



HE HĀPORI ORA THRIVING COMMUNITIES

STRATEGY DOCUMENT | 2020-2023

*Kia tāea e te whānau me te hāpori
i tōna ake tino rangatiratanga*

Together we build resilient communities,
empowering whānau and individuals to
determine their own wellbeing.



HE MIHI WHAKATAU - OUR STORY

Tihei mauri ora. Nei rā Ko Te Pōari o Whanganui e tuku mihi atu ki ngā uri o te rohe nei ki a koutou o Whanganui, Ngā Wairiki, Ngāti Apa, Ngāti Hauiti, Ngā Rauru-kītahi, Mōkai Pātea me koutou o Ngāti Rangī.

Mai i ngā matapihi taku titiro atu ki te awa o Waitōtara, ki te mana o Ngā Rauru-kītahi, ka huri au ki a koe e te Awa Tipua e rere kau ana i runga anō i ngā kōrero 'Ko au te awa, ko te awa ko au.'

E rere kau atu te wai ki ngā ngaru e aki ana ki a Whangaehu heke atu ki a Turakina awa me ngā whenua o Ngā Wairiki me Ngāti Apa.

Ka huri taku kanohi kia whaia e au i a Rangitikei awa ki ngā whānau o Ngāti Hauiti me Mōkai Pātea. Ko te kāhui maunga e tū mai rā me ōna kauae kōrero hei māharatanga ki ngā uri kei ōna rekerēke.

Ngāti Rangī koutou ko Ngāti Uenuku, tēnā koutou.

Huri noa ki tēnei rohe o Te Pōari o Whanganui, tēnā koutou, tēnā koutou, tēnā tātou katoa.

We of the Whanganui District Health Board make acknowledgments to the descendants of Whanganui, Ngā Wairiki, Ngāti Apa, Ngāti Hauiti, Ngā Rauru-kītahi, Mōkai Pātea and Ngāti Rangī.

From our window we watch as the Waitōtara flows through the majestic Ngā Rauru Kītahi district. I turn to you the great river of Whanganui that flows with all its grace and acknowledge that 'I am the river, and the river is me.'

The river continues to flow and the waves break at Whangaehu and Turakina through the lands of Ngā Wairiki and Ngāti Apa.

I turn to follow the Rangitikei to the families of Ngāti Hauiti and Mōkai Pātea. From here we have a clear view of the stunning mountain clan, a reminder of those residing at its feet.

Ngāti Rangī and Ngāti Uenuku, we greet you.

To all of you within the district of the Whanganui District Health Board, we greet and acknowledge you all.



HE MIHI ACKNOWLEDGEMENT

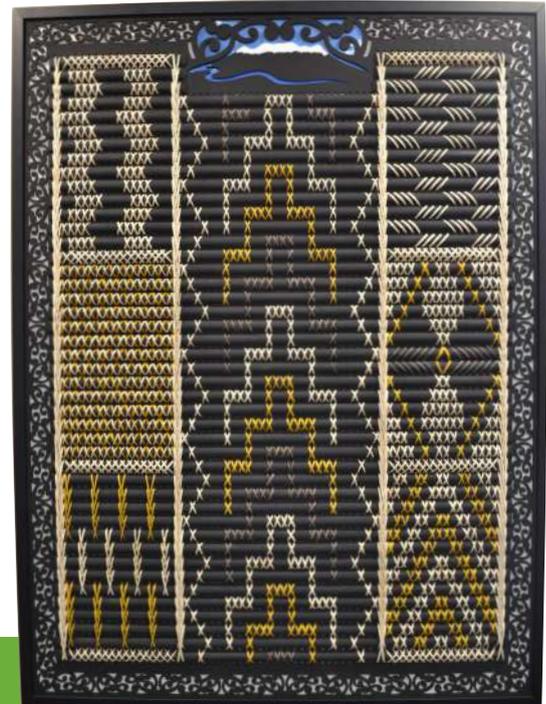
He Waka Eke Noa was the name given to this magnificent taonga. The whakapapa of this tukutuku panel is based on the tohu and values of Whanganui District Health Board.

Acknowledging that no matter where we work in the community, we are all in this waka together, equally valued and ensuring the health and wellbeing of people and their whānau/families are at the centre of all we do.

The harakeke was gathered locally, prepared in the traditional manner and coloured using natural products and mud from the Whangaehu awa.

Whanganui District Health Board wishes to acknowledge the weaver, Trina Taurua of Ngā Rauru me Ngāpuhi nui tonu descent.

HE WAKA EKE NOA - Whanganui District Health Board's Tukutuku Panel



TE MANGAWAITI MORNING MIST
Charles Ranginui



HE KĀRERE NŌ TE PŌARI

MESSAGE FROM OUR BOARDS

The timing of this strategy could not be better.

With a strong indication from the government, through the Wellbeing Budget 2019, for improved living standards for Aotearoa, including a focus on mental health and wellbeing, reducing poverty, disparity and social cohesion, we know we are on the right track with what we want to achieve for our people.

The New Zealand Health and Disability System Review, which was released in full in June 2020, suggests the overall health system requires changes to deliver equity, wellness and access to services.

We are in a good place to think about how these nationwide changes will influence our rohe and how we can lead by example as a model for social governance, pro-equity and services delivered closer to the home and in communities.

We are committed to pro-equity for Māori and to ensure everyone in the health sector is accountable for meaningful services and interventions to support Māori self-determination and Whānau Ora.

We are incredibly proud of what can be achieved in the Whanganui rohe – we already have the passion and knowledge in our communities which is the foundation for building stronger, more resilient and healthier communities.

Whanganui District Health Board and Hauora ā Iwi are committed to building stronger, more resilient and healthier communities and we will continue to work side-by-side to make this strategy come to life for everyone in our rohe.

We are pleased to present the *He Hāpori Ora: Thriving Communities* strategy to our rohe. We are looking forward to what we can achieve in the future.



Toihau - Board Chair
Ken Whelan



Hauora ā Iwi Board Chair
Mary Bennett

TE KĀRERE O TE KAITŪHAUORA

INTRODUCTION TO HE HĀPORI ORA

Thank you for taking the time to read He Hāpori Ora – Thriving Communities, Whanganui District Health Board’s strategic document. This strategy was written before the Covid-19 pandemic, which dominated the health sector internationally, nationally and regionally for the start of 2020 and no doubt will influence the health sector for years to come.

But, like most crisis situations, positives arise from challenging times. The focus of this strategy – and the vision we want to see for our communities – is how we move from a regional health system of disconnected services and providers to a system where health and social agencies work together for the wellbeing of the whole community.

The collaborative response to COVID-19 in the Whanganui region further proved the importance of inter-agency work to collectively support the wellbeing of our people in a holistic way. Feedback from our communities during the recovery phase of the pandemic was positive, with communities happy about a collective response to a crisis and the need for more decision-making, collaboration and increased social and health wellbeing actions based on the aspirations of our communities.

The Health and Disability System Review, released in June 2020, intends to deliver similar aspirations for Aotearoa New Zealand; a system which embeds Te Tiriti o Waitangi, keeping our communities healthy and well in their own homes and planning and funding driven by community need. We hope our Thriving Communities strategy combined with our commitment to social governance, will start a shift for the rest of the country into a new way of thinking about health and wellbeing.



I would like to recognise all who have contributed to this strategy: the Whanganui District Health Board team and Board, Hauora ā Iwi, and of course, our communities, organisations and agencies who have given feedback on this document at various hui across our communities.

Achieving this strategic vision, where individuals and whānau are at the heart of everything we do, is a revolutionary and evolutionary process. It will not be easy, but I have faith that by partnering with our strong, committed and passionate communities, we will work toward changing the health system in our rohe for the better.

A handwritten signature in black ink, appearing to read 'Russell Simpson'. The signature is fluid and cursive, written on a white background.

Kaihautū Hauora - Chief Executive | **Russell Simpson**



TE TIRITI O WAITANGI

THE TREATY OF WAITANGI

We are committed to honouring our obligations under te Tiriti o Waitangi.

1. GUARANTEE OF TINO RANGATIRATANGA

- Self-determination in design, delivery and monitoring of health services.
- 'Enabling whānau, hapū, iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development as a people.' *He Korowai Oranga 2014.*

2. EQUITY

- Crown (Whanganui District Health Board) duty to act with fairness and justice to all citizens.
- Commitment to achieving equitable health outcomes for Māori.
- Guarantees freedom from discrimination.

3. ACTIVE PROTECTION

- Crown (through Whanganui District Health Board) to act to the fullest extent practicable for equity and ensure its agents and Treaty partners are well informed on Māori health outcomes and equity.
- Health services are culturally safe.
- Specific targeting of disparities.

4. OPTIONS

- As Treaty partners, Māori have the right to choose their social and cultural path.
- Protect the availability and viability of kaupapa Māori solutions.
- Ensure development and maintenance of mainstream services so these are equitable and work alongside kaupapa Māori health services.

5. PARTNERSHIP

- Obligation to act with utmost good faith.

Whanganui District Health Board's commitment to the Treaty and application of the five principles:

Our commitment to the Treaty and application of the principles starts with the governance partnership between our Board and Hauora ā Iwi (a body made up of representatives from iwi throughout the district). The terms of that relationship are set out in a collaborative Memorandum of Understanding.

Our Treaty commitment means ensuring tino rangatiratanga and self-determination, which involves working in partnership with iwi, hapū, whānau, Māori communities and Māori who use our services.

This commitment recognises that we will continue to strive to improve and ensure the principles are embedded in both what we do and how we work.

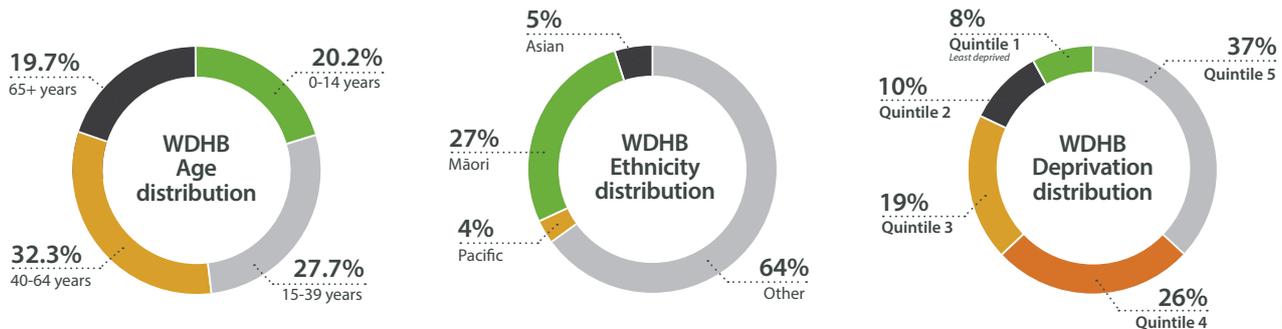
TE PŌARI HAUORA O WHANGANUI

WHANGANUI DISTRICT HEALTH BOARD

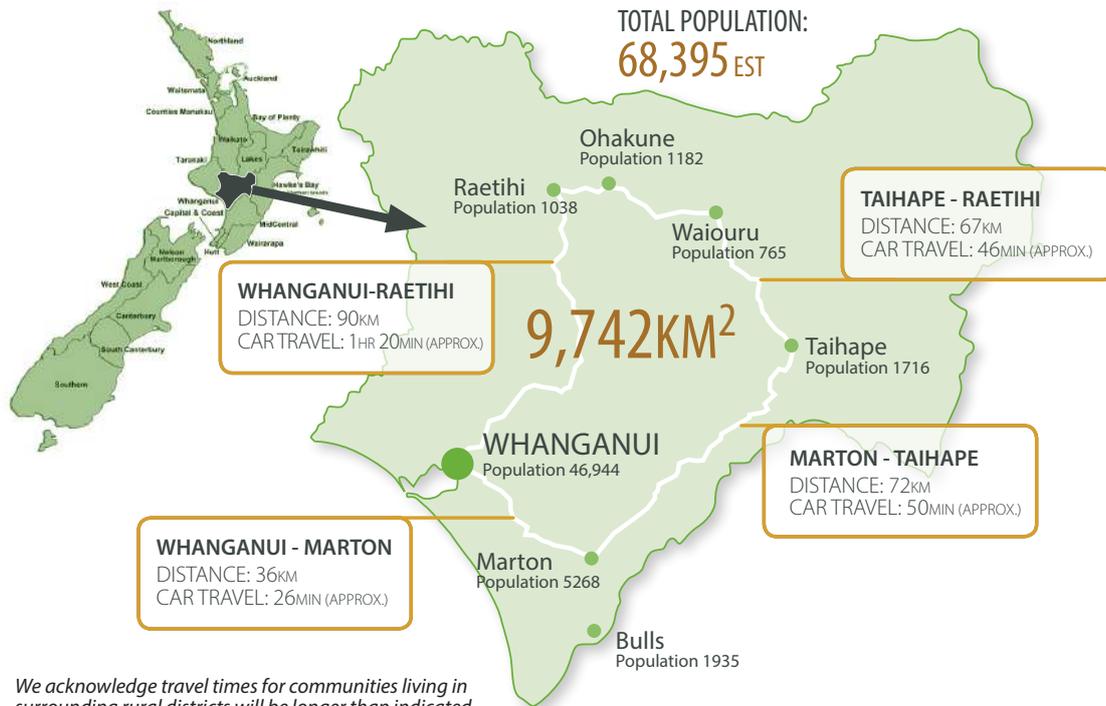
Our region covers a total land area of 9742 square kilometres, much of which is sparsely populated. The terrain is mountainous with two major centres - Whanganui city with a population of 46,944 and Marton with a population of 5268. The major centres are supported by five smaller towns with a population less than 2000 - Waiouru 765, Taihape 1716, Bulls 1935, Ohakune 1182 and Raetihi 1038.

The population of Whanganui is characterised by a large percentage of Māori at 27 percent of our population (compared to the New Zealand average of 15.7 percent) and small but growing populations of Pasifika and Asian people at four and five percent respectively.

Compared to New Zealand's 19.6 percent, our district is home to a higher percentage of children and young people, with 20.2 percent under 15 years of age, of which 43 percent are of Māori ethnicity. Whanganui has a higher than average population of older aged citizens – with 19.7 percent older than 65 years of age (compared to 15.4 percent for the rest of the country in 2018). As older people, like young people, are high healthcare users, this demographic has significant implications for future provision of health services. Whanganui has a significantly higher percentage of our population living in the most highly deprived conditions with 63 percent in Quintile 4 & 5 compared to 40 percent nationally.



OUR ROHE OUR REGION



We acknowledge travel times for communities living in surrounding rural districts will be longer than indicated.

IWI IN THE ROHE*



Whanganui



Ngā Rauru Kītahi



Ngāti Hauiti



Ngā Wairiki Ngāti Apa



Mōkai Pātea



Ngāti Rangī

* NB: Iwi and DHB boundaries are different so an Iwi can cross over more than one DHB rohe



NGĀ MOEMOEĀ ME NGĀ TINO WHĀINGA

OUR VISION AND MISSION

OUR VISION:

He Hāpori Ora - Thriving Communities

The people in Whanganui District Health Board rohe live their healthiest lives possible in thriving communities.

OUR MISSION:

Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga

Together we build resilient communities, empowering whānau and individuals to determine their own wellbeing.

We will ensure health care places people and their whānau at the centre of everything we do with and for them. We will support and empower individuals and whānau to determine their own wellbeing. We are committed to working in authentic partnership with other health care providers, iwi, government, social and community agencies to build strong, resilient, connected people and whānau.

As part of Whanganui District Health Board's commitment to Whānau Ora, our vision and mission recognises that to achieve healthy communities, all people -regardless of income or social status - need to live in healthy homes and environments where people feel safe, connected, resilient and able to determine their own needs and the needs of their whānau.

Ko au ko tōku whānau, ko tōku whānau ko au
Nothing about me without me, and my whānau/family



NGĀ UARĀTANGA

OUR VALUES

Our organisation will be guided by four core values. These values come from the Whanganui District Health Board's 'waka model' and represent the four corner panels of our tukutuku panel.

Aroha

The value of love, respect and empathy, demonstrating compassionate and non-judgemental relationships.

Closely interlinked with: **Rangimārie** – humility, maintaining composure, peace, accountability and responsibility
Mauri – life's essence and balance.

Kōtahitanga

The value of unity and vision sharing where we demonstrate trust and collaboration.

Closely interlinked with: **Whanaungatanga** – spiritual wellness, relationships, beliefs, knowing who you are and what to do
Mana tangata – dignity, respect, protection, safety and acceptance.

Manaakitanga

The value of respect, support and caring where we demonstrate doing our very best for others.

Closely interlinked with: **Kaitiakitanga** – protection, maintaining values and taking care of people and things
Tikanga Māori – guiding protocols and principles for how we do things.

Tino Rangatiratanga

The value of self-determination where we empower individual/whānau choice.

Closely interlinked with: **Wairuatanga** – spiritual wellness, relationships and beliefs
Whakapapa – whānau-centred approach which achieves equity in health outcomes for Māori.





NGĀ RAUTAKI MATUA

OUR STRATEGIC FOCUS AREAS

Whanganui District Health Board is committed to delivering 'thriving communities'.

Input and feedback received from a range of community groups and leaders, clinicians and district health board staff has identified four strategic drivers and four strategic enablers to support the delivery of 'thriving communities'. The drivers are the foundation to build our strategy and represent the overall outcomes required to achieve thriving communities. These outcomes are accomplished through our enablers which outline the support mechanisms for the successful strategy implementation.

Strategic Drivers

Equitable outcomes
Integrated care
Whānau and person-centred care
Partnering for community wellbeing

Strategic Enablers

Collaborative governance and strategy
Integrated vision, processes and technology
Valuing and empowering our people
Financial health matters

By combining the drivers and enablers, we identified three long-term strategic focus areas which encompass and support the delivery of our vision. These focus areas provide the 'what does this look like' to the drivers and enablers, which are reflected in each of the focus areas. These areas are woven together - we cannot achieve one without the other.

These strategic focus areas are:

Mana Taurite - Pro-equity

Kāwanatanga Hāpori - Social Governance

Noho ora pai i tōu ake kāinga - Healthy at home: every bed matters

MANA TAURITE PRO-EQUITY

WHAT DO WE MEAN?

Inequitable differences in health status can be by age, gender, socioeconomic position, ethnicity, impairment and geographical region.

We are committed to achieving equity of health outcomes, across all population groups, with a view of eliminating disparity, particularly for Māori. We are going beyond the language of 'equity', to be 'pro-equity'.

This means that we:

- have an organisation and rohe-wide goal of health equity
- are putting systems and processes in place to support our health equity goal
- work across the wider determinants of health
- have a robust understanding of the drivers of inequities
- work in partnership with Māori across the district, starting with Hauora ā Iwi.

MINISTRY OF HEALTH EQUITY DEFINITION

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.

MANA TAURITE

PRO-EQUITY

WHY DOES IT MATTER?

Within the Whanganui rohe, ethnic inequities between Māori and non-Māori are the most persistent and compelling in health. These differences are further increased when factoring in people who live in rural areas or socio-economic areas of deprivation.

Across Manawatū-Whanganui, life expectancy for Māori women is seven years lower than non-Māori women, and 7.2 years lower for Māori men compared to non-Māori men. The Whanganui District Health Board Māori health profile further sets out inequitable differences across a range of other health indicators. Different levels of access to health services and the health system responsiveness can also lead to inequitable differences. The wider determinants of health are the things that, outside of health services, can help to keep us well or can make us unwell, such as employment, education, housing and income, amongst others.

Within the health and disability system, there are things we do which make it easier or harder for people to receive the services they need. Pro-equity for Whanganui rohe means identifying and removing as many of these barriers as possible. Common barriers include:

- cost – especially when co-payments from patients and service users are required
- location and hours of services – including appointments only offered during work time and a lack of telephone or virtual health options
- transport to services – to receive healthcare from a hospital, people need access to a car or public transport, money for petrol and
- the ability to take time off work/away from whānau
- physical accessibility of services - which may create serious barriers to access for people with a disability, and acceptability of services, including any discriminatory practices by health professionals or clinic staff, or institutionally racist policies and practices.

MANA TAURITE PRO-EQUITY

WHAT WILL THIS LOOK LIKE?

Pro-equity requires concerted effort and rethinking of some of the approaches we have taken over decades in the health and disability system.

We are committed to partnering with Māori as the foundation for success. This includes building on our relationship with Hauora ā Iwi, working in partnership with Māori and Iwi providers in the community, and further exploring and supporting Māori models of care and Whānau Ora approaches. It will require comprehensive monitoring and holding ourselves, colleagues and partners to account.

To achieve a pro-equity system, we must weave its success with the success of the other two strategic focus areas of social governance and 'healthy at home'.



MANA TAURITE

PRO-EQUITY - THE PRIORITY AREAS

PRIORITY AREA ONE: Strengthen leadership and accountability for equity

For sustained success, our leaders must champion a pro-equity approach and take on an organisational leadership role.

We will do this by:

- publicly committing to an equity goal
- creating a learning environment and building leadership commitment
- committing to a training budget to support equity skill development.

PRIORITY AREA TWO: Build Māori workforce and Māori health and equity capability

We need the right skills to drive Māori health equity and a fit-for-purpose workforce to meet the needs of our population. This includes more Māori staff (particularly in senior roles) and contemporary Māori health and equity expertise across all the health workforce.

We will do this by:

- recruitment and retention strategy focused on Māori staff
- strengthening the role and size of the Te Hau Ranga Ora/Māori Health Services team
- staff-led, health equity competencies
- continued strengthening and extension of Hāpai te Hoe.

MANA TAURITE

PRO-EQUITY - THE PRIORITY AREAS

PRIORITY AREA THREE: IMPROVE TRANSPARENCY IN DATA AND DECISION MAKING

This demonstrates a pro-equity approach and holds us accountable (by the board, Hauora ā Iwi and the wider community) in our pursuit of equitable health outcomes.

We will do this by:

- building capability in equity data analysis
- sharing equity analysis widely and include it in all decision making
- transparency in resource allocation, including equity analysis in all publicly reported data.

PRIORITY AREA FOUR: SUPPORT MORE AUTHENTIC PARTNERSHIP WITH MĀORI

We will do this by:

- strengthening partnership with Hauora ā Iwi
- increasing use of Māori health and community expertise by Whanganui District Health Board
- meaningful participation in the design of services and interventions to support Māori self-determination and Whānau Ora.

KĀWANATANGA HĀPORI

SOCIAL GOVERNANCE

WHAT DO WE MEAN?

Across the Whanganui rohe there are a range of organisations and government agencies working on outcomes and delivering services for the health and wellbeing of our communities.

Traditionally, community organisations and government agencies, including district health boards, have worked in isolation. The challenge laid down by the government is for these organisations to work in a more integrated and collaborative way. In response to this challenge we are championing social governance as a model to harness the collective power of these organisations to better serve the people of our rohe.

Social governance is a model where iwi, community, social and government organisations work together in support of local communities. Social governance for Whanganui District Health Board includes:

- partnering for community wellbeing
- supporting local leadership and local solutions to local problems
- cooperation within the health and disability sector (such as between providers) and across sector boundaries which may challenge traditional methods of care
- shared funding and investment approaches
- shared data, technology, knowledge and processes
- a commitment to achieving pro-equity outcomes
- a whānau/person-centred approach
- a focus on delivery and holding each other to account for the commitments we make.

KĀWANATANGA HĀPORI

SOCIAL GOVERNANCE

This means individual and whānau good health and wellbeing is fundamental to the health of the wider community. Good health and wellbeing requires iwi, community, social and government organisations to meet the economic, health, social and wellbeing needs of its people.

For Whanganui District Health Board, the commitment to social governance builds on our organisation's fundamental partnership with Hauora ā Iwi and the Board to work with other government, social and community organisations and leaders.

WHY DOES IT MATTER?

Healthy people and connected whānau and communities with control over their lives contribute to the wider health and wellbeing of our entire region. When people have options and sufficient means to participate in society, as well as access to support and meaningful activities, they are more likely to take their health and the health of their whānau into their own hands and make healthy living a priority.

Through this, individuals and whānau can act as navigators and guardians of knowledge; sharing information and advocating on behalf of their whānau and communities. They can choose care and support suitable for their needs. Regardless of ethnicity, language, age, gender or sexuality, religion or disability, our health system will enable individuals and whānau tino rangatiratanga over their own good health and wellness.

This systematic change will have long-term impacts on the overall wellbeing of the whole community by reducing inequities, increasing health education, literacy and awareness and ultimately reduce preventable illness and unnecessary hospital visits.

KĀWANATANGA HĀPORI

SOCIAL GOVERNANCE

WHAT DOES THIS LOOK LIKE?

The people of the Whanganui rohe will see community leaders and support services working towards the same social, health and wellbeing outcomes, with regular input and collaboration from our communities.

Services for individuals and whānau will 'wrap around' and support people across all aspects of wellbeing: mental and physical health, education, employment and housing – to support them to thrive.

The community will see collaboration, shared data, programmes and campaigns developed in partnership with iwi, organisations and government and with input from consumers. Knowledge will be appropriately shared between communities and other organisations.

From a health perspective, a social governance model means that, when a person is in hospital or other care settings, individuals and whānau will have clear pathways for ongoing medical and social support when they go home, particularly for communities and families with high and complex needs.

Small communities and people who cannot easily leave home will be less dependent on going to the hospital or clinics for treatment, as health professionals will provide community-based services, or will utilise technology as a suite of services to manage their health.

KĀWANATANGA HĀPORI

SOCIAL GOVERNANCE - THE PRIORITY AREAS

PRIORITY AREA ONE: ADDRESSING SOCIAL DETERMINANTS OF HEALTH

We will work collectively to address inequities caused by poor health and wellness beyond physical ill-health – often called ‘social determinants of health’ - so communities, neighbourhoods and whānau can thrive now and into the future.

We will do this by:

- taking a holistic approach to health and wellness by including physical and mental health, wairua and whānau health into our services
- building capability across sectors, organisations and community leaders to address social determinants of health
- committing to working alongside existing organisations and communities which provide housing, employment opportunities, social support and education
- ensuring partners are committed to the five principles of Te Tiriti o Waitangi and assisting and guiding them on Te Tiriti when necessary.

PRIORITY AREA TWO: COLLECTIVE ACTION AND SHARED INTELLIGENCE

Working collaboratively with iwi, community and government partners on outcomes which increase the health and wellness of our communities.

We will do this by:

- working in collaboration with social governance partners on projects and plans which emphasise health, wellness and self-determination sharing information and data appropriately across government organisations and community groups to meet the health and disability needs of our communities
- developing systems for decision making underpinned by evidence and focused on equitable outcomes.

KĀWANATANGA HĀPORI

SOCIAL GOVERNANCE - THE PRIORITY AREAS

PRIORITY AREA THREE: AUTHENTIC PARTNERSHIPS AND CONNECTIONS

Integrate with iwi and communities through authentic partnerships and connection.

We will do this by:

- understanding what challenges communities have and supporting them with health and wellbeing services and initiatives strengthening existing partnerships with iwi, communities and organisations and developing new partnerships to ensure participation and engagement across our services and initiatives
- supporting initiatives already in our communities which contribute to wellbeing by sharing and contributing to successful models and developing new ones where needed.

PRIORITY AREA FOUR: STRENGTHENING INTEGRATED SOCIAL GOVERNANCE LEADERSHIP

We will strengthen our leaders to deliver and support health and wellbeing initiatives for our communities and lead the health and wellness aspect of social governance work in our community by bringing our partners together.

We will do this by:

- fostering relationships, protocols and systems to support social governance
- maintaining a high level of strategic leadership to enable our organisations to work 'on the system' rather than 'in the system'
- challenging the confines of regional and organisational borders and delegations to ensure we work effectively across the system
- collectively lobbying central government on behalf of our communities
- challenging the status quo and traditional ways of working and creating new projects and ideas for long-term community benefit
- ensuring systems are accountable to the community in all projects and initiatives run by social governance partners.

NOHO ORA PAI I TŌU AKE KĀINGA

HEALTHY AT HOME: EVERY BED MATTERS

WHAT DO WE MEAN?

Using a social governance model where iwi, communities and agencies work together, we can make 'every bed matter' by focussing on the transition to and from the hospital or community care settings and allowing people/whānau to be directly involved in decisions about their care.

Being healthy at home means the wider social determinants of health (such as housing, education and employment) are addressed through a social governance model, where community, social and government organisations work together on health and wellbeing outcomes for our communities.

It also means pro-equity is considered when questioning what the best care is, who should provide it, where it should be provided and how. Enabling people to be healthy at home is wide-ranging within the health and disability sector: incorporating primary care providers, age residential care, home and community support services, kaupapa Māori health providers, health promotion activity, community mental health, whānau/patient-centred care health and disability services delivered in the community. It also takes into consideration the social and economic factors which influence peoples' long-term health outcomes.

We recognise not everyone has a home or a bed, or that some people live in unsafe or unhealthy conditions, but by working in a social governance model and on pro-equity aspirations, the aim is to reduce homelessness, domestic violence and unsafe or unsanitary homes to ensure everyone has a safe place to call home.

NOHO ORA PAI I TŌU AKE KĀINGA

HEALTHY AT HOME: EVERY BED MATTERS

WHY DOES IT MATTER?

The long-term strategic goal of being healthy at home means we see improved and equitable health outcomes which lead to reduced hospitalisation and a decrease in avoidable disease, achieved through early interventions and whānau/person-centred care.

Being healthy at home focuses on strengthening families through Whānau Ora by preventing ill health and supporting healthy homes, environments and behaviours. It recognises that health and hospital services cannot provide fully for the health, wellbeing and longevity of the community, that this can only be achieved by supporting people to be better able to take charge of their own health and wellness. This matters because individuals and whānau who have more autonomy over their lives and who have a healthy home environment are more likely to thrive physically, mentally and socially.

WHAT WILL THIS LOOK LIKE?

The people of the Whanganui rohe will see an increasing number of services delivered in the community in collaboration with primary healthcare providers, kaupapa Māori health providers and other social and government agencies.

By weaving 'every bed matters' and the pro-equity and social governance focus areas together, we will work alongside our communities to provide innovative services through developments in medicine, health care, technology, long-term conditions management, provider capacity and our collective workforce.

NOHO ORA PAI I TŌU AKE KĀINGA

HEALTHY AT HOME: EVERY BED MATTERS – THE PRIORITY AREAS

PRIORITY AREA ONE: EMPOWERING WHĀNAU-CENTRED CARE

Health care is accessible in the right setting and environment, including within communities and homes.

We will do this by:

- investigating and implementing new ways of delivering services to enable consumer choice, including different locations, opening times and virtual services
- using the Whānau Ora model to develop services which are tailored to individuals, whānau and communities
- catering to the diverse health needs in our communities by intensifying high needs care where appropriate and encouraging self-management and autonomy where suitable
- supporting resilience, strengthening whānau and community self-management and self-determination in health, disability and wellbeing
- recruiting and developing a clinical and professional workforce to deliver strength-based, whānau-centred care.

PRIORITY AREA TWO: EMPOWERING CONSUMER ENGAGEMENT

Communities are part of the health system and tell us what they need through regular engagement.

We will do this by:

- engaging with our diverse communities about what health, disability and wellbeing services will make a difference to them and regular feedback helps create new services
- engaging with our communities to reduce inequities and ensure our Te Tiriti obligations are upheld
- ensuring iwi and consumers are part of developing and advising on services
- regularly engaging with our communities about outcomes and actions which have resulted from feedback.

NOHO ORA PAI I TŌU AKE KĀINGA

HEALTHY AT HOME: EVERY BED MATTERS - THE PRIORITY AREAS

PRIORITY AREA THREE: COMMUNITIES HAVE INPUT INTO HOW SERVICES ARE FUNDED TO ADDRESS THEIR NEEDS

A pro-equity and community-led social governance model with shared intelligence means funding is appropriate to the health and wellness aspirations of our communities.

We will do this by:

- strengthening community participation and influence in the commissioning process
- applying a 'pro-equity lens' to all policies and projects, service development, recruitment and funding decisions
- supporting and facilitating community health and wellbeing services which focus on health and whānau outcomes within the commissioning cycle
- transforming the funding system and aligning funding models to collectively tackle complex problems, including exploring co-funding options and more options to fund directly to or with iwi
- strengthening prevention services which support our most vulnerable communities
- enabling integrated commissioning methodologies and agreed outcomes across the system.

NOHO ORA PAI I TŌU AKE KĀINGA

HEALTHY AT HOME: EVERY BED MATTERS - THE PRIORITY AREAS

PRIORITY AREA FOUR: INFORMED COMMUNITIES

Information about health, disability and wellbeing is easy to access. People have autonomy about their own health and wellbeing. More health services are delivered in non-traditional health settings.

We will do this by:

- ensuring information and resources, including patient and health information, is easy to access, appropriate, user-friendly, timely and meaningful
- using appropriate and contemporary technology to develop channels, communications and resources for information and support about health, disability and wellness
- targeting health promotions to those who need them in a meaningful and regionally appropriate manner
- ensuring our communities are part of developing information and resources about health, disability and wellbeing
- ensuring clinicians and the wider health workforce understands, promotes and leads health literacy.

HE HĀPORI ORA THRIVING COMMUNITIES

Kia tāea e te whānau me te hāpori i tōna ake tino rangatiratanga

Together we build resilient communities, empowering whānau and individuals to determine their own wellbeing.

STRATEGIC FOCUS AREA

PRIORITY AREAS

MANA TAURITE PRO-EQUITY

1. Strengthen leadership and accountability for equity
2. Build Māori workforce and Māori health and equity capability
3. Improve transparency in data and decision making
4. Support more authentic partnership with Māori

KĀWANATANGA HĀPORI SOCIAL GOVERNANCE

1. Addressing social determinants of health
2. Collective action and shared intelligence
3. Authentic partnerships and connections
4. Strengthening integrated social governance leadership

NOHO ORA PAI I TŌU AKE KĀINGA HEALTHY AT HOME: EVERY BED MATTERS

1. Empowering whānau-centred care
2. Empowering consumer engagement
3. Communities have input into how services are funded to address their needs
4. Informed communities

UNDERPINNED BY TE TIRITI O WAITANGI PRINCIPLES: GUARANTEE OF TINO RANGATIRATANGA | EQUITY | ACTIVE PROTECTION | OPTIONS | PARTNERSHIP

Ko au ko tōku whānau, ko tōku whānau ko au - Nothing about me without me and my whānau/family



NGĀ URĀTANGA - OUR VALUES

AROHA | KOTAHITANGA | MANAKITANGA | TINO RANGATIRATANGA