

Equity-focused Commissioning in Three Regions – Lakes, Tairāwhiti and Hawke's Bay: Commissioning for Pae Ora | Healthy Futures case study

2023

Acknowledgements

This is one of a series of case studies funded by Manatū Hauora – the Ministry of Health looking at commissioning as a tool to improve health equity.

Thanks to Ihi Consulting and Jo Maraki for undertaking the interviews and data collection for these case studies.

Citation: Ihi Consulting, Maraki J; Ministry of Health (ed). 2023. *Equity-focused Commissioning in Three Regions –Lakes, Tairāwhiti and Hawke’s Bay: Commissioning for Pae Ora | Healthy Futures case study*. Wellington: Ministry of Health.

Published in January 2023 by the Ministry of Health
PO Box 5013, Wellington 6140, New Zealand

HP 8653



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Contents

Introduction	1
Method and contributions	2
1. Lakes region	3
Background	3
Intended benefits and service-level outcomes	6
2. Tairāwhiti region	8
Background	8
Whakapapa: A paradigm shift	8
Whāriki: Ways of working	12
He Huarahi ki Mua: A way forward	12
3. Hawke’s Bay region	14
Background	14
Systems barriers	14
A transformative change programme	14
Forerunners	15
Equity principles in planned care	17
List of Tables	
Table 1: Intended benefits and service-level outcomes	6
Table 2: Innovative initiatives 2017–2020	8
Table 3: Learning and early outcomes achieved at whānau and systems levels	10
Table 4: Methods	11
Table 5: Key enablers, methods and early outcomes of whānau-centred initiatives	16
Table 6: Equity principles in planned care	18

Introduction

These case studies highlight different approaches to equity-focused commissioning of services and practices across three regions of Aotearoa New Zealand: Lakes, Tairāwhiti and Hawke's Bay. Each region has a high proportion of Māori and a high proportion of communities with greater levels of entrenched disadvantage and inequity compared with the national population.

Actions taken to improve health equity in each region are described, highlighting the different approaches to commissioning including partnership with Māori. System-level barriers to progressing community-led and whānau-centred approaches are identified and potential solutions explored.

Lessons from these experiences contribute to an understanding of how the different entities in the health system can exercise their stewardship to better support communities and organisations in commissioning arrangements to achieve equity and wellbeing for whānau Māori.

Method and contributions

Key components of the commissioning cycle are illuminated through interviews with district health boards (DHBs), providers and community organisations. Key reports, programme evaluations, planning and policy documents are also incorporated and referenced throughout.

While these case studies did not directly engage with whānau and communities, findings, feedback and perspectives from whānau informed many of the changes and the direction of the initiatives and approaches detailed in each study.

1. Lakes region

Two initiatives from the Lakes District Health Board (Lakes DHB) Innovation Project highlight how system tools and levers can be applied to improve access for whānau Māori to high-quality health care.

- Fit for Surgery focused on ensuring whānau were engaged early to prepare for their pre-operative journey. This was achieved through agreed data-sharing practices and mechanisms, the establishment of a continuous improvement process between key partners, and partnering arrangements to refine and agree workflow processes.
- The Healthy Homes Initiative (HHI) was established to respond to whānau and families experiencing poverty and housing stress. Through iwi leadership, dedicated resources in partnering arrangements, partnering within and across iwi boundaries, and adaptive and flexible commissioning, HHI continues to deliver significant benefits to whānau Māori and communities.

Background

Lakes DHB invested in a partnership approach to developing community-led and culturally defined innovations to increase whānau access to 'consistent, safe and quality health care and support'.

Lakes DHB committed to a three-year Planned Care Improvement Innovation Project (Innovation Project) as a contribution to *Te Manawa Rahi*¹ to address health inequities experienced by Māori and other marginalised communities. A fundamental factor in the success of the project has been that it gives validity and authority to 'iwi, hapū, whānau and communities ... to improve their [own] health and wellbeing within a health system that is inclusive and respectful of aspirations to deliver health outcomes based on mātauranga Māori and indigenous health principles'.²

To demonstrate initial successes, this section highlights two initiatives within the Innovation Project.

1. Fit for Surgery is an alternative referral and health service pathway to surgery and aims to reduce the risk of perioperative complications. Korowai Aroha Health Trust is the lead provider.
2. Tūrangi Healthy Homes Initiative is a cross-sector collaboration to support whānau living in cold, damp and substandard housing, and/or living in overcrowded conditions due to housing stress and prohibitive housing costs. Te Kapua Whakapīpī is the lead provider.

The initiatives demonstrate how 'whānau-centred primary health care [has] ... evolved out of Māori innovation within the health sector rather than direct funding of a whānau-

¹ Te Manawa Rahi is Lakes DHB's Strategic Plan. Iwi Mana Whenua contributed to its development.

² Lakes DHB. 2021. Planned Care Improvement Innovation Report. Unpublished.

centred model or approach'.³ Both partners referenced examples demonstrating the 'value' of flexible and adaptive funding and commissioning relationships in Whānau Ora investment (via the Whānau Ora Commissioning Agency)⁴ to develop innovative solutions with whānau, beginning with their strengths, with the aim of identifying and responding to gaps and needs.⁵

Fit for Surgery

Fit for Surgery is an alternative referral and treatment pathway to prepare whānau for surgical intervention by engaging with them early in their pre-operative journey. The aim is to deliver a service that is close to home and culturally accessible, to support lifestyle changes related to nutrition, physical activity, smoking and alcohol misuse. 'We need to work with whānau, remove "us and them" walls ... we build relationships, whānau feel safe to call in and talk to us about things that may be bothering them – beyond the initial health issue – and they do.' Fit for Surgery is a proactive example of how the Māori health and hospital sectors can reconfigure systems pathways to ensure whānau have access to high-quality health care in the community.

Korowai Aroha also emphasises the context of Fit for Surgery's development: 'Long-standing relationships in health, in communities, and with whānau have been built up over time', including through other community-led initiatives with Te Arawa Whānau Ora Collective. This whakapapa illustrates the importance of continuous relationships with communities and across sectors – working from shared strengths and assets with a deep understanding of the communities they serve.

Assessments in the community gave a more personable approach [than in a hospital setting]. In their [community members'] words, 'just more friendly from the first phone call'. They felt we really cared about their journey and wanted to not only support them but also their whānau. As things came up [during the assessment] we could refer them to appropriate services in the first instance. We recognised things [and responded] ... such as marital concerns due to the impact of a disability.

Key 'systems' features adapted or established include:

- agreed data-sharing practices and mechanisms to enable the Korowai Aroha 'Fit for Surgery' team to do pre-assessment clinics in the community. This reduces the risk of gaps in information, whānau having to repeat themselves to different professionals, and time better spent with whānau
- a continuous improvement process between key partners, to enable an adaptive and flexible response
- partnering arrangements to refine and clearly define roles and responsibilities, and ensure secondary and tertiary services are accessible if needed.

³ Te Piringa Whānau-centred Māori and Pacific Led Primary Health Care Case Studies 2020. Savage et al, 2020.

⁴ Te Pou Matakana trades as the Whānau Ora Commissioning Agency.

⁵ Two Collective Impact initiatives.

Healthy Homes Initiative

The Healthy Homes Initiative (HHI) is a cross-sector and soon to be nationwide initiative designed to respond to whānau and families who are experiencing poverty and housing stress and are at risk of 'housing-related' conditions.

HHI has been extended into the Tūrangi/Taupō rohe in response to the lack of housing stock and the increasing numbers of whānau experiencing housing stress and lack of safe, affordable, warm and secure homes.

Whānau live rough on their whenua – running water and power [are] non-existent, many others in overcrowded conditions, ... [in addition,] the aged housing stock means houses are not insulated and need damp-proofing.

Te Kapua Whakapīpī, Lakes DHB and Sustainability Options Ltd partnered to collaboratively address the risk and causal factors of ill health, while also investing in the protective factors for whānau wellbeing. Te Kapua Whakapīpī emphasises the need for different agencies to prioritise under-served communities across the delivery of multiple services (eg, health, housing, education, welfare). 'In essence, transformational change through a programme of [social, educative and] health-related projects.'

Te Kapua Whakapīpī highlights a range of partnering arrangements and initiatives, progressed over time, that have contributed to the development of innovative solutions to inequities. The following are some examples.

- 'During COVID-19, Taupō District iwi and hapū authorities mustered to lead key activities for the facilitation, coordination, and communication of activities to provide ongoing health and social support to whānau/family and community within the Taupō District.'⁶
- Whānau Ora Investment (COVID-19): Te Kapua Whakapīpī partnered with Tūwharetoa Whānau Ora Collective to support over 800 separate households. This included relocating 22 whānau from their whenua (where they had no running water or power) into temporary accommodation, with ongoing support to explore and take up more permanent options.
- Whānau Ora Investment: Collective Impact (via Te Arawa Whānau Ora Collective) identified and supported 42 whānau experiencing entrenched deprivation. This cross-sector work addressed immediate needs while walking alongside whānau towards sustainable solutions.⁷

The primary objective is whānau mana motuhake in their own kāinga ... removing barriers that hinder whānau from attaining a quality standard of living. How do we make it possible, practical and something people want to do?

Participants emphasised fundamental factors for commissioning for innovative solutions within and across regional, remote and widely dispersed communities:

- **iwi leadership** connected to networks across the public, health and social sectors
- **dedicated resource (and person/people)** with the right mix of skills, competencies and attributes to facilitate collaboration

⁶ Lakes DHB. 2020. Internal report. Unpublished.

⁷ Whānau Ora Collective Impact initiatives are funded for a period of two years.

- **partnering** within and across iwi boundaries
- **adaptive and flexible commissioning** to reorganise resource more effectively.

Beginning with where whānau are at, they are the number one priority, highlight their strengths, their stories.

Intended benefits and service-level outcomes

Participants identified the intended benefits and desired service-level outcomes towards improved Māori health status (Table 1).

Table 1: Intended benefits and service-level outcomes

Innovation	Intended benefits and service-level outcome
Fit For Surgery	<ul style="list-style-type: none"> • Increased engagement with Māori earlier in their health journey, in a culturally appropriate and timely way. • Reduced patient numbers waiting for pre-surgical assessments and on surgical waitlist. • More capacity to support patients with health and lifestyle aspirations and preparations to be fit for surgery. • Increased capacity to invest in and build a skilled Māori workforce.
Healthy Homes Initiative – Tūrangi	<ul style="list-style-type: none"> • Working with whānau in the context of their home and community to address the determinants of poor health and social outcomes. • Identifying and supporting actions to address cold and damp housing, substandard housing, overcrowding and housing 'unaffordability'. • Strengthening cross-sector relationships and collaboration to improve the pathways, availability and delivery of whānau supports in the community. • Establishing appropriate referral pathways for whānau experiencing serious respiratory health conditions. • Strengths-based activities from the ground up to extend and invest in whānau capacity and capability. • Supporting whānau to articulate and act with authority and mana motuhake to assert their right to safe, accessible and quality health care.

Partnering for outcomes and key enablers

Lakes and its partners have been able to establish the range of initiatives in the Innovation Project because of their partnerships with shared aims, objectives and responsibilities. It takes a specific mix of skills and attributes to facilitate inclusive and mutually beneficial relationships, beginning with local leadership – more specifically, Māori leadership – that can draw on the strengths and expertise in communities.

Agencies and their staff, governments and their priorities come and go, but iwi is invested and will remain.

For example, to ‘give the [Innovation Project] the best chance of success ... a dedicated Equity Project Manager oversees [its] implementation and evaluation ... The role is to build key relationships with iwi partners, providers, and consumer representatives, as well as review and report on activities, monitor funding and build sustainability into Planned Care Pathways.’⁸

[A dedicated role] has made a real difference to our relationships with [the] DHB and across the sector, especially in seeing and knowing how to translate systems issues from our perspective. We [encourage the] DHB to ensure that [this person] is properly supported ...

For effective commissioning in this project, the key enablers identified were time and relationship investment. Agencies rarely ‘front-load investment in whānau, in communities, in relationships – look at the connectors and work together to co-create’. Participants assert the value of flexible funding options and high-trust agreements to help communities reorganise and adapt existing services and resources to their needs and characteristics. Participants encourage agencies to revisit their procurement and contracting mechanisms. ‘Procurement is a part of enablement; it is not commissioning.’ Commissioning is a combination of factors that extends beyond procurement and contracting activities; it includes ‘ground-up, community-led planning and decision-making – innovation begins here!’

⁸ Lakes DHB. 2021. Planned Care Improvement Innovation Report. Unpublished.

2. Tairāwhiti region

Background

Hauora Tairāwhiti has undertaken a substantial programme of work in mental health and addictions (MH&A) over 2016–2021 to respond more effectively to increasing levels of whānau need and distress. Partnering with the MH&A sector to develop new ways of working together has culminated in Whāriki, a ‘one service, many providers’ response to ill health. Whāriki is a shared framework that places whānau wellbeing at the heart of health service provision, ranging from policy, to planning and delivery, to monitoring and measuring progress.

The framework sets out the values and principles needed to embed consistent ‘standards of behaviour’, and provides the parameters for engagement and decision-making to realise a ‘whānau first’ vision in MH&A.⁹

Whāriki

Vision: ‘Whānau First 2040’

Vision Statement: Health and Happiness is ‘a meaningful life where everyone feels connected and worthy, where everyone has a purpose to get up in the morning’¹⁰

Whakapapa: A paradigm shift

Six initiatives informed the development of Whāriki (Table 2). Underpinning these activities is a drive towards whānau-centred health care and away from individualistic and clinically led health care.

Whānau don’t have a place of privilege to be heard, to make themselves heard – our job is to facilitate this – to walk alongside whānau.

The initiatives informing Whāriki were implemented concurrently, enabling a substantial shift to the way MH&A services are being designed and delivered in the region.

Table 2: Innovative initiatives 2017–2020

Initiative	Barriers identified
Te Kūwatawata (pilot): a community-based and ‘clinically	<ul style="list-style-type: none">• Disconnect between primary mental health,¹¹ secondary clinical services and community

⁹ Drawn from consultation documentation.

¹⁰ Drawn directly from whānau feedback to shift the focus from a systems definition of health to a whānau definition of wellbeing.

¹¹ The initial conceptual request for proposal included Pinnacle Midlands Primary Health Organisation. As the initiative developed, Pinnacle withdrew. It was felt that ‘partnering a kaupapa Māori community-based

Initiative	Barriers identified
partnered' point of entry to address unmet need in MH&A	<ul style="list-style-type: none"> • Waitlists and unmet need • Whānau not knowing where to go or who to talk to • Stigma associated with MH&A and formal clinical services <i>Whānau feel whakamā, fearful, it represents a loss of control, loss of mana.</i> <i>If the service was flipped the other way and located in [DHB] clinical services ... whānau wouldn't come, it would be more of what we already have with an add-on cultural component – we'd do what we always do.</i> <i>I knew there was unmet need but was overwhelmed by the sheer numbers of whānau walking through the door at Te Kūwatawata.</i>
Te Hiringa Matua: A Kaupapa Māori Pregnancy and Parenting Service (PPS)	<p>Whakamā – stigma; judgement, inconsistent messaging and misinformation, alongside entrenched deprivation, are significant barriers excluding whānau uptake of pregnancy and parenting support services.</p> <p><i>PPS [are] funded on the premise that they had the potential to reach children most at risk of adverse outcomes due to exposure to risk factors including parental addiction and poor parenting.¹²</i></p> <p><i>Te Hiringa Matua team members were named Mataora by Te Kurahuna. They were change makers and included artists with mātauranga Māori and expertise as well as clinician backgrounds.¹³</i></p>
Mahi Tahi: a sector-wide advisory forum established to provide oversight and support for Kia Tōtika Te Tū, and the development and implementation of Whāriki	<ul style="list-style-type: none"> • Unequal power relationships embedded in the competitive contracting environment • No line of sight across the health continuum • Fragmentation and limited resource
Kia Tōtika Te Tū: a local review of MH&A from the perspective of whānau, consumers and community	<ul style="list-style-type: none"> • Increasing burden of need and distress presenting in community • An inconsistent understanding of the causes and risk factors of MH&A, and what was and wasn't working <i>'There was no real understanding of inequity ... who that hurts and how – I still think we have a long way to go, are not there yet.'</i>
Mahi-a-Atua: a uniquely mātauranga Māori way of understanding and responding to whānau in distress –workforce development 'Mataora'	<ul style="list-style-type: none"> • An over-reliance on westernised frameworks that do not work for whānau Māori • 'A tendency for the system to pathologise and medicalise whānau in distress. They fear they will be medicated, institutionalised, locked up –they won't present until they are in crisis.'

practice with clinical secondary practice was enough without the added complexities of including general practices'.

¹² PPS Evaluation Report, 2020.

¹³ PPS Evaluation Report, 2020, p 16.

Initiative	Barriers identified
	<ul style="list-style-type: none"> A workforce lacking dual competencies to apply 'good practice' from within a culturally constructed paradigm.
Te Rōpū Matua: a Māori leadership advisory group in the health policy, planning and resourcing system/cycle	<ul style="list-style-type: none"> Inequity in decision-making and transparency regarding the types of services that are delivered in Te Tairāwhiti

Early learnings and outcomes achieved

Table 3 provides examples of whānau- and system-level learnings and early outcomes achieved across the six initiatives. Table 4 outlines the range of methods employed.

Table 3: Learning and early outcomes achieved at whānau and systems levels

Whānau level	System level
<p>122 whānau accessed support from Te Hiringa Matua in 2019/20. Examples of outcomes achieved are:</p> <ul style="list-style-type: none"> decreased alcohol and drug use and/or recovery from misuse improved whānau relationships improved mother-child attachment improved living situations (housing, necessities, safety) positive and supported access to tamariki (in state care) and a pathway for their return to whānau increased confidence around parenting strategies improved tamariki health. <p><i>'The wānanga helped me with understanding about who I am. Those fairy tales about princesses [that you hear growing up], they are not ours.'</i>¹⁴</p> <p>Te Kūwatawata is engaging with an average of 160 whānau each month: whānau access support 'in time', including supported referrals to appropriate services if required. Outcomes include:</p> <ul style="list-style-type: none"> reducing risk of escalation and sustained ill health reducing wrong door experiences and having to 'repeatedly tell their story' fewer bottlenecks and reduced waitlists. 	<ul style="list-style-type: none"> Equity: Developing a shared understanding of equity and inequity (for who, where, when, why and how), and how to apply an equity lens across systems and processes. Community-led partnership/s: Enabling a shift towards collective ownership and shared accountability. Accountability: Increasing resilience to tackle systems issues, including those associated with racism and discrimination. Increased transparency and visibility of how and why health resourcing decisions are determined. Workforce capability: Investment in Mataora has increased the level of cultural skill and competencies across health disciplines and in communities. Increased clarity and line of sight: Roles and functions across different parts of the health and wellbeing continuum are better understood. A shift towards community-based health care with an 'in reach' to clinical services: Clinicians are being freed up to do their work while community focuses on context and broader aspects of wellbeing. Strengths-based: A shift towards strengths-based practice. For example, focusing on the conditions that contribute to ill health rather than what have been perceived as 'problem people'.

¹⁴ PPS Evaluation Report, 2020. p 38.

Whānau level	System level
<p><i>The [support] was fitted to me and what I needed ... I took my mum to Te Kūwatawata ... I like how easy it was ... specialist Māori staff who understood manaaki, ... genuine care from Mataora. (Whānau feedback, Kia Tōtika Te Tū, 2019)</i></p>	<ul style="list-style-type: none"> Whānau-centred: Shifting from clinically led 'service-centric' health towards whānau-centred health that is designed and delivered to the needs of whānau.

Table 4: Methods

Methods
<ul style="list-style-type: none"> Whānau and consumer voice: Multiple methods evident in planning, policy, implementation and monitoring of new services,¹⁵ and multiple platforms for engagement. Mātauranga Māori methodologies: Hui ā-whānau, wānanga ā-whānau, hui ā-hapori, wānanga a-hapori; pūrākau, mahi toi, rongoā Māori, rangahau Māori. Whakapapa: Understanding each partner's relationship with the kaupapa; understanding the different contributions required and the types of working relationships needed. Mahi Tahi: Collaborative design, time investment utilising a range of different skills and competencies across the policy, research and delivery continuum. Equity: Triangulating health data, health policy and research literature, to include systems barriers: underpinned by community and whānau insights.

¹⁵ For example, Ngāti Porou Hauora and Te Kupenga Net Trust have invested in feedback-informed treatment (FIT) and My Outcomes (ORS) to capture, respond to and adapt to whānau need. 'ORS are designed to be administered at the beginning of treatment as well as throughout to determine progress. The client/whānau perspective of the alliance and their perspective of their progress are two of the greatest predictors of outcomes' (PPS Evaluation Report, 2020).

Whāriki: Ways of working

From these lessons and achievements, Whāriki identifies five key features to inform how the sector will work together:

1. **partnering with communities** – to ensure broader whānau needs are identified and addressed
2. **workforce** – supporting a strong, supportive and skilled workforce equipped to effectively respond to whānau in need at every entry point into the system
3. **local leadership and solutions** – found in Te Tairāwhiti, beginning with our strengths and what we have
4. **lived experience** – acknowledging that whānau experiencing ill health and/or distress ‘know best’ what works or doesn’t work for them
5. **flexibility** – ensuring our services are agile and responsive to diversity. We are not all the same. We have different needs, resources and aspirations.

In addition, Hauora Tairāwhiti acknowledges that ‘an authorising context’ is a fundamental requirement to support progress and sustain systemic change.

Champions for change are necessary at all levels of the system from governance to executive, policy, planning, and operationally.

I cannot emphasise enough ... the courage of the Māori consulting psychiatrist, together with leadership in Māori Health and Te Kupenga Net Trust, in [socialising] a kaupapa Māori response through acute clinical services and in the way secondary services respond to Māori [reinforced by] ... the support of [the Chief Executive and General Manager Planning and Funding]; ... they held the line.

He Huarahi ki Mua: A way forward

In 2020, Hauora Tairāwhiti incorporated the lessons in a structured way to develop new initiatives and review existing initiatives. Whānau-centred principles have reinforced the design and development of these initiatives, with whānau and consumer perspectives at the centre of defining the problem and informing ongoing discussions.

- **Wā Haumarū:** This primary mental health (early intervention) initiative utilises mahi toi (in its broadest sense) to reinforce and invest in local leadership capability and community capital in Western Rural and Northern Coastal regions.
- **Regional access:** Packages of care strengthen whānau access to and uptake of regional rehabilitation alcohol and drug facilities. The intent is to support the whole whānau before, during and post rehabilitation to address the impacts of addiction on all members of the whānau, identify and respond to risk factors, and invest in protective factors that are conducive to maintaining a recovery pathway.
- **Te Awa Outreach:** This case coordination partnership proactively offers support to individuals (and their whānau) presenting in custody where alcohol and/or drug use is a contributing factor.

- **Neurodevelopmental Assessment and Support Pilots (NASP):** NASP involves a collaborative design process to develop and establish enhanced early intervention, assessment and support for whānau with children who have fetal alcohol spectrum disorders and/or other neurodevelopment needs.
- **Primary Options Mental Health & Addictions (POMHA):** POMHA offers free general practitioner services alongside clinical MH&A support and community psychosocial supports to whānau with enduring but manageable MH&A conditions.

Key lessons from Whāriki for the system

Privileging the whānau and consumer perspective is challenging for a 'system' that traditionally privileges clinicians as the experts. This change can bring tension; it can be demoralising for skilled and dedicated professionals to hear that the way they work may not be helpful to the community they serve.

Māori want [and need] professional health services, but wellbeing is belonging ... and this is sustained in community.

The system needs to invest 'up front' in time and in relationships to facilitate partnerships. This requires systems thinkers with a strong understanding of equity and inequity. Hauora Tairāwhiti is investing in collective ownership to socialise and normalise change, from the development of bespoke initiatives to whole-of-sector programmes of work. Whāriki provides a platform to do this; to 'collectively give whānau the right help, when and where they need it. [To] shape what, how, by, and for who, services are available'.¹⁶

The leadership investment – at all levels – to mobilise a strong and diverse community that is sometimes at odds with each other should not be underestimated.

¹⁶ Consultation document, 2021.

3. Hawke's Bay region

Background

The Health Equity Framework developed by Hawke's Bay DHB drew on insights from several successful local innovations between 2017 and 2020. Together, these innovations demonstrate the key shifts needed throughout the commissioning cycle to move from traditional service-centred health care towards whānau-centred health care within under-served communities. Applying the framework's equity principles to clinical health services can also reduce health inequities in planned care.

We know from successful programmes both in Hawke's Bay and elsewhere that tackling inequity requires system and culture change, deliberate and sustained focus, realistic resourcing, accountability at all levels, and real community partnership.¹⁷

Systems barriers

To understand the key shifts required to address entrenched inequities, four systems barriers at a DHB level were identified that impede good commissioning and investment in equitable health solutions.

- **A disconnect between different aspects of the health system.** The funding, planning and service delivery roles within the DHB are blurred, with the clinical service rather than strategic planning arm determining priorities.
- **People in decision-making roles do not have a good understanding of Te Tiriti obligation.** Kaupapa Māori concepts and wellbeing models are often imposed that are at odds with Māori and discredit Māori-led approaches.
- **Systemic racism and discrimination impede Māori and Pacific capability and capacity.** Māori health is under-resourced and therefore under-developed, meaning investment goes to Pākehā models that do not work instead of to Māori-led health solutions.
- **System levers struggle to address the determinants of ill health.** When system processes such as contracting and procurement are inflexible, they tend to fund the treatment of individual symptoms rather than responding to the causes and mix of issues whānau grapple with.

A transformative change programme

Hawke's Bay DHB adopted the Health Equity Framework to address system barriers and enable more equitable commissioning of services. The intent was to 'make sure that [all

¹⁷ Hawke's Bay District Health Board. 2018. *Health Equity Report*. Hastings: Hawke's Bay District Health Board, p 9.

parts of the organisation] are working collectively to address health inequities within our region ... [reinforcing that] different actions are needed to improve the health and wellbeing of our most disadvantaged populations, and each of us has a different role to play'.¹⁸ It was recognised that whānau and consumer voice, Te Tiriti o Waitangi, Pūao-te-Ata-Tū, Te Whare Tapa Whā and Whānau Ora all need to underpin each of the following four stages of the policy and commissioning cycle:

- identifying health equity issues
- co-designing partnering activities with a focus on policy, system and services solutions
- putting solutions into place
- monitoring progress and measuring effectiveness.

Forerunners

The whānau and consumer voice is the game changer – if done well in the right way. This is key! It needs the right people, skills and competencies.

To inform the framework, the Hawke's Bay DHB identified several 'forerunners' that illustrate the success and learnings achieved through implementing whānau-centred principles in policy and practice. Participants also asserted that the role of the Māori health team, Board priorities and strategic direction, Māori leadership at the Board level, and executive and operational commitment were critical. This illustrates the collective drive and 'authorising context' required at all levels to progress community-led solutions. It was also acknowledged that change takes time and has to have the commitment of 'champions', who need support to 'hold the line/course' through a significant change process and work around systemic barriers in the meantime.

Finally, we have Māori leadership on the Board and at the head who are making a real difference.

The following forerunner initiatives highlight successful examples of whānau-centred policy and practice in the Hawke's Bay region.

1. **Pathway for Dental Care Involving Ambulatory Sensitive Hospitalisation General Anaesthetic for Tamariki 0–4 years:** This initiative identified system barriers to addressing prevalence of poor oral health, including unmet need.
2. **Tō Waha:** This whānau-centred, cross-sector approach involved working collaboratively to deliver oral health care to high-needs whānau.
3. **Hauora Rangatahi:** In this model of care developed in partnership with rangatahi, rangatahi feel services 'know' them and can be 'trusted', and the services make them feel 'safe'.
4. **Ngā Kōrero o Ngā Māmā:** This kaupapa Māori engagement process focused on māmā Māori about their pregnancy experiences. It was designed to identify the needs and aspirations of māmā Māori in order to support better planning and funding of services.

¹⁸ Hawke's Bay DHB. nd. *Hawke's Bay Health Equity Framework*. Hastings: Hawke's Bay DHB, p 4.

Table 5 summarises the key enablers, methods and early outcomes of these initiatives.

Table 5: Key enablers, methods and early outcomes of whānau-centred initiatives

Enablers and methods	Early outcomes
<p>Whānau and communities</p> <p>Whānau and consumer voice involved at all levels and throughout the process, from problem definition to design and planning to monitoring.</p> <p>Whānau and hapori having the right information and authority to make decisions and exercise kaitiakitanga.</p>	<p>Whānau and consumers can ‘see themselves’ in the process – are respected, heard and seen for their strengths, not perceived deficits.</p> <p>People move from passive recipients to proactive contributors and leaders, shifting from systems-led to whānau-led solutions.</p>
<p>Comprehensive analysis and kaupapa Māori research and engagement methods</p> <p>Drawing on existing data including quantitative data, contextual factors, conditions and underlying causal factors – underpinned by whānau and consumer voice.</p>	<p>Clearer understanding of ‘what works’ for whānau and consumers and ‘what is not working’.</p> <p>Inter-relationships between different issues are understood, identified and responded to.</p>
<p>A broader range of ‘stakeholders’ that leverages community strengths</p> <p>Cross-sector and community partnerships (including clinical, community, whānau, hapori Māori, and public sector partners).</p>	<p>Unmet need is identified and prioritised.</p> <p>Clinicians were able to focus solely on the technical skills they are trained to do, and communities and community-facing organisations were empowered to determine the way the service was delivered.</p>
<p>Multiple methods of engagement and delivery</p> <p>These include wānanga, focus groups, kaupapa Māori methodologies, social media, community-based and led engagement, and multi-level governance, design and steering groups.</p>	<p>Rangatahi coordinators were paid positions within the DHB. They led engagement with youth in the community, and helped design youth workshops and analysis that informed the model design.</p>
<p>Dedicated investment</p> <p>Investing in the right people and capabilities, with dedicated resources and funding, and existing resources identified to complement shared objectives.</p>	<p>Investment in Māori leadership capability (eg, Hauora Rangatahi).</p> <p>Redesign of the Community Oral Health programme.</p> <p>Māori Health budget doubled in current financial year to \$8.7 million.</p>
<p>Transparency and accountability</p> <p>A willingness to identify, publish and feed back on gaps, barriers and what’s not working well to adapt over time.</p>	<p>Strengthening iwi, hapori and cross-sector relationships increased trust and confidence.</p> <p>Measuring what matters: A systems-level measures improvement plan to track and monitor progress.¹⁹</p>

¹⁹ Hawke’s Bay DHB. 2020. *Hawke’s Bay District Health Board Annual Plan 2020/21*. Hastings: Hawke’s Bay DHB.

Equity principles in planned care

In 2020, Hawke's Bay DHB also identified a need to review and address inequities in planned care through the Health Equity Framework. There was 'no framing of health issues, no shared understanding of equity and inequity in population health outcomes being applied in planned care'. Hawke's Bay DHB placed 20th of 20 DHBs in terms of the aggregate Standardised Intervention Ratio. While this can partly be attributed to external factors such as COVID-19, the last year Hawke's Bay DHB achieved its inpatient discharge target was in 2016/17.

By contrast, through applying the equity principles, the framework has provided the parameters to consider community voice, structures, systems, process and measures of accountability. Key findings from this undertaking include:

- tamariki Māori and Pacific had a two-year waitlist
- tamariki Māori were often not seen as they did not meet the existing 'clinical and urgent' threshold
- structural barriers between directorates caused a disconnect in performance accountability
- paediatric day surgery went to Wellington – 'the surgeons offered to come to the Hawke's Bay, but this was not acted on'
- systems issues were prioritised over people, with no demonstrable improvement in Māori and Pacific outcomes over a 10-year period and no demonstrable strategies in place to change this
- the service pathways were clinically led, with an outreach component
- no formal systems levers were in place to monitor and track follow-up.

As a result, Hawke's Bay DHB facilitated a solution-focused approach and 'encouraged the "system" to look forward, to address the current problem' and undertake planning work to achieve the following objectives:

- assess planned care over a three-year timeframe
- make an appropriate response to and reduce unplanned acute care
- reduce out-of-district travel for whānau
- transition towards community-based care with an in-reach component, not the other way around
- revisit the way thresholds are determined and applied
- outsource planned surgery to utilise facilities in the local region and decrease bottlenecks.

To support this work and transition towards a whānau-centred model, Hawke's Bay DHB developed Planned Care, Principles, Priorities, Performance and local objectives, which includes pathways for planned care, with shared success indicators to monitor collective progress over time. To ensure whānau experiencing multiple issues get the care they need, decision-making and prioritisation thresholds are guided by the four equity principles shown in Table 6.

Table 6: Equity principles in planned care

Principles	Approach
Equity for Māori and Pacific	Increase volumes for specialities with a high proportion of Māori and Pacific peoples on the waitlist and ensure they are prioritised.
Providing care closer to home	Identify procedures that could be delivered on site under a different funding model.
Patients have timely access to treatment	Calculate the inpatient surgical discharge volumes needed to achieve targets, and determine the capacity/cost gap between current capacity and trajectory target.
Improved flow through hospital	Identify opportunity for more acute theatre sessions.

Several shared success indicators for the short and long term were also identified:

- decrease Māori and Pacific peoples who are 'overdue' for dental, ear, nose and throat (ENT) and gynaecology services
- decrease wait times and eliminate overdue planned care
- track broader health gains because of increased access to surgical interventions, such as:
 - a reduction in absent days from school for Māori and Pacific students who accessed ENT surgery
 - reduced whakamā and social exclusion and increased ability to participate and function (eg, in employment) after chronic dental issues were addressed.²⁰

²⁰ Measuring broader health gains will commence in the second year of the production plan.