

As per protocol

Dr Rawiri Jansen

Ngati Raukawa

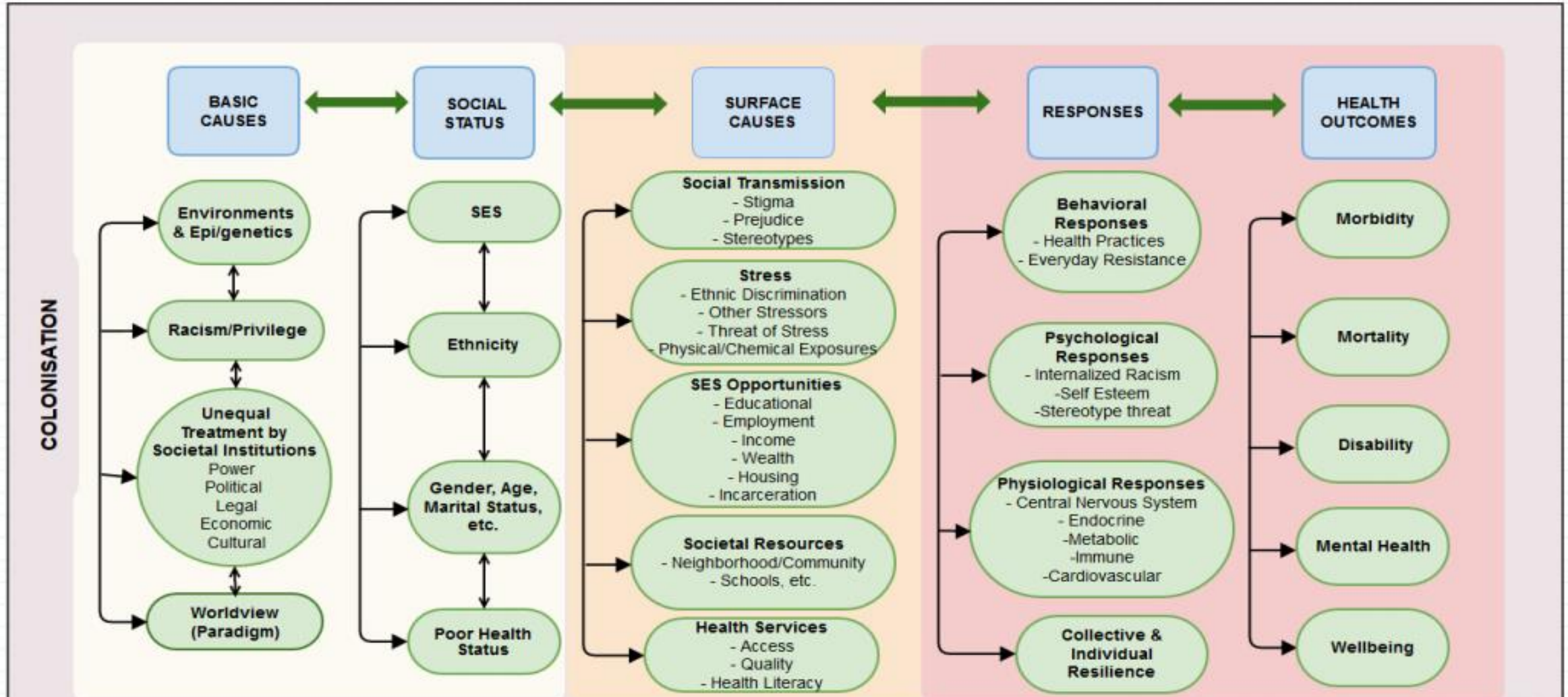
# Korerotaka

- As per protocol – the central role of nursing leadership in Mana Kidz
- Disrupting primary care – nursing roles and contribution
- Decolonising approaches
- Treaty Claims
- Data Sovereignty



# Decolonising Health Interventions


Explaining Ethnic Determinants of Health  
TMWM - TKHM Modified Williams Model

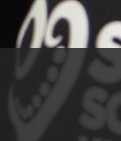


Adapted from Williams & Mohammed, 2013



 **STOP**  
**SORE THROATS**  
**HURTING HEARTS**  
*Preventing Rheumatic Fever*

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# MANA KIDZ TRANSFORMERS

## EQUITY BASED HEALTH CARE DESIGN AND DELIVERY

### DR RAWIRI JANSEN



**TO ADDRESS  
EQUITY**

**WE MUST  
TRANSFORM  
THE SYSTEM**

National  
Hauora Coalition



All children have the best start to life

Provide daily access to high-quality, school-based primary healthcare services to enable equitable health and social outcomes



# ARF distribution by ethnicity

National  
Hauora Coalition



Pacific

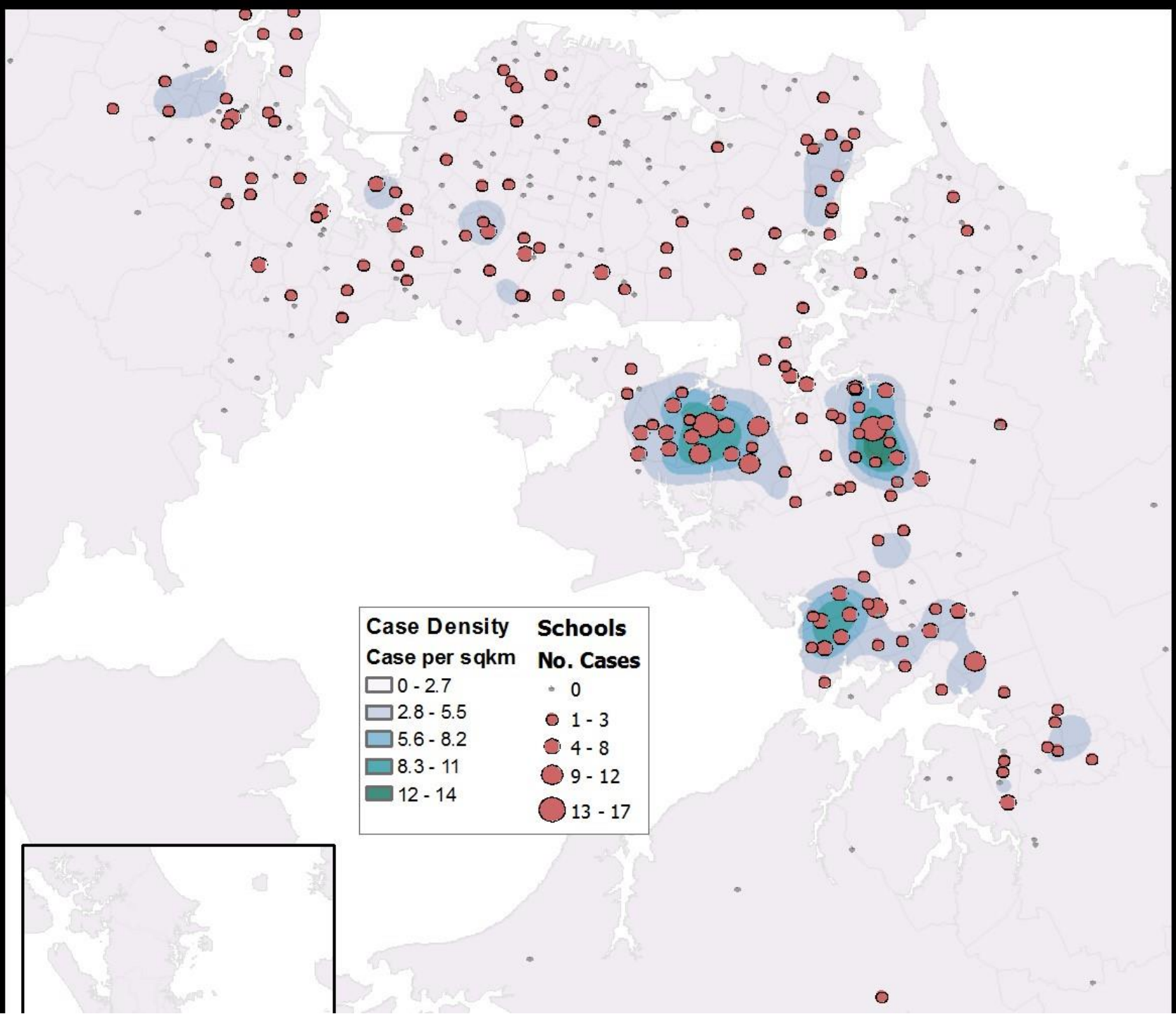
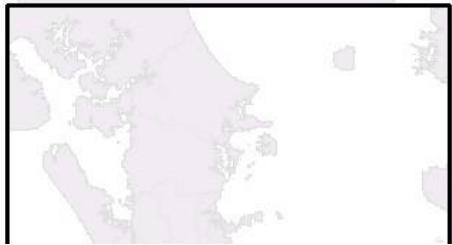
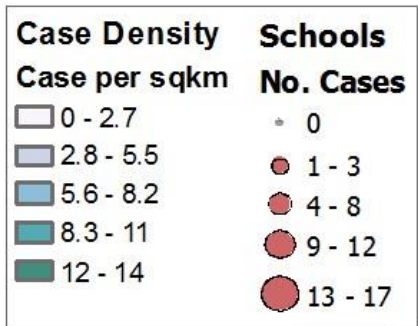


Māori



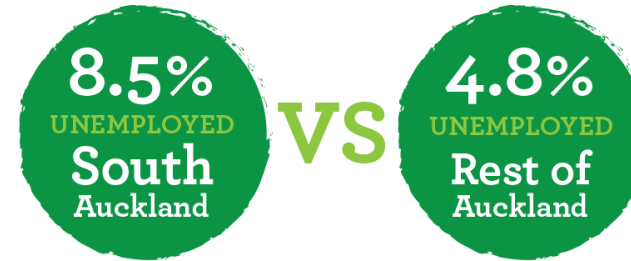
Other







# The 'Challenge : Opportunity' Profile

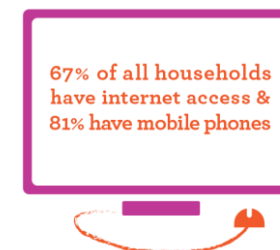


MEDIAN AGE IN SOUTH AUCKLAND IS LOWER

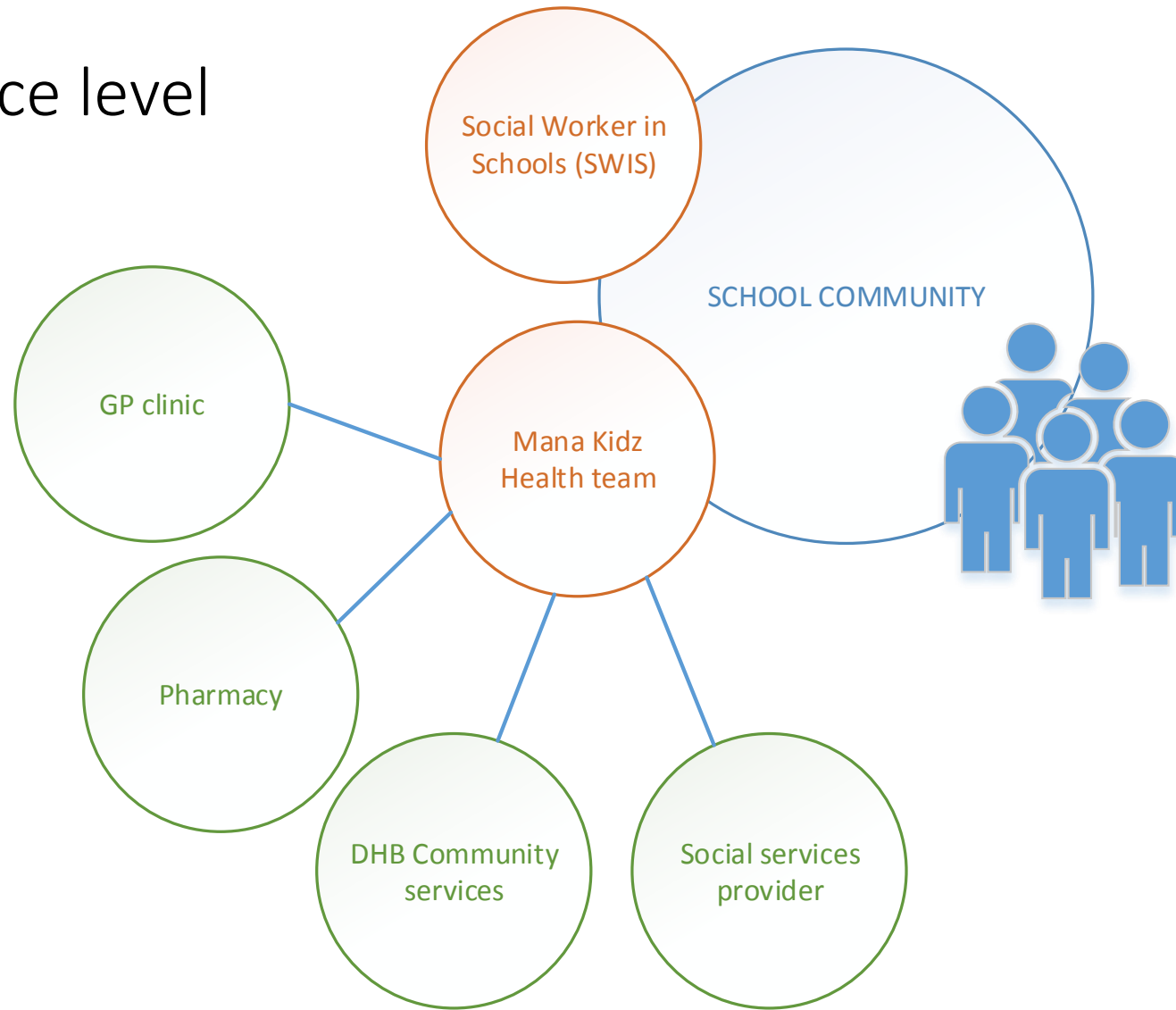


An above average concentration of employment in manufacturing, wholesaling & transport and logistics with more than 700 manufacturing businesses with less than 10 employees

Disproportionate share of young people not in employment, education, or training



# Service level

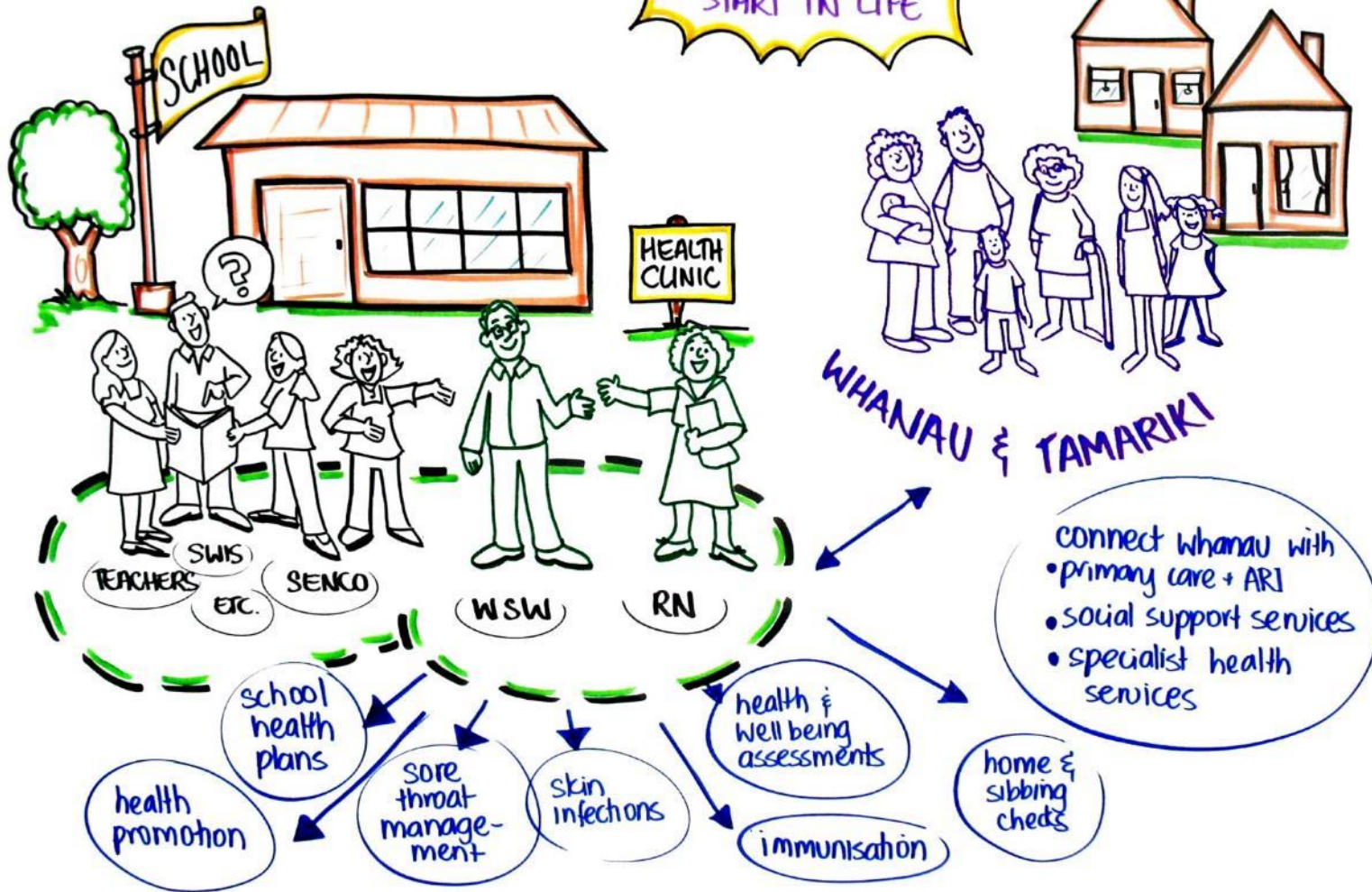


National  
Hauora Coalition





ALL CHILDREN HAVE THE BEST START IN LIFE



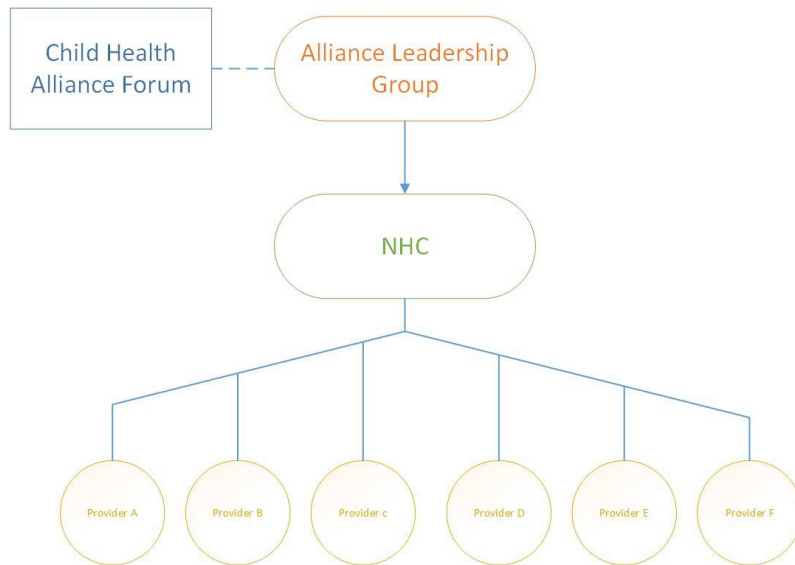
National  
Hauora Coalition



61 schools  
25,000 children  
1,034 classroom visits every day

# Organisational integration

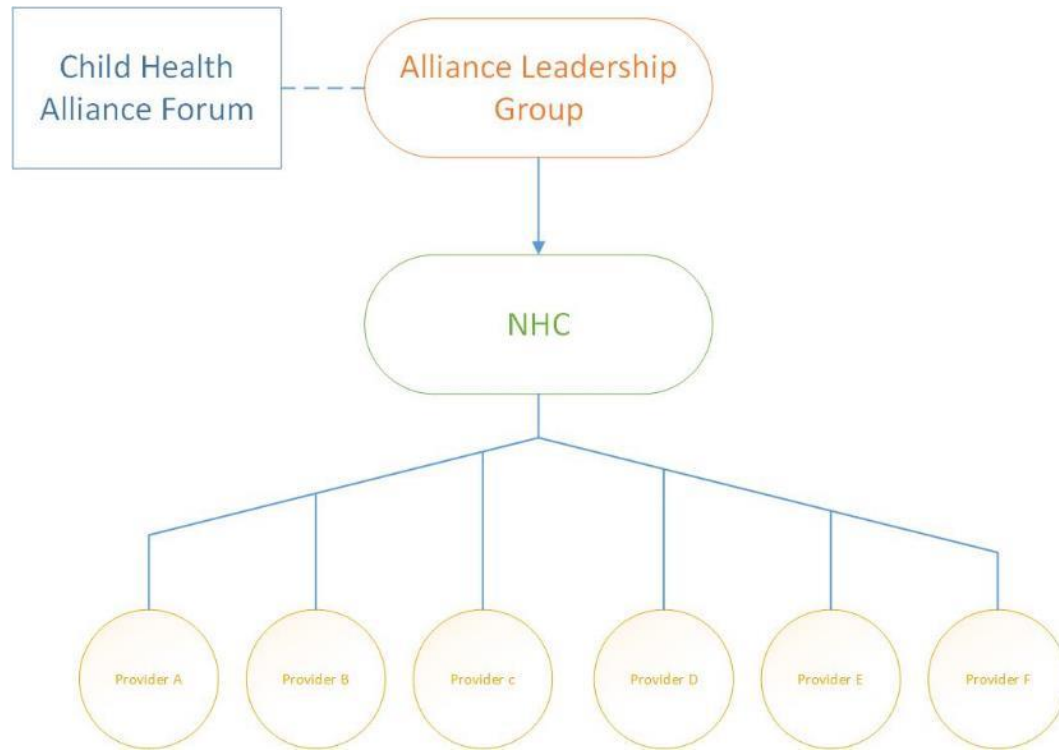
National  
Hauora Coalition



- Alliancing
- Outcomes contracting
  - Incentivise outcomes
  - Regular performance reporting aligned to CTO; utilising Mōhio data
  - Regularly monitor outcomes

# programme structure

National Hauora Coalition





# Outcomes

National  
Hauora Coalition



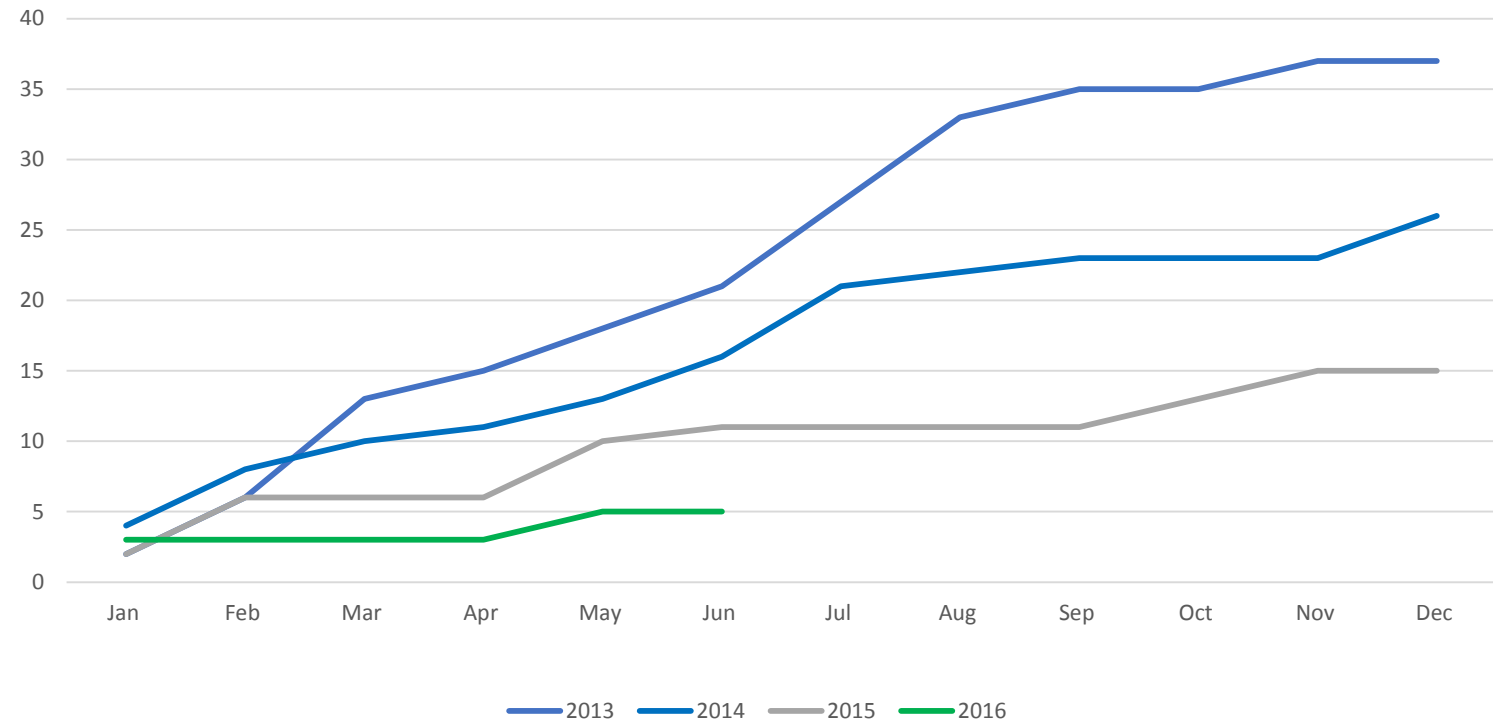
Increased access to  
primary care

Increased health literacy

Better care experiences

**Reduction in ARF**

Reduction in skin  
infection hospitalisations



Acute Rheumatic Fever in CMH (5-12 year olds): cumulative initial attack notifications



2012



2013



2014



2015



2016





## **An independent evaluation concluded:**

...**highly effective** in engaging with children, parents and whānau.

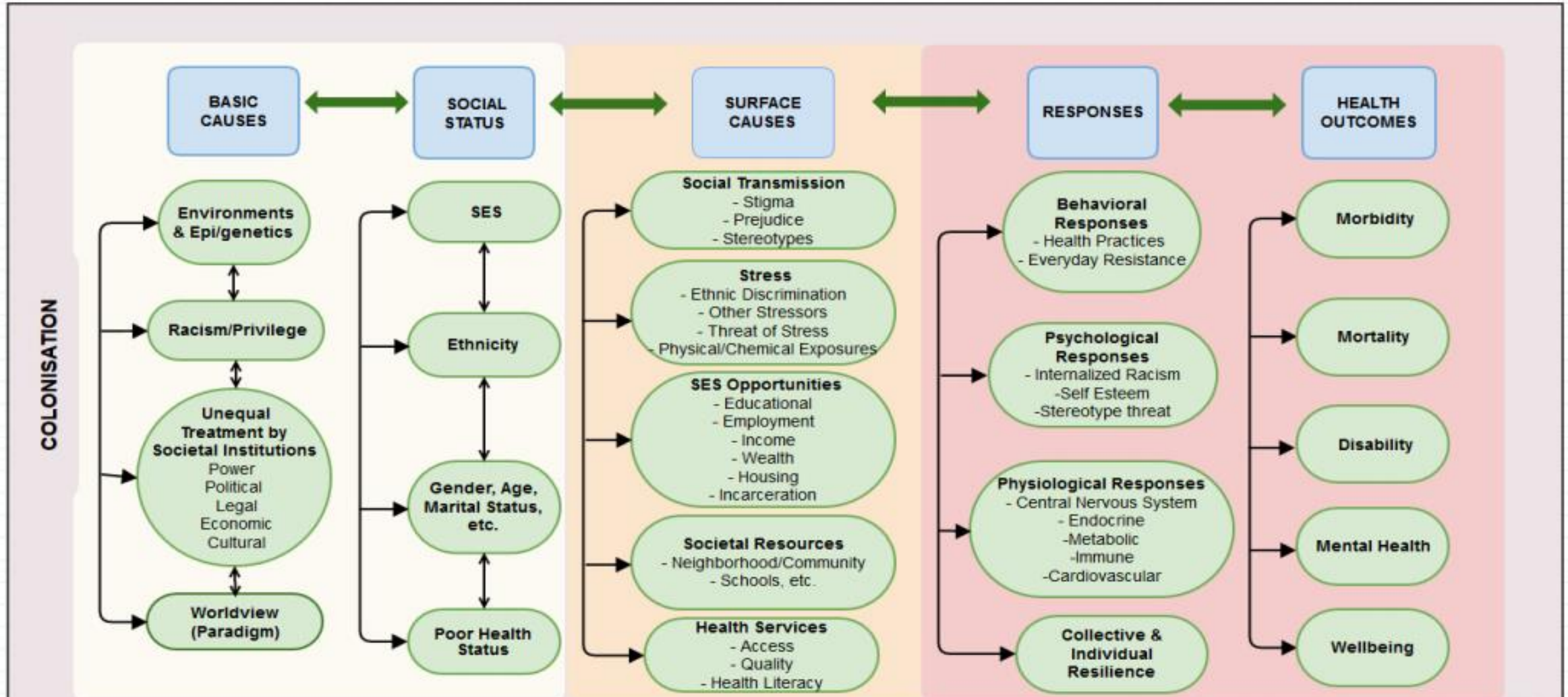
...families see the services as **worthwhile and valuable**

...culturally competent and have **positive, trusting relationships** with children, families and schools



# Decolonising Health Interventions

Explaining Ethnic Determinants of Health  
TMWM - TKHM Modified Williams Model



Adapted from Williams & Mohammed, 2013

# Mana Tū

Diabetes

National Hauora Coalition | AWA

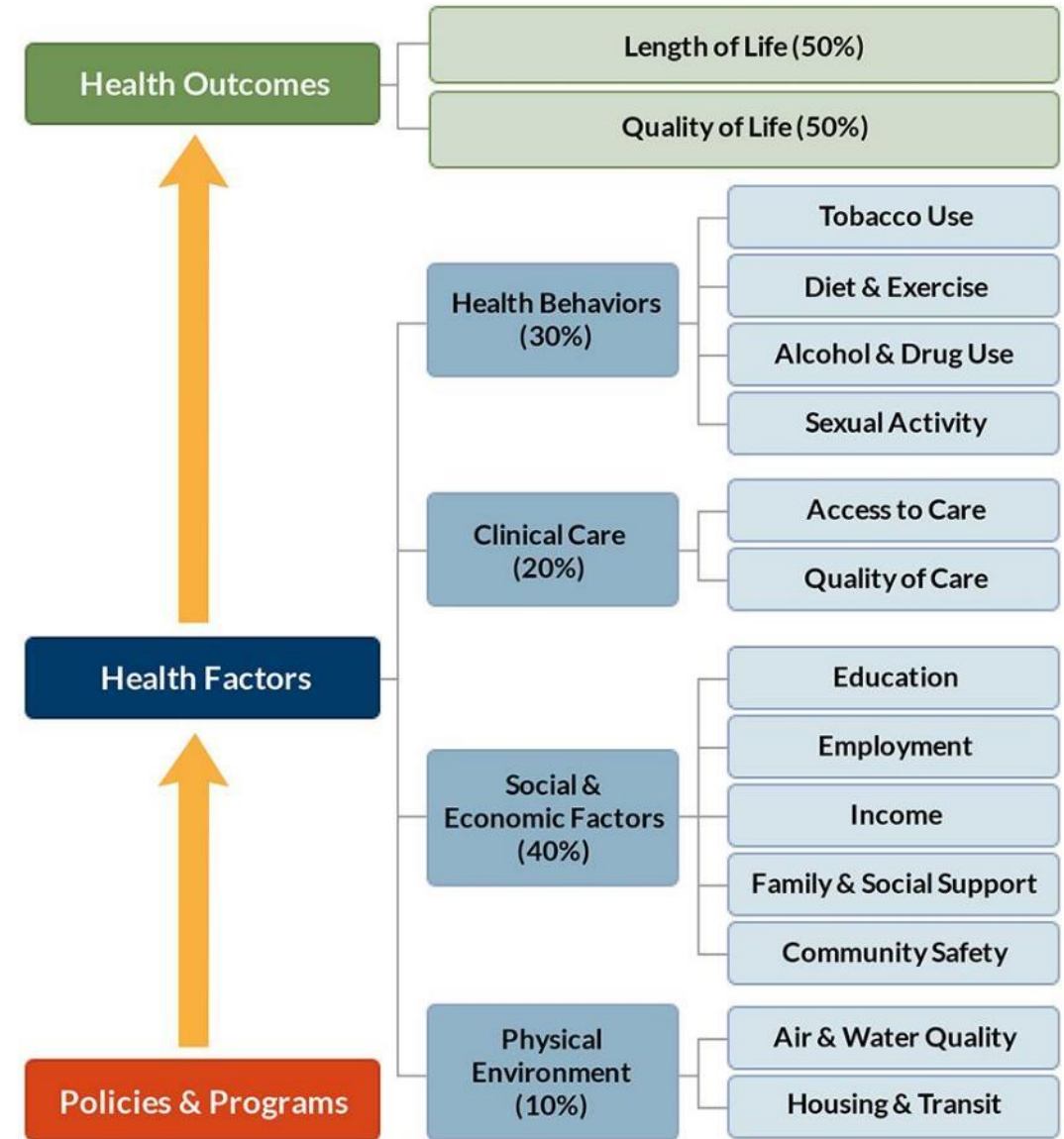
# Kaimanaaki-whānau



# Summary

1. Mana Tū is a focused approach to improve the impact of clinical and lifestyle interventions – prediabetes and people with uncontrolled diabetes.
2. Mana Tu deploys skilled and supported Kaimanaaki-whānau (KMs) in practices
3. KMs use a mana whānau approach, work with General Practice teams, operationally supported by central hub
4. The hub will co-ordinate broader community and social service support systems for whānau provide training, programme design, and support within a rich data environment. General Practice teams will move to outcomes based contracts over time.
5. Outcomes will be measurable improvements in diabetes control, improvements in patient outcomes and downstream healthcare costs. And benefits to the wider Whānau within at risk communities.

# Multiple Determinants



# What's different for the patient/whānau?

**64yo Tongan man (Tevita)**

***From***

Jan 2014: HbA1c = 120 (uncontrolled)

***To***

Dec 2015: HbA1c = 49 (controlled)

Tevita said he valued our Mana Whānau approach:

- Caring non judgemental support
- Helped get his 'shit' sorted (improved psych state)
- Patient centred clinic times (attended)
- Regular review of his own data (understand/motivated)
- Links to Whānau environment (Whānau supported and motivated to change)
- Improved medication/lifestyle response (his response)
- Skilled case management **and**
- Supporting self management

We can design our system to efficiently create value across the factors that influence morbidity and mortality.



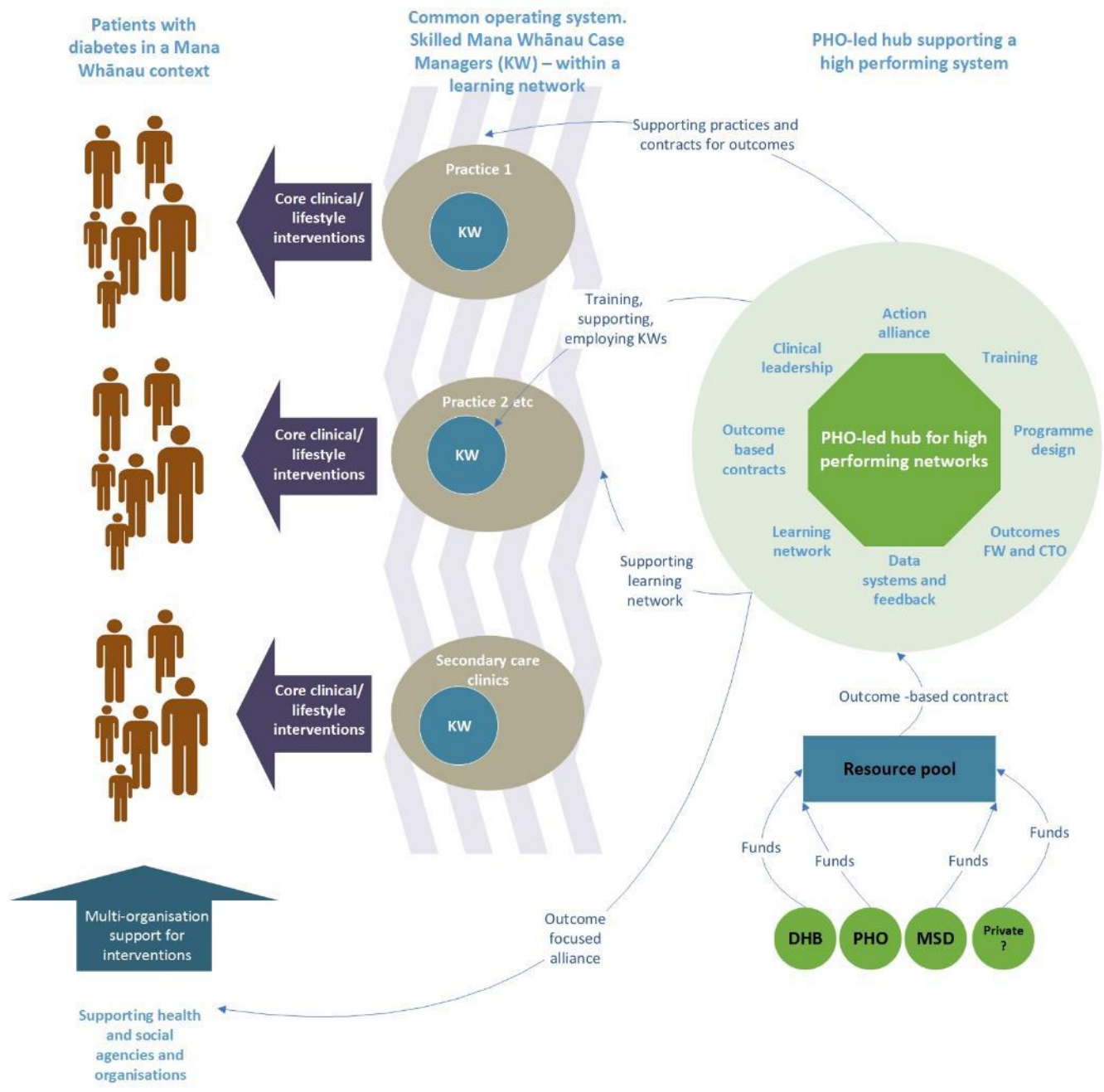
# What's different in the clinic?

- Infrastructure and skills to directly address health in a context of social complexity
- Skilled, supported Kaimanaaki-whānau (KM, Whanau Ora Case Manager) working in practice, part of MDT
- Part of a network within practices
- Systematic approach and support from a sophisticated hub
  - Training
  - Access to data
  - Access to tools
  - Clear performance requirements
  - Support/supervision
  - Learning network
  - Aligned incentives
  - Understanding key contributors to outcomes

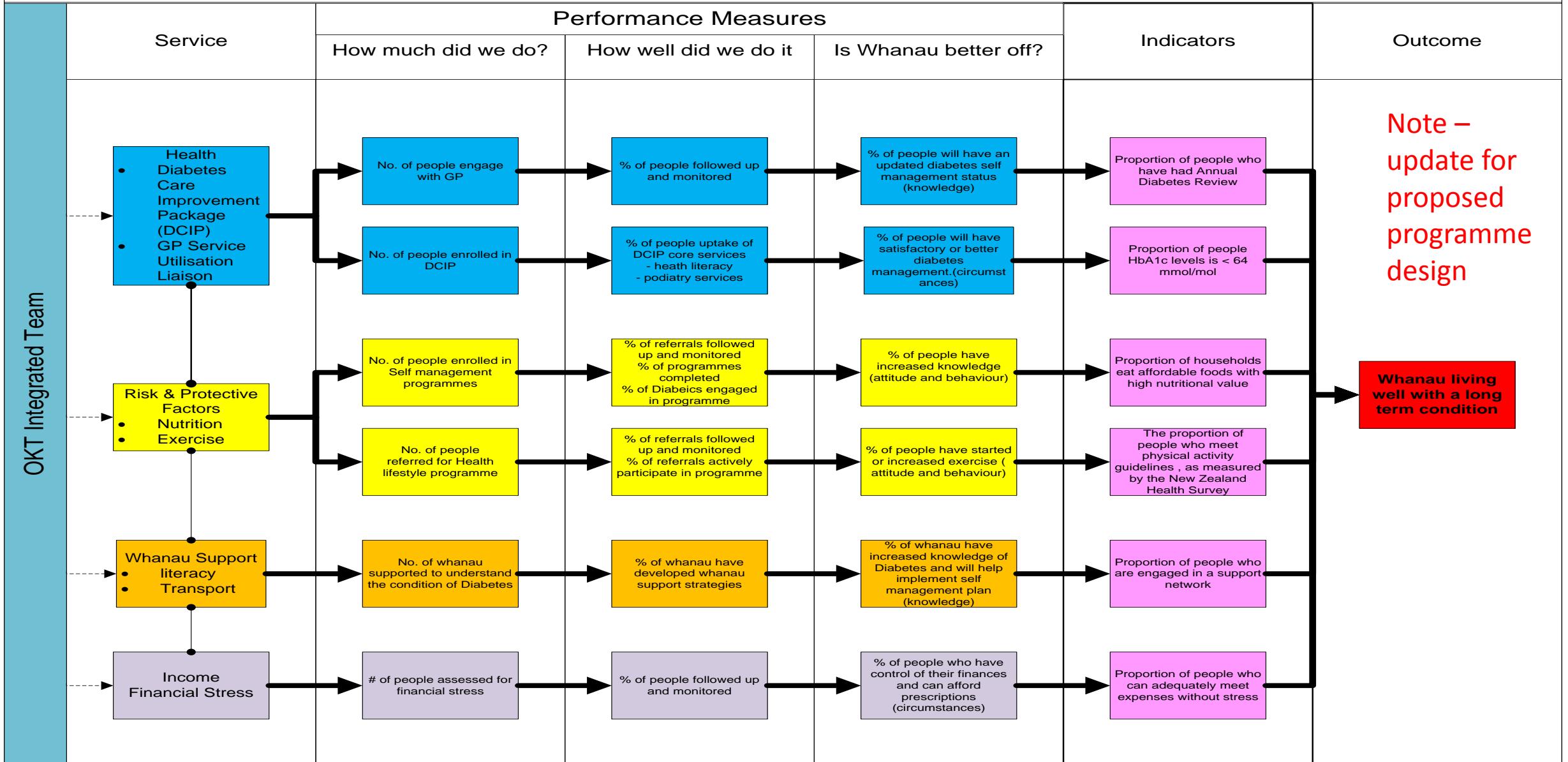
# What's different in the system?

## System supported by

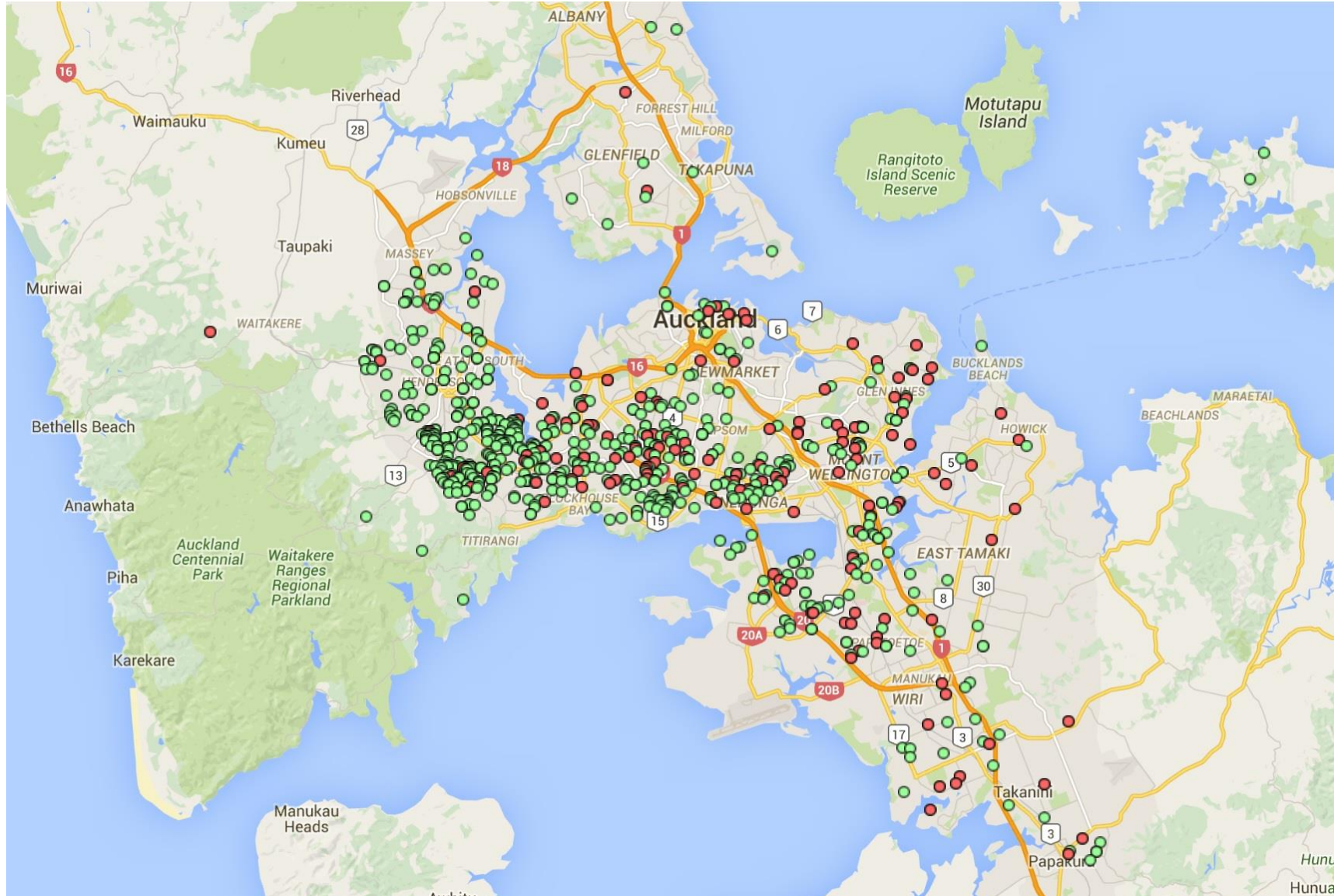
- Enabling and motivating general practice
  - Developing, deploying, supporting highly skilled and supported KMs within practices
  - Systems to support KM network and linkage to wider social system supports
- Standard skills, training and expectations for all case managers deployed into practices
    - Training includes clinical and Whānau ora aspects of case management to improve behavioural response to both clinical and lifestyle interventions
    - Training (lite) for other practice members to support effective response to CM role
  - Robust programme design
    - Clear outcomes (OF)
    - Explicit contribution to outcomes (CTO)
  - Valid, live data capture = analysis, tracking and data visualisation for practices, patients, case managers (Mohio)
  - Joined up programme across clinical interventions – SME, podiatry, secondary (support from hub)
  - Joined up programme across social interventions (housing, social support, employment) support from hub
  - Joined up network – sharing, learning and peer review – CQI focus
  - Alliance includes multiple organisations – health/social who can impact on outcomes



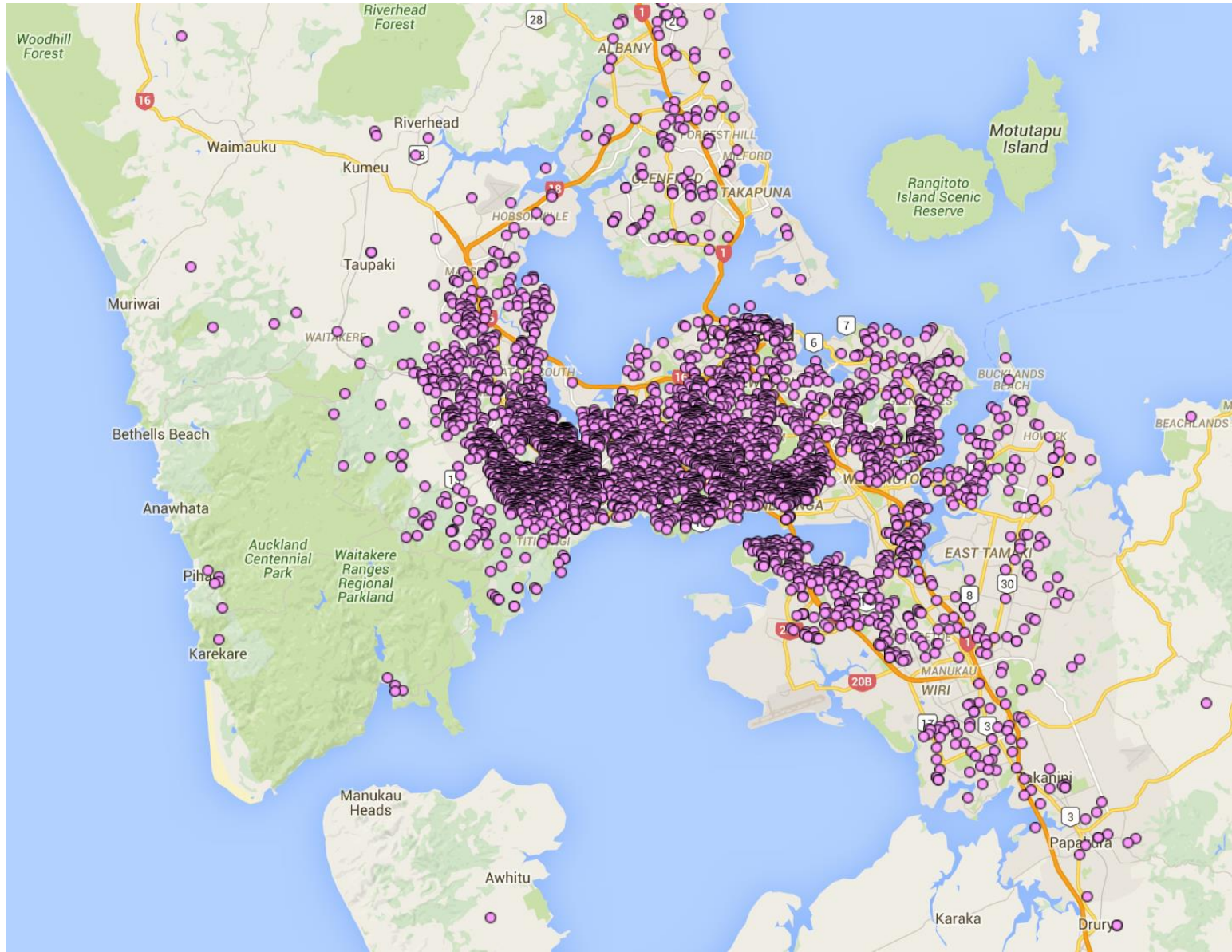
# Contribution to Outcome Map for Oranga Ki Tua (OKT) – Diabetes – Proposed Future State Working Example



# NHC patients HbA1c > 74<sub>mmol/l</sub> in the last 12 months



NHC pre-diabetic patients (HbA1c 41-49 in the last 3 years) who have not had HbA1c lab test in 12months



# Nursing workforce to disrupt primary care

- GP hegemony
  - Captitation
  - PHOs or IPAs in sheep's clothing
  - Culture
- Reimagining the workforce
  - Digital and exponential disruption
- Treaty claim

# The Health Strategy

- ***All New Zealanders live well, stay well, get well, in a system that is people-powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system.***
- The New Zealand Health Strategy was created through a process of listening to the health and disability system, and is focused on improvements to the system.



# Questions - summary

1. How might planning and development of the nursing workforce help address expenditure, cost and volume pressures?
2. How might the nursing workforce contribute to improved equity of access and outcomes?
3. What are the implications for the nursing workforce of changing disease patterns?
4. How might changes to nursing help overcome barriers to effective universal services?
5. What changes are required outside the nursing fraternity to enable different ways of working?
6. What nursing competencies and associated workforce development will be required to implement these approaches to universal services?
7. How can future initiatives in nursing contribute to system change across the five themes of the New Zealand Health Strategy?
8. As the five themes are progressed, how will nursing location, education and practice look different in 2026?

# Wai2575

# Health Services and Outcomes Kaupapa Inquiry

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BEFORE THE WAITANGI TRIBUNAL

WAI 2575

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IN THE MATTER OF

The Treaty of Waitangi Act 1975

AND

IN THE MATTER OF

The Health Services and Outcomes  
Kaupapa Inquiry

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CROWN MEMORANDUM FILING LIST OF MINISTRY OF HEALTH  
REPORTS, BIBLIOGRAPHY AND EVIDENCE PROVIDING AN  
OVERVIEW OF THE HEALTH SECTOR

3 July 2017

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# Wai 2499

- Submitted on behalf of Te Ohu Rata o Aotearoa (Maori doctors association)
- Asserting that persistent disparities in Maori health are a breach of the Treaty
- Seeking further briefs of evidence from wider Maori health professionals



ManaKidz



# Indigenous Data Sovereignty

For Maori, by Maori.

Intergrated data systems for health provision

Dr David Jansen  
Ngati Raukawa

Clinical Director, National Hauora Coalition  
Chairperson, Te Ohu Rata o Aotearoa (Maori Medical Practitioners)

# Maori Data Sovereignty

Nā te kune te pupuke  
Nā te pupuke te hihiri  
Nā te hihiri te mahara  
Nā te mahara te hinengaro  
Nā te hinengaro te manako  
Ka hua te wānanga.

- Treaty right
- Health right
- Indigenous right

# DSov

- Data visibility
- Data accessibility
- Data sharing
- Data governance
- Data sovereignty