



Health NZ Stakeholder hui

8 October 2024

Karakia

Tūria, tūria te mata hau nō Rangi
Tūria, tūria te mata hau nō Papa
Paiheretia te tangata ki te kawa tupua,
ki te kawa tawhito
He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whānau
He kawa ora ki te iti, ki te rahi
He kawa tātaki ki au mau ai
Tūturu o whiti, whakamaua kia tīna
Hui e! Tāiki e!

Presenting today

- Margie Apa, Chief Executive Health New Zealand
- Selah Hart (MC), Head of Hauora Māori Public and Population Health
- Cath Cronin, Deputy Chief Executive, Te Manawa Taki
- Duncan Bliss, Group Manager Planned Care
- Hone Te Rire, Board Member Te Moana a Toi Iwi-Māori Partnership Board



Health Targets

Stakeholder hui

Tuesday 8th October 2024

What are the Government's Health Targets?

- The Minister of Health launched 5 Health Targets on 1 July 2024.
- The Minister for Mental Health has announced 5 Mental Health and Addiction Targets.
- The purpose of these system wide Targets is to ensure New Zealanders do not wait as long as they do now to get the healthcare they need and deserve – the shortest wait is the safest wait for patients. This has to be our highest and most urgent priority.

The Government's Health Targets



1. **Faster cancer treatment** 90% of patients to receive cancer management within 31 days of decision to treat.
2. **Improved immunisation for children** 95% of children fully immunised at 24 months of age.
3. **Shorter stays in emergency departments** 95% of patients to be admitted, discharged or transferred from an emergency department within 6 hours.
4. **Shorter wait times for first specialist assessment** 95% of patients wait less than 4 months for a first specialist assessment.
5. **Shorter wait times for elective treatment** 95% of patients wait less than 4 months for elective treatment.

The Government's Mental Health and Addictions Targets

- 1. Strengthened focus on prevention and early intervention:** 25% of mental health and addiction investment is allocated towards prevention and early intervention.
- 2. Faster access to primary mental health and addiction services:** 80% of people accessing primary mental health and addiction services through the Access and Choice programme are seen within one week.
- 3. Shorter mental health and addiction-related stays in emergency department:** 95% of mental health and addiction related emergency department presentations are admitted, discharged, or transferred from an emergency department within six hours.
- 4. Faster access to specialist mental health and addiction services:** 80% of people accessing specialist mental health and addiction services are seen within three weeks.
- 5. Increased mental health and addiction workforce development:** Train 500 mental health and addiction professionals each year.

There's significant variation in performance against Health Targets across the motu

Every week, ~**26,000** patients present to emergency departments

Every month, ~**50,000** patients receive a first specialist assessment

Every year, ~**340,000** patients receive elective treatment

Our national Shorter stays in ED (<6 hrs) performance is currently **71.4%**

Our national first specialist appointment (seen in <4 months) performance is currently **61.5%**

Our national elective treatment (seen in <4 months) performance is currently **62.1%**

Our best performing District is currently at **93%**

Our best performing District is currently at **91%**

Our best performing District is currently at **77%**

Our most challenged District is currently at **50%**

Our most challenged District is currently at **46%**

Our most challenged District is currently at **43%**

The high-level implementation plan



- Launched 11th September.
- Sets out what Health NZ needs to do to achieve the Health Targets by 2030.
- Published on the HNZ Website.
- Work is also underway to develop the detailed Mental Health and Addictions implementation plans.

Work that's already underway

Faster cancer treatment



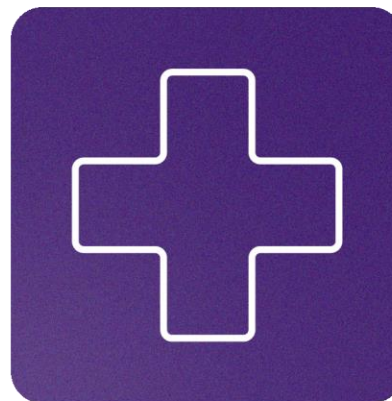
- Rollout of new cancer drugs
- Planning to replace and expand LINACs
- Rolling out national clinical pathways (eg FIT)
- Improving data collection, standardisation, and visibility
- Developing a national cancer workforce plan

Improved immunisation



- Expanding the vaccinator workforce
- Increasing targeted and opportunistic immunisation for priority populations
- Implementing the Enabling Pharmacies Project
- Progressing transformational digital solutions
- Ensuring data-sharing agreements are in place

Shorter stays in EDs



- Implementing national acute flow standards
- Standardising Integrated Operations Centres
- Improving 7-day discharging
- Embedding escalation pathways for complex discharge
- Optimising workflow (eg ED bundles of care)

Shorter wait times FSAs



- Releasing capacity for FSAs by eliminating unnecessary follow-ups
- Standardising access thresholds
- Expanding the workforce able to provide FSAs via new models of care and PUCs
- Ensuring access to community-referred radiology
- Extending alternative clinical pathways (eg MSK)

Shorter wait times for elective treatment



- Implementing nationally consistent waitlist management policy (book in order, treat in turn)
- Standardising clinical prioritisation
- Optimising theatre utilisation and surgical productivity
- Extending operating and clinic hours (including on weekends)
- Outsourcing more efficiently



TE MOANA

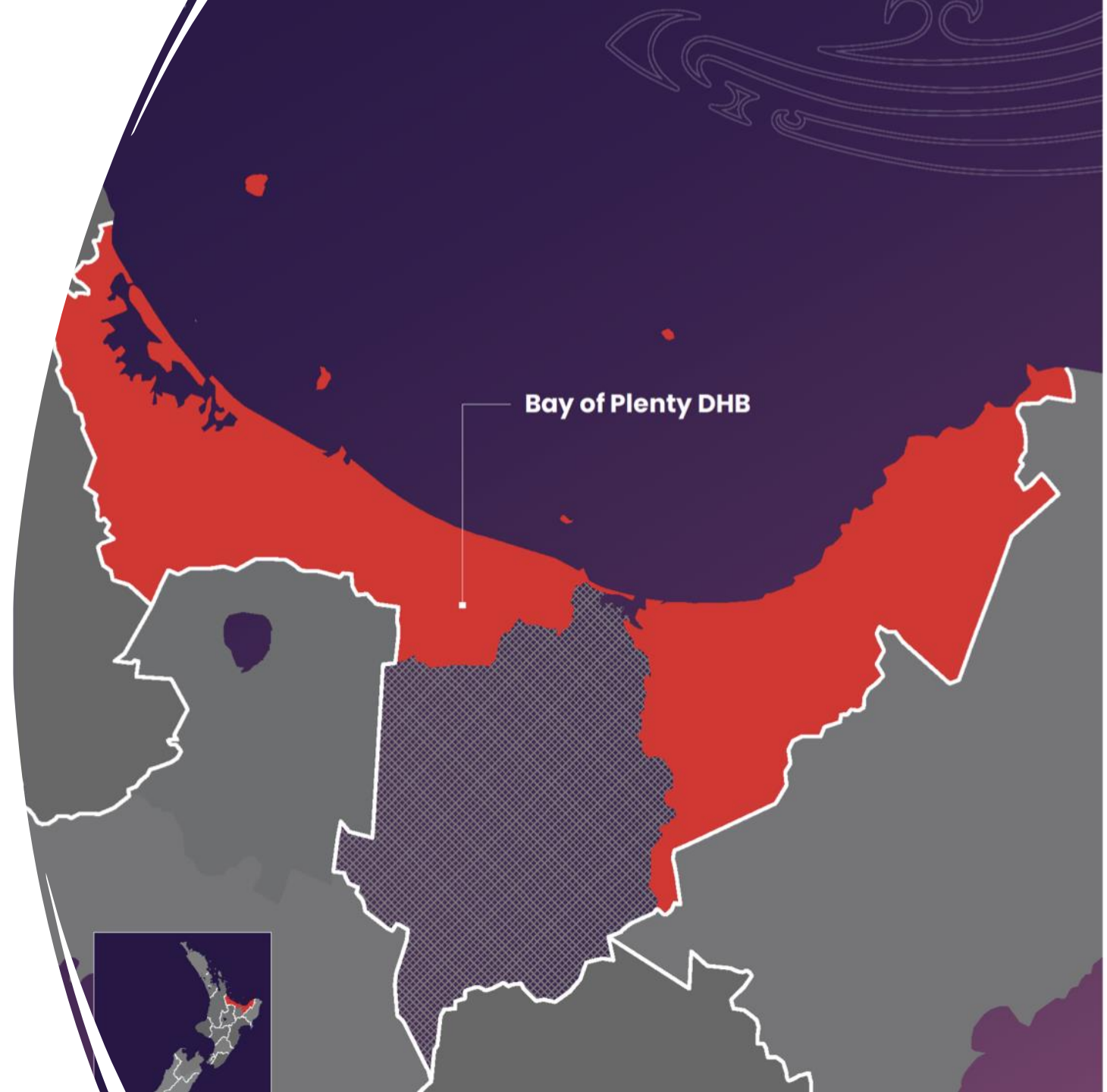
ATOI

Iwi-Māori

Partnership Board

'Mai Ngā Kurī a Whārei ki Tihirau'

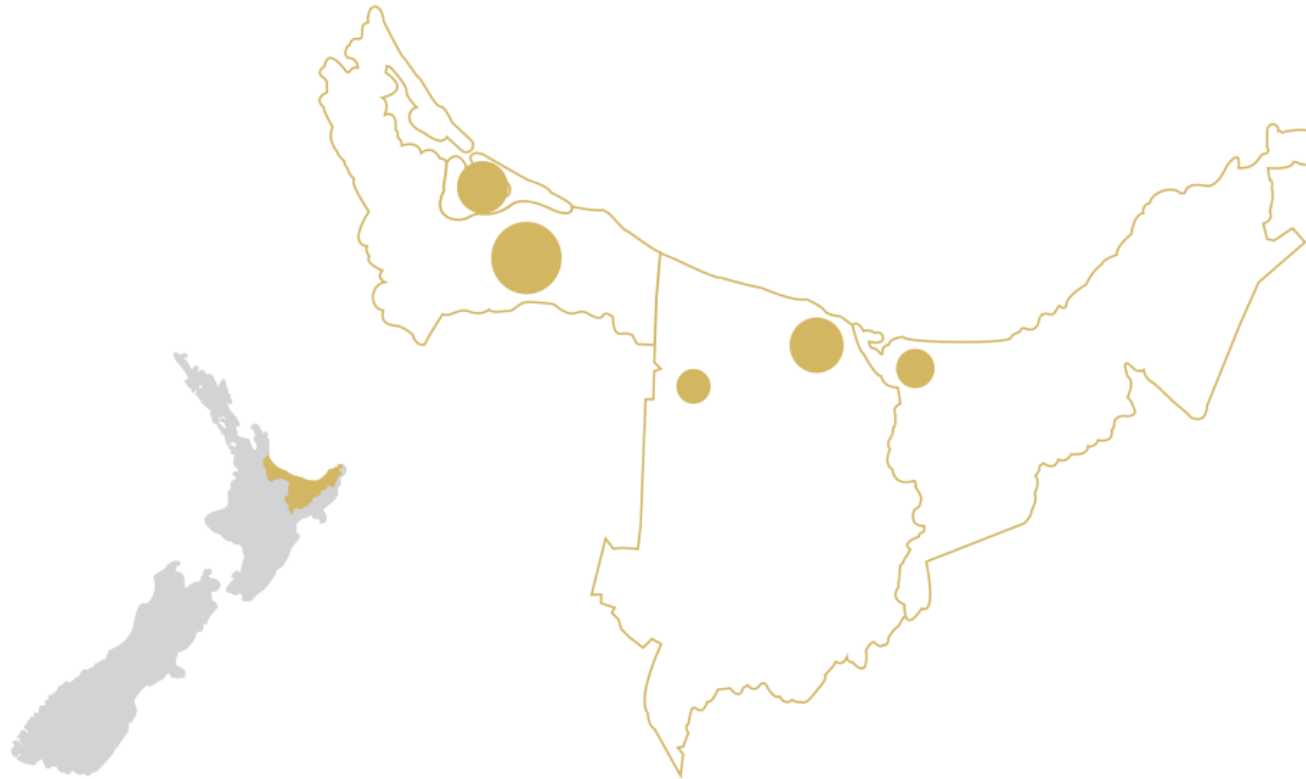
- Tauranga City
- Western Bay of Plenty District
- Kawerau District
- Opotiki District
- Part Whakatane District



- Tapuika - Rutu Maxwell-Swinton
- Ngāi Te Rangi - Roimata Ah Sam
- Ngāti Ranginui - Melanie Tata
- Ngāti Pukenga – Kipouaka Pukekura Marsden
- Waitaha – Carliza Nathan-Patuawa
- Ngāti Whakaue ki Maketu - Susan Elliott
- Ngāti Whakahemo – Margaret Williams
- Ngāti Mākino - Te Ata Ngātai
- Tūwharetoa ki Kawerau - Hone Te Rire
- Ngāti Manawa – John Porima
- Ngāti Awa – Jackie Copeland-Davis
- Whakatōhea - Mariana Hudson
- Ngāi Tai - Lucy Steel
- Te Whānau a Apanui - Theresa Ngamoki
- Te Whānau a Te Ehutu - Erueti Korewha
- Ngāti Rangitīhi – D'arcy Stoneham

TĀTAI TOI ORA

Our People - Our Place



TAURANGA	9020	18%
WESTERN BOP	22390	19%
KAWERAU	4190	60%
WHAKATĀNE	15560	43%
ŌPŌTIKI	5330	58%
	#MĀORI	%POPULATION

MAI I NGĀ KURI A WHĀREI KI TIHIRAU



NOTE | There are 18 iwi recognised by BOPDHB within the region of Te Moana a Toi, 17 of which are members of Te Rūnanga.



Hauora Māori Priorities Report & Community Health Plan

The work we have done to get here

1

Established in the Act; appointed our Board and management

& SHARED SERVICES WITH OTHER IMPBs

2

Engaged our whānau, hapū and hāpori in different ways

3

Reviewed Te Aka Whai Ora IMPB Profiles I and II

4

Requested more data from Te Whatu Ora not in the profiles (e.g. NASC data, hospitalisation data)

5

ANALYSED data from PHO on enrolments – assessed # of unenrolled whānau

6

Analysed the findings and determined our priorities

We worked with data limitations (DHB boundary vs IMPB boundary; different dates for data; gaps)

LESSONS LEARNED TO DATE



There is a plethora of whānau voice that has been collected over the last 40 years...the issue is that voice is not being heard



We have achieved more through kotahitanga and mahi tahi with our IMPB neighbours



Know the obligations the Pae Ora Act places on the Crown



Social determinants (the 80%) will have the biggest impact on improving Māori hauora



Our youthful population presents us with an opportunity to improve Hauora through better health promotion, health prevention, and health literacy



These measures must be grounded in our ancestral wisdom

Q&A session



Karakia

Kia whakairia te tapu
Kia wātea ai te ara
Kia turuki whakataha ai
Kia turuki whakataha ai
Haumi e. Hui e. Tāiki e!

*Restrictions are moved aside
So the pathway is clear
To return to everyday activities.*