

Wānanga Hauora 2021

Summary report

A summary of key themes and topics
from engagement activities from
Wānanga Hauora 2021:
Te Tiriti o Waitangi and Māori health
governance and leadership workshops
for members of Iwi Māori Partnership
and District Health Boards



Citation: Ministry of Health. 2021. *Wānanga Hauora 2021: Summary report*. Wellington: Ministry of Health.

Published in December 2021 by the Ministry of Health
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-99-110005-4 (print)

ISBN 978-1-99-110006-1 (online)

HP 8008

This document is available at health.govt.nz



This work is licensed under the Creative Commons Attribution 4.0 International licence. In essence, you are free to: share ie, copy and redistribute the material in any medium or format; adapt ie, remix, transform and build upon the material. You must give appropriate credit, provide a link to the licence and indicate if changes were made.

Ihirangi | Contents

He kupu whakataki Foreword	4
He whakamārama Background	6
Overview of the Wānanga Hauora	7
Wānanga Hauora 2021	8
Ngā kaupapa i kaha kitea i te whakapāpātanga 	
Summary of key topics and themes	11
Te Tiriti o Waitangi and Whakamaua: the framework and the blueprint for change	12
Māori health equity is a responsibility for all	15
Addressing racism and discrimination at all levels	17
Making available comprehensive, quantitative and qualitative information over time at local and iwi levels	18
Māori governance and leadership	20
Strengthening the focus on lifting the capacity and capability of the Māori workforce	22
Having cautious optimism about the reforms and supporting the Māori Health Authority	24
What’s next for the wānanga – planning into the future for the next generation	26
Āpitihianga 1: He whakarāpopoto o ngā wānanga ā-rohe 	
Appendix 1: Summaries of wānanga	27
Te Whanganui a Tara Wellington 15–16 April 2021	27
Ōtepoti Dunedin 29–30 April 2021	31
Waitangi 11–12 May 2021	37
Rotorua 27 July 2021	43
Virtual wānanga 12 August 2021	47
Āpitihianga 2: Whakahoki kōrero Appendix 2: Feedback	53
Āpitihianga 3: He tauira o te rārangi take Appendix 3: Sample agenda	57
Āpitihianga 4: Te rārangi ingoa o ngā tāngata i uru atu 	
Appendix 4: Organisations of registered participants	58

He kupu whakataki | Foreword

Ko te pae tawhiti, whāia kia tata.

Ko te pai tata, whakamaua kia tīna!

E ngā tai e whā, tēnā koutou katoa!

In July 2020, Associate Minister of Health, Hon Peeni Henare released *Whakamaua: Māori Health Action Plan 2020–2025* (Whakamaua), ‘a roadmap of tangible actions that will contribute to achieving the vision of pae ora for Māori’.¹ Whakamaua is underpinned by Te Tiriti o Waitangi as ‘a foundational document for public policy’ and ‘presents new opportunities for the Ministry [of Health], the health and disability system, and the wider government to make considerable progress in achieving Māori health equity’.²

The Māori health sector, Māori communities and whānau, hapū and iwi informed the development of Whakamaua. The resulting action plan is aligned with the key findings of the Wai 2575 Hauora Report³ and the Health and Disability System Review Final Report⁴ in its emphasis on the need to continue to strengthen Te Tiriti o Waitangi and Māori health equity in order to address Māori health. Since the release of Whakamaua, progress has been made on 41 of the 46 actions in the action plan’s priority areas.

Manatū Hauora | the Ministry of Health recognises that health sector leaders and governors have a unique opportunity and responsibility in this environment of change to steward through actions that make a positive difference to Māori health equity.

¹ Ministry of Health. 2020. *Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Ministry of Health, p 4.

² Above note 1, pp 4–5.

³ Waitangi Tribunal. 2019. *Hauora: Report of Stage One of the Health Services and Outcomes Inquiry*. Lower Hutt: Legislation Direct.

⁴ Health and Disability System Review. 2020. *Health and Disability System Review: Final Report – Pūrongo Whakamutunga*. Wellington: Health and Disability System Review.

Whakamaua provides a blueprint for change that will help us work together to continue with the actions that are effective and to address anything that is getting in the way of achieving our responsibilities.

The five wānanga held regionally across the motu and virtually are significant actions from the Whakamaua priority area of Māori leadership. They provided opportunities for leadership networking, professional development and training for District Health Board (DHB) members, Iwi Māori Partnership Board members and DHB and Māori health organisation leaders. The insights and lessons shared from the wānanga will also be used to inform health reforms policy work, such as the roles and relationships of Iwi Māori Partnership Boards in the transformed system.

We started with the view that before we can go ahead and collectively design, plan and deliver actions that result in more equitable outcomes for Māori, health sector governors and leaders need to truly understand Te Tiriti o Waitangi responsibilities and obligations, including Māori health equity.

This summary report tells the story of these engagements. It echoes many of the themes and messages captured in *Whatua*,⁵ the companion document to Whakamaua, which summarises the kōrero shared during hui held over 2019.

I want to mihi all the participants from Te Tai Tokerau to Wai Pounamu – DHB and Iwi Māori Partnership Board members, Māori health leaders and presenters - who attended the wānanga between April and August 2021. I appreciated your active engagement and willingness to openly share your achievements and your continuing challenges.

The open spirit in which you engaged in these wānanga gives me hope that we will continue to work together to be more connected across the health sector and with each other, to uphold our obligations under Te Tiriti o Waitangi and advance Māori health to achieve pae ora.

Mā tini, mā mano, ka rapa te whai!

John Whaanga

Deputy Director-General, Māori Health

⁵ Ministry of Health. 2020. *Whatua – Summary Report: Engagement for the development of Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Ministry of Health.

He whakamārama | Background

Whakamaua: Māori Health Action Plan 2020–2025 (Whakamaua), published in July 2021 sets the Government’s direction for Māori health advancement over the following five years.

As part of the ongoing commitment to Whakamaua, Manatū Hauora held five Wānanga Hauora for District Health Boards (DHBs) and Iwi Māori Partnership Boards to support and assist DHBs to meet their obligations under Te Tiriti o Waitangi and to improve Māori health equity.

Delivering these wānanga is an action under Priority Area 2: Māori Leadership in Whakamaua: Action 2.3 Design and deliver professional development and training opportunities for Māori DHB members and members of DHBs and Iwi Māori Partnership Boards.

This report provides a high-level summary of the topics and key themes from conversations captured from the wānanga.

The report seeks to accurately reflect the voices of the participants by using their words to highlight the main themes from the engagements.

Overview of the Wānanga Hauora

Four regional in-person Wānanga Hauora were held across the motu from April to August 2021, before a virtual event concluded the series.

Co-facilitators Herewini Te Koha (Director Taaua Limited) and John Whaanga (Deputy Director-General, Māori Health, Ministry of Health) and representatives from Tumu Whakarae (the DHB Group Managers Māori) worked together to design a programme that would balance time for learning about Te Tiriti o Waitangi responsibilities and Whakamaua with time for participants to share experiences, challenges and opportunities. Early input also came from the DHB Chairs Sponsorship Group.

The choice of locations for the wānanga recognised the significant distances many participants needed to travel.

The wānanga programmes were designed to provide adequate opportunities for networking, to maximise the opportunities for participants to learn from each other and consolidate what was discussed, and to help inform the shaping of future wānanga.

Invitations were targeted at members of DHBs, and Iwi Māori Partnership Boards and iwi leaders. The DHB Group Managers Māori contacted health sector governors and leaders in their areas to let them know when and where the wānanga were happening. Then John Whaanga extended formal invitations to them.

Before attending the wānanga, participants were asked to consider the following questions with their colleagues.

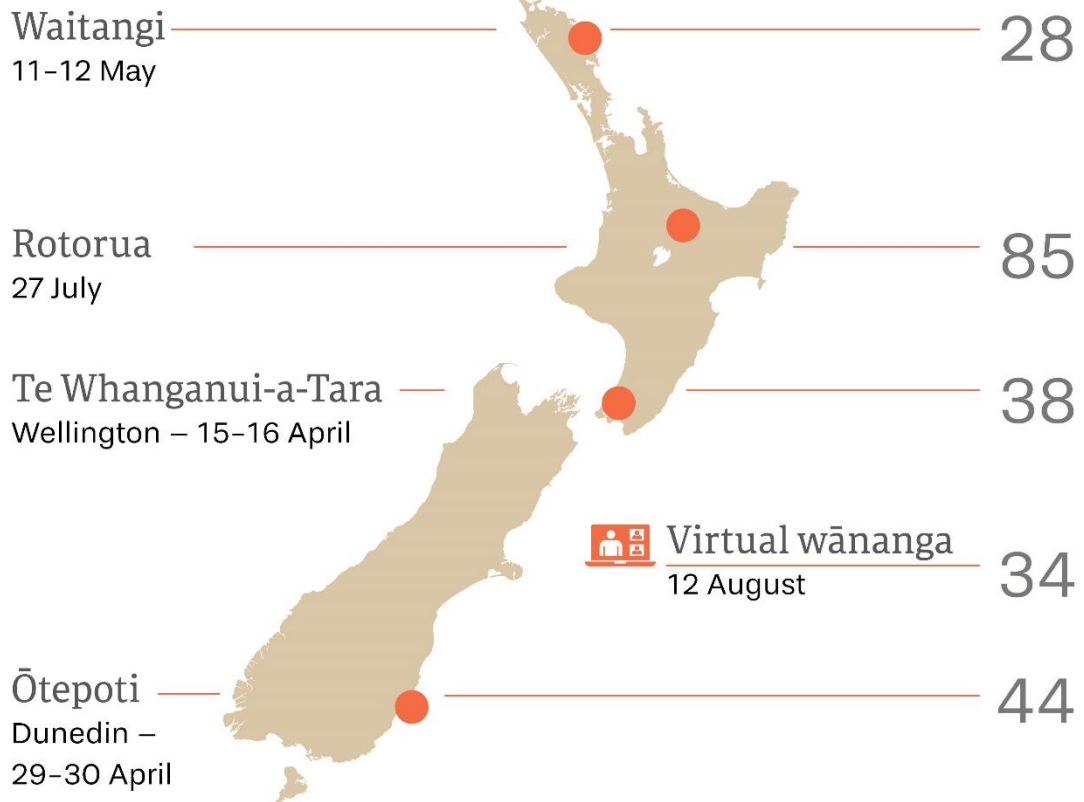
- › How might we ensure our health system is fair and sustainable and delivers more equitable outcomes for Māori?
- › What are the relationships between DHBs and Iwi Māori in our region – who are involved and what do they do?
- › What works well and how do we get the most out of these relationships?

Wānanga Hauora 2021

5
wānanga

300
registrations

Approximate numbers of participants at each wānanga:



Dates and locations

The four regional wānanga were held on:

- › 15–16 April 2021 in Wellington
- › 29–30 April 2021 in Dunedin
- › 11–12 May 2021 in Waitangi
- › 27 July 2021 in Rotorua (rescheduled due to COVID-19 alert level changes).

The virtual wānanga was held on 12 August 2021.

Wānanga programme

The programme included:

- › whakawhanaungatanga
- › video addresses from Hon Peeni Henare, Associate Minister of Health (Māori Health) and Dr Ashley Bloomfield, Director-General, Ministry of Health
- › presentations from John Whaanga, Deputy Director-General, Ministry of Health
- › presentation giving a Māori health population overview
- › facilitated discussions on the health and disability reforms with a representative from the Transition Unit in the Department of the Prime Minister and Cabinet
- › opportunities to network with colleagues and share successes and challenges
- › the opportunity to provide feedback at the end of each wānanga. (For a representative sample of this feedback, see Appendix 2.)

In his video address, the Hon Peeni Henare shared his whakaaro on the importance of governance and leadership with respect to Te Tiriti o Waitangi. He started by acknowledging participants' commitment to bringing their ideas, mātauranga and challenges to the forefront of the discussions. He also acknowledged the amount of hard work done to date.

Dr Ashley Bloomfield, in his video address, echoed Minister Henare’s thanks to participants for committing the time to attend the wānanga. He reinforced the Ministry of Health’s keenness to support health sector governors and leaders to strengthen their understanding of the Treaty and how that translates into a joint work programme to achieve pae ora – healthy futures for all.



▲
John Whaanga presenting, with Herewini Te Koha facilitating, at the Rotorua Wānanga Hauora, 27 July 2021

Ngā kaupapa i kaha kitea i te whakapāpātanga |

Summary of key topics and themes

While presentations and discussions at each wānanga varied according to the interests and priorities of participants, they all covered topics from which common themes emerged across all wānanga.

These themes were:

- › recognising Te Tiriti o Waitangi as the foundation and Whakamaua as a blueprint for change – which includes recognising the importance of trusted partnerships and relationships, and working for mana motuhake and tino rangatiratanga
- › recognising that Māori health equity is a responsibility for all
- › addressing racism and discrimination at all levels of the health and disability system – individual and structural – which includes understanding and experiencing what is going on for Māori on the ground when planning and making policy decisions
- › making available comprehensive, quantitative and qualitative information over time at local and iwi levels
- › having more Māori in leadership and governance roles with the time and space to share and learn together as governors and leaders to advance Māori health equity
- › strengthening the focus on lifting the capacity and capability of the Māori health and disability workforce
- › having cautious optimism about the health and disability reforms and supporting the Māori Health Authority
- › planning into the future for the next generation.

This section expands on each of these themes. For more detail on the discussion at each wānanga, see Āpitihanga 1 | Appendix 1.

Te Tiriti o Waitangi and Whakamaua: the framework and the blueprint for change

At each wānanga, John Whaanga presented an overview of Te Tiriti o Waitangi and its relationship to *Whakamaua: The Māori Health Action Plan 2020–2025*. He reinforced Minister Henare’s comment that Te Tiriti is the fundamental foundation for all action.

“

Te Tiriti should be the basis of everything we do to achieve equitable health outcomes for our people.

The challenge in this time of transformational change is that we are able to do it and do it collectively.”

Hon Peeni Henare, Associate Minister of Health (Māori Health)

The Ministry of Health’s commitment to meeting Te Tiriti obligations has informed the development of Whakamaua. That commitment will continue to inform the way we implement the action plan alongside the health and disability reforms over the coming years.

Whakamaua lays out the first actions involved in setting up the right conditions for achieving Māori health equity. Other actions will be added as the reforms are implemented.

The main future role of Manatū Hauora is as kaitiaki of the health system. In keeping with this role, the Māori Health Directorate will be engaging with Māori and iwi governors to prepare for the next stage of the reforms at the same time as the Māori Health Authority is being established from 2021 to July 2022.

John Whaanga confirmed that all health sector governors and leaders have a crucial role in grasping this unique opportunity to address the things in the sector that are not helping to meet Tiriti and equity responsibilities and/or are not working well.

Participants discussed the role of Te Tiriti and Whakamaua and the direction they provide to encourage the kind of collaborative work that will achieve equitable Māori health outcomes.

Discussions reinforced the value of taking the time to establish **true and trusted partnerships** that focus on and are unapologetically developed with Māori.

The themes of **tino rangatiratanga and mana motuhake** (Māori self-determination) often featured in both presentations and discussions. Redefining authority to reduce layers of decision-making would lead to independence and autonomy for Māori, and better resources supporting their wellbeing.

“

Tino rangatiratanga and mana motuhake are paramount amongst the Treaty principles – empowering iwi and Māori is at the heart of Whakamaua.”

John Whaanga, Deputy Director-General, Māori Health, Manatū Hauora

Participants saw the reforms – including the role of the Māori Health Authority – as instrumental in achieving these outcomes, provided the new structures and roles are adequately resourced.

Understanding who has tino rangatiratanga status in an area helps activate strong partnerships and relationships that can address shared challenges. Consultation with all stakeholders should include communications with iwi and hapū.

One proposal for a good first step towards achieving the goal of mana motuhake was to socialise what mana motuhake means and looks like, as a way of increasing understanding and moving to a mana-enhancing paradigm.

Participants shared examples of how government agencies are working more in partnership with each other and with Māori across the motu. They also noted that more should and could be done to recognise the challenging circumstances contributing to poor Māori health outcomes and the role of the social determinants of health.

Also shared were board members' strategies to help realise Māori pae ora aspirations. These included finding ways to 'build a bridge' for others to see what te ao Māori means. As participants described it, such strategies require tauwi to cross the bridge to meet with and understand Māori, rather than requiring Māori to continue to try to fit into a world that doesn't always deliver for them.

Participants proposed that a key expectation of the new boards needs to be that they are accountable for Te Tiriti compliance. Crown entities should also be held to account for Māori health equity and their Te Tiriti responsibilities.

Whakamaua was seen as a framework that will support a consistent approach to decision-making, including on commissioning and accountability matters. Also noted was that using the Whakamaua framework with non-Māori board members would be a way of guiding future collaborative and collective actions to focus on achieving Māori health equity. Sharing Whakamaua with iwi and getting their input into putting the priorities into practice locally would help its implementation to go further and faster from the ground up.

A common thread across wānanga was the need to **think at the system level** to support and enable local decision-making. Making sure the whole system delivers for Māori is important to achieve the goals outlined in Whakamaua. One example shared was that the system should enable Māori health organisations to operate an open door policy and never have to turn anyone in need away.

“

*We are in a generation of “it’s our right”.
What we want hasn’t changed.
So why don’t we have it? We need action.”*

Pōneke wānanga participant

Māori health equity is a responsibility for all

In his video address, Dr Ashley Bloomfield noted the DHB governance programme has a strong focus on equity for 2021/22 and that these wānanga were responding to DHBs' requests for more support in this area. He also noted the opportunities ahead over the next 12 months to collectively respond to Whakamaua and the implementation of the health and disability reforms.



“

When I think about equity, it's about equity of access to services, equity of the experience of services and equitable outcomes from those services.”

Dr Ashley Bloomfield, Director-General of Health, Manatū Hauora

Groups discussed and shared their views on how equitable outcomes are different from equal outcomes. Participants agreed that it is right and proper to treat people differentially and that every action towards achieving Māori health equity counts – no matter how small it may seem at the time.

Strategies to promote equity that participants shared included:

- › developing a shared language around equity between Māori and non-Māori
- › enabling non-Māori to understand the value of mātauranga Māori and te ao Māori along with experiencing first-hand the challenges Māori face on the ground
- › grappling with issues around access to services and challenging biases that contribute to inequitable outcomes
- › investigating changing the current approaches to screening – for example, lowering the age for bowel cancer screening, providing access to self-assessment testing for cervical screening, investing more in dental health services for Māori adults to address the current gap, and using health navigators more effectively.

Accountability was a theme raised across topics. Participants reinforced the importance of dealing early with those who aren't complying with their Tiriti responsibilities and then following up these cases. Part of this focus is to apply consequences for performance that does not contribute to Māori health equity. As participants saw it, it is vital that such consequences include securing a commitment to change through a corrective plan, using Whakamaua as the framework and with timeframes for actions.

Also covered in discussions was prioritising funding and using data and evidence as key elements to help focus on what is important and to deconstruct misconceptions and misinformation about Māori health equity.

“

Equitable primary care is about so much more than just seeing a doctor and getting a script.”

Waitangi wānanga participant

Addressing racism and discrimination at all levels

Many participants shared examples of where racism and discrimination still exist today. Racism and racist practices have a huge impact, especially when they happen at both system and practitioner levels.

Participants suggested that identifying the roots of all forms of racism and discrimination at system and organisational levels is a good place to start. The next step is to help to build joint understanding that can lead to collective action and change.

John Whaanga advised that significant work is being done on racism and discrimination, both institutional and personal. This work includes exploring where the responsibility for addressing discriminatory and racist practices lies.

A common call was for more education and training that grows understanding of te ao Māori and identifies and starts to address all forms of racism.

Making available comprehensive, quantitative and qualitative information over time at local and iwi levels

In presenting a Māori health population overview, a Ministry of Health representative shared data that showed significant disparities remain for Māori. The presenter noted that even after the statistics have taken account of the impact of poverty based on the New Zealand Deprivation Index, they clearly show that Māori are still experiencing inequitable outcomes.

Participants discussed different approaches to sharing and using data and how it can be unhelpful to always focus on the deficit. They also noted it is important to remember that whānau are behind the numbers. Understanding and exploring the circumstances in which people live can help avoid jumping to conclusions based on data alone.

The presenter advised that there are now different and more useful ways of gathering and sharing information. One example is the project 'Addressing the challenge of young Māori women who smoke', where Manatū Hauora used data, qualitative evidence and insights to find out about the barriers affecting young Māori women's ability to quit smoking. This work included:

- › taking a look at the evidence of what works in smoking cessation
- › using data from Stats NZ's Integrated Data Infrastructure about the lives of young Māori women who smoke and making sense of that data through analytics
- › engaging with over 50 young Māori women, and listening to the stories of their lives and their relationship with smoking.

For the reports about insights into young Māori women who smoke, go to the Ministry of Health's webpage:

<https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/insights-maori-women-smoking>

Among the benefits of comprehensive approaches to data and information that participants noted was that such approaches empower iwi, hapū and whānau and other decision-makers to make more informed assessments that can better advance outcomes and achieve pae ora aspirations for Māori.

Participants commented that data for health sector governors and leaders will be more useful for decision-making, planning, monitoring and delivery when:

- › policy and its implementation draw on an understanding of and consider the growing Māori youth population
- › more data around disability status, vision and hearing among the population is available and accessible
- › agencies are required to report on collaborative activities that make a difference for Māori
- › evidence informs early intervention – for example, by identifying the babies not registered with a Lead Maternity Carer, it is possible to target them for immunisations
- › iwi data and other evidence are available to enable iwi to work with governors and leaders on locality planning, commissioning, delivery and monitoring
- › data is matched across agencies to identify gaps – for example, babies that one agency does not know about may be identified in another
- › Māori data sovereignty is protected.

Participants were told that the planned national information system should increase people's access to more connected-up services in the future. A health equity assessment tool with agreed equity measures would support primary services to prioritise quality of care. More work is also being done on developing measures for mental wellbeing.

Māori need and want to make the decisions about the collection, storage, use and sharing of their data. Participants were encouraged to hear that an option will be available to share more of their data if they wish to.

Māori governance and leadership

In his presentations, John Whaanga reinforced that these wānanga are the beginning of an ongoing investment in Māori health leadership and governance over the next five years, as signalled in Whakamaua. The health and disability reforms also support aspirational leadership that draws on mātauranga Māori.

Manatū Hauora will be working with health sector governors and leaders to find out what kind of support they want. It will be a focus from 2021 and through 2022 as the new governance structures become established. In particular, Manatū Hauora wants to support Iwi Māori Partnership Boards to be positioned well for July 2022 when the new structures will be in place.

We have an opportunity now to advance a Māori way of leading and governing and to create Māori-led pathways for what leadership and collaborative governance framed from Māori cultural understandings look like.

John Whaanga asked participants for their views on the kind of support iwi and Māori needed to succeed in the new roles. Examples of such support are governance, planning, reporting and performance measures, including pūtea – understanding the priority areas for investment.

Participants commented that knowing and understanding what Māori want now and into the future allows leaders and governors to act as champions and advocates.

Getting the right people around the table is important, which includes having iwi and hapū input into decisions on who is part of the discussions. Leadership and governance roles need to reflect the make-up of Māori as a group now and into the future. More Māori with understanding of the health sector and social determinants of health are needed on boards.

“

Iwi belong in the governance relationship across all areas of the health system to enable the right decisions to be made.”

Group of wānanga participants

Thinking of the future, participants also saw the ‘seat at the table’ advisory roles as vital to continue in new boards. In their view, it is an effective way of bringing forward new aspiring governors and leaders in the health sector with diverse experiences, expertise and skills.

There needs to be an ongoing response to what Māori require, alongside what government is offering at a time of urgent and immediate need. This includes introducing new and stronger equity and Tiriti expectations for all boards and governors and providing sustained training and practical guidance. Leaders and governors need to be accountable collectively as well as individually, with leadership key performance indicators that cover reducing bias and discrimination and meeting Tiriti responsibilities.

Leaders need to know how to lead the changes ahead. To do so, they must understand:

- › how ready they are and how they can be supported to be ready quickly
- › how to use examples of good models of practice
- › the health system infrastructure
- › how to have conversations that get to the heart of the issues
- › how to address what is underneath Māori health population data.

Participants asked for reduced compliance requirements on leaders and governors as a way of helping to build high-trust relationships. A more achievable and effective approach would be to welcome innovative ways of reporting progress and achievements on the ground.

Leaders and governors at the wānanga agreed that they need enough time and space to do more work together on how to do this right for Māori. The four kanohi ki te kanohi wānanga were clear examples of providing that space and time.

Strengthening the focus on lifting the capacity and capability of the Māori workforce

Building the Māori health and disability workforce is one of the priority areas in Whakamaua for investment now and for the future.

Participants agreed on the value of taking a whole-of-system view of the workforce and that it is important to start thinking about the next generation of leadership now.

Participants suggested a range of strategies to help secure a workforce of the future that delivers for Māori, such as:

- › reviewing the system of recruitment and training using a co-design process
- › Māori leaders connecting with each other and sharing knowledge and expertise to drive change and develop future Māori workforce leaders
- › Māori leading the development of their workforces and engaging with the education sector to make training more accessible to rangatahi
- › continuing to invest more in successful Māori workforce development programmes like Kia Ora Hauora and Whakapiki Ora Māori workforce
- › using the Whānau Ora model
- › gathering, analysing and reporting on retention and recruitment data over time to monitor progress
- › when measuring service quality, including quality input measures for those providing the services, rather than focusing only on the output and outcome end.

“

Let's keep the momentum going from things like the Māori midwifery service and Māori models like rongoā that benefit the whole system.”

Rotorua wānanga participant



▲
Wānanga Hauora, 15–16 April 2021, Wellington

Having cautious optimism about the reforms and supporting the Māori Health Authority

Wānanga participants heard that the implementation of the health and disability reforms has started, with the first priority of putting iwi and Māori in a position to exercise authority over their health. The second priority is to invest in the Iwi Māori Partnership Boards (IMPBs) over the next year. Manatū Hauora and the Transition Unit will be working closely with IMPBs to ensure they get what they need.

A welcome message to participants was that the three new entities (the Māori Health Authority, Health New Zealand and the Public Health Agency) will each be responsible for developing, delivering and evaluating the equity agenda and will have governance membership that enables Māori to have real influence.

Participants also noted that the new Māori Health Authority will have an important commissioning function. Currently, although Māori are increasingly invited to be at the decision-making table, they are rarely involved in the handing over of resources.

Part of the solution, as participants saw it, is to commit to continue to work locally with each other to ensure effective funding of priorities for Māori health.

“

There needs to be acknowledgement that iwi have our own localities and that we are doing all this stuff now. So hand it over and let's go!”

Virtual wānanga panel member

Other elements identified as critical to the success of the reforms included:

- › establishing and resourcing IMPBs to ensure iwi and hapori Māori are in decision-making roles and can drive Māori health aspirations at a locality level
- › more specifically setting out Te Tiriti o Waitangi and Māori health equity responsibilities across legislation and key accountability documents for the health and disability system
- › commissioning across sectors – involving, for example, Whānau Ora and the Ministry of Social Development
- › Government and agencies recognising the successful work coming from the Māori and iwi plans that are already in place and that can be built on
- › seeking input from a range of groups including advisory groups, iwi forums, the Māori Monitoring Group and non-governmental organisations (NGOs).

At the wānanga there was a sense of optimism and hope that everyone wants to make the most of these reforms to deliver on pae ora.

Participants identified challenges around the short time indicated to set up the Māori Health Authority and IMPBs and their locality planning roles. Participants cautioned that timing constraints shouldn't undermine the important tasks of getting the right people and doing the right thing.

Participants also reinforced that it is vital to have enough time and support to work out what Māori need to make the change from being mainly receivers of policy that others have developed to being the planners, shapers and commissioners.

“

At Hui Whakaoranga Tā Mason's challenge to us was to set up our own authorities. It sits with us to take responsibility. Equity is too low a bar – we need to set our own plans with high goals.”

Rotorua wānanga participant

What's next for the wānanga – planning into the future for the next generation

John Whaanga closed the wānanga noting the enthusiasm for holding more of these hui.

“

Wānanga like this are important for all to recharge, network with each other and learn together.”

John Whaanga, Deputy Director-General, Māori Health

Participants echoed how valuable it is to have the time and space for their own conversations and to lead their own development, working together on defining pae ora for Māori – including whānau ora, wae ora, whenua ora.

A suggestion from participants was to actively encourage more governors and leaders to attend future wānanga. John Whaanga agreed that inviting participants to ‘bring a colleague’ would be useful.

John also expressed the Ministry of Health’s commitment to implementing the five-year actions in Whakamaua alongside the changes ahead.

For a sample of participants’ commitments to progressing actions after the wānanga, see ĀpitiHanga 2 | Appendix 2.

“

Now we need time to have our own conversations and to lead our own development.”

Wellington wānanga participant

Āpitihanga 1: He whakarāpopoto o ngā wānanga ā-rohe |

27

Appendix 1: Summaries of wānanga

“

*Change needs to be
culturally led and
clinically partnered.”*

Te Whanganui a Tara Wellington 15–16 April 2021

Key take-outs

- › The changes ahead are an opportunity to have more Māori with the necessary authority in decision-making positions.
- › Future planning and action need to draw on lessons learned from the successful collaboration and joint communications between iwi, Māori and others around the COVID-19 response.
- › Government agencies need to be more joined-up across sectors and in working with Māori, iwi and local government.
- › Iwi and whānau need access to their own data to make informed decisions on investments, commissioning and delivery.
- › Everyone needs to be held to account for delivering on Māori health equity.
- › A solely medical model of health won't achieve Māori health equity.
- › Participants are already the champions, so we need to reach out and engage those governors and leaders who, for whatever reason, are not able to attend the wānanga.



► Summary of participants' comments

Māori health equity and racism

- › Many challenges stem from Aotearoa not understanding how equity is about treating people differentially and supporting those most at need.
- › Non-Māori going into communities to experience what's happening on the ground with whānau and valuing the exchanging of knowledge and wisdom will grow understanding of a Māori world view. Māori models like rongoā benefit the whole system.
- › A solely medical model of health doesn't work for anyone any more. We need to change from being hospital-centric to community-centric to achieve equitable outcomes for Māori. An example of one helpful change is to be more flexible with age groups for screening and offering self-testing options.
- › It is important to start equity conversations with agreed definitions for key kupu including what we mean when using the kupu 'Māori'. Understanding whether we are talking about a whole iwi or an individual will also support more useful discussions.
- › DHBs and iwi need to build a shared language that reflects a Māori world view.
- › Putting whānau and people at the centre – like the Whānau Ora approach with more linking-up across government agencies, sectors and local government – will help achieve better results for Māori.
- › It is vital we always include Māori with disabilities.

- › There have been some big shifts towards achieving Māori health equity recently, including the role of the Māori midwifery service. We need to learn from these and build on them.
- › We need to recognise and address the existence of a still dominant, privileged group that is medical- and gender-based having undue influence on others (hegemony).
- › Māori women need their own equity agenda.

“

It's about for Māori and with Māori not just by Māori.”

Māori health population overview

- › It is dangerous to use a deficit approach for either data collection, analysis or use. Starting with what is perceived as broken and a problem can potentially reduce the funding available, create conflict and inhibit innovation towards achieving aspirational goals.
- › Strategies shared that have worked to move to a more constructive and hopeful pathway for actions included: using a wellbeing paradigm for measuring and reporting, and gathering quantitative and qualitative data from more innovative sources like videos.
- › The funding formula review needs to be informed by quality data on Māori health equity outcomes.
- › When sharing the stories the data can reveal, we need to use friendly, comfortable language with whānau and avoid labelling people.

Māori governance and leadership

- › It is important to acknowledge any tensions between iwi chairs and mana whenua boards and work it through together.
- › Some iwi Māori boards struggle to have an impact on their main DHB. More Māori on boards and a commitment from non-Māori governors and leaders is needed to achieve true partnership between non-Māori and iwi and Māori colleagues.
- › Reducing the compliance load will enable more innovation and to focus on changes that lead to better services for Māori.
- › Problems can be so large that it is possible to lose sight of patients. Half the budget goes on the hospital but primary care and prevention is where funding would have the most long-term benefits.

“

I want to leave a legacy of financial integrity and a proper treaty settlement framework.”

Māori workforce

- › Workforce development needs to take a co-design approach with Māori and include a system-level review of training and selection processes.

Implementing the health and disability reforms

- › When defining regions and/or localities, mana whenua, urban Māori and Māori from other iwi in other areas need to be taken into account.
- › Communications need to be regular and transparent to mitigate any worries about the effects of moving funding across to the new structures.
- › Accountability needs to part of the system change, for example, not renewing contracts with organisations that are not delivering for Māori.
- › The local commissioning mandate of the new Māori Health Authority is welcomed with the proviso that it is adequately resourced to be able to do its job well.
- › Data on Māori health equity priorities should inform funding decisions. Exploring grandparenting funding would help to initiate disinvesting in illness and greater investing in wellness.
- › Opportunities from the unbundling of funding in the new system could include Māori commissioning the purchase of bed-days.

- › Participants wanted to maintain existing personal relationships with leadership in the Ministry of Health as it is being split into new entities.
- › It is important to continue to support success and not punish what can be perceived as failure.
- › Taking lessons learned from the successful collaboration and joint communications between iwi, Māori and others around the COVID-19 response into the future is needed and must be done as we move into this new health and disability system.

“

Maintaining independence and autonomy is important when using a cross-sector reporting model for localised commissioning.”



▲ Wānanga Hauora, Wellington, 15–16 April 2021



Ōtepoti

Dunedin

29–30 April 2021

31

Key take-outs

- › More work is needed to understand how we can preserve the hard-won gains we have made to date.
- › Taking a co-design, collaborative approach with whānau, hapū and iwi is of great value.
- › Participants support providing more training for governors and leaders.
- › Participants are committed to having more courageous conversations that call out racism and discrimination.
- › It is important to bring the reality of people's lives into decision-making.

► Summary of participants' comments

32

Te Tiriti o Waitangi and Whakamaua

- › It is the fundamental responsibility of the Crown under Te Tiriti to provide services to New Zealand citizens equally and it is a failure when the system can't meet iwi or Māori community needs.
- › Governors need to understand who holds tino rangatiratanga status in a locality and to recognise and understand it and then activate the partnership relationship with them.
- › Definitions of rangatiratanga need to include both whānau and individual rights.
- › Sharing Whakamaua with iwi and getting their input on putting the priorities into practice locally is a useful way of starting the combining of resources for targeted action.

“

The day-to-day mission is to have great services for all in your rohe as citizens with rights to equity and fairness.”

Māori health equity

- › The small things that leaders can do to build an environment focused on achieving health equity for Māori can be game changers. These include doing things like prioritising time at every board meeting to focus on equity and requiring regular reporting on equity measures. Another example is designing physical environments including hospitals that are more responsive to Māori, which make a real difference to their experience of the health system.
- › Using genuine co-design and collaborative approaches with whānau, hapū and iwi is needed when setting up services with Māori communities. This demonstrates a serious commitment to investing in equity with the endorsement of the community and can transfer power and authority so the community can pursue their own investment priorities.
- › Enabling easier and more customised access to services that challenge biases contributes to more equitable outcomes. This includes investigating changing the current approaches to screening, eg, lowering the age for bowel cancer screening, providing access to self-assessment testing for cervical screening, investing more in dental health areas for Māori adults as it is a current gap, and using health navigators more effectively.

- › There is great value in learning from the examples from COVID-19 of how things can move rapidly when people are well connected. Then services can work more collaboratively and play to their strengths. Communicating directly to whānau works, followed up by talking with them to evaluate the extent that services are appropriate and responsive to their needs and aspirations.

“

When we agree on what our job is, and it's about equity, you are much more likely to plan, action and measure change.”

Racism and discrimination

33

- › Māori leaders need to have courageous conversations with non-Māori colleagues about bias and racism, starting with understanding what is behind individual bias.
- › We need to draw on professional courage to stand up for these issues. Before we can really make a difference, governors must meet Tiriti obligations, address equity considerations and overcome the inherent bias in the system.
- › Securing a commitment to calling out racism needs to be followed up with providing a safe space that encourages brave and sensitive conversations.

“

Let's lean in, and build on what is really good.”

Māori health population overview

- › The compounding effects of a younger Māori population, higher levels of poverty and financial stress, lower comparable levels of education and employment opportunities and living in poor and overcrowded housing combine to contribute to significantly higher levels of long-term conditions being experienced by Māori. These factors also reinforce the need to understand, analyse and monitor the demographical data over time to drive informed decision-making that leads to targeted action and adequate allocation of resources.
- › The data pictures generated to inform decision-making need to differentiate by regions and right down to localities.
- › Looking at short-term statistics like missed appointment rates can help to understand whether we are attracting Māori to attend appointments. Starting from Did not attract – rather than Did not attend – puts the responsibility firmly on the provider to ensure everything is done to make it easy for people to get to their appointments.
- › Presenting data well and telling people's stories using qualitative data and the results of patient surveys bring the reality of lives to decision-making. This also requires really listening to people's views and experiences before taking action to improve services.
- › Require reporting from all sectors and agencies that provide services to Māori and require those parties (including cross-government agencies) to report on collaborative activities that are making a difference for Māori.
- › Monitoring the investment in Māori health should include how the funding is used, not just what it is spent on.
- › Data should be assessed against amenable mortality rates and other key statistics for Māori health.
- › We shouldn't assume that there is a common equity agenda amongst governors and leaders. Whilst statistics are useful in highlighting inequities and also progress, starting off with a shared understanding of equity and Tiriti responsibilities makes it easier in the long run to work together to achieve change.
- › When there are twenty competing priorities and it is possible to only deliver on five of them, the best data, information and insights possible are needed to be able to choose which five to resource adequately.

“

Make sure you are collecting good-quality, useful, insightful and actionable information.”

Māori governance and leadership

- › The most fundamental questions at the board table need to be about how we are delivering on our equity objectives and are we doing the best for Māori. These also need to be included in individuals' leadership key performance indicators.
- › Governors can be held to account by using whānau satisfaction surveys and whānau-friendly rating scales along with other people-focused measures.
- › Collective and clear accountabilities need to be on those with the respective levers or they will become meaningless and a barrier to innovation and the ability to respond to changing needs and circumstances.
- › Governance roles and functions of boards need to be regularly reviewed and then reconsidered if they aren't working.
- › A greater emphasis for governors on prevention activities is needed, particularly in dental and respiratory areas for children.
- › There needs to be more cultural training for board members.

“

*Let's ask – are we delivering on our equity objectives?
Are we doing our best for Māori?”*

Māori workforce

35

- › More cultural and Te Tiriti analysis and training is needed to build a workforce that can deliver for Māori. Councils, including the Medical Council of New Zealand and the Nursing Council, could monitor the training's effectiveness. The training would include more education to identify, understand and address all forms of racism. Some tertiary institutions are running cultural safety and cultural responsiveness training programmes and positive change is happening.
- › It is also important to do more work in the areas of recruitment and retention and ensure that the strategies are regularly evaluated and adjusted accordingly.
- › We need to invest more in successful programmes like Kia Ora Hauora and Whakapiki Ora as successful Māori workforce programmes with multiple benefits.

“

Let's jointly invest in leadership over the next five years.”

Implementing the health and disability reforms

- › The reforms are an opportunity to introduce new and stronger equity and Treaty expectations for boards and governors, introduce ongoing training and provide practical guidance on achieving Māori health equity for the new entities.
- › The changes need to enable different kinds of settings that enable partnerships with iwi to find the common ground and work together to achieve a shared Māori health equity agenda.
- › Some deep-dive advisory mechanisms would be more effective at informing the reforms' implementation than having a high-status governance group. The Māori Monitoring Group and NGOs could also provide useful input.

“

Bring through new and stronger equity and Treaty expectations for boards and governors, sustained training and practical guidance.”



▲ Wānanga Hauora, Dunedin, 29–30 April 2021



Waitangi

11–12 May 2021

37

Key take-outs

- › Participants affirmed the centrality of Te Tiriti o Waitangi to the implementation of Whakamaua and the reforms.
- › Tino rangatiratanga and mana motuhake are the way forward.
- › Whakamaua is seen as a tool to influence change through action.
- › Change needs to happen across the whole system to achieve equity.
- › More focus is needed on early intervention and prevention.
- › People's choices are framed by the circumstances in which they live.
- › Increased accountability for achieving equitable outcomes is needed for all.
- › We need to have the right people in the right positions of power.

► Summary of participants' comments

38

Te Tiriti o Waitangi and Whakamaua

- › Both Te Tiriti o Waitangi and He Whakaputanga | The Declaration of Independence need to be embedded in the work ahead.
- › There is a need to rebuild trust by real engagement based on pono and tika, which is the best way to shift power relationships in a positive direction.
- › There is work to be done to achieve greater certainty and clarity on the tino rangatiratanga rights and expectations of local iwi.
- › Data can empower iwi, hapū and whānau to make their own assessments and use their own intelligence, giving meaning and life to tino rangatiratanga and active partnerships | kōtui, and advancing outcomes to achieve aspirations for Māori.
- › Tino rangatiratanga starts with people's personal behaviour and whakapapa. Mana motuhake is about the collective expression of active self-determination.
- › More te reo Māori is being used in media reporting of government initiatives and announcements. That is bringing issues closer to whānau and enabling them to make more informed decisions about their pae ora.
- › Making sure the whole system delivers for Māori is important to achieve the goals outlined in Whakamaua. A good example is setting up and adequately supporting Māori health organisations, so they never have to turn people away and can always have an open door.

“

Tino rangatiratanga starts with the people.

You are your own rangatira.

You know your own health best.”

Māori health equity

- › Change needs to go across the whole of the system as inequities can compound each other when not addressed holistically. The system therefore needs to build in consequences for poor performance on Māori health equity.
- › For many Māori it is too hard to get the support they need. Whānau may not know about the ManageMyHealth app and that they can have that app for free and set a date for an appointment that works for them. This would also mean they can give the health professional a helpful heads-up about what they want to talk about.
- › Locally generated demands need be connected to a system response that is co-created.

- › Sharing learning about what worked well with others could help achieve better outcomes across the system and enable the momentum gained to strengthen future changes.
- › Consultation with all stakeholders should include two-way communications with iwi and hapū.
- › Having different agencies all round the table and everyone sharing the responsibility for the success of their community works well.
- › The experiences and work of the World Health Organization and other first nations peoples that is taking an holistic approach to equity health and wellbeing can help this equity work.
- › Equitable primary care is about so much more than just seeing a doctor and getting a script. As a people-centred approach becomes the norm, looking at the quality of the people providing a service is a good first step in improving the quality of that service.
- › As District Health Boards (DHBs), we will consider significantly increasing investments in our Māori providers and focus on a few key priorities for Māori health equity.
- › To address some of the contradictions that exist, particularly with some inappropriate large corporates funding young people's sport, the role of councils and their whole town planning responsibilities need to include wider Māori health challenges.
- › DHBs would benefit from visiting marae to whakarongo – true engagement, which would help them understand the impact of decisions they make on whānau.

“

Equitable primary care is about so much more than just seeing a doctor and getting a script.”

Racism and discrimination

- › Whakamaua covers all the inequity factors including racism, which includes personal bias and racism from the system. Now we need to work out how can we change the behaviours of service providers who are not delivering for Māori and hold them to account.
- › An undertone of racism still exists in some professions.
- › A purely medical model of health works for no one.
- › Tikanga and reo can get returned to Māori looking like something different, so it is important to watch out for any unintended consequences of our manaaki.

“

It can be easy to blame the system but we are all the system and we all need to change and be accountable along with the system.”

Māori health population overview

- › Whilst there are primary services that place billing before quality of care, getting more Māori to use the health equity assessment tool is a way they can hold the services to account for contributing to the health of whānau.
- › Māori providers and NGOs need the data capability and technology infrastructure that will support the changes ahead. Some of them are still working off pen and paper.
- › It is important to take care when presenting data on Māori health statistics as often the data tells only part of the story.
- › There needs to be more focus on early intervention and prevention including finding out about the babies that haven't registered for primary care or Lead Maternity Carer for immunisations.
- › Considering the social determinants of health and wellbeing is critical and that includes appreciating that people's choices are framed by the circumstances in which they live, eg, Tai Tokerau people can't access fresh fruit and vegetables easily.

“

Behind the stats is a whānau.”

Māori governance and leadership

- › Effective intersectoral relationships are important to achieve a system approach to wellness. For example, regional councils working collaboratively with boards through COVID-19 are showing how things can move rapidly when we work well together across old boundaries.
- › Boards need to take responsibility for their professions. Lack of cultural competence by practitioners needs to be recognised and followed up with capability building so that trusting relationships can develop and change can be progressed together.
- › Governors should make informed decisions about where the money is going and whether it is distributed to where it is needed most.
- › We need to understand the process for getting to be a governor on a board.
- › Governors need to be clear about who are they representing in a governance role.

“

People in power need to reflect their communities.”

Māori workforce

- › There is an opportunity now to be courageous in the Māori health workforce area. It can start with having the right people in the right positions of power. They are then more likely to have the right skills and competencies to lead Māori health improvement.
- › For Māori to lead into the future, we need to invest in future success now – including by investing in rangatahi leadership.

“

We need to invest in our future success now.”

Implementing the health and disability reforms

- › Good to see the commissioning function of the new Māori Health Authority, as although Māori is increasingly being invited to be at the decision-making table, the engagement often ends before the handing over of resources.
- › Defining locality as geographically based can be a problem. For example, Pasifika communities of interest and some iwi can cross many boundaries.
- › Locality needs to be more granular than at district level to enable a deeper dive into what the data might show to better inform more customised responses.
- › Leaders in our communities have an important role in shaping the future direction of Māori health. Māori should run locality development plans, governance and operations and Māori voice needs to be included throughout all processes. Plans should be flexible and adaptable enough to serve their local populations through challenging and rapidly changing times.
- › Māori governors and leaders need to be adequately resourced and supported in an ongoing way to ensure they can lead successfully and the new structures can deliver their promise.

“

Opportunity now for real co-designing and co-deciding.”



▲
Wānanga Hauora, Waitangi, 11–12 May 2021

“

*Shared whakaaro.
Collective kōrero.
Whakarongo.”*



Rotorua

27 July 2021

43

Key take-outs

- › Te Tiriti o Waitangi is the foundation and the basis of shared authority with Māori.
- › Whakamaua covers what needs to be done.
- › Pākehā structures can be changed to suit Māori practices.
- › A sole focus on health barely touches the sides of equity issues.

► Summary of participants' comments

44

Te Tiriti o Waitangi and Whakamaua

- › We all need to find out what needs to be done to span the two whare – te ao Pākehā and te ao Māori. We need to build a bridge for others to see what te ao Māori means for everyone, as Māori already know what that looks like.
- › Being able to use Māori knowledge, eg, rongoā, is a key element of the Treaty partnership principle.
- › There are important implications from Treaty responsibilities for reporting on the Māori approach to health which are different from tauwiwi clinical practices. We can find a way to make this work.
- › It's not about wanting anything new any more as Whakamaua covers what needs to be done. What is there right now is for us all to work on.

“

When we talk treaty, we need to be deliberate about the kupu we are using – Tiriti led rather than Tiriti based.”

Māori health equity

- › Equity doesn't lead to equality. Sharing real-life experiences can demonstrate how practices can change and lead to better, more equitable outcomes.
- › The medical model of health does not work for anyone. At the patient's request, a surgeon learned a karakia he could use with a patient before undergoing surgery with better results attributed to this change – 'Ka tau taku wairua'.
- › Now is the time for tauwiwi to come into te ao Māori instead of Māori going over into the tauwiwi world which it has done for the last 200 years. Pākehā structures and processes can be changed to make sense for Māori and suit Māori practices.
- › It is not enough for DHB boards to listen to their iwi and Māori partnership board members. What they really need to do is see what happens on the ground and what better outcomes actually mean for whānau.
- › A sole focus on health barely touches the sides of equity issues. Including all the other social sectors like education is more likely to achieve accumulative and accelerated impact.
- › To truly achieve Māori health equity, everyone needs to buy into the shared outcomes and work together to achieve them. In reality, we have only started the mahi on how best to do this and where to invest for most benefit – in the short, medium and long term.
- › There needs to be a deliberate focus on resourcing prevention and early intervention programmes, whilst ensuring we are still there to rescue those already at the bottom of the cliff.

- › The research backs up the need to start with babies and their mums and especially look after the mothers' mental health. This will ensure Māori get what is needed, not just what is on offer.

“

There is continuing bias and racism, we need to be calling it, understanding it and getting insights into it.”

Monitoring Māori health outcomes

- › The data on Māori health outcomes and comparisons have been telling the same story for many years – so what needs to change is decision-makers deeply understanding the data and being able to move resources quickly and then tracking progress using the data and insights from on the ground.
- › The work going on around Māori data sovereignty and Māori data governance is important.
- › Understanding iwi affiliation and relating that to the health and disability data is important for iwi to be able to make their own decisions about what to focus on.
- › Using the paradigm of wellbeing for measures and reporting better reflects te ao Māori.

Māori governance and leadership

- › It is vital to understand exactly what iwi boards need to be able to shape the

future and be decision-makers in the new environment.

- › Māori need to hold the policy pen for the partnership based on Te Tiriti and the Treaty articles and principles as this is what the Treaty relationship is for Māori and will enable Māori to then get on and do the mahi.
- › There are examples of good governance and leadership mahi that can be used, eg, the name change to Te Manawa Taki signalled new relationships and partnerships where the DHB and the Iwi Māori Partnership Board are starting to really work collaboratively.
- › It is important to constantly check on how governance relationships are going; that there is an ongoing commitment to raising tough issues at the board table and an understanding that governance relationships with iwi providers and Māori providers need to be different.
- › Governors need to understand the health infrastructure and have conversations on an equal level. Some do not come from a health background so need support to achieve this.

“

*Are we ready as governors?
How can those who aren't get ready fast?”*

Māori workforce

- › Whānau Ora can be used as a model to design the workforce needed.
- › It is vital to protect Māori practitioners in their own space and all clinicians need to be supported in their practices – protecting them to work in partnerships.
- › Clinical staff need ongoing refreshing on tikanga Māori including kaupapa on tangihanga for registered nurses – what happens in the hospital from a te ao Māori perspective.

Implementing the health and disability reforms

- › The news that both the Māori Health Authority and Health New Zealand will receive funding for Māori health equity is welcomed. Iwi Māori Partnership Boards will also need the ability to direct resources where they are needed quickly – as happened under COVID-19.
- › It is important to acknowledge the many hard-won relationships and then ensure they can carry over into the new structures.
- › Māori need to take responsibility for working with Health New Zealand on their health plan for Māori. This cannot be just be left to the Māori Health Authority.
- › Whilst the reforms to date have been Crown led, now is the opportunity to work from the ground up with Māori owning their mātauranga.
- › When strategy starts coming from ‘on the ground’ experience and expertise, the governance role will need to change accordingly and connect better with that flax roots advice.

- › It would be helpful for iwi to first understand what they need to succeed through these changes and then be able to bring in technical knowledge where and when required.
- › Enough time and space are needed for leaders and governors to work together on how to do this right for Māori. Whilst the changes are timeframes driven, it is important for Māori to have time to sit in the kaupapa, co-design and co-create and unpack all this then take that kōrero back to their people.
- › Looking out 200–250 years is vital, including being intentional with reality-based planning for future generations.

“

It is important for Māori to have time to sit in the kaupapa, co-design and co-create, unpacking all this and then taking that kōrero back to their people.”



Virtual wānanga

12 August 2021

47

Overview

- › The online programme was designed to achieve maximum engagement. Governors and leaders focused on building knowledge and understanding of Te Tiriti o Waitangi, Whakamaua, Māori health equity and the implementation of the health and disability reforms.
- › Herewini Te Koha and Jacob McGregor (Māori Health Directorate, Manatū Hauora) co-facilitated the wānanga, which featured presentations from John Whaanga, a panel discussion and a video address from Dr Ashley Bloomfield, the Director-General of Health.
- › Participants were also able to view a video address from Hon Peeni Henare, Associate Minister of Health from inside the wānanga app.



► Summary of panel comments

The panel discussion came at the end of the wānanga. The panel consisted of governors and leaders from across the health sector:

- › Te Pora Thompson, Waikato-Tainui appointee to Waikato DHB's Iwi Māori Partnership Board and current Chair
- › Krissi Holtz, Board Advisor for Te Toka Tumai | Auckland DHB
- › Dr Matire Harwood, Associate Professor, University of Auckland
- › John Whaanga, Deputy Director-General, Māori Health, Manatū Hauora.

Governance and leadership that enables Māori to flourish as Māori and achieve pae ora for generations to come

- › The Crown has a responsibility to provide a safe space for people to shine in the kaupapa of Māori governance.
- › We need to challenge our partners to have courageous conversations.
- › We need to be truly representative of our local communities.
- › Thinking of the future, we need to give and allow space for rangatahi to learn and develop the skills they will need as effective governors and leaders addressing Māori health equity.
- › Courage is an important attribute for Māori governors and leaders.
- › Well-rounded and aspirational leadership is needed.

How do you bring courage to conversations with colleagues about equity, racism and discrimination?

- › We can use data and evidence as an axe to deconstruct misconceptions and misinformation.
- › Remember that you are the expert and use the tools you have – including good data and evidence and the support of any allies around the board table.
- › Be clear about your mandate and who you are. You hold your people's voice at the table and don't ever apologise for that.
- › Work out what makes you happy and also importantly know when to step back and look after your own wairua.
- › Current governors and leaders need to give rangatahi the ability to be heard and know when they need to hand over the rākau to the next generation.

How can we make all these changes work to deliver on pae ora and to manifest Te Tiriti expectations? What do you want to see?

- › We need to acknowledge the huge expectations around timing. How can we push back on that and take the time to get the right people around the table?
- › Impressed with those wanting to continue to deliver on this new opportunity with optimism and real hope for the future.
- › We need a different workforce and enough of us at every place in the new health system.
- › Equitable resourcing is important.
- › We need space to develop our own solutions and information to guide their development.
- › There needs to be acknowledgement that iwi have our own localities and that we are doing all this stuff now. So hand it over and let's go!

- › We need a consistent approach to accelerating pathways for rangatahi Māori into leadership and governance roles in the health sector.
- › Innovative approaches in recruitment can help set up health governance and leadership as a potential career pathway for rangatahi.
- › These wānanga are very important – we are used to seeing older white males dominate this space. Let's keep on with this change.
- › Enabling leadership for the future is a priority area in Whakamaua. We want more opportunities for Māori to move into health.

“

There is a cautious optimism about these changes. We as leaders are available and present and up for partnering.”

- › We need to prioritise places to come together, network and recharge like Hui Whakaoranga. That won't happen organically so we need to prioritise attending them.
- › We can't monitor ourselves so monitoring should be independent.
- › We need John's ongoing help to interpret these changes and also for any of our partners who don't understand them.

What does good look like for Māori leadership?

- › It needs to be reframed in a Māori way, including performance conversations taking account of whakaiti | humility.
- › We need to be accountable and report on our own performance.
- › It needs to value transparency – looking at the data and being open about the gaps.
- › We have an increasingly young population – what do our representatives look like? Are they skewed towards an older generation?

Final panel comments

- › Important to continue the ‘seat at the table’ programme as part of the development piece taking a long-term approach.
- › We can learn from examples of where Iwi Māori Partnership Boards and DHBs are working together to fulfil their commitment to Māori health equity.

“

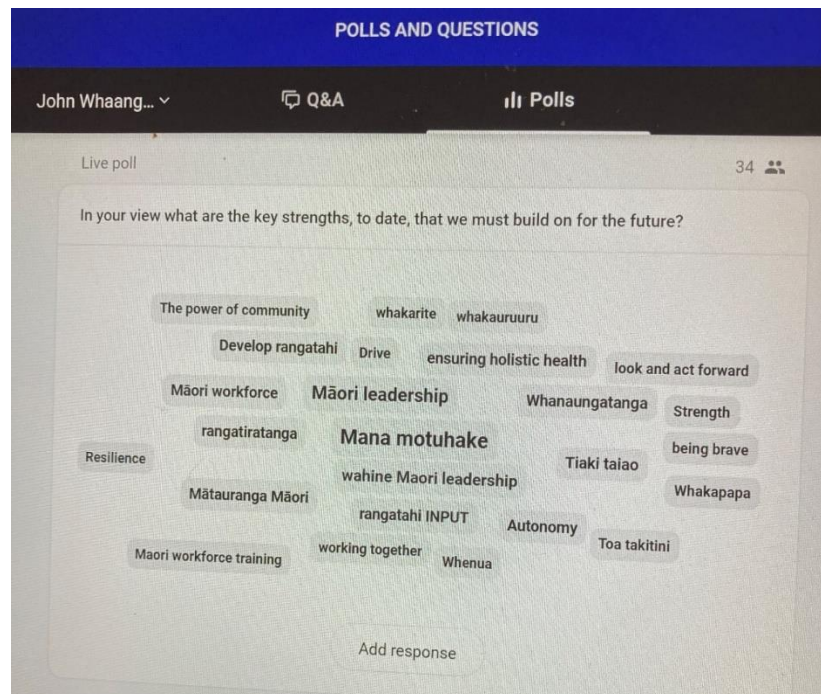
This is the beginning of our support and investment in kōrero on Māori health leadership. Especially over the next year, we are looking for areas where we can support you – those in current leadership roles and those for future roles.

We need to be directed and guided by you.”

John Whaanga, Deputy Director-General, Māori Health, Manatū Hauora

► Summary of participants' comments

During the virtual wānanga, participants contributed their thoughts via word clouds and asked questions of the panel and speakers via the app Slido. At the end of the wānanga, they completed the feedback form using the virtual event app (see ĀpitiHanga 2 | Appendix 2 for a summary of feedback from all the wānanga).



Āpitihanga 2: Whakahoki kōrero | Appendix 2: Feedback

“

Māori Health Authority coming!

Iwi Māori Partnership be ready!

Choose wisely, this is our future.”

Key take-outs

Wānanga participants provided feedback on what they learnt, what they would take away from the wānanga and act on, and what improvements they recommend for future wānanga.

They appreciated the opportunities to:

- › get first-hand insights into *Whakamaua: Māori Health Action Plan 2020–2025* and how it will continue to drive action on Māori health equity over the next five years
- › network with fellow DHB and Iwi Māori Partnership Board members within and between regions and discuss shared challenges and opportunities
- › engage with the Ministry of Health to discuss their developmental needs to ensure future governance and leadership can give practical effect to Te Tiriti o Waitangi and Whakamaua
- › start building a sense of joint health sector leadership, ownership and accountability for addressing Māori health inequities.

► Summary of participants' comments

What I learned that I will progress

- › There is a collective view that things have to change. This is the time of great opportunity. I will continue to support and listen to the views and ideas coming from our DHB iwi governance group.
- › Deeper insights into Whakamaua as a framework and moving forward regardless of new structure. Integration of articles and principles.
- › To think about equity all the time. Change the system. Achieve better health and social outcomes for all. Set up succession plans for Māori leadership.
- › Applying Treaty articles and principles lens to all health services.
- › The hui reminded me of the need to move at pace to cement Kōtui Hauora, the critical issue relating to the Māori health workforce.
- › Pae Ora and the Treaty articles and principles. Rawe!
- › What we can do in the next 12 months to be prepared for the change and improve Māori health outcomes.
- › Help progress locality planning. Listening to hapū/whānau within that locality will help develop a bottom-up approach not a top-down one.
- › Kia ora John and rōpū, ka rawe Herewini. Ngā mihi nui e ngā rangatira. Thank you for your manaaki and being pono and tika throughout wānanga, “ka mau te wehi”.
- › Implementation of an effective plan. Got clarity on what the HNZ and MHA need to uniquely deliver.
- › Ministry of Health keen to share info and will keep in contact.
- › Strengthen local iwi governance in preparation for locality leadership – encourage iwi governance to initiate this.
- › Our DHB needs to start leading conversations with iwi – to find out what they think.
- › Our regional health plan Māori and budget for Māori wellbeing.

“

Shared whakaaro. Collective kōrero. Whakarongo.”

What I liked and will tell others about

55

- › Fiery speeches from other participants. Some inspiring leadership displayed at the meeting!
- › Whakamaua as a tool to influence change.
- › The presentations and awesome feedback.
- › The inclusive facilitation. Wāhine toa and their contribution.
- › Opportunity for small group interaction and building relationships. Focus on te ao Māori and values that we need to incorporate into our health system. We have an opportunity to influence in the details of health reforms over next 12 months.
- › The diversity of opinion and experience. I enjoyed the openness of the kōrero.
- › The opportunity to learn and to share.
- › Open, deep discussions. Strategic direction. Different streams of mana. Trust is also about power. Sometimes it requires giving back or giving power to, to get trust.
- › Hearing kōrero about shared challenges. The day ended with a more firm desire to action.
- › Good connections made within the sector – new people that I met.
- › Health ‘equity’ is a low bar in comparing Māori health stats against non-Māori health stats. Our frameworks for flourishing, thriving iwi should be striving for excellence in health that originate from the gods.
- › There will be much more work ahead for our Māori health providers ensuring there are no barriers to access for all Māori.
- › Great hui. Awesome to work as a regional group – lots of similarities as a regional group and connections between us and lots of learnings to share.
- › Equity is not an end game – that is mana motuhake and tino rangatiratanga.
- › The destination. Connecting across the DHBs. Focus on taking responsibility for our own destiny.

“

We have the mana and the ihi and the wehi to do the mahi.”

What would I change for future wānanga?

- › Include more work on actions with timelines. Data options for iwi/areas/regions. Use of data to make scenarios eg ASH re homeless persons with skin infections costs for x numbers of admissions vs primary care intervention.
- › More workshopping to kōrero around issues and opportunities.
- › Multi-sectorial approach to embedding preventative health measures and lifestyle (and beyond) changes to address inequities and poor health outcomes.
- › Continue to value whakawhanaungatanga.
- › Discuss whānau iwi/Māori power and influence to shape opportunities.
- › Give the iwi boards a chance to get a regional view on 1. Localities 2. Governance at all levels. 3. Te ao Māori measures.

Āpitihianga 3: He tauira o te rārangi take |

Appendix 3: Sample agenda

Day one agenda overview

Theme: Scene setting and building relationships

1:00pm Whakawhanaungatanga

Address from Hon Peeni Henare,
Associate Minister of Health,
Māori Health

Address from Dr Ashley Bloomfield,
Director-General of Health

Te Tiriti o Waitangi and Whakamaaua:
Māori Health Action Plan 2020-2025

John Whaanga,
Deputy-Director General, Māori Health

Q&A session

3:15pm Afternoon tea

3:45pm Te Tiriti and Whakamaaua continued

Group exercises

- Considering Treaty matters and health
- Treaty principles-based approaches in health

Report back to plenary

5:00pm Closing karakia

6:00pm Dinner

6:30pm Exploring the changes ahead followed by Q&A session and table discussions

Whakawhanaungatanga Part 2

8:30pm Finish



Day two agenda overview

Theme: Developing shared ownership and accountability for Māori health equity as governors and leaders

Morning

8:30am Karakia

Māori health population overview
What does Maori health equity mean
for governors and leaders in the sector?

- Discussion
- Report back to plenary

10:30am Morning tea

Sharing good practice
What equity issues have we identified
at our district level?

- What is working well?
- Where are the opportunities to do even better?
- Report back to Plenary

12:00pm Lunch

Afternoon

12:45pm Final Q&A opportunity

Treaty, Equity and Mainstream Bias

- What are the enablers of change?

1:15pm

Building on what we have heard,
shared and learned from each other

- What are we taking away to apply at our local level?
- What support is needed to strengthen iwi/Māori health leadership in the next five years? and then
- What should the next Māori health leadership wānanga focus on?

2:45pm Poroporoaki

2:55pm Karakia

3:00pm Finish



ĀpitiHanga 4: Te rārangi ingoa o ngā tāngata i uru atu |

Appendix 4: Organisations of registered participants

- › 155 Community Law
- › Arowhenua Whānau Services
- › Auckland City Hospital
- › Auckland District Health Board
- › AVID Business Agency
- › Bay of Plenty District Health Board
- › Birchfield Minerals Ltd
- › Canterbury District Health Board
- › Capital & Coast District Health Board
- › Department of the Prime Minister and Cabinet
- › Edie Moke
- › Enable New Zealand
- › Family Link
- › Greymouth High School
- › Hauora ā Iwi
- › Hauora Tairāwhiti
- › Hauora ā Iwi Whanganui
- › Hawke's Bay District Health Board
- › Health Hawke's Bay Limited
- › HealthShare Shared Services
- › Hutt Valley District Health Board
- › Iwi Māori Council, Waikato District Health Board
- › Jigsaw North Manaaki Whānau Services
- › Kahungunu Health Services
- › Kotui Hauora Iwi/DHB Partnership Board
- › Lakes District Health Board
- › Manatū Hauora | Ministry of Health
- › Manawhenua ki Waitaha
- › Māori Relationship Board, Hawke's Bay District Health Board
- › MidCentral District Health Board
- › Nelson Marlborough District Health Board
- › New Zealand Nurses Organisation
- › Ngāti Mākinō Iwi Authority
- › Ngāti Tahu Ngāti Whaoa Runanga Trust
- › Ngāti Whātua Ōrākei Whai Maia – Ōrākei Health Services
- › Northland District Health Board
- › Occhiali Optometrist Limited
- › PHO Health Hawkes Bay
- › Poutiri Trust
- › Rangitāne o Tamaki nui-ā-Rua
- › Shea Pita & Associates Ltd
- › South Canterbury District Health Board
- › Southern District Health Board
- › Specialist Mental Health Services, Old People's Health and Rehabilitation, Canterbury District Health Board
- › Tairāwhiti REAP Aotearoa
- › Tapuika Iwi Health
- › Taranaki District Health Board
- › Tatau Pounamu/Te Hā o Kawatiri
- › Tatau Pounamu, West Coast District Health Board, Greymouth

- › Te Ao Hou Trust Te Kāwai Herenga – Te Manawa Taki
- › Te Hau Ora O Ngāpuhi
- › Te Kupenga Net Trust/Ngā Hau e Whā
- › Te Manawa Rahi
- › Te Manawa Taki Regional Hub – Te Aho o Te Kahu
- › Te Oranga o Te Iwi Kainga, Wairarapa District Health Board
- › Te Oranga o Te Matau a Māui
- › Te Roopu Hauora o Te Arawa
- › Te Rūnanga Hauora o Te Moana a Toi
- › Te Rūnanga o Kirikiriroa
- › Te Rūnanga o Ngāti Tama
- › Te Rūnanga Bay of Plenty District Health Board
- › Te Tihi o Ruahine Whānau Ora Alliance
- › Te Tohu o Te Ora o Ngāti Awa (Ngāti Awa Social and Health Services Trust)
- › Te Toi Ora Public Health
- › Te Wānanga o Aotearoa
- › Te Whare Pūnanga Kōrero
- › Toi Te Ora Public Health
- › University of Auckland and Papakura Marae
- › Vigor-Brown Law
- › Visique
- › Wairarapa District Health Board
- › Waitemata District Health Board
- › WellSouth Primary Health Network
- › West Coast District Health Board
- › Whanganui District Health Board

