Improving Māori Health Policy

Tena te ngaru whati,
tenā te ngaru puku
There is a wave that breaks,
there is a wave that swells
A framework to improve Māori health policy

Mihimihi

E ngā mātāwaka o te motu tena koutou katoa
Ma te titiro whākāmuri ka kite i te huarahi
Haere whakamua

All groups throughout the land greetings to you
We need to look back to see the pathway to go forward

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(National Health Committee)

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Foreword

E nga mana, e nga reo
E nga karangatanga mahi tena koutou
All authorities, all voices,
All the many alliances and affiliations, greetings.

The National Health Committee undertook this project looking at Māori health policy in the 1990s in order to contribute to improved Māori health outcomes, including reducing disparities between the health of Māori and of non-Māori.

The Committee considered it valuable - in a publicly funded health care system - to follow the policy path to identify the factors that have helped and hindered positive outcomes from Māori health policy.

The Committee’s work identified five ‘lessons’ from the past that the Committee believes have impacted significantly on the achievement of positive outcomes from Māori health policy.

These ‘lessons’ are the basis of the advice the Committee has provided the Minister of Health on future directions for Māori health policy in the new health sector.

The Committee has already acted on its findings from this work. Its submission on the Ministry of Health’s draft Māori Health Strategy He Korowai Oranga and its advice to the Minister of Health on the monitoring and oversight of the implementation of the Māori Health Strategy are attached as appendices to this report.

The Committee looks forward to watching developments in Māori health policy in the next few years and in playing an oversight role in ensuring that the Māori Health Strategy results in improved health outcomes for Māori.

Robert Logan
Chairman
National Health Committee
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Glossary and definitions used in this report

ACC – Accident Compensation Corporation. The ACC administers New Zealand’s accident compensation scheme, which provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand.

CCMAU – Crown Company Monitoring Advisory Unit. The health section of CCMAU now sits within the Ministry of Health and is particularly concerned with the fiscal management of hospitals.

CTA – Clinical Training Agency. The CTA was part of the HFA and is now part of the Ministry of Health. The CTA is responsible for purchasing and monitoring post-entry clinical training.

DHB – District Health Board. Twenty one District Health Boards are responsible for purchasing most government-funded health care services within specific geographic districts.

Framework - a set of beliefs, ideas, rules, referred to in order to solve a problem. It contains the constructs on which strategy, policies, goals and objectives are developed.

Goal(s) - the specific aim(s) or purpose of a policy.

HFA – Health Funding Authority. The HFA was set up in 1998 as a single central purchasing agency to replace the RHAs.

HHS – Hospital and Health Services. Hospitals and their associated community-based health services (now known as hospitals).

HMD – Hospital Monitoring Directorate (within the Ministry of Health; incorporated into DHB Funding and Performance Directorate in December 2001).

NHC – National Health Committee (also known as the National Advisory Committee on Health and Disability). Provides independent policy advice to the Minister of Health.

Ministry – Ministry of Health Government agency responsible for health policy.

Objectives - measurable activities that, if successfully completed, will contribute to the implementation of a policy.

Policy(ies) - detailed plan(s) of action necessary to implement elements of a strategy

RHA – Regional Health Authority. Resulting from the 1991 health reforms, Area Health Boards were disestablished and four RHAs were set up. The RHAs were responsible for purchasing health services for their regions.

SFPD – Sector Funding and Performance Directorate (within the Ministry of Health).

Strategy - a vision and broad plan of action adopted by a person, group or government. The strategy will include specific policies and their associated goal(s).

TPK – Te Puni Kokiri, Ministry of Māori Development.
Executive summary

The NHC has undertaken a review of Māori Health Policy during the 1990s. Much has been achieved in Māori health in the past decade. The most notable achievements are the development of Māori health service providers delivering a range of primary care and population health (particularly health promotion and health education) programmes, and gains made in Māori health workforce development.

However, inconsistencies and weaknesses in policy development, implementation and monitoring have severely impacted on the ability of Māori health policy to deliver positive outcomes for Māori health.

The NHC believes that five issues, in particular, have had adverse impacts:

• limited implementation of the Treaty of Waitangi within the health sector
• no clear framework to develop, articulate, implement, monitor and evaluate Māori health policies
• no comprehensive strategy that incorporates all necessary Māori health policies
• failure to consistently demonstrate responsiveness and leadership with respect to Māori health by government and its agencies
• variability in approaches across some geographic regions in the absence of clear minimum expectations, which constrained Māori health development in some regions.

The NHC also believes that there are risks for the Māori health sector associated with sector reforms. These risks are:

• Māori may be underrepresented at governance level which may be only partially addressed by the current quota mechanism
• participation of Māori within the sector may continue to be inadequate (in terms of fulfilling obligations under the Treaty of Waitangi or ensuring appropriate representation on a population basis)
• the move to 21 District Health Boards (DHBs) may allow unacceptable regional variability to develop unless there are clear minimum requirements. This could threaten Māori health gains that have been made and could limit future Māori health development.

In response to its findings and these potential risks, the NHC recommends the use of an overarching framework, based on the Treaty of Waitangi, for Māori health strategies and policies. The framework would apply to policy development, implementation, monitoring and evaluation in all parts and at all levels of the health sector. The three Treaty principles identified by the 1988 Royal Commission on Social Policy - partnership, participation and active protection - provide a guide to practical and effective use of the framework at all levels of the health sector.

Furthermore, the NHC recommends the use of a comprehensive strategy, based on the framework, which will support the development of a range of policies relating to Māori health. A comprehensive national strategy should facilitate a level of national consistency while being sufficiently flexible to allow local health needs to be addressed. The draft Māori Health Strategy He Korowai Oranga is a good starting point. However, the NHC believes the use of a Treaty-based framework would strengthen the Strategy.

Finally, the NHC believes that all parts of the sector, including the Ministry and DHBs, must take responsibility for improving Māori health outcomes.

The Committee has advised the Minister of Health of its findings and their implications for strengthening the draft Māori Health Strategy. This advice is included as Appendix Three. Subsequently, the Committee advised the Minister on options for strengthening the monitoring and oversight of the implementation of the Māori Health Strategy. This advice, with the Committee’s recommendations, is included as Appendix Four.
Introduction

The National Health Committee (NHC/Committee) believes that Māori health policy has a key role to play in generating Māori health gain.

Māori health policy is defined as policy that specifically focuses on aspects of Māori health. However, the policy should be implemented across the health sector, rather than only within the Māori health sector, as the whole sector have a role to play in improving Māori health.

During 2000/2001 the NHC undertook a project that focused on Māori health policy over the previous decade. The project included a high-level analysis of the policy environment and the ability of Māori health policy to impact on Māori health outcomes. The NHC wished to identify what strategies and policies for Māori health had been developed, the characteristics of these policies, and the degree of consistency both internally and with other government strategies and policies outside health. In addition, the NHC looked at processes for developing strategic frameworks, policy and funding decisions, and strategic pathways from needs assessment to policy to implementation.

This paper summarises the findings of the project, discusses the implications for the recent sector health reforms and suggests actions that may improve the outcomes of Māori health policy in the future.

The paper is in three sections. Part One is an analysis of Māori health policy in the last decade. Part Two looks at the potential impact of the current reforms on Māori health policy. Part Three sets out a proposed framework for Māori health policy in future.
PART ONE: Māori Health Policy in the 1990s

1.1 The policies of political parties

Over the past decade political parties have dealt with Māori health policy in a patchy and inconsistent way. Where policies are mentioned, there has been little detail on how they are to be implemented. This is in contrast to detailed policies concerning other aspects of health, especially health system structures.

Most parties have recognised the ‘special’ or ‘significant’ relationship between Māori and the Crown as indicated by the Treaty of Waitangi and some have mentioned individual strategies. But these strategies are not contained within a well-articulated framework or comprehensive Māori health policy. Nor are specific strategies to implement policies identified.

For example:

- The Alliance party had no Māori health policy in its 1999 election manifesto. Its overall Māori policy focused largely on the Treaty of Waitangi, recognised the Treaty as the founding document of New Zealand and identified public education about the Treaty, constitutional development and Māori development as key elements of Māori policy1.

- The National Party’s 1999 Māori health policy recognised the Treaty of Waitangi as the founding document of New Zealand and commented on improving Māori health and disability status, enabling greater participation throughout the health sector and increasing mainstream health services’ responsiveness without providing more specific strategies (National Party 1999).

- The Labour Party’s 1999 Māori health policy (Labour Party 1999) stated that the “Treaty of Waitangi will continue to be seen by tangata whenua as a suitable framework within which to consider health, especially in regard to the relationship between tangata whenua and the Crown as equal, sovereign signatories to the Treaty.” It stated that the Treaty represented the “significant relationship between tangata whenua and the Crown” and “establishes aspects of how co-existence in Aotearoa may be implemented.” But it did not describe how the Treaty could be implemented with respect to Māori health. A comprehensive strategy and policy for Māori health were not identified. Key commitments in the policy focused on a range of objectives2 but there was little detail about these objectives or how they were to be implemented.

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2. Objectives included intersectoral collaboration, integration of care, funding specific issues, supporting iwi development projects, developing and making use of the Māori health workforce and services, ensuring appropriate representation on DHBs and ensuring that cultural safety is part of ongoing quality and safety monitoring across the health sector.
1.2 Government policies

The lack of explicit comprehensive Māori health policy evident at political party level is reflected in both the policies of successive governments and the policies and practices of government agencies throughout the 1990s.

1990-1999

The National Government, National-New Zealand First Coalition, and minority National Government all used the document “Whāia te Ora mo te Iwi” as the basis of Māori health policy (Department of Health 1992). That document stated that the Government’s goal was “to improve Māori health status so that in the future Māori will have the same opportunity to enjoy the same level of health as non-Māori.” It also described a number of strategic directions to improve Māori health including:

- ensuring that health sector agencies were required, through Statements of Intent and contractual arrangements, to reflect Government’s commitment to Māori health
- encouraging participation in the health sector workforce and on Regional Health Boards
- requiring Regional Health Authorities (RHAs) and the Public Health Commission to consult with Māori.

While these strategic directions were useful, they were not Treaty-based, they lacked specificity and were not contained within a framework that outlined a comprehensive vision for Māori health development and subsequent policy development.

The National-New Zealand First Coalition Agreement also named two specific foci for Māori health; Māori health provider development and the provision of comprehensive Māori health services. But again there was no documentation of a framework on which Māori health policies were based or a comprehensive strategy that detailed how the Government would meet its goals.

1999-2001

The Labour-Alliance Coalition Government appears to have adopted the Labour Party’s Māori health policies. To date, the Government has focused on Māori participation within DHB structures and the development of relationships between DHBs and local Māori. The draft Māori Health Strategy He Korowai Oranga includes a more comprehensive range of policies and objectives. In addition, the Government has a stated policy objective of reducing inequalities between different population groups, especially between Māori and non-Māori.
1.3 Government agencies

In general, Māori health policy development, implementation and monitoring at government agency level has been ad hoc, lacking consistency, coordination and specificity. It is the view of the NHC that this has largely resulted from the inability of successive governments to develop and maintain an explicit and focused view of the Treaty and how it should be implemented throughout the health sector. In addition, governments have not specified a clear framework to drive the development of Māori health policy. Consequently, comprehensive and detailed Māori health policies that could guide the actions of government agencies have been lacking.

Efforts to achieve a consistent Māori policy and Māori health gains have also been hampered by sector and agency changes and reorganisations. In her background paper for the NHC, Ferguson (2000) concludes that these reorganisations have resulted in loss of institutional knowledge and have disrupted relationships within and between organisations and agencies and with the Māori community.

Poor communication between government, its agencies and the health sector was a theme identified throughout the background paper commissioned for this report (Ferguson 2000) and is a criticism that is often levelled by people outside of government and its agencies. Adequate and appropriate communication is imperative if government wishes to have its goals and objectives for Māori health fulfilled. Communication will not only ensure that everyone is informed of government policy and understands what is expected of them but will also ensure that there is greater ‘buy-in’ from the wider health sector. An informed sector is much more likely to implement the necessary practices in a committed manner than a sector that neither knows the goals, objectives and strategies nor understands the rationale behind them.

1.3.1 Policy development

During the 1990s, the Ministry of Health was the key government agency involved in policy development. However, in 1998 the Health Funding Authority (HFA) also instigated Māori health policy developments at an operational level.

Ministry of Health

Before 1991, the Ministry was responsible for the development of policy, funding and monitoring of health services. In 1991, when RHAs were established, the Ministry became responsible for policy development, monitoring of RHA performance, and the maintenance of publicly funded health services. It was expected to demonstrate leadership for the health sector including modelling effective Māori health policy development, implementation and evaluation (Ferguson 2000). However, it is not perceived (by the Māori health sector) as having achieved this (Ferguson 2000).

A number of frameworks/strategies for specific aspects of Māori health were developed. Examples are:


But the Ministry did not articulate an over-arching framework within which these smaller frameworks/strategies sat or which provided linkages between them.
In addition, there was no agreed framework for working relationships between the Ministry, HFA and Te Puni Kokiri (TPK). It seems logical that parts of the sector that have closely aligned functions within a specific area such as Mäori health should have an agreed framework to provide consistency in their interactions with each other and the rest of the sector (Ferguson 2000).

Regional Health Authorities/Health Funding Authority
Regional Health Authorities were set up in 1991 as part of the health reforms that disbanded Area Health Boards. Four RHAs were established to purchase health services for their populations. RHAs were disbanded and replaced by a single central purchasing agency, the Health Funding Authority in 1998 6.

The RHAs and, later, the HFA were given strategic policy directions by government through Crown Statements of Objective (CSOs). Strategies to implement government goals were also identified in Policy Guidelines for Mäori Health from 1994 to 1997 (Shipley 1994, 1995, 1996). The policy guidelines (discontinued after 1997) and the CSO were used to develop Funding Agreements negotiated between the Ministry of Health and RHAs/HFA.

Funding Agreements contain performance expectations that show whether government objectives are being addressed. During most of the 1990s, the objectives cited in CSOs were the statement from Whaia te Ora mō te Iwi (Department of Health 1992): “to improve Mäori health status so in the future Mäori will have the opportunity to enjoy at least the same level of health as non-Mäori” and the statement that services must: “recognise the special needs and cultural values of Mäori”.

Over time, performance requirements in Funding Agreements became more detailed, and the 2000/2001 CSO contained objectives relating to the Treaty relationship between government and Mäori and also Mäori health gain priority areas and provider development. But Funding Agreements did not contain a framework or comprehensive strategy and associated specific policies.

The HFA developed its own Mäori health policy in 1998 for use within its own organisation and in contracts with providers (Health Funding Authority 1998). Its policy statement began with an outline of the reasons driving the development of the policy and the purpose of the policy and went on to develop specific policy directions and strategies for use within the HFA and by providers. However, the document did not provide a clear over arching framework through which the policies and strategies could be implemented and it was not explicitly Treaty-based.

Other government agencies
Government agencies that can influence the development of Mäori health policy demonstrate a lack of consistency and enormous variability in their responsiveness to Mäori in general and to Mäori health in particular. For example, the Ministry of Youth Affairs has comprehensive policies and practices implemented throughout the organisation. However, the Commissioner for Children has no specific policies or practices to guide his organisation’s response to Mäori (Ferguson 2000).

6. The Transitional Health Authority was established as an interim organisation until the Health Funding Authority was established.
1.3.2 Policy implementation

The main Māori health policy strategies that have been implemented over the last decade include:

• consultation
• participation by Māori in the health sector
• workforce development
• Māori provider development
• and, in a more limited manner, mainstream enhancement.

There has, however, been marked variation in the extent to which these approaches have been implemented throughout the health sector.

Ministry of Health

The Ministry is not seen by members of the Māori health sector as having effectively implemented Māori health policies within its own organisation (Ferguson 2000). This perception has been supported by a number of reviews of the Ministry that have found there are inadequate numbers of Māori staff in the Ministry (Parata and Durie 1993; Te Puni Kokiri 1997). These reviews have also shown that non-Māori staff in the Ministry have a poor level of understanding of Māori health and tend to rely on Māori staff rather than use the various frameworks, guidelines and checklists that have been developed for use within the Ministry (Parata and Durie 1993; Te Puni Kokiri 1997). Members of the Māori health sector also believe the Ministry has failed to model effective Treaty-based relationships (Ferguson 2000).

Many people in the Māori health sector believe that the Ministry has failed to ensure implementation of Māori health policies by provider organisations and groups (Ferguson 2000). As a result, some providers have failed to deliver effective services to Māori and some services are not consistent with the Treaty of Waitangi or the principles derived from the Treaty (Ferguson 2000).

Throughout the last decade the sector has undergone several rounds of restructuring. Although the reforms have had some positive effects for Māori health, frequent changes have also adversely impacted on the sector’s ability to implement Māori health policy.

RHAs/HFA

The RHA era was marked by considerable variability in implementation of Māori health policy across geographic regions. Different RHAs had differing approaches to Māori health. This was in part because funding agreements for RHAs contained ‘customisation’ sections. These sections detailed performance criteria specific to each of the four RHAs. The Māori health subsections of the customisation sections were notable for the variability in both the approaches to improving Māori health and the level of detail provided about the RHAs activities in this area.

For example, in 1994/95, the Southern RHA focused on ‘mainstream enhancement’ including the employment and training of Māori community health workers, and undertaking a feasibility study for a mobile clinic on the West Coast. In contrast, North Health’s customisation section included strategies that focused on developing co-purchasing relationships with local iwi and hapu, Māori provider development, consultation with Māori on health issues, monitoring health and independence outcomes, specific service initiatives, the internal environment including staffing in key positions and mainstream enhancement.
The result of this variability was marked differences in the purchasing strategies used by each RHA to "bring about Māori health gain". Some variation could have been reasonably expected as different regions might have different Māori health needs. However, it is also reasonable to expect a minimum level of action in all regions. This could have been assured by having an underlying framework that was flexibly applied across the country.

While some regional variation is expected and, in some cases, desirable, there should be clear mechanisms or processes for monitoring these variations. This helps ensure both that any variations in approaches are still achieving broad policy goals, and that insights and good practice ideas that may arise from variable approaches inform subsequent policy development and action in other areas. These feedback mechanisms were not in place during the RHA period.

The establishment of the HFA provided the opportunity to address variability. A more nationally consistent approach was adopted with 'levelling up' across the regions. The inclusion of Māori health specifications in the 1999-2000 provider contracts by the HFA represented a further significant step forward in the policy process.

But the HFA was not able to change the activity of mainstream services through its purchasing contracts. Some individuals in the HFA believed that the organisation's ability to influence mainstream providers was constrained by wider political considerations.

In RHAs that exhibited the most thorough implementation of Māori health policy, it appears that the presence of strong Māori health leadership at all levels – governance to operational – of the organisation was instrumental in bringing about these developments. For example, champions of Māori health policy within some RHAs and the HFA had significant impacts on the development of RHA/HFA responses to policy guidelines, CSO and performance expectations.

Providers
Many providers have said the Ministry and RHAs/HFA did not give them well articulated policy and clear direction which they could implement in their organisations (Ferguson 2000). Some hospitals have been more effective than others at developing Māori health policies and strategies. As a result, there is variation in responsiveness to Māori health among "mainstream" provider organisations. The ability of some organisations to effectively implement Māori health policies has been associated with strong Māori working within the organisation (Ferguson 2000). However, the HFA's introduction of contractual requirements (in 1999/2000) for Māori health probably had some positive impact on the responsiveness of these organisations.

Other government agencies
Other agencies relevant to Māori health, for instance, the Ministry of Women’s Affairs, Accident Compensation Corporation, Ministry of Social Policy (now Ministry of Social Development), have exhibited diverse responses to implementing policy within their own organisations. Some have been highly effective, others ineffective.

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7. Two anonymised personal communications to S Crengle, National Health Committee secretariat. (November 2000)
1.3.3 Policy monitoring

There has been little effective monitoring by government agencies either of their own work on implementing Māori health policy, or of the efforts of provider organisations in doing so.

Ministry of Health

Monitoring of the Ministry is primarily undertaken through:

- the Purchase Agreement between the Minister and the Ministry
- the Departmental Forecast Report
- the ‘letters of expectation’ between the Ministry and Treasury and the State Services Commission (SSC).

In addition, the Chief Executive’s Performance Agreement can identify areas for focus within the Ministry. The extent to which these documents have addressed Māori health is unclear.

Several external reports/reviews of the Ministry have been done over the last decade (Parata and Durie 1993; Auditor-General 1998; Te Puni Kokiri 1997). But these have been occasional reviews and implementation and monitoring of recommendations from previous reviews does not appear to have occurred fully.

RHAs/HFAs

The RHAs/HFAs were monitored by the Performance Management Branch of the Ministry of Health through the funding agreements between the Ministry and the RHA/HFA. Māori health performance expectations were included in these agreements since at least 1995. In general, the performance expectations become more specific in later years. It is not clear what sanctions or rewards the Ministry of Health used if the HFA performance was unsatisfactory or exceeded expectations.

Providers

Where specific Māori health policy existed, the Ministry was not seen by providers to be effectively monitoring the impact of these policies at a local level (Ferguson 2000). Those interviewed considered that the RHAs/HFAs did not effectively influence the activity of mainstream services through their purchasing contracts and monitoring processes and were to some degree responsible for the lack of implementation of Māori health policy and initiatives (Ferguson 2000).

Monitoring arrangements and evaluation in the health sector have been fragmented and poorly co-ordinated. Different agencies monitored different aspects of provider performance using a variety of approaches. In the recent past, responsibility for monitoring providers rested with RHAs/HFAs. Monitoring of HHSs was undertaken by the Crown Company Monitoring Advisory Unit (CCMAU) and RHAs/HFAs. Following the current round of sector reforms new monitoring structures are in place. DHBs will monitor non-hospital providers. The Ministry will monitor hospitals and national services such as Disability Support Services and Public Health.
The Clinical Training Agency (CTA), which was part of the HFA and is now part of the Ministry, continues to be responsible for monitoring the performance of organisations that provide training of the health workforce.

It is unclear whether government agencies such as the CTA, RHAs/HFA and Ministry of Health have applied sanctions and rewards in response to provider performance.

In summary, monitoring processes to date have been ineffective in influencing the implementation of Māori health policy, due largely to: the fragmentation of monitoring functions; the lack of an overarching framework that can be flexibly used by the various monitoring agencies; and a lack of consequences if performance objectives are not met by providers.

1.4 Barriers to achieving positive outcomes for Māori health

Consideration of the development, implementation and monitoring of Māori health policy has identified a range of factors that have hindered Māori health gain over the last decade. These factors can be divided into five main areas:

1. limited implementation of the Treaty of Waitangi in the health sector
2. no clear framework to develop, articulate, implement, monitor and evaluate Māori health policies
3. no comprehensive strategy that incorporates all necessary Māori health policies
4. lack of consistent responsiveness and leadership with respect to Māori health by government and its agencies
5. variability in approaches across some geographic regions in the absence of clear minimum expectations, which constrained Māori health development in some regions.

Each of these is discussed in more detail below.

1.4.1 Limited implementation of the Treaty of Waitangi

In 1988, specific Treaty policies with directions on how they could be implemented at regional levels were issued by the Department of Health (Department of Health 1988). Throughout the 1990s, successive governments took a non-specific, overarching position on the Treaty of Waitangi. Detail about how the Treaty or the Treaty principles could be successfully put into practice was not provided. Thus, in some respects, the 1990’s can be characterised by a loss of specificity and vision regarding the Treaty and its position within health policy. The major policies during the last decade were provider development and workforce development. These policies have not been grounded in a Treaty-based framework or strategy. Impetus for action on Māori health was based on concern about high mortality and morbidity rates. Durie’s (1994) comment that ‘...a recognition of Māori interests in social policy legislation appears to arise from a concern about cultural values or disparities in Māori/non-Māori standards rather than from any sense of a Treaty-based obligation or rights quite apart from equity issues’ remains salient.

In contrast to successive governments’ approach to the Treaty, many Māori people have remained firm in their belief that the Treaty of Waitangi has primacy, forms the basis for relationships between Māori and the Crown, and should guide the activities of government and its agencies with respect to Māori issues, including health.

The Committee believes that implementation of the Treaty of Waitangi throughout government agencies and the health sector, accompanied by specific strategies and policies developed from a Treaty-based approach, are essential for ensuring positive Māori health outcomes from policy in the future.
1.4.2 Lack of a clear policy framework

The lack of a well articulated framework through which Māori health policy is developed, implemented and monitored has consequent effects on the sector’s commitment and ability to implement Māori health strategies. This has resulted in:

1. policy being developed in an ad hoc manner with a resultant piecemeal approach
2. Māori health policy at risk of being locked into a repetitive cycle that reaffirms previous strategies without
   i. reviewing the strategic approach itself
   ii. identifying unintended positive and negative impacts of the approach
   iii. determining progress towards meeting the desired outcomes of that approach.

1.4.3 Lack of a comprehensive strategy

Over the last decade there have been isolated elements of good Māori health policy. The lack of a coherent, comprehensive and detailed Māori health strategy has the following consequences:

1. existing Māori health policies, although good policy per se, are fragmented and lack consistency and comprehensiveness
2. further policy development tends to be ad hoc and may occur without (or with limited) reference to other aspects of Māori health policy
3. potentially important policy initiatives may not be developed because there is no clear indication that these components have not been addressed
4. ‘easier’ policies may be supported and implemented while the more ‘difficult’ issues in Māori health are not addressed
5. Māori health will remain vulnerable to a lack of progress and a cycle of reiteration by which familiar policy approaches are supported – not because they have been evaluated as being effective – but simply because they have been used in the past
6. evaluation of the effectiveness of policies is difficult because of the lack of a clear overall strategic direction. Evaluators may decide a particular Māori health policy is ineffective – but it may be that the policy is unable to deliver the expected results without being accompanied and supported by other policies. That is, a comprehensive range of policies is required to maximise the effectiveness of a single policy
7. communication of policy to other parts of the health sector and the wider community is more difficult. Policies are more easily understood when they are placed within the wider context of a comprehensive strategy. In addition, isolated components of a Māori health policy are more vulnerable to criticisms of being ‘preferential’ and ‘unfair’ in favour of Māori when not presented as part of a comprehensive strategy.

1.4.4 Lack of consistent responsiveness and leadership

Government health agencies are expected to demonstrate leadership for the health sector and model effective Māori health policy development, implementation and evaluation. As has been indicated in the previous section, they are not perceived to have done so. By effective leadership, government and its agencies will demonstrate their commitment to the stated objectives for Māori health and act as a model for health care organisations. This is key to convincing the sector of the government’s commitment to Māori health goals. Government and its agencies must exemplify the intent of Māori health policy through their own internal and external relationships and activities, otherwise Māori health policy could be construed as little more than rhetoric.
1.4.5 Variability in approaches across some geographical regions

Government agencies involved in the development of Māori health policy, and those that can influence this policy, have demonstrated a lack of consistency and enormous variability in their responsiveness to Māori in general and to Māori health in particular. The RHA period was notable for the regional variability in approaches to Māori health in the absence of appropriate feedback mechanisms to learn from such variability.

As a result, there was marked variation in key features of Māori health development such as provider development and relationships between RHAs and iwi. In some regions, this has hindered Māori health development and the progress towards improving Māori health outcomes.

1.5 Summary

This section describes the features of Māori health policy over the last decade, a time of ongoing change within the health sector. Five ‘lessons from the past’ are identified:

• implementation of the Treaty of Waitangi in government agencies and the health sector has been limited
• a clear framework on which Māori health policies are developed, articulated, implemented, monitored and evaluated has not been developed
• a comprehensive strategy that incorporates all necessary Māori health policies has not been developed
• government and its agencies have been unable to show consistent responsiveness and leadership with respect to Māori health
• variability in approaches across some geographic regions in the absence of clear minimum expectations, which constrained Māori health development in some regions.

The NHC believes that attention to these ‘lessons’ in the future will enhance the outcomes derived from Māori health policy.

New Zealand is currently undertaking reform of the health sector. The opportunities and risks associated with this round of sector reform are considered in the next section.
PART TWO: Potential impact of the current reforms on Māori health policy

A review of Māori health policy is particularly timely because the health sector is undergoing further reform. This reform has both potential benefits and potential risks for Māori health policy.

Instead of the HFA acting as a single central purchaser of health services, 21 DHBs will be responsible for purchasing most government-funded health care services for the population within specific geographic districts. A few national services (such as Public Health, Disability Support Services) will continue to be funded through the Ministry of Health in the short-term. The Ministry has assumed responsibility for contracting with DHBs, monitoring DHBs and monitoring hospitals.

Statutory requirements for DHBs, including requirements in terms of Māori health, are set out in the New Zealand Public Health and Disability Act 2000. Part 1, section 4 contains specific reference to the Treaty of Waitangi. This clause states that “in order to recognise and respect the principles of the Treaty of Waitangi and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services”.

This clause provides neither generic nor specific detail on the Treaty of Waitangi, its application to the health sector and its implementation within health policy. Part 3 of the Act details legislated requirements relating to the DHBs’ objectives, functions and governance. Particular requirements relating to the representation of Māori on DHBs and the subcommittees of these boards are written into the Act. A copy of the relevant sections of the Act is contained in Appendix 1.

A number of potential benefits and risks for Māori health are identifiable in the current sector reforms.

2.1 Potential benefits

The establishment of 21 DHBs could allow the purchasing and delivery of health services to be more grounded in the needs of the immediate community, and able to respond more quickly to changing needs in the community.

The requirement for DHBs to have relationships with iwi and other Māori groups may, if effectively developed, facilitate stronger relationships between Māori and health agencies than have been developed in the past.

2.2 Potential risks

Strong Māori leadership on District Health Boards is critical for effective responsiveness to Māori health issues. While there is a legislative requirement for Boards to have at least two Māori members, experience from local body elections shows that there are often few Māori candidates. It is, therefore, likely that Māori representation will rely heavily on ministerial appointment. This may mean people who are not tangata whenua (or who are not acceptable to tangata whenua) take on governance roles, reducing the opportunity for tangata whenua involvement in DHBs.
The new structure may also provide fewer opportunities for Māori to participate at other non-governance levels of the sector. The HFA had Māori staff not only within the Māori Health Group but also throughout the other operating groups within the organisation’s matrix structure. There is no information yet about Māori staffing within DHB organisations. Nor is it clear what guidelines/requirements (if any) will be placed on DHBs in terms of the organisations’ capacity and capability to respond to Māori health issues. Finally, a number of Māori staff have left the health sector during the reform period. These staff have taken with them a considerable store of 'institutional memory'. Sector changes have disrupted established relationships within agencies and between agencies, and between agencies and the Māori community. These factors are not only likely to result in reduced Māori participation in the sector but may themselves have adverse impacts on the development and implementation of Māori health policy.

The New Zealand Public Health and Disability Act (2000) reflects an approach that focuses on health improvement and reducing disparities rather than a Treaty-based approach. The Act does not provide specific detail on the Treaty, its application to the health sector, or its implementation within health policy. A stated goal of the Act is: “to reduce health disparities by improving health outcomes for Māori and other population groups.” When initially drafted, the legislation contained an explicit reference to the Treaty but this section was significantly altered during the Select Committee process. This could be regarded as a lost opportunity to embed Māori health policy within a Treaty framework. There is a risk that without legislative impetus, a Treaty-based approach to Māori health policy will not be developed. However, the development of the Māori Health Strategy affords a further opportunity to clearly establish the Treaty as the framework for Māori Health Policy.

The current inconsistent and incomplete implementation, monitoring and evaluation of Māori health policy may be exacerbated by the increase in the number of health agencies. The increased number of funders (DHBs) creates scope for variable communication of Māori health policies and there is widespread concern that this could result in greater regional variation in Māori health policy and practice. This variation had begun to reduce under the HFA. While local responsiveness benefits local communities, in the absence clear minimum expectations variation is unlikely to have positive impacts on Māori health implementation and health gain and could result in increased inequalities.

2.3 Opportunities

While the sector changes present potential risks for Māori health policy and practice they also provide an opportunity for the Government, its agencies and providers to review their performance over the past decade, identify areas where changes could be made and implement these changes.

The NHC considers that in order to maximise the opportunities afforded, Māori health policy must be developed within a framework that is applicable at all levels of the sector and is flexible enough to meet the needs of specific parts of the sector. The framework should be flexible enough to be usefully applied in a variety of localities and should be able to respond effectively to issues specific to localities.

The current reforms also provide the sector with the opportunity to rationalise and improve the monitoring and evaluation of policy. All those involved in monitoring within the new sector have an opportunity to establish clear, effective Māori health expectations of the DHBs and providers. These expectations should be based on a national framework and a comprehensive strategy and policies that have been developed for the sector. Consideration should also be given to developing both sanctions and rewards that can be applied to DHBs/providers that are found to be in breach of, or exceeding, performance expectations.
2.4 Summary

This section identifies opportunities and risks associated with current sector reforms. The opportunities are:

- DHBs may be able to be more responsive to local needs
- Māori representation on DHBs and the associated committees may be greater than representation on previous boards and committees
- The reforms provide the Government and Māori with an opportunity to develop new ways to work together for Māori health gain.

The risks are:

- Māori may be underrepresented at governance level which may be only partially addressed by the quota mechanism currently in place
- Participation of Māori within the sector may continue to be inadequate (in terms of fulfilling obligations under the Treaty of Waitangi or ensuring appropriate representation on a population basis)
- If there are no clear minimum expectations regarding Māori health policy implementation, the move to 21 DHBs may lead to unacceptable variations in responsiveness to Māori. This could threaten the Māori health gains that have been made and could limit future Māori health development.

The following section considers two actions that will address some of the ‘lessons’ from the past and may ameliorate some of the risks associated with the current sector reforms.
PART THREE: Moving forward

This section discusses two activities (one proposed and one currently underway) that will address several of the issues identified in the Part One:

• a proposed framework for Māori health policy
• the Māori Health Strategy.

These activities should ameliorate some of the risks and develop some of the opportunities identified in Part Two.

3.1 A proposed framework for Māori health policy

The NHC believes that many of the key issues identified earlier in the paper could be addressed by using a framework that would give structure to the strategy, policies and objectives required to achieve Māori health goals. The framework could be used in the development, implementation and monitoring of comprehensive and co-ordinated Māori health policies.

Such a framework should also form the basis of minimum expectations for DHBs and providers. This will help ensure a level of national consistency in responsiveness to Māori, while accommodating appropriate responses to local issues. It should also be flexible enough to allow Māori health policy to evolve over time and to be responsive to political change – while retaining a consistent framework.

The NHC proposes that the basis of the framework be the three principles of the Treaty of Waitangi. These principles are partnership, participation and active protection.

3.1.1 Why the framework should be Treaty-based

The NHC believes that the Treaty of Waitangi meets all the criteria for an effective overarching Māori health policy framework. Successive governments have acknowledged the Treaty of Waitangi as the founding document of New Zealand. Many Māori believe that the Treaty has primacy, forms the basis for relationships between Māori and the Crown, and should guide the activities of government and its agencies with respect to Māori issues, including health. The 1988 Royal Commission on Social Policy identified a set of Treaty principles that allow the Treaty to be applied to contemporary activities.

The current sector reforms provide the opportunity to implement the Treaty within the health sector in a manner not undertaken in the past. The Treaty framework could be applied at all levels (government, its agencies and DHBs) to develop a Māori health strategy and its associated policies and objectives.

3.1.2 The three Treaty principles: partnership, participation and active protection

The Royal Commission on Social Policy described three principles derived from the Treaty of Waitangi, which can be used to implement the Treaty of Waitangi in current times. The principles are partnership, participation and active protection. Although the principles have been discussed and acknowledged in policy documents they have not, to date, been considered as a formal framework around which Māori health policy can be developed, implemented and monitored.
The NHC believes there are several reasons why the principles associated with the Treaty are an appropriate framework to underpin Māori health policies:

- the Treaty should guide relations between the Crown (government) and Māori
- government and its agencies must be seen to be very clearly demonstrating responsiveness to Māori health and modelling leadership to the rest of the sector in terms of implementing the Treaty
- the use of a framework will facilitate the development of a set of coherent and comprehensive policies and minimise the risk of missing important areas for policy attention.

The framework would encompass policies used in the past in a focused and consistent manner. The framework would also facilitate the development of new policies and approaches. For example, policies relating to information and data collection, intersectoral collaboration and research could be developed from and applied within the framework.

The policies would apply to all parts of the health sector, including government, its agencies and DHBs, although the objectives within policies would differ for each area within the sector.

3.1.3 Using the framework

Using the Treaty principles provides a practical approach to determining how the health sector can develop, implement and monitor specific policies to improve Māori health.

The first step is to consider each Treaty principle in turn:

- partnership
- participation
- active protection.

The second step is to identify objectives related to each principle that will achieve the policy goal.

The following two examples show how the Treaty principles can be applied to a specific policy, and that the objectives identified will depend on the role of the agency in regard to the policy.

9. These include Māori provider development, workforce development, “mainstream” enhancement and addressing inequalities in health
Example one

Agency: Ministry of Health

Policy issue: Enhancing mainstream health services to improve appropriateness and accessibility for Māori.

Under partnership the Ministry’s objectives may be:

• development of a Māori reference group to assist government agencies to develop policies for mainstream enhancement
• working with Māori Co-Purchasing Organisations (MAPO) to extend the Māori co-purchasing relationship to include funding of hospitals and other mainstream services within the MAPO’s geographic boundaries
• organising regular monitoring of the Ministry’s activities by Te Puni Kokiri as well as formal evaluation of the effectiveness of policies as they are implemented. The processes and indicators required for monitoring would be identified in the policies.

Under participation the Ministry’s objectives may be:

• adequate representation of Māori on DHBs
• adequate Māori staffing within all directorates of the Ministry with a requirement that the Ministry report fully on Māori employees (number and position within the organisation). The Director-General and Deputy Directors-General would be accountable for the performance of the Ministry in this area
• leading the development and implementation of workforce planning and Māori workforce development policies to increase employment of qualified Māori staff throughout the health sector. This would include the development of performance indicators and reporting on numbers of Māori staff and plans to increase recruitment and retention of Māori staff.

Under protection the Ministry’s objectives may be:

• comprehensive monitoring to ensure that access to mainstream services for Māori continues to improve
• enhancing the collection and utility of data and other information (such as ethnicity statistics) in order to improve the production of outcome data and enhance our ability to monitor mainstream performance
• requiring, through the DHB funding agreements, that DHBs both provide and contract for mainstream services that are appropriate, acceptable, and effective for the Māori community.
Example two

Agency: A District Health Board

Policy issue: Enhancing mainstream health services to improve appropriateness and accessibility for Māori.

Under partnership the DHB’s objectives may be:

- building relationships with local Māori with a formal mechanism for incorporating Māori views and advice into the activities of the DHB. This would be written into the ‘accountability document’ between the DHB and Minister, with CEOs of DHBs accountable through their performance contracts.

Under participation the DHB’s objectives may be:

- ensuring adequate Māori staffing within the DHB organisation
- identifying areas in which more qualified Māori staff are required and developing or purchasing programmes to meet that staffing need. (These needs could vary between regions, for example, Tairawhiti might identify a need for community health workers with specialised child health knowledge. It could then develop appropriate responses to meet this need.)
- providing information and training for non-Māori staff in relevant Māori issues and cultural competency.

Under active protection the DHB’s objective may be:

- identifying specific Māori health needs during health needs assessment
- developing new, or enhance existing, ‘mainstream’ services in order to meet identified Māori needs as a priority
- developing quality assurance activities that are appropriate and acceptable for use with Māori service users and/or adequately capture Māori health information
- implement a regular programme of quality assurance that will track progress of a service towards improving its responsiveness to Māori and achieving Māori health gain
- collect accurate ethnicity information on all service users and require the same for providers funded in that region.

In each example, the framework provides clear and practical guidance on actions that might be taken to implement a policy effectively. The examples are not a comprehensive plan for ‘mainstream’ enhancement but an indication of how Treaty principles might be implemented practically at different levels of the health sector. They show that using Treaty principles allows the development of specific policy responses, can incorporate activities associated with implementation and monitoring and can be flexibly applied at different levels of the sector and in different localities.
3.2 A Māori Health Strategy

The NHC identified the lack of an overarching strategy as one of the missing elements from Māori health policy in the last decade. The draft Māori Health Strategy was released in April 2001 (Ministry of Health 2001). It is the first time an explicit Māori health strategy has been developed and, as such, is a very important document. The Committee was very supportive of the draft Strategy.

The draft strategy described four pathways:
- development of whānau, hapū, iwi and Māori communities
- Māori participation in the Health and Disability Sector
- effective health and disability services
- working across sectors.

A comprehensive range of objectives that cover all the important Māori health policies was also described. Submissions on the draft Strategy have been received. The final Strategy is due for release in early 2002 along with an action plan for its implementation.

The NHC strongly supports the development of a national strategy that provides high-level guidance and direction to the sector and can be used to facilitate local solutions for local priorities within the framework of an overall Māori health strategy. It also believes that use of the strategy should reduce regional variation in the implementation of Māori health policy.

However, the NHC believes there are three areas in which the draft strategy could be strengthened:
- implementing the Treaty of Waitangi
- demonstrating responsiveness and leadership
- evaluating sector reform.

The Committee’s submission about the draft Strategy is included as Appendix Two. This submission discusses these three areas in detail. A brief summary of the Committee’s opinion is included here. In addition, the Committee’s advice to the Minister of Health about its submission is included as Appendix Three, while its subsequent advice on options for strengthening the monitoring and oversight of the implementation of the Māori Health Strategy, with the Committee’s recommendations, is included as Appendix Four.

3.2.1 Summary of April 2001 NHC comment on the draft Māori Health Strategy

Implementing the Treaty of Waitangi

The draft strategy begins by stating that the Government "appreciates that the Treaty principles of the Treaty of Waitangi – partnership, participation and protection – must underpin a Māori Health Strategy" and goes on to define the three principles. But from there on, the Treaty and the principles are not obvious throughout the document. The NHC believes the Treaty principles should be an explicit and felt presence throughout the strategy. It supports the inclusion of the Treaty principles in the framework of the Māori Health Strategy.

Demonstrating responsiveness and leadership

Throughout the draft strategy, reference is made to the Ministry’s activities. These activities tend to focus on working with, monitoring or evaluating other parts of the sector and the Ministry itself is largely excluded from activities under most objectives. The NHC believes that the Ministry should be regarded as part of the sector and should demonstrate adequate responsiveness to Māori. Actions that the Ministry can undertake to improve its performance in Māori health should be identified for each relevant objective within the Strategy.
Evaluating sector reform

The NHC believes that the Māori health sector is vulnerable to potential adverse impacts from the current round of sector reform. The NHC considers it imperative that the impact of these reforms on Māori health is evaluated. Evaluation should particularly cover:

- partnership/governance relationships between Māori and DHBs or providers
- participation in terms of Māori providers and the Māori health workforce in general
- whether the establishment of 21 DHBs has resulted in unacceptable variation in responsiveness to Māori and subsequent Māori health outcomes.

If the Māori Health Strategy is to have positive impacts on Māori health outcomes, it must be implemented successfully. The NHC believes that successful implementation requires:

- the development of clear and measurable objectives
- clear accountability for implementing the strategy
- strong monitoring and oversight of the implementation process.

3.3 Summary

- The NHC recommends the development of an overarching framework for the Māori Health Strategy and policies based on the Treaty of Waitangi.
- The framework would apply to policy development, implementation, monitoring and evaluation in all parts and at all levels of the health sector.
- The three principles identified by the Royal Commission on Social Policy – partnership, participation and active protection – can be used to guide practical and effective use of the framework at all levels of the health sector.
- The draft Māori Health strategy is an important document and should guide Māori Health Policy over coming years.
- All currently important Māori health policies are included in the pathways and objectives described in the draft Māori Health Strategy.
Conclusion

This paper provides an analysis of Māori health policy over the 1990s. The Committee acknowledges that there have been several notable successes in Māori health policy in that time. During this project, the NHC has paid particular attention to the factors that have facilitated and hindered positive outcomes from Māori health policy.

The Committee identifies five 'lessons' from the past. These 'lessons' have been factors that the Committee believes have significantly impacted on this country's ability to achieve positive outcomes from Māori health policy.

Reflection on these lessons provides guidance for future directions under the new sector structure. The Committee has identified opportunities and risks associated with the sector changes. The key will be to capitalise on the gains made during the 1990s – for example in the area of Māori provider development – and focus renewed efforts on areas where there has been limited progress to date.

The Committee suggests several actions that it believes will facilitate greater positive outcomes from Māori health policy in the future. In particular, the Committee argues for a clear, Treaty-based framework for the Māori Health Strategy and the development and implementation of Māori health policies. The three principles of partnership, participation and active protection provide a practical basis for putting the Treaty-based framework into action.

The Committee looks forward to watching developments in Māori health policy over the next few years and in playing an oversight role in ensuring that policies result in improved health outcomes for Māori.
References


APPENDIX 1: Relevant sections of the New Zealand Public Health and Disability Act (2000)

Part 1
Section 4 Treaty of Waitangi
In order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of health and disability services.

Part 3
Section 22 Objectives of DHBs
22(1)(e) to reduce health disparities by improving health outcomes for Māori and other population groups

Section 23 Functions of DHBs
23(1)(d) to establish and maintain processes to enable Māori to participate in, and contribute to, strategies for Māori health improvement
23(1)(e) to continue to foster the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori
23(1)(f) to provide relevant information to Māori for the purposes of paragraphs (d) and (e)

Section 29 Membership of boards
29(4) In making appointments to a board, the Minister must endeavour to ensure that:
• Māori membership of the board is proportional to the number of Māori in the DHB’s resident population (as estimated by Statistics New Zealand) and:
• In any event, there are at least 2 Māori members of the board

Section 34 Committees
34 Community and public health advisory committees
The board of a DHB must, within 3 months of the commencement of this Act, establish a committee to advise on health improvement measures, called the community and public health advisory committee, and must provide for Māori representation on the committee.
APPENDIX 2: NHC submission on the draft Māori Health Strategy

April 2001

Purpose

The purpose of this submission is to provide comment to the Ministry of Health on the draft Māori Health Strategy based on the work on Māori health policy that the National Health Committee has been undertaking over the past year.

Background information

Over the past year the National Health Committee (NHC, the Committee) has undertaken a project that focuses on Māori health policy experience over the last decade. A background paper was commissioned. A second paper that augments the initial paper, develops some of the identified themes and issues, and discusses possible actions is nearing completion.

These papers clarify five issues that the Committee believes have been adversely impacting on the ability of Māori health policy to deliver positive outcomes for Māori health. The issues are that there has been:

• limited implementation of the Treaty of Waitangi within the health sector
• no clear framework to develop, articulate, implement, monitor and evaluate Māori health policies
• no comprehensive strategy that incorporates all necessary Māori health policies
• failure to consistently demonstrate responsiveness and leadership with respect to Māori health by government and its agencies
• variability in approaches across geographic regions that constrained Māori health development in some.

In addition, the papers identify three risks associated with sector reform:

• Māori may be underrepresented at governance level, which may be only partially addressed by the quota mechanism currently in place
• participation of Māori within the sector may continue to be inadequate (in terms of fulfilling obligations under the Treaty of Waitangi or ensuring appropriate representation on a population basis)
• the move to 21 District Health Boards (DHBs) may allow regional variability to develop again. This could threaten the Māori health gains that have been made and could limit future Māori health development.

Submission on the draft Māori health strategy

The Committee is pleased to note the release of the draft Māori Health Strategy (the Strategy) in early May. The NHC believes this is a very important document as it is the first time an explicit Māori health strategy has been developed and disseminated for public consultation. The Committee is supportive of a national, comprehensive Māori Health Strategy and agrees with the pathways and objectives identified within the Strategy.

The Strategy addresses several of the issues identified in the Committee’s papers. The Strategy includes a comprehensive range of objectives that cover all currently important Māori health policies. Furthermore, the NHC strongly supports the development of a national strategy that provides high-level guidance and direction to the sector. A national strategy should facilitate implementation of local solutions for local priorities within the framework of a comprehensive Māori health strategy.
The Committee believes there are three areas where the Strategy could be strengthened. These are:

- implementing the Treaty of Waitangi
- demonstrating responsiveness and leadership
- evaluating sector reform.

**Implementing the Treaty of Waitangi**

The beginning of the Strategy states that the Government “appreciates that the Treaty principles of the Treaty of Waitangi - Partnership, Participation and Protection must underpin a Māori Health Strategy” and the three principles are defined (page 1). Thereafter, the Treaty and the principles are not obvious throughout the document. The Committee believes that the Treaty principles should be an explicit and felt presence throughout the document in addition to the discussion at the beginning of the document. To this end, following on from the recognition given at the beginning of the Strategy, the principles should be explicitly reflected through the rest of the Strategy. Altering the framework shown on page 4 to make the principles and their roles within the Strategy more explicit would also increase the visibility of the Treaty principles.

One area where a Treaty framework and Treaty principles need to be more prominent is in the implementation of the strategy. In moving from the Strategy Discussion Document to the finalised Strategy, a group or organisation must be identified or created to drive the Strategy itself, and to be accountable for its success. In keeping with the overarching Treaty framework, this group or organisation should itself be one that embodies and reflects partnership, protection, and participation.

The Committee believes that there are several reasons why the principles associated with the Treaty of Waitangi are the appropriate framework to underpin Māori health policies and the Māori Health Strategy.

- The Treaty of Waitangi should guide relations between Māori and the Crown.
- Government and its agencies must be seen to be very clearly demonstrating responsiveness to Māori health and leadership to the rest of the sector in terms of implementing the Treaty of Waitangi.
- The use of a framework will facilitate the development of a set of coherent and comprehensive policies and minimise the risk of missing important areas for policy attention. The Committee believes that the Strategy is an example of comprehensive policy development as a result of the use of a framework. As such, it provides an example to the rest of the sector. Making the framework itself explicit will also be of benefit to other parts of the sector.

The Committee’s full paper gives examples of how the Treaty principles could be used to frame objectives for Māori health. An example of this, using increasing mainstream responsiveness at the DHB level of the health sector, is provided below. The DHBs would be expected to develop a number of objectives and activities under each of the Treaty principles. These objectives could include:

- **Partnership**
  - hospitals and primary health care organisations to demonstrate effective partnerships with tangata whenua from the regions covered by their services
- **Participation**
  - adequate representation on DHBs
  - adequate Māori staffing within all DHBs
increased employment of qualified Māori staff throughout health service providers
identification of areas in which more qualified Māori staff are required and
development or purchasing of programmes to meet that staffing need.
provision of information and training for non-Māori staff in relevant Māori issues and
cultural competency

Protection
comprehensive monitoring to ensure that Māori health continues to improve
development of a strategy to enhance the collection and utility of data and other
information (such as ethnicity statistics) in order to improve the production of
outcome data and enhance DHBs' ability to monitor mainstream performance
provision of mainstream services that are appropriate, acceptable, and effective for the
Māori community.

Some of these suggested actions are already incorporated into the Strategy. It is not the intent
to draw attention to the content of the objectives, but rather to support the explicit use of
the Treaty principles as the framework on which Māori health strategies, policies and
objectives are based.

Demonstrating responsiveness and leadership

Throughout the Strategy reference is made to the Ministry’s activities. These activities tend
to focus on working with, monitoring or evaluating other parts of the sector. The Ministry
itself is largely excluded from activities under most objectives. The Committee believes that
the Ministry should be regarded as part of the sector, in particular with respect to
requirements for demonstrating adequate responsiveness to Māori. Actions that the Ministry
can undertake to improve its performance in Māori health should be identified for each
relevant objective. This would also provide the Ministry with opportunities to model best
practice in terms of improving Māori health. The Ministry’s Māori Capability and Capacity
Framework identifies actions that should be specified under the relevant objectives in the
pathways two and three of the Strategy.

Examples of how the Ministry’s activities should be included within the Strategy include:
the objective ‘to improve whānau access to and effectiveness of mainstream services'
(page 25) should identify clear ‘next steps’ regarding improving the effectiveness of the
Ministry’s non-Māori workforce or Directorates with respect to Māori health. Appropriate
monitoring and evaluation measures should be included within the objectives for
the Ministry
page 18 of the Strategy identifies the next steps necessary to increase the proportion of
Māori at all levels of the health and disability workforce and it needs to be clear that the
Ministry is included within these objectives. Appropriate monitoring and evaluation
measures should be included within the objectives for the Ministry
the Strategy should include a next step that ensures that all Ministry of Health advisory
groups, committees, etc have adequate and appropriate Māori representation (page 15)
ensuring that all information collected by the Ministry includes appropriately collected
ethnicity data (page 27). The Ministry should also consider the issues associated with the
collection, storage and use of Māori data, particularly issues of information ownership
within its own activities and research projects such as the National Health Survey, the
National Nutrition Surveys (adult and child) and other similar projects.
Evaluating sector reform

The Committee believes it is imperative that the impact of the current round of sector reform on Māori health be evaluated. The NHC is aware that the Sector Policy Directorate, in conjunction with a Health Research Council funded proposal, is in the early stages of planning an evaluation. It is intended that the evaluation will consider the Māori health impacts. The Committee believes that the Māori health sector is vulnerable to potential adverse impacts from sector change. The sector reform evaluation should particularly consider:

• partnership / governance relationships
• participation both in terms of Māori providers and the Māori health workforce generally
• the impacts of increasing regional variability on Māori health outcomes. Methods of evaluating these impacts should include evaluating DHBs to determine whether the achieved Māori health gains are affected by sector reform, and to determine whether Māori health development continues to be adequately and appropriately supported by DHBs. Such an evaluation should include comparison of a DHB’s current and past performance, and comparisons between DHBs.

These activities could be included as tasks for the Ministry in several of the objectives in Pathway Three (Effective Health and Disability Services) (pages 20 – 26).

Other comments

The final comments the Committee would like to make are to support the objectives to reduce inequality, particularly those objectives focusing on addressing the wider determinants of health and implementing the Primary Care Strategy and working across sectors. The Committee has undertaken significant work in both these areas and strongly recommends that these pieces of work be incorporated into the objectives in these areas within the Māori Health Strategy.
APPENDIX 3: NHC advice to the Minister of Health on the draft Māori Health Strategy

COMMITTEE REPORT

Subject: NHC SUBMISSION ON DRAFT MĀORI HEALTH STRATEGY
Date: 14 June 2001
File Ref: HC 50-07-28
Attention: Hon Annette King (Minister of Health)
Copies to: Hon Tariana Turia (Associate Minister of Health)
Hon Ruth Dyson (Associate Minister of Health)

Executive Summary

1. This paper summarises the key issues identified in the National Health Committee’s submission to the Ministry of Health about the Māori Health Strategy.
2. The paper identifies areas where the draft strategy addresses issues arising from the NHC’s work on Māori Health. Three areas that the Committee considers could be strengthened are:
   • implementing the Treaty of Waitangi
   • demonstrating responsiveness and leadership
   • evaluating sector reform.

Recommendations

The recommendations are that you:

(a) Note the key issues from the National Health Committee’s response to the Māori Health Strategy summarised in this report     Yes / No
Report

Purpose

1. The purpose of this paper is to inform you about the key issues the National Health Committee has raised in its submission on the draft Māori Health Strategy. This submission is based on the work on Māori health policy that the Committee has been undertaking over the past year.

Background Information

2. The National Health Committee (NHC, the Committee) is pleased to note the release of the draft Māori Health Strategy (the Strategy) in early May. The NHC believes this is a very important document as it is the first time an explicit Māori health strategy has been developed and disseminated for public consultation.

3. Over the past year the NHC has undertaken a project that focuses on Māori health policy experience over the last decade. A background paper was commissioned. A second paper that augments the initial paper, develops some of the identified themes and issues, and discusses possible actions is nearing completion.

4. These papers clarify five issues that the Committee believe have been adversely impacting on the ability of Māori health policy to contribute to positive outcomes for Māori health. The issues are that there has been:
   • limited implementation of the Treaty of Waitangi within the health sector
   • no clear framework to develop, articulate, implement, monitor and evaluate Māori health policies
   • previously no comprehensive strategy that incorporates all necessary Māori health policies
   • failure to consistently demonstrate responsiveness and leadership with respect to Māori health by government and its agencies
   • variability in approaches across geographical regions that constrained Māori health development in some regions.

5. In addition, the papers identify three risks associated with sector reform:
   • Māori may be underrepresented at governance level, which may be only partially addressed by the quota mechanism currently in place
   • participation of Māori within the sector may continue to be inadequate (in terms of fulfilling obligations under the Treaty of Waitangi or ensuring appropriate representation on a population basis)
   • the move to twenty-one District Health Boards (DHBs) may allow regional variability to develop again. This could threaten the Māori health gains that have been made and could limit future Māori health development.
Comment on the draft Māori Health Strategy

6. The Strategy addresses several of the issues identified in the NHC’s papers. The Committee is supportive of a national, comprehensive Māori Health Strategy and agrees with the pathways and objectives identified within the Strategy. The Strategy covers all currently important Māori health policies. By providing high-level guidance and direction to the sector, a national strategy should facilitate implementation of local solutions for local priorities while maintaining national consistency.

7. The Committee believes there are three areas where the Strategy could be strengthened:
   - implementing the Treaty of Waitangi
   - demonstrating responsiveness and leadership
   - evaluating sector reform.

Implementing the Treaty of Waitangi

8. The beginning of the MHS states that the government ‘appreciates that the principles of the Treaty of Waitangi – partnership, participation and protection – must underpin the MHS’ and the three principles are defined (page 1). Thereafter, the Treaty and the principles are not obvious throughout the document. The Committee believes that the Treaty principles should be an explicit and felt presence throughout the document. To this end, following on from the recognition given at the beginning of the Strategy, the principles should be explicitly reflected through the rest of the Strategy. Altering the framework shown on page 4 to make the principles and their roles within the Strategy more explicit would also increase the visibility of the Treaty principles.

9. The Committee believes that there are several reasons why the principles associated with the Treaty of Waitangi are the appropriate framework to underpin Māori health policies and the Māori Health Strategy:
   - The Treaty of Waitangi should be used to guide relations between Māori and the Crown.
   - The government and its agencies must be seen to be very clearly demonstrating responsiveness to Māori health and leadership to the rest of the sector in terms of implementing the Treaty of Waitangi.
   - The use of a framework will facilitate the development of a set of coherent and comprehensive policies and minimise the risk of missing important areas for policy attention. The Committee believes that the Strategy is an example of comprehensive policy development as a result of the use of a framework. As such, it provides an example to the rest of the sector. Making the framework itself explicit will also be of benefit to other parts of the sector.

10. One area where a Treaty framework and Treaty principles need to be more prominent is in the implementation of the Strategy. In moving from the MHS Discussion Document to the finalised MHS, a group or organisation must be identified or created to drive the MHS itself, and to be accountable for its success. In keeping with the overarching Treaty framework, this group or organisation should itself be one that embodies and reflects partnership, protection, and participation.

11. The Committee’s full paper gives examples of how the Treaty principles could be used as a framework for the objectives and actions within the Strategy.
Demonstrating responsiveness and leadership

12. Throughout the MHS, reference is made to the Ministry’s activities. These activities tend to focus on working with, monitoring or evaluating other parts of the sector. The Ministry itself is largely excluded from activities under most objectives. The Committee believes that the Ministry should be regarded as part of the sector, in particular with respect to requirements for demonstrating adequate responsiveness to Māori. Actions that the Ministry can undertake to improve its performance in Māori health should be identified for each relevant objective. This would also provide the Ministry with opportunities to model best practice in terms of improving Māori health. The Ministry’s *Maori Capability and Capacity Framework* identifies actions that should be specified under the relevant objectives in pathways two and three in the Strategy.

13. Examples of how the Ministry’s activities should be included within the Strategy include:
   - the objective ‘to improve whānau access to and effectiveness of mainstream services’ (page 23) should identify clear ‘next steps’ regarding improving the effectiveness of the Ministry’s non-Māori workforce or Directorates with respect to Māori health. Appropriate monitoring and evaluation measures should be included within the objectives for the Ministry.
   - page 18 of the Strategy identifies the next steps necessary to increase the proportion of Māori at all levels of the health and disability workforce and it needs to be clear that the Ministry’s workforce is included within these objectives. Appropriate monitoring and evaluation measures should be included within the objectives for the Ministry.

Evaluating sector reform

14. The Committee believes that it is imperative that the impact of the current round of sector reform on Māori health is evaluated. The NHC is aware that the Sector Policy Directorate, in conjunction with a Health Research Council funded proposal, is in the early stages of planning an evaluation of sector reform. It is intended that the evaluation will consider the Māori health impacts. As noted above, the Committee believes that the Māori health sector is vulnerable to potential adverse impacts from sector change. The sector reform evaluation should particularly consider:
   - partnership / governance relationships
   - participation both in terms of Māori providers and the Māori workforce generally
   - The impacts of increasing regional variability on Māori health outcomes. Methods of evaluating these impacts should include evaluating DHBs to determine whether the achieved Māori health gains are affected by sector reform, and to determine whether Māori health development continues to be adequately and appropriately supported by DHBs. Such an evaluation should include comparison of a DHB’s current and past performance, and comparisons between DHBs.

15. The Committee considers that these activities could be included as tasks for the Ministry in several of the objectives in Pathway Three.

Implications for reducing inequalities

16. This paper discusses actions that are intended to improve Māori health and will contribute to reducing inequalities.
APPENDIX 4: NHC advice to the Minister of Health on oversight of implementation of the Māori Health Strategy

COMMITTEE REPORT

Monitoring the Implementation of the Māori Health Strategy

Date: 24 September 2001
File Ref: HC 50.07-28
Attention: Hon Annette King (Minister of Health)
Hon Ruth Dyson (Associate Minister of Health)
Hon Tariana Turia (Associate Minister of Health)

Recommendations

The recommendations are that you:

• Require the Ministry to develop clear and measurable objectives for the Māori Health Strategy.
  Yes / No

• Agree that the Ministry is the lead agency responsible and accountable for the implementation of the Māori Health Strategy.
  Yes / No

• Ensure there are explicit performance requirements in the existing Ministry of Health accountability documents (Purchase Agreement, Departmental Forecast Report) that relate to the monitoring of the implementation of the Māori Health Strategy.
  Yes / No

• Discuss progress against these performance requirements when you receive quarterly reports from the Ministry.
  Yes / No

• Make available copies of this Committee Report to Treasury and SSC and encourage them to consider including the implementation of the Māori Health Strategy in their annual Relationship Protocol with the Ministry of Health and the Chief Executive’s Performance Agreement.
  Yes / No

• Discuss with the Minister of Māori Affairs the desirability of identifying an area of the Māori Health Strategy as one of Te Puni Kokiri’s audit topics in 2002/03.
  Yes / No

• Require the National Health Committee to provide you with annual independent analysis of the monitoring of the Māori Health Strategy implementation and Māori health outcomes for the next two years. This will include analyses of both the process and results of monitoring and may include an in-depth review of a specific area of the Strategy.
  Yes / No
Purpose

1. The purpose of this report is to identify options for monitoring the implementation of the Māori Health Strategy (MHS, the Strategy) and recommend a preferred approach to monitoring and oversight of the monitoring process.

Background Information

2. The National Health Committee (NHC, the Committee) has been undertaking a project about the outcomes of Māori health policy. In June 2001 the Committee made a submission on the draft MHS and briefed you on this submission. You then requested a further briefing about options for monitoring the implementation of the MHS. This briefing is the result of that request.

3. The Committee believes that the MHS is a milestone document for Māori health and will, if effectively implemented, contribute to Māori health gain.

4. Based on its work in this area, the NHC identified a need to examine whether existing monitoring arrangements will be sufficient to ensure implementation of the MHS and improved Māori health outcomes.

Comment

5. The Committee has concluded that successful implementation of the MHS requires:
   - clear and measurable objectives
   - clear accountability for implementing the Strategy
   - strong monitoring and oversight of the implementation.

Objectives

6. In order to implement and monitor the MHS effectively, clear and measurable actions and outcomes for each objective within the Strategy must be developed. The Committee is aware that the Māori Health Directorate is developing an action plan that should address these issues. In addition, a timetable for carrying out the actions and measuring outcomes should be developed.

Accountability for implementation

7. The Ministry of Health (the Ministry) should be responsible for driving the implementation of the MHS. Clear accountability arrangements within the Ministry for implementing and monitoring each objective in the final Strategy should be identified. Accountability should be distributed across the Directorates and not be considered the sole responsibility of the Māori Health Directorate.

Monitoring and oversight

8. There are current monitoring arrangements that can be brought to bear on the implementation of the MHS.
   a. Existing monitoring of the Ministry primarily through the Purchase Agreement, Departmental Forecast Report and the ‘relationship protocols’ between the Ministry and Treasury and the State Services Commission (SSC). In addition, the CEOs Performance Agreement can identify areas for focus within the Ministry. Documents relating to monitoring of the Ministry (Purchase Agreement, Departmental Forecast Report, and the ‘letters of expectation’ and the Performance Agreement) should be enhanced to include specific measures relating to the MHS and Ministry’s performance with respect to implementing and monitoring of the MHS.
b. Te Puni Kokiri (TPK) undertaking periodic capability reviews of the Ministry. These reviews of the Ministry of Health should continue. TPK also undertakes a number of audits within the public sector each year. The audit programme for the 2001/02 year contains thirteen audits that have already been decided. The Committee understands that TPK has a specific process for deciding on audit topics each year. The NHC believes that each year one of TPK’s audits should focus on a specific aspect/component of the Māori Health Strategy. TPK officials do not believe that TPK has the capacity to expand its current activities and take on an oversight role of monitoring of the implementation of the Māori Health Strategy.

c. The Ministry’s current monitoring of the performance of DHBs and nationally funded services. A number of Directorates within the Ministry are responsible for these functions, including Sector Funding and Performance Directorate, Hospital Monitoring Directorate and Personal & Family Health Directorate. To aid the Ministry’s monitoring of the performance of DHBs and nationally purchased services, monitoring documents should clearly specify expectations for performance with respect to Māori health. This will provide clear guidance to the sector and will underscore the priority given to achieving Māori health gain. It will also simplify monitoring processes. Directorates may need to increase Māori health capability and capacity to undertake effective monitoring. Directorates may be assisted in these tasks by the establishment of a cross-Ministry group to coordinate activities and assume internal accountability for the monitoring process. A cross-Ministry group would rationalise monitoring requirements across the Directorates, reduce multiple requests for the same information and reduce requirements to report information that is not fully utilised by the Ministry.

9. The Committee considered four options for strengthening the oversight of the above processes. A summary of the points that were considered for each option is appended.

a. An expanded role for Te Puni Kokiri (TPK): TPK’s current roles and the potential for any additional role were considered.

b. An independent advisory body: the Minister could, under the New Zealand Health and Disability Act (2000), establish an independent advisory body responsible for monitoring the implementation of the MHS. The Committee considered the feasibility of this option.

c. An independent Commission: an independent Commission to undertake monitoring of the MHS could be established.

d. An independent Māori group: An independent Māori group could be established for the purposes of the monitoring of the MHS.

10. The Committee has concluded that the existing monitoring activities described in paragraph 8 should be brought to bear on the MHS. In addition the NHC could provide independent analysis of the processes and results of these monitoring activities and on Māori health outcomes. The Committee may also provide the Minister with a more thorough review of an aspect of the Strategy. The Committee would develop this advice with the guidance of an appropriately constituted sector reference group/advisory group. This independent advice could be provided annually and could continue for a period of two years and the arrangement would then be reviewed.

Implications for reducing inequalities

11. Effective implementation of the MHS will have significant positive impacts on Māori health and, therefore, will play a significant role in reducing inequalities.