providers to a system where health and social agencies work together for the wellbeing of the whole community.

The collaborative response to COVID-19 in the Whanganui region further proved the importance of inter-agency work to collectively support the wellbeing of our people in a holistic way. Feedback from our communities during the recovery phase of the pandemic was positive, with communities happy about a collective response to a crisis and the need for more decision-making, collaboration and increased social and health wellbeing actions based on the aspirations of our communities.

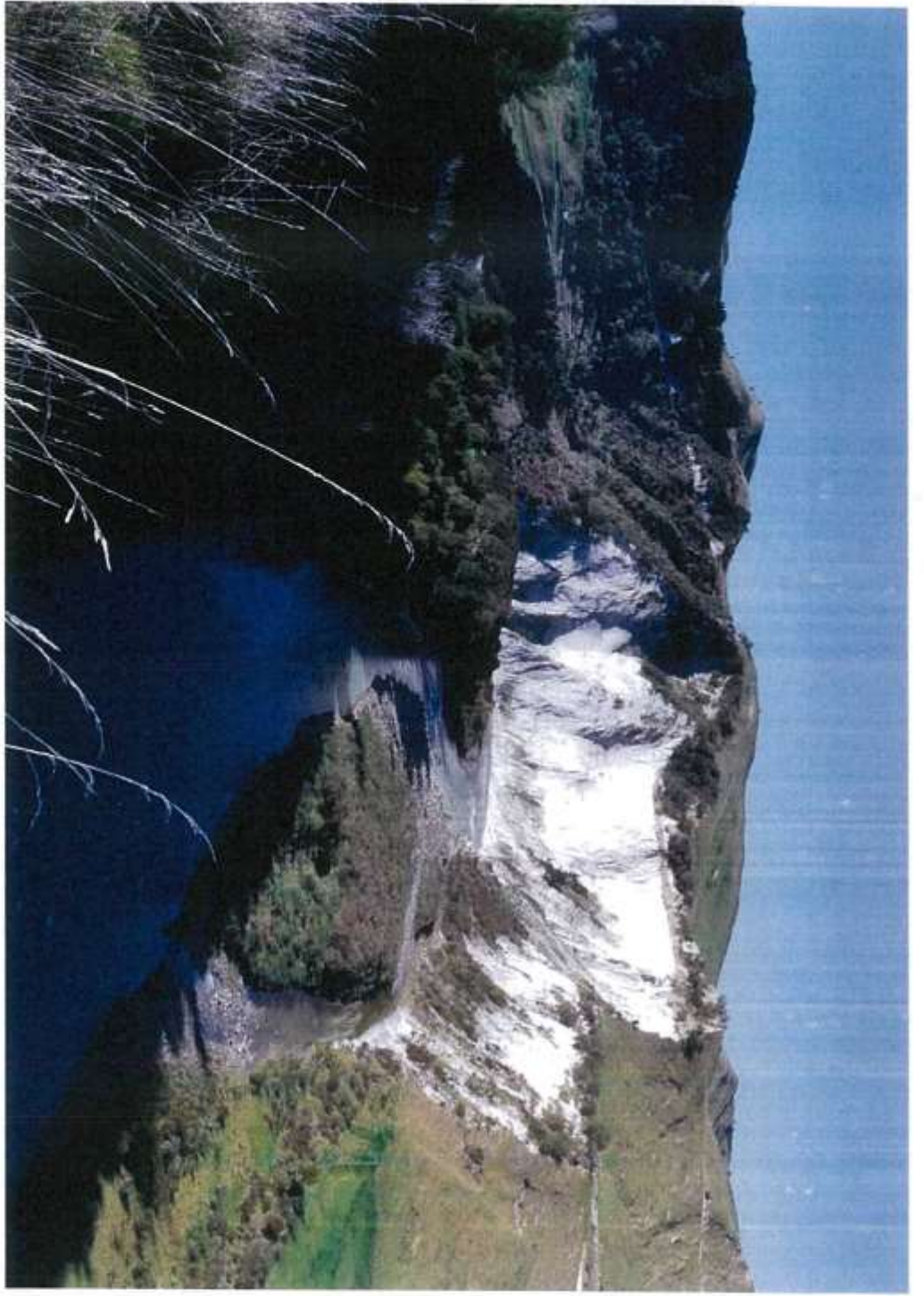
The Health and Disability System Review, released in June 2020, intends to deliver similar aspirations for Aotearoa New Zealand: a system which embeds Te Tiriti o Waitangi, keeping our communities healthy and well in their own homes and planning and funding driven by community need. We hope our Thriving Communities strategy combined with our commitment to social governance, will start a shift for the rest of the country into a new way of thinking about health and wellbeing.



I would like to recognise all who have contributed to this strategy: the Whanganui District Health Board team and Board, Hauora ā Iwi, and of course, our communities, organisations and agencies who have given feedback on this document at various hui across our communities.

Achieving this strategic vision, where individuals and whānau are at the heart of everything we do, is a revolutionary and evolutionary process. It will not be easy, but I have faith that by partnering with our strong, committed and passionate communities, we will work toward changing the health system in our role for the better.

Kaitiaki Hauora - Chief Executive | **Russell Simpson**





# TE TIRITI O WAITANGI THE TREATY OF WAITANGI

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*We are committed to honouring our obligations under te Tiriti o Waitangi.*

## 1. GUARANTEE OF TIHO RANGATIRATANGA

- Self-determination in design, delivery and monitoring of health services.
- 'Enabling whānau, hapū, iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development as a people.' *He Korowai Oranga 2014.*

## 2. EQUITY

- Crown (Whanganui District Health Board) duty to act with fairness and justice to all citizens.
- Commitment to achieving equitable health outcomes for Māori.
- Guarantees freedom from discrimination.

## 3. ACTIVE PROTECTION

- Crown (through Whanganui District Health Board) to act to the fullest extent practicable for equity and ensure its agents and Treaty partners are well informed on Māori health outcomes and equity.
- Health services are culturally safe.
- Specific targeting of disparities.

## 4. OPTIONS

- As Treaty partners, Māori have the right to choose their social and cultural path.
- Protect the availability and viability of kaupapa Māori solutions.
- Ensure development and maintenance of mainstream services so these are equitable and work alongside kaupapa Māori health services.

## 5. PARTNERSHIP

- Obligation to act with utmost good faith, Whanganui District Health Board's commitment to the Treaty and application of the five principles:

Our commitment to the Treaty and application of the principles starts with the governance partnership between our Board and Hauora a Iwi (a body made up of representatives from iwi throughout the district). The terms of that relationship are set out in a collaborative Memorandum of Understanding.

Our Treaty commitment means ensuring tino rangatiratanga and self-determination, which involves working in partnership with iwi, hapū, whānau, Māori communities and Māori who use our services.

This commitment recognises that we will continue to strive to improve and ensure the principles are embedded in both what we do and how we work.

# TE PŌARI HAUORA O WHANGANUI

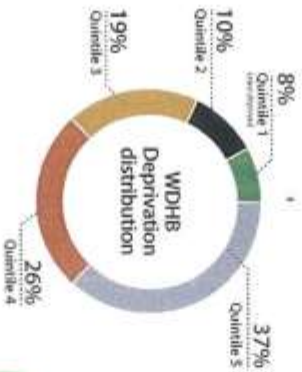
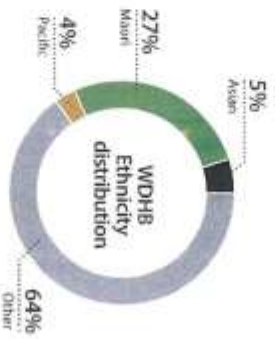
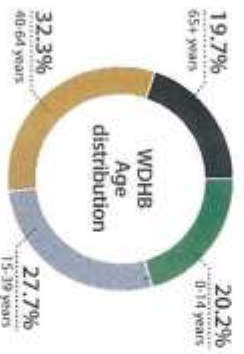
## WHANGANUI DISTRICT HEALTH BOARD

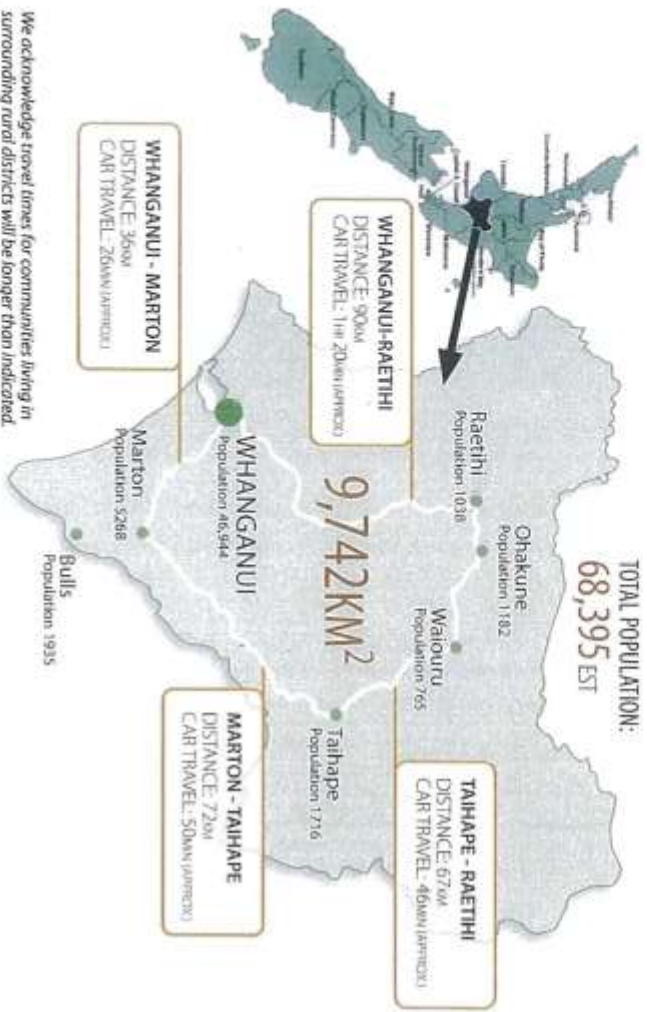
Our region covers a total land area of 9742 square kilometres, much of which is sparsely populated. The terrain is mountainous with two major centres - Whanganui city with a population of 46,944 and Marton with a population of 5268. The major centres are supported by five smaller towns with a population less than 2000 - Waitouru 765, Taihape 1716, Bulls 1935, Ohakune 1182 and Raethi 1038.

The population of Whanganui is characterised by a large percentage of Māori at 27 percent of our population (compared to the New Zealand average of 15.7 percent) and small but growing populations of Pasifika and Asian people at four and five percent respectively.

Compared to New Zealand's 19.6 percent, our district is home to a higher percentage of children and young people, with 20.2 percent under 15 years of age, of which 43 percent are of Māori ethnicity. Whanganui has a higher than average population of older aged citizens – with 19.7 percent older than 65 years of age (compared to 15.4 percent for the rest of the country in 2018). As older people, like young people, are high healthcare users, this demographic has significant implications for future provision of health services.

Whanganui has a significantly higher percentage of our population living in the most highly deprived conditions with 63 percent in Quintile 4 & 5 compared to 40 percent nationally.





We acknowledge travel times for communities living in surrounding rural districts will be longer than indicated.

IN THE ROHE\*



\* NB: NB and DFB boundaries are different to what can cross over more than one DFB line





As part of Whanganui District Health Board's commitment to Whānau Ora, our vision and mission recognises that to achieve healthy communities, all people - regardless of income or social status - need to live in healthy homes and environments where people feel safe, connected, resilient and able to determine their own needs and the needs of their whānau.

*Ko au ko tōku whānau, ko tōku whānau ko au*  
Nothing about me without me, and my whānau/family

# NGĀ MOEMOEĀ ME NGĀ TINO WHĀINGA

## OUR VISION AND MISSION

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### OUR VISION:

*He Hāpori Ora - Thriving Communities*

The people in Whanganui District Health Board rohe live their healthiest lives possible in thriving communities.

### OUR MISSION:

*Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga*

*Together we build resilient communities, empowering whānau  
and individuals to determine their own wellbeing.*

We will ensure health care places people and their whānau at the centre of everything we do with and for them. We will support and empower individuals and whānau to determine their own wellbeing. We are committed to working in authentic partnership with other health care providers, iwi, government, social and community agencies to build strong, resilient, connected people and whānau.



# NGĀ UARĀTANGA OUR VALUES

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Our organisation will be guided by four core values. These values come from the Whanganui District Health Board's 'waka model' and represent the four corner panels of our tukutuku panel.

## *Aroha*

The value of love, respect and empathy, demonstrating compassionate and non-judgemental relationships.

Closely interlinked with: **Rangimārie** – humility, maintaining composure, peace, accountability and responsibility

**Mauri** – life's essence and balance.

## *Kōtahitanga*

The value of unity and vision sharing where we demonstrate trust and collaboration.

Closely interlinked with: **Whanaungatanga** – spiritual wellness, relationships, beliefs, knowing who you are and what to do

**Mana tangata** – dignity, respect, protection, safety and acceptance.

## *Mānakitanga*

The value of respect, support and caring where we demonstrate doing our very best for others.

Closely interlinked with: **Kaitiakitanga** – protection, maintaining values and taking care of people and things

**Tikanga Māori** – guiding protocols and principles for how we do things.

## *Tino Rangaitiranga*

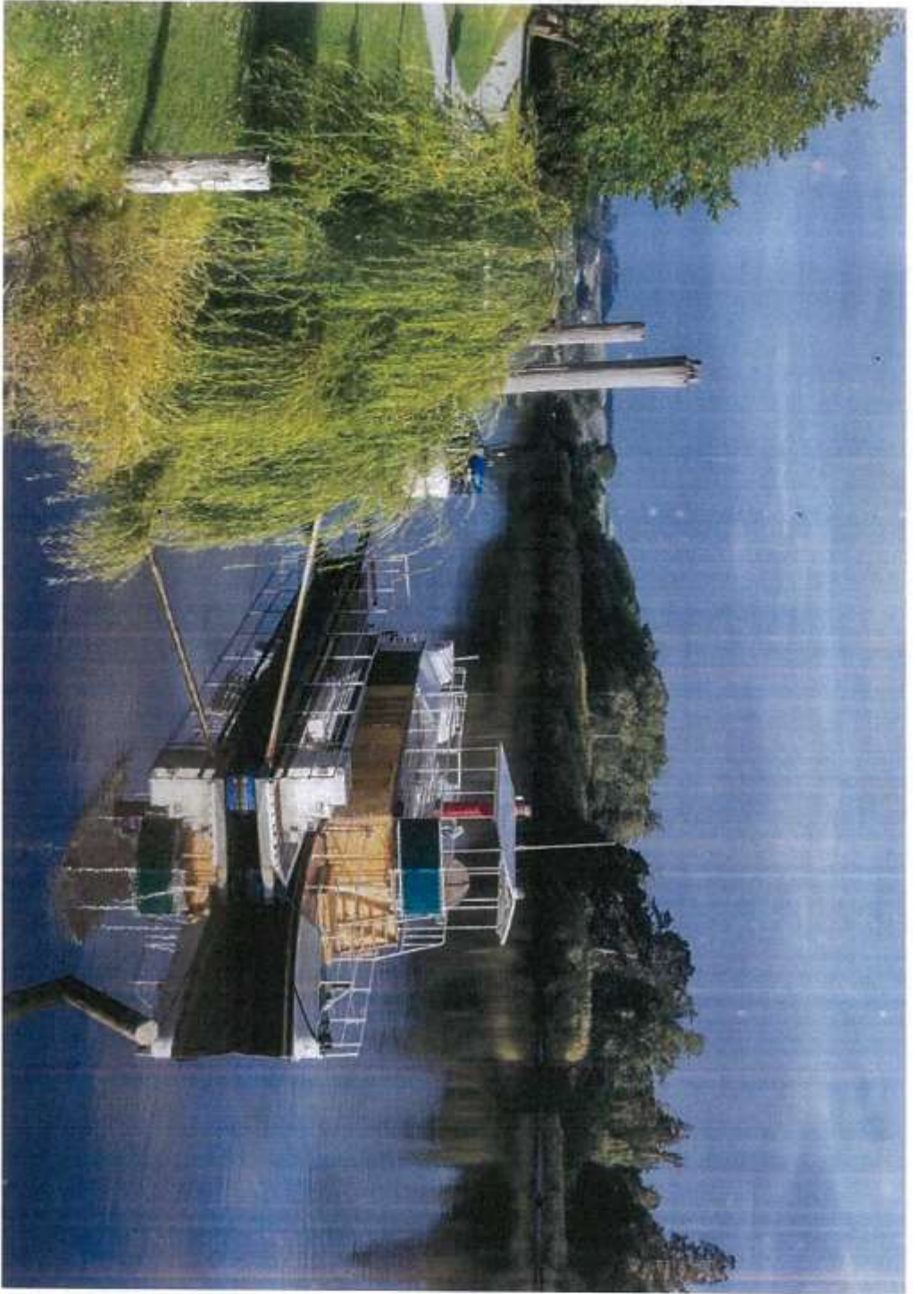
The value of self-determination where we empower individual/whānau choice.

Closely interlinked with: **Mairuatanga** – spiritual wellness, relationships and beliefs

**Whakapapa** – whānau-centred approach which achieves equity in health outcomes for Māori.







# NGĀ RAUTAKI MATUA

## OUR STRATEGIC FOCUS AREAS

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*Whanganui District Health Board is committed to delivering 'thriving communities'.*

Input and feedback received from a range of community groups and leaders, clinicians and district health board staff has identified four strategic drivers and four strategic enablers to support the delivery of 'thriving communities'. The drivers are the foundation to build our strategy and represent the overall outcomes required to achieve thriving communities. These outcomes are accomplished through our enablers which outline the support mechanisms for the successful strategy implementation.

Strategic Drivers	Strategic Enablers
Equitable outcomes	Collaborative governance and strategy
Integrated care	Integrated vision, processes and technology
Whānau and person-centred care	Valuing and empowering our people
Partnering for community wellbeing	Financial health matters

By combining the drivers and enablers, we identified three long-term strategic focus areas which encompass and support the delivery of our vision. These focus areas provide the 'what does this look like' to the drivers and enablers, which are reflected in each of the focus areas. These areas are woven together - we cannot achieve one without the other.

These strategic focus areas are:

**Mana Taurite - Pro-equity**

**Kāwanatanga Hāpori - Social Governance**

**Noho ora pai i tou ake kāinga - Healthy at home: every bed matters**

# MANA TAURITE PRO-EQUITY

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## WHAT DO WE MEAN?

*Inequitable differences in health status can be by age, gender, socioeconomic position, ethnicity, impairment and geographical region.*

We are committed to achieving equity of health outcomes, across all population groups, with a view of eliminating disparity, particularly for Māori. We are going beyond the language of 'equity'; to be pro-equity.

This means that we:

- have an organisation and rohe-wide goal of health equity
- are putting systems and processes in place to support our health equity goal
- work across the wider determinants of health
- have a robust understanding of the drivers of inequities
- work in partnership with Māori across the district, starting with Haudra a Iwi.

## MINISTRY OF HEALTH EQUITY DEFINITION

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.



# MANA TAURITE

## PRO-EQUITY

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### WHY DOES IT MATTER?

*Within the Whanganui rohe, ethnic inequities between Māori and non-Māori are the most persistent and compelling in health. These differences are further increased when factoring in people who live in rural areas or socio-economic areas of deprivation.*

Across Manawatu-Whanganui, life expectancy for Māori women is seven years lower than non-Māori women, and 7.2 years lower for Māori men compared to non-Māori men. The Whanganui District Health Board Māori health profile further sets out inequitable differences across a range of other health indicators. Different levels of access to health services and the health system responsiveness can also lead to inequitable differences. The wider determinants of health are the things that, outside of health services, can help to keep us well or can make us unwell, such as employment, education, housing and income, amongst others.

Within the health and disability system, there are things we do which make it easier or harder for people to receive the services they need. Pro-equity for Whanganui rohe means identifying and removing as many of these barriers as possible. Common barriers include:

- cost – especially when co-payments from patients and service users are required
- location and hours of services – including appointments only offered during work time and a lack of telephone or virtual health options
- transport to services – to receive healthcare from a hospital, people need access to a car or public transport, money for petrol and the ability to take time off work/away from whānau
- physical accessibility of services – which may create serious barriers to access for people with a disability, and acceptability of services, including any discriminatory practices by health professionals or clinic staff, or institutionally racist policies and practices.

# MANA TAURITE PRO-EQUITY

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## WHAT WILL THIS LOOK LIKE?

*Pro-equity requires concerted effort and rethinking of some of the approaches we have taken over decades in the health and disability system.*

We are committed to partnering with Māori as the foundation for success. This includes building on our relationship with Hauora ā Iwi, working in partnership with Māori and Iwi providers in the community, and further exploring and supporting Māori models of care and Whānau Ora approaches. It will require comprehensive monitoring and holding ourselves, colleagues and partners to account.

To achieve a pro-equity system, we must weave its success with the success of the other two strategic focus areas of social governance and 'healthy at home'.



# MANA TAURITE

## PRO-EQUITY - THE PRIORITY AREAS

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### **PRIORITY AREA ONE: Strengthen leadership and accountability for equity**

For sustained success, our leaders must champion a pro-equity approach and take on an organisational leadership role.

We will do this by:

- publicly committing to an equity goal
- creating a learning environment and building leadership commitment
- committing to a training budget to support equity skill development

### **PRIORITY AREA TWO: Build Māori workforce and Māori health and equity capability**

We need the right skills to drive Māori health equity and a fit-for-purpose workforce to meet the needs of our population. This includes more Māori staff (particularly in senior roles) and contemporary Māori health and equity expertise across all the health workforce.

We will do this by:

- recruitment and retention strategy focused on Māori staff
- strengthening the role and size of the Te Hau Ranga Ora/Māori Health Services team
- staff-led health equity competencies
- continued strengthening and extension of Hāpai te Hōe.

# MANA TAURITE

## PRO-EQUITY - THE PRIORITY AREAS

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### PRIORITY AREA THREE: IMPROVE TRANSPARENCY IN DATA AND DECISION MAKING

This demonstrates a pro-equity approach and holds us accountable (by the board, Hauora ā Iwi and the wider community) in our pursuit of equitable health outcomes.

We will do this by:

- building capability in equity data analysis
- sharing equity analysis widely and include it in all decision making
- transparency in resource allocation, including equity analysis in all publicly reported data.

### PRIORITY AREA FOUR: SUPPORT MORE AUTHENTIC PARTNERSHIP WITH MAORI

We will do this by:

- strengthening partnership with Hauora ā Iwi
- increasing use of Māori health and community expertise by Whanganui District Health Board
- meaningful participation in the design of services and interventions to support Māori self-determination and Whānau Ora.



# KĀWANATANGA HĀPŌRI

## SOCIAL GOVERNANCE

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### WHAT DO WE MEAN?

*Across the Whanganui rohe there are a range of organisations and government agencies working on outcomes and delivering services for the health and wellbeing of our communities.*

Traditionally, community organisations and government agencies, including district health boards, have worked in isolation. The challenge laid down by the government is for these organisations to work in a more integrated and collaborative way. In response to this challenge we are championing social governance as a model to harness the collective power of these organisations to better serve the people of our rohe.

Social governance is a model where iwi, community, social and government organisations work together in support of local communities. Social governance for Whanganui District Health Board includes:

- partnering for community wellbeing
- supporting local leadership and local solutions to local problems
- cooperation within the health and disability sector (such as between providers) and across sector boundaries which may challenge traditional methods of care
- shared funding and investment approaches
- shared data, technology, knowledge and processes
- a commitment to achieving pro-equity outcomes
- a whānau/person-centred approach
- a focus on delivery and holding each other to account for the commitments we make.



# KĀWANATANGA HĀPORI

## SOCIAL GOVERNANCE

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This means individual and whānau good health and wellbeing is fundamental to the health of the wider community. Good health and wellbeing requires iwi, community, social and government organisations to meet the economic, health, social and wellbeing needs of its people.

For Whanganui District Health Board, the commitment to social governance builds on our organisation's fundamental partnership with Hauora ā Iwi and the Board to work with other government, social and community organisations and leaders.

### WHY DOES IT MATTER?

*Healthy people and connected whānau and communities with control over their lives contribute to the wider health and wellbeing of our entire region. When people have options and sufficient means to participate in society, as well as access to support and meaningful activities, they are more likely to take their health and the health of their whānau into their own hands and make healthy living a priority.*

Through this, individuals and whānau can act as navigators and guardians of knowledge; sharing information and advocating on behalf of their whānau and communities. They can choose care and support suitable for their needs. Regardless of ethnicity, language, age, gender or sexuality, religion or disability, our health system will enable individuals and whānau tino rangatiratanga over their own good health and wellness.

This systematic change will have long-term impacts on the overall wellbeing of the whole community by reducing inequities, increasing health education, literacy and awareness and ultimately reduce preventable illness and unnecessary hospital visits.

# KĀWANATANGA HĀPORI

## SOCIAL GOVERNANCE

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### WHAT DOES THIS LOOK LIKE?

*The people of the Whanganui rohe will see community leaders and support services working towards the same social, health and wellbeing outcomes, with regular input and collaboration from our communities.*

Services for individuals and whānau will 'wrap around' and support people across all aspects of wellbeing: mental and physical health, education, employment and housing – to support them to thrive.

The community will see collaboration, shared data, programmes and campaigns developed in partnership with iwi, organisations and government and with input from consumers. Knowledge will be appropriately shared between communities and other organisations.

From a health perspective, a social governance model means that, when a person is in hospital or other care settings, individuals and whānau will have clear pathways for ongoing medical and social support when they go home, particularly for communities and families with high and complex needs.

Small communities and people who cannot easily leave home will be less dependent on going to the hospital or clinics for treatment, as health professionals will provide community-based services, or will utilise technology as a suite of services to manage their health.



# KĀWANATANGA HĀPŌRI

## SOCIAL GOVERNANCE - THE PRIORITY AREAS

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### **PRIORITY AREA ONE: ADDRESSING SOCIAL DETERMINANTS OF HEALTH**

**We will work collectively to address inequities caused by poor health and wellness beyond physical ill-health – often called ‘social determinants of health’ - so communities, neighbourhoods and whānau can thrive now and into the future.**

**We will do this by:**

- taking a holistic approach to health and wellness by including physical and mental health, wairua and whānau health into our services
- building capability across sectors, organisations and community leaders to address social determinants of health
- committing to working alongside existing organisations and communities which provide housing, employment opportunities, social support and education
- ensuring partners are committed to the five principles of Te Tiriti o Waitangi and assisting and guiding them on Te Tiriti when necessary.

### **PRIORITY AREA TWO: COLLECTIVE ACTION AND SHARED INTELLIGENCE**

**Working collaboratively with iwi, community and government partners on outcomes which increase the health and wellness of our communities.**

**We will do this by:**

- working in collaboration with social governance partners on projects and plans which emphasise health, wellness and self-determination sharing information and data appropriately across government organisations and community groups to meet the health and disability needs of our communities
- developing systems for decision making underpinned by evidence and focused on equitable outcomes.



# KĀWANATANGA HĀPORI

## SOCIAL GOVERNANCE - THE PRIORITY AREAS

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### PRIORITY AREA THREE: AUTHENTIC PARTNERSHIPS AND CONNECTIONS

**Integrate with iwi and communities through authentic partnerships and connection.**

We will do this by:

- understanding what challenges communities have and supporting them with health and wellbeing services and initiatives strengthening existing partnerships with iwi, communities and organisations and developing new partnerships to ensure participation and engagement across our services and initiatives
- supporting initiatives already in our communities which contribute to wellbeing by sharing and contributing to successful models and developing new ones where needed.

### PRIORITY AREA FOUR: STRENGTHENING INTEGRATED SOCIAL GOVERNANCE LEADERSHIP

**We will strengthen our leaders to deliver and support health and wellbeing initiatives for our communities and lead the health and wellness aspect of social governance work in our community by bringing our partners together.**

We will do this by:

- fostering relationships, protocols and systems to support social governance
- maintaining a high level of strategic leadership to enable our organisations to work 'on the system' rather than 'in the system'
- challenging the confines of regional and organisational borders and delegations to ensure we work effectively across the system
- collectively lobbying central government on behalf of our communities
- challenging the status quo and traditional ways of working and creating new projects and ideas for long-term community benefit
- ensuring systems are accountable to the community in all projects and initiatives run by social governance partners.

# NOHO ORA PAI I TŌU AKE KĀINGA HEALTHY AT HOME: EVERY BED MATTERS

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## WHAT DO WE MEAN?

*Using a social governance model where iwi, communities and agencies work together, we can make every bed matter by focussing on the transition to and from the hospital or community care settings and allowing people/whānau to be directly involved in decisions about their care.*

Being healthy at home means the wider social determinants of health (such as housing, education and employment) are addressed through a social governance model, where community, social and government organisations work together on health and wellbeing outcomes for our communities.

It also means pro-equity is considered when questioning what the best care is, who should provide it, where it should be provided and how. Enabling people to be healthy at home is wide-ranging within the health and disability sector: incorporating primary care providers, age residential care, home and community support services, kaupapa Māori health providers, health promotion activity, community mental health, whānau/patient-centred care health and disability services delivered in the community. It also takes into consideration the social and economic factors which influence peoples' long-term health outcomes.

We recognise not everyone has a home or a bed, or that some people live in unsafe or unhealthy conditions, but by working in a social governance model and on pro-equity aspirations, the aim is to reduce homelessness, domestic violence and unsafe or unsanitary homes to ensure everyone has a safe place to call home.



# NOHO ORA PAI I TŌU AKE KĀINGA HEALTHY AT HOME: EVERY BED MATTERS

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## WHY DOES IT MATTER?

*The long-term strategic goal of being healthy at home means we see improved and equitable health outcomes which lead to reduced hospitalisation and a decrease in avoidable disease, achieved through early interventions and whānau/person-centred care.*

Being healthy at home focuses on strengthening families through Whānau Ora by preventing ill health and supporting healthy homes, environments and behaviours. It recognises that health and hospital services cannot provide fully for the health, wellbeing and longevity of the community, that this can only be achieved by supporting people to be better able to take charge of their own health and wellness. This matters because individuals and whānau who have more autonomy over their lives and who have a healthy home environment are more likely to thrive physically, mentally and socially.

## WHAT WILL THIS LOOK LIKE?

*The people of the Whanganui rohe will see an increasing number of services delivered in the community in collaboration with primary healthcare providers, kaupapa Māori health, providers and other social and government agencies.*

By weaving 'every bed matters' and the pro-equity and social governance focus areas together, we will work alongside our communities to provide innovative services through developments in medicine, health care, technology, long-term conditions management, provider capacity and our collective workforce.

## NOHO ORA PAI I TŌU AKE KĀINGA

### HEALTHY AT HOME: EVERY BED MATTERS - THE PRIORITY AREAS

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#### PRIORITY AREA ONE: EMPOWERING WHĀNAU-CENTRED CARE

Health care is accessible in the right setting and environment, including within communities and homes.

We will do this by:

- investigating and implementing new ways of delivering services to enable consumer choice, including different locations, opening times and virtual services
- using the Whānau Ora model to develop services which are tailored to individuals, whānau and communities
- catering to the diverse health needs in our communities by intensifying high needs care where appropriate and encouraging self-management and autonomy where suitable
- supporting resilience, strengthening whānau and community self-management and self-determination in health, disability and wellbeing
- recruiting and developing a clinical and professional workforce to deliver strength-based, whānau-centred care.

#### PRIORITY AREA TWO: EMPOWERING CONSUMER ENGAGEMENT

Communities are part of the health system and tell us what they need through regular engagement.

We will do this by:

- engaging with our diverse communities about what health, disability and wellbeing services will make a difference to them and regular feedback helps create new services
- engaging with our communities to reduce inequities and ensure our Te Tiriti obligations are upheld
- ensuring iwi and consumers are part of developing and advising on services
- regularly engaging with our communities about outcomes and actions which have resulted from feedback.



# NOHO ORA PAI I TŌU AKE KĀINGA HEALTHY AT HOME: EVERY BED MATTERS - THE PRIORITY AREAS

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## PRIORITY AREA THREE: COMMUNITIES HAVE INPUT INTO HOW SERVICES ARE FUNDED TO ADDRESS THEIR NEEDS

A pro-equity and community-led social governance model with shared intelligence means funding is appropriate to the health and wellness aspirations of our communities.

We will do this by:

- strengthening community participation and influence in the commissioning process
- applying a 'pro-equity lens' to all policies and projects, service development, recruitment and funding decisions
- supporting and facilitating community health and wellbeing services which focus on health and whānau outcomes within the commissioning cycle
- transforming the funding system and aligning funding models to collectively tackle complex problems, including exploring co-funding options and more options to fund directly to or with iwi
- strengthening prevention services which support our most vulnerable communities
- enabling integrated commissioning methodologies and agreed outcomes across the system.

# NOHO ORA PAI I TŌU AKE KĀINGA HEALTHY AT HOME: EVERY BED MATTERS - THE PRIORITY AREAS

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## PRIORITY AREA FOUR: INFORMED COMMUNITIES

Information about health, disability and wellbeing is easy to access. People have autonomy about their own health and wellbeing. More health services are delivered in non-traditional health settings.

We will do this by:

- ensuring information and resources, including patient and health information, is easy to access, appropriate, user-friendly, timely and meaningful
- using appropriate and contemporary technology to develop channels, communications and resources for information and support about health, disability and wellness
- targeting health promotions to those who need them in a meaningful and regionally appropriate manner
- ensuring our communities are part of developing information and resources about health, disability and wellbeing
- ensuring clinicians and the wider health workforce understands, promotes and leads health literacy.



# HE HĀPORI ORA THRIVING COMMUNITIES

*Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga*

Together we build resilient communities, empowering whānau and individuals to determine their own wellbeing.

## STRATEGIC FOCUS AREA

### PRIORITY AREAS

#### MAWA TAURITE PRO-EQUITY

1. Strengthen leadership and accountability for equity
2. Build Māori workforce and Māori health and equity capability
3. Improve transparency in data and decision making
4. Support more authentic partnership with Māori

#### KĀWAMATANGA HĀPORI SOCIAL GOVERNANCE

1. Addressing social determinants of health
2. Collective action and shared intelligence
3. Authentic partnerships and connections
4. Strengthening integrated social governance leadership

#### NOHO ORA PAI I TŌU AKE KĀINGA HEALTHY AT HOME: EVERY BED MATTERS

1. Empowering whānau-centred care
2. Empowering consumer engagement
3. Communities have input into how services are funded to address their needs
4. Informed communities

WHĀRANGA HĀPORI | TĪNO RANGATIRANGA | GUARANTEE OF TĪNO RANGATIRANGA | EQUITY | ACTIVE PROTECTION | OPTIONS | PARTNERSHIP

*Ko au ko tōku whānau, ko tōku whānau ko au - Nothing about me without me and my whānau/family*



NGĀ UARĀTANGA - OUR VALUES

AROHA | KOTAHITANGA | MANAAKITANGA | TĪNO RANGATIRANGA

# MÄORI COVID-19 Vaccination Campaign Plan 2021

OUR PLAN	OURWHĀNAU			PROGRAMME ROLL OUT																		
<p>This plan outlines the Covid-19 vaccination campaign for Māori communities for the Whanganui District Health Board Region.</p> <p>Planning is directed specifically to achieve equity of access and uptake for Māori whānau and to meet their needs within their own communities.</p> <p>The plan will support the rollout of Group Two but focuses on Group Three and Group Four of the New Zealand government's sequencing of the Covid-19 vaccination.</p> <p>Although this plan will initially target our kaumatua / kuia and Māori with underlying health conditions, we will be taking a 'whole of whānau' approach to support the health and wellbeing of the whole whānau.</p> <p>We acknowledge that the success of the Māori Vaccination programme is reliant on partnering with Māori organisations and Te Ranga Tupua through the Hauora ā Iwi Chair. The success of the influenza vaccination programme in 2020 and the partnership working together during the Covid-19 response has provided a strong foundation for us to develop the vaccination programme.</p> <p>The integrated communication team will also be key to our success in ensuring that our community is fully informed to allow engagement into the programme.</p> <p>There is absolute opportunity for a whānau ora approach and wellness wraparound services to be included in the Māori vaccination programme. Iwi health provider organisations will be designing their own kaupapa based model of service delivery within their local vaccination programme supported by the DHB or Primary Care.</p>	<table border="1"> <tr> <td>Whanganui</td> <td>11,910</td> <td>Raetihi</td> <td>693</td> </tr> <tr> <td>Marton</td> <td>1,338</td> <td>Ohakune/Tangiwai</td> <td>846</td> </tr> <tr> <td>Rural Rangitikei</td> <td>741</td> <td>Waiouru</td> <td>318</td> </tr> <tr> <td>Bulls</td> <td>657</td> <td>Taihape</td> <td>1191</td> </tr> </table>			Whanganui	11,910	Raetihi	693	Marton	1,338	Ohakune/Tangiwai	846	Rural Rangitikei	741	Waiouru	318	Bulls	657	Taihape	1191	Key areas	Actions	Timeline
Whanganui	11,910	Raetihi	693																			
Marton	1,338	Ohakune/Tangiwai	846																			
Rural Rangitikei	741	Waiouru	318																			
Bulls	657	Taihape	1191																			
	<b>VACCINATION LOCATIONS</b>			Identify and develop our workforce	Work with Maori providers to identify and enrol a Maori vaccination workforce (casual and fixed term) including: t] Vaccinators El Administrators Kaiawhina Upskill the Māori vaccination workforce Organise the Māori health workforce to receive COVID-19 vaccination	March April May																
	<p>It is important that Māori whānau are able to participate in the vaccination programme within their own communities by people they know and trust. The proposed providers and sites are considered</p> <ul style="list-style-type: none"> <li>trusted faces and places within the communities our whānau live.</li> </ul>																					
<b>OPTIMAL COVERAGE</b>	Locality	Provider supported by DHB Vaccination Team	Site	Communications	Develop and implement Māori communications across platforms supporting the programme roll out including key messages, vaccine information, vaccinator recruitment and who, where and when	April Ongoing																
<p>Our approach includes:</p> <ol style="list-style-type: none"> <li>Vaccinating our Māori Workforce</li> <li>Supporting a Māori workforce (from Māori providers) of trained vaccinators, kaiawhina, and administrators</li> <li>Programme delivery in familiar Māori environments that support the whole whānau</li> <li>Supporting a whole of whānau wellness approach doing whatever it takes</li> <li>Implementing a communications campaign utilising various platforms to fully inform our community and highlighting positive messaging to tackle vaccine hesitancy Outputs:</li> </ol> <ul style="list-style-type: none"> <li>Covid-19 Vaccination sites supported</li> <li>Whānau are supported to receive vaccination</li> <li>Prepare strengths based Māori Covid-19 safe messaging through a targeted Māori communications plan</li> </ul> <p>Outcomes: An agile Māori Covid-19 Vaccination roll out that is By Māori, With Māori, For Māori and responds to the needs of Maori in partnership with our Māori communities, Māori health providers, PHOs, DHB and general practice teams.</p>	Whanganui	Te Oranganui Trust Te Hau Ranga Ora — vaccinator support	Rangahaua Tupoho Community Complex 97 Bell Street, Whanganui  Te Waipuna Health 57 Campbell Street, Whanganui  Putiki Parish Hall Te Anaua Street, Whanganui  Te Rau Oriwa Marae Campbell St Whanganui				Establish our sites	Work with Maori providers and relevant stakeholders to identify appropriate vaccination sites Work with Logistics Team & providers to set up each site Implement a centralised booking system	April May													
	Whanganui Awa	Te Oranganui Trust, Te Puke Karanga, Te Hau Ranga Ora	TBC	Identify our whānau	Develop a Māori vaccination list by Group Tiers using : [i GP enrolments [il Māori provider enrolments DHB & MOH data	April May June																
	Ratana	Te Kotuku Hauora Te Rūnanga o Ngā Wairiki Ngāti Apa	Ratana Pa 4 Taihauuru Street, Ratana	Support whānau to be vaccinated	Develop and distribute vaccination invitation packages Provide off-site kaiawhina and administration support for whānau to access vaccination bookings Provide kaiawhina support at vaccination sites Provide transport, as required, to and from vaccination sites	July August September																
	Marton		Te Kotuku Hauora Te Poho o Tuariki 85 Henderson Line, Marton	Evaluate	Undertake evaluation, data analysis and report	October																
	Bulls		Te Matagihi Bulls Community Centre 4 Criterion Street, Bulls	<b>RISKS</b>																		
	Taihape	Mokai Pātea Services 130 Hautapu Street, Taihape	Taihape Rural Health Centre 3 Hospital Road, Taihape	Risk	Mitigation																	
	Ohakune	Ngā Waihua o Paerangi Trust	TBC	Workforce	Continue to develop a workforce within availability Build on existing relationships across teams to ensure workforce is responsive DHB workforce team support																	
	Raetihi	Te Puke Karanga 22 Seddon Street, Raetihi	WDHB Waimarino Health Centre 22 Seddon Street, Raetihi	Completing doses	Sustainability of consistent delivery of dose 1, 2 and mop up factored into planning Rebook after 1 <sup>st</sup> dose. Recall system implemented																	
				Booking	Develop centralised booking system																	
				Did not attend	Link in and utilise Maori provider knowledge & relationships and kaiawhina support																	
			Conflicting vaccination programmes MMR/Flu	Appropriate communications developed																		
			Hesitancy / anti vax	Develop positive communication/messaging																		



Waverley

Te Oranganui Trust

TBC

### MÄORI COVID-19 Vaccination Campaign Plan 2021

February	March	April	May	June	July	August	September	October	November	December
1a: Border/MIQ workforce										
1b: Families and household contacts										
2a: Frontline healthcare workers (non-border) who could be exposed to COVID-19 while providing care										
2b: Frontline healthcare workers who may expose vulnerable people to COVID-19										
2c: At-risk people living in settings with a high risk of transmission or exposure to COVID-19										
3a: People aged 75+										
3b: People aged 65										
3c: People with underlying health conditions or disabilities										
4: The remainder of the population, approximately 30, 132 people										