

# APPENDICES

# Appendix One

## He huarahi hei arataki – Guideline to the Pathways

Objective	Action
<b>Te Ara Whakahaere: The Pathway Ahead – Implementing Whakatātaka</b>	
<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>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>
<b>0.2 Monitoring progress of He Korowai Oranga</b> To involve iwi and Māori in monitoring progress against He Korowai Oranga	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
<b>Te Ara Tuatahi: Pathway 1 – Development of whānau, hapū, iwi and Māori communities</b>	
<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>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>
<b>1.2 Building on Māori models of health</b> To recognise and value Māori models of health and traditional healing	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
<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.	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
<b>Te Ara Tuarua: Pathway 2 – Māori Participation in the health and disability sector</b>	
<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>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



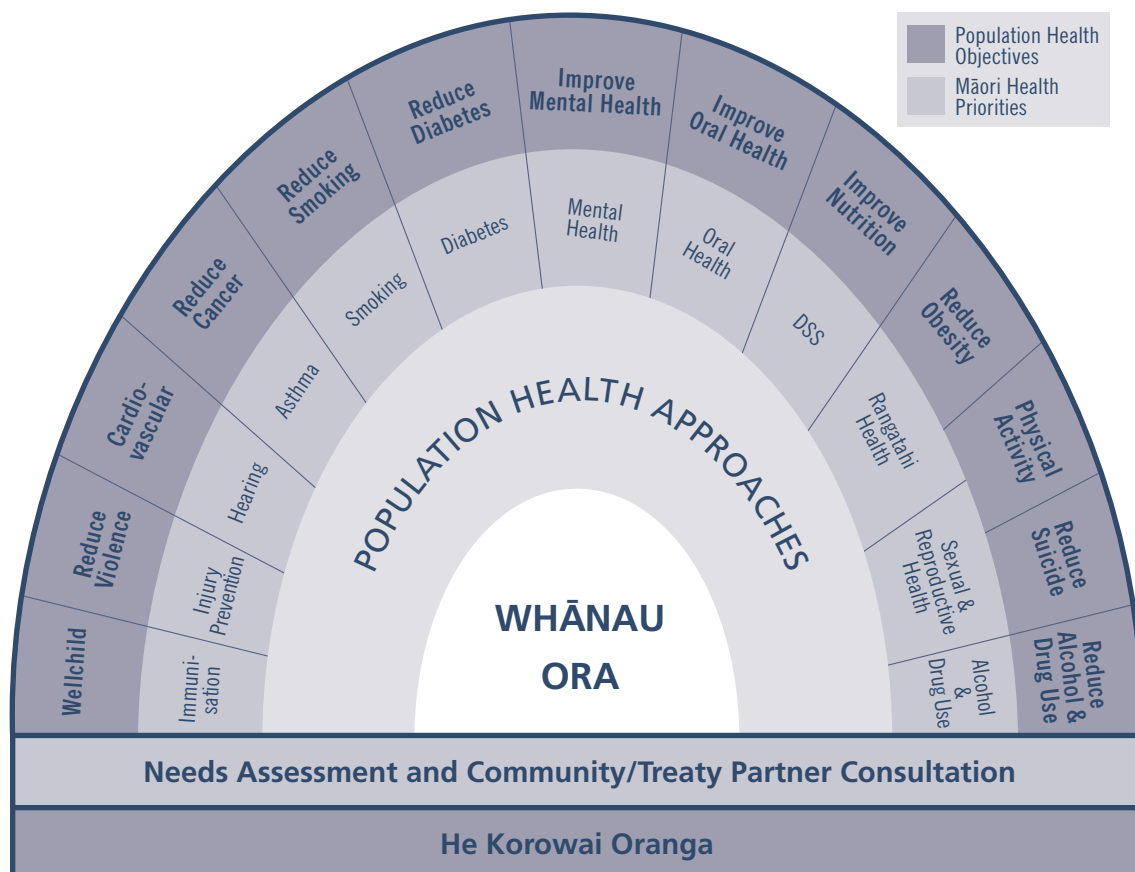
# Appendix Two

## 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.