

**TAIKORIHI**  
LOCALITY

# FOCUS PRIORITIES

2023-2026

**Me te wai e rere ana**  
To be like flowing water



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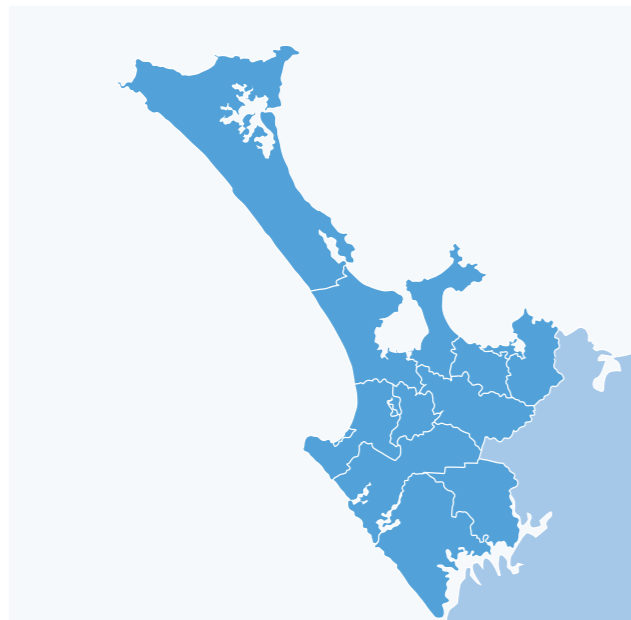
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## Whakapapa

The name, Taikorihī, was gifted to our locality by Anaru Rieper and it is the foundational metaphor that will shape the journey ahead. Taikorihī refers to the turning of the tide at its lowest point and the change as it begins to flow again. It speaks to the environmental surroundings that have shaped the people of this region and acts as a metaphor for the change in outcomes for whānau that the health reforms offer.

## Mana Whenua

The catchment area of the Taikorihī Locality encompasses five iwi: Ngāti Kuri, Te Aupōuri, Te Rarawa, Ngāi Takoto and Ngāti Kahu. While Iwi acknowledge that there is overlap, these discussions are the domain of Iwi and not the Taikorihī Locality.



## Iwi-Māori Partnership Board, Local Government, Stakeholders and Stocktake of Services

The Iwi-Māori Partnership Board for the Taikorihī Locality is Te Taumata Hauora o Te Kahu o Taonui.

The local government for Taikorihī is the Far North District Council.

On 14 December 2022, the Taikorihī Working Group (WG) signed a Locality Charter. Under the terms of the Taikorihī Locality Charter, the WG agreed to develop effective, enduring and working relationships in order to achieve our vision of reaching equity for whānau in oranga by 2030, guided by Mātauranga Māori and grounded in Kaupapa Māori, as guaranteed by Te Tiriti o Waitangi.<sup>1</sup> The Charter is inclusive and open to other interested stakeholders and Locality partners.

A stocktake of the services in the Taikorihī region is outlined in Appendix 2.

<sup>1</sup>Please see Appendix 1, Taikorihī Locality Charter

## Executive Summary

This Focus Priorities document has been prepared on behalf of the Taikorihī Locality Working Group (WG). It follows on from the Executive Summary of Priorities document submitted on 17 December 2022 and now focuses on the four key priorities Taikorihī will target in the next three years, namely; Housing, Taitamariki mental health and wellbeing, Access to Health Services and Māmā & Pēpi. This paper outlines the aims, contributing factors and high level outcomes whānau want to see achieved for each priority.

The WG is an extension of the coalitions that formed inside Iwi boundaries and the good works undertaken therein in the wake of the COVID-19 pandemic response.<sup>2</sup> Made up of an alliance of Iwi-Māori, hapori and community organisations, hauora and social service providers, clinicians, health and public sector workers, the WG first formed in May 2022 and has been meeting regularly since that date.

The Taikorihī Locality was not one of the first nine prototypes selected to make application to Te Whatu Ora. The WG has, however, worked steadily and with urgency to fulfil the requirements of Te Whatu Ora.

The vision for the Taikorihī Locality is ambitious. The challenges facing this region are immense and the statistics are dire.<sup>3</sup> Statistics, however, are only one part of the picture.

The people of Taikorihī are aware of how they are framed in the negative social indices and welcome the opportunity the health reforms offer for meaningful change:

“We need to work together. We are connected by whakapapa; by blood and bone and memory”.

Whaikaha, Kaumatua, 71

“I want us to be proactive about wellness in the community. I want to see it. I want to see something tangible. When you have a community that’s down and out, they act bad. They make bad decisions and say terrible things to each other. I want to see hope”.

Kuia, 74

<sup>2</sup>Collectively, this is known as the Te Hiku Delta Covid Response

<sup>3</sup>Please see Appendix 3, Key Facts



“Whether or not this [health reforms] works, what we know from our statistics is it’s currently not working. That’s the important thing to me. With all the privileges of the state, why are we always down the bottom of the barrel?”  
 Whaikaha, Kaumatua, 71

Maitai Bay on the Karikari Peninsula, Northland, Aotearoa

## Introduction

The Taikorihī locality comes with its own unique character and set of challenges. There are five Iwi within its boundaries. Geographically, it is a large area where parts are both rural and remote. It is a region known for its stunning natural beauty, sacred places and cultural strengths.

It is also a rohe with a history of unmet need, persistent, long-term and long-standing inequalities and inequities that have yet to be addressed. The Far North has relatively high rates of specific, long-term health conditions that have not dissipated, but rather, increased over time.<sup>4</sup>

“Māori outcomes aren’t getting better. They’re getting worse. Why is that?”  
 Whaikaha, Kaumatua, 71

“I’m sick of us being at the bottom of the cliff. We want to prevent illness if we can”.  
 Wahine, Remote/Rural workforce,

“We have a big task ahead of us. We know our stats. We need to take bite sized pieces of it and make it better”.  
 Wahine, Remote/Rural Workforce

<sup>4</sup>Please see Appendix 3: Key Facts for more information on the Taikorihī Population

# Taikorihi Oranga Framework

Helen Moewaka Barnes and Tim McCreanor's 2019 article, *Colonisation, Hauora and Whenua in Aotearoa*,<sup>5</sup> highlighted how colonisation deeply harmed Māori communities, consistently undermined Māori vitality, aspirations and potential. On average, Māori have the worst health status of any ethnic group in New Zealand.

In fact, out of all ethnic groups, the most pronounced difference in treatment is between that of Māori and Europeans.<sup>6</sup> This has come at inestimable cost to the nation and has resulted in the historical trauma of whānau Māori that is still evidenced today.

Moewaka Barnes and McCreanor outline a unified, dynamic and relational approach to health and wellbeing based on Māori concepts in order to:

“...expand, strengthen and revitalise prevention, protection and promotion approaches, to counter the injustices of colonisation, contribute toward health equity and move toward just, sustainable shared futures for the benefit of all New Zealanders.”<sup>7</sup>

In 2022 and with the permission of the Te Hiku Development Trust, the Taikorihi Locality adopted the goals and icons of the Te Hiku Iwi Social Accord outcomes (the Accord). The original goal statements and outcomes of the Accord can be found here: <https://www.tehiku.iwi.nz/History>.

The Accord framework is known to our communities, aligns with the aspirations of the Taikorihi Locality for hauora and oranga, and also, reflects Moewaka Barnes and McCreanor's unified, dynamic and relational approach to health and wellbeing based on Māori concepts.

Each icon has been specifically designed to articulate and provide a Te Hiku o Te Ika-centric Māori visual for Social and Wellbeing Accord Goals. The seven interconnected pou were used as the basis of determining priorities and ratings in our community engagement (whānau kōrero) for the Taikorihi Locality. The visual representation of the seven interconnected pou are set out in our Infographic on page 9.

<sup>5</sup><https://www.tandfonline.com/doi/full/10.1080/03036758.2019.1668439>

<sup>6</sup>Please see <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>

## WHĀNAU ORANGA: 20 YEAR OUTCOMES

### Whānau Ora

Whānau mana motuhake. Whānau have their own oranga strategies and are implementing them.

### Tū Rangatira

Whānau are safe and secure.

### Whai Rawa

The local economy is thriving with secure well paid mahi for whānau. Training and work is available locally, and the Hauora workforce looks like our community.

### Whare Āhuru

All whānau are well housed, on their whenua in healthy, safe homes.

### Hauora

Our people are the healthiest in Aotearoa, with equity in hauora outcomes for whānau Māori.

- Virtual Clinic
- Digital Tools
- Mobile Clinics
- Rongoā Maori

### Mana Māori

Whānau and community are bilingual.

### Matauranga

Our taitamariki are achieving their full potential and see a positive future for themselves. Mātauranga Māori is respected as fundamental.



# He Tangata Taikorihi Demographic Profile

Six of the interconnected pou were used to develop a Taikorihi demographic profile. As these are the health reforms, a separate hauora profile was developed in its own right.

## He tāngata Our people

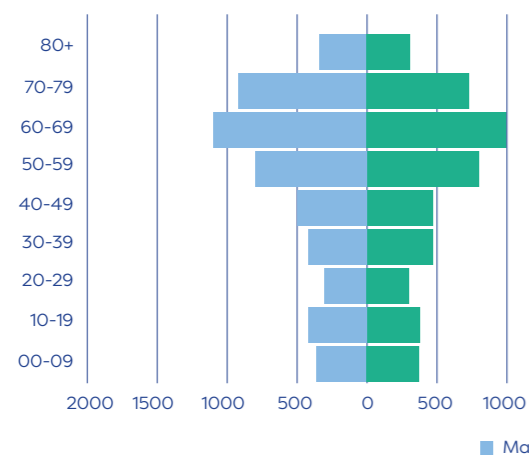
### Population

**25,000** people **58%** Māori  
(**16.5%** nationally)

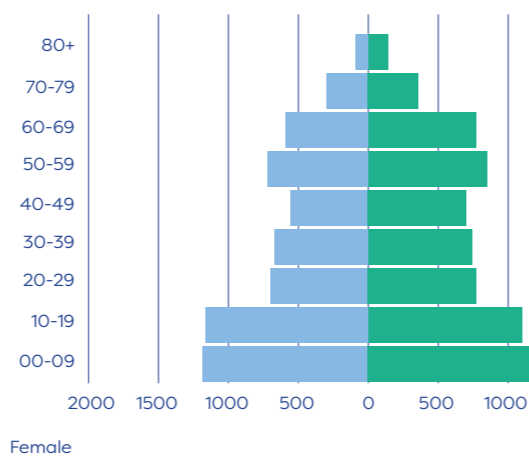
### Iwi

Te Aupouri, Ngāi Takoto,  
Ngāti Kuri, Ngāti Kahu, Te Rarawa

### Age Non-Māori



### Age Māori



## Whare āhuru Well housed



### Home ownership

- **36%** of Māori and **58%** of non-Māori own their homes or hold them in a family trust (**65%** nationally).
- Cost of rentals up **50%** between 2014 and 2020.

### Housing dampness

- **38%** of Māori and **24%** of non-Māori live in houses that are 'sometimes damp' (**18.5%** nationally).



## Mātauranga

Education & skills



- **30%** of taitamariki Māori hold a level four to six qualification, a bachelor's degree, or above.
- Less than **60%** of taitamariki Māori leave mainstream schools with NCEA level 2 or higher.



## Whai rawa

Economically secure & sustainable



### Inequitable employment

- **37%** of Māori in high-skilled occupations compared with **51%** of non-Māori.
- **11%** Maori and **4%** non-Maori were unemployed in Te Hiku (2018).



## Mana Māori



- **28%** of Māori speak Te Reo (**18%** nationally).

- **93%** of Māori know their iwi (**88%** nationally).



## Whānau ora

Secure standard of living

- Median household earnings **\$52,015** (**\$65,910** nationally, 2022).

- **71%** of working Māori and **63%** of non-Māori earn below the median wage.

- **2,241** Māori and **846** non-Māori received Job Seeker Support benefits (2020).



## Tu rangatira

Respected & safe



- **27%** decrease in Police proceedings between 2014-2021.

- **73** tamariki placed in care in 2018, **62%** within whānau care.



“

We have been chronically under invested in and because of that there are high needs. Health needs to access people, not just leave people to access health”.

Whaikaha, Kaumatua, 71

“There is just a sense of general apathy in the health system towards us”.

Whaikaha, Wahine, 54

Nintey Mile Beach, Northland, Aotearoa. Matapia island can be seen in the background.

## Taikorihi Locality

# Priorities for our locality plan

While the aspirations of the Taikorihi Locality have been built on the seven interconnected pou and framed by our whānau kōrero, the process started four years ago through the work of Harold Wereta. Wereta’s work, *Healthy Whānau, Happy Whānau and Our Voices are Heard* (2019), identified four key priorities:

1. **More Rongoā Māori services (complimentary to medicine)**
2. **Wider social determinants to be addressed**
3. **Public health – prevention and health promotion**
4. **Health system redesign**

In June 2022, Te Hiku Hauora surveyed over 1,400 respondents where it was clearly indicated that the health reforms were underway. Whānau were invited to provide feedback on their experiences of health services and asked what their priorities were for future health services and oranga in their communities.

Given the close timeframes of the Te Hiku Hauora survey and the wider community engagement of the health reforms, the WG determined that whānau would be canvassed through a series of focus groups and interviews. Primarily, this was to reconfirm the priority areas with whānau using the seven interconnected pou to determine priorities, ratings and desired outcomes. Throughout this process, whānau were given the space to raise any issues they felt pertinent to the discussion.

Whānau engaged:

1. **Kaumatua/kuia**
2. **Disabled**
3. **Taitamariki**
4. **LGBTQI**
5. **Mana Tane**
6. **Māmā and Pēpi**

Providers engaged to better understand services delivered in the locality:

1. **Māori health providers**
2. **Social service providers**
3. **Workforce providers**
4. **Housing providers**

The identification of the locality priorities has been a whānau-led and whānau-centric driven process. All priorities have been determined by the findings from our whānau kōrero. As discussed, many of the issues whānau raised in the kōrero are not new, but long-term, outstanding needs that have not been met.

<sup>8</sup>Please see Appendix 3, Key Facts for more information on the Taikorihi population.

During the discussions, three key themes emerged in how to combat the negative social indices of Taikorihī and turn the tide into something new:

### 1. Access

Whānau have indicated the need for better access to:

- a. Primary and secondary care health services
- b. Specialist care
- c. An uncomplicated, streamlined health system
- d. Digital access
- e. Opportunities to employment, education, training and building whānau capability

### 2. Prevention

Whānau want to be more active in their own health and wellbeing, not just passive recipients. Some of the suggestions to enable prevention:

- a. Whakapapa of health history (whānau assessment)
- b. Health information and becoming health literate
- c. First aid training and a network of primary care supporters based at the hapū/ community level
- d. Kai sovereignty and healthy living (breaking intergenerational habits)
- e. Community gyms
- f. Mitigating risk factors that lead to harm

### 3. Resilience

As indicated above, Te Hiku o Te Ika is a region that has a history of unmet need. As a result, whānau are resilient and have risen to challenges not present in other localities. Resilience, however, is not just surviving adversity and overcoming challenges, it is also directly related to thriving.

It is important to note that in our whānau kōrero, access, prevention and resilience are interconnected (just as our seven pou are) and should not be compartmentalised as separate categories but viewed in conjunction with one another.

These three themes are reflected in the whānau kōrero:

“We need generational change. What’s important to me is our hauora and whakapapa. We want a healthy whakapapa tree. We don’t want to be dying in our fifties”.

Whaikaha, Wahine, 54

“I’d like to know about all the pre-existing conditions in my whānau. I’d have taken action on it”.

Whaikaha, Kuia, 63

“Diabetes is rife in my whānau. We need to break intergenerational habits. We were rewarded with food... chips, lollies. My comfort food is chips and lollies. If we just changed some of those habits, we would be healthier”.

Whaikaha, Kuia, 63

“We have heart disease in my whānau. Heaps of us died young. I started a six- week challenge with friends and whānau. I lost fifteen kilos and now go to the gym. It’s turned my life around”.

Wahine, Remote/Rural workforce)

“I haven’t been to a doctor in three years. If I get sick, I ignore it. Pretend it’s not there. I use rongoā and have changed my diet. We should all change our ways to healthy eating and living. Our marae have gone that way now”.

Kaumatua, 67

“I want us to be proactive about wellness in the community. I want to see it. I want to see something tangible. When you have a community that’s down and out, they act bad. They make bad decisions and say terrible things to each other. I want to see hope”.

Kuia, 74

“We function from reactive healthcare, but I’m interested in healthcare for optimum functioning. I’d like to see that achieved”.

Wahine, Remote/Rural workforce

“We are resilient. We’ve had to be because our health system has been so terrible”.

Kuia, 65

Throughout the whānau kōrero engagement, it became clear that whānau do not wish to be passive recipients of our health care system, but active agents. Whānau want a responsive health care system that takes into account their realities and needs. Whānau want a health system that puts whānau at the centre, goes further than reactive healthcare, incorporates social determinants and aims for optimum healthcare.



# Taikorihi Focus Priorities 2023 - 2026

Given the results of our whānau kōrero, the Taikorihi Locality is focussing on four priorities for the initial three year period:

1. **Whare Āhuru (Housing)**
2. **Taitamariki (Mental Health and Wellbeing)**
3. **Whānau Ora (Primary Care and Access)**
4. **Tu rangatira (Māmā and Pēpi)**

These priorities encompass both the social determinants needed by the Taikorihi population to achieve whānau oranga and also, the three themes of access, prevention and resilience that arose from the whānau korero. Currently, these outcomes remain at the high, conceptual level as the health reforms are still unfolding. Moreover, strategies, interventions and programmes to achieve these priority outcomes will need to be developed further with Locality Partners, key parties and importantly, co-designed with whānau.

This plan has a three year timeframe, but many of the priorities identified by the whānau kōrero will take longer to resolve. It is for this reason that our priorities have, in part, twenty-year outcomes, which will be discussed further in the attached tables set out in the next section. Some issues, such as critical skills shortages and systemic changes, are beyond the scope of the Taikorihi Locality. Ultimately, those issues are the domains of regional and national decision-makers. Taikorihi will, however, be strongly advocating for our people in those spaces.

As the reforms are still unfolding, Taikorihi reserves the right to adapt, modify and pivot the way our target priorities are delivered. These decisions will be made in conjunction with whānau and importantly, for the betterment of whānau. The Taikorihi Locality intends to have a feedback loop between itself and whānau, and also, to hold annual reviews.

## Taikorihi Focus Priority Tables

### Kupu

The terms used in these tables are:

<b>Rukuhia ki nga tai</b>	Dive into the tides—seeking out solutions. Signifies the focus area of the associated table and the proposed solutions.
<b>Tai kupe</b>	‘Ngā tai a Kupe’, exceptionally high king tides, spring tides—metaphor for our large and significant issue/aim.
<b>Tai roa</b>	The never-ending flow of the tides—the ongoing and primary drivers associated with our aim.
<b>Tai nui</b>	King tides, spring tides—the big things that are associated to our primary drivers.
<b>Tai oranga</b>	Tides of wellbeing—suggestions of what we want to do that matters most to te oranga-tonu-tanga (wellbeing) of whānau.
<b>Ngā mea whakakaha</b>	Enablers needed for the priorities to be achieved
<b>Ngā hua</b>	Outcomes and measures, and success factors



Taupō Bay, Northland, Aotearoa.



“Whānau need a stable environment”.  
Kuia, 71

“Everything else stems from there. My whole life centres around home, wellbeing. It’s tangible”.  
Kuia, 74

“The housing crisis is shocking”.  
Kuia, 64

Cable Bay and Coopers Beach, Northland, Aotearoa

### Target Priority One

## Whare Āhuru (Housing)

Whānau identified whare āhuru (housing) as the number one target priority across all age groups. Housing has been at crisis point in the Taikorihī catchment area for decades and this is now at all levels—home ownership, rentals, social and emergency. Healthy, stable and secure homes is one of the keys for transformative and fundamental change in hauora and wellbeing for whānau.

“A lot of wellbeing levers can be solved by housing”.  
Remote/Rural Workforce, Wahine

“Housing is a huge opportunity to help with health. Why aren’t we doing it?”  
Remote/Rural Workforce, Wahine

Alleviating the housing crisis is crucial in resolving many of the unmet needs of whānau in the Taikorihī region face and also, in terms of future proofing for the next generations. An unchecked housing crisis is not only detrimental to the wellbeing and hauora of whānau, but it has a number of hidden costs with far reaching consequences. People who have housing instability are more likely to experience deprivation, poor health outcomes, including dental care and mental health issues, postpone or delay health care visits with GPs, postpone or delay accessing necessary medication and increased usage of emergency care at hospitals<sup>9</sup>.

In terms of children, there is a link between housing instability and educational outcomes. Children living in unstable housing environments are at risk of lower academic performance than their peers who are in stable homes. Research found that academic gaps develop that are difficult, if not impossible, to close for children living with housing insecurity<sup>10</sup>.

Thus, housing is interrelated and interconnected to all seven pou as well as access, prevention and resilience. It is crucial in achieving whānau oranga (twenty-year outcomes) and also, directly connected to the other three priority target areas of this document, namely; Taitamariki Mental Health and Wellbeing, Primary Care and Access, and Māmā and Pēpi.

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4509099/>

<sup>10</sup> <https://www.semanticscholar.org/paper/Academic-achievement-of-homeless-and-highly-mobile-Obradovi%C4%87-Lon-g/456a0f1555ea97d18ed9166c766f10c2ad369dc5>

**RUKUHIA KI NGĀ TAI – Whare Āhuru (Housing)**

TAI KUPE	TAI ROA	TAI NUI		TAI ORANGA	NGĀ MEA WHAKAKAHA	NGĀ HUA
<p>All whānau are well housed on their whenua in healthy safe homes</p>	<p><b>WHĀNAU</b></p>	<p>Affordability – price of renting and buying is a barrier</p> <p>Housing quality is poor presenting ongoing risks for whanau</p> <p>Available housing stock is limited</p>		<p>Taikorihi locality supports and advocates for housing as critical to oranga for whānau</p> <p>Whānau directed to appropriate housing providers that suit their requirements</p>	<p>Whenua</p> <p>Local relationships</p> <p>National/regional housing investment</p> <p>Learnings from other rohe e.g. Tairāwhiti</p> <p>Te Kāuta work programme (THIDT)</p> <p>FNDC collaboration and investment in infrastructure</p> <p>Iwi</p> <p>TPK</p> <p>Crown agencies (Kāinga Ora, MHUD)</p> <p>FNDC</p> <p>Te Pouahi Forum</p> <p>CBEC He Korowai Aroha</p>	<p>All whānau have a warm, dry, safe home</p> <p>Intergenerational housing on papakāinga.</p> <p>A substantial increase in investment and housing builds/repairs in the next 5 years (beyond current plans) in Taikorihī</p>
	<p><b>SYSTEM</b></p>	<p>Government model of land ownership (shareholders) is restrictive</p> <p>Easier system needed for whānau to build homes on their whenua</p> <p>Current banking system/model does not support development of Māori owned land</p>		<p>Intersectoral collaboration needed to resolve systemic barriers – Te Pouahi o Te Tai Tokerau, Te Kautā, FNDC, TPK, MSD, MHUD, Kāinga Ora etc.</p> <p>Broaden and improve referral channels/process to Healthy Homes Tai Tokerau – insulation and minor house repairs, and Te Rarawa – housing repairs.</p>		



## Target Priority Two

# Taitamariki Mental Health and Wellbeing

Taitamariki Māori youth experience higher rates of mental health distress and addictions than non-Māori<sup>11</sup>. Despite the higher rates between Māori and non-Māori, however, there are treatment inequities for Taitamariki, especially in the Taikorihī region. There is limited access to rehabilitation and treatment centres, counselling, and chronic work staff shortages, such as specialists for child and adolescents.

In Taikorihī, as it is nationally, Māori are the youngest and fastest growing population. Given the age structure of the Māori population, Taitamariki are the future of not only Māori, but also Aotearoa. Therefore, it is imperative that Taitamariki are fully engaged in their world and given opportunities at all levels.

The COVID-19 pandemic, for example, has a detrimental effect on Taitamariki education, feelings of social isolation and wellbeing:

“We need somewhere outside of our homes to keep us occupied so that we get a chance to connect with our friends and people our age”.

Taitamariki

Taitamariki want to engage. From the whānau kōrero, Taitamariki had a particular interest in co-designing new and innovative models of hauora and wellbeing in the future:

“We know a lot, we think, but no one listens to us, I don't think”.

Taitamariki

<sup>11</sup>Please see <https://journal.nzma.org.nz/journal-articles/mental-health-inequities-for-maori-youth-a-population-level-study-of-mental-health-service-data-open-access> And Appendix 3, Key Facts

**RUKUHIA KI NGĀ TAI – Taitamariki Mental Health and Wellbeing**

TAI KUPE	TAI ROA	TAI NUI	TAI ORANGA		NGĀ MEA WHAKAKAHA	NGĀ HUA
<p>Our taitamariki are achieving their full potential and see a positive future for themselves. Mātauranga.</p> <p>Mātauranga Māori guides the approach and design to prevent and reduce the impact of illness and disease on whānau Māori while strengthening connection to land, identity, and whānau</p>	<p><b>WHĀNAU</b></p>	<p>Unsafe home environments for Taitamariki.</p> <p>Taitamariki feel disconnected and disempowered from services</p> <p>Limited educational, training and work opportunities</p> <p>Absence of cultural confidence and identity.</p>	<p>Co-design all programmes with Taitamariki.</p> <p>Invest in rohe specific kaupapa Māori programmes that are known to be effective in connecting Taitamariki and whānau to Te Ao Māori, Taiao etc. e.g. hiko maunga, waka ama, mau taiaha</p> <p>Support kaupapa Māori programmes that build male and female role models.</p> <p>Establish long-term funding that supports kaupapa Māori based strengthening whānau programmes.</p>		<p>Taitamariki</p> <p>Hauora and social service providers</p> <p>Mana Tane/Mana Wahine Māori role Models</p> <p>Sports clubs</p> <p>Community groups</p> <p>Crown agencies (MoEd, MSD, OT, Justice, TWO etc).</p> <p>Whānau, marae, hapū and Iwi</p> <p>Rangātira, Kaiako</p>	<p>Accessible youth-focused services including support for mental wellbeing</p> <p>Increase in rehabilitation and treatment centres, respite spaces, counsellors, child and adolescent specialists and wrap-around services</p> <p>Think/work intersectorally e.g. with education and training services</p> <p>Increase in Te Hiku Taitamariki entering into hauora study and are provided employment post- graduation</p> <p>Increase in Māori students engaging in Allied Health study disciplines in Te Pūkenga/NorthTec 'Centre of Excellence' in hauora</p> <p>Are part of strong and connected whānau</p> <p>Have choices and see a positive future for themselves</p> <p>Know their voices are heard and can see results/ progress</p> <p>Feel safe at home, school and within our communities</p> <p>Indicators: education/NCEA/transition to training</p> <p>-youth health</p> <p>-youth justice</p> <p>Taitamariki are connected with whānau, marae, hapū and Iwi</p> <p>Have access to spaces for transmission of Te Ao Māori, able to practice Tikanga and Te Reo</p> <p>Have access to learning whakairo, raranga and whaikōrero</p>
	<p><b>SYSTEM</b></p>	<p>Major gaps for Taitamariki in mental wellbeing crisis</p> <p>Early interventions needed prior to crisis events e.g. suicide</p> <p>Limited coordination between services</p> <p>Workforce capacity/ pressures.</p>	<p>Strengthen initiatives of the Social Accord aimed at increasing employment opportunities</p> <p>Improve funding to trauma and acute services to increase response capacity.</p> <p>Reorient and coordinate funding intersectorally with MSD, OT, Justice etc.</p>			



“

“My journey has been watching my whānau deal with diabetes and issues of access. It’s diabetes, dialysis and then death with some body parts cut off in between. I know people coming back in bits and pieces to be buried”.

Whaikaha, Wahine, 54

### Target Priority Three

## Primary Care and Access

It is estimated that approximately 3,000 people in the Taikorihī Locality catchment cannot access a General Practice. Out of that group, at least 55 percent are Māori. Given the rate of long-term and specific health conditions in the Far North, this situation must be treated with urgency.

“One of the biggest issues is accessing primary care, enrolling with a GP. Some of them have chronic health conditions. It’s dangerous”.

Whaikaha, Wahine, 54

“We can’t even enrol with a doctor up here. It’s crazy”.

Mana Tane

“I can’t enrol up here and we have a child”.

Mana Tane

Access emerged as a key theme in the whānau kōrero—as did continuity of care, quality of care, availability of services, attitudes in the health system as well as fundamental systems issues. In a high deprivation area with limited services and high rates of specific, long-term health conditions, cost, travel and the lack of a coordinated, integrated system were identified as barriers to whānau:

“Health needs to access people, not just leave people to access health”.

Whaikaha, Kaumatua, 71

“How much can you get to know someone in 15 minutes”?

Mana Tane

“I had to go to 15 different places for the same thing. Why does it have to be this complicated”?

Remote/Rural Workforce, Wahine

**RUKUHIA KI NGĀ TAI – Primary Care and Access**

TAI KUPE	TAI ROA	TAI NUI	TAI ORANGA		NGĀ MEA WHAKAKAHA	NGĀ HUA
<p>Whānau are living safe and well.</p> <p>A system that is simple for whānau to access and navigate.</p>	WHĀNAU	<p>Difficulty for whānau to enrol in a General Practice</p> <p>Would rather stay well as a whole whānau</p> <p>Difficulty navigating between services</p>	<p>Progress better access to virtual consultations and support for whānau, including improving infrastructure and capacity for digital connectivity.</p> <p>Develop and implement proactive, upstream, tikanga-based initiatives empowering whānau oranga.</p> <p>Embed rongoā Māori as a key component of health services.</p> <p>Create a single model for health services to achieve a comprehensive, integrated service.</p>		<p>Whānau, kaumātua and kuia</p> <p>Rongoa practitioners</p> <p>Funders of services</p> <p>Primary care providers</p> <p>Secondary services</p> <p>Community and whānau</p> <p>Iwi-Māori Partnership Board</p> <p>TWO and TAWO</p> <p>Whānau Ora Navigators</p> <p>Iwi Kaimanaaki</p> <p>Māori health provider kaimahi</p> <p>Mahitahi Hauora Health Information Practitioners (HIPs)</p> <p>Crown agencies (MSD, Kāinga Ora, etc) work under the kaupapa alongside Māori Hauora and oranga services</p>	<p>Community-led design on models of care</p> <p>Enrolment to primary care is no longer a barrier to whānau</p> <p>A 'one stop' source of information and support for whānau that is coordinated and supports kaiārahi across the locality</p> <p>The hub supports/is backbone for 'spokes' of hauora services in communities across the locality and is integrated with rural hospital care</p> <p>Online/virtual consultations integrated into primary care services, mobile clinics, and home</p> <p>Collaboration between providers to develop a collective approach Anti-racism training</p> <p>More resources for HIPs Workforce gaps addressed</p> <p>A workforce development plan specific to Te Hiku</p> <p>Nurse-led care already functioning in some providers</p> <p>New funding models includes 'unenrolled' whānau</p> <p>Whānau have access to Kaimanaaki/Kaiarahi</p> <p>More mobile clinics/digital hubs in rural areas.</p> <p>"Front Door" project and other virtual care to support people with long-term conditions (CVD, diabetes, etc)</p> <p>Alternative working hours – evening clinics</p> <p>TWO develops an overall plan for rural specialist services in Te Tai Tokerau</p> <p>Coordinated virtual care that offers diagnostic and specialist services in the locality</p>
	SYSTEM	<p>Poor coordination between services.</p> <p>GP led model of care restricts other skilled workforce e.g. nurse led service; Navigators etc.</p>	<p>Advocate for a coordinated, integrated information system</p> <p>Mobile Māori Nurse led/ co-ordinated care with multi-disciplinary teams</p> <p>Whānau experiences report and record more Mātauranga Māori approaches to services Increase in investment in to Kaimanaaki/ kaiarahi to assist in navigating systems with whānau</p> <p>Whānau hauora assessments addressed from a strength-based response</p>			<p>Increase in Rongoā services are available and extended within community and hospital services in Te Hiku o Te Ika</p> <p>Number of services</p> <p>Whānau feedback on experience</p> <p>Number of whānau accessing</p> <p>Rongoā services are accessible to whānau living rurally</p> <p>A "one stop shop" centre for Oranga, governed by community, with mātauranga Māori approach</p> <p>The 'model of care' addresses social determinants of hauora in a seamless way</p> <p>The collective of community kaimahi are better co-ordinated within the range of services that employ these roles</p> <p>Equity in access and utilisation of services with respect to need</p> <p>Hauora services are free at the point of care for all whānau Māori, including pharmacy and oral health, with integrated virtual and mobile services</p> <p>Racism in Services are noted and reported through TAWO and IMPBs</p> <p>Whānau feedback is regularly sought and will inform service improvements (e.g. feedback surveys, etc)</p> <p>Whānau are supported to navigate care when they need it</p> <p>Whānau receive diagnostic services closer to their home</p> <p>Increase in range of specialist services available in Kaitaia</p> <p>Increase in whānau accessing Planned care</p> <p>Barriers to alternative allied health roles addressed (e.g. physician assistants, pharmacist roles, kaimahi vaccinators) are removed</p> <p>Qualitative and quantitative indicators e.g. Waiting times for routine care is 3 days</p> <p>Equity in screening and preventive indicators e.g. screening, vaccination, and LTC management</p> <p>Mana Motuhake of whānau in managing their own health</p>
	WORKFORCE	<p>Shortage of doctors, nurse and other health workforce skillsets</p>	<p>Workforce stream underway to develop pathways for students into health and build the capability of and scope of the existing workforce</p>			



## Target Priority Four

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### Māmā and Pēpi

Prevention and intergenerational change emerged as key themes in the whānau kōrero:

“I wish I knew 30 years ago what I do now. I would’ve taken better care of myself and maybe I wouldn’t have ended up here”.

Whaikaha, Kuia, 63

“Diabetes is rife in my whānau. We need to break intergenerational habits. We were rewarded with food... chips, lollies. My comfort food is chips and lollies. If we just changed some of those habits, we would be healthier. I’d like to see rangatahi better informed about diet and health. How about a campaign encouraging our young to swap the Coke for water”?

Whaikaha, Kuia, 63

The Māmā and Pēpi priority focus is to start implementing the goals of whānau to create meaningful intergenerational change. The table below is based on equipping parents with the necessary tools and supports for the first 2000 days of a child’s life. The rationale being that this formative time for mama and pēpi creates a stable foundation for the rest of a person’s life.



RUKUHIA KI NGĀ TAI – Māma and Pēpi

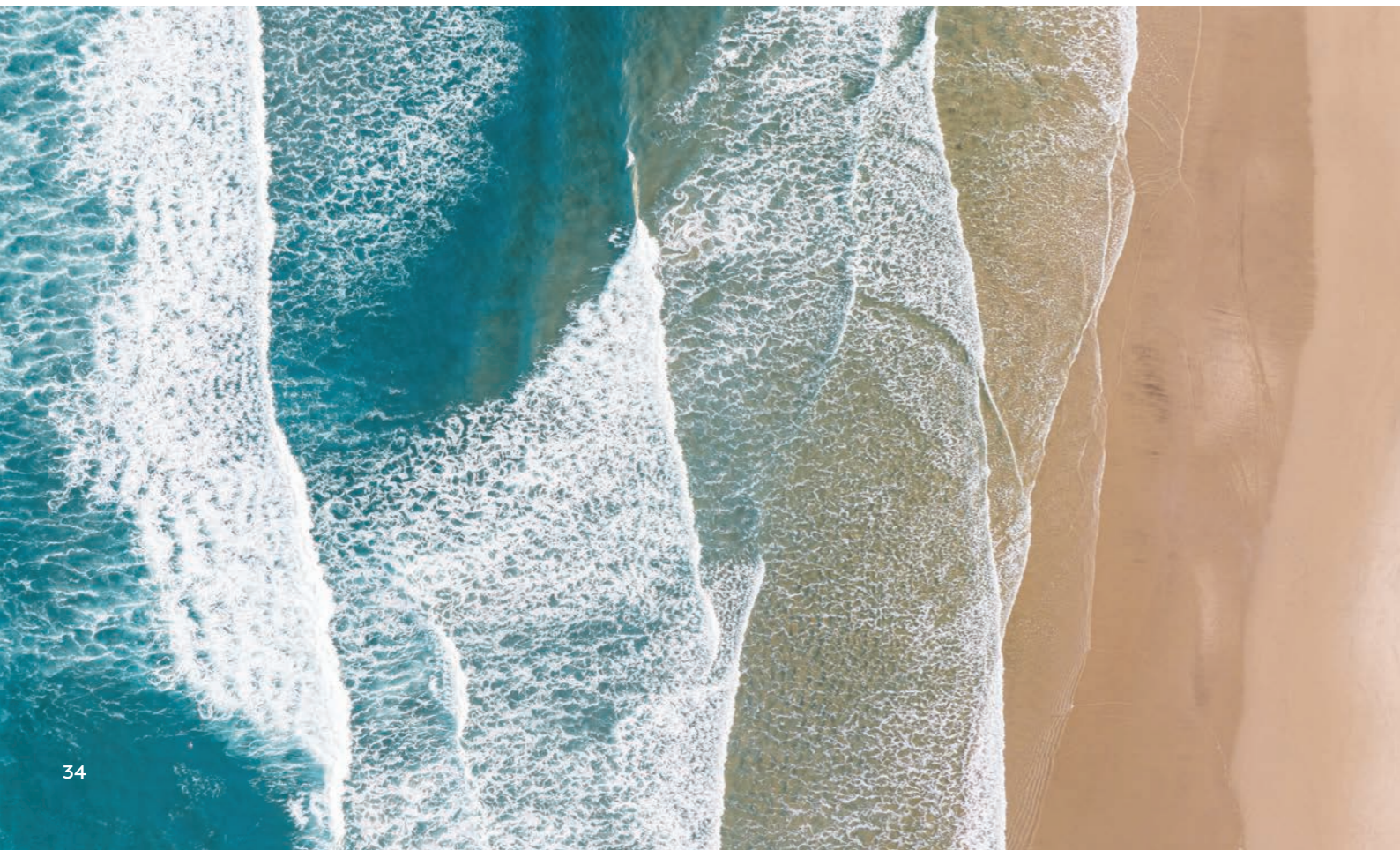
TAI KUPE	TAI ROA	TAI NUI		TAI ORANGA	NGĀ MEA WHAKAKAHA	NGĀ HUA
<p>He Mokopuna</p> <p>Every Māma and Pēpi in Te Tai Tokerau is cared for</p>	<p>WHĀNAU</p>	<p>Access and barriers</p> <p>Stable housing</p> <p>Care</p> <p>Specialists</p> <p>Ability to deliver locally</p> <p>Isolation from support systems if having to travel to give birth</p> <p>Post-natal depression</p> <p>Lack of co-ordinated and integrated system to get information</p>		<p>Whānau centred co-design of services that are well funded and resourced</p> <p>Collaborative approach for māmā and pēpi in model of care</p> <p>More community support and Te Ao Māori centred approaches</p> <p>Ngā Tātai Ihorangi (tools of wider understanding) to build a stable foundation of the first 2000 days of a tamariki's life</p>	<p>Whānau</p> <p>Healthy Families Far North</p> <p>Public Health</p> <p>Hauora and social service providers</p> <p>Midwives and other services e.g. Ngā wānanga o Hine Kōpu</p> <p>Tamariki ora Plunket</p> <p>Antenatal services TAWO/TWO</p>	<p>All māmā and pēpi are enrolled in GP services</p> <p>All māmā and pēpi are cared for by a midwife, and with access to kaiārahi support from first trimester</p> <p>Local options to deliver pēpi with whānau support systems in place</p> <p>Multiple options for antenatal care and support available for hapū māmā including wānanga</p> <p>Intergenerational change is reflected in healthy pepi and tamariki</p> <p><b>Indicators:</b></p> <p>A reversal in 'negative' indicators</p> <p>All tamariki in Te Hiku o Te Ika live in safe, secure homes</p> <p>Increase access to Poipoia Kohanga Reo - Te Reo Māori</p> <p>Tamariki in Te Hiku o Te Ika have the best oral health in Aotearoa</p> <p>Pepi/tamariki received all childhood immunisation prior to entering primary school</p> <p>Whānau have access to mara kai, food security</p> <p>Whānau centred approach with co-design of services</p> <p>Nga Wananga o Hine Kōpu attended by whānau and hapu māmā</p>
	<p>SYSTEM</p>	<p>Multiple options for antenatal care, support available for māmā and pēpi</p> <p>Resourced and culturally competent workforce</p>		<p>A coordinated central hub of information and support for māmā, pēpi and whānau</p> <p>Intersectoral collaboration between agencies and organisations such as Tamariki Ora, Plunket, Antenatal services</p> <p>Kaiawhina, kaiarhi and atawhai based at hapū and community level</p> <p>Direct funding to support current providers and initiatives e.g. Ngā Wahine o Hine Kōpu</p>		



## Conclusion

This Focus Priorities document is the framework of the Taikorihi Locality and sets the context of the WG's progress to date. Our next steps will be defined in subsequent works and oriented on:

1. Re-engaging with whānau
2. Co-designing model of care with whānau and community
3. Developing plan of action on services with providers and agencies, including identifying local, regional and national areas of responsibility
4. Resourcing and commissioning
5. Implementation and delivery



## Appendix 1



## Partnering Charter

This Charter is made on the fourteenth day of December, 2022.

*Me te wai e rere ana  
To be like flowing water*

### 1 Whakapapa

Taikorihi refers to the turning of the tide at its lowest point and the change as it begins to flow again. It speaks to the environmental surroundings that have shaped us and acts as a metaphor for the change in direction, the change in legislation and the seeking of change in health outcomes for the people of our region. Taikorihi sits at the threshold of the low tide and contains the authority to exert a change in direction.

The name, Taikorihi, was gifted to our Locality by Anaru Rieper and is the foundational metaphor that will shape the journey ahead. Our five Iwi of Ngāti Kuri, Te Aupōuri, Ngāti Takoto, Te Rarawa and Ngāti Kahu provide the geographic boundaries of Taikorihi. The partners to this Charter—present and future—all agree to be kaitiaki of this Kaupapa, which puts the health and wellbeing of our whānau front and centre.

### 2 Vision

Our vision is to achieve equity for whānau in oranga, as guaranteed in Te Tiriti o Waitangi, by 2030. We will do this by forging innovative and synergistic services through partnerships for the Taikorihi Locality.

### 3 Mission

Our mission is to ensure:

- The whānau voice is prioritised and placed front and centre within the development and implementation of the Taikorihi Locality Plan.



- The Taikorihī Locality Plan aligns with our visions and values, and supports the goals of Te Taumata Hauora, Wai 2575, the Pae Ora (Healthy Futures) Act, 2022, the New Zealand Health Plan and any other documents relevant to the establishment and running of our Locality.

## 4 Purpose

The purpose of this Charter is to develop effective, enduring and working relationships that align with our shared vision and the goals set out in the Taikorihī Locality Plan.

## 5 Values - Ngā Mātāpono

The Partners to this Charter agree to be guided by a shared set of values keeping whānau at the centre of our kaupapa. Our shared values include, but are not limited to:

- 5.1 **Whakapapa:** Whakapapa is the overarching paradigm of development for the partnership
- 5.2 **Whanaungatanga:** Whanaungatanga is the overarching relationship obligation amongst the partners
- 5.3 **Pono:** The Partners are committed to a relationship based on trust and integrity, reflected in behaviour that is honest and open. Each Partner accepts responsibility for being accountable to other Partners. This also includes a “no surprises approach” with appropriate knowledge and information sharing.
- 5.4 **Mana:** The Partners acknowledge the mana of each other when participating with each other. Interactions are grounded on being mana enhancing, helpful and constructive to the kaupapa. Communication should be open to constructive feedback as well as understanding and respecting each other’s knowledge, expertise, operating environment and capabilities.
- 5.5 **Kaitiakitanga:** The Partners agree to act as kaitiaki for the whānau and whānau voice in this kaupapa. There will be shared decision-making, responsibility and accountability to not only each partner, but also, to the whānau. The partners will collectively identify, manage and mitigate all risks associated with our Locality that could bring harm to the whānau and other partners to this Charter.
- 5.6 **Rangatiratanga:** The Partners acknowledge each other’s control of their own destiny and decision making.
- 5.7 **Manaakitanga:** The Partners agree to treat each other with care and respect. In regard to undertakings given by either Partner to the other, the Partners agree to understand, nurture and support each other to achieve agreed outcomes.
- 5.8 **Te Tiriti o Waitangi:** The Partners agree that Te Tiriti o Waitangi, as the founding document of Aotearoa-New Zealand, is central to this Charter.

## 6 Partnerships

The named partners to this Charter have agreed to be in this partnership. The list, however, is not complete and we aim to be as inclusive as possible by increasing members as the Taikorihī Locality further develops.

### 6.1 Hau kāinga, Community and Social Service Providers

Through wider community engagement, a number of hau kāinga, community, social service and health providers have signalled interest in being part of the Taikorihī Locality Plan, but would like more time before



committing. In order to respect their mana, time and integrity, we reserve the right to enter into future partnerships as and when the need arises.

### 6.2 Crown Agencies

In 2013, The Social Development and Wellbeing Accord (Social Accord) was signed between Te Hiku Iwi and Crown agencies. While not legislated by the Treaty Settlement Act, the Social Accord nevertheless forms an important part of the redress arrangements.

The impetus of the Social Accord came from the high level of deprivation in the region, disparities (both historical and present) between Māori and non-Māori, and the desire to effect change. The aspirations for the Social Accord is for Iwi and Crown to work together as a collaborative body for whānau.

Partners of this Charter will draw upon the Social Accord and already existing relationships with Crown agencies<sup>1</sup>. However all Iwi reserve the right to have an autonomous relationship with the Crown for purposes of the vision of their hapū.

### 6.3 Local Government

We aim to onboard Local Government partners in the coming months, following the outcome of the 2022 local government elections.

## 7 Partnership Objectives and Responsibilities

Our partnership is based on mutual trust, respect, genuineness and commitment to our kaupapa. This partnership builds upon identified strengths of each party and also, works to address needs that align with the commitment to equity in the hauora and ora of our people.

The Partners agree to the following:

- Tū Kotahi Mai: Stand up and be accountable to whānau by actively promoting and developing the whānau and community voice in locality planning.
- Tū Rangatira Mai: Step up and be accountable to one another through open dialogue and processes to facilitate managing difficulties and differences.
- Mō Te Āpōpo: Speak up as well as champion and support the vision, principles and objectives of the Locality Plan.

The Partners will also:

- Recognise the need to work with neighbouring Localities as they become established.
- Commit to future planning and capacity building: each Party agrees to a forward-looking focus including identifying appropriate resources for collaboration and joint working.
- Develop a vision, strategic leadership and direction for our Locality.
- Acknowledge the role of Iwi-Māori Partnership Boards in locality planning.
- Create an inspirational plan in partnership with Health New Zealand and the Māori Health Authority for the locality to ensure health equity and community wellbeing.
- Create, develop and sustain productive community relationships.
- Manage locality support functions related to the Partnership.
- Deliver outcomes to meet and exceed the objectives of the Partnership.

<sup>1</sup> For full and further information, please see <https://www.tehiku.iwi.nz/History>



## 8 Te Whatu Ora/Health New Zealand Responsibilities

Responsibilities for Health New Zealand include, but are not limited to:

- Collaborate with the Locality Partnership to agree the Locality Plan
- Review and approve the Locality Plan
- Generate high level support and stakeholder interface for the Locality
- Provide timely and accurate health system data to support effective local planning and review
- Identify a named Locality Commissioner
- Work with Locality leads and communities to co-design service delivery models
- Support the Partnership to be effective in its role

## 9 Te Aka Whai Ora/Māori Health Authority Responsibilities

Responsibilities for the Māori Health Authority include, but are not limited to:

- Collaborate with the Locality Partnership to agree the Locality Plan
- Review and approve the Locality Plan
- Generate high level support and stakeholder interface for the Locality

## 10 Iwi-Māori Partnership Boards

The role of Iwi-Māori Partnership Boards (IMPBs) includes:

- To have a relationship based on mutual trust and respect with the Taikorihī Locality.
- Exercise Tino Rangatiratanga as the Tangata Whenua partner with Te Whatu Ora (Health NZ) and Te Aka Whai Ora (Māori Health Authority) in planning health priorities and services at a local level within Te Tai Tokerau.
- Ensure the voices of whānau Māori are elevated and made visible within the health system.
- Embedding Mātauranga Māori within locality plans, which then influence regional and national planning.

## 11 Decision-Making

- The Partners agree that decision-making will be shared and made by consensus of those present, whether in person, by telephone or videoconference, or by proxy, at the relevant meeting, on a best for whānau basis.
- All decisions and directions made by our Locality concerning our partnership and this Charter will be minuted.
- The Partners will be jointly accountable for the implementation of all decisions and directions made in terms of the Locality.
- Financial decisions and directions will be aligned to the objectives of the Locality Plan.
- Mahitahi Hauora, 28 Rust Avenue, Whangārei 0110 is the Locality fund-holders for the period of both this Charter and the Locality Plan.

## 12 Disputes Resolution

- The Partners acknowledge that we are not collectively established as a Legal Entity and recognise that the partners are subject to their own governance obligations. As such, this Charter limits partner's rights and/or obligations necessary to comply with their governance obligations under any law or other agreement.
- The Partnership recognises that inevitably disputes will emerge. In the event of disputes emerging all partners commit to resolving any dispute at the lowest possible level. Dispute resolution will be



based on the culture, principles and values of the Partnership. As the Partnership is based on a shared commitment to achieving the best possible outcomes for whānau within the Locality, dispute resolution will be based on the culture, principles and values of the Locality.

- Any dispute or difference arising in relation to this Charter shall be dealt with by the key contacts named below, who are the day-to-day contacts for this Charter (which can be changed by written notice by either party). If a dispute cannot be satisfactorily resolved, it may be referred to the Taikorihī Kaitiaki (Governance Group) who shall make every reasonable effort to resolve the dispute promptly.

Key contacts:	
[Name]	[Name]
[Position]	[Position]
E:	E:
M:	M:

## 13 Conflicts of Interest

**Honesty and Integrity are Paramount:** It is important that all of us are open and honest with each other and advance the interests of our Locality.

**Full Disclosure:** Each of us shall fully disclose any Conflicts of Interest that we are aware of or may have in respect of any matter touching or concerning our Partnership or this Charter in accordance with our Conflict of Interest policies.

**Managing Conflicts:**

- We will proactively manage all Conflicts of Interest or potential Conflicts of Interest.

## 14 Access to Information and Confidentiality

The Partners commit to sharing all relevant information about our Partnership with each other and with others. To that end, we commit to full, honest, and open disclosure to each other of all information and documents that relate to:

- Undertaking our Locality activities.
- Otherwise meeting our Partnership obligations and commitments.

The Partners accept that some of the information shared within our Locality will be confidential (Confidential Information). We will not share or disclose:

- Confidential Information to any person except with the agreement of our Partnership.
- Personal health data about an identifiable individual.

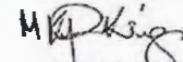
## 15 Review of Charter

The Charter will remain in effect for a period of one year from the date of signing and automatically renew unless either party gives notification sixty (60) days prior to the date of renewal. Either party may terminate the Charter by giving thirty (30) days written notice. A decision to terminate this Charter will not affect the term of any contract entered into under this Charter that is still in force.



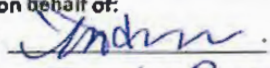
## 16 Executed as a Charter

The Charter is endorsed by the following partner organisations:

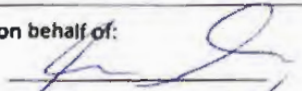
  
Te Rūnanga Nui o Aupōuri  
Mariameno Kapa Kingi  
CEO  
Te Runanga Nui o Te Aupouri  
Date: 25/11/2022

Signed on behalf of:  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
[NAME]  
[ROLE]

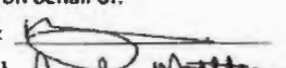
Aupōuri Ngāti Kahu Te Rarawa Trust (ANT)

Signed on behalf of:  
Signed:  Date: 15/11/2022  
[NAME] Trudy Brown  
[ROLE] Social Services Manager.  
ANT Trust

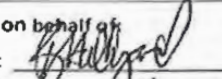
Mahitahi Hauora PHO

Signed on behalf of:  
Signed:  Date: 15/11/22  
[NAME] JENSEN WEDGER  
[ROLE] CEO

NorthAble Matapuna Hauora


Signed on behalf of:  
Signed:  Date: 15/11/22  
[NAME] Noel Mattson  
[ROLE] CEO

Te Hiku Hauora

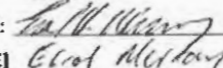
Signed on behalf of:  
Signed:  Date: 15/11/22  
[NAME] Bill Halkyard  
[ROLE] CEO



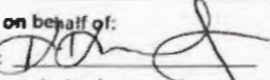
Te Mana Oranga Trust

Signed on behalf of:  
Signed:  Date: 15/11/22  
[NAME] Reg Peterson  
[ROLE] Business Manager

Whakawhiti Ora Pal

Signed on behalf of:  
Signed:  Date: 15.11.22  
[NAME] Eric Murray  
[ROLE] General Manager

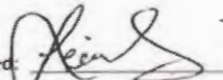
Healthy Families For North

Signed on behalf of:  
Signed:  Date: 15.11.22  
[NAME] Kathleen Keenemete  
[ROLE] Manager Healthy Families For North

Hauora Hokianga

Signed on behalf of:  
Signed: \_\_\_\_\_ Date: 21/11/22  
[NAME] Margareth Broodkoom  
[ROLE] Ahorangi / CEO

Broadway Health

Signed on behalf of:  
Signed:  Date: 15.11.22  
[NAME] Jessie Hoskins  
[ROLE] C.E.O Broadway Health.

Tuhiata Mahiora Trust

Signed on behalf of:  
Signed:  Date: 13/12/2022  
[NAME] Martin Langford  
[ROLE] Chief Executive.

## Appendix 2

### Te Whatu Ora / Te Aka Whai Ora Te Tai Tokerau - Funding Stocktake

Description of Funding	Funder	FY2023 Annual Funding	Service Category
Community Pharmacy	Te Whatu Ora	8,956,000.00	Community Pharmacy – incl Drug Costs
Primary Care PHO	Te Whatu Ora via PHO	7,331,025.00	Primary Care
Neighbourhood Healthcare Homes Capitation	Te Whatu Ora via PHO	250,000.00	Primary Care
Far North After Hours Funding	Te Whatu Ora	270,000.00	Primary Care
ARRC and Respite Programmes	Te Whatu Ora	4,072,000.00	Health of Older People / ARRC
Primary Mental Health Service Navigation	Te Whatu Ora	79,413.76	Mental Health
Maternal Infant Mental Health	Te Aka Whai Ora	123,120.00	Mental Health
Te Tumu Waiora	Te Aka Whai Ora	734,563.36	Mental Health
Services to Promote Resilience, Recovery & Connectedness	Te Aka Whai Ora	2,038,727.85	Mental Health
Residential Psychiatric Respite Care	Te Aka Whai Ora	777,898.77	Mental Health
Individual Placement and Support Employment Services	Te Aka Whai Ora	408,000.00	Mental Health
Te Ara Oranga	Te Whatu ora	100,000.00	Mental Health
Rongoa Maori Services	Te Aka Whai Ora	132,600.00	Maori Health
Well Child Tamariki ora	Te Aka Whai Ora	223,050.71	Maori Health
Whanau Ora	Te Aka Whai Ora	1,756,996.44	Maori Health
Maternity Support Services	Te Aka Whai Ora	252,503.87	Maori Health
Intersectoral Community Action for Health (ICAH)	Te Aka Whai Ora	181,209.10	Maori Health
Under 5 Energise	Te Aka Whai Ora	230,504.98	Maori Health
Kaupapa Maori Medical Services	Te Aka Whai Ora	145,488.10	Maori Health
Older Persons Health Integration Team	Te Aka Whai Ora	196,210.60	Maori Health
Stop Smoking Services	Te Aka Whai Ora	923,158.00	Maori Health
Tuturu Tangata: Holistic Youth Health Services	Te Aka Whai Ora	687,899.10	Maori Health
		<b>29,870,369.64</b>	

Hospital and Secondary Services	Funder	FY2023 Annual Funding	Service Category
Kaitaia Hospital - Inpatients, ED, OT, Allied, Etc	Te Whatu Ora Provider Arm	17,147,838.05	Hospital and Secondary
Mental Health	Te Whatu Ora Provider Arm	7,183,487.87	Hospital and Secondary
Renal Service	Te Whatu Ora Provider Arm	1,005,847.79	Hospital and Secondary
Facilities Management	Te Whatu Ora Provider Arm	3,257,277.40	Hospital and Secondary
Radiology Services	Te Whatu Ora Provider Arm	182,031.83	Hospital and Secondary
Commercial Services	Te Whatu Ora Provider Arm	1,392.30	Hospital and Secondary
Pathology Services	Te Whatu Ora Provider Arm	1,602,091.05	Hospital and Secondary
Public Health Team	Te Whatu Ora Provider Arm	0.00	Hospital and Secondary
Maori Health Services	Te Whatu Ora Provider Arm	200,000.00	Hospital and Secondary
		<b>30,579,966.29</b>	

■ Taken from FY2023 Budget ■ Currently unable to ascertain which portion of Public Health is KTA

**Please note:** Hauora Hokianga funding not included as the current boundary creates difficulty in splitting the funding to match.

## Appendix 3

### Key Facts

- The Māori population in this region, as it is nationally, is a youthful and growing population. Given the youth and rate of growth, it is vital that the Māori population achieves equity in oranga as the non-Māori population.<sup>13</sup>
- The Māori population is young, with a large proportion under 20 years, and a very small proportion over 70 years compared with Non-Māori (NM)- see population pyramids. In absolute numbers, there are fewer than 1000 kaumatua/kuia over 70 years compared with over 2000 NM elderly; however younger Māori (<20years) greatly outnumber NM.
- The population rate in Taikorihī as a whole is growing. In the last five years, the growth rate has been 2-3% per annum.
- Population growth is both a boon and a bane. While it is a positive that people are now recognising all the region has to offer, it will put a strain on an area with a history of being under-served and with unmet needs.

### Mana Māori

- Compared to other regions, the Taikorihī region is culturally strong. In almost every measure, (cultural identity, Te Reo, kaitiakitanga, sites of importance and whanaungatanga), the people of Taikorihī are well above the average in terms of cultural engagement.
- Te Kupenga estimates 57 percent of Māori in the Taikorihī boundaries believe being engaged in Māori culture is very important or quite important, compared with 48 percent nationally.
- Three quarters of Māori believe the health of the natural environment is very important, while 95 percent believe it is at least quite important. This compares with 70 percent of Māori nationally believing it is very important, and 22 percent believing it is quite important.
- There is a high level of engagement in caring for Māori sites of importance. 38 percent of respondents stated they had spent time taking care of Māori sites of importance, compared with 25 percent nationally. The significant majority of these respondents completed this work with whānau, while only 18.5 percent reported caring for important sites individually.
- 93 percent of Māori in Northland know their iwi, compared to 88 percent nationally. Northland Māori are also more likely to know the other elements of their pepeha. In total, 56 percent know all elements, as compared with 43 percent for all Māori in New Zealand and 53 percent in 2013.

### Employment

- Incomes in the region remain low and deprivation is high.
- Incomes are rising at a slower pace than the national average. In 2014, 67 percent of Māori and 58 percent of non-Māori earned below the median wage. In 2020, this figure increased to 71 and 63 percent.
- The largest sector of employment is the social services sector (28%), followed by retail and trade, and the primary services sector. It is important to note that Covid-19 has had a devastating effect on retail and hospitality in our region—as it has nationally and globally.
- The largest group of Māori workers is labourers (22%), followed by professionals (16%).
- In the region, the Māori workforce are highly dependent on primary industries.

<sup>13</sup>The statistical information in this report was gathered from a combination of official sources and the Statistics New Zealand Integrated Data Infrastructure (IDI): BERL Report (2021), Department of Internal Affairs, Inland Revenue Department, Ministry of Education, Ministry of Business, Innovation and Employment, Ministry of Social Development, New Zealand Census 2013; 2018, New Zealand Health Survey, New Zealand Parliamentary Electorates, New Zealand Police, Northland DHB, Northland Regional Council, Oranga Tamariki, Statistics New Zealand, Te Hiku Hauora Survey (2022), Te Kupenga, 2018 and Tenancy Services.

## Education

- The impacts of Covid-19 on education are yet to be fully realised, but from 2019 to 2022, it is safe to say that education has been interrupted.
- Taitamariki have borne the brunt of interrupted education combined with social isolation from peers.
- Other challenges presented themselves through Covid-19, such as a workforce crisis in staffing issues. This has resulted in Kaitaia College (the largest secondary school in our region) closing one day a week to manage numbers.
- Prior to Covid-19, educational outcomes were improving slowly over time. In 2018, 30% of Taitamariki Māori held a level four to six qualification, a bachelor's degree or above.
- NCE2 attainment has flattened.
- Beyond secondary school, there are limited educational opportunities and/or pathways. This means that Taitamariki and others seeking further education have to leave the region to attain it.

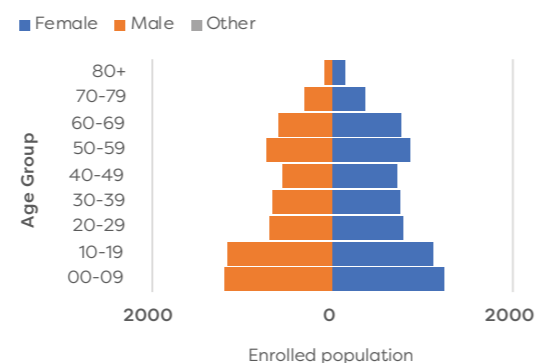
## Hauora

- The health crisis in Northland is well-established, but now coupled with access issues to primary and secondary care, looks set to deepen.
- As at 2022, there are approximately 2,000 people unenrolled with a primary care provider in the Taikorihī boundary.

## Barriers and Access

- In the 2020/21 year there were 26,001 individual health service users in the locality (14,470 (55.7%) were Māori, 11,531 NM) compared with 22,933 people enrolled in the PHO (i.e. with a general practices) of whom 12,778 were Māori and 10,155 non-Māori. NB 2018 Census data estimates for the locality were 12,717 Māori (with 13,305 people reporting Māori descent) and 10,215 NM, a total of 22,932.<sup>14,15</sup>

Population pyramid of Māori patients enrolled in 3 Far North practices, 2022



Population pyramid of non-Māori patients enrolled in 3 Far North practices, 2022

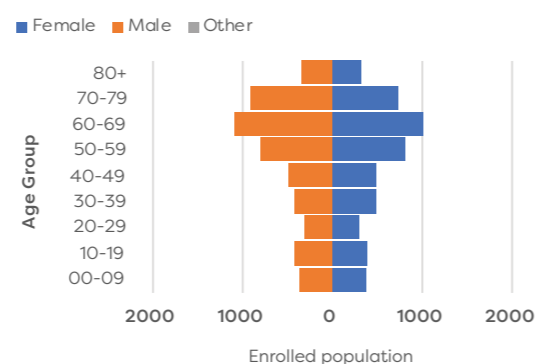


Figure 1: Population pyramids for Māori and non-Māori patients in the Far North.

- Most of those enrolled were with Top Health, Te Hiku Hauora, Whakawhiti Ora Pai, Broadway Health Kaitaia or Hauora Hokianga (there were about 1700 people enrolled with HH with addresses in the locality). **This suggests there are around 3,000 people unenrolled in the locality area, and at least 55% of these are Māori.**
- Cost remains a barrier in accessing healthcare. In 2011-2014, 20 percent of Māori reported having unfilled prescriptions or avoided GP visits due to the cost. Both of these were reported less frequently in 2014-2017. The unmet needs of after-hours care, however, have been increasing.

## Medical Practice Consultations

- 65% of Māori compared with 73% of NM had **consulted their practice** in the last 12 months (with the lowest proportion being in the 6yr-24yr age groups, as might be expected – usually the healthiest age group).
- Only 25% of Māori and 30% of NM babies are **enrolled for GP care by 6 weeks.**
- **Smoking:** 33% of tāngata Māori in Muriwhenua currently **smoke**; and 14% of non-Māori. This means there are nearly 3000 tāngata Māori in the locality who currently smoke and 1200 non-Māori. 26% of 16-24yrs and 42% of Māori aged 25-44yrs smoke, dropping to 15% in those older than 65 years.
- **Obesity** data is very incomplete (especially for young people) but over 60% of adults with a recorded BMI have a BMI >30 (indicator of obesity). This has an impact on diabetes incidence and other illnesses.
- **Immunisation coverage in tamariki is very poor** (<55% at 6 months of age for tamariki Māori enrolled in the Hokianga and 3 Kaitaia practices- see graphs). NIR<sup>16</sup> data for the locality estimates 50% of tamariki Maori are fully vaccinated for age at 6 months, 47% at 18 months.
- **Cancer screening:** Coverage for **cervical screening** (done in last 3 years) is only 52% of Maori women 25-44yrs, and 58% overall (compared with 66% for NM women). **Breast screening coverage** in the last 2 years was very low: 36% of wahine Māori and 44% NM).

- **Cardiovascular risk screening coverage is higher** (~80% for Māori >45years).
- **Diabetes:** 17% of Māori aged 45-64 yrs and 27.5% of those >65yrs are classified as **diabetic** in PHO data (total 1063 people classified as diabetic; NB 777 only reported on MoH VDR); but only 52% of these people had had an annual diabetic review in the last year.

Immunisation status of children associated with 3 Far North Clinics

(where milestone age was reached Jul 2021 - Jun 2022)

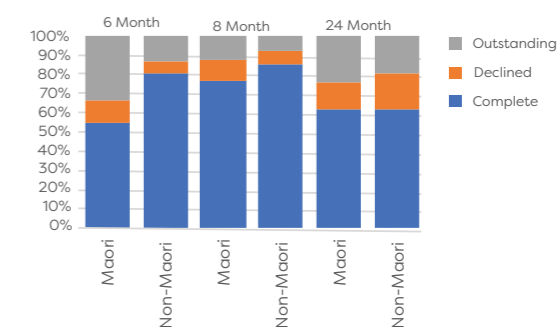


Figure 2: Immunisation status of children associated with three Far North clinics.

<sup>14</sup> All of these data are likely to undercount the true Māori population for varying reasons. Projected Census 2018 population for 2023 is 25,340, which indicates projections are underestimated.

<sup>15</sup> In 2018 Census there were 24,441 identifiable Te Hiku Iwi members living outside of Te Hiku, 84% of the total Te Hiku iwi population. Of this population, half live in Auckland (12,150), 3,400 elsewhere in Northland, and 1,850 are living in Te Waipounamu. The remaining 7,000 are spread around Te Ika a Māui.

<sup>16</sup> NIR = National Immunisation Register, which includes children wherever they are immunised.

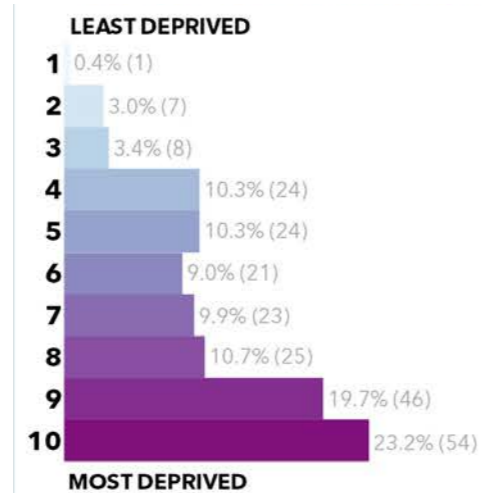
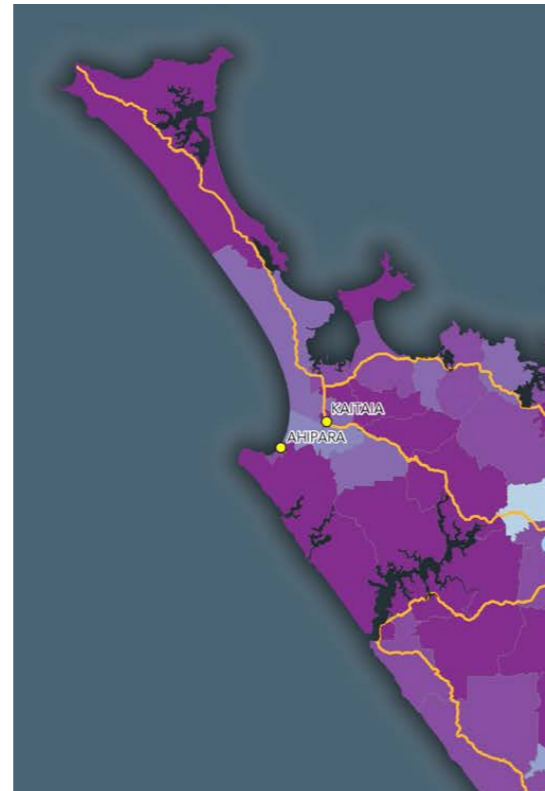
## Deprivation Index

The Deprivation Index (2018) was compiled by Otago University and presents the level of deprivation in New Zealand communities. The level of deprivation is calculated based on nine variables and divides the country into deciles. Each decile represents 10 percent of New Zealand with deprivation 10 being the most deprived and deprivation one the least.

The nine variables used to calculate the deprivation index are as follows:

- People aged 18-64 receiving a means tested benefit
- People living in households with equivalised income below an income threshold
- People with no access to the Internet at home
- People aged 18-64 without any qualifications
- People aged <65 living in a single parent family
- People not living in own home
- People living in household with equivalised bedroom occupancy threshold
- People aged 18-64 unemployed
- People living in dwellings that are always damp and/or always have mould greater than A4 size.

Within the Taikorihī boundaries, deprivation varies from level 6 to 10. This means all area units are more deprived than the average for an area unit in New Zealand.



Omāpere, Northland, Aotearoa





**TAIKORIHI**  
LOCALITY

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