

# Whakatātaka

## Māori Health Action Plan 2002–2005



**NOVEMBER 2002**

## ACKNOWLEDGEMENTS

Our thanks and acknowledgements to Eranora Puketapu-Hetet for permission to use the cover photograph, which shows her creation of a korowai taonga.

He Korowai Oranga literally means “the cloak of wellness”.  
He Korowai Oranga: The Māori Health Strategy symbolises the protective cloak and mana o te tangata – the cloak that embraces, develops and nurtures the people physically and spiritually.

Whakatātaka is the weaving of strands called whenu or aho, forming a pattern and eventually a taonga such as a korowai.  
Whakatātaka: The Māori Health Action Plan describes the actions to be implemented in order to achieve the aim of He Korowai Oranga.

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# Foreword



HON ANNETTE KING

HON TARIANA TURIA

‘Whakatātaka’ is the weaving of strands, creating a pattern step by step, and eventually forming a taonga such as a korowai. This Māori Health Action Plan outlines the process to weave together both existing and the innovative activities across the health and disability sector, under the direction of He Korowai Oranga; the Māori Health Strategy.

Building whānau ora (healthy Māori families) and Māori health is integral to a health and disability sector that must demonstrate change to reflect the aim of He Korowai Oranga: whānau ora – Māori families that are supported to achieve the fullness of health and wellbeing within te ao Māori and New Zealand society as a whole. Whakatātaka sets out to achieve change at the level of systems and processes, rather than introducing ad hoc programmes and initiatives. It seeks to build on the strengths and assets within whānau and Māori communities.

It also recognises that the greatest benefit comes not from trying to change the behaviour of individuals, but from changing the environment – especially the social and economic environment – within which individuals and whānau make their choices. The health and disability sector needs to broaden its focus to the broader determinants of health, not just the provision of health and disability services.

Whānau, hapū, iwi and Māori communities have a pivotal role to play in achieving whānau ora through whānau development and community-led initiatives. The Government supports Māori aspirations to have more say about their own health. It is committed to reducing Māori health and disability inequalities, to making services more available and appropriate, and to supporting whole-of-government initiatives. The success of initiatives targeting Māori health and whānau ora will provide a platform for the future.

Whakatātaka will facilitate Māori aspirations to live in a society where whānau can fully participate in New Zealand society, including te ao Māori (the Māori world), and enjoy a lifestyle that is not only healthier but which is also culturally, socially and economically enriched.

Handwritten signature of Annette King in black ink.

Hon Annette King  
**Minister of Health**

Handwritten signature of Tariana Turia in black ink.

Hon Tariana Turia  
**Associate Minister of Health**

# Contents

<b>Introduction</b> .....	1
Expectations of Government .....	1
Links with other Māori action plans .....	2
Input into Whakatātaka .....	2
Further copies .....	2
<b>He Korowai Oranga: A summary</b> .....	3
<b>Te Ara Whakahaere – Pathway Ahead</b>	
<b>Implementing Whakatātaka</b> .....	5
Working collaboratively and co-operatively .....	5
Roles and responsibilities .....	5
How will Whakatātaka be resourced? .....	7
Monitoring Whakatātaka .....	9
<b>Te Ara Tuatahi – Pathway One</b>	
<b>Development of whānau, hapū, Iwi and Māori communities</b> .....	13
Where are we going? .....	13
Models of whānau ora .....	13
Supporting Māori-led community development .....	14
<b>Te Ara Tuarua – Pathway Two</b>	
<b>Māori participation in the health and disability sector</b> .....	17
Where are we going? .....	17
Ensuring Māori participation in the health and disability sector .....	17
<b>Te Ara Tuatoru – Pathway Three</b>	
<b>Effective health and disability services</b> .....	21
Where are we going? .....	21
Ensuring high-quality, clinically safe and effective health and disability services for Māori .....	21
<b>Te Ara Tuawha – Pathway Four</b>	
<b>Working across sectors</b> .....	27
Where are we going? .....	27
The impact of other sectors on health and disability services .....	27

# Contents (continued)

## Appendices

Appendix One: He huarahi hei arataki Guideline to the Pathways .....	34
Appendix Two: Māori health and disability priorities .....	41
Appendix Three: Summary of DHB performance indicators for 2002/03 that have Māori-specific components .....	43
Appendix Four: Māori specific requirements in the DHB Operating Policy Framework 2002/03 .....	47

# Introduction

He Korowai Oranga: the Māori Health Strategy sets a direction for Māori health development in the health and disability sector for the next five to 10 years. The strategy recognises and builds on the considerable strengths and assets of whānau, hapū, Iwi and Māori, and challenges the mainstream health and disability sectors to refuse to tolerate the poor outcomes currently experienced by many whānau and Māori.

With the Māori population relatively young, and growing, there is a particular opportunity and need to improve whānau ora through the next generations.

Whakatātaka sets out what the Government will do to progress the aims of He Korowai Oranga over the next two to three years. It establishes a clear linkage to other Māori health strategies and plans and ensures there is consistency towards the common aim, whānau ora.

## Expectations of Government

The whole of the publicly funded health and disability sector is responsible for improving whānau ora and Māori health including the Ministry of Health (which includes the Clinical Training Agency), District Health Boards (DHBs) and other government health agencies.

Research supports the view that eliminating Māori health inequalities will benefit not only Māori, but all New Zealanders. If avoidable illness is reduced, costs will also be reduced, not only for hospital services but also for families and employers. Whānau members must be healthy if they are to make their fullest possible contribution to New Zealand society.

Other sectors must also take responsibility for the impact of their activities on Māori health. For example, hardship during childhood has been linked to a number of poor health outcomes, including an increased incidence of obesity and diabetes.

As particular issues are progressed over time, new areas for concentrated effort will be identified, and the current ones incorporated into the day-to-day business of sector organisations.

## Links with other Māori action plans

He Korowai Oranga provides an overall framework for Māori development and improved mainstream health and disability services. Maintaining linkages with other strategic and action plans is a key objective of Whakatātaka.

These documents provide guidance in specific service areas:

- Māori Mental Health Strategic Framework
- Māori Disability Action Plan
- Māori Public Health Action Plan.

Improved outcomes and services for Māori and reduced Māori inequalities are key objectives in the New Zealand Health Strategy and the New Zealand Disability Strategy, as well as related strategies such as the Primary Health Care Strategy, the Sexual and Reproductive Health Strategy, and the Health Nutrition and Physical Activity Strategy. The four pathways of He Korowai Oranga are as relevant to these strategies as they are to the specifically Māori strategies and action plans.

## Input into Whakatātaka

Whakatātaka is based on feedback from Māori and the health and disability sector on the draft Māori Health Strategy, and discussions with key stakeholders on the draft action plan.

## Further copies

He Korowai Oranga and further copies of Whakatātaka are available from:

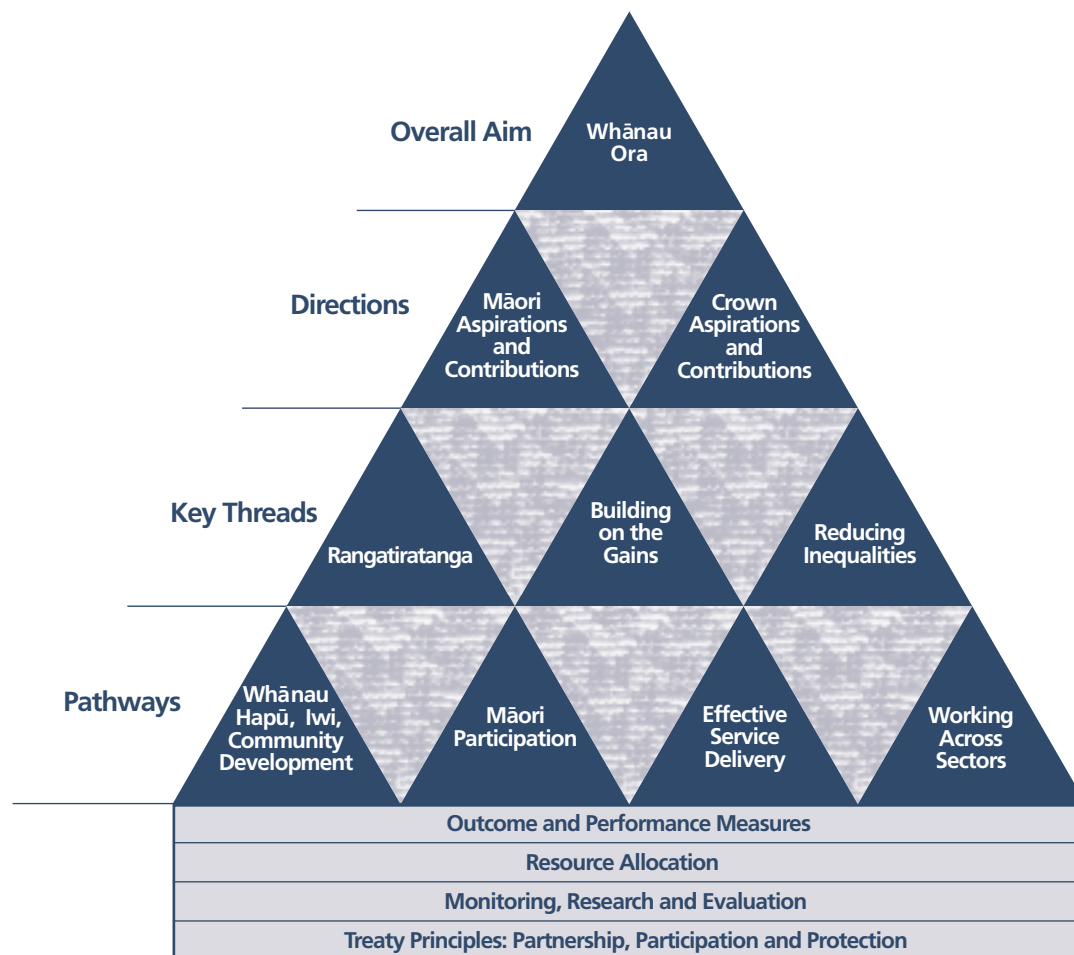
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Both documents are also available on the Ministry of Health's website [www.moh.govt.nz](http://www.moh.govt.nz), and the Ministry of Health's Māori health website, [www.Māorihealth.govt.nz](http://www.Māorihealth.govt.nz).

# He Korowai Oranga: A summary

The overall aim of He Korowai Oranga is whānau ora – Māori families that are supported to achieve the fullness of health and wellbeing within te ao Māori and New Zealand society as a whole. This aim builds directly from the New Zealand health Strategy and the seven fundamental principles that should be reflected across the health sector, including: acknowledging the special relationships between Māori and the Crown under the Treaty of Waitangi.

He Korowai Oranga recognises that both Māori and the Government have aspirations for Māori health and will play critical roles in achieving the desired outcome for whānau. Realising those aspirations requires putting the Treaty of Waitangi principles of partnership, protection and participation into action.



Three key threads woven throughout the strategy are:

- acknowledging Māori aspirations for rangatiratanga (control) over their own lives
- maintaining and building on the gains already made in Māori health
- reducing the inequalities that currently exist between the health and wellbeing of Māori and other population groups.

Whānau ora will be achieved through actions along four pathways:

- development of whānau, hapū, Iwi and Māori communities
- Māori participation throughout the health and disability sector
- effective health and disability services
- working across sectors.

# Implementing Whakatātaka

Whānau, hapū, iwi and Māori communities must be supported to achieve their own aims and aspirations for whānau ora. The objectives and actions contained in this plan form the foundation for monitoring performance within each of the pathways towards whānau ora.

## Working collaboratively and co-operatively

The Ministry of Health, DHBs and other government agencies are expected to work together with whānau, hapū, iwi and Māori communities and providers to achieve the objectives of He Korowai Oranga. The actions outlined in Whakatātaka must be progressed collaboratively and co-operatively within the sector and across sectors. Providers and national or local organisations such as the Public Health Association and other non-government organisations also have important roles to play.

## Roles and responsibilities

The whole health and disability sector is responsible for improvements in Māori health and disability outcomes, and Māori development in the health and disability sector.

The implementation of the strategy is already under way, with many of its objectives and projects built into Ministry of Health work programmes and DHB annual and strategic plans. The main roles and responsibilities are outlined below.

### Ministry of Health

The Ministry of Health's main roles in relation to Whakatātaka are to:

- provide leadership and support to DHBs, providers and Māori organisations in advancing the strategy, and to help co-ordinate their activities
- provide leadership in bringing other government sectors together to address wider issues affecting whānau health
- take the lead in a number of development projects
- progressively update the strategy and action plans, and advise the Government on other ways to improve Māori health
- manage DHB funding and performance

- monitor the implementation of the strategy and, with iwi and Māori communities, evaluate its impact
- advise the Government on ongoing strategic and operational policy development.

### **District Health Boards**

Whakatātaka brings together the existing responsibilities of DHBs in regard to Māori health and places them in the context of He Korowai Oranga.

DHBs have specific statutory responsibilities to:

- recognise and respect the principles of the Treaty of Waitangi
- improve Māori health and reduce Māori health and disability inequalities
- involve Māori in their planning and decision-making
- build Māori capacity to provide for their own needs.

All DHB boards and committees must have Māori membership, and boards must ensure all their members are skilled and knowledgeable about Treaty of Waitangi and Māori health issues, and about their local Māori communities.

DHBs are already building the aims and pathways of He Korowai Oranga into their planning and operations. In their first year of operations the emphasis was on:

- building effective relationships or partnerships with local iwi and Māori communities
- expanding the focus to include planning and funding services for population health improvement, including collaborating with other sectors
- establishing the necessary capacity and processes to plan and fund services for Māori health improvement, including:
  - involving Māori in needs assessment, planning and prioritisation
  - developing the skills and capacity of the DHB workforce, both Māori and non-Māori
  - improving ethnicity data collection
  - providing and funding high-quality services for population health improvement
  - progressively taking over the administration of Māori provider contracts previously funded by the Ministry of Health
  - leading implementation by incorporating Whakatātaka throughout their business.

Over the next two to three years DHBs are expected to fully realise the potential of their relationships with iwi and Māori, and to demonstrate sustainable results in improved access to services and better health and disability outcomes for Māori and their whānau.

## **Other publicly funded health and disability organisations**

Other national-level funding organisations such as PHARMAC, the Health Research Council, the Health Sponsorship Council and the Clinical Training Agency (part of the Ministry of Health) are also responsible for prioritising their resources to improve Māori health and reduce disparities.

Health professional colleges and councils, national bodies such as the National Heart Foundation, NGOs including national, regional and local-level providers receiving public funding all have critical roles in implementing Whakatātaka. Expectations to improve Māori health will be included in their service agreements and monitoring arrangements.

Non-government advocacy organisations, such as the Public Health Association, also have important roles.

## **Other government sectors**

The Government expects other government sectors to work with the health and disability sector to identify common goals and initiatives to reduce Māori inequalities.

## **How will Whakatātaka be resourced?**

DHBs, the Ministry of Health and other funders and providers are expected to prioritise Māori health within their funding allocations.

Investment in improved Māori health, and especially in preventing avoidable illness, will reduce demand for some hospital and disability services in the longer term, as well as reducing the overall cost to whānau and wider society.

In the short term, improving whānau access to services is likely to increase the demand for secondary and other referred services, so freeing up the resources to invest in health development and better preventive and treatment services will require careful management.

Māori health improvement is, however, a key priority for this Government, and Māori needs are built into the population-based funding formula that will be used for funding DHBs. DHBs are required to invest in Māori health improvement. They will do this both through prioritising new funding as it becomes available, and through reallocating existing funding. Their spending on Māori health will be monitored.

- Over the next three years the funding package for the health and disability sector will significantly increase the funding available to DHBs, particularly for developing the primary health care sector, and DHBs must make Māori health improvement a priority in allocating this new funding.
- DHBs are expected to regularly review the allocation of existing resources to ensure they are being used effectively and fairly, and to reallocate resources where possible to areas of greater need, including Māori health.

- DHBs are also expected to ensure that all the services they fund and provide function as well for Māori as they do for other New Zealanders.

The Ministry will work with central agencies and DHBs to set national funding targets for investment in Māori health and will monitor the funding actually allocated.

DHBs are expected, in their planning processes and within their funding allocations, to set targets for funding Māori health and disability initiatives. These targets will take into account their areas' population profiles and needs assessments, services currently available, quality issues, other service needs and service gaps. The Ministry of Health will be looking for a sustainable increase over time, and will be working with each DHB to establish appropriate targets. Increased investment will be expected in developing and improving services for Māori – from both mainstream and Māori providers – and in continuing to support the ongoing development of Māori providers and the Māori workforce. Investment is also needed to ensure the partnerships and other relationships DHBs are establishing with iwi and Māori communities are informed, meaningful and effective. The agreed targets will be incorporated into DHB funding agreements with the Minister of Health.

The Māori Provider Development Scheme will continue to be available to assist Māori workforce and provider development. The Government will review the level of funding and criteria for the scheme to ensure they are consistent with the objectives of He Korowai Oranga. Agencies with a national focus, such as the Clinical Training Agency and PHARMAC, are also expected to improve their investment in Māori health.

#### Objective 0.1: Increase relative investment in Māori health

DHBs and other national-level, regional and local funders and providers will increase their relative investment in Māori health improvement until Māori have the same opportunities for good health as other New Zealanders

#### Action 0.1.1

**The Ministry of Health will set a nationwide funding target for investment in Māori health and disability over the next three years, and will monitor the progress of the sector against those targets**

#### Milestones

- Ministry of Health sets nationwide funding targets for investment in Māori health and disability by December 2002

### Measures

The levels and proportions of public funding invested in:

- initiatives to reduce Māori inequalities
- services provided by Māori providers
- mainstream funding (including public, personal, mental and disability support), benefiting Māori
- Māori provider and workforce development

### Responsibility

- Ministry of Health (lead) with DHBs

## Action 0.1.2

**DHBs will set targets to increase funding over the next three years for Māori health and disability initiatives, taking into account their population profiles, needs assessments and the services currently available: these targets will be incorporated into DHB funding agreements with the Minister of Health**

### Milestones

- i. DHBs set and report on targets for their regions to increase funding for Māori initiatives over the next 3 years, by March 2003
- ii. Targets included in Crown funding agreements, from 2003/04
- iii. Māori health and whānau ora included as key criteria in DHB prioritisation, resource allocation and disinvestments decisions

### Measures

- The levels and proportion of DHB funding allocated to Māori health and disability initiatives and capacity development

### Responsibility

- DHBs (lead) with local Treaty partners and Ministry of Health

## Monitoring Whakatātaka

### National-level health and disability sector monitoring

The Ministry of Health is the lead agency monitoring the nationwide implementation of He Korowai Oranga and Whakatātaka, including their impact on health and disability outcomes and disparities. It also monitors changes in service utilisation, service effectiveness, funding levels and workforce and provider development.

The Ministry has specific responsibilities for monitoring the performance of DHBs against their funding agreements and annual plans. The current set of DHB

performance indicators relating to Māori health and disability are given in Appendix Two. These performance indicators will be reviewed and updated as DHBs become more established, and as specific actions are further developed.

The Ministry also monitors:

- providers it funds directly – public health, disability support services for those under 65 years and some national or tertiary-level health providers
- national-level organisations, such as PHARMAC and the Health Research Council.

The Ministry of Health will work with iwi and Māori to develop ways to include them in national-level monitoring, and will also report at least every two years to iwi and Māori on progress against He Korowai Oranga and Whakatātaka.

### **Who monitors the Ministry of Health?**

The Ministry of Health is monitored on its performance on Māori health improvement by Te Puni Kōkiri and against its Statement of Intent by Audit New Zealand. In addition, the National Health Committee, which provides independent advice to the Minister of Health on priorities for funding health and disability services, will provide independent analysis of, and advice on, monitoring of implementation.

Other national bodies monitoring aspects of sector performance on Māori health include the Mental Health Commission, Te Puni Kōkiri, and the Health and Disability Commissioner.

### **Monitoring at local level**

At local level, DHBs will continue to monitor the performance of their providers, as well as their own progress against their strategic and annual plans. DHBs' local Treaty-based partners will assist DHBs with this monitoring. DHBs are also accountable to their local Māori communities, through consultation and reporting mechanisms, and through the local election process.

## Objective 0.2: Monitoring progress of He Korowai Oranga

To involve iwi and Māori in monitoring progress against He Korowai Oranga

### Action 0.2.1

**The Ministry of Health and DHBs will work with iwi and Māori to establish mechanisms to enable iwi and Māori to participate in monitoring Ministry of Health, DHB and sector performance in implementing He Korowai Oranga and Māori health objectives**

#### Milestones

- i. DHBs work with their local Treaty partners and Māori communities to design monitoring and audit tools to evaluate progress on Māori health objectives, by December 2003
- ii. Ministry of Health consult with iwi, Māori and Te Puni Kōkiri on appropriate mechanisms to involve Māori in national-level monitoring, by June 2003
- iii. Monitoring framework to assess progress towards whānau ora developed by June 2003

#### Measures

- Iwi and Māori satisfaction with levels of participation in monitoring
- DHBs demonstrate participation and the impact of participation in monitoring mechanisms

#### Responsibility

- Ministry of Health (lead national-level monitoring)
- DHBs and local Treaty partners and iwi (lead local-level monitoring)



# Development of Whānau, Hapū, Iwi and Māori Communities

## Where are we going?

Consistent with the role and status of Māori in New Zealand under the Treaty of Waitangi, He Korowai Oranga supports whānau, hapū, iwi and Māori communities to have control over the direction and shape of their own institutions, communities and development as a people. Māori traditional health practices such as rongoa Māori, mirimiri and karakia are an integral part of the services they access.

Whānau are nurtured within a wider network of hapū, iwi and Māori communities and have the resources they need – including human skills, capital, knowledge and experience – to develop their own plans and strategies for development. The health and disability sector supports initiatives to build better outcomes through stronger Māori communities, which are grounded in Māori beliefs and values and which reflect Māori aspirations for increased Māori knowledge and participation in te ao Māori. Such an approach means whānau can fully contribute to their own wellbeing and to that of New Zealand.

## Models of whānau ora

A goal for all four pathways of He Korowai Oranga is to support whānau ora by identifying and extending whānau strengths, and this needs to be built into all initiatives – from community development to the provision of primary or hospital care or disability support services. Health and disability services, systems and processes will need to change to create such an environment.

The Ministry of Health will work with hapū, iwi and Māori communities to identify successful approaches to building whānau ora, and will promote successful models. These models may be developed by Māori communities or government agencies (including DHBs), or by health and disability providers. Such models will provide the health and disability sector with ideas for reorienting services and structures, including specific initiatives, services and sector standards and monitoring frameworks.

## Objective 1.1: Fostering Māori community development

To increase whānau health and wellbeing through fostering Māori community development that builds on the strengths and assets of whānau and Māori communities

### Action 1.1.1

**The Ministry of Health, with hapū, iwi and Māori communities, will promote successful models of service delivery that build on the strengths of the whānau, and will develop policy and monitoring frameworks to support whānau ora approaches across the health and disability sectors.**

#### Milestones

- i. Develop project to identify and promote examples and models of initiatives that build on the strengths of whānau
- ii. Whānau awards scheme developed by December 2003
- iii. Options for an intersectoral whānau innovation fund explored by June 2003
- iv. Policy tool to identify impact of government and sector activities on whānau ora developed by June 2004

#### Measures

- The health and disability sector has information or models which promote whānau ora building on the strengths of whānau
- Level of investment in and recognition of innovative initiatives that support whānau ora

#### Responsibility

- Iwi and Māori communities
- Ministry of Health
- DHBs

## Supporting Māori-led community development

Hapū, iwi and Māori communities are at different stages of development, and have access to different levels of resources. The Government has been supporting capacity building in Māori communities, and is committed to continuing such investment.

Recognition of Māori models of health and knowledge will be incorporated into the ongoing education, training and assessment of competency of all health practitioners.

For Māori with disabilities and their whānau, specific support is needed to ensure they can participate fully in their communities. This includes assistance with education,

employment, housing, income support and participation in Māori community and marae activities, and other community activities.

#### Action 1.1.2

**The Ministry of Health and DHBs will work with whānau, hapū, iwi and Māori communities to support them to develop their own plans for improved whānau ora and to identify appropriate Māori-led community development initiatives to support the achievement of those plans**

##### Milestones

- i. The Ministry of Health and DHBs, with communities, identify Māori-led community initiatives to foster on an ongoing basis

##### Measures

- The level of funding and other support for Māori-led community initiatives
- Priorities are community-driven

##### Responsibility

- The Ministry of Health and DHBs, with iwi and Māori communities, (and other government agencies, where appropriate)

#### Objective 1.2: Building on Māori models of health

To recognise and value Māori models of health and traditional healing

#### Action 1.2.1

**The Ministry of Health will work with Māori traditional healing practitioners to support Māori traditional healing practices within the health and disability sector**

##### Milestones

- i. Project plan developed June 2003
- ii. Project monitored

##### Measures

- The level of access for Māori whānau to traditional healing practices

##### Responsibility

- The Ministry of Health and traditional healing practitioners (lead)
- DHBs, iwi, providers

### Objective 1.3: Removing Barriers

To remove barriers to Māori with disabilities and their whānau from fully participating in New Zealand society, including te ao Māori.

#### Action 1.3.1

**Specific actions to address the participation of Māori with disabilities in te ao Māori and wider New Zealand society will be outlined in the Māori Disability Action Plan**

##### Milestones

- i. The Māori Disability Action Plan finalised, with advice from the Disabled Persons Assembly, and adopted by June 2003
- ii. Ministry locality offices develop specific action points to implement the Plan by July 2003, involving Māori disability organisations, iwi, hapū and whānau in developing those actions

##### Measures

- Baseline measures and measurable progress targets (to be agreed), with mechanisms for monitoring and reporting

##### Responsibility

- Ministry of Health (lead)
- Health and disability sector, Māori disability groups, iwi and Māori communities

# Māori Participation in the Health and Disability Sector

## Where are we going?

Māori health leadership throughout the health and disability sector is strengthened, and whānau, hapū, iwi and Māori communities have more control over their own health and wellbeing.

Māori partnership in decision-making, and participation in planning and delivering health and disability services will ensure a system that works for whānau, hapū, iwi and Māori communities. Māori participate as skilled and valued decision-makers, health clinicians and professionals, researchers and managers, and as whānau, community health, public health and disability workers.

The health and disability sector of the future will offer whānau a range of provider organisations and health workers equipped to meet their needs. Strong and effective Māori providers are particularly important in the primary health care and community-based areas, which are closest to whānau, including disability support and mental health.

## Ensuring Māori participation in the health and disability sector

From 2002/03 the Government expects DHBs to have firmly established mechanisms to involve iwi and Māori in their decision-making. These mechanisms will include formal relationships with iwi and Māori communities (at Board and operational levels), and processes to involve Māori in DHB needs assessment, prioritisation and monitoring processes.

The Government will also, with iwi, explore options for partnership at the central government level, including the option of an independent Māori advisory or monitoring body.

There are currently more than 200 Māori providers in the sector. Māori providers have demonstrated leadership and innovation in delivering services that have improved access, care and outcomes for Māori consumers and whānau. Māori provider development will continue, and concrete plans for sustained development are in place.

The number and skill levels of Māori throughout the health and disability workforce need to be significantly increased to meet growing needs. With high proportions of the Māori population still in school, there are opportunities for the education and health sectors to collaborate to attract young Māori into the health and disability workforce and simultaneously contribute to socioeconomic development.

The level of the Māori Provider Development Scheme will be reviewed and increased over the next three years in line with the Government's intention to support Māori provider and workforce development.

### Objective 2.1: Increasing Māori participation in decision-making

Iwi and Māori communities and government health agencies working together in effective relationships to achieve Māori health objectives.

#### Action 2.1.1

**The Ministry of Health will work with iwi and Māori communities to establish appropriate partnerships between the Crown and iwi and Māori communities at central government level**

##### Milestones

- i. Consultation with iwi and Māori communities on appropriate partnership arrangements completed by March 2003
- ii. Partnership arrangements operational by June 2003

##### Measures

- Iwi satisfaction with the level of influence in policy agenda setting, policy development and monitoring

##### Responsibility

- Minister of Health
- Ministry of Health
- Iwi and Māori communities

#### Action 2.1.2

**DHBs will consolidate partnerships with iwi and Māori communities to ensure that planning, funding and delivery of services improve Māori health and disability outcomes**

##### Milestones

- i. All DHBs have formal relationships with local iwi and Māori communities by June 2003
- ii. Iwi and DHBs identify best practice partnership models for distribution by December 2003

**Measures**

- Iwi and DHB satisfaction with participation in DHB planning, prioritisation and decision-making

**Responsibility**

- DHBs and iwi (lead)
- Ministry of Health (support and facilitation)

**Action 2.1.3**

**DHBs and the Ministry of Health will facilitate training and networking opportunities for DHB board members to ensure effective governance that leads to improved whānau ora**

**Milestones**

- i. DHBs, with Ministry assistance support ongoing training and networking for Māori Board members, including training in governance, financial matters and health issues
- ii. Ministry of Health Treaty and Māori health training for DHB board members to be available from June 2002

**Measures**

- DHB board registers of board member training needs
- The impact on DHB decision-making

**Responsibility**

- DHBs, Ministry of Health
- Treaty-based partners

## Objective 2.2: Increasing Māori provider capacity and capability

To increase the capacity and capability of Māori providers to deliver effective health and disability services for Māori

### Action 2.2.1

**The Ministry of Health, Māori providers, Māori communities and DHBs will develop a plan for sustainable Māori provider development**

#### Milestones

- i. Priorities and options for Māori provider development agreed with Māori provider organisations, iwi and DHBs by June 2003
- ii. Ministry of Health advises on funding levels for the Māori Provider Development Scheme and realignment of the scheme's criteria with He Korowai Oranga and priorities for Māori provider (and workforce) development by December 2002
- iii. DHBs assist and support Māori health providers to take advantage of new opportunities in primary health care
- iv. DHBs and Ministry of Health support and assist Māori providers to become certified or accredited by 2004

#### Measures

- Māori provider numbers, service levels, skills and qualification levels, infrastructure, accreditation, funding levels, and access coverage for Māori populations
- Level of Māori Provider Development Scheme and DHB investment in Māori provider development
- Māori provider and consumer involvement in Primary Health Organisations

#### Responsibility

- Ministry of Health (lead)
- DHBs
- Māori providers and organisations

## Objective 2.3: Developing the Māori health and disability workforce

To increase the number and improve the skills of the Māori health and disability workforce at all levels

### Action 2.3.1

The Ministry of Health will develop a Māori workforce development plan. The plan will identify the numbers and skill mix of Māori required to support the achievement of whānau ora, co-ordinate activities between the health sector and the education sector, and address barriers to achieving the necessary workforce

#### Milestones

- i. Advice provided from the Health Workforce Advisory Committee by end of 2002
- ii. Māori workforce development plan completed by July 2003
- iii. Ministry of Health works with the Ministry of Education and Tertiary Education Commission to extend or develop programmes to recognise and strengthen the skills and availability of whānau and community workers, by December 2003

#### Measures

- The proportion of Māori in the workforce compared to Māori in the New Zealand population, by occupation, skill level, remuneration and geographic distribution
- The level of investment in Māori workforce development

#### Responsibility

- Ministry of Health (lead)
- Clinical Training Agency, Health Workforce Advisory Committee Ministry of Education, Tertiary Education Commission
- DHBs, iwi and Māori communities, providers, Māori health professional organisations



# Effective Health and Disability Services

## Where are we going?

All health and disability organisations – from professional colleges and councils, to DHBs, providers, advocacy groups and government agencies – are actively working to improve access to, and the effectiveness and appropriateness of, services for Māori, as well as outcomes at the individual, whānau and population levels. Services are delivered in ways that identify and build on whānau strengths to enable them to take greater control of their own health.

Competence in meeting whānau and Māori needs and reducing inequalities is built into:

- training
- service specifications and standards
- regulatory, funding and monitoring requirements.

Development of ‘gold standards’ for whānau outcomes leads the way for improving services for all, not just for Māori.

## Ensuring high-quality, clinically safe and effective health and disability services for Māori

Timely access to high-quality mainstream and Māori services willing and able to meet the needs of whānau and address health inequalities will be the mainstay of the New Zealand health and disability sector. Services will recognise that the everyday realities of Māori whānau and health practitioners will be challenged to examine their views and practices relating to Māori access to services – particularly referred, specialist and rehabilitation services. Competency with Māori consumers and whānau will be a requirement in all clinical training and service standards.

DHBs are expected to address the New Zealand Health Strategy population health priorities, but are encouraged to identify – with their iwi partners and local Māori communities – those priorities that require emphasis and focus.

Improved information, including ethnicity data, is a key component of developing more effective services for Māori.

## Objective 3.1: Addressing health inequalities for Māori

To reduce Māori health and disability inequalities through specific Māori health priorities

### Action 3.1.1.

**DHBs, iwi and Māori communities will identify focused action-specific Māori health priorities, based on the population health objectives in the New Zealand Health Strategy, Māori health priorities and priorities identified in district health needs assessments**

#### Milestones

- i. DHBs with iwi partners and Māori communities identify priority areas for particular focus and incorporate into strategic and annual plans, and allocate resources
- ii. Ministry of Health, with Māori and DHBs, identifies specific interventions to address Māori health priorities, where national leadership is required (ongoing)
- iii. Ministry of Health expands and progressively updates toolkits and other support for improving population health priority areas (ongoing)

#### Measures

- Māori health outcome and utilisation measures in the selected Māori population health priority areas
- Funding support for the selected priority areas

#### Responsibility

- DHBs (lead)
- Iwi and Māori communities
- Ministry of Health (support and facilitation)
- Research organisations

### Action 3.1.2

**The Ministry of Health will support DHBs, providers, iwi and Māori communities by providing resources, training opportunities and access to relevant information on reducing inequalities**

#### Milestones

- i. Ministry of Health publishes *Reducing Inequalities in Health* by September 2002
- ii. Ministry of Health develops an Inequalities Monitoring Framework by June 2003
- iii. Ministry of Health co-ordinates workshops for DHBs on the use of the framework by June 2003
- iv. DHBs incorporate specific actions for implementing the framework into their annual and strategic plans

### Measures

- Māori inequalities outcome and utilisation measures

### Responsibility

- Ministry of Health
- DHBs, with iwi and Māori communities
- Other sectors

## Objective 3.2: Improving mainstream effectiveness

To improve access to, and the effectiveness of, mainstream services for Māori

### Action 3.2.1

**The Ministry of Health and DHBs will ensure that implementation of the Primary Health Care Strategy improves Māori access to primary health care services and the effectiveness of those services**

#### Milestones

- i. Ministry of Health ensures that Primary Health Care Strategy implementation policies and processes support improved outcomes for Māori consumers and providers
- ii. Ministry of Health provides information and leadership to Māori providers and communities on Primary Health Care Strategy implementation and works with them to support effective Māori provider participation in Primary Health Organisations (PHOs) (ongoing)

#### Measures

- The level of iwi and Māori community involvement in governance of PHOs
- Māori utilisation of primary health care services, including Māori not using required services for cost or other reasons
- Māori consumer satisfaction with primary health care services
- Avoidable hospital admissions
- Māori population priority area health outcomes
- The level of Māori provider and workforce participation in PHOs

#### Responsibility

- Ministry of Health (lead)
- DHBs and iwi partners
- PHOs
- Māori provider and workforce organisations
- Other provider and workforce organisations

### Action 3.2.2

DHBs will conduct an ongoing cycle of reviews of pathways of care in their regions to ensure they improve access to effective services for Māori and improve outcomes for Māori, including reductions in avoidable mortality and morbidity, and hospital admissions

#### Milestones

- i. Identify DHBs to lead reviews, in particular service areas, by March 2003
- ii. Lead DHBs develop processes for working with whānau, Māori communities, community, primary, referred and hospital service providers by December 2003
- iii. First reviews completed by December 2004 and the outcomes made available to other DHBs

#### Measures

- Selected access measures
- Levels of avoidable hospital admissions in selected areas
- Selected outcome measures

#### Responsibility

- DHBs (lead)
- Ministry of Health (facilitation, information and support), clinicians and providers
- Māori communities and whānau

### Objective 3.3: Providing highest quality services

To deliver services to the highest clinical safety and quality standards within available funding

### Action 3.3.1

DHBs will share and expand on existing best practice guidelines for clinicians to ensure the clinical and cultural competence of their services for Māori

#### Milestones

- i. DHBs collaborate to identify and review existing best practice guidelines for personal, public and mental health services and to progressively extend them to primary and community-based services (ongoing)
- ii. Ministry of Health develops a framework of best practice guidelines and standards for disability support services for Māori by June 2003

### Measures

- The proportion of services with access to best practice guidelines
- The level of complaints by Māori about inappropriate services
- Access/utilisation and outcomes measures (including disparities with non-Māori populations)

### Responsibility

- DHBs (lead)
- Providers and health professionals
- Māori consumers and communities, Ministry of Health (support and facilitation)

## Action 3.3.2

**The Health Research Council and Ministry of Health will support Māori-led research that contributes to the achievement of whānau ora, more effective service delivery for Māori and improved health and disability outcomes for whānau**

### Milestones

- i. Health Research Council and Ministry of Health conduct a joint research study on Māori consumer use and satisfaction with services (two-year study beginning 2002/03 financial year)
- ii. Ministry of Health and Health Research Council support the development of a longer-term Māori health and disability research agenda that contributes to whānau ora and helps build Māori research capacity, by December 2003
- iii. Ministry of Health collaborates with Te Puni Kōkiri, Ministry of Social Development and other government departments to co-ordinate research on the determinants of whānau ora and effective interventions (ongoing)

### Measures

- The proportion of health research funding invested in Māori-led and other research that contributes to whānau ora and improved service delivery for Māori
- The level of support for iwi and hapū research
- The proportion of Māori researchers
- The level of investment in increasing Māori research capacity
- The level of investment in cross-sectoral research on the determinants of whānau ora
- The availability of research outcomes throughout sector

### Responsibility

- Ministry of Health and Health Research Council (lead)
- Ministry of Research, Science and Technology, Te Puni Kōkiri, Ministry of Social Development and other relevant government departments
- Māori and other researchers
- Providers
- Iwi, hapū and whānau, Māori communities and consumer organisations

## Objective 3.4: Improving Māori health information

To improve Māori health information to support effective service delivery, monitoring and achievement of Māori health objectives

### Action 3.4.1

**DHBs, providers and the Ministry of Health will collaborate to improve the collection and accuracy of ethnicity data, in order to improve planning and service delivery for Māori**

#### Milestones

- i. Ministry of Health ensures a consistent standard for ethnicity data by December 2002, and review its own data collections, by December 2003
- ii. Ministry of Health works with DHBs to develop tools and training for those collecting information and information for consumers, by December 2003
- iii. DHBs review their standards and systems for collecting ethnicity data to ensure clinicians, administrators and consumers are aware of the need for high-quality information across all services, and to improve the collection of that data, by December 2003

#### Measures

- The proportion of utilisation information for which Māori and other ethnicity data is available
- The level of awareness and support from administrators, clinicians and Māori consumers
- The audited quality of ethnicity data in collections

#### Responsibility

- DHBs (lead for accurate, comprehensive collection of data)
- Ministry of Health (lead for national standards and own data collections)
- Statistics New Zealand (ethnicity question in Census)
- Hospital, primary and community-based providers
- Clinicians and administrators
- Māori communities and consumer organisations

# Working Across Sectors

## Where are we going?

The Māori health and disability sector will take a leadership role in bringing services from different sectors together. These services will provide a development base from which a range of intersectoral initiatives can be accelerated and grown. A common whānau focus policy framework will have been developed across agencies and sectors. The outcome will be whānau that are:

- well housed
- able to meet their financial needs and be involved in economic development activities
- engaged in effective education of their tamariki and adult members
- involved satisfactorily in their community, hapū and iwi affairs
- fully participating in New Zealand life and sporting and leisure opportunities.

## The impact of other sectors on health and disability services

The 'whole-of-government approach', which is the responsibility of all government agencies, is critical to ensuring Māori whānau and communities are better able to take control over the circumstances affecting them, and to improve the health and wellbeing of whānau. For Māori whānau to participate fully in New Zealand society, a co-ordinated and effective development across all sectors is needed to ensure equitable access to resources and services.

Co-ordination across sectors will happen at both the central government and local levels, with DHBs facilitating intersectoral collaboration at the local level.

Public health action supports the development of whānau, hapū, iwi and Māori communities to achieve total wellbeing, as defined by them, and public health resources will be committed to help them move towards reaching their full potential.

These arrangements may reduce costs for other agencies and enable public sector resources generally to be used efficiently and effectively.

## Objective 4.1: Encouraging initiatives with other sectors that positively affect whānau ora

To ensure other sector agencies work effectively together to support initiatives that positively contribute to whānau ora

### Action 4.1.1

**The Ministry of Health will work with relevant government agencies to establish mechanisms to co-ordinate intersectoral initiatives, and to identify and expand successful models that positively contribute to whānau ora**

#### Milestones

- i. Ministry of Health, with communities and relevant departments, develops appropriate projects and co-ordinating mechanisms to support initiatives that work across sectors

#### Measures

- Improved co-ordination across sectors
- Specific intersectoral projects implemented and their impact on outcomes measured

#### Responsibility

- Ministry of Health (lead), other government agencies, DHBs
- Iwi, Māori communities

### Action 4.1.2

**DHBs, with the Ministry of Health, will support and facilitate intersectoral activities at the provider level which positively contribute to whānau ora**

#### Milestones

- i. DHBs identify providers or networks that build initiatives across sectors and develop or extend appropriate initiatives
- ii. DHBs participate in the regional forum of senior government managers established to better co-ordinate regional and local government social development strategies and activities, both across sectors and between different levels of government (ongoing)

#### Measures

- Improved co-ordination of social services across sectors giving better services to Māori whānau
- The impact of initiatives on specific outcome measures

**Responsibility**

- DHBs (lead)
- Māori providers and communities
- Ministry of Health (support)

**Action 4.1.3**

**The Ministry of Health will work with iwi and Māori communities to support them to identify and act on their own public or population health priorities and actions**

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**Milestones**

- i. Māori Public Health Action Plan completed by December 2002
- ii. Mechanisms to support iwi/Māori communities to identify and address priorities explored by December 2003

**Measures**

- A recognition of the environmental impact on health and the importance of a population-based approach in securing whānau ora

**Responsibility**

- Ministry of Health (lead), DHBs
- Providers

# APPENDICES

# Appendix One

## He huarahi hei arataki – Guideline to the Pathways

Objective	Action
<b>Te Ara Whakahaere: The Pathway Ahead – Implementing Whakatātaka</b>	
<p><b>0.1 Increase relative investment in Māori health</b> DHBs and other national-level, regional and local funders and providers will increase their relative investment in Māori health improvement until Māori have the same opportunities for good health as other New Zealanders</p>	<p>0.1.1 The Ministry of Health will set a nationwide funding target for investment in Māori health and disability over the next three years, and will monitor the progress of the sector against those targets</p> <p>0.1.2 DHBs will set targets to increase funding over the next three years for Māori health and disability initiatives, taking into account their population profiles, needs assessments and the services currently available: these targets will be incorporated into DHB funding agreements with the Minister of Health</p>
<p><b>0.2 Monitoring progress of He Korowai Oranga</b> To involve iwi and Māori in monitoring progress against He Korowai Oranga</p>	<p>0.2.1 The Ministry of Health and DHBs will work with Iwi and Māori to establish mechanisms to enable iwi and Māori to participate in monitoring Ministry of Health, DHB and sector performance in implementing He Korowai Oranga and Māori health objectives</p>
<b>Te Ara Tuatahi: Pathway 1 – Development of whānau, hapū, iwi and Māori communities</b>	
<p><b>1.1 Fostering Māori community development</b> To increase whānau health and wellbeing through fostering Māori community development that builds on the strengths and assets of whānau and Māori communities</p>	<p>1.1.1 The Ministry of Health, with hapū, iwi and Māori communities, will promote successful models of service delivery that build on the strengths of the whānau, and will develop policy and monitoring frameworks to support whānau ora approaches across the health and disability sectors</p> <p>1.1.2 The Ministry of Health and DHBs will work with whānau, hapū, iwi and Māori communities to support them to develop their own plans for improved whānau ora and to identify appropriate Māori-led community development initiatives to support the achievement of those plans</p>
<p><b>1.2 Building on Māori models of health</b> To recognise and value Māori models of health and traditional healing</p>	<p>1.2.1 The Ministry of Health will work with Māori traditional healing practitioners to support Māori traditional healing practices within the health and disability sector</p>
<p><b>1.3 Removing Barriers</b> To remove barriers to Māori with disabilities and their whānau from fully participating in New Zealand society, including te ao Māori.</p>	<p>1.3.1 Specific actions to address the participation of Māori with disabilities in te ao Māori and wider New Zealand society will be outlined in the Māori Disability Action Plan</p>
<b>Te Ara Tuarua: Pathway 2 – Māori Participation in the health and disability sector</b>	
<p><b>2.1 Increasing Māori participation in decision-making</b> Iwi and Māori communities and government health agencies working together in effective relationships to achieve Māori health objectives.</p>	<p>2.1.1 The Ministry of Health will work with iwi and Māori communities to establish appropriate partnerships between the Crown and iwi and Māori communities at central government level</p> <p>2.1.2 DHBs will consolidate partnerships with iwi and Māori communities to ensure that planning, funding and delivery of services improve Māori health and disability outcomes</p> <p>2.1.3 DHBs and the Ministry of Health will facilitate training and networking opportunities for DHB board members, to ensure effective governance that leads to improved whānau ora</p>

## Milestone

- i. Ministry of Health sets nationwide funding targets for investment in Māori health and disability by December 2002
  
- i. DHBs set and report on targets for their regions to increase funding for Māori initiatives over the next 3 years, by March 2003
- ii. Targets included in Crown funding agreements, from 2003/04
- iii. Māori health and whānau ora included as key criteria in DHB prioritisation, resource allocation and disinvestments decisions
  
- i. DHBs work with their local Treaty partners and Māori communities to design monitoring and audit tools to evaluate progress on Māori health objectives, by December 2003
- ii. Ministry of Health consult with iwi, Māori and Te Puni Kōkiri on appropriate mechanisms to involve Māori in national-level monitoring, by June 2003
- iii. Monitoring framework to assess progress towards whānau ora developed by June 2003
  
- i. Develop project to identify and promote examples and models of initiatives that build on the strengths of whānau
- ii. Whānau awards scheme developed by December 2003
- iii. Options for an intersectoral whānau innovation fund explored by June 2003
- iv. Policy tool to identify impact of government and sector activities on whānau ora developed by June 2004
  
- i. The Ministry of Health and DHBs, with communities, identify Māori-led community initiatives to foster on an ongoing basis
  
- i. Project plan developed by June 2003
- ii. Project monitored
  
- i. The Māori Disability Action Plan finalised, with advice from the Disabled Persons Assembly and adopted by June 2003
- ii. Ministry locality offices develop specific action points to implement the Plan by July 2003, involving Māori disability organisations, iwi, hapū and whānau in developing those actions
  
- i. Consultation with iwi and Māori communities on appropriate partnership arrangements completed by March 2003
- ii. Partnership arrangements operational by June 2003
  
- i. All DHBs have formal relationships with local iwi and Māori communities by June 2003
- ii. Iwi and DHBs identify best practice partnership models for distribution by December 2003
  
- i. DHBs, with Ministry assistance support ongoing training and networking for Māori Board members, including training in governance, financial matters and health issues
- ii. Ministry of Health Treaty and Māori health training for DHB board members to be available from June 2002

Objective	Action
<p><b>2.2 Increasing Māori provider capacity and capability</b> To increase the capacity and capability of Māori providers to deliver effective health and disability services for Māori</p>	<p>2.2.1 The Ministry of Health, Māori providers, Māori communities and DHBs will develop a plan for sustainable Māori provider development</p>
<p><b>2.3 Developing the Māori health and disability workforce</b> To increase the number and improve the skills of the Māori health and disability workforce at all levels</p>	<p>2.3.1 The Ministry of Health will develop a Māori workforce development plan. The plan will identify the numbers and skill mix of Māori required to support the achievement of whānau ora, co-ordinate activities between the health sector and the education sector, and address barriers to achieving the necessary workforce</p>

### Te Ara Tuatoru: Pathway 3 – Effective health and disability services

<p><b>3.1 Addressing health inequalities for Māori</b> To reduce Māori health and disability inequalities through specific Māori health priorities</p>	<p>3.1.1 DHBs, iwi, and Māori communities will identify focussed action specific Māori health priorities, based on the population health objectives in the New Zealand Health Strategy, Māori health priorities and priorities identified in district health needs assessments</p> <p>3.1.2 The Ministry of Health will support DHBs, providers, iwi and Māori communities by providing resources, training opportunities and access to relevant information on reducing inequalities</p>
<p><b>3.2 Improving mainstream effectiveness</b> To improve access to, and the effectiveness of, mainstream services for Māori</p>	<p>3.2.1 The Ministry of Health and DHBs will ensure that implementation of the Primary Health Care Strategy improves Māori access to primary care services and the effectiveness of those services</p> <p>3.2.2 DHBs will conduct an ongoing cycle of reviews of pathways of care in their regions to ensure they improve access to effective services for Māori and improve outcomes for Māori, including reductions in avoidable mortality and morbidity, and in hospital admissions</p>
<p><b>3.3 Providing highest-quality service</b> To deliver services to the highest clinical safety and quality standards within available funding</p>	<p>3.3.1 DHBs will share and expand on existing best practice guidelines for clinicians to ensure the clinical and cultural competence of their services for Māori</p> <p>3.3.2 The Health Research Council and Ministry of Health will support Māori-led research that contributes to the achievement of whānau ora, more effective service delivery for Māori and improved health and disability outcomes for whānau</p>
<p><b>3.4 Improving Māori health information</b> To improve Māori health information to support effective service delivery, monitoring and achievement of Māori health objectives</p>	<p>3.4.1 DHBs, providers and the Ministry of Health will collaborate to improve the collection and accuracy of ethnicity data, in order to improve planning and service delivery for Māori</p>

## Milestone

- i. Priorities and options for Māori provider development agreed with Māori provider organisations, iwi and DHBs by June 2003
- ii. Ministry of Health advises on funding levels for the Māori Provider Development Scheme and realignment of the scheme's criteria with He Korowai Oranga and priorities for Māori provider (and workforce) development by December 2002.
- iii. DHBs assist and support Māori health providers to take advantage of new opportunities in primary health care
- iv. DHBs and Ministry of Health support and assist Māori providers to become certified or accredited by 2004

- i. Advice provided from the Health Workforce Advisory Committee by end of 2002
- ii. Māori workforce development plan completed by July 2003
- iii. Ministry of Health works with the Ministry of Education and Tertiary Education Commission to extend or develop programmes to recognise and strengthen the skills and availability of whānau and community workers, by December 2003

- i. DHBs with iwi partners and Māori communities identify priority areas for particular focus and incorporate into strategic and annual plans, and allocate resources
- ii. Ministry of Health, with Māori and DHBs, identifies specific interventions to address Māori health priorities where national leadership is required (ongoing)
- iii. Ministry of Health expands and progressively updates toolkits and other support for improving population health priority areas (ongoing)

- i. Ministry of Health publishes *Reducing Inequalities in Health* by September 2002
- ii. Ministry of Health develops an Inequalities Monitoring Framework by June 2003
- iii. Ministry of Health co-ordinates workshops for DHBs on the use of the framework by June 2003
- iv. DHBs incorporate specific actions for implementing the framework into their annual and strategic plans

- i. Ministry of Health ensures that Primary Care Strategy implementation policies and processes support improved outcomes for Māori consumers and providers
- ii. Ministry of Health provides information and leadership to Māori providers and communities on Primary Health Care Strategy implementation and works with them to support effective Māori provider participation in Primary Health Organisations (PHOs) (ongoing)

- i. Identify DHBs to lead reviews in particular service areas by March 2003
- ii. Lead DHBs develop processes for working with whānau, Māori communities, community, primary, referred and hospital service providers by December 2003
- iii. First reviews completed by December 2004 and the outcomes made available to other DHBs

- i. DHBs collaborate to identify and review existing best practice guidelines for personal, public, and mental health services and to progressively extend them to primary and community-based services (ongoing)
- ii. Ministry of Health develops a framework for best practice guidelines and standards for disability support services for Māori by June 2003.

- i. Health Research Council and Ministry of Health conduct a joint research study on Māori consumer use and satisfaction with services (two-year study beginning 2002/03 financial year)
- ii. Ministry of Health and Health Research Council support the development of a longer-term Māori health and disability research agenda that contributes to whānau ora and helps build Māori research capacity, by December 2003
- iii. Ministry of Health collaborates with Te Puni Kōkiri, Ministry of Social Development and other government departments to co-ordinate research on the determinants of whānau ora and effective interventions (ongoing)

- i. Ministry of Health ensures a consistent standard for ethnicity data by December 2002, and review its own data collections, by December 2003
- ii. Ministry of Health works with DHBs to develop tools and training for those collecting information and information for consumers, by December 2003
- iii. DHBs review their standards and systems for collecting ethnicity data to ensure clinicians, administrators and consumers are aware of the need for high-quality information across all services, and to improve the collection of that data, by December 2003

Objective	Action
<b>Te Ara Tuawha: Pathway 4 – Working across sectors</b>	
<b>4.1 Encouraging initiatives with other sectors that positively affect whānau ora</b> To ensure other sector agencies work effectively together to support initiatives that positively contribute to whānau ora	<p>4.1.1 The Ministry of Health will work with relevant government agencies to establish mechanisms to co-ordinate intersectoral initiatives, and to identify and expand successful models that positively contribute to whānau ora</p> <p>4.1.2 DHBs, with the Ministry of Health, will support and facilitate intersectoral activities at the provider level which positively contribute to whānau ora</p> <p>4.1.3 The Ministry of Health will work with iwi and Māori communities to support them to identify and act on their own public or population health priorities and actions</p>

## Milestone

- i. Ministry of Health, with communities and relevant departments, develops appropriate projects and co-ordinating mechanisms to support initiatives that work across sectors
  
- i. DHBs identify providers or networks that build initiatives across sectors and develop or extend appropriate initiatives
- ii. DHBs participate in the regional forum of senior government managers established to better co-ordinate regional and local government social development strategies and activities, both across sectors and between different levels of government (ongoing)
  
- i. Māori Public Health Action Plan completed by December 2002
- ii. Mechanisms to support iwi/Māori communities to identify and address priorities explored by December 2003



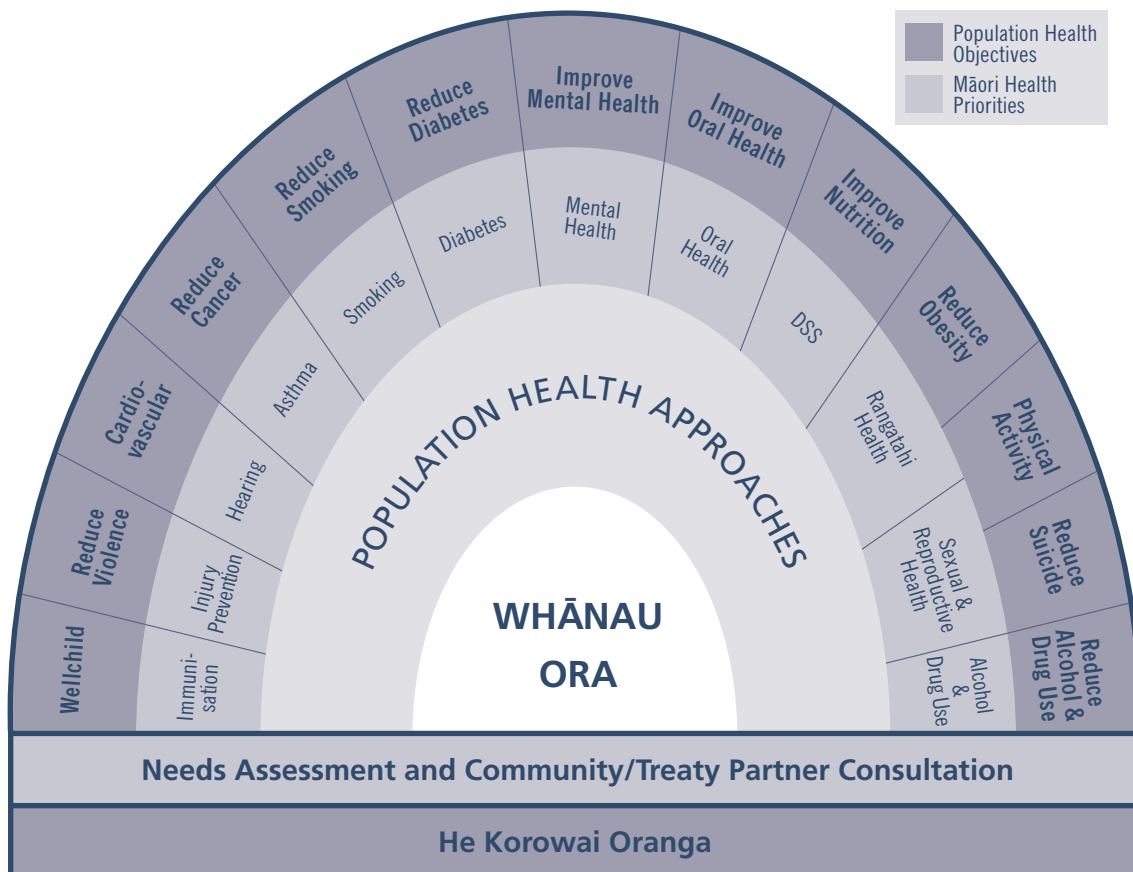
# Appendix Two

## Māori health and disability priorities

There are a number of Māori health priorities which DHBs and the Ministry of Health will progress. These include:

- the eight Māori health-gain priority areas, which have been incorporated in purchasing for Māori health gain for the past two to three years
- the 13 population health objectives from the New Zealand Health Strategy, which were chosen from areas where there is a significant burden of disease for New Zealanders and real potential to reduce Māori health disparities, among other things
- disability support (from the New Zealand Disability Strategy)
- the four Government Māori health priorities (as identified in He Pūtahitanga Hou).

### Māori Health and Disability Priorities





# Appendix Three

## Summary of DHB performance indicators for 2002/03 that have Māori-specific components

Title	Māori specific requirements	Indicator No
Local iwi/Māori are engaged and participate in DHB decision-making and the development of strategic plans for Māori health gain.	Monitored annually via a narrative report which gives sufficient detail and evidence to determine the extent to which: <ul style="list-style-type: none"> <li>• the DHB meets with its Treaty partner(s) on a regular basis in order to review and monitor planning and funding for Māori health gain</li> <li>• a process is in place to ensure iwi/ Māori are engaged in health needs assessment, prioritisation, planning, service delivery, monitoring and evaluation of services</li> </ul>	STR-01
Progress in the development of Māori workforce and providers	This quarterly measure reports: <ul style="list-style-type: none"> <li>• number of DHB management and clinical positions held by Māori compared to the total number of management and total number of clinical positions</li> <li>• Progress with plans to develop and promote the development of DHB and contracted providers Māori workforce</li> </ul>	STR-02
Progress on the implementation of a Māori Health Plan for the DHB Service Arm	Annual progress report on implementation	STR-03
Quality systems	Includes cultural appropriateness as an objective	QUA-01
<b><i>Mental health quality measures</i></b>		QUA-02
Nationally consistent clinical assessment – Elective Services		QUA-03
Responding and resolving service coverage issues		QUA-04

Title	Māori specific requirements	Indicator No
Prioritisation	Prioritisation is undertaken using a principles based framework that is consistent with the principles of the New Zealand Health Strategy and: <ul style="list-style-type: none"> <li>• involves Māori throughout the development and implementation of the prioritisation process</li> <li>• spans all DHB health services</li> <li>• documents why decisions are made</li> <li>• notes the decision makers</li> <li>• notes the decision making process</li> <li>• documents how Māori and the wider community were involved in the whole process that led to the decision</li> </ul>	QUA-05
Nursing practice and development		NUR-01
<i>Progress in implementing the Baby-Friendly Hospital Initiative in maternity facilities</i>	<i>Reporting includes quantitative analysis, including the proportion, for each major ethnic group, of "hospital born" babies delivered in an accredited baby-friendly hospital</i>	CHI-02
Children fully vaccinated by their 2 <sup>nd</sup> birthday	Māori specific quantitative and qualitative data to be reported	CHI-01
Percentage of children passing school entry hearing screening test	Māori specific quantitative data to be reported	CHI-06
Repeat admissions for asthma in children under 5 and in children 5-14	Māori specific quantitative data to be reported	CHI-08-09
Percentage of babies born in public hospital with low birth weight	Māori specific quantitative data to be reported	CHI-13
Full breastfeeding rate at six weeks and three months	Māori specific quantitative data to be reported	CHI 15 & 16
Ambulatory Sensitive Admissions	Standardised discharge rates for ambulatory sensitive admissions for Māori children aged 0-4 years, 5-14 years, 15-25 years	CHI 17, 18 & 19
Mean MF score at form 2 (year 8)	Māori specific quantitative data to be reported	ORA-04
Percentage of children caries-free at age 5	Māori specific quantitative data to be reported	ORA-01
Implementation of the minimum diabetes dataset	PHOs and diabetes teams contracted by DHBs are required to comply with reporting requirements (including ethnicity) and report by 1 February each year	DIA-07

<b>Title</b>	<b>Māori specific requirements</b>	<b>Indicator No</b>
Diabetes case detection rate	Māori specific quantitative data to be reported	DIA-01
Diabetes case management	Māori specific quantitative data to be reported	DIA-02
Retinal screening of people with diabetes in the last two years	Māori specific quantitative data to be reported	DIA-04
Number of people with certainty who have been waiting for more than 6 months for a coronary artery bypass graft/angioplasty	Māori specific quantitative data to be reported	CAR-03 & CAR 05
Repeat admissions for acute rheumatic fever in people under 30	Māori specific quantitative data to be reported	CAR-10
Waiting times for Radiotherapy	Māori specific quantitative data to be reported	CAN-01
Progress towards implementing the Primary Health Care Strategy	Requirement to report on communities and provider groups in different locations who are interested in PHO formation, including any PHOs that have been approved	PRI-01
Progress in developing the capacity of primary care providers to impact on suicide prevention		PRI-02
Number of contracted providers providing general practice services in the DHB area with an agreed Māori Health Plan	Report required on number of contracted providers of general practice services with a Māori Health plan that has been agreed with the funder	PRI-04
Level of publicly funded service delivered is sufficient to ensure access to elective surgery for all patients before they reach a state of unreasonable distress, ill health or incapacity.		ELE -01
100% of patients do not wait longer than 6 months for first specialist assessment		ELE-02
100% of patients who have been offered publicly funded treatment do not wait longer than 6 months		ELE-03

Title	Māori specific requirements	Indicator No
Progress towards improving Māori mental health	Report required annually which provides evidence that a process is in place to ensure iwi/Māori are engaged in planning, designing and purchasing mental health services for Māori; a programme is in place to review service delivery for Māori by DHB and community providers; and the strategic plan demonstrates planning towards increased Māori access to mental health services and building capacity of Kaupapa Māori community providers.	MEN-01
Comprehensive and timely data is provided to MHINC	This is important for ensuring robust ethnicity data	MEN-02
Access to services	Quarterly reports on proportion of people in the DHB region seen each month by age group and ethnicity, including Māori	MEN-03
Actual financial performance compared to the approved Annual Plan of the Funder, Provider and Governance Functions of the DHB		FIN-01
Percentage of DHB's total expenditure on services provided by Māori providers compared to percentage of DHBs total expenditure on services by Māori providers at 1 July 2002	Percentage of expenditure on services by Māori providers required – intended to measure one aspect of building Māori capacity to care for their own needs	FIN-02

# Appendix Four

## Māori specific requirements in the DHB Operating Policy Framework 2002/03

### Prioritisation and decision making

Each Board is expected to prioritise the needs of its communities, within the constraints of its service funding and the principles and priorities of the New Zealand Health Strategy and the New Zealand Disability Strategy.

It is expected that each Board will:

- collaborate with other DHBs in relation to regional and national services
- use a principle-based framework that links directly to the principles of the New Zealand Health Strategy
- involve Māori, respond to and consider their needs, and the need to support Māori capacity building, throughout the development and implementation of the prioritisation process
- clearly document
  - why decisions were made
  - who the decision-makers were
  - what the decision-making process was
  - how the community was involved in the decision-making process.

### Relationships with Māori

#### Introduction

Part 3 of the New Zealand Public Health and Disability Act 2000 (NZPHD Act) '... provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services'.

In particular, DHBs are to:

- '... reduce health disparities by improving health outcomes for Māori and other population groups'
- '... establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement'

- ‘... continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori’
- ‘... provide relevant information to Māori for the purposes [set out above]’.

Under section 29 of the NZPHD Act when making appointments to DHB boards, the Minister of Health must endeavour to ensure an appropriate level of Māori membership on boards. Under sections 34–36 of the NZPHD Act Māori must be represented on each DHB’s community and public health advisory committee, on its disability support committee, and on its hospital committee.

These provisions reflect the Government’s:

- recognition of, and respect for, the principles of the Treaty of Waitangi (partnership, participation and active protection)
- desire to improve health outcomes for Māori.

In developing their relationships with Māori, DHBs are to be mindful that the NZPHD Act requires DHBs to work with Māori at both governance and at operational levels. The electoral and ministerial appointment processes will determine membership of Boards. Boards then decide the appropriate level of representation of Māori on Committees, consistent with the statutory provisions outlined above. It is recommended that each DHB:

- seek guidance from Iwi and other Māori
- be aware that different arrangements may be appropriate in different areas, and may vary over time.

Each DHB should be guided by the *New Zealand Health Strategy*, the *New Zealand Disability Strategy*, the *Māori Health Strategy: He Korowai Oranga*, and *Guidelines for DHBs Establishing and Maintaining Relationships with Māori*.

### **Expectations of a DHB**

Each DHB will ensure that processes for participation, engagement and input by Māori/Māori are in place in respect of:

- health needs assessments
- prioritisation
- planning
- service delivery
- monitoring
- evaluation of services.

To provide for the needs of Māori each DHB will also:

- make progress in developing its Māori workforce, promote workforce development among its contracted mainstream providers by ensuring that mainstream services are culturally effective, and promote the development of Māori providers

- participate fully with other government agencies in implementing the government's objective of strengthening co-ordination of Māori social services and improving health outcomes for Māori
- recognise the importance of the land to Māori by ensuring that surplus land is disposed of in accordance with the provisions of c43 of Schedule 3 of the NZPHD Act
- ensure that complete and high-quality ethnicity information is included, where relevant, in the information provided to their Treaty based partnerships and to other Māori to enable them to participate in the health sector and in the development of strategies to improve health outcomes for Māori.