SUMMARY OF THE HEALTH AND DISABILITY SYSTEM REVIEW WĀNANGA: Facilitator Report 2019

Report prepared by Mauriora Associates Limited
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For: Māori Expert Advisory Group

Te Roopu Whakahaere / Organisational Details

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1. He Whakamārama / Background

The Government has established a review of the New Zealand Health and Disability System (the Review). This review will identify opportunities to improve the performance, structure, and sustainability of the system to achieve equity of outcomes, and contributing to wellness for all, particularly Māori and Pacific peoples. The Review will investigate where the system is not currently meeting this core equity goal and understand the drivers of this (whether it be service delivery or the broader social determinants of health). A secretariat of officials will support the expert review panel (the panel), and it will be able to seek independent advice and analysis on any matter within the scope of its Terms of Reference[1].

The New Zealand Health and Disability System has many strengths and intersects the life of every New Zealander. It is looking after New Zealanders well, especially when we are acutely ill or injured.

Overall, New Zealanders are living longer and healthier lives. However, the way the current system is operating means that many people, particularly those on low incomes, wait until they are sick, instead of accessing the care they need to stay well. Disparities of outcomes exist across the system, especially for Māori and Pacific peoples. In reviewing the New Zealand Health and Disability System, we can identify opportunities to do more and to address these inequities.

Persistent disparities in access and quality of health care for Māori exist, and inequity of outcomes for Māori have worsened. On average. Māori live seven years less than non-Māori and are 2.5 times more likely to die from diseases that can be addressed through health care[2].

The system is under pressure, facing significant contextual change, and will need to operate very differently if it is to continue to deliver for New Zealanders. The rapidly changing global, societal and technological context within which New Zealand's Health and Disability System operates makes a review timely.

The current devolved Health and Disability System has a complex mix of governance, ownership, business and accountability arrangements. This complexity can get in the way of ensuring public money is spent, and invested, in a manner that provides health care to the public coherently and smartly.

Te Poari Arotake i te Pūnaha Hauora / The Expert Review Panel

The Review will be undertaken by an expert review panel (the Panel), Chair, Heather Simpson, and the members are Shelley Campbell, Professor Peter Crampton, Dr Win Bennett, Dr Lloyd McCann, Sir Brian Roche and Dr Margaret Southwick.

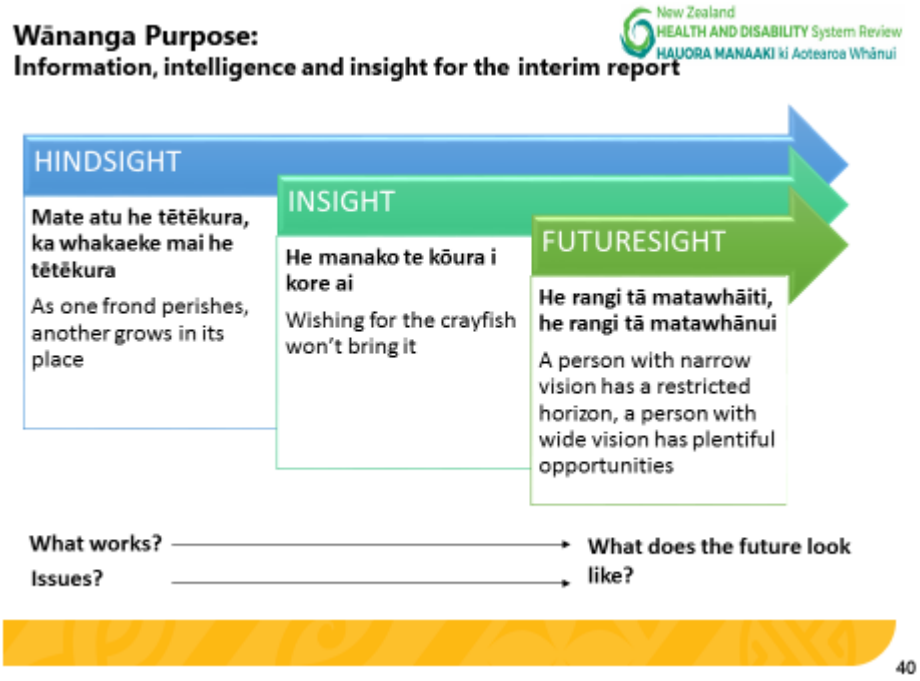
Te Roopu Matatau Māori / Māori Expert Advisory Group

The Review includes a Māori Expert Advisory Group (the 'MEAG'). The Chair is Sharon Shea, and the group members are Associate Professor Terryann Clark, Associate Professor Sue Crengle, Dr Dale Bramley, Takutai Moana Natasha Kemp, Linda Ngata.

[1] https://systemreview.health.govt.nz/ (*Terms of reference, Review of NZ Health and Disability System*)
[2] Health Quality and Safety Commission. 2018. *Annual Report 2017/18*. Wellington: HQSC.

2. Te Aronga o ngā Wānanga Māori/ Purpose of Māori Forums

The MEAG hosted four wānanga to provide an opportunity for Māori to help shape what the future New Zealand health and disability system might look like. In particular, the wānanga was an opportunity to hear whakaaro Māori about the current issues impacting on Māori and the health system, as well ideas and inspiration about a future system that is designed to prioritise Māori health equity, outcomes and aspirations. Participants were asked to think about the system-level changes that might be needed to drive improved Māori wellbeing to be realised within the next 5-10 years.



The MEAG Chair, Sharon Shea, introduced the purpose of the wānanga, the MEAG role and the purpose of the review. She also highlighted the following issues about the system:

- Shift the discourse –that the system needed a discourse shift to shift thinking and practice, so it is more responsive to a strengths-based approach to equitable Maori health and outcomes. For example, instead of saying whanau did not attend, the system should be questioning why it did not respond.
- No designer bias – that the system should strive to negate the potential of designer bias, which is about the antithesis of monocultural design of a future system that should be fit for purpose for Maori health
- We need to work together to make a difference- all stakeholders must work collaboratively to affect future change for Maori health.

The wānanga were held on the following dates and locations:

29 May 2019, Kaikohe

4 June 2019, Rotorua

18 June 2019, Ōtepoti (Dunedin)

25 June 2019, Te Whanganui a Tara (Wellington)

A wide range of attendees was present at each wānanga, and representatives of the Māori Expert Advisory Group (MEAG) and the Health and Disability Panel were present at each venue. The names of the attendees are not included in this report, but the approximate numbers of participants at each wānanga are set out in Table 1. Participants were often representative of more than one interested group, and covered Iwi and hapū perspectives, Māori and mainstream Primary Health Organisations, Māori health and disability providers, Māori social service providers, Whānau Ora providers and collectives, Māori managers and staff from District Health Boards, Ministry of Health as well as Māori consumers and Māori with disabilities.

Table 1: (Attendance data sourced from registration forms)

Wānanga Region	Hui ā rohe – Regional	Attendees
Northern Wānanga	Kohewhata Marae, Kaikohe	57
Midlands Wānanga	Te Papaiouru, Rotorua	87
Southern Wānanga	Edgar Centre, Ōtepoti (Dunedin)	41
Central Wānanga	Pipitea Marae, Te Whanganui a Tara (Wellington)	64

3. Tuhinga Whakarāpopoto / Summary

A kaupapa Māori approach and a range of interactive teaching activities were used to engage attendees. In this context, kaupapa Māori is used to describe a move towards self- determination, an opportunity to challenge the status quo with a responsibility to move away from crisis response and into preventative measures.

The wānanga followed a broad agenda (Attached as Appendix 1). The pōwhiri or mihi whakatau in each region were followed by an expedited round of whakawhānaungātangā or introductions that situated the discussions in the local context and connections between attendees. Three facilitated sessions followed which covered the issues that currently impact on Māori health in the health and disability system, a discussion to envision an aspirational high performing health and disability system for Māori, and a review of the essential enablers of the health and disability system advocated. These discussions were challenged, probed for clarity and sense tested by the facilitators, and by the participants as each wānanga progressed.

The wānanga provided an opportunity to canvass a wide range of views and perspectives from Māori community leaders and providers, clinicians and stakeholders about their aspirations for better services to meet the complex needs of whānau, who were often living in geographically isolated communities. We heard a strong call from iwi and Māori about their desire for the expression of mana motuhake for their people and the need for robust policy frameworks including a commitment to effective implementation and monitoring and accountability.

During the first session, participants were provided an A3 summary of critical issues and challenges Māori experienced in the health and disability system that had been raised by Māori stakeholders previously in other Reviews and forums (Attached as Appendix 2). Participants were asked to consider and respond to the following question:

What are the issues that are currently impacting on Māori health in the health and disability system?

Te Tiriti was used as a constant reference by attendees to highlight the political position of Māori. Unfortunately, the position of Te Tiriti o Waitangi/Treaty of Waitangi in public policy has mainly been rhetorical, and the relationship between the Māori and Crown continues to be challenging. The wānanga attendees were strong in the belief that Te Tiriti is an enduring foundation upon which Māori and the Crown are obliged to establish a trustworthy relationship to reduce inequities in Māori health.

Some attendees questioned the value of yet another debate, and some expressed their cynicism based on previous recommendations that did not appear to make any noticeable difference for Māori. Most of the attendees were able to relate to the key issues outlined and used their understandings and work experiences to contrast, support, discuss and extend their views towards an ideal futuristic health system for Māori.

Some wānanga attendees also expressed frustration about the way political parties are elected in New Zealand and the level of disruption and continuity that affects service provision. A suggestion mooted was to gain cross-party support for a health system that resonated with all the parties. In the experience of some participants, it appears that tertiary care gets the lion's share of funding and that community-led programmes are not viewed or appreciated in the same way. They expressed the view that funding for community services does not address the backlog of complex issues such as suicide, mental health and punitive environments.

There was also concern shared about what they believed was a disjointed, bureaucratic, expensive and mostly inefficient health system we have currently. A common response from attendees was to get rid of the District Health Boards. This issue was openly discussed in the Kaikohe wānanga and tensions were apparent between the DHB and iwi services in the Midlands region. Dunedin and Wellington were more focused on fixing parts of the health system and improving them. At some point, the issue of primary care and prevention was raised by all the wānanga, and there was general agreement that these services and resources should be moved out of the DHB environment and back into the communities.

The terms kaupapa Māori and mātauranga Māori were used often to shift the notion of health towards the idea of wellness and away from the narrative of illness and deficit thinking. Despite these frustrations, attendees wanted to participate in a discussion about what an improved health system would look like and feel like for Māori. The term mātauranga Māori was also used in association with the right of Māori to maintain and practice their customary practices and in this context, traditional methods of wellbeing. Te Tiriti supports this position, and a focus on rangatahi and tamariki recognised the importance of leaving a legacy and support for the next generation of Māori.

All attendees were passionate about their specific areas of work, and many felt that intra and inter-sector relationships would reduce the bureaucratic and inefficient processes in the system. This would also reduce the competitive nature of contracts and encourage collaborative working relationships. They felt that this change alone would save money and time and by default, almost improve some significant health inequities experienced by Māori communities.

Many of the attendees did not have a full understanding of how the whole of the Health and Disability System functioned but felt that some overarching Māori group might be responsible for monitoring the overall health outcomes or Māori. This idea is not necessarily new, and there have been various versions trialled in a range of sectors over the last 30 years. The problem is that these organisations become appendages to other Government bodies, which then apply a very paternalistic approach to the Māori service monitoring and accountability.

The irony of the wānanga is that attendees felt pressured to fix a system they felt was broken and jeopardised the health of Māori and then think about future planning to develop an enduring system without any guarantee that there would be any commitment to the change wanted

Data sovereignty and research were key issues which needed more discussion and barriers to access highlighted the enormous costs of specialist services, e.g. dentistry, disability and access to IT technology.

Other considerations included the development of a professional workforce and the role of the unregulated workforce. This would require the involvement of several sectors.

The recurring themes are noted in Table 2 below:

Table 2: Recurring key themes from the combined Wānanga	
Te Tiriti o Waitangi	Politics, Policy, Legislation,
Tino rangatiratanga	Political Accountability
Mātauranga Māori	Integrated, Intersectoral approaches
Rangatahi and tamariki focus	Funding, Contracting and Strategy
Data Sovereignty	Primary Care and Prevention Care.
Research and development	Bureaucratic system structure
Barriers to access	Health Workforce Development
Disability Services	Health Education
Specialist Services	Digital and IT technology

During the next two sessions at the wānanga, participants were asked to consider and respond to the following questions:

What would an aspirational and high performing health and disability system for Māori look like, in the next 5-10 years?

- What would the **unique and important characteristics** of a high performing health and disability system be for Māori?
- How would these **characteristics occur in the system,** e.g. for: Māori workforce; Māori providers; non-Māori workforce and providers; funders?
- How would **Māori experience** these characteristics?

Wānanga participants engaged and, in the main, were positive in their efforts to imagine a future system better designed to meet Māori needs. The key themes raised across the wānanga reflected on the possibilities and opportunities in a system where te Tiriti o Waitangi was firmly established in legislation and reflected across all aspects of the system. Iwi and Māori would be empowered to exercise their tino rangatiratanga and mana motuhake for their whānau, and the system would deliver and be held accountable for providing equity for Māori. Iwi and Māori take their place at the governance and decision-making table and be able to create meaningful change in the way the system funded, designed, delivered, and monitored health and disability services. Further, the core values and commitment to Māori health would be supported at a parliamentary level and less subject to the changing priorities of successive governments.

This system would have strong and enduring relationships and strategic partnerships between the Crown and Māori, between health and disability providers, and with other sectors to deliver a joined-up approach for Māori whānau. We would have a representative and highly skilled Māori health workforce, and Māori providers would flourish and be treated equitably in the contracting process. Racism would not be tolerated at any level in the system, and Māori values would be embedded and affirmed in the delivery of health care and services. Mātauranga Māori would be supported and appropriately funded, and the health workforce would have the skills and competence to work effectively with mātauranga Māori approaches.

The system and services would be designed with whānau needs at the centre. Whānau rights and needs would be considered in the design and delivery of services, and whānau would be empowered to navigate and benefit from services that would offer choices according to their needs and preferences. Whānau would be technologically enabled and have access to the knowledge and support they need to take control of their health and wellbeing needs. Services would be of high quality, accessible and delivered in ways that were mana enhancing and effective for diverse whānau needs and realities. Services would be responsive to, and appropriate for rangatahi Māori, and rangatahi Māori would be inspired and supported to be a part of a future health workforce.

Many wānanga participants felt strongly that it was time for iwi and Māori to take control of their destiny in the system with the establishment of some form of independent Māori authority in which Māori had access to and control of the resources, decision making, design and delivery of future health and disability services for Māori in Aotearoa.

Ngā Kōrero Whakamutunga

The facilitators acknowledge the attendees who stepped up to the challenge. In many ways, the ambitious agenda reflected what has now become a typical approach to Māori engagement. As Māori facilitators, we understood that there might be some resistance, but we also knew that the agenda of the wānanga would potentially be pivotal to improving Māori health. As facilitators, our responsibility was to work with wananga participants to help the Māori Expert Advisory Group to gather the necessary information to support the Panel's writing of the interim review report. We created opportunities to have an open and robust discussion despite contrasting views. Our challenge as facilitators was to remain impartial throughout the discussions. All attendees were passionate and committed to building a health system that supported Māori.

Finally, we hope our observations and our work support the aim of improving Māori health.

Nga mihi,

Mauriora

4. Whakarāpopoto o ngā Kōrero a Rohe / Summaries of regional wānanga

Kaikohe – Kohewhata Marae - 29 May 2019

A strong voice from consumer perspectives, provider perspectives and hapū/iwi perspectives was heard. Key messages included the clear assertion that Māori want to do more in addressing their own health needs, and we heard this message at the level of consumers, provider and the Māori community.

System-level issues:

- Health should be considered outside of a narrow focus on Vote Health services
- Answers for the health of whānau lie outside the health system
- System design in District Health Boards isn't working demonstrated by the sense that what will be prioritised locally responds to the Ministry of Health rather than from the district.
- There should be a centralised approach to running hospitals – but primary care approach should be taken away from the DHB
- Ministry of Health needs to be able to demonstrate their compliance with the Tiriti
- Five to ten years is too long to wait for change – we need decisive action now
- Policies and strategies need to strengthen Māori society principles and values
- Strengthen the requirement for Māori to be actively involved in the decision-making process
- Currently, the system requires people to 'opt-in' or register to services. Māori should be automatically enrolled.
- IT systems are inadequate and disjointed
- Increase the proportion of Māori representatives in governance and leadership
- Fix the underlying conditions that are contributing to the illness - health system is in the context of the broader systems that drive health outcomes

Tier One Services:

- Need to move away from the medicalisation of health by the system and captured by the professions
- Services need to be located where whānau are, in childcare centres for example
- Everything outside the hospitals needs to be handed over to local leadership in partnership with iwi.
- Mainstream providers (non-Maori NGOs were named but are not shown here) have been able to capture funding and resources for decades – there has not been the same level of Government awhi and tautoko for Māori providers
- We need to improve the Māori provider services as well as improving mainstream services delivering to Māori

Funding

- Very low-cost access (VLCA) and subsidised health care should be targeted to the whānau that have the greatest need rather than a universal service for everyone
- Māori provider failures are a symptom of the system design

Disability

- There are additional language barriers for the Māori deaf community
- We need better technology to support the deaf community

Characteristics of a Future Focussed System for Māori

- The system would be designed and managed in ways that are consistent with Te Tiriti o Waitangi.
- Services would be integrated, strengths-based and centred around the needs and aspirations of whānau.
- Health services would be accessible, affordable and accountable to ensure equity for Māori.
- There would be a strong, competent, and supported the Māori health workforce, and non-Māori health workers would be responsive and culturally competent to deliver services to Māori.
- Whānau would be empowered, health literate, and have access to the skills and resources they need to achieve health and wellbeing
- Kaupapa Māori and mātauranga Māori including te reo, karakia and rongoā would be incorporated into health services and approaches.
- Māori would achieve equitable health outcomes, and there would be consequences for services where this was not happening.
- There would be pay parity and equitable funding for sustainable, Māori-led health services and providers.

Rotorua, Te Papaiouru Marae – 4 June 2019

A strong voice from Iwi, and providers, and some Māori allied health workforce was heard. This wānanga opened with some strong challenges about how Māori views will be considered in the final review and concerns that this was another waste of time, another round of hui that will go nowhere, and that we are being asked to fix a system that has never worked for us.

System-level

- Accountability needs to be improved
- More integration between sectors
- Whānau ora decision-making models
    - Māori to decide what the system needs to be to serve Māori
    - Whānau options and choices are necessary in the system
    - Integrated system design that allows for mātauranga
- National Māori health purchasing agency needed
- Change legislation to make the Government Treaty responsive
    - Legislation has been used to take things away
    - Legislation drives policy and has been in place for decades
- Change the law to require iwi leadership on boards
    - Rangatiratanga – need iwi leadership in health
    - Need legislation that protects Māori rights in the system – like Nuka
- We need to take an approach that is centred in tikanga Māori
- Need more excellent partnering between the health system and iwi entities
- Need an apolitical system that has a long-term vision for the future
- Stronger governance system
    - the transition from the current system we will have stronger iwi leadership
- Urban organisations also need to be accepted as a form of iwi for funding purposes
- The future health system will listen to the voice of the people
    - focused on wellness and prevention
    - technology and data are part of our journey
    - hospitals are places of last resort
- Democracy – there is currently an approach where Majority rules – the tyranny of the majority, and where Kāwanatanga trumps tino rangatiratanga
- Tyranny of the hospital/ medical model
- Universalism often trumps, whereas Māori have to think about everyone

Information Technology and Data Sovereignty:

- Ownership of data is a risk – this is an issue of intellectual property rights and how will that data be used to serve us or hold us back
- More Māori ownership and control of data and appropriate analysis to ensure Māori needs
- are well understood
- Digital technology – leapfrog over the early technology to get to the next level of innovation
- A Māori lens does not shape data

Tier One Services:

- Need more focus on preventative health and a return to greater health promotion
- Rongoā Māori and Atuatanga should be included
- Whānau empowered to take control of their health
- Whānau knowledgeable about what they need to stay well
    - the role of the professional is to help them navigate what they need
- Whānau-centred and strength-based model where:
    - they feel like they belong
    - they have choices
    - their mana is enhanced
    - there are no equity gaps
    - they are empowered
    - they can live alcohol-free
    - there is access to their reo
    - their needs would be met in the home environment
    - people would be able to 'order up' their services at times that work for them
    - whānau would have access to their medical records
    - services are Mana enhancing – care and support for whānau, freedom from judgement
    - the system would have relationship skills to work effectively with all Māori
    - there is clarity around their treatment
    - there is support for those who advocate for whānau
    - there are better feedback loops
    - there is better access
    - services are available in different locations
    - appointment times are designed to be more convenient for whānau

Intersectoral Approach:

- Tino rangatiratanga at all levels, including at an education level around teaching resilience to tamariki, taking a generational change to empower tamariki to expect and receive different care in the future

Workforce:

- Cultural competence in the workforce and an end to racism
- Investment in the workforce, including cultural competence
- everyone trained in a kaupapa Māori system
- Plan the workforce we need for the future
- Grow the pipeline and grow the Māori workforce
- There is a tyranny in the current workforce that perpetuates the status quo

Funding:

- The funding follows the whānau, not the medical practitioner

- Every pathway is my pathway created by me but paid for by the system

Future engagement:

This wānanga also captured some advice about the next steps after the interim report is generated.

- Come back to us quickly after the first report goes to the minister
- Identify ways in which our piloting if new models might feed into the system review
- Hui (such as Te Kotahitanga) held regularly with iwi leaders
- Waitangi report due to come out this month – incorporate the findings
- Thematic analysis should be shared with the wider sector
    - Identify the big issues
    - Consider more in-depth investigation into some of the key areas with Māori
    - Shape system recommendations with the same people who developed the themes
- Consider post-settlement Iwi and their interest and engagement in the future health system

Characteristics of a Future Focussed System for Māori

- The system would be consistent with Te Tiriti o Waitangi, and iwi and hapū would play a stronger role in decision making in line with a genuine partnership approach
- There would be a diverse health workforce that better represented the communities they serve. The workforce would be culturally competent and responsive and supported by kaumātua to ensure cultural supervision and mentoring.
- There would be a centralised Māori health agency that would design and deliver appropriate services for Māori
- Services would be designed and provided to meet whānau needs.
- There would be a greater focus on kaupapa Māori models of care.
- Holistic and preventative approaches to health and wellbeing would be part of the ecosystem.
- Institutional and other forms of racism would be eliminated from the system
- There would be greater integration and collaboration between services and across the system.
- There would be greater investment in future generations and increasing rangatahi empowerment.

Otepoti – Edgar Centre, 18 June 2019

This wānanga had a strong representation from the Māori health workforce (including medicine and pharmacy), Māori health research and Māori health and social service provider sectors.

System Level:

- Empower whānau to take control and leadership in their health
- Build health and medication literacy in people
- Racism in the system
- Political cycle
    - impact of changes of government on the health system
    - implications for long term planning
- lack of collective Māori voice
- Contractual outputs are too narrow - move towards high-cost contracts
- A genuine partnership between health professional and whānau
- Mana motuhake and more control over funding and decision making
- Accountability for Māori health outcomes – we need a Commission
- oversee and drive improvement in health outcomes
- Too many decision-makers for a small country
- funding gets sucked up in perpetuating the model
- More focus on quality measurement
- Accountability of the MoH and DHBs
- Health literacy
- Empowering the patient to be experts on health, wellbeing and medicines
- Social determinants of health
    - Housing
    - Heating
    - Income Equality
    - Food and nutrition
- Māori leadership
- Physical health and mental health are treated separately

Research:

- Alignment between research data and strategy

Workforce:

- Invest more in the pipeline
- greater focus on competency
- Cultural considerations – need more Māori and Pacific working in the system
- Health workforce development funding should be transparent
    - Shift out of DHBs
    - Shift cultural education away from DHBs

Funding

- Funding and interventions for equity
- flu jabs for 65 +
- Financial barriers and hardship need to be addressed
- Contracting constraints
- Inflexible boundaries
- Too much funding on bureaucracy
- Equity of funding
- Compliance and risk management costs should be recognised in delivery

Tier One

- More direct access to their medications rather than having to go to a separate facility
- More access to rongoā
- Maternity services – look after women's health to improve whānau health
- Traditional GP practice setting is a barrier to Māori whānau
- Health hubs where the services are all in one place
- Wrap support systems around each patient
- Connect all the health professions
    - recognise skill sets
    - prevent silos
- Advertising all services in a way that people know they exist and how to find them
- Rural access – large geographical regions
- Domestic violence – a concern that wāhine unable to report violence or accept counselling for fear that services will remove her children
- Mobile solutions – to overcome issues of geographical and financial isolation
- Carer strategy is needed
- Build local expertise
- Deprived communities do not have the infrastructure needed
- Accountability and monitoring based on performance
- District annual plans based on performance payments
- Tikanga informed services
- Prevention, not just treatment

Disability

- Overprescribing for people with disability
- Disability is connected to many health issues

Data

- Prescribing vs dispensing data
- Health records and a card to scan with all patient info
- Current spend on Māori health
- Iwi specific or understanding iwi and regional boundary overlaps

Characteristics of a Future Focussed System for Māori

- The system would be consistent Māori tikanga and kawa, including use of te reo Māori, karakia and rongoā.
- There would be more kaupapa Māori services, and these would be supported by high trust contracts with equitable and sustainable funding
- Services would be accessible and delivered in or near communities, e.g. through health hubs or marae-based
- There would be greater integration and collaboration across the system, including building strategic partnerships
- There would be a focus and investment in growing the cultural capacity and capability of the health workforce.
- There would be more focus on whānau ora, including the use of navigators, specific support for tangata whaiora, and developing whānau capacity and capability to manage their own health needs.
- Services would be low or no-cost to whānau.
- There needs to be a greater acknowledgement of Māori mana motuhake, including consideration of a stand-alone Māori health entity.

Te Whanganui a Tara - Pipitea Marae – 25 June 2019

This wānanga was attended by a broad range of participants from Wellington, the wider region, and from all over the country. Māori deaf representation was supported with translation services. Again, the workforce (including nursing) was represented, Māori health providers and many from DHB and Ministry of Health across policy, planning and funding.

System Level

- The legislative design needs to ensure greater accountability
- Māori involvement in decision making
- Cross-party agreement to improve Māori health and achieve equity
- Current political structures can support hauora Māori - provincial growth fund
- Move away from permissive legislation and ensure accountability
- Te Tiriti is an iwi conversation
- Crown obligations under UNDRIP and human rights to improve Māori health outcomes
- Need Māori involved in the power structures that make decisions
- Mana motuhake and tino rangatiratanga
- Intertwined system
    - make sure that Mātauranga Māori is included
    - rebalancing hauora Māori with mainstream
- Any door the right door for people to enter the system
- Shared responsibility and investment
- Keep working in a cross-sectoral way – even if we are only funded for health we need and can deliver a more comprehensive approach

Workforce

- An investment strategy in Māori health workforce
- Better support for te reo in the system
- Training should be culturally led
- Free training for Māori in the workforce
- Better pipelines
- Cultural competency is key
- Investing in the pipeline
- Pay parity for Māori working at all levels of the system

Funding

- Better funding models for Māori
- Contracts need to change
    - Move away from KPI and output purchase
    - Move to buy outcomes
- Funding model in which Māori are equal and evergreen contracts like mainstream services
- De-silo the funding
- Rangatahi or women can move away from service siloes and focus on their needs
- Māori commissioning agency
- Services for Māori providers

Mātauranga Māori in health

- Address colonisation in health– the system is based in a colonial way of thinking that preferences western models of care, language, ableism
- Support the convergence of mātauranga and biomedical models and removing the privilege of the Biomedical model.

Access to services

- Communities need to be engaged in their health care decision
- Crown has obligations under UNDRIP and human rights
- Put whānau in the centre of what we do and ensure we understand what matters
- Rangatahi – ensure that their aspirations are included
- All Māori are not the same

Partnership

- Relationships are key
- Health service development with Māori as a partnership
- Whānau would-be leaders of our change
- Focus on whānau strengths.

Prevention and wellbeing

- Socioeconomic determinants are poor for Māori, so we need better data about how we are responsive to care needs for Māori
- Focus on health and wellness - be strength-based

Data

- Need more Māori control over data and how this is used

Characteristics of a Future Focussed System for Māori

- Te Tiriti o Waitangi would be central to how the system operates.
- The system would be based on quality Māori data, Māori leadership, and Māori principles and tikanga Māori.
- Services would be accessible (every door is the right door), intuitive, and tailored around the needs of whānau. Hospital waiting times would be shorter, and there would be more outreach services.

- There would be greater Māori and iwi leadership of services and delivered in and by the community. There should be equitable funding and pay parity for Māori providers.
- There would be a diverse workforce including Māori clinicians, governors, managers and leaders.
- There would be a greater focus on prevention and whānau would be enabled to lead their health care.
- Māori with disabilities would have access to the resources they need (e.g. sign translations services).
- There would be a stronger health policy framework and accountability and long term cross-party support for Māori health to be retained as a focus.

Appendix One –Wānanga Agenda

Agenda for Wānanga		
9.30am	Pōwhiri/ Whakatau, Kapu Tī	Site-based lead
10.15 – 10.20am	Introduction	Facilitators: Dr David Jansen Riripeti Haretuku
10.20 – 10.30am	Overview of review	MEAG Sharon Shea
10.30 -11.00	Session 1: What are the issues that are currently impacting on Māori health in the health and disability system? Main aim: To identify disablers that impact on equitable health outcomes for Māori	Facilitators Post-it activity and Gallery Issues paper provided to stimulate previous thinking.
11.00-11.45am	Session 2: What would an aspirational and high performing health and disability system for Māori look like, in the next 5-10 years? Main Aim: System enablers	Facilitators Workshop and Gallery
11.45 -1 pm	Session 3: What would an aspirational and high performing health and disability system. Describe look, feel and experience, in the next 5-10 years? Māori specific characteristics: Te Tiriti approach, Mātauranga Māori, Whānau rangatira	Facilitators Interactive group work and Discussion
1-1.45pm	Kai	
1.45-3pm	Session 3(a) - Continuation of the earlier session – The best possible Māori: • Workforce • Providers • Integrated services with non-Māori providers • Funder(s) and funding models and strategies	Facilitators Discussion
3.30 – 3.45pm	Session 4: Summary and closing • Key points • Common and unique themes • Overarching comments • Discussions about the next stage of the process	

Appendix Two – Key Issues in the Health and Disability System that Impact on Equity of Māori Health Outcomes

Purpose:
This paper has been prepared by the Health and Disability Review Secretariat to provide a brief overview of a range of issues within the Health and Disability System that have been identified by Māori as those that impact on equity of health outcomes for Māori. This paper is intended to inform wānanga discussions in seeking solutions for the Review towards achieving health equity for Māori in a future focussed Health and Disability System.

The following issues have been identified and summarised from several sources, including:

- The WAI 2575 Health Outcomes Kaupapa Claims
- The Mental Health Inquiry
- The Whānau Ora Review
- Advice from the Māori Expert Advisory Group to the Health and Disability System Review
- Selected published literature
- Comments and issues raised in the Tier 1 Workshops of the Health and Disability System Review

The views expressed are intended to provide context for discussion and do not necessarily reflect those of the Health and Disability System Review

Treaty of Waitangi	• Lack of acknowledgement and implementation of the Treaty in health. • The terminology used in the health sector needs to reflect current understandings and implementation of the Treaty. • Many Māori expressed a preference to use and articles based vs principle-based approach to the Treaty. • Lack of genuine partnership under Te Tiriti o Waitangi.
Equity of health outcomes	• On average, Māori live seven years less than non-Māori and are 2.5 times more likely to die from diseases that can be addressed through health care. • Persistent disparities in access and quality of health care for Māori have maintained and, in many cases, worsened inequity of outcomes. • Need to address the broader social determinants of health that influence the levels of health advantage and disadvantage between individuals and population groups in New Zealand and which contribute to poor health outcomes. • There needs to be a greater focus on prevention, including Public health, health promotion, and community and whānau wellness. • Need to embed a life-course approach to social investment and health funding in the current health and disability system. • Personally mediated and institutionalised racism, including monocultural dominance in health and other social and economic systems, impact on poorer health outcomes for Māori. • Inadequate cultural competence and safety in services and by health professionals.
Access to services	• Improved outcomes for Māori will require a greater level of investment and resources directed towards Māori health. • There is tension between universal and community approaches to the provision of services, and a lack of flexibility in the current system to meet the diverse health needs of Māori.

	• Mainstream responsiveness to Māori needs to be improved, alongside the development of Māori specific services as most Māori will access services via mainstream primary care. • There is a need for Māori-led responses, with the community at the centre of the system. • Health professionals should act within the system to connect people to the services available to them rather than a reliance on specific health navigators. • Cost of GP services acts as a barrier to Māori accessing primary care (MoH, 2018).
Equity and quality of care	• There is strong evidence that Māori do not always receive an optimal quality of care and that this impacts on health outcomes (HQSC Unpublished report, 2019). • More adult Māori than non-Māori wait longer than three months for an appointment to see a specialist (HQSC unpublished report, 2019). • Racism has been identified as a factor in the quality of care Māori receive (HQSC unpublished report, 2019).
Impact of racism on health outcomes	• Literature shows a clear link between experiences of racism within the health system and poorer health outcomes. • Maldistribution of social determinants is a manifestation of institutional racism. • Research shows Māori are significantly more likely to experience discrimination than the NZ European population.
Disabilities	• Māori prevalence of disability is higher than non-Māori in every age group band. In particular, 32% of the Māori working-age population (aged 15-64) has a disability compared with non-Māori aged 15-64 (21%) (Census, 2013). • The Social Report (MSD 2016) identified that non-Māori males and females had fewer years with a disability requiring assistance compared with Māori.
Health policy implementation and accountability	• Māori have raised concerns about implementation failure of health, successive strategies and policies that have not delivered on Māori health outcomes. • Māori have identified a need for more accountability across the sector, including ensuring appropriate Māori health planning by DHBs and better measuring of health outcomes. • The Whānau Ora Review identified a sense that there was a disproportionate level of external scrutiny applied to Māori providers that are not equally applied to other government-funded initiatives and that reporting tools were considered cumbersome, time-consuming and not fit for purpose.
Governance, leadership and decision-making	Issues raised by Māori include the need to improve and develop Māori participation and representation across the sector at the governance level. This includes shared power and decision-making between the Crown and Māori and the influence of funding and contracting arrangements on the distribution of decision-making power. Other issues relating to these themes include: • the need for developing stronger iwi / Māori partnerships with DHBs • perceived lack of support for Māori and Pacific leadership development • insufficient investment in preventative care approaches.

Funding	• Several Māori providers have expressed a desire to see separate or distinct Māori-led funding and commissioning models, e.g. the Southcentral Foundation Nuka System of Care. • Concerns have been expressed that the capitation model in primary care has not adequately responded to Māori health needs • There are concerns that the scope of provider contract arrangements are too narrow and lack flexibility for innovation, and that the annual contracting cycle does not allow for long term planning of services. • Concern about a lack of sufficient and dedicated funding stream to respond to inequities for Māori and Pacific communities
Health workforce	A diverse and representative health workforce that understands the importance of achieving health equity is critical to the delivery of appropriate health services to Māori. Māori have raised the following issues: • There is a lack of diversity in the current workforce. Māori make up 3% of the medical workforce and 11% of the industry group Health Care and Social Assistance (Stats NZ, Census 2013) • Māori health workforce challenges are centred on the capacity and capability of the Māori workforce and attracting and retaining Māori health professionals to work in rural areas • There is insufficient investment in building the Māori health workforce • pay parity issues between health professionals working for Māori providers and those working for mainstream providers was identified as a challenge for recruitment and retention
Data, information sharing and technology	Quality health data collection provides the knowledge base for health and social investments, health service planning, as well as data sharing. • Concerns have been raised about data quality, including inconsistent collection of ethnicity data across the health system (Cormack & McLeod 2010). • There are issues of data sovereignty and governance, described as the inherent rights and interests of Māori in the collection, ownership and use of Māori data, including to ensure appropriate structures, mechanisms and instrument through which Māori exercise control over Māori data (Māori Data Sovereignty Network. 2018). • Lack of a national primary care database means that it is challenging to monitor many outcomes in primary care.
Mātauranga Māori	Mātauranga Māori plays an important role in both shaping of contextual, cultural and ideological approaches and understanding of health and wellbeing for Māori, but also provides important examples of initiatives and interventions to deliver better health outcomes for Māori communities.

Appendix Three – Participant feedback from each wānanga

Kaikohe Key Themes

1. Politics, Legislation, Policy and Management.

   Te Tiriti, UNDRIP and Human Rights.
2. The Health and Disability System, DHBs and Primary and Prevention Care.
3. Māori Health Database IT technology update.
4. Health Workforce
5. Strengthening Communities, Iwi and local leadership
6. Barriers to access and Crisis Intervention
7. Disability Services and access to subsidised services

Coded Participant Feedback

Politics, Legislation, Policy and Management Te Tiriti o Waitangi UNDRIP and Human Rights	○ Māori expertise must be included in all decision-making processes that impact on Māori, and this should be embedded in legislation. ○ Secure all political party agreement to establish an enduring health system to improve Māori equity. Māori are vulnerable in the current election changes. ○ Establish a national Māori commissioning and funding group with provincial oversight to improve equity for Māori. ○ Expectations and accountability are embedded in legislation. ○ Health policies should not undermine Māori principles and values. ○ Increase Māori representation in governance and leadership. ○ The Ministry of Health complies with Te Tiriti o Waitangi. ○ The Ministry of Health complies with UNDRIP and Human Rights. ○ Tino rangatiratanga from the top – if we address mountains to the sea and the impact on our health then wellbeing will come together. ○ Mātauranga Māori is embedded throughout the whole health system ○ A whole of government approach is wanted to reduce fragmentation, duplication and provide a big-picture outlook ○ New Zealand needs a more integrated system, not a dual system. ○ Some providers (e.g. Barnardos, Plunket) have been supported for decades – the same level of support has not been given to Māori providers. ○ A dominant Western paradigm informs the current health system, therefore, develop Mātauranga Māori and Biomedicine as a dual health system ○ Invest in by Māori for Māori services. ○ A commitment is needed to implement the Triple Aim initiative.
The Health and Disability Sector, DHBs and Prevention and Primary Care. Māori health database and IT technology	○ Māori needs several points of entry into the health system. ○ The health system privileges Western models of care. ○ Enable Primary care and prevention services. ○ The health and disability systems are bureaucratic and expensive. ○ The DHB's are broken, local decision making is a farce, and the Ministry, not the DHBs set local priorities. ○ Take primary care out of the DHBs ○ Services should be located near whānau. ○ Health needs must be considered outside of the narrow definition of Vote Health services. Many of the issues and answers lie outside of this definition.

	○ Primary care and prevention delivered at regional and local level. ○ Local and Iwi leadership oversight of regional prevention/primary services ○ Provide up to date IT hardware in the health sector. ○ IT data systems are inadequate, dated and disjointed. ○ Develop a Māori database. ○ Improve all the current health services delivered to Māori
Health Workforce	○ Invest in the Māori health workforce. ○ Provide training that is culturally relevant and robust for all health workforce. ○ Provide better education pipelines to recruit more Māori. ○ Pay parity for Māori working within and all levels of the system. ○ There are challenges in recruiting allied health services in rural communities.
Strengthening communities, Iwi and local leadership	○ Communities need to be engaged in their health care decision. ○ Put whānau in the centre of what we do and ensure we understand what matters to them the most. ○ Focus on wellness and prevention - hospitals are places of last resort ○ Move away from treating symptoms and address the underlying issues. ○ The health system allows Māori to operate in authentic ways – Māori people are not homogenous. ○ Relationships are essential if these connections are tika and pono. ○ Whānau is connected, and we would be leaders of change. ○ Māori would focus on whānau strengths. ○ Recognise that whānau is a system and should be strengthened.
Barriers to access and Crisis Intervention	○ Socioeconomic determinants of health need to be addressed. ○ Use strength-based language - wellness and maintenance checks. ○ Māori needs decisive action now. 5-10 is too long to wait. ○ Over pathologised and medicalised health system ○ Affordability is a barrier to care ○ Access is a barrier to health care. ○ Lack of cultural concordance is a barrier to care.
Disability services And access to subsidised services and registration healthcare and VLCA	○ Provide resources for people with disabilities, e.g. sign interpreters, for the deaf community in English and Māori language. ○ VLCA and subsidised health care targeted to high need whānau. 'Opt-in' or registration services should automatically enrol Māori.

Characteristics of a Future Focussed System for Māori (Kaikohe summary)

• Partnership and Collaboration
• Māori data sovereignty and Māori data sharing across sectors
• Equity defined and embedded in policy and practice.
• (By Māori for Māori) Kaupapa and Mātauranga Māori
• Cultural competency training for the whole workforce
• Māori workforce development
• Māori workforce is highly skilled
• Develop the unregulated Māori workforce
• Māori workforce incl. wairua, karakia
• Nurse-led services
• Mandatory standards for Māori health
• The Treaty is embedded into the NZ Public Health and Disability Act
• Whānau is better off when:
  ○ The system is whānau centred and strength-based
  ○ Whānau achieve their goals
  ○ Whānau own/rent their homes
  ○ Whānau are independent/self-managing
  ○ Whānau can apply their learnings
  ○ Whānau are empowered and engaged to succeed
  ○ Whānau bring other whānau
  ○ Whānau catch the message
  ○ Whānau receive quality services
  ○ Whānau have choices and options
  ○ Whānau would be able to act autonomously
  ○ Whānau access to needed resources
  Whānau assessment using an indigenous lens
• Work with whānau not individual
• Tamariki are thriving at school,
• Empowered rangatahi
	• Declaration of Independence
	• Tino rangatiratanga at all levels
	• Sovereignty and Law changes
	• Tiriti o Waitangi approach
	• Article 1 Partnership, Power and Protection.
	• Article 2 -Kaupapa Māori models and self-determination
	• ToW Article 3 Manaakitanga, Ōritetanga, Equality and Equity
	• Māori Health literacy incl. te reo and philosophy
	• Improved technology
	• Access to affordable of specialist services, e.g. Dentistry
	• Long term contracts (5+ years)
	• Sustainable services and continuity
	• Separate Māori funding
	• Rongoā Māori
	• Seasoned youth workers, youth-directed
	• Education, literacy
	• Mātauranga Māori – Iwi centric
	• Working for patient benefit
	• Health services are mana enhancing
	• Kaupapa Māori clinics
	• Māori and whānau centred systems
	• Accountability, accessibility, affordability
	• Māori understand legislation and human rights, e.g. code of rights
	• Māori autonomy of funding
	• Recognition of wairua, karakia
	• Consequences of non-Māori services achieving equity.
	• Reject a punitive system
	• Holistic services - designed to live well
	• Decolonisation training
	• Te Ao Māori and Mātauranga Māori valued, e.g. Aroha, tika, pono

Rotorua Key Themes

1. Politics, Policy, Legislation and Management.
2. Te Tiriti o Waitangi, Māori leadership and Māori health database
3. Health Workforce Development
4. Mātauranga Māori in health services
5. Whānau rangatiratanga and reducing barriers to access
6. Strategic development, Funding models and Digital Technology

Coded Participant Feedback

Politics and Policy Legislation and Management	○ Establish a national Māori health purchasing agency. ○ The legislation is used to take things away – it drives policy development. ○ Change legislation to make iwi leadership on boards a statutory requirement. ○ Establish partnerships between the health system and iwi entities ○ We need an apolitical system that has a long-term vision for the future ○ Need legislation that protects Māori rights in the system – like Nuka ○ Legislation needs to be part of an accountability system ○ Intersectoral collaboration
Te Tiriti o Waitangi And Māori database	○ Need law to make the Govt responsive to the Treaty ○ Tino rangatiratanga at all levels ○ Rangatiratanga – need to allow for iwi leadership in health ○ We need a collective Māori voice to identify what is wanted and expected from health (and not just the health system) ○ We need a stronger governance system to transition to stronger iwi leadership ○ Successes for Māori to date include: ○ Integrated system design that provides for mātauranga Māori in the design ○ Treaty claims ○ Increasing Māori population ○ Māori are living longer ○ Māori surviving into old age ○ Māori ownership of data and analysis to ensure Māori needs are met. ○ Ownership of data is a risk – this is an issue of intellectual property rights and how will that data be used to serve us or hold us back ○ Why does the system not trust Māori to decide how best to serve Māori? ○ How will Māori voices be included in the final review? ○ Is this wānanga and process another time, waster? ○ Waitangi report due to come out this month – how will the review incorporate the findings from this? Response – ○ Are we following the Treaty Claims to identify implications for the review?
Health Workforce Development	○ Invest workforce development and include cultural competence, ○ The whole workforce trained in a kaupapa Māori system ○ Grow the education pipeline to grow the Māori health workforce ○ Cultural competency in the workforce to end to racism
Mātauranga Māori embedded in health services	○ The system is based on a colonial way of thinking that preferences western models of care, language, able-bodiedness ○ Need to support the convergence of mātauranga and biomedical models and removing the privilege of the western model. ○ Implement whānau ora models

Whānau rangatiratanga and reducing barriers to access.	○ We would see Māori smokefree, feeling welcome, access to services at the marae, mauri ora matatau in te Ao Māori, empty hospitals. Whānau flourishing ○ Mana enhancing – care and support for whānau, freedom from judgement, the system would have relationship skills to work effectively with all walks of Māori, clarity around their treatment and support for those who advocate for them. Better feedback loops. Better access and services available in different locations and times to be more convenient for whānau. ○ Whānau options and choices are needed in the system ○ Focus on prevention. ○ Access to rongoā Māori - including Atuatanga. ○ Need a return to greater health promotion. ○ We need to deliver healthcare that is centred in tikanga Māori. ○ Māori whānau experience multiple trauma. Therefore, the needs are diverse. ○ My pathway created by me and paid for by you ○ The system would do away with short consults and long waits for treatment – people would be able to 'order up' their services at times that work for them, whānau would have access to their medical records.
Strategic Development, Funding Models and Digital Technology	○ Digital technology – keep abreast of fast-paced innovation ○ How can our new models feed into the system review? ○ Urban organisations need to be accepted for funding purposes. ○ The funding follows the whānau, not the medical practitioner ○ Time to do more in-depth analysis into some of the key areas with Māori. ○ The opportunity might be for the same people who helped to develop the themes to shape the future system. ○ We should tap into post-settlement iwi to see what their interest and engagement might be in the future health system.

Characteristics of a Future Focussed System for Māori (Rotorua)

• Invest in Health Promotion Literacy • Establish a seamless workforce structure that can go between primary and secondary. • Integrated Primary Care • Cross-sector integration, e.g. Mental Primary, Secondary services and Disability • Introduce a Medicare Australia system • Māori Boards need to have the power to make changes, to be more than advisory • Privilege the Māori voice • Māori health is political • Māori 'privilege' - special tax • Governance reflects Māori interests – whakaaro Māori • Adequate Māori funding • Leadership • More Māori health workers can establish trust • More collaboration with Māori and Iwi • Work under a Māori framework which is unique to the rohe • Early intervention	• Change policy and standards • Enough time versus using time well (whānau and Māori providers) • Education – Māori institutes, Māori tohu, Māori curriculum, Teaching in Te Ao Māori, in te reo, Acknowledge Māori wānanga to NZQA, Barriers for rangatahi transitioning to mainstream. • Health science curriculum compulsory • Client and services-based systems are population and community needs-based • Bicultural health system • Elimination of institutional racism • Build and develop resilience in our tamariki to reduce/ mitigate trauma as youth and adults • Address the root causes of system failure. • Māori aspirations and analysis • Health literacy written by Māori for Māori • A whole of wellbeing approach. • More Kaupapa Māori models of care.

• Health checks age-related • Include food and nutrition • Access – incentives for healthcare • Kaumatua advise, cultural supervision, Iwi/Hapū expertise, Tohunga, Rongoā Māori • Adopt whānau Ora model • Manaakitanga, Arohatanga, Whānaungatanga, Rangatiratanga • Pay parity. • Social determinants would be integrated into one system - • Strengths-based approach • Household by household – village builds health communities/whānau	• Contracting that privileges and compensates a Māori worldview • Māori Explanatory power and influence at all levels • Hauora Māori have funding autonomy • More work created in tribal regions • Whānau centred healthcare • More Māori in health careers • Does the review have a tikanga Māori foundation? • Invest in future youth generations • Household/community approach • It took 170 years to get here. Need 100-year plan

Otepoti Key Themes

1. Politics, Policy and Accountability
2. Māori self-determination and culture
3. Funding, Contracting and Communications
4. Regional Services, Primary Care and Community Care
5. Workforce Development and Health Education
6. Health and Disability System Structure
7. Communications
8. Specialist Services and Research Development
9. Barriers to access and Crisis Intervention

Coded Participant feedback

Politics, Policy and Accountability	○ Need a policy that prioritises accountability to deliver Māori health outcomes ○ Move the investment dollar to delivery, prevention/community. ○ Prevention vs Treatment ○ Address Institutional racism ○ Wāhine unable to report violence or accept counselling for fear that their children will be uplifted ○ Policy marginalised – Inclusion of responsive policy development ○ Political party shifts jeopardise progress in the health sector. ○ More accountability for the MoH and the DHBs. ○ Inadequate cultural competence – needs to be parallel to even out the monocultural dominance in heath ○ How much is currently spent on Māori health ○ Policy marginalised – Inclusion of responsive policy development ○ Accountability and monitoring based on performance ○ The national priorities do not meet local issues – targeting is missing the opportunities ○ Establish a Commissioning Agency for Māori ○ Work across all sectors to improve Māori health ○ Eliminate Institutional, vertical and horizontal racism ○ Build cultural capacity and understand 'why.' ○
Māori self-determination and culture	○ Empower whānau to take control of their health ○ Lack of genuine Māori partnership ○ Mana Motuhake and control funding and decision making ○ Focus on women's health, and children to improve whānau health ○ Empower patients to be experts in their health and wellbeing. ○ Whānau ora is underfunded and lack of acceptance and understanding. ○ Access to Māori rongoā ○ Embed tikanga, te reo, kawa, values in the health system. ○ Kaupapa Māori needs to be on a level playing field with dominant Eurocentric services. ○ The Ministry and its agents need to Fulfill the ToW obligations ○ Lack of tikanga informed services ○ Breach of ToW obligations ○ One size fits all health system – Eurocentric system ○ Address inequitable Māori health outcomes

Funding, Contracting and Communications	○ Move to high trust contracts, long term – and widen the definition of healthcare to include social determinants of health ○ Fund equitable service contracts which consider preliminary development of contractual work if identified and evaluation reports (i.e. they are funded less but deliver more) ○ Need to move to high trust contracts, widen the definition of healthcare to include social determinants and structure contracts to allow for flexibility of services and growth. ○ Also, add compliance and risk management costs added to overall contract costs of delivery. ○ Funding – there are contracting constraints and inflexible boundaries – funding is wasted on bureaucracy ○ Contractual outcomes are too narrow - we need to move towards high-cost contracts ○ Needs to be a greater focus on competency and quality measurement.
Regional Services, Primary Care and Community services	○ Develop an annual Regional Service Directory that includes up to date information and location of hubs which offer a one-stop-shop, ease of access, free and subsidised care and capacity to respond to local issues ○ Provide wrap-around services for patients by building and working with a range of relevant services across sectors ○ Provide access cards for all patients with their health information loaded. Pin access to ensure confidentiality. ○ Regional Council supports collaboration ○ Address the social determinants of health – housing, heating, income, food and nutrition ○ Access to health solutions in large geographical regions ○ Mobile solutions – to overcome issues of geographic and financial isolation ○ There is a lack of regional capacity and little regard to the specific needs of whānau. ○ Build local expertise ○ Empower patients to be experts on their health, wellbeing and medicines. Community training in hubs, e.g. provide health literacy training on prescribing vs dispensing data ○ The national priorities do not meet local issues – targeting is missing the opportunities ○ Need preventative vs responsive system – currently seen through a deficit lens ○ Whānau ora is underfunded and too little acceptance and understanding ○ Not enough empowering of whānau ○ Lack of access to services ○ Pharmacy – access in the health hubs – a one-stop-shop, plus rongoā ○ Rural access – large geographical regions ○ Domestic violence – wāhine unable to report violence or accept counselling for fear that the duty of care from services will remove her children ○ Need mobile solutions – to overcome issues of geographical and financial isolation ○ Improved health literacy – need a health professional to be easier to understand

Workforce Development and Health Education	○ Develop an educational pipeline. It needs to be streamlined (school-uni-workforce) ○ There is a high Māori school attrition rate ○ Inadequate funding and inappropriate training for (both for Māori and non-Māori) workforce ○ Poor recruitment and retention rates in health ○ Māori Health workforce – we need to invest in the growth and development of the current and new health workforce. ○ Develop specific health career pathways ○ Increase Māori cultural competency training throughout the health system. All level training. ○ Move health workforce training away from DHBs ○ Move cultural education away from DHBs. ○ Provide health literacy to moderate the medical and professional jargon often used by professionals. ○ The effectiveness of online training is questionable
Health and Disability System Structure	○ 20 DHBs is too many – need better strategic alignment at a regional level ○ Heavy bureaucracy focus of funding in the system ○ The disconnect between policies and patients' outcomes ○ Competency measurement and evaluation of the system ○ Lack of implementation based on successful models ○ District annual plans based on performance payments ○ Governance models are not fit for purpose ○ Access to services has several points of entry ○ The system is too complicated – we have too many decision-makers for a country the size of NZ. How much funding gets sucked up in perpetuating the model? ○ We have a disjointed health ecosystem –. Too much money is spent on the bureaucracy ○ Lack of accountability for Māori health outcomes. We need a commission that can oversee and drive improvement in Māori health outcomes ○ Talk client-centred - but do system thinking ○ Needs to be a wider approach across systems – intersectoral approach ○ Need to diversify service provision – particularly of mainstream providers ○ ○ Access to services – health hubs where the services are all in one place ○ Wrapping support systems around each patient
Specialist Services And Research Development	○ Flu jabs for 65 + should be available for Māori ○ Specialist treatments cost too much, and community services do not cover the cost of treatment. ○ Elderly, disability and mental health patients require specialist and extended-term care ○ Counselling should be free and confidential ○ Need a carer strategy ○ Need to build local expertise ○ Overprescribing or under prescribing for people with disability. ○ RESEARCH DEVELOPMENT ○ Lack of alignment between research data findings and strategy ○ Lack of iwi specific data – and understanding the difference between iwi boundaries and regional geographical boundaries set by DHB's. ○ Iwi approach to service delivery

Barriers to access and Crisis Intervention	○ Allow people to spend time (GP/Pharmacy) – professionals are pressured by limited time. This time would reduce once patients are more confident with their care. ○ Provide FREE access for costly specialist treatment, e.g. dental ○ Lack of real accountability by other providers to improve Māori health outcomes ○ Whānau is expected to navigate a system that is not cohesive. The system is disjointed ○ Historical experience determines future responses - if whānau experience a non-responsive/inappropriate/Racist clinician they attribute it to the whole system (not confined to health) ○ Māori can't afford to pay the costs of specialised care ○ Competitive services are causing Māori tensions ○ Gatekeeping funders ○ Traditional GP practice can be a barrier to Māori whānau ○ Funding and interventions for equity, e.g. flu jabs for 65 + should be lowered for Māori ○ Financial obstacles and hardship ○ Free counselling ○ Need a carer strategy ○ Lack of access to on the ground services, funding and resourcing. ○ Some people do not meet the criteria for community services cards, and this impacts on food and general costs ○ Organisational/provider aspirations for delivery are abused by the system (i.e. they are funded less but deliver more) ○ Not structured to allow for flexibility for services and providers ○ Cumbersome and unnecessary bureaucracy wastes funding ○ Social determinants of health – housing, heating, income, food and nutrition

Characteristics of a Future Focussed System for Māori (Otepoti)

• Tikanga and kawa values • Appropriate/flexible, sensitive services • Community focus led by the community on community issues • Inclusion of te reo at all levels • Culturally competent workforce • Māori input into Māori workforce and retention of staff • More regular use of karakia, natural medicines, rongoā • For the up and coming generation use the internet as reminders support, info gathering • Free transport options, mobile services • Affordable and relevant health education in communities • Monitoring and accountability of all health services • More kaupapa Māori services • Support for tangata whaiora • Help to understand outcomes and next steps to take • Wellbeing environment	• Equity and funding • Building cultural capability • Kanohi ki te kanohi • Nurture untapped workforce • Health hubs - a one-stop shop • Prescribing vs dispensing data • Free counselling • Rural access • Matāwaka working together • Whānau ora approach • Strategic partnerships • Use of navigators • Marae based • Fully funded kaupapa Maori and Whare Wānanga • Review the Privacy Act for whānau • Integrated system • Intersectoral accountability • Where being Māori is normal • Home services • High trust contracts

• Independent life Expectancy • Implement Whānau ora and He Korowai oranga • A holistic approach to health (whare tapa whā) • Leadership • Self-belief • Whakawhanaungatanga • Māori ownership • One entity that has national oversight of Māori health services – Mana Motuhake	• Resources • Multiple iwi working together • Change mindsets/perception of hauora Māori. • Remove service specs • Leverage relationships • Include Māori media • Self-determination • Technology

Te Whanganui a Tara Key Themes

1. Politics and Policy
2. Te Tiriti o Waitangi
3. Integrated approaches
4. Health and Disability System Structure
5. Workforce Development
6. Funding Models
7. Integrate Mātauranga Māori
8. Reduce barriers to access and specialist services
9. Building relationships with whānau and rangatahi focus
10. Prevention and wellbeing

Coded Participant Feedback

Politics and Policy	○ We need political goodwill to support Māori, e.g. provincial growth fund ○ Achieve cross-party agreement – so that equity for Māori health remains non-negotiable regardless of who is in political power ○ We would be leaders of our change and focus on whānau strengths.
Te Tiriti o Waitangi	○ Implement Te Tiriti o Waitangi ○ Implement Te Tiriti in a meaningful way? ○ Colonisation – The health and disability system is informed by Eurocentric paradigms. Māori wants access to holistic Māori models of care. ○ The Crown has obligations under UNDRIP and human rights, and the ToW to improve the way that they deliver care to Māori. ○ Te Tiriti is an iwi to iwi conversation – what works for one are is not necessarily that which will work for another iwi – tribal boundaries are different from health boundaries, and this can be complex. ○ Relationships are key - how you affect change depends on the quality of the relationship ○ We need a Tiriti driven health system and Māori models of care. ○ Māori Responsiveness ○ Greater accountability for Māori decisions making ○ Māori are well represented at a decision-making level – majority Māori in large Māori communities ○ No political barriers – A Tiriti framework for health –mana motuhake and TR would be legislated at the partnership was business as usual in all processes - developed in partnerships with communities
Structure	○ We need a more intertwined system, not just a dual system ○ Intertwining and rebalancing hauora Māori with mainstream ○ Any door the right door for people to enter the system ○ Shared responsibility and investment coordinated approach across the different systems ○ Fragmentation – health in other areas, we keep ourselves in this space. If we want to make a difference, we need to keep working in a cross-sectoral way – even if we are only funded for health, we need and can deliver a more comprehensive approach. ○ More integrated system NOT a dual system. ○ Develop Māori relationships with the private health sector ○ Cost is a barrier to health care for Māori, which breaches human rights – the lack of resources and charges compromise the healthcare of many people. ○ Merge mātauranga and biomedicine and disrupt the dominance of Eurocentric models of health.

	○ Establish a Māori commissioning agency for Māori. ○ Establish a Māori database and Māori control over data and build evaluations into contracting. ○ We need real-time Māori data to enable quicker responses to the needs of Māori. ○ Access into healthcare through multiple entry points.
Workforce Development	○ Need investment strategy in Māori health workforce – better support for te reo in the system ○ Training is not culturally led – need free training for Māori in the workforce and better pipelines ○ Flexible workforce and flexible systems for service delivery and pay parity ○ Are Māori always the best ones to deliver to Māori. We want the most skilled for the job. ○ Cultural competency is key – the system is biased to western ways of thinking and doing ○ Investing in the educational pipeline to ensure we have a highly competent workforce ○ Investment in building and developing the Māori health workforce. Culturally led and free training. Develop more efficient educational pipelines
Funding models	○ A funding model in which Māori are equal, e.g. evergreen contracts like mainstream. ○ Service models for such as Whānau Ora ○ Need more by Māori for Māori programs. ○ Need more whānau led initiatives - e.g. whānau data vs individual data – need to fund and support those who are working with whānau. ○ The business model strongly influences health services ○ The purchasing contracts should be outcome-driven – contracts need to change ○ Move away from silo funding and move to whānau funding, i.e. where we have rangatahi or women and focus on their needs ○ Implement prevention models and collect quality Māori data.
Integrate Mātauranga Māori	○ Embed Mātauranga Māori me te reo into health services. ○ Develop Māori and non-Māori partnerships ○ Cultural competency is vital – the system is biased to western ways of thinking and doing. ○ The system needs to allow us to operate in authentic ways – just because of we are all Māori does not mean we are all the same ○ Māori involvement in the power structures that make decisions ○ Build a Māori system that is responsive to whānau and guided by their stories to inform the way we work. ○ Change the language of health to be strength-based
Reduce barriers to access specialist services	○ Capitalism drives the decision making in health care – cost is used as a barrier to health care – this is a breach of human rights – resources and costs are used as excuses to deny people their rights to health ○ Provide sign language access to both English and Māori language ○ Provide better support for people with disabilities across the system ○ Move away from the dial a pōwhiri mentality. ○ Build meaningful relationships - wellness cannot be based on a 15-minute consult. ○ Disability services need a range of services to support their health needs such as health literacy, sign readers and translators.

Building relationships with whānau and rangatahi focus	○ Whānau centred and led services ○ Empower rangatahi and support the aspirations of rangatahi ○ Relationships are key - how you affect change depends on the quality of the relationship ○ Health service development requires a healthy partnership – we need to sustain this in the system despite the different governments ○ Whānau would be connected, and we would-be leaders of our change, and we would focus on whānau strengths.
Prevention and wellbeing	○ Socioeconomic determinants are poor for Māori, so we need better data about how we are responsive to care needs for Māori ○ Flip health and disability to health and wellness - change the language to be strength-based - wellness checks, not illness checks.

Characteristics of a Future Focussed System for Māori (Te Whanganui a Tara)

• Centred on Te Tiriti o Waitangi • Useful Māori Data • Māori analysis • Whakapapa process • Aroha – Use Whānau Ora • Pono – Increase investment • Tika – Significant $$ and resources • Rural services provided by local providers, not regional services • Hospital waiting times shorter • Focus on strengths • Whānau connected and contributing • We are the agents of change • Rangatahi focus – future generations • Legislating tikanga Māori • Easy access- any door • Prevention models • Māori determined measurements • Individually tailored services • Services should be intuitive • Enabling to lead own care • Workforce tailored • Monitor progress • Ensure resources, support and tools • Wrap-around support • Build leadership • Job security • Tangible outcomes	• Co-designers and builders • More mobile clinics and Drs • Fast diagnosis and treatment • Integrated care • Well-resourced facilities • Everyone can access quality care • By Māori for Māori • Privatise system for Māori health • Pay parity and funding equity • Better care by GPs • Iwi centric and partnered health services • Greater points of access within the community • Community service of high quality • Māori clinicians, governors, managers, leaders. • Outreach services • Innovation • Māori business intelligence • It's not just a health problem • Official language funded • Joined up reviews • Sustainability • Prevention • Free healthcare • Diverse workforce • Ancestralisation – mamae-reclaim traditional ways • Better policy framework and accountability and long term cross-party support for Māori health to be retained as a focus