



TE KARU O TE IKA POARI HAUORA IWI MĀORI PARTNERSHIP BOARD

WHĀNAU VOICE REPORT

**Report of key issues and themes from Wairarapa whānau
engagement on health needs and health services held at
Carterton Events Centre 15 March 2025**



Contents

AGENDA	3
KEY ISSUES AND PRIORITIES RAISED BY WHĀNAU PARTICIPANTS	4
INTRODUCTIONS	4
<i>Chair Te Karu o te Ika Poari Hauora – Piri Te Tau</i>	<i>4</i>
<i>Mara Andrews - Facilitator:</i>	<i>4</i>
THEMES FROM WHĀNAU KŌRERO	5
<i>Barriers for whānau</i>	<i>5</i>
<i>Access to safe care by doctors and specialist services</i>	<i>5</i>
<i>Funding and sustainability for Hauora Māori</i>	<i>6</i>
<i>Health Workforce</i>	<i>6</i>
<i>Collaborative leadership: Ko Wairarapa Tenei (2021)</i>	<i>6</i>
<i>Rongoā Māori</i>	<i>7</i>
<i>Specific service needs for whānau</i>	<i>7</i>
<i>Utilising the IMPB levers for change</i>	<i>7</i>
ALIGNMENT OF THE THEMES WITH THE IMPBs PRIORITIES	8
<i>Public and population health</i>	<i>8</i>
<i>Primary and community care</i>	<i>8</i>
<i>Hospital & specialist services</i>	<i>8</i>
<i>Enablers</i>	<i>8</i>
NEXT STEPS	9
APPENDICES	10
APPENDIX 1: COPY OF PANUI FOR THE HUI	10
APPENDIX 2: POWERPOINT PRESENTATION FROM TE KARU O TE IKA POARI HAUORA	15
APPENDIX 3: HEALTH STATISTICS REPORTS SHARED AT THE HUI	22
APPENDIX 4: WHĀNAU FEEDBACK ON THE HUI	28

AGENDA

A copy of the pānui for the hui is at Appendix 1. In total there were 30 participants who registered.

1. Karakia | Opening prayer – Chair Te Karu o te Ika: Piri Te Tau

Mihi whakatau | Welcome to everyone who attended (attendance List at Appendix 2)
Introduction of Te Karu o te Ika Poari Hauora – role as an IMPB (see Appendix 3 PowerPoint presentation)

2. Whakawhanaungatanga | Introductions – everyone in the whare introduced themselves, their roles and interests in attending today (included some whakaaro from whānau)

3. Whakaaturanga | Presentation – Nicky Poona (remainder of PowerPoint presentation - see Appendix 3)

4. Whakawhitinga kōrero | Discussion and dialogue – Facilitated by Mara Andrews (notes recorded below)

5. Whakamutunga | Close Hui

Handouts provided:

- Copy of PowerPoint presentation (see Appendix 3)
- Health statistics reports (see Appendix 4)
- Whānau feedback survey results from the hui (see Appendix 5)



KEY ISSUES AND PRIORITIES RAISED BY WHĀNAU PARTICIPANTS

Introductions

Chair Te Karu o te Ika Poari Hauora – Piri Te Tau

- We have all of our IMPB Board members here today – they are keen to listen and learn from you all. We have Iwi members from the two Iwi who set us up – Ngati Kahungunu and Rangitane and we have others who bring their specific expertise to the table (*see PPT slides at Appendix 3 for list of Board members*)
- Our role as an IMPB is growing – we have established ourselves and have been operating for the past 18 months pulling our team together
- We are focused on serving you the community and being a strong advocate. We are not a provider. We can advocate – we can have a voice at the table with Te Whatu Ora | Health NZ to influence what they fund and how they improve their services for all of us in Wairarapa
- We have done our Community Health Plan and submitted that. We are preparing for our monitoring role. And we have powers in the Pae Ora Act 2022 that gives us some teeth.
- We are only funded at the moment to 30 June 2026 - so we are waiting to hear about being extended beyond that – waiting for Government decisions
- Your voice is important to us and very thankful everyone has come today

Mara Andrews - Facilitator:

- In past role, worked in the Health Transition Unit to establish the former Māori Health Authority | Te Aka Whai Ora. Left there once permanent Managers were appointed
- Our team established Iwi Māori Partnership Boards (IMPBs) around the country – 15 were established over 2022 – 2023. A further two are in the works – Chatham Islands and the Tuhoe area. Once they are in place the entire country will be covered by IMPBs
- Intentionally developed the legislation to give the IMPBs power and leverage with the health system. Previously the DHBs had Māori Relationship Boards but they were advisory – had no powers. Advice could be taken or ignored
- Also - the Māori Relationship Boards all operated differently. DHBs paid them differently. Met with them differently – sometimes twice a year sometimes monthly. They didn't have true influence over the health system
- Putting powers in the legislation for IMPBs is aimed at giving IMPBs more authority and having consistency nationally so that all of them have the same powers with Health NZ and other parts of the health sector. All are funded using a similar model so everyone is funded the same way.
- Gathering whānau voice is an important part of the IMPB functions – it influences what they advocate for, what goes into their Community Health Plans, what goes into their monitoring role. Your voice is important
- Thanked everyone for coming on a Saturday and giving your views today ...

[NB: Originally there were to be two breakout workshops – one on cancer and one on immunisation. As the hui evolved it was preferred by the group that everyone stay together and that more open dialogue on any health issue people wanted to raise, could be discussed. Workshops were abandoned in favour of the group kōrero]

Themes from whānau kōrero

NOTE: *These comments have been sorted into themes - so were not necessarily said in this order.*

Barriers for whānau

"Whānau health needs to incorporate more widely wairua and hinengaro."

"If our environments are healthy, our people will be healthy."

"Our people need tautoko (support), manaaki (protection and care), and rangatiratanga (leadership)."

"Consider the language used and comprehension, highlighting the hand-to-mouth existence of people living week by week."

- Big issue related to whānau literacy: we need to present information in a way that whānau can understand. Many whānau hate paperwork – it puts them off applying for things they could get. We need to make processes simpler – that's why they need advocates
- Advocacy: whānau need advocacy to deal with the many agencies and their systems. Too many barriers – important they have people walking alongside them. This is how many kaimahi spend their time – supporting whānau to navigate through
- There is still racism in the system and people not spending time explaining things. They treat our people differently still – and so often people don't go because they don't like being treated that way

Access to safe care by doctors and specialist services

"Racism."

"Access."

"For profit or for health—who's benefiting from the status quo?"

"Hospital triage failures in emergency departments."

"Illness vs wellness—I vs We."

"We've all heard the saying 'worried sick,' but now all the focus is on the 'worried well'—a system that only fixes you when you're sick." – Matua Ra Smith

"Emergency departments are being used in lieu of GPs."

"Other communities have brought metropolitan specialists into rural areas to support whānau access to specialty care, helping doctors better understand the social determinants affecting whānau."

- Access to Doctors and medications and referrals to specialists is a big issue – many whānau don't know what they are entitled to, how to access. Wait times are terrible to get an appointment. Then they don't understand what the Doctor may be telling them, and some don't get to the referrals and are judged if they don't turn up. Often the instructions aren't clear or the supports to get there are not there
- Feel there are morally-ambiguous clinical decisions made which impact the front line kaimahi in health care – some are told to do things that they are uncomfortable with. Where is the voice into clinical safety and care pathways that protects the kaimahi and the whānau?
- Some whānau are visiting Emergency Departments in lieu of primary care – we don't really know how many though. Some whānau choose to stay well and do not visit either ED or primary care. They may only visit ED to get reassurance but then look after themselves in their own way. Need to make sure what the data tells us reflects the true picture

- We need to get specialists out to rural areas, visiting and running regular clinics – being proactive. Not just coming over to the Wairarapa when they have specific patients to see. They could do educational clinics and checks of people as a preventive measure
- There are failures with the hospital triage system – people wait too long, they aren't diagnosed properly, they aren't given all the supports they may need. This needs to be remedied in ED and we are happy to work with them to get it right.
- We need more paramedics in the community – they are extremely useful and helpful to whānau especially because we have many living rurally

Funding and sustainability for Hauora Māori

"Māori statistics tell us we are likely to die seven years earlier than Pākehā."

"Fund Māori seven years earlier" example given was around whānau being able to access superannuation 7 years earlier as an example of this disparity

"Māori data in Wairarapa is underestimated."

"Incorrect data affects funding allocation—population funding vs. needs-based funding vs. innovative funding. Māori are disproportionately impacted across all these funding streams."

- Questioning the sustainability of the IMPB especially with this government – how long will the government support IMPBs? *Response: Funded through to 30 June 2026 and role is in the legislation. Awaiting news of extension of our funding.* These things need bi-partisan agreement including Māori health funding. We keep getting moved from pillar to post each election all the time – not sustainable. We need to get both parties to agree Māori health funding and stop messing with it each time.
- Funding is an issue. There are mainly three types of funding – population-based funding, needs based funding and innovation funding. The first doesn't work for us especially for smaller populations, the second is challenged by determining our needs versus everyone else, and the third they don't provide us with the room to innovate. This is where we can get creative and come up with our own solutions! But they don't invest in that

Health Workforce

- Workforce is a major issue for our area. We need to firstly look after the workforce we have right now and then we need to attract people to come and work in our area. Let people know Wairarapa is the place to come and work, you will be looked after, the community is strong. This is a message that the IMPB could lead out on. But we have to pay right - and we have to have a safe workplace for them to come to – especially in our hospital. Think the hospital staff do a good job but they are constrained by rules coming from Wellington.
- UCOL is doing a good job training people and some of us take placements and nursing internships. How do we get them to stay working in our communities and not leave the Wairarapa?
- It could include campaigns like we did with "Hands around our Hospital" – maybe it is "hands around the health workers" – so we recognise the work they do and let them know the community appreciates them

Collaborative leadership: Ko Wairarapa Tenei (2021)

"Ko Wairarapa Tenei—Iwi together for Hauora. Not just meeting in times of emergency (COVID-19 or responding to a natural disaster e.g. cyclones), but representing whānau Māori at all times."

- This was a very successful collaboration we initiated in the Covid response. It proved we can work together successfully and get results

- Involved Whaiora, Rangitane o Wairarapa, Kahungunu ki Wairarapa and Te Hauora Runanga o Wairarapa in partnership with Wairarapa District Health Board. This collaboration was successful and proves we can lead the work out to transform change



Rongoā Māori

- The desire for Rongoā is growing. We need to make sure it is recognised and continues to be funded and is available across the whole of the Wairarapa
- Need to look at what health funds now and what ACC funds and is our rohe getting its fair share

Specific service needs for whānau

- Dementia Services:** Work with Kaumatua with dementia. There are not many services available for this group, no activities, outings or events they can attend. Providers do not come to visit and bring their services – we need to fix this and make more available for our Kaumatua and Kuia. There are not many residential services available in the Wairarapa, so we need to look after the services we have and make them better for our whānau

"Dementia units lack cultural values, respect, competency, and tikanga."

- Children with complex needs:** There are disconnections across health and education sectors systems for care especially for tamariki with complex needs. Sometimes the health system gives things the go ahead and then education doesn't follow through with similar support. You would think this would have been figured out before
- Tangata Whaikaha services:** Have formed a Kāhui Kaumatua with the Whaikaha Agency to help bring the voice of Tangata Whaikaha to the disability services system. It is good we have a voice into what works for Tangata Whaikaha especially people with stroke or impacted with mobility

Utilising the IMPB levers for change

"Advocate for whānau."

"Connect with whānau."

"Acknowledge the history and take steps to heal the displacement, intergenerational trauma, PTSD, whāngai (raised by someone other than their birth parents), misdiagnosis, and medical malpractice."

- The IMPB has legislative powers to monitor the health system – and can speak out when things are not working well - be a strong advocate for the community. But people from the community can speak out as well – Kāhui Kaumatua, citizens and providers

- Can be difficult for providers to speak out negatively about the system for fear of it affecting their funding and often there are clauses in contracts stating that providers cannot make comments about the funder
- An intergenerational focus is needed – what we need today and what we need to plan for tomorrow for the mokopuna
- IMPBs can use allies such as professional colleges to speak out on matters too and to help with addressing triage, referral and diagnostic processes so that clinical pathways are safe and effective for whānau
- One of the areas where IMPBs can advocate relates to hospital-based primary and community services: there are many of these services that should be devolved / commissioned out to community-based providers and not delivered by ‘hospital’ employees. This would make more of these services more accessible to whānau
- We need to celebrate the things that are done well and promote those – not just talk about the things that don’t work well (e.g. Ko Wairarapa Tenei)

Alignment of the themes with the IMPBs Priorities

A review of the key issues raised by whānau aligns well with the IMPB’s existing priorities and provides more specific focus areas:

	DOMAIN	IMPB PRIORITIES FROM COMMUNITY HEALTH PLAN	WHĀNAU ENGAGEMENT THEMES
1	Public and population health	Environmental restoration and access to traditional kai	
2		Ecological & intergenerational knowledge transfer	
3		Immunisation promotion	
4		Smoking (and vaping)	
5		Suicide Prevention	
6		Social determinants of health (esp. housing)	Literacy, racism and advocacy needed across agencies
7	Primary and community care	Increase Rongoa services	More funding for Rongoā services
8		Primary health care redesign	Primary care & specialist clinical pathways need review including ED vs GPs use
9		Immunisation provision	
10		Rangatahi school-based services	Children with complex needs: education & health interface
11		Kaumatua health and wellbeing	Dementia services priority
12		Rural mobile services	More specialist rural clinics
13		Oral Health – pepi through to age 18	
14		Mental Health and Addictions	
15		Diabetes self-management	
16		Access to Palliative Care	
17		Cancer care	
18	Hospital & specialist services	Access to cancer specialists and treatment	
19		Access to specialists for Tangata Whaikaha	Access to “all” specialists is an issue for Wairarapa whānau
20	Enablers	Increase voice of Tangata Whaikaha	Kāhui Kaumatua role with Whaikaha
21		Improve Commissioning approaches	Bi-lateral agreed funding; sustainable funding for Māori health; innovation funding needed
22		Improve Data access and accuracy	

	DOMAIN	IMPB PRIORITIES FROM COMMUNITY HEALTH PLAN	WHĀNAU ENGAGEMENT THEMES
23		Increase Māori decision-making role	IMPB levers, Ko Wairarapa Tenei
24		Increase Māori Workforce development	Care for existing workforce & attract new workforce into the Wairarapa
25		Eliminate Racism in the sector	Racism is still a major issue

Next steps

This engagement has affirmed the IMPB's priorities (as above) and has provided more specific issues and evidence to support their advocacy work with the health sector. Next steps:

1. Share the report of the hui
2. Te Karu o te Ika: continue convening hui and engaging with the community (next venue in a different location – ideas suggested a focus on South Wairarapa)
3. Te Karu o te Ika: take this information and continue meeting with managers from Health NZ to advocate for the community's priorities and issues and report back on progress

Hui closed with karakia by Piri Te Tau.

APPENDICES

Appendix 1: Copy of panui for the hui

KŌRERO MAI MĀORI MĀ

**FREE
GIVEAWAYS**

**WE NEED
YOUR
KŌRERO!
SHARE YOUR
EXPERIENCE OF
HEALTHCARE**

SATURDAY 15 MARCH 2025

- Carterton Events Centre, 50 Holloway St, Carterton
- 9:00am - 12:00pm
- Kai will be provided

**Local Hauora services will
be providing Mirimiri & Rongoā**

Any enquiries please contact: nicky@tkoti.nz

**TE KARU O TE IKA
PŌARI HAUORA**

Appendix 2: PowerPoint Presentation from Te Karu o te Ika Poari Hauora



1

Agenda

- Mihiwhakatau | Welcome
- Whakawhanaungatanga | Introductions
- Whakaaturanga | Presentation
- Kapu tī o te ata | Morning Tea
- Awheawhe | Workshops
- Whakamutunga | Close Hui



Who are We

- Te Karu o Te Ika Poari Hauora
- Established in 2022 as part of NZ Health Reforms
- Supported by both Wairarapa PSGE's
Rangitāne Tū Mai Rā Trust &
Ngāti Kahungunu ki Wairarapa



3

Role of the Iwi Māori Partnership Board (IMPB)

- Legislated Functions under Section 30 of the Pae Ora Act

Our role as strategic commissioners is

- advocating
- monitoring, and
- advising Health NZ
- We do not deliver services directly to whānau



Who's on the Board

Piri Te Tau	Rangitāne Rep & Chair
Dr Marise Kerehi-Stuart	Hauora Expert & Interim Deputy Chair
Andrea Rutene	Ngāti Kahungunu Rep
Leah Hemi	Ngāti Kahungunu Rep
Yvette Grace	Hauora Expert
Mike Hollings	Mātāwaka Rep

Currently holding vacancy for 1 additional rep from Rangitāne



Piri



Marise



Andrea



Leah



Yvette



Mike



5

Toitū te Tangata – Strategic Plan

Our Vision

- Commitment to protecting the health and wellbeing of whānau Māori in the Wairarapa

Our Purpose

- Whakamana whānau in all things that are important to you so our whānau can flourish

Our Mission

- Is to give a voice to the things that matter most to ngā whānau o Ngāti Kahungunu and Rangitāne o Wairarapa and mātāwaka for whom the rohe of Wairarapa is their home, their kainga



6

Why this Matters – Hauora Challenges in Wairarapa

Snapshot of Māori health inequities e.g.

- Māori have lower life expectancy
- Higher rates of chronic illness e.g. diabetes, heart disease, chronic respiratory disease, stroke etc

Community feedback themes e.g.

- Affordable living
- Affordable Housing
- Mental health
- Access to healthcare



7

Our Hauora Priorities (2025 – 2027)

Improving whānau access to healthcare

- Culturally safe, high-quality care
- More Kaupapa Māori providers

Strengthening Mental Health & Addiction Services

- Increased access
- Community-led suicide prevention

Support Health Lifestyles & Prevention

- Nutrition, exercise, smoking cessation
- Tamariki immunisation & oral health

Addressing determinants of health

- Housing, cost of living

Domain	Specific Priority	Government Priority
Public and population health	Environmental evaluation and action in localised hot spots	Yes (planned)
	Ecological & intergenerational knowledge transfer	
	Immunisation promotion	Yes
	Smoking (and vaping)	Yes
	Stakeholder Partnership: Social determinants of health (imp. housing)	
Primary and secondary care	Increase Rangiora services	
	Primary health care redesign	
	Immunisation promotion	Yes
	Plungedie school based services	
	Kaitiaki health and wellbeing	
Hospital & specialist services	Heart middle services	
	Old Health – aged health to age 80	
	Mental Health and Addictions	Yes
	Diabetes self-management	Yes
	Access to Palliative Care	
Enablers	Cancer care	Yes
	Access to cancer specialists and treatment	Yes
	Access to specialists for Tamariki Whānau	
	Immunisation of Tamariki Whānau	
	Improve Coordinating approaches	
Enablers	Improve Data access and accuracy	
	Improve Māori decision-making roles	
	Improve Māori workforce development	
	Eliminate Racism in the sector	



Te Karu o te Ika Poari Hauora Priorities

The 25 priorities for Te Karu o te Ika Poari Hauora emerge from the analysis of several needs assessment reports and health profiles generated by health agencies, Iwi and local providers – and focus on what is important for whānau.

These have been summarised in an analysis by G Baker and the priorities are therefore drawn from that report. It is noted that 8 of the priorities have already been identified by the Government – leaving **17 priorities that are unique to our IMPB**:

	DOMAIN	IMPB PRIORITY	GOVERNMENT PRIORITY?
1	Public and population health	Environmental restoration and access to traditional kai	Yes (diet)
2		Ecological & intergenerational knowledge transfer	
3		Immunisation promotion	Yes
4		Smoking (and vaping)	Yes
5		Suicide Prevention	
6		Social determinants of health (esp. housing)	
7	Primary and community care	Increase Rongoa services	
8		Primary health care redesign	
9		Immunisation provision	Yes
10		Rangatahi school-based services	
11		Kaumatua health and wellbeing	
12		Rural mobile services	
13		Oral Health – pepi through to age 18	
14		Mental Health and Addictions	Yes
15		Diabetes self-management	Yes
16		Access to Palliative Care	
17		Cancer care	Yes
18	Hospital & specialist services	Access to cancer specialists and treatment	Yes
19		Access to specialists for Tangata Whaikaha	
20	Enablers	Increase voice of Tangata Whaikaha	
21		Improve Commissioning approaches	
22		Improve Data access and accuracy	
23		Increase Māori decision-making role	
24		Increase Māori Workforce development	
25		Eliminate Racism in the sector	

How we work – Our Approach

- Partnerships with Iwi, health provider and Health NZ
- Whānau voice at the centre of decision-making
- Fulfilling our functions as part of the Pae Ora Act – s.30

s.30 Functions of iwi-Māori partnership boards

(1) An iwi-Māori partnership board has the following functions:

- (a) to engage with whānau and hapū about local health needs, and communicate the results and insights from that engagement to Health New Zealand;
- (b) to evaluate the current state of hauora Māori in the relevant locality for the purpose of determining priorities for improving hauora Māori;
- (c) to work with Health New Zealand in developing priorities for improving hauora Māori;
- (d) to monitor the performance of the health sector in a relevant locality;
- (e) to engage with Health New Zealand and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation;
- (f) to report on the hauora Māori activities of Health New Zealand to Māori within the area covered by the iwi-Māori partnership board.



9

What's Next – Our work in 2025

- More community engagement
- Setting up monitoring functions of health services around our identified Hauora Priorities 2025 - 2027
- Feed-back to whānau – what does it look like for you?



10

How you can be involved

- Attending upcoming hui
- Participate in surveys
- Participate in any forums
- Via website and social media loops e.g. Facebook, Instagram etc

Encourage whānau to participate and be involved



11

Contact Details

Website: <https://tkoti.impb.maori.nz/>

Email: office@tkoti.nz

Office: 021 360 368



12

Appendix 3: Health statistics reports shared at the hui



% OF PATIENTS TO BE ADMITTED, DISCHARGED OR TRANSFERRED FROM AN EMERGENCY DEPARTMENT <6HRS

Māori

70%

non-Māori

64%

% FULLY IMMUNISED AT 24 MONTHS

Māori

69%

non-Māori

85%

TREATMENT <31 DAYS FROM DECISION TO TREAT

Māori

100%

non-Māori

94%

% OF PATIENTS WHO HAVE BEEN WAITING LES THAN 4 MONTHS FOR ELECTIVE TREATMENT

Māori

62%

non-Māori

69%

Shorter stays in ED 2030 target = 95%

Health New Zealand
Te Whatu Ora

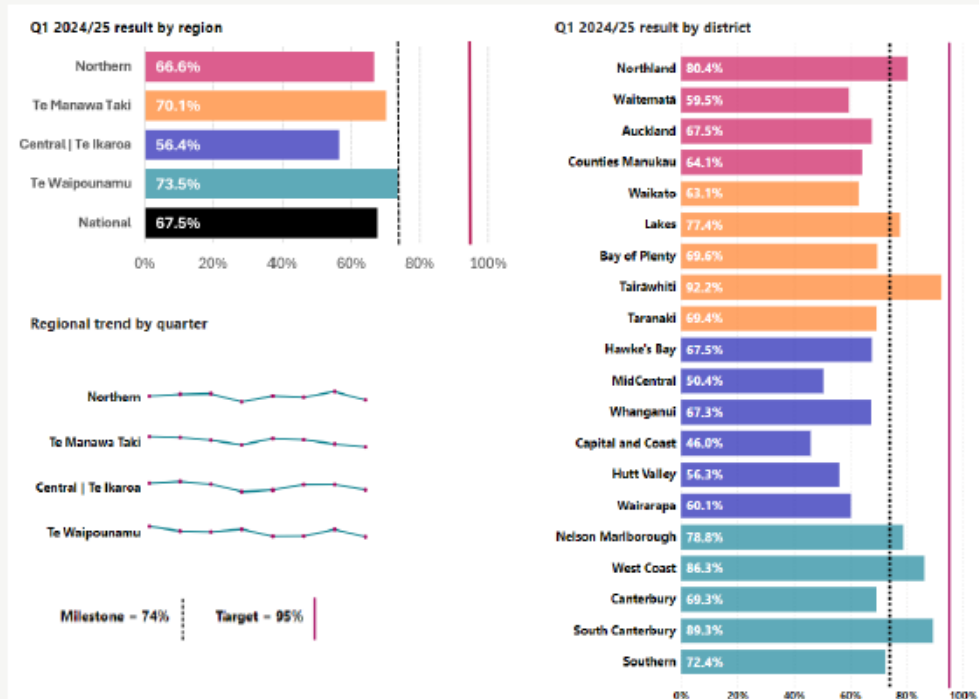
This measure reports patients admitted, discharged or transferred from an ED within six hours as a percentage of all patients who attended ED.



National result:



Results by region and district:



	Q4 22/23	Q1 23/24	change	Q4 23/24	Q1 24/25	change
Shorter stays in ED < 6 hours	71.1%	67.5%	-3.6	71.2%	67.5%	-3.7

	Q1 23/24	Q1 24/25	Variation
ED Attendances	317,611	336,243	+ 18,632

The number of patients waiting less than 6 hours in our EDs has decreased since last quarter. This trend is consistently seen in between July and September every year, as there's a sharp increase in respiratory diseases like whooping cough and the flu in the winter months. This means we see more people presenting to EDs and staying in hospitals for longer. However, the result is the same as it was for the same quarter in 2023, despite about 18,000 more patients being seen in our EDs this year.

*Baseline is quarter 4 2023/24

Faster cancer treatment 2030 target = 90%

Health New Zealand
Te Whatu Ora

This measure shows the proportion of eligible cancer patients who received their first treatment within 31 days of a health professional's decision to treat.



National result:

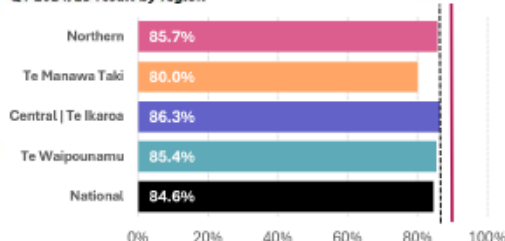
● Q1 24/25 ● Q1 23/24 ■ Milestone ■ Target



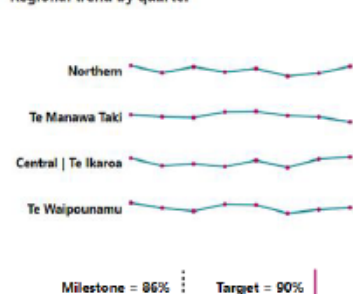
Baseline	Māori	Pacific	Asian	European/Other
83.5%*	87.5%	81.8%	81.6%	84.5%

Results by region and district:

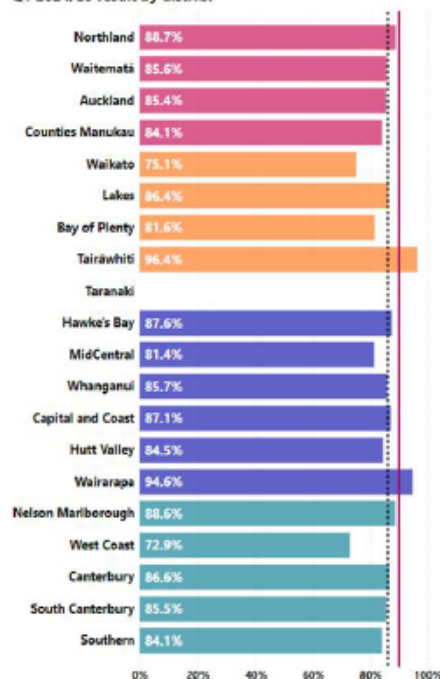
Q1 2024/25 result by region



Regional trend by quarter



Q1 2024/25 result by district



	2022/23 Q4	2023/24 Q1	Change	2023/24 Q4	2024/25 Q1	Change
Faster cancer treatment <31 days	84.1%	84.9%	+0.8	83.5%	84.6%	+1.1
Q1 24/25						
Number of first treatments	4,548					

We're seeing a gradual improvement in our efforts to provide faster cancer treatments, with positive change compared to last quarter. The public health system provided first cancer treatment for almost 4,550 people this quarter. Of those, just under 4,000 people received their treatment within 31 days of the decision to treat.

*Baseline is quarter 4 2023/24

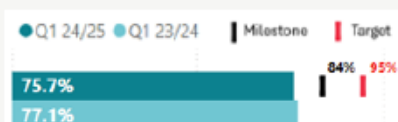
Improved childhood immunisations 2030 target = 95%

Health New Zealand
Te Whatu Ora

This measure shows the percentage of children who have all their scheduled vaccinations by the time they are two years old.



National result:



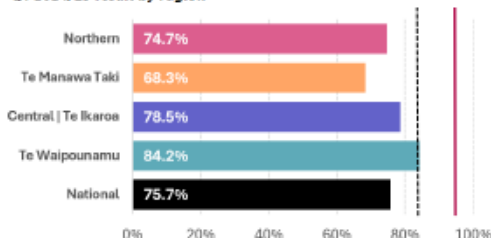
Baseline

76.5%*

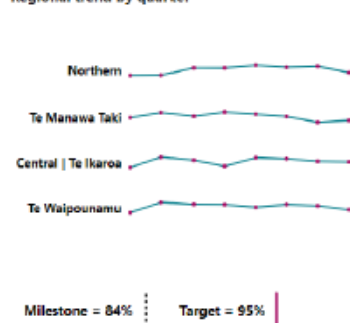
Māori	Pacific	Asian	European/Other
62.0%	69.1%	83.7%	81.8%

Results by region and district:

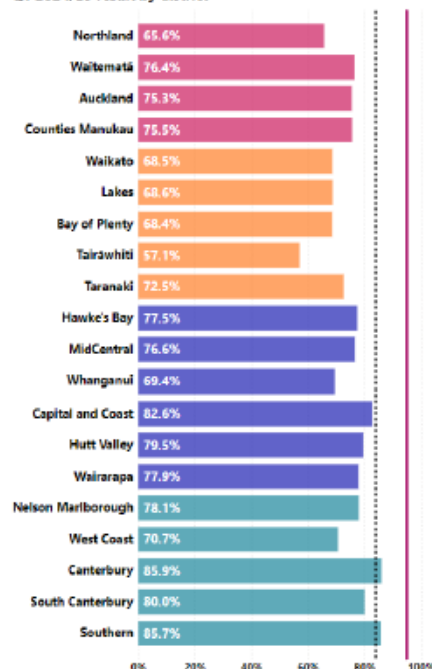
Q1 2024/25 result by region



Regional trend by quarter



Q1 2024/25 result by district



	2022/23 Q4	2023/24 Q1	Change	2023/24 Q4	2024/25 Q1	Change
Per cent fully immunised at 24 months of age	77.2%	77.1%	-0.1	76.5%	75.7%	-0.8
	Q1 2023/24		Q1 2024/25		Variation	
Number fully immunised at 24 months	13,168		11,642		-1,526	

Compared to the same time last year, more children are now identified as eligible due to a system change, contributing to the 1.4 per cent decrease in the number of children fully immunised at 24 months. Immunisation rates have been decreasing steadily over the past few years – a trend also seen overseas. The decrease we've seen this quarter is part of a seasonal trend. We also saw a decrease of at the same time last year. Anecdotally, vaccine hesitancy, misinformation and disinformation have contributed to this decline, but there is still work to do to make it easier for families to get their children fully vaccinated.

*Baseline is quarter 4 2023/24

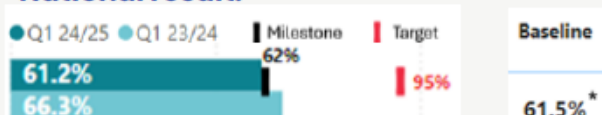
Shorter wait times for FSA 2030 target = 95%

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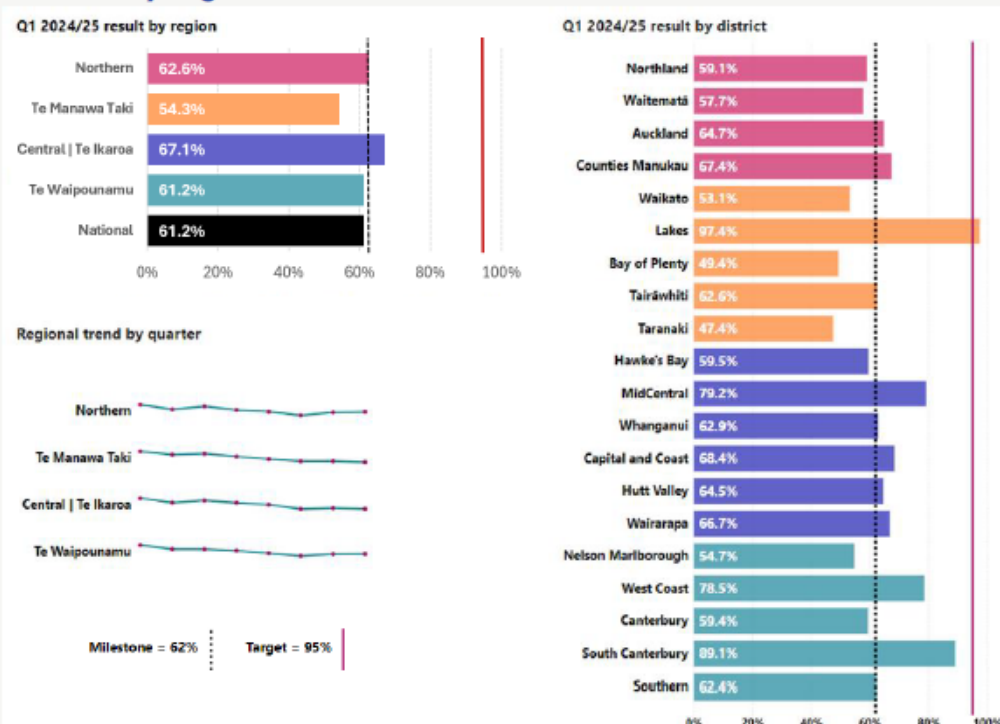
This measure presents the proportion of people waiting less than four months for their FSA from the date of referral.



National result:



Results by region and district:



	Q4 22/23	Q1 23/24	change	Q4 23/24	Q1 24/25	change
Shorter wait times for FSA	69.6%	66.3%	-3.3	61.5%	61.2%	-0.3
	Q1 23/24		Q1 24/25		Variation	
FSAs delivered	176,000		188,000		+12,000 (+6.8%)	

This result was expressed in the reverse in previous quarterly reports; as percentage waiting more than four months. Although there has been a slight reduction of 0.3% in the number of patients waiting less than four months for a first specialist assessment compared to the previous quarter, the reduction is significantly less than we saw at the same time last year. This indicates that wait times for specialist assessments are beginning to stabilise. Additionally, we delivered almost 7% more assessments this quarter than the same time last year, with approximately 12,000 more assessments completed.

*Baseline is quarter 4 2023/24

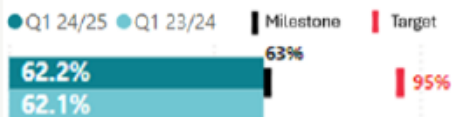
Shorter wait times for elective treatment 2030 target = 95%

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This measure presents the proportion of people given a commitment to treatment and treated within four months as a proportion of all people waiting for a procedure.



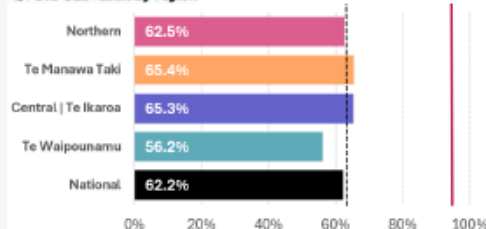
National result:



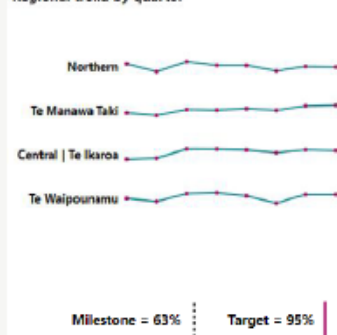
Baseline	Māori	Pacific	Asian	European/Other
61.4%*	60.1%	59.8%	62.3%	63.1%

Results by region and district:

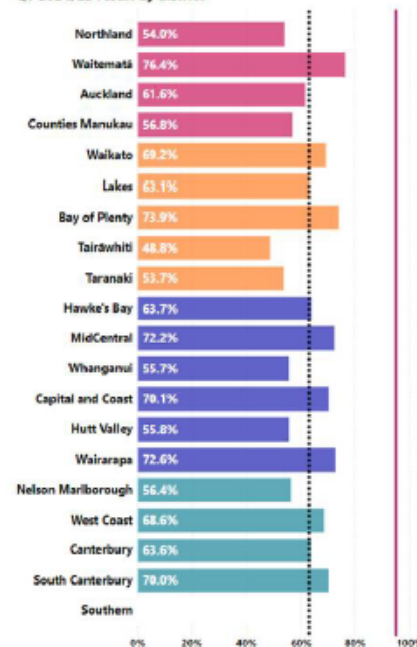
Q1 2024/25 result by region



Regional trend by quarter



Q1 2024/25 result by district



	Q4 22/23	Q1 23/24	change	Q4 23/24	Q1 24/25	change
Shorter wait times for treatment	63.3%	62.1%	-1.2	61.4%	62.2%	+0.8%
Q1 24/25						
Number of planned care interventions	87,890					

There was a slight improvement the shorter wait times for treatment target this quarter compared to the previous quarter (+0.8%), with performance stable compared to the same time last year (+0.1%). This is encouraging in the context of increased ED presentations this quarter, which can often lead to cancellations of elective treatment to make way for acute cases, causing even longer wait times.

*Baseline is quarter 4 2023/24

Appendix 4: Whānau feedback on the hui

15 of the participants completed the hui evaluation form at the end of the hui. Of these 11 identified as Māori; 2 as pakeha and 2 as Māori/Pakeha. 14 of the respondents were female and 1 was male. Responses were:

How did you hear about the hui? (respondents were able to choose more than one):

METHOD	NO.
Facebook/Instagram	1
Word of mouth	14
Email	8
Social media	2
Midweek newspaper	2

Was this hui useful in helping you understand the role of TKOTI?

RESPONSE	NO.
Yes, very useful	12
Somewhat useful	2
Not useful	0

Did you feel your voice was heard during this hui?

RESPONSE	NO.
Yes, I had opportunities to contribute	10
I didn't try to contribute	3
Somewhat, but I wanted to say more (maybe later)	1
Not answered	1

What is the best way to keep you informed about our work? (respondents were able to choose more than one):

METHOD	NO.
Email updates	9
Community hui	9
Social media	7
Website updates	3
Email with flyer attached	1

Would you be willing to share your experiences to help improve health services?

RESPONSE	NO.
Yes happy to participate in surveys, hui or focus groups	8
No not at this time	2
Not answered	5

What improvements would you like to see in health services?

- *Shorter waiting time, better access, better standard of housing - still moldy and damp housing. More pop up's at Māori kaupapa and marae.*
- *Being heard is most important to me.*
- *Advocacy for accurate data collection*
- *Advocacy relationships with IMPB and non-Government entities that can support IMPB Wairarapa.*
- *RIRR*
- *MH&A (assume 'Mental Health and Addictions')*
- *Improved funding, access and investment. Improved transparency and less racism.*
- *Advocacy, access (Better GP's) Isolated whānau miss out. Our kaumatua are whakama.*
- *Specialist and GP's are not listening to whānau voice*
- *Wait times in ED*
- *G.P services making this more accessible. Having more information around different services and what they provide or where you should go - contacts.*
- *Transparency in the availability of services that is user friendly.*
- *More holistic rather than independent*
- *Māori for Māori*
- *Everything*
- *Wairarapa Whanui-Bringing the Wairarapa Community together so we can take a united stand to improve better health outcomes for Māori.*

Do you have any other feedback on today's hui?

"Hopeful for the future not just for myself but for my tamariki and mokopuna."

"Great kōrero. Needs to keep happening."

"We need to have another hui, and it wasn't long enough."

Good discussion but another Hui is required."

"Mara Andrews was a wonderful facilitator. Keep a clear record on the hui discussion. I look forward to the next hui."

"There is a huge need to continue this kōrero, was a great start and facilitated well."

"Rawe!"

"More hui needed could spend the whole day speaking on this kaupapa."