



Taitokerau Rautaki Hauora 2040

Te Tai Tokerau Health Strategy 2040

Ko te mauri, he mea huna ki te moana
The life force is hidden in the ocean



The Waka Hourua represents inclusiveness and shows the deliberate and meaningful effort required to collectively work together, enable, and innovate to achieve our collective goals in honouring Te Tiriti o Waitangi and achieving equity for all within Te Tai Tokerau.

Te Tai Tokerau Northland Health Strategy 2040

A new way of doing things

We need to find a new way of doing things – that was the key message from extensive engagement across Te Tai Tokerau with communities, whānau, hapū, iwi, Ngāi Māori and health workers. Transforming the health system however is a complex task and it will take time to work out the best approach. This document is therefore a foundation upon which to build. It is a solid first step, but it is not set in stone and there is still plenty more to do.

Key messages from the many voices during our engagement are captured in these captions throughout the document.

Hei mihi | Acknowledgements

To Harold Wereta and the work he instigated to create a Māori health plan for Te Tai Tokerau that took place before this strategy was begun. Harold had a wealth of knowledge, experience and understanding of health planning and Māori health outcomes. His mana and understanding of Tikanga and Te Ao Māori held him in good stead as he worked closely with Te Tai Tokerau Iwi, Hapū and Whānau. Harold was an avid reader, an incredible writer, a clever strategist and a staunch advocate of health, wellbeing and equity for Māori. He was instrumental in consulting and engaging with whānau to hear their concerns about the health system and able to feedback and plan services around their needs.

Moe mai ra e te rangatira, moe mai, moe mai.

We also dedicate this document to all the people who took part so willingly and passionately in the engagement process throughout the community: community and health sector leaders, health workers across the sector both clinical and non-clinical, Māori and Iwi providers, and other public sector, local body, and non-government agencies.

This document is available on the website for download.

Contents

The case for change	2
Te Māramatanga Our Dreams and Aspirations.....	3
Waka Hourua	3
Waka Hourua	4
Our Vision	5
Outcomes.....	5
The Pathway to Pae Ora	5
Our actions and commitments	6
Action Plan	7
1 Kaupapa Māori Hauora.....	7
2 Community services – co-design	8
3 Community services – locality model.....	9
4 Hospital services	10
5 Technology and information	11
6 Workforce.....	12
7 Healthy futures – upstream	13
8 Healthy futures – intersectoral.....	14
9 Healthy futures – environmental kaitiakitanga.....	15
Supporting documents.....	16



The case for change

The 2020 Health & Disability System Review highlighted a number of critical and longstanding issues in New Zealand's health system, that are being addressed by the nation's health reforms. In Northland these are magnified by significant disparities for Māori and other population groups. Northland has the perfect storm of demographic challenges, though each of these also provides an opportunity. As a region we have one of the highest annual population growth rates and proportion of people aged over 65, as well as high levels of rurality and poverty.

The case for change is clear.

Partnership. The public health system does not meet the Crown's obligations to Māori. Māori should be equal partners in health system design and delivery as required under Te Tiriti o Waitangi 1840 and He Whakaputanga (Declaration of Independence) 1835, and as described in the Waitangi Tribunal's Health Services and Outcomes Inquiry (Wai2575)². As the Waitangi Tribunal said in another context, partnership "serves to describe a relationship where one party is not subordinate to the other but where each must respect the other's status and authority in all walks of life"³.

Inequities. Māori health statistics have for a long time made uncomfortable reading. The ongoing effects of colonisation and racism that have privileged Pākehā and discriminated against Māori continue to be reflected in Māori health inequities. This is particularly important for Te Tai Tokerau as we are kaitiaki for Te Tiriti and Māori comprise 37% of our population and over half of our babies and children. Disabled people also face inequitable outcomes, with only 50% rating their health as good, compared to 89% of the non-disabled population.

Demands on the system. The proportion of older people in our population has been growing for some years and will continue to increase over the span of this Strategy. Services are increasingly being faced with conditions associated with ageing such as heart disease, strokes, cancers and dementia. Our population is also experiencing higher rates of long-term conditions which, because they are incurable, require good management to keep people healthy and reduce demands on the system. Our workforce is also ageing and struggles to meet current demands.

Lopsided system. The system has paid inadequate attention to promoting health and dealing with needs early and effectively in the community. As a result, hospitals have experienced ever growing demands, their services have expanded accordingly, and the system has become increasingly lopsided.

Lifestyle behaviours. The system does not routinely take a population health approach. Smoking, for example, is still a major health issue. Excess weight is correlated with a range of long-term conditions and is showing no signs of improving. Excess consumption of alcohol influences many diseases and is strongly associated with violence. Substance abuse, particularly methamphetamine, is a major cause of ill harm in the community.

Social and economic factors. We have known for many decades that people who are less well-off have higher rates of ill health. Dealing with the effects of poverty, housing, education and crime requires a collaborative approach by the community and agencies across society; these are not problems that the health system is designed to fix. Northland has taken some moves in this direction, but there is potential to do much more.

Service design. During the Strategy engagement process, we were told that services are not designed around what consumers value, need and understand. Too often they are built around the interests of providers and that has resulted in a system that is complex, confusing and scary, and one which makes it hard to know where to find the right information or who to ask. Health services need to be redesigned around what makes sense to consumers, and that means listening to what they say and responding accordingly.

System complexity. The system has become complex and unnecessarily fragmented. Roles, responsibilities and boundaries are unclear, there is significant duplication of activity and insufficient cooperation and collaboration. This has led to a focus on individual and organisational performance, rather making the system as a whole work better, and unwarranted variation in performance, access and outcomes across the country.

"There aren't enough staff across the health system to meet needs and there's no forward planning. Staff are so busy and pressured that they don't have time to plan or improve services. Power imbalances and lack of respect across professional groups hinder change."

"A great deal of illness is caused by things we can prevent, but nowhere near enough effort is put into dealing with them. National and local government organisations in Northland could achieve a lot, but they don't work together enough or try innovative things."

"The health system is too complex, confusing and scary. It's hard to know where to find the right information or who to ask."

² <https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>

³ Te Whānau O Waipareira Report (Wai 414), Waitangi Tribunal 1998, page xxvi, sum.8 The Principle of Partnership.

Te Māramatanga | Our Dreams and Aspirations

The dreams and aspirations of our communities and whanau are central to this strategy. Through extensive engagement across Tai Tokerau, we have listened to communities, Whānau, Hapū, Iwi, Ngāi Māori and health workers. The engagement not only identified the issues that need addressing, it also made it clear that navigating the changing health landscape needs to involve everyone. The issues and actions that emerged coincided with those identified by the health system review and its transformational system shifts.

To ensure our Strategy focuses on wellbeing, we have placed Oranga at the heart. Our actions pivot towards a strength-based approach, providing an environment for aspirations of all people to be nurtured and to grow.

Guiding Principles

Prior to the signing of Te Tiriti o Waitangi, He Whakaputanga o te Rangatira o Nu Tireni was drawn up. Alongside Te Tiriti o Waitangi, Whakaputanga is a constitutional document of special significance to the people of Te Tai Tokerau and should be remembered, acknowledged, contemplated and considered.

Te Tiriti o Waitangi is our primary method of assessment for Strategy alignment. To ensure the goals and associated actions are aligned with Te Tiriti, we assessed alignment based on:

- the three written Tiriti articles and the fourth oral article, wairuatanga.
- Whakamaua⁴, the Ministry of Health's Māori Health Action Plan.

Te Tiriti applies to everyone in Aotearoa. "It is a bill of rights for Pākehā too ... the Treaty that gives Pākehā the right to be here ... The Pākehā are Tangata Tiriti, those who belong to the land by right of that Treaty."⁵ In a strategic sense, it provides an all-encompassing framework for addressing all health-related issues.

"Entrench a Te Tiriti focus into our decision-making and our environment (equity, resource, rangatiritanga), as we are the region who are the kaitiaki of Te Tiriti o Waitangi."

Waka Hourua

To ensure kaupapa Māori informs and guides the Strategy and reflects the uniqueness of Te Tai Tokerau, we have used the **Waka Hourua** metaphor image on page 4, which reflects the voyage of Kupe and the many waka that reached Te Tai Tokerau.

It implies keeping traditional Māori stories relatable to today's context, celebrating intergenerational wisdom, and emphasising holistic wellbeing that is of high importance to indigenous wellbeing and cultural identity. All the while, we need to keep our aspirations in focus, constantly self-review and monitor progress.

"Recognise that communities already have many strengths. Empower communities to achieve wellbeing, and that will prevent or delay demands on services."

⁴ <https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025>

⁵ Sir Eddie Durie, Waitangi Day 1989



Ko te mauri, he mea huna ki te moana

The life force is hidden in the ocean

The Waka Hourua represents inclusiveness. It indicates that collective effort is required to achieve our goals in honouring Te Tiriti for all within Te Tai Tokerau. It is a metaphor for navigating the journey towards a new future, with the currents and tides representing the goals and actions.

It reflects the voyage of Kupe and the many waka that reached Te Tai Tokerau, guided by Māhutonga / The Southern Cross. It keeps traditional Māori stories relatable to today's context and celebrates the intergenerational wisdom they provide.

It also ensures a focus on aspirations, constant self-review, monitoring and holistic wellbeing that is of vital importance to indigenous health and cultural identity.



Te Tiriti o Waitangi and Whakamaua principles	Strategy elements
Tino Rangatiratanga	Strategy
Equity	Services / Partnership
Active Protection	Policies / People
Options	Structure Performance measures Branding and trust
Partnership	Information and reporting

Māhutonga / The Southern Cross: Represents a new beginning and the goals and aspirations of the Te Tai Tokerau health sector and community. The Southern Cross helps us navigate the journey ahead.

Drivers: These are the enablers and operating conditions that ensure the waka sails. It involves aligning the goals and actions to the Tiriti- Whakamaua framework, and an indigenous approach to the Treasury's Living Standards Framework.

A Pou manawa (mast): Continuous collective effort to maintain a whānau-centred, whānau-empowered focus in achieving oranga whānau for all, and deliberate consideration of the principles of Te Tiriti and Whakamaua.

B Rā matua (mainsail): Te Tiriti and its articles and principles are the mainsail that provides the framework for change.

C Rā Kei (mizzen): The Ministry of Health's Māori Health Action Plan, Whakamaua. The sails together represent the partnership approach required to ensure we create an environment that puts people at the centre.

D Hiwi (hull): Te Tai Tokerau's health sector and communities are the vehicles for the Strategy's journey of transformational change.

E Mauri stone: The Strategy genuinely reflects and aligns with the principles and values of Te Tai Tokerau's health sector and communities, and the uniqueness of Te Tai Tokerautanga.

F Hoe tere (steering paddle): As decisions are made during the journey ahead we must ensure they fit with the mauri stone.

Our Vision

Our vision for Te Tai Tokerau is:

- people live longer in good health
- have improved quality of life
- and there is equity between all groups.

This vision aligns with the direction of the nation's new health system that will achieve pae ora / healthy futures for all.

Achievement of this will be measured by the ability of tamariki born today to access and achieve equitable health outcomes as adults in 2040. 2040 is significant as it also represents the two hundredth anniversary of Te Tiriti o Waitangi.

Outcomes

To achieve pae ora, the health system must work towards achieving several outcomes:

Equity: tackling the gaps in health outcomes and access between different populations and areas of New Zealand, with a particular focus on Māori, Pacific peoples and people with disabilities.

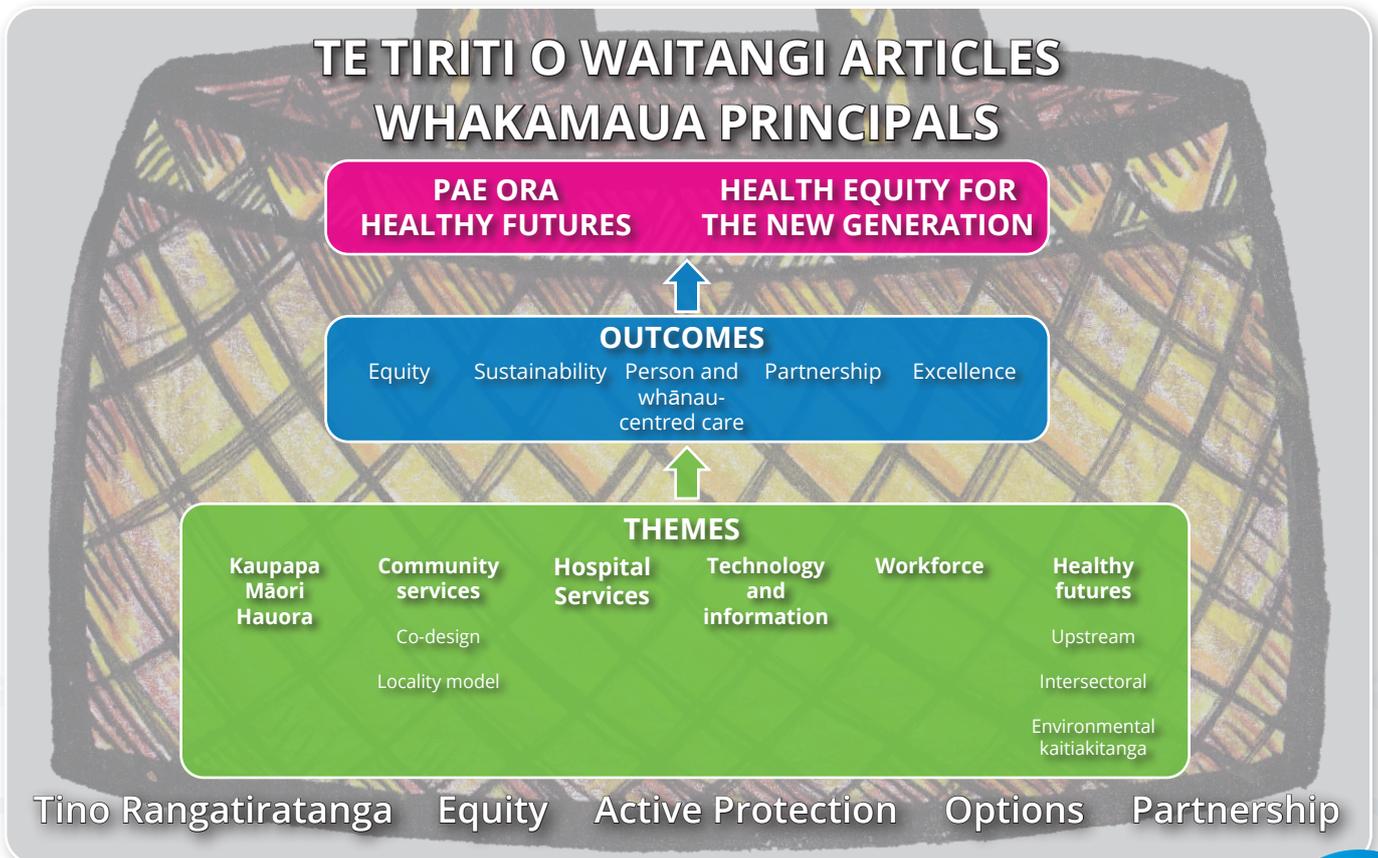
Sustainability: embedding population health as the driver for promoting good health, preventing and reducing health need, and promoting effective and efficient care.

Person- and whānau-centred care: empowering all people to manage their own health and wellbeing, have meaningful control over the services they receive, and treating people, their carers and whānau as experts in care.

Partnership: ensuring partnership with Māori in leading the design and delivery of services at all levels of the system and empowering all consumers of care to design services which work for them.

Excellence: ensuring consistent, high-quality care in all areas, and harnessing clinical leadership, innovation, digital and new technologies to continuously improve services.

The Pathway to Pae Ora



Our actions and commitments

A series of actions has been identified that will enable the system to transform and achieve our vision and outcomes. These actions can be clustered into themes representing the key elements and enablers of our health system.

Kaupapa Māori Hauora: the health system will reinforce Te Tiriti o Waitangi articles and Whakamaua⁶ principles.

Community services: services will be co-designed with people, and they will be able to access a comprehensive range of support in their local communities to help them stay well.

Hospital services: emergency and specialist health care will be accessible and high quality for all.

Technology and information: access to health care will be enhanced by technology, and health information will be shared across the system and with the people it serves.

Workforce: long term planning will ensure sufficient workers for the future, organisations will share an understanding of where and how skills should be best deployed, and workers and professional groups will focus on the health and wellbeing of the population and the system as a whole.

Healthy futures: the health system will look upstream to promote health and prevent ill health, establish partnerships with those in other sectors to address social and economic drivers of health, and ensure environmental sustainability and thriving, climate-resilient communities.

The actions have been drawn from the Strategy's year-long engagement process that ended late in 2020. They have been aligned with the stated purpose and goals of the new national health system to encourage adoption in Te Tai Tokerau and the northern region. They are intended to provide a starting point for organisations in Te Tai Tokerau to discuss, plan and make changes, though it is recognised that properly coordinated efforts will depend on a new governance structure and the priorities, measurements and monitoring processes that are yet to be developed under its watch.

The symbols beside the actions

For Te Tai Tokerau, alignment with Te Tiriti o Waitangi and Whakamaua is fundamental to achieving our vision. These symbols have been allocated to actions to indicate how they align with Te Tiriti and Whakamaua.

Tino Rangatiratanga	
Equity	
Active Protection	
Options	
Partnership	

⁶ Ministry of Health's Māori Health Action Plan: <https://www.health.govt.nz/our-work/populations/maori-health/whakamaua-maori-health-action-plan-2020-2025>

Action Plan

1 Kaupapa Māori Hauora

Within the rohe of ngā kaitiaki o Te Tiriti o Waitangi, Te Tiriti is foundational to equity, wellbeing and health of all people in Te Tai Tokerau

1.1	Reo Hauora: lift our eyes so that language and conversations express mana, strength, oranga and tupuna.	E
1.2	Increase understanding of and accountability for individual and systemic (institutional) racism and ableism.	E
1.3	Take affirmative action to recruit and retain more Māori within all areas and professions in the health system so that all parts and all levels of the workforce reflect the population of Te Tai Tokerau.	E
1.4	Governed by the Regional Data Design Authority and Kotui Hauora ⁷ , uphold the principles of Māori data sovereignty.	E
1.5	Embed the articles of Te Tiriti in all areas of hauora services including governance, management and delivery.	TR
1.6	Develop kaupapa Māori and iwi services that are by Māori, for Māori.	TR
1.7	Co-design and co-decide wellbeing approaches with whānau through a whānau ora model.	TR
1.8	Implement co-decided and co-designed hauora services with communities and whānau Māori.	TR
1.9	Shift to a wellness and strengths-based view of health rather than focusing on deficits.	E
1.10	Establish and develop kaimanaaki community connections to empower whānau to navigate the system more quickly and effectively, and to understand health information.	AP
1.11	Train staff in all services to understand and adopt a kaupapa Māori approach and to improve communication with whānau.	AP

⁷ The Northern Region Partnership Board between Iwi and the DHBs for Northland, Waitemata and Auckland.

 Tino Rangatiratanga
  Equity
  Active Protection
  Options
  Partnership



2 Community services – co-design

Co-design and co-decide with community and whānau, to design a system that meets their needs and aspirations

2.1	Encourage and support community activities that enhance resilience, independence and mental wellbeing.	TR
2.2	Discuss with local communities their preferences for after-hours primary care services and consider how these can be incorporated in planning and funding processes.	E
2.3	Facilitate joint discussions between holistic and rongoā practitioners and clinical practitioners to determine ways for them to work together.	E
2.4	Ask communities to describe models of care they consider effective, publicise these as inspiration for others, and consider how they can be incorporated in planning and funding processes.	E
2.5	Establish marae connectivity for delivery of health services and access to health and wellness information.	E
2.6	Ask rural areas to identify solutions relevant to their unique needs, including patient and whānau transport, and require all agreements to address these.	E
2.7	Discuss with migrant communities how they can be more visible and involved in co-designing systems.	E
2.8	Incorporate health literacy into the design of all services, including discussing approaches with individuals and whānau and testing proposed solutions with them.	AP
2.9	Adopt patient-centred booking practices when making hospital / secondary care appointments by asking patients and whānau to identify arrangements that best fit their needs, including date, time and location (in or out of hospital).	AP
2.10	Establish accessible multi-service holistic community hubs that provide access to a full range of primary and community services and some secondary services, and holistic mobile hub services.	O
2.11	Explore and promote innovative solutions among older people to encourage resilience and independence.	O
2.12	Inform decision-making on issues regarding the health and wellbeing of disabled people by data, evidence and robust consultation with people with knowledge and lived experiences.	P

3 Community services – locality model

Improve accessibility of primary and community services by implementing a locality model and shifting services closer to home

3.1	Make equity of outcome and access to services for Māori and other vulnerable groups a key consideration in the negotiation of service agreements and policies.	AP
3.2	Foster a climate where new ideas, innovation and risk-taking are encouraged by establishing Northland as a testing ground for innovative and transformational approaches across the entire health sector.	TR
3.3	Use health pathways universally throughout all parts of the health system to improve quality of care and reduce clinical variation.	E
3.4	Concentrate on making primary and community services better suited to needs expressed by communities, since they are the main point of entry into the health system.	AP
3.5	Clarify roles and responsibilities across providers and professions to improve clinical efficiency by using resources most effectively, simplifying processes and achieving the right care, in the right place, at the right time.	AP
3.6	Upskill and inform procurement and commissioning teams so they can effectively support system transformation.	AP
3.7	Commit to localities / locality networks / community hubs / communities of interest / community collectives as a basis for services working together for the benefit of whānau.	AP
3.8	Encourage community resilience by providing localities with access to information that will enable them to explore, describe and monitor their needs.	TR
3.9	As part of commissioning, link each service to outcomes and identify measures that define the contributions each makes towards them.	E
3.10	Ensure access to health services in Te Tai Tokerau is barrier-free and inclusive.	E
3.11	Develop a list of guaranteed services that each locality, no matter where it is, can aspire to.	E
3.12	Co-design and co-decide with the people of Northland (communities / localities as well as groups with shared interests) to determine models of care and information needs at locality level.	E
3.13	Develop locally grown and trained connectors, navigators and kaimanaaki, utilising the health and disability workforce to transfer skills and knowledge.	AP
3.14	Shift suitable hospital services into the community and discuss implications and implementation with other service providers and the communities concerned.	O
3.15	Continue to improve outcomes by focusing on service quality improvement and finding a balance between compliance and established and emerging evidence.	O
3.16	Ask patients to identify difficulties they have with communication across the health system, develop solutions in response, and keep checking back to make sure these work.	O
3.17	Establish collaborative shared-care plans across all services.	P
3.18	Establish within the Northland arm of Health NZ a leadership role in primary care to enable smooth and coordinated implementation of actions.	O



4 Hospital services

High quality, safe, responsive and consistent services and facilities

4.1	In the context of new models of care and shifting services into the community, build a new Whangarei Hospital that provides improved facilities, a modern and safer standard of care for patients, and a better working environment for staff.	
4.2	Continue to grow and develop Northern Region planning and collaboration across a range of forums to improve the timing and quality of clinical services, particularly in planned surgery; the aim is to reduce waiting times and create more sustainable pathways and better access for our population.	
4.3	Foster a climate where new ideas, innovation and risk-taking are encouraged by establishing Northland as a testing ground for innovative and transformational approaches across the entire health sector.	
4.4	Use health pathways universally throughout all parts of the health system to improve quality of care and reduce clinical variation.	
4.5	Concentrate on making hospital services better suited to needs expressed by communities.	
4.6	Clarify roles and responsibilities across providers and professions to improve clinical efficiency by using resources most effectively, simplifying processes, and achieving the right care in the right place, at the right time.	
4.7	Upskill and inform procurement and commissioning teams so they can effectively support system transformation.	
4.8	Continue to improve outcomes by focusing on service quality improvement and finding a balance between compliance and established and emerging evidence.	
4.9	Ask patients to identify difficulties they have with communication across the health system, develop solutions in response, and keep checking back to make sure these work.	
4.10	Establish collaborative shared-care plans across all services.	
4.11	Identify secondary services that can be patriated from Auckland to continue to expand the range of services available locally for the people of Te Tai Tokerau.	
4.12	Continue with initiatives in hospital service coordination (such as Planned Care) to streamline connections among services, improve quality of care and make better use of resources.	

5 Technology and information

Embrace technology to make services more accessible and personalised, and generate information to guide rational decision making and promote a fairer system

5.1	Build on the Regional Data Governance framework, which incorporates Māori data sovereignty and digital equity, and work with Te Tai Tokerau iwi to ensure the right information is collected.	P
5.2	Pursue a regional approach to data governance that improves our understanding of data and how it is analysed and interpreted.	E
5.3	Implement Regional Collaborative Community Care and ensure as part of the design that other primary and community care providers have access to or can integrate with its information systems.	TR
5.4	Continue to promote telehealth and mobile applications to improve access to health services, so individuals and whānau are more involved in, and in control of, their health care, and to promote virtual care and remote patient monitoring.	E
5.5	Ensure that technology options are co-designed and co-decided by Māori.	AP
5.6	Anticipate technological changes so that models of care can be adapted in a timely fashion.	P
5.7	Establish an integrated electronic health record that gives patients, whānau and providers secure access to the appropriate level of information that meets their needs.	P
5.8	Use data, evidence and collective voices to prioritise, monitor and support informed, rational decisions about service design and investment, focusing especially on equity.	TR
5.9	Record ethnicity status accurately in NHI and population registries to avoid undercounting of Māori and Pasifika.	E
5.10	Ensure prioritisation models include weightings for Māori.	E
5.11	Use the vision, outcomes and themes of this Strategy as a basis for developing an outcomes framework that is founded on equity.	O
5.12	Make decision-making and prioritisation processes transparent to aid understanding of the reasoning behind them, promote collective agreement on future directions, and assist in achieving fairer allocation of resources across health providers in Te Tai Tokerau.	P
5.13	Record the whānau voice in a reportable and measurable way so it is visible and understandable to all.	P
5.14	Establish regular communication channels with service providers across the sector and with clinicians to keep in touch with unmet and emerging needs.	P
5.15	Monitor progress on outcomes through a reporting framework that is available to and understood by all.	P
5.16	Align service design and investment with contemporary evidence-based standards.	P
5.17	Acquire and use data more effectively to monitor equity and demonstrate effectiveness of upstream, preventive measures.	P



6 Workforce

Grow a health workforce from within our rohe that reflects the population of Te Tai Tokerau

6.1	Seek Māori clinical and iwi champions to promote the uptake of tailored services in Te Tai Tokerau and targeted workforce strategies and approaches.	TR
6.2	Review existing workforce and service structures to ensure they support the implementation of the Strategy's actions.	O
6.3	Ensure opportunities for the Māori workforce, providers, and iwi to have access to training to provide services.	E
6.4	Seek Māori clinical and iwi champions to promote the uptake of tailored services in Te Tai Tokerau and targeted workforce strategies and approaches.	TR
6.5	Explore ways that the Northland arm of Health NZ can make recruitment by other providers more affordable, quicker and smoother.	AP
6.6	Extend affirmative action policies and approaches throughout the health system in Te Tai Tokerau.	AP
6.7	Explore ways that all health professions in Te Tai Tokerau can develop career pathways to encourage recruitment and retention.	AP
6.8	Ensure that recruitment for health workers in Northland includes messages about our innovative and exciting approaches.	AP
6.9	Ensure that pastoral care is equitably available across all health professions.	AP
6.10	Implement approaches that will improve the wellbeing of the workforce across Northland's health system.	AP
6.11	Establish programmes for mentorship so that experienced clinical staff can pass on their skills and learnings to the new generation.	AP
6.12	Encourage people from Te Tai Tokerau to follow health career pathways so that we anticipate future needs and ensure the workforce reflects our population.	AP
6.13	Explore ways of encouraging the health workforce to adopt new leadership models and team approaches, including less hierarchical and more respectful attitudes across professions.	AP
6.14	Coordinate training and education across the Northland health sector to improve equity in skill development.	AP
6.15	Adopt and enable more employment models, such as establishing an interdisciplinary credentialing process, to facilitate clinical staff to work at top of scope.	AP
6.16	Hold regular training so cultural safety is entrenched and our collective understanding continues to evolve.	AP
6.17	Upskill the workforce so it is more able to provide services that are inclusive and accessible for disabled people.	AP
6.18	Actively recruit across clinical and non-clinical workforces for diversity and inclusion, and measure and document workforce diversity.	AP
6.19	Establish innovative approaches such as a rural hub, science academy or research hub to make Te Tai Tokerau an inspiring work environment and a leader for change.	O
6.20	Acknowledge the presence of implicit bias and develop systems to reduce it.	O
6.21	Ensure the locum pools for clinical services and professions across Te Tai Tokerau are effective and efficient.	O
6.22	Be a leader and early adopter of the living wage and Government-led pay parity initiatives.	O

7 Healthy futures – upstream

Shift health investment upstream, adopt more proactive approaches and focus on children to 'get it right' for the next generation

7.1	Adopt more proactive approaches for children in high-risk families.	TR
7.2	Co-design and co-decide services for youth and invest in youth health and wellbeing initiatives to minimise downstream issues.	E
7.3	Learn from business and advertisers by using their savvy marketing techniques to get healthy messages across more effectively.	E
7.4	Review existing workforce and service structures to ensure they support the implementation of the Strategy's actions.	AP
7.5	Continue to emphasise the evolution of child wellbeing and hapū mama-focused initiatives such as Nga Tātai Ihorangi (First 2000 Days) and Ngā Wānanga Ō Hine Kōpū.	O
7.6	Review primary care funding and employment models to make services affordable and accessible for all and to incentivise upstream care.	O
7.7	Contribute to national discussions on the funding of general practice.	O
7.8	Develop local approaches and initiatives to support primary care and improve its sustainability.	O
7.9	Resource Māori health providers proportionate to the level of need in the communities they serve.	O
7.10	Grow investment in public health to increase health literacy about preventable health conditions, and encourage enabling and nurturing behaviours (traditional practices, parenting).	O
7.11	Progress health system readiness for and resilience to unexpected adverse events, such as supporting initiatives for living with and managing covid-19 in the community.	AP
7.12	Keep our population safe by supporting high and equitable vaccination rates.	AP



8 Healthy futures – intersectoral

Work collectively and strengthen alignment across agencies, local government and private enterprise to create real impact, transformational and intergenerational change for communities and whānau in Te Tai Tokerau

8.1	Collectively advocate and work with government, local councils and communities to create supportive environments to enable healthy choices for community concerns such as food, smoking, drugs and alcohol.	E
8.2	Support national legislative and policy changes regarding food, smoking, drugs and alcohol.	AP
8.3	Implement Regional Collaborative Community Care as the backbone for building linkages and interoperability between hospitals, general practices, Māori providers, and other NGOs.	AP
8.4	Develop innovative, holistic, cross-sectoral approaches to address social determinants by communities co-designing and co-deciding with health, disability and social sector organisations.	TR
8.5	Discuss with other sectors how digital equity can be achieved for all people in Te Tai Tokerau.	E
8.6	Develop innovative, holistic, cross-sectoral approaches to address social determinants and wellness of all tamariki born in our rohe.	E
8.7	Build on the existing consortia ⁸ approach to create genuinely innovative solutions across agencies.	E
8.8	Maintain Northland's Social Wellbeing Governance Group and work to achieve Māori health provider representation in addition to existing iwi.	O
8.9	Publicise achievements and successes in Te Tai Tokerau more widely and often so they inspire further advances.	P
8.10	Tell the stories of connected and resilient communities so they can act as models for others in Te Tai Tokerau to follow.	P

⁸ In line with the new Public Service Act 2020's focus on organising flexibly around the needs of New Zealanders by coordinating activities across agencies and planning and delivering services in a joined-up and agile way.

9 Healthy futures – environmental kaitiakitanga

of our tāonga to ensure environmental sustainability and thriving climate resilient communities

9.1	Environmental Kaitiakitanga of our tāonga to ensure environmental sustainability and thriving climate resilient communities.	
9.2	Support communities to anticipate climate risks and reduce impacts on their health and wellbeing.	
9.3	Integrate Te Ao Māori and mātauranga of tāngata whenua in our sustainability approach.	
9.4	Actively partner with Iwi, Te Tai Tokerau organisations, local councils and national healthcare providers to protect our tāonga and deliver an integrated wellbeing response to climate change.	
9.5	Develop a climate change adaptation framework to address the health risks of climate change and respond to impacts on our service delivery and infrastructure.	
9.6	Incorporate climate change considerations into health decision and planning frameworks.	
9.7	Ensure all new facilities across the health sector meet Greenstar 4 criteria as a minimum.	
9.8	When developing models of care, minimise patient travel by locating services closer to home.	
9.9	Ensure health professionals are able to recognise, prepare for and respond to the health impacts of climate change.	
9.10	Increase the pace of transition to climate-positive health service delivery.	
9.11	Identify vulnerable populations and gaps in infrastructure to prepare for the impacts of climate change.	
9.12	Incorporate into all health services circular economy principles and designing out waste.	
9.13	Promote health by aligning climate action with co-benefits in health, wellbeing and improved social outcomes (such as active travel, reduced air pollution, low emission diets, food sovereignty and security, healthy homes, regenerative land use, a local economy).	



Supporting documents

As well as the engagement process the Strategy emerged out of a number of processes and resources. These are available in the Documents folder on the website⁹.

Frameworks

The Strategy's Future State 2040 (a statement of what the health system will look like by that date) was compared with the core components of several key frameworks that guide work in the health sector:

- Quadruple Aim, an internationally recognised tool for ensuring that planning addresses four spheres that cover the full spectrum of needs and issues.
- NZ Health and Disability Review.
- Whānau Ora, Te Puni Kokiri's approach to improving whānau wellbeing that puts whānau at the centre of decision making.
- Whakamaua, the Māori Health Action Plan.
- Te Taitokerau Māori Health Priorities, A Summary Report (see below).
- Treasury Wellbeing Framework.

Insights Document

A summary of messages and themes from the Strategy engagement process.

Te Taitokerau Māori Health Priorities

An account of the 2018 engagement process conducted by Te Poutokomanawa, Northland DHB's Māori Health Directorate, and the plan that emerged from it.

Data and evidence

High-level information about health needs and the population.

Enablers

A table that cross-references Strategy actions with workforce, IT and other services and factors that are critical to implementation.



Tāne Mahuta, also called "God of the Forest", is a giant kauri tree in the Waipoua Forest, Te Tai Tokerau.

