

# Te Toi Huarewa

## Western Bay of Plenty Primary Health Organisation Health Strategy: a vision from 2020



WBOP PHO  
Western Bay of Plenty  
Primary Health Organisation

Tungia te Ururua, kia tupu  
Whakaritorito te tupu  
O te harakeke



## Background

*Puhi-whanake was one of the tōhunga (navigation expert) alongside Whatuira who travelled with Tamatea Ariki Nui (who was the captain) on the Takitimu waka to Aotearoa. During the voyage these men passed each night scanning the stars, in order to direct the steersmen and to be able to foretell weather conditions. Puhi-whanake travelled with Tamatea Ariki Nui all the way to the end of their journey, near the Waiau River in the South Island, and then stayed there as instructed by Tamatea Ariki Nui as ahi kaa (keeping the home fires burning, keeping a place warm through the presence of people) to serve as guardian of Tamatea Ariki Nui's wife, Turihuka, who died there.*

***A toi huarewa is the whirlwind path to the highest heavens.***

*Te Toi Huarewa o Puhi-whanake refers to a journey of striving to attain all knowledge and wellbeing under the guidance of a navigator who sees clearly in the darkness through all challenges.*

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# Overview

The Western Bay of Plenty Primary Health Organisation was formed as a partnership between General Practice and Iwi in 2003. In 2020, as we embark on a new health strategy, we will continue to build on this partnership.

We have taken a strong pro-equity approach, particularly for Māori, in our new strategy – a living document that will continue to evolve.

The Ministry of Health definition of equity is:

*In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.*

We believe equity will be achieved by doing the things we are doing now even better (focussing on practical and realistic improvements), by being open to looking at new ways of doing things (through best practice and what our whānau are telling us), and by challenging our own ideas about how things should work.

We know that the health system is not working for Māori. In July 2019, the Health Quality & Safety Commission released a

report: *A window on the quality of Aotearoa New Zealand's Health Care 2019*. The report focussed specifically on Māori health equity. The report shows a pattern of inequities between Māori and non-Māori over their lifetimes.

- Health services are less accessible for Māori compared with non-Māori over the life course
- Even when Māori access services, the evidence shows inequity in the quality of those health services and treatments for Māori
- Māori are more likely than non-Māori to cite cost as a barrier to seeing a general practitioner
- Failure to meet the requirements of Te Tiriti o Waitangi and institutional racism have established and maintained advantage for most non-Māori, and disadvantaged Māori at the same time. Examples of this are shorter consultations, fewer referrals for investigation and management, and less effective treatment for Māori.

We are working to provide a health status report (clinical) on our enrolled population to add to what we know already. We are starting to get a profile (Māori vs non-Māori) of data such as ambulatory sensitive (avoidable) hospital admissions, but we are also working on health needs at a primary care level, so that we can be deliberate with our actions and effort. In order to make decisions around initiatives to achieve equity, we need to be well-informed through data analysis and evidence. PHO Incentive Plans are now in their fourth year and we will review how incentive payments are made and adjust them

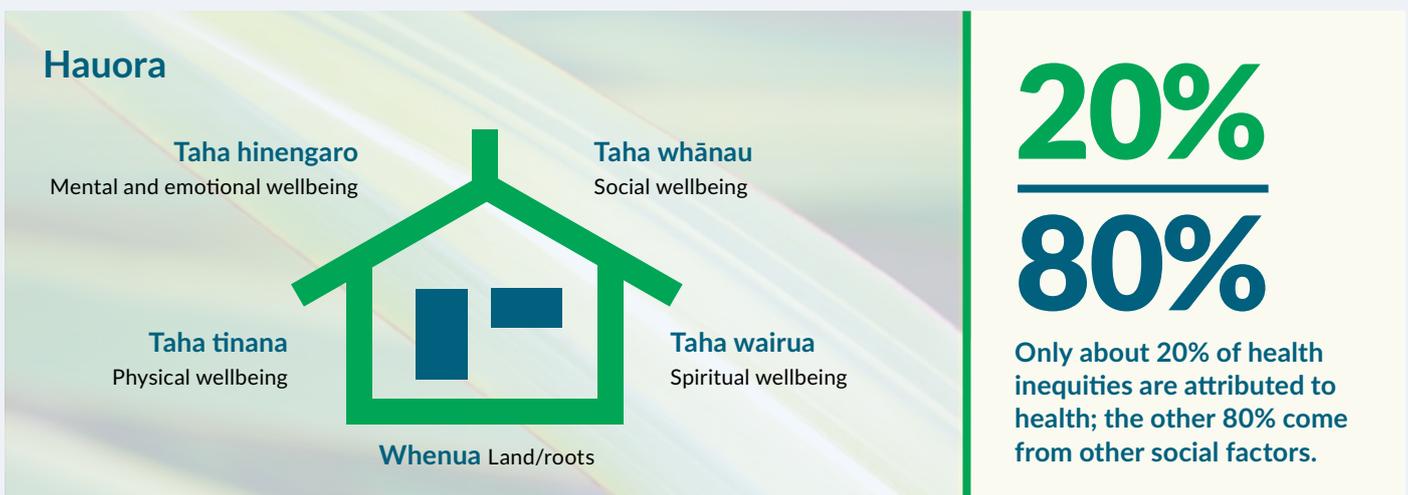
Our priorities are:

- Whai mana – equity
- Whai ora – quality healthcare
- Whai rangatiratanga – sustainability.

so it is fair, realistic and, more importantly, drives change to reduce inequities.

*The System Level Measures Improvement Plan 2019-2020* outlines a multidisciplinary approach and collaborative relationship with BOPDHB and providers that addresses issues such as acute admissions to hospital. Our challenge is to work with the current *System Level Measures (SLM) Improvement Plan* whilst stretching our focus on improving outcomes for Māori. This should be central to development of subsequent plans.

Whānau, Hapu and Iwi must lead, determine and guide pathways to how best to achieve Māori health gain. *Nothing about our whānau Māori without our whānau Māori.* There needs to be a lens of mana motuhake to our service planning and investment i.e. *'how will this advance mana motuhake?'* Investing in Iwi-led and locally delivered kaupapa Māori programmes in partnership with General Practice teams will be a strategy for achieving equity in health outcomes for Māori. We need to be mindful of not stifling Māori health by stifling Māori capacity and capability by identifying opportunities best led by Iwi.





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A key thread of the *Māori Health Strategy: He Korowai Oranga* – Rangatiratanga – captures people's right to participate in making decisions about their health and to have meaningful ways to decide how health services might be provided for their benefit. Upholding Te Tiriti o Waitangi will ensure that Māori whānau are able to enjoy at least the same degree of health and wellbeing as non-Māori. Te Tiriti o Waitangi is the most important equity tool and framework for monitoring the Crown's responsibility to ensure Māori rights to health.

Partnership approaches are important to us to address issues and ensure a positive care experience for individuals and whānau throughout their health journey. Primary care means different things to different people. As well as caring for people when they are unwell, we also want to help people to stay healthy with free programmes for eligible women such as breast and cervical screening, smoking cessation, diabetes management and immunisation. General Practice is one

important layer of Primary Care and we know that strong practice/patient relationships can make a positive difference to Māori health outcomes. We need to work closely to strengthen connection with whānau by promoting the value and contribution of our General Practice teams to achieving wellbeing for whānau.

Another way we can contribute to Hauora (wellbeing) is investment in Kaupapa Māori programmes such as Mauri Ora and Koi Ora. This approach to service delivery draws upon the values, tikanga and kawa unique to their respective Iwi and is recognised as integral to whānau wellbeing. Alongside our efforts to achieve the Ministry of Health targets, we need to balance the clinical aspects with hauora (wellbeing) aspects. We will seek to understand what matters to whānau and will prioritise consumer engagement in Primary Care and co-design of services. Only about 20% of health inequities are attributed to health; the other 80% come from other social factors (poverty, cold,

damp housing etc.), therefore developing meaningful relationships with other stakeholders is mahi (work) that needs to be progressed. We need (particularly General Practice) to be better linked with local health and social providers.

We have chosen not to have a separate Māori Health Strategy but rather a strategy that focuses on Māori inequities; based on the analogy '*what is good for Māori is good for all, and what works for everyone does not necessarily work best for Māori.*' It will be a living document to enable us to respond to current and future challenges. Our commitment to achieving equity of health outcomes for Māori will remain regardless of any changes.

Opportunities to work in partnership with Eastern Bay Primary Health Alliance, the development of a Māori Health Action Plan (Ministry of Health) that enables a more concerted and collective approach to implementing *He Korowai Oranga* (Māori Health Strategy), the actions resulting from the Waitangi Tribunal's WAI 2575 hearings, Health and Disability System Review 2019, and BOPDHB's Māori Health Strategy Te Toi Ahorangi provide some significant opportunities to reset our Health Strategy as required.

Our organisation's values and whakatauki (gifted by respected Rangatira Dr Morehu Ngatoko Rahipere) supports and challenges us to do things differently: *Tungia te ururua, kia tupu whakaritorito te tupu o te harakeke.* (Clear the undergrowth so that the new shoots of the flax will grow. In order to change we may need to leave some ways behind in order to do things differently).

## Useful Links

[A Window On The Quality Of Aotearoa New Zealand's Healthcare 2019 System Level Measures Improvement Plan 2019-2020](#)

[He Korowai Oranga](#)

[Health and Disability System Review Report](#)

WAI 2575 Health Services and Kaupapa Inquiry Report [Hauora](#)

[New Zealand Health Strategy 2016](#)

[Te Toi Ahorangi Te Rautaki A Toi 2030](#)

## GENERAL PRACTICE

### What are we trying to do and why is it a priority?

#### 1. Improve health outcomes for Māori and reduce the equity gap (Māori vs non Māori) for Performance Targets.

- We want to support General Practice to better understand why there needs to be change in the way they interact with and care for their Māori patients/whānau.
- Empower and support Practices to grow their cultural intelligence, use data to identify issues and gaps, guide their activity and measure their improvements, be prepared to change their approach and grow connections to whānau and community.

### What will we focus on?

1.1 PHO Board continued investment in health target incentivisation for achievement of performance target for Māori. An incentive plan is now in its fourth year. We need to review this plan and funding criteria.

- 1.2 Areas of performance focus will be reflected in the SLM Plan but largely underpin existing incentivised activity within the areas of:
- Improved coverage of Māori Women for Breast and Cervical Screening, (PHO incentivised and supported by Priority Women Cervical Screening funding)
  - Cardiovascular Disease Risk Assessment (CVDRA) for Māori Male 35-44, (PHO funded for target achievement of 92.5%)
  - Seasonal Flu vaccinations for Māori 65+, (PHO incentivised)
  - Support for Smoking Cessation for Māori (National Health Target funded under SLMs)
  - Improved coverage of Māori children aged 0-4 for Childhood Immunisations (National Health Target funded under SLMs).

**A platform already exists but we need to better reflect that in how we convey expectations to our Practices and support them with meaningful data and support.**

- 1.3 Select three goals from SLM and implement the recommended actions for each. We will work in true partnership with relevant Partners to agree on SMART goals i.e. Specific, Measurable, Achievable, Realistic, Timely. A separate SMART Work Plan will be developed.
- 1.4 Connect General Practice with 'interim quality improvement team' who have technical, cultural and clinical expertise (General Practice Services Team, Manager Māori Health, Health and Wellness) to support incentivisation.
- 1.5 Work with General Practice to develop/review their Māori Health Plans and provide support with implementation.
- 1.6 All CME/CNE and training events incorporate relevant national and local data relating to access, outcomes and inequities to enable relevant learning and understanding.
- 1.7 An equity diagnostic self-assessment exercise against MOH Equity of Health Care for Māori: A framework undertaken. This exercise will also incorporate Te Tiriti o Waitangi self-assessment. Practical examples of application of the principles of Te Tiriti o Waitangi aligned to Cornerstone accreditation are developed and shared with General Practice.
- 1.8 Supporting whānau to engage and remain engaged with primary healthcare providers by developing targeted programmes in partnership with relevant Community Providers/Iwi. Suggested ideas are:
- Mauri Ora programme working with General Practice on a Māori mens' CVD programme e.g. holding a whānau event – barbecue with dads and daughters
  - PHO-subsidised whānau consultations through Manawanui Whaiora Kaitiaki (MWOK) programme.
- 1.9 We will invest in the development and implementation of a holistic Hauora Tāne programme for men with high health and social needs, in partnership with Iwi. The programme will build on other successful initiatives e.g. Tāne Takitu Ake programme (Korowai Aroha Health Centre).

### How will we know it makes a difference?

- We will see continual progress towards eliminating inequities between Māori and non Māori.
- Programmes will be reviewed incorporating an outcome measure approach rather than a process approach to show meaningful change is occurring.
- Development of cultural intelligence and using it in everyday interactions leads to positive health outcomes.
- More Māori will be engaged with General Practice.
- We will see more whānau engagement in programme design and development.

## What are we trying to do and why is it a priority?

### 2. Māori will be the decision makers in their health and wellness

- Whānau will have increased access to programmes to support them to live well.
- Our Māori men are at the heart of our communities. We want our tāne to live long and healthy lives – for themselves and for their Whānau, Hapu and Iwi.

## What will we focus on?

- 2.1 We will invest in and support the development of existing and new roles to promote a holistic approach to improving health and social wellbeing.
- 2.2 Local Iwi to pilot Manawanui Whaiora Kaitiaki project.
- 2.3 Explore additional investment of social workers/navigator-type roles with mental health experience being located with Iwi to work alongside General Practices.
- 2.4 Consumer/whānau engagement in Primary Care and co-design of services. Engage co-design expertise to develop and implement workshops and training.
- 2.5 Explore opportunities to establish a Māori roopu (group) with BOPDHB to ensure whānau-centred care along the continuum of care (Primary and Secondary Care).
- 2.6 For Māori who have a diagnosis of an illness such as diabetes, increase support to access all PHO and DHB-funded initiatives through referrals and set targets e.g. uptake of Diabetes Care Improvement Programme will be 40% of the total funding utilised for Māori.
- 2.7 We will invest in the development and implementation of a holistic Hauora Tāne programme for men with high health and social needs, in partnership with General Practice. The programme will build on other successful initiatives e.g. Tāne Takitu Ake programme (Korowai Aroha Health Centre). Tāne will determine the space and terms of the programme – aroha ki te tangata.

## How will we know it makes a difference?

- Increased capacity and capability of Iwi services will support development of Whānau, Hapu and Iwi.
- Design and service delivery best meets the health needs of our whānau in a manner that is culturally safe and appropriate.
- We will improve access for Māori men to preventative health services.

**Whānau, Hapu and Iwi must lead, determine and guide pathways to how best to achieve Māori health gain. *Nothing about our whānau Māori without our whānau Māori.***



### What are we trying to do and why is it a priority?

3. We want to create an organisational culture of equity to ensure sustainability in all our efforts to address inequities (Māori vs non-Māori). When focus shifts, improvement gains can be lost.

#### Data Quality

- Getting the basics right is important and we need to get our house in order to be in the best position to start to address inequities
- Where inequities exist we will find them, prove them and then intervene to remove them to the best of our ability and capability. Anecdotal evidence is not good enough to cause change. Real change begins with information. Evidence-based decision-making first requires the evidence.

#### Engaged and effective workforce

- A culturally-competent workforce contributes to improved health outcomes.

### What will we focus on?

- 3.1 Creating an organisational culture of equity using the following frameworks: *A Roadmap to Reduce Racial and Ethnic Disparities in Health Care* (Finding Answers to Reduce Racial and Ethnic Disparities in Health Care) and *The NZ Ministry of Health Equity of Health Care for Māori: A framework*.  
Invest in additional quality improvement resource.
- 3.2 Data Quality  
Diligent collection, understanding, monitoring and sharing of data both quantitative and qualitative data by ethnicity (Māori vs non-Māori). We will focus on making sure that we collect data that is complete enough to expose inequities of health outcomes and then we will proactively go looking for the evidence of where these are occurring. We will endeavour to discover why these are occurring and then we will plan interventions to stop them from happening. We will continually monitor the effectiveness of interventions and adjust them when necessary.
- 3.3 Use data from National Work Programmes, e.g. opioid use, to develop a local programme.
- 3.4 Develop and implement a training programme to reflect assessment of staff and General Practice learning needs regarding equity and quality.  
Possible topics are:
- introduction to quality improvement, institutionalised racism, implicit bias, unconscious bias
  - cultural competence.
- 3.5 Hold Snakes and Ladders workshops. The aim of the workshops is professional development for healthcare teams, especially General Practice teams. It is an opportunity to have fun while exploring the experiences of patients, receptionists and practice managers involved in the patient journey to care.
- 3.6 Develop a contestable Scholarship and Innovation Fund for our Practice and Provider network with clear guidelines and rationale developed for making awards that seek to improve equity/ health outcomes for Māori.

### How will we know it makes a difference?

- The equity frameworks are evidence-based; we will progress our organisation's culture of equity.
- We will have additional quality improvement resource to address inequities.
- We will have access to quality data to inform programme development.
- We will have a competent workforce that is connected to communities with health inequities.
- All staff and Practices will have access to quality cultural training.