Ka tika ka ora

Māori health provider work programme

2009–2010

Kia tika a muri, ka ora a mua
Mihi

E ngā rangatira, ngā tapu, ngā ihi, ngā wehi, te ariā o ngā tipuna kua ngaro ki te pō, tēnā koutou, tēnā koutou kātoa. Tēnā koutou e kawe nei i te kaupapa whakapakari i ngā Poari Hauora me Te Manatu Hauora ki a ahei ai te tautoko i ngā hāpori Māori Hauora. Ko te tumanako – kā tu, kā herea, kā ora te whānau.

The title of this work programme Ka tika ka ora is based on the whakatauki ‘Kia tika a muri, ka ora a mua’ – if the right support is given from the back, then the work of those at the front will be successful. This reflects the need for DHBs and the Ministry to ensure the appropriate activities are developed and delivered to support Māori providers as they strive towards whānau ora.

This is the first time the Ministry and DHBs have worked together to develop a comprehensive picture of the work to support the Māori health provider sector. We look forward to building on this collaboration.

We would like to sincerely thank all those who contributed to the development of Ka tika ka ora.

Ngā mihi aroha ki a koutou kātoa

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He kōrero whakataki (Background)

Māori health and disability providers (Māori providers) are a distinctive feature of the New Zealand health sector. Today, there are approximately 275 Māori providers nationwide providing diverse services and delivering them in a way that empowers Māori and their whānau to take control of their health and wellbeing. Although each Māori provider is different, they can generally be characterised as one of three types of provider:

- specialised, often small, providers that focus on one kind of health service (eg, smoking cessation, sexual health, rongoā)
- comprehensive health service providers that offer a mixture of personal and public health services (eg, public health, primary health care, mental health, general practice)
- integrated providers that offer a range of health and social services (eg, housing, family support and education linked programmes as well as comprehensive health services).

Ka tika ka ora (Māori Provider Work Programme)

The Māori provider work programme is a key part of the Ministry of Health’s work to support effective Māori providers. The work programme provides a foundation for the Ministry and DHBs to build on in coming years, so that there is a consistent approach to building a strong body of Māori providers.

Phase One

There are two phases to the work programme. The current phase has focused on the work of the Ministry and DHBs in the 2009/10 financial year. This phase also involved identifying gaps in current work and making efforts to fill these, within existing funding. This has included:

- sector engagement with Māori providers (involving 10 focus group hui)
- the establishment of internal (Ministry) and external (DHBs and Māori providers) advisory groups to provide strategic advice on Māori providers and the work programme.\(^\text{2}\)

Phase Two

Phase two will focus on the future work of the Ministry and DHBs with the objective of building on the first phase of the work programme.

Hui ki te taha o ngā hāpori hauora (Sector engagement)

The Ministry of Health held 10 focus group hui throughout the country in November and December 2008 to get feedback from Māori providers on what they saw as their top challenges and what their ideas were for how these challenges could be met.

There were 229 participants in the hui. The main themes that came out of the hui were:

- funding/contracting that worked for Māori providers
- relationships with other providers, funders and their communities were both enablers and barriers
- workforce recruitment and retention
- champions for Māori providers and leadership from DHBs to reinforce the important role played by providers in delivering high quality services
- compliance costs and, in particular, the time and financial costs of auditing.

These themes have helped the development of the work programme.

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1 This support includes more than just DHB contracts with individual Māori health providers.
2 The terms of membership for these groups extends from November 2008 to June 2009.
MaoriProvWkProgD.indd   3

5 Te Toi Hauora-Nui, Achieving excellence through innovative Maori health service delivery, Mauriora ki te Ao, 2009.

4 Maori families supported to achieve their maximum health and wellbeing.


Kaupapa here hāpori Māori–Āhuatanga pāpori (Māori provider policy – strategic context)

Māori providers play crucial roles in developing health services that work for Māori. They also provide access to affordable and acceptable health services for Māori1 and contribute to the economic wellbeing of Māori communities and the Māori health workforce. Over the past 20 or so years, the Government has taken increasing notice of both the successes of Māori providers and the need to provide the right support to them so that these successes can become more widespread. This is reflected in key policy and legislative documents that support Māori providers by both the Ministry of Health and District Health Boards and include:

- The Ministry of Health Statement of Intent 2009–2012
- The New Zealand Health Strategy
- He Korowai Oranga: Māori Health Strategy
- Whakatātaka Tuarua: Māori Health Action Plan
- The New Zealand Public Health and Disability Act 2000
- The Primary Health Care Strategy.

The Statement of Intent (SOI) outlines the Ministry's overarching priority of working towards a health system that delivers ‘better, sooner, more convenient’ care. For the first time, whānau ora has been highlighted in the SOI as a Ministry priority in its own right; with a particular emphasis on the importance of further development of effective Māori providers. The focus on whānau ora in the SOI builds on He Korowai Oranga: Māori Health Strategy and accelerates the Government’s commitment to providing whānau opportunities to take control over the direction and shape of their development.

There are a number of other developments in the health sector, also signalled in the SOI, that make it clear that Māori providers have a place now and into the future. In order to realise the opportunities offered by these developments, Māori providers may need to build on their strategic partnerships and continue to collaborate with each other.

Since 1997, the Māori Provider Development Scheme (MPDS) has been an important part of the Government’s contribution toward the continued development of Māori providers. MPDS is administered by the Ministry and provides contestable development funding to Māori health and disability providers. MPDS funding has supported providers’ work that includes strengthening information technology systems, production of business plans, patient management systems, integrated service approaches, accreditation to national quality standards and Māori health workforce training.

The Māori health and disability provider sector is a diverse group. A Māori health provider is defined by the Ministry as a provider that is owned and governed by Māori and is providing health and disability services primarily, but not exclusively, to Māori. Māori providers generally operate on a non-profit basis and deliver services in a variety of settings – health clinics/centres, marae, the community, the home – with 68 percent located in urban settings and 32 percent in rural areas all around New Zealand. Māori providers are particularly important in rural areas as they are often the main access point for health services for both Māori and non-Māori.

The types of services provided by Māori providers include general health, addiction services, child/youth health, nursing, palliative care, mental health, social services, older people’s health, Rongoa, disability services, sexual health, screening, community/outreach services, disease state management and health promotion services.

A recent report prepared for the Ministry of Health highlights how Māori providers are unique in the health and disability sector.

‘Māori providers are distinctive because they are:

- kaupapa Māori inspired and Māori led
- culturally authentic and responsive
- dedicated to achieving whānau ora – supporting Māori families to achieve their maximum health and wellbeing
- committed to fostering, building and maintaining trusting relationships with patients and their whānau
- holistic in approach to the assessment, monitoring and treatment of patients and their whānau
- utilising multidisciplinary teams with a mix of clinical, non clinical and community workers
- preferential employers (where possible) committed to increasing the Māori health workforce
- investing in professional development opportunities for all staff including non-Māori staff to understand and practice Māori cultural values
- committed to community buy in and involvement in the design, development and implementation of their services1

The Māori health and disability provider sector is seeing a growing number of entrepreneurial and innovative Māori providers delivering high quality services to their populations.
Ngā mahi (Work programme)

The first phase of the work programme provides an initial picture of the support the Ministry and DHBs are giving Māori providers in the 2009/10 financial year. Full details can be viewed on the Māori Health website www.maorihealth.govt.nz

Collecting information about DHB and Ministry of Health work

Collecting information about DHB and Ministry work included getting advice from both the External Advisory Group (EAG) about engaging with DHBs, and the Internal Advisory Group (IAG) to facilitate work within the Ministry.

In developing Ministry work, the Ministry’s Executive Leadership Team wanted to ensure the range of activities to support Māori providers were reflected not only in the SOI and its whānau ora priority area, but also in the Output Plan. This means that more than in previous years you can see provider-focused activities in the 2009 Output Plan (to be released).

All activity from DHBs and the Ministry, as well as suggested solutions from the sector engagement hui with Māori providers, can be found at www.maorihealth.govt.nz. This has been organised into tables which show:

- DHB work from each DHB
- DHB work organised into themes
- Ministry work organised into themes
- suggested solutions from the sector engagement hui with Māori providers.

Suggested solutions from sector engagement

The Ministry received comprehensive feedback from the 10 focus group hui with the Māori health and disability sector. Participants at the hui made suggestions about what could be done by the Ministry and DHBs to support providers to deliver effective services.

The table of suggested solutions on the website provides an overview of what Māori providers saw as their main challenges and their ideas for how these could be addressed. We have been mindful of the suggested solutions in the development of the work programme and these will continue to inform our work in support of Māori providers.

Themes and examples of work

The five themes from the sector engagement hui provided a framework for organising the work from DHBs and the Ministry. Some related and other themes were also generated by the work and specific actions from DHBs and the Ministry. These themes provide an overview of the range of work and specific actions.

The following examples give an initial overview of the themes and areas of work, as well as the type and diversity of the specific actions, in the work programme. Please see www.maorihealth.govt.nz for the full work programme.

‘Māori providers offer a truly Māori option for Māori patients, whānau and communities to engage with health services. For many Māori living with inequalities, the fact that Māori providers are welcoming, affordable and non-judgemental is the critical attraction.’

Tumu Whakarae, informal submission, 2009

Tumu Whakarae is the national reference group for general managers, Māori Health for District Health Boards in New Zealand. The kaupapa of Tumu Whakarae is to provide competent Māori leadership for DHBs.
Funding and contracting

What providers told us:

- Ideal contracts are ones that were developed with Māori thinking and values.
- Funding needs to be available to allow providers to develop and deliver services that support whānau ora.

Examples of what some DHBs are doing:

- One DHB has worked with a Māori provider in their region to shift the contracting of Whānau Ora services to the development of holistic family health plans. These plans identify health outcomes rather than counting the number of health outputs provided.

Examples of what the Ministry is doing:

- As the model of primary health care evolves, the Ministry will ensure that funding for effective Māori providers will enable them to benefit in new directions of primary health care.
- The Ministry will launch and administer a $5 million fund to showcase Māori provider innovation and support whānau ora through Te Ao Ahuatanga Hauora Māori: the Māori Health Innovations Fund.

Relationships

What providers told us:

- There needed to be more opportunities for providers to come together at both a regional and national level.
- Māori providers saw the links with DHB Māori Relationship Boards as a key relationship, and as a way to ensure support for Māori providers, and wanted to see more support for Māori Relationship Boards.

Examples of what some DHBs are doing:

- Quarterly hui for whakawhanaungatanga with Māori providers and the DHB
- Continued support to Māori relationship boards including supporting the boards in developing a kaupapa Māori framework.

Examples of what the Ministry is doing:

- Developing a health network to support clinicians employed by Māori providers and to ensure high quality service delivery.
- Developing the Māori health and disability workforce (Whakatātaka II) through Te Rau Puawai scholarship – Bursary programme that aims to increase the numbers of Māori students who graduate with a mental health qualification.
- A Māori Health Workforce Summit will be held in November 2009 with the aim to identify the Ministry’s top three priorities between now and June 2011 to build a highly skilled Māori health workforce.

Workforce

What providers told us:

- It is difficult for Māori providers to recruit and retain an appropriate workforce, and especially to increase the Māori health workforce.
- Providers want to foster relationships/networks with schools to attract Māori students into sciences.
- There is a need for more support for clinicians within Māori providers.

Examples of what some DHBs are doing:

- Scholarships for Māori seeking to study in health and disability sector/careers.
- One DHB will work with Māori providers to develop initiatives to attract second chance learners into health careers (including work experience and internships).

Examples of what the Ministry is doing:

- Developing the Māori health and disability workforce (Whakataūkī) through Te Rau Puawai scholarship – Bursary programme that aims to increase the numbers of Māori students who graduate with a mental health qualification.
- A Māori Health Workforce Summit will be held in November 2009 with the aim to identify the Ministry’s top three priorities between now and June 2011 to build a highly skilled Māori health workforce.

Champions for Māori providers

What providers told us:

- There is a need for more champions for Māori providers. GM Māori in DHBs should not be the only champions for providers.
- Fund research and promote good examples of strong Māori providers.

Examples of what some DHBs are doing:

- Regional Whānau Ora Innovation Awards will be held to showcase and celebrate health and disability innovation and best practice with Māori providers.
Examples of what some DHBs are doing:
- One DHB is supporting Māori providers through the auditing process by working with individual providers to determine their audit focus and providing ongoing support to implement audit recommendations.
- Advancing Māori provider development by supporting providers in improving sustainability and achieving accreditation.
- He Ritenga – Treaty of Waitangi Principles Health Audit Framework to provide training, advice and support to ensure consistency of culturally appropriate service delivery with auditing processes.

Examples of what the Ministry is doing:
- The Ministry will report on the number, frequency, and purposes of its audit on Māori providers at a national level in an anonymised form.
- Looking at steps to reduce transaction costs for providers applying for MPDS funding, for example, moving to three year contracts where appropriate.

Compliance costs

What providers told us:
- Māori providers are concerned about the number of quality standard requirements and want consideration of the benefits of accreditation, and demonstrating quality, against the costs to providers of this activity.
- There is a need for funders to consider the range of costs to providers in applying for, and reporting on, funding and contracts.

There are some passionate and inspiring leaders working in this area . . . such passion is to be applauded given the reality of the challenges that Māori health providers face on a daily basis.

Whakatakotoranga/Tirohanga hou (Reporting/review)

- The Ministry will undertake a review of the project and activities from the work programme for 2009/2010.
- The purpose of the review is to identify gaps and possible DHB and Ministry activities for the 2010/2011 financial year.
- In reviewing progress, existing reporting will be used such as:
  - indicators of DHB Performance (IDP) and annual reporting by DHBs.
  - regular reporting by Ministry of Health.

Ngā Matapuna (References)


Mautorea ki te Ao. 2009. *Te Toi Hauora-Nui findings: Achieving excellence through innovative Māori health service delivery*. (Soon to be released for publication).


### Pūrongo kōrero mai i a Poari a Rohe (Information on Māori by DHB region)

<table>
<thead>
<tr>
<th>DHB</th>
<th>Māori population</th>
<th>as percentage of total DHB population</th>
<th>as percentage of total Māori population</th>
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**Approximate number of Māori providers per DHB region***

*These figures are estimates only, as at 14 August 2009*
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- The External Advisory Group (representatives from DHBs and Māori Providers):
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  - Fiona Pimm (He Oranga Pounamu)
  - Riki Nia Nia (Capital and Coast DHB)
  - Jeannine Stairmand (Mana Wahine)
- The Internal Advisory Group (Ministry-based)

‘There is considerable leadership capability within the Māori health provider sector and amongst those communities they serve.’

Te Toi Hauora-Nui, 2009

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