



TARANAKI DISTRICT HEALTH BOARD

**MAORI HEALTH PLAN**

**AND**

**REDUCING INEQUALITIES**

**2006 – 2009**

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## 1. INTRODUCTION

***“Kaua e whakaarohia te mahinga engari te otinga”***  
***“Think not on the labour, rather reflect on the completion”***

- 1.1. Taranaki District Health Board, established on 1 January 2001, is responsible for providing and funding health-care services for the 102,858<sup>1</sup> people who live in the Taranaki region.
- 1.2. Guidance to District Health Boards comes by way of the government's Vision for health services, which is contained in a number of key strategy documents. These include the New Zealand Health Strategy, the New Zealand Disability Strategy, He Korowai Oranga – Maori Health Strategy and its attendant action plan Whakatataka, the Primary Health Strategy and a number of others. These documents set out the goals and objectives that government has for the health of New Zealanders.
- 1.3. Reducing inequalities is a key government priority which recognises that people from lower socio-economic groups have poorer health, greater exposure to risk factors, and poorer access to health services. In Taranaki evidence shows that the significant inequalities in health exist between Maori and the rest of the Taranaki population, that Maori feature significantly in low socio-economic status and that Maori have consistently poorer health outcomes in comparison with the rest of the population.
- 1.4. This document articulates a Taranaki response to improving Maori health in the region through an inequalities framework. It provides both the rationale and the framework for action that will progress Taranaki Maori health goals. Detailed in the Strategic Goals and Objectives at Appendix A, the focus of attention in the short term is threefold:
  - a. To support and strengthen the capacity of Maori providers
  - b. To make health services more accessible to Maori, and
  - c. To improve the information gathered for planning and monitoring purposes.
- 1.5. The Plan seeks also to balance a number of tensions – strong expectations to improve Maori health despite limited resources, Maori aspirations for Mana Motuhake – self determination and independence, versus a wider agenda towards inter-dependence – without compromising the progress momentum. These are likely to be perpetual challenges that should not distract from the key goal of improved Maori health and reduced inequalities. In that regard, the Taranaki District Health Board in partnership with Te Whare Punanga Korero looks forward to working cooperatively and with other groups and individuals, to implement the plan and monitor the outcomes of this and other working documents.
- 1.6. On behalf of Taranaki Maori Health, I am pleased to present the Maori Health Plan for 2006 – 2007.

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<sup>1</sup> Statistics New Zealand – 2001 Census of Population and Dwellings. *Taranaki Region Community Profile*. p. 1.

No reira, e nga mana, e nga reo, e nga karangamaha, tena koutou, tena koutou, tena koutou katoa.

Christine Henare  
Chief Advisor Maori Health

## 2. TREATY OF WAITANGI

- 2.1. The Treaty of Waitangi/Te Tiriti o Waitangi evidences the unique and special relationship between Iwi Maori and the Crown. As a Crown agency, the Taranaki District Health Board considers the Treaty of Waitangi principles of partnership, proactive protection of Maori health interests, participation, co-operation and utmost good faith to be implicit conditions of the nature in which the Taranaki District Health Board responds to Maori health issues<sup>2</sup>.
- 2.2. Central to the Treaty relationship and the acknowledgement of the Treaty principles, is a common understanding that Maori will have an important role in developing and implementing health strategies for Maori. He Korowai Oranga – Maori Health Strategy, emphasises that the relationship must be based on:
- a. **Partnership:** working together with iwi, hapu, whanau and Maori communities to develop strategies for improving the health status of Maori.
  - b. **Participation:** involving Maori at all levels of the sector in planning, development and delivery of health and disability services that are put in place to improve the health status of Maori.
  - c. **Protection:** ensuring Maori well-being is protected and improved as well as safeguarding Maori cultural concepts, values and practices.
- 2.3. The Treaty of Waitangi provides the fundamental framework for Maori development in Health<sup>3</sup>. Each article of Te Tiriti o Waitangi contains a significant provision that relates to health:
- a. **Article One:** Kawanatanga provides for the Government to govern. However, the right to govern is qualified by an obligation to protect Maori (health) interests.
  - b. **Article Two:** Tino Rangatiratanga provides Maori with a right to exercise authority over their own affairs. A characteristic of Tino Rangatiratanga is Iwi self determination.
  - c. **Article Three:** Oritenga contains a provision which guarantees equity between Maori and other New Zealanders, and
  - d. **Article Four:** Te Ritenga provides for the rights of karakia, customs, lore, and spiritual beliefs.

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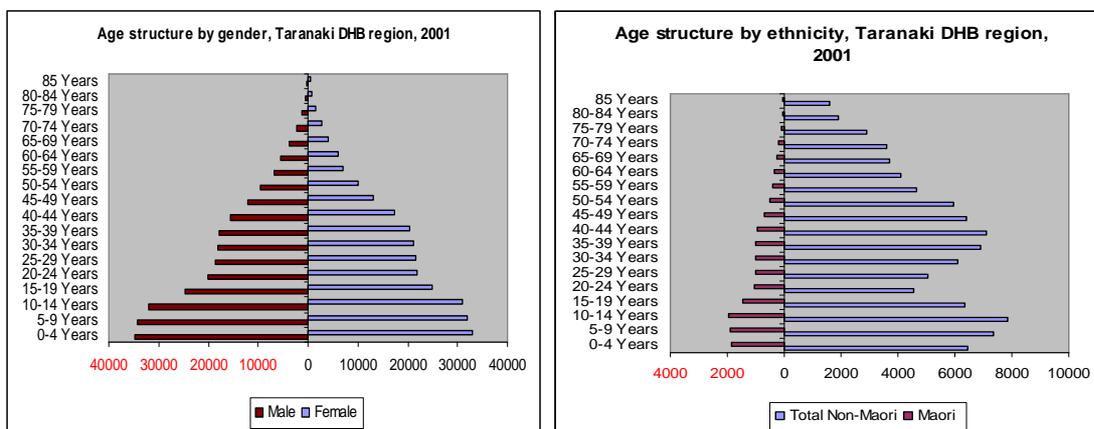
<sup>2</sup> TDHB. (September 2002). Maori Health Strategy, p.3.

<sup>3</sup> Auckland Healthcare, Maori Health Management Unit. (2000). *Managing Treaty of Waitangi Risks*.

- 2.4. The New Zealand Public Health and Disability Act 2000, Part 1, makes explicit: "Treaty of Waitangi Provisions require District Health Boards to establish mechanisms to enable Maori to contribute to decision making and participate in the delivery of health and disability services". The Treaty of Waitangi therefore places obligations upon the Government. The Taranaki District Health Board is committed to assisting the Crown to meet it's obligations as a Treaty partner.
- 2.5. Considerable work has been undertaken to operationalise the Treaty of Waitangi in the Taranaki region. The TDHB has developed relationships separately with each of the eight Iwi of Taranaki, but the primary Iwi vehicle for TDHB relationships is through the regional Maori governance body "Te Whare Punanga Korero" (TWPK). In April 2006 the Memorandum of Understanding between the TDHB and TWPK was refreshed to strengthen Maori input into decision-making and performance monitoring at the governance level.
- 2.6. In addition the TDHB has strong operational relationships with Tui Ora, the regional Maori Development Organisation that is the umbrella body for 13 Maori Provider organisations, as well as with the iwi-based provider organisations Ngati Ruanui and Nga Ruahinerangi in the south, and Te Atiawa in the north. These relationships are useful and essential for facilitating the practical expression of Treaty of Waitangi obligations on a day to day basis.
- 2.7. The application of Treaty obligations is an organisational wide responsibility that sits on the shoulders of all persons from Board members down.

### 3. POPULATION PROFILE

- 3.1. There were approximately 102,858 people living in the Taranaki DHB region in 2001. It is the characteristics of this population (age, sex, ethnicity, and rurality) together with a summation of influences (socioeconomic and environmental determinants) that determines the health needs for Taranaki. Females outnumbered males (52,437 versus 50,418<sup>4</sup>) in Taranaki, as they do in New Zealand as a whole.
- 3.2. The proportion of Maori in Taranaki, at around 14.7 percent, is in alignment with the total New Zealand population (14.7%). Both the number and proportion of Maori in all age-groups, except children under 15 and adults aged 35-44, are projected to increase in the next ten years<sup>5</sup>. This is in contrast to the total population of Taranaki which is projected to drop by 2.8 percent<sup>6</sup>. Maori have a younger population structure than non-Maori, due to a higher birth rate and lower life expectancy.



Source: Medium series population projections based on the 2001 Census data, calculated by Statistics New Zealand.

- 3.3. Maori in Taranaki have a very similar population age structure to Maori in New Zealand overall, whereas non-Maori have a higher proportion of over 65 year olds, and slightly fewer in the 15 to 44 age groups. The smaller proportion of the working age group may be related to a lack of job and tertiary education opportunities in Taranaki, since there was a net outwards migration for the region between 1991 and 1996. Since the over 65 age group has high health needs, and consumes more health services than younger age groups, the higher proportion of older people in the region is also likely to place a higher than average demand upon health services.

<sup>4</sup> Statistics New Zealand – 2001 Census of Population and Dwellings. *Taranaki Region Community Profile*. p. 1.

<sup>5</sup> Public Health Consultancy, Wellington School of Medicine and Health Sciences. October 2001. *An Assessment of Health Needs in the Taranaki District Health Board Region: Te Tirohanga Hauora o Taranaki: Technical Report*. P. 42.

<sup>6</sup> Ibid. P. 39.

3.4. The small (0.7%) population of Pacific peoples is increasing. This group tends to have lower levels of socioeconomic status and poorer levels of health and is likely to increasingly feature in the health needs of the region.

## 4. POLICY ISSUES

- 4.1. Improving the health status of Maori is a priority for Government and for every District Health Board. The range and extent of Maori health disparities continues to be well documented and the evidence is compelling for substantive action. However, inconsistencies and weaknesses in policy development, implementation and monitoring have severely impacted on the ability of Maori health policy to deliver positive outcomes for Maori health<sup>7</sup>.
- 4.2. Although a host of government documents have been promulgated that identify the issues and offer solutions, there are challenges in appropriating sufficient resources in the current fiscally constrained environment. There are further challenges to ensure that local Maori health goals either derive from or are aligned to national goals in a coherent way.
- 4.3. This plan seeks to integrate key strategies in a manner that is rational, practical and achievable. The key national and local strategy documents are:
- a. New Zealand Health Strategy
  - b. Primary Health Care Strategy together with its attendant Implementation Work Programme 2006 - 2010 – The Next Steps
  - c. He Korowai Oranga – Maori Health Strategy with its attendant Whakatataka – Maori Health Action Plan
  - d. Taranaki DHB District Strategic Plan
  - e. The particular sections to note are:
    - i. *Goals and Objectives Framework (p. 7) outlined in the New Zealand Health Strategy*

Maori Development in Health	<ul style="list-style-type: none"> <li>• Build the capacity for Maori participation in the health sector at all levels</li> <li>• Enable Maori communities to identify and provide for their own health needs</li> <li>• Recognise the importance of relationships between Maori and the Crown in health services, both mainstream and those provided by Maori</li> <li>• Collect high quality health information to better inform Maori policy and research and focus on health outcomes</li> <li>• Foster and support Maori workforce development</li> </ul>
Priority objective to reduce inequalities	<ul style="list-style-type: none"> <li>• Ensure accessible and appropriate services for Maori</li> </ul>

<sup>7</sup> Improving Maori Health Policy. June 2000. *National Health Committee*. P.7.

ii. *The framework to Identify and Remove Health Inequalities within the Primary Health Care Strategy (p. 11) includes:*

1. Maori Services	<ul style="list-style-type: none"> <li>• District Health Boards will continue to contract with Maori providers, and support their further development, so that Maori communities have control over their health and wellbeing. The Maori Health Strategy will lead the way in this process.</li> <li>• Mainstream Primary Health Organisations that have significant numbers of Maori or Pacific peoples among their enrolled population should consider establishing specific services for these people</li> <li>• Maori providers and Pacific providers may form Primary Health Organisations in their own communities where it is appropriate for the population</li> <li>• District Health Boards will be required to continue to support and further develop Maori providers and Pacific providers</li> </ul>
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iii. *The Pathways for Action contained in He Korowai Oranga are:*

1. Development of Whanau, Hapu and Iwi communities:	<ul style="list-style-type: none"> <li>• Fostering Maori community development</li> <li>• Building on Maori models of health</li> <li>• Removing barriers</li> </ul>
2. Maori participation in the health and disability sector:	<ul style="list-style-type: none"> <li>• Increasing Maori participation in decision making</li> <li>• Increasing Maori provider capacity and capability</li> <li>• Developing the Maori health and disability workforce</li> </ul>
3. Effective health and disability services:	<ul style="list-style-type: none"> <li>• Addressing health inequalities for Maori</li> <li>• Improving mainstream effectiveness</li> <li>• Providing highest quality service</li> <li>• Improving Maori health information</li> </ul>
4. Working across sectors	<ul style="list-style-type: none"> <li>• To ensure other sector agencies work effectively together to support initiatives that positively contribute to whanau ora</li> </ul>

iv. In the local context the strategic focus areas in the Taranaki DHB's Strategic Plan 2005 – 2015 are:

Maori	Children and Young People	Older People
Diabetes	Cardiovascular disease	Respiratory Disease
Cancer	Mental Health & Addictions	

## 5. MAORI HEALTH ISSUES

Maori have the highest health needs of any ethnic group in Taranaki. This is demonstrated by health status and health determinant statistics. Key issues include the following:

### 5.1. Growth in Maori population

- a. The proportion of Maori in Taranaki, at around 14.7% is aligned with the total New Zealand population. Both the number and proportion of Maori in all age-groups, except children under 15 and adults aged 35-44, are projected to increase in the next ten years<sup>8</sup>. This is in contrast to the total population of Taranaki which is projected to drop by 2.8 percent<sup>9</sup>. Maori have a younger population structure than non-Maori, due to a higher birth rate and a lower life expectancy.
- b. Therefore, the youthfulness of the (Taranaki) Maori population has implications for health policy planners and those who deliver health services. These demographics lend themselves to preventive type strategies which in turn imply consideration of culturally appropriate public health/health promotion type interventions. In addition, the Maori population over the age of 65 is projected to double in the next ten years. In concert, these factors signal increased health needs for Taranaki Maori with attendant implications for resourcing and service planning.

### 5.2. Addressing the poor health status of Maori

- a. This document seeks to articulate a local response to address the poor health status of Maori in the region. Some strong platforms have already been laid upon which to improve Maori health status and the momentum from these initiatives needs to be maintained. They include:
  - i. A strong local Maori health infra-structure is in place.
  - ii. The TDHB has effective relationships with local Iwi, Maori and the Maori health services network.
  - iii. Maori Health has increased its capacity and capability.
  - iv. There is a strategy to ensure all Taranaki Maori health providers are accredited.
  - v. A Taranaki Maori health workforce strategy is in place.
  - vi. Mainstream enhancement activities are being progressed.
  - vii. There are 3 Primary Health Organisations in the region.
  - viii. The Maori health sector is actively and collectively engaged in developing its own strategy for Maori health gain.

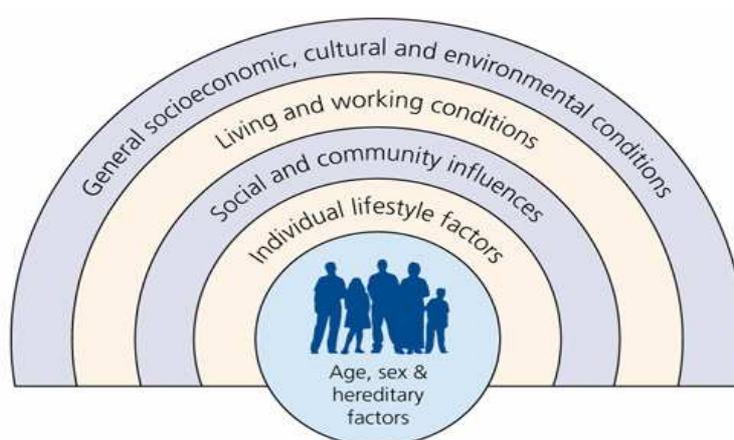
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<sup>8</sup> Public Health Consultancy, Wellington School of Medicine and Health Sciences. October 2001. *An Assessment of Health Needs in the Taranaki District Health Board Region: Te Tirohanga Hauora o Taranaki: Technical Report*. P. 42.

<sup>9</sup> *Ibid.* P. 39.

- b. However, it should be noted that most of the major influences on population health status lie outside what has traditionally been the direct responsibility of the health and disability sector. Therefore, greater attention needs to be paid to influencing these sectors through the development of specific inter-sectoral mechanisms and initiatives.
- c. Already, Maori Health is actively involved in the Regional Inter-sectoral Forum (a regional government inter-sectoral forum) and local government Community Outcomes strategy group that has developed 'Future Taranaki', an inter-sectoral strategy for the whole community. This is an important start, but much more will need to be done to better realise the gains to be had now and in the future. In this respect, Maori Health will need to demonstrate a strong and proactive leadership and be a catalyst for change that enables and transforms lives for the better. The report "Mosaics – key findings and good practice guide for regional co-ordination and integrated service delivery" is an excellent source document for developing and improving upon regional integration initiatives.
- d. Additionally, Maori must be encouraged to take responsibility for Maori health. At the Whanau, Hapu and Iwi level, Maori should be asserting a greater determination in mediating lifestyle and other health related behaviours that impact negatively on Maori health status. An important initiative Maori Health will explore this year will be to assess the value of further developing Maori community health workers in the region as well as increasing Maori-led health promotion activity.
- e. An extrapolation of the assessed health needs of Maori in Taranaki is being compiled to further contextualise the strategies and actions contained in this plan to reduce inequalities.

### 5.3. Addressing the poor socio-economic status of Maori



**Whakatau Maori** – the Broader Determinants of Health (Figure 1, pg 4, BOPDHB Maori Health Strategic Plan)

- a. There is a direct correlation between the poor socio-economic status of Maori and poor health status. The relationship implies that an improvement in health

status is also influenced by improvements in employment, education, housing and overall social well-being. As mentioned previously, the TDHB will plan for greater involvement in inter-sectoral and NGO Maori social policy initiatives. In particular, relationships with the Ministry of Social Development, Work and Income New Zealand, Te Puni Kokiri and the Taranaki Local Territorial Authorities will be progressed in this business year.

#### 5.4. Addressing disparities in Maori health funding

- a. While disparities in funding levels between mainstream and Maori services are symptomatic of the rationalisation of resources and fiscal constraints, such constraints inadvertently impede a DHB's ability to address Maori health disparities. TDHB shall outline fiscally prudent objectives to close these funding disparities. This will include a two-pronged approach:
  - i. re-examination of the existing rationalisation criteria which is applied to all TDHB funding decisions, and
  - ii. investigation and agreement upon an increasing level of investment in Maori health over the ensuing three-years.
- b. Present funding silos also impede the most efficient use of limited resources. This plan will explore the potential to realise synergy opportunities through cross functional relationships across existing funding silos within the District Health Board including Provider Arm.

#### 5.5. Maori Provider development

- a. The Taranaki Maori health infra-structure is maturing into a comprehensive and competent group of providers of culturally appropriate services to the community at large particularly Maori and high needs groups.
- b. Despite this, providers are constantly challenged to meet infrastructural support demands as well as service delivery demands. Whilst acknowledging and respecting Maori aspirations for self determination providers are challenged to consider a more strategic approach aimed at improving the sustainability, viability and capacity of the Maori health sector as a whole. Providers will be supported through-out the coming year firstly to plan a strategic pathway of consolidation to improve the collective capacity of Maori health services and secondly to continue to build provider capacity where opportunities exist, through TDHB's funding and contracting arrangements.
- c. In addition both Maori and mainstream services have inter-relationships and interdependencies that ought to be further developed. The Maori Provider Development Funding Scheme (MPDS) continues to be instrumental in fostering Maori workforce and provider development in the region. Further gains can be made, however, through a more co-ordinated and strategic approach to the application of these resources across the region. In the upcoming year, the focus will be on increasing both organisational capacity and clinical and cultural competencies of Maori health workers.

#### 5.6. Mainstream enhancement

- a. There has been some progress over recent years in promoting, designing and delivering culturally appropriate services, developing cultural competence standards and improving Maori workforce composition.
- b. The TDHB shall build upon these gains within TDHB through:
  - i. consolidation of the “Tikanga Recommended Best Practice” model now in place throughout the organisation
  - ii. continuation and strengthening of the Treaty of Waitangi workshops targeting new staff
  - iii. an additional “Cultural Safety” training and development component will be explored aimed at lifting the competence of managers and clinicians to consider Maori responsiveness in their daily service decisions (subject to resource availability).
  - iv. a programme of Treaty awareness and Maori responsiveness targeting the TDHB Board, Treaty partner Te Whare Punanga Korero and senior managers within TDHB including provider arm
- c. Despite the progress there are significant knowledge gaps that inhibit the ability of the mainstream to respond appropriately and in a timely manner to Maori needs. These gaps are evident at most management levels through-out the mainstream sector. They are symptoms of ‘the unknowing’ of non-Maori decision-makers. The challenges therefore are to develop and implement mechanisms to guide decision-makers, to improve the competence of decision-makers, and to increase the number of Maori in decision-making roles through-out the sector.
- d. The implementation variously of the TDHB Maori Health Strategy and action plans reinforce the high level objective to enhance mainstream responsiveness to Maori health gain. In the ensuing year we will develop and implement ways of improving TDHB’s decision-making processes in relation to Maori health.

#### 5.7. Maori Provider and Mainstream inter-relationships

- a. Underlying any effort to enhance Maori provider or mainstream services should be a recognition that both services are inter-related and inter-dependent. Patterns of service utilisation for Maori for both service types indicate that more progress should be made in ensuring Maori are accessing services in “sequence” rather than in acute presentation situations which negates efforts to provide early intervention at the primary and to some extent

secondary level. There are opportunities, therefore, to improve the inter-relationships between mainstream services and Maori health providers despite some obvious tensions to do with self determination goals. Although there are potential disconnects at the values and behaviours levels, if the common goal of improved Maori health can be maintained, with goodwill such impediments can be minimised.

## 6. PRIMARY HEALTH ORGANISATIONS

- 6.1. There are three Primary Health Organisations in Taranaki – Te Tihi Hauora O Taranaki, Pinnacle Taranaki, and Taranaki PHO.
  - a. Te Tihi Hauora O Taranaki PHO was established in 2003 as a joint venture between Ngati Ruanui in south Taranaki and Te Atiawa in north Taranaki. Te Tihi provides GP services to 5,600 clients through the Ruanui Health Centre in Hawera and Te Atiawa Runanga Medical Trust clinics in New Plymouth, Bell Block and Waitara. The population serviced by Te Tihi is mainly Maori and high needs.
  - b. Pinnacle Taranaki PHO Ltd was established in 2003 as part of the larger Pinnacle organisation that provides PHO services throughout the Central North Island. Pinnacle has member GP's located throughout Taranaki in Waitara, Bell Block, New Plymouth, Opunake, Inglewood, Stratford and Eltham, servicing a population of just under 50,600.
  - c. Hauora Taranaki (Taranaki PHO Ltd) was established in 2003 as a joint venture organisation between Tui Ora Ltd and the First Health Group, however First Health is no longer a stakeholder in the PHO. Hauora Taranaki provides services to a population of 44,100 service users, with member GP's in Waverley, Patea, Hawera, Manaia, Opunake, Oakura, Inglewood, New Plymouth, Bell Block, Waitara and Brixton.
- 6.2. These organisations support Taranaki's primary health strategies by:
  - a. Working towards improving integration and collaboration between providers
  - b. Improving the health status of the population
  - c. Continuously improving quality using good information
- 6.3. Positive relationships between Maori providers and PHO's are imperative to improving the reach of primary care into Maori communities. This plan supports the move to greater collaboration between PHO's and Maori providers. It also calls upon PHO's to acknowledge the critical role Maori providers play in addressing Maori health need through involving them (Maori providers) more in PHO funded services to improve access and health promotion. Such an approach is fundamental in an inequalities framework.

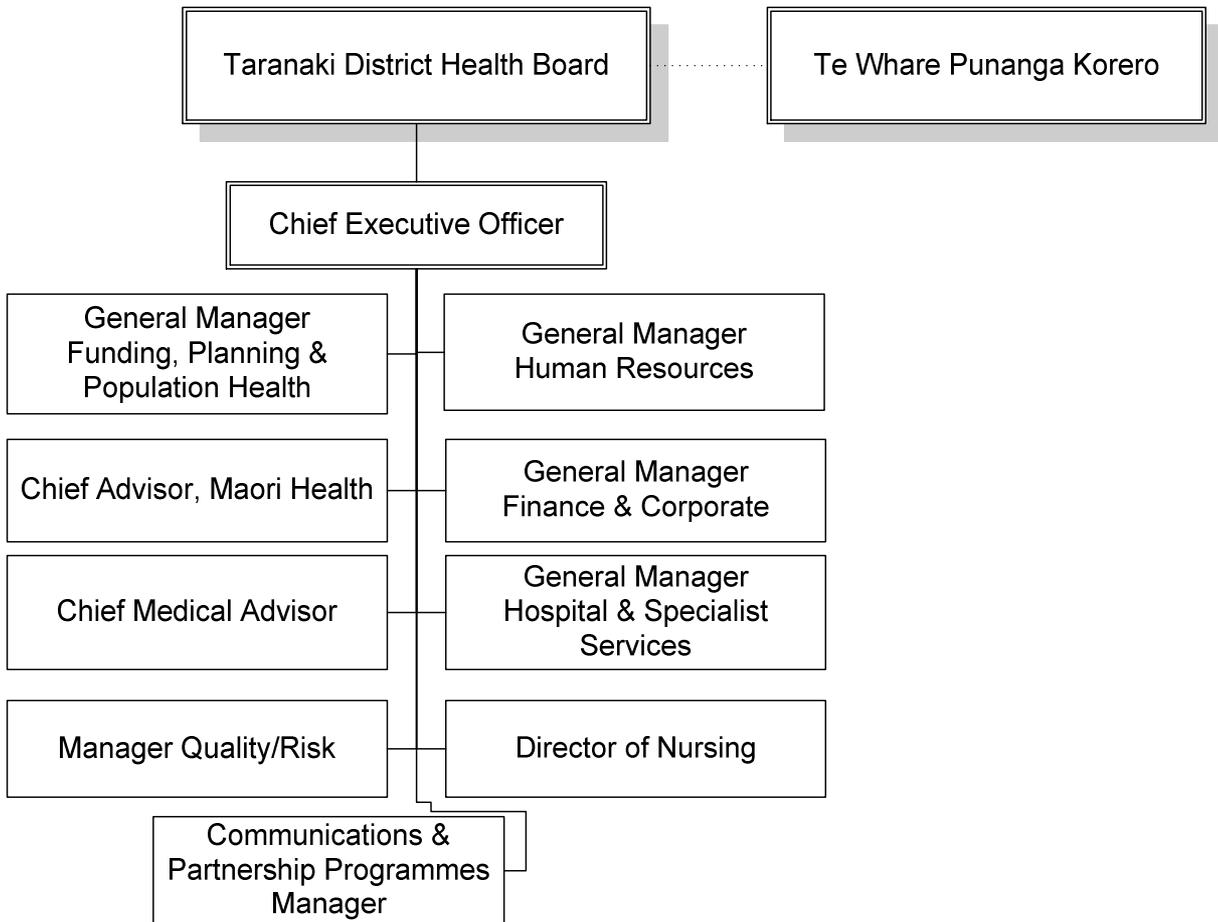
## **7. IMPROVING MAORI HEALTH INFORMATION**

- 7.1. The collection and documentation of Maori health data, in particular, utilisation and disparities in Maori health status, have a historical context. The collection of this data, and in particular improvements in its quality, is impeded by inconsistent methodologies and incoherent IT gathering platforms and formats. As the collection of data is generally disjointed full reliance cannot be placed upon its integrity. This is an unacceptable situation in terms of meeting TDHB's strategic and operational planning requirements.
- 7.2. A conscious approach will be made in the upcoming business year to develop an improved and consistent approach to the gathering and collating of evidence based Maori health data.

## **8. MAORI WORKFORCE DEVELOPMENT**

- 8.1. Maori workforce development is pivotal to improving the health of Maori in the Taranaki region. It is concerned with securing the Maori workforce for the region in the short, medium and long term. It links workforce data and information to service planning and service redesign to shape future services, local and national employment markets, and the supply and demand that exists now and in the future.
- 8.2. Workforce development will act as a key driver in improving health services and therefore health gain, by developing an appropriately skilled and acculturated workforce that can more appropriately respond to the needs of Taranaki Maori communities.
- 8.3. The Taranaki Maori Health Workforce strategy spans a five year timeframe and incorporates three priority areas to develop the Maori health workforce in the region: Workforce Information, Health and Education Relationships and Building Strategic Capacity. The strategy will be reviewed in ensuing months to ensure goals and objectives align with recent changes within the local service environment and to ensure consistency with Raranga Tupuake, national Maori Workforce Strategy.

## 9. ORGANISATIONAL STRUCTURE

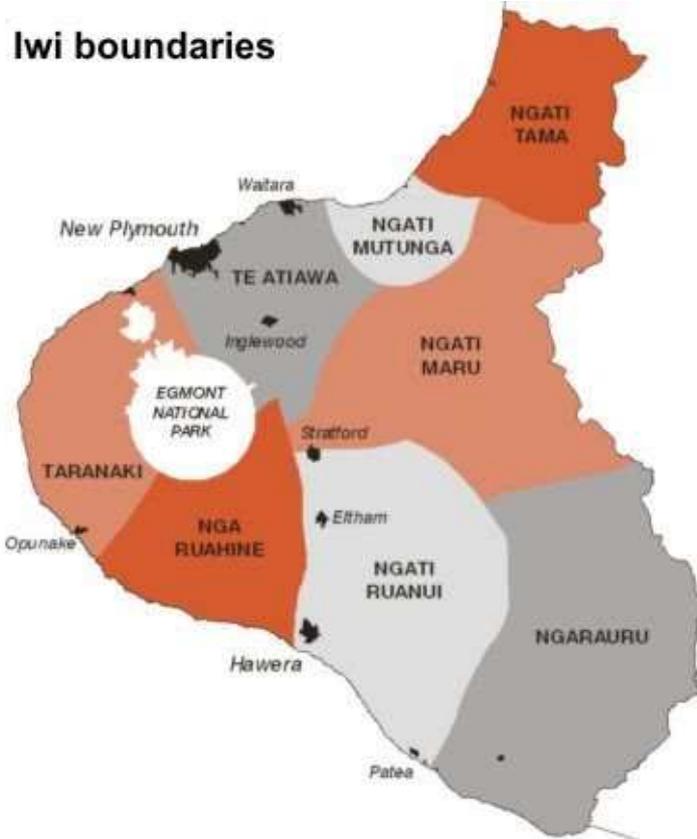


- 9.1. Te Whare Punanga Korero has a partnership relationship at the level of governance with the Taranaki District Health Board. This relationship gives effect to the Treaty of Waitangi principles of partnership and participation. It is the vehicle through which Maori contribute to strategic funding and planning decisions.
- 9.2. Maori Health (in conjunction with Taranaki Maori) is responsible for providing leadership and overall strategic direction in respect of Maori health, but as said earlier the application of Treaty obligations is an organisational wide one for which all Board members and staff are responsible.

## 10. TE WHARE PUNANGA KORERO

- 10.1. Te Whare Punanga Korero is a regional Maori health governance body comprised of representation of the eight Iwi of Taranaki, they being:
- a. Ngati Tama                      Ngati Mutunga
  - b. Ngati Maru                      Te Atiawa
  - c. Taranaki                      Nga Ruahinerangi
  - d. Ngati Ruanui                      Nga Rauru.
- 10.2. The group has a Memorandum of Understanding which formalises the Treaty partnership between Taranaki Maori and the District Health Board. The agreement stipulates that Te Whare Punanga Korero shall be consulted early, and entitled, under Article Two, of the Treaty of Waitangi, to be involved from a governance perspective, in TDHB's planning, purchasing and monitoring decisions that affect Maori health within the Taranaki region.
- 10.3. Te Whare Punanga Korero meets monthly (or more frequently if required) to facilitate its purposes. The Chief Advisor, Maori Health (TDHB) meets with them each month and facilitates advisory and administrative support by TDHB's Maori Health Unit. The Chair of the Taranaki District Health Board together with the Chief Executive Officer of TDHB meet with the Chair and other members of Te Whare Punanga Korero on a quarterly basis. It is envisaged that both Boards will meet at least annually. The relationship between Te Whare Punanga Korero and TDHB is positive and evolving. Te Whare Punanga Korero aims to effectively monitor TDHB's performance in terms of meeting its obligations to improve Maori health status.

## 11. MAP OF TARANAKI IWI



## 12. STRATEGIC GOALS AND OBJECTIVES

- 12.1. The key strategic goals, objectives and timeframes for Maori health and reducing inequalities, as scheduled in Appendix A, have been determined in consultation with the Taranaki Maori health services collective made up of the Maori providers, Tui Ora Ltd and Te Whare Punanga Korero and agreed to by the Taranaki District Health Board.
- 12.2. The goals and objectives are mirrored in the District Annual Plan to bring absolute focus on the priorities for addressing Maori health in a reducing inequalities framework.

## 13. QUALITY GOALS

- 13.1. Quality goals related to Maori health are contained within the Taranaki DHB's Quality Plan. The relevant sections are reproduced as Appendix B to this plan.

## 14. MAKING IT HAPPEN

### 14.1. Prioritisation

- a. The Taranaki District Health Board is developing a prioritisation framework that is consistent with the New Zealand Health Strategy and the objectives of the TDHB. The framework recognises that not all the health needs of the people of Taranaki can be met within available resources, therefore, a process of prioritisation is required. The process will be implemented primarily through the Planning and Prioritisation Panel that deliberates over TDHB funding and planning matters including at project and contracting level. The framework establishes criteria within which such decisions are made. They have a deliberate inequalities emphasis. The process will be regularly reviewed for effectiveness towards Maori health gain and reducing inequalities. The prioritisation process is transparent and the decision making criteria is open to public scrutiny.

### 14.2. Monitoring

- a. “He Ritenga – Treaty of Waitangi Principles: Health Audit Framework” is a national monitoring and evaluation framework to assist in assessing DHB’s performances against He Korowai Oranga. The framework, developed by the Bay of Plenty District Health Board in conjunction with the Ministry of Health Maori Health Directorate (Te Kete Hauora) in accordance with the Treaty of Waitangi, matrixes against He Korowai Oranga outcomes. The standards, outcomes and criteria have been incorporated into the National Audit Standards Framework to better ensure national consistency in assessing achievements levels. Criteria have been developed around key organisational competencies such as:
  - i. Governance
  - ii. Planning and Funding
  - iii. Service Delivery, and
  - iv. Workforce Development.
- b. The purpose of the framework is to assess and evaluate compliance with Treaty of Waitangi articles and Crown Principles, monitor progress against He Korowai Oranga and assess organisational capacity to be responsive to Maori health needs.
- c. The key stakeholder groups of TDHB, Te Whare Punanga Korero and BOPDHB have agreed to implement this monitoring framework in the next 12 months.

### 14.3. Measuring Maori Health Gain and Reducing Inequalities

- a. This plan draws together key Maori health gain indicators from which we will measure progress towards reducing the health disparities that exist between Maori and the rest of the Taranaki population.
- b. The quantitative dataset draws from 'Future Taranaki', the inter-sectoral strategy for the whole of the Taranaki community which brings the required inequalities focus. These plus key qualitative indicators from the TDHB's District Strategic Plan plus quantitative information drawn from TDHB's performance indicators for 2006-07, combine to form the complete set of information upon which progress in reducing inequalities and improving Maori health status will be based.
- c. A matrix of the key indicators, together with the strategies, actions and outcomes to which they align, is attached as Appendix C.

Appendix A  
STRATEGIC GOALS AND OBJECTIVES

**Aim 1: Support and strengthen the capacity of Maori providers to deliver high quality services to all users of the health system, Maori and high needs groups in particular**

Objective 1: Identify service gaps and barriers for high needs communities from an inter-sectoral perspective

Objective 2: Increase the capacity of Maori providers to address service gaps for high needs communities

Objective 3: Increase the capacity and capabilities of the Maori health workforce

Activities – What we are going to do	Targets and Expectations	Milestones
1. Build a profile of communities in high decile areas that identify: <ul style="list-style-type: none"> <li>a. Population profile</li> <li>b. An agreed set of mortality and morbidity indicators</li> <li>c. Stock-take of all local services available</li> <li>d. Service gaps (intersectoral)</li> <li>e. Service access barriers (intersectoral)</li> </ul>	Comprehensive inter-sectoral profiles exist for at least 3 high decile localities in Taranaki	March 2007
2. Lead a review of Maori health services that includes a stock take of current capacity by client coverage, services and quality of services provided, workforce and infrastructural capacity and capabilities	Review report completed	March 2007
3. Agree on a plan to build the capacity of Maori providers to enable them to: <ul style="list-style-type: none"> <li>a. address identified service gaps and access barriers for Maori and high needs groups</li> <li>b. support mainstream services to improve their responsiveness to Maori</li> <li>c. participate in TDHB's planning activities in areas that significantly affect Maori</li> </ul>	Plans agreed  Monitoring mechanisms in place	June 2007  June 2007

<p>4. Implement the Maori Health Workforce Development Strategy to increase the numbers and improve the skills at all levels of the Maori health and disability workforce</p>	<ul style="list-style-type: none"> <li>• Taranaki Maori health workforce profile completed</li> <li>• An appropriate forecasting formula/model to identify workforce projections for the next five years, is developed and agreed by the Maori health sector and TDHB.</li> <li>• A recruitment and retention plan for Maori in the Taranaki health sector is agreed by the Maori health sector.</li> <li>• Negotiate workforce targets as part of the District Annual Plan</li> </ul>	<p>December 2006</p> <p>June 2007</p> <p>March 2007</p> <p>December 2007</p>
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**AIM 2: Work with Maori and Iwi and other groups to develop innovative solutions to make health services more accessible by Maori and high needs groups**

Objective 4: Measure sector responsiveness to Treaty of Waitangi Principles, He Korowai Oranga and Whakatataka objectives

Objective 5: Effective implementation of the Primary Health Care Strategy to reduce inequalities

Activities – What we are going to do	Targets and Expectations	Milestones
1. Establish linkages between the following DAP focus areas targeting Maori and other high needs groups, as integral to the inequalities plan: <ol style="list-style-type: none"> <li>a. Primary Health Care</li> <li>b. Chronic disease management including cardiovascular disease, cancer, diabetes and respiratory diseases</li> <li>c. Mental health and addictions</li> <li>d. Alcohol and drug misuse</li> <li>e. Children and young people</li> <li>f. Older people</li> </ol>	Linkages are established between the Inequalities plan and each of the key focus areas identified	September 2006
2. Implement the Health Equity Assessment Tool in all funding decisions	Policy and procedure for application of the HEAT tool is in place for all funding and planning including service contract decisions within TDHB and PHO's	December 2006
3. As part of TDHB investment plan, set funding targets over the next 3 years for Maori health and disability initiatives taking into account Maori population profiles, needs assessments, health disparities and services currently available.	<ul style="list-style-type: none"> <li>• Funding targets set as part of the Investment Plan and District Annual Plan</li> <li>• Options to be explored regarding Kaupapa Maori residential services for Koroua and Kuia</li> </ul>	December 2006  2008-09

<p>4. Liaise with Ministry of Health to increase Maori capacity in health promotion, for greater participation in preventive strategies targeting high needs groups including and especially programmes focussing on strategic chronic disease focus areas</p>	<ul style="list-style-type: none"> <li>• Investment targets agreed</li> <li>• Implementation begins</li> </ul>	<p>December 2006</p> <p>September 2007</p>
<p>5. Assess, develop/modify and implement 'He Ritenga - Treaty of Waitangi Principles: Health Audit Framework' (developed by BOPDHB) framework to measure sector responsiveness to Treaty of Waitangi principles, He Korowai Oranga and Whakatataka objectives</p>	<ul style="list-style-type: none"> <li>• Audit tool approved, in place and operating</li> </ul>	<p>March 2007</p>

**AIM 3 Improve the information we gather to accurately plan and measure the extent of health inequalities in Taranaki and the impact of the strategies to address them.**

Objective 6: Establish effective relationships with key stakeholders to tackle inequalities inter-sectorally

Objective 7: Improve the quality of information gathered for planning, funding and monitoring purposes

Objective 8: Work with Maori providers and the MDO to develop and implement an information management solution that supports the framework to reduce inequalities as well as meeting all other information requirements

<b>Activities – What we are going to do</b>	<b>Targets and Expectations</b>	<b>Milestones</b>
1. Formalise relationships with key stakeholders (Maori, Crown & others) to develop a framework for monitoring inter-sectoral strategies to reduce inequalities	A set of base-line information and lead agency is agreed as is lead information agency	September 2006
2. Establish baseline funding information on current TDHB Maori health investment in Maori NGO's, non-Maori NGO's and TDHB	Baseline funding information is identified and documented.	September 2006
3. Ensure that ethnicity data is collected according to national Ethnicity Data Protocols to maximise accuracy for strategic and operational decision-making	<ul style="list-style-type: none"> <li>• 95% of patient admissions to TDHB have ethnicity recorded according to standard Ethnicity Data Protocols</li> <li>• All NGO contracts include a standard clause that requires ethnicity data to be recorded according to the standard Ethnicity Data Protocols in relation to services provided</li> </ul>	<p>December 2007</p> <p>March 2007</p>
4. Support an IT capacity stock-take of Maori providers and MDO to determine information capture / storage / retrieval capabilities	Stock-take completed	December 2006
5. Work with Maori providers and MDO to develop and implement an information management strategy that supports the framework to reduce inequalities as well as meeting all other information requirements	<ul style="list-style-type: none"> <li>• Strategy developed</li> <li>• Strategy implemented</li> </ul>	<p>June 2007</p> <p>December 2007</p>

Appendix B  
QUALITY GOALS

IQ Action Plan Goals	Objectives	Actions	Target Completion Date
<p><b>Treaty of Waitangi</b> There are more effective service outcomes for Maori by acknowledging the special relationship between Maori and the Crown under the Treaty of Waitangi and applying the principles of partnership, participation and protection.</p>	<p>To implement the Maori Health Workforce Development Strategy to increase the numbers and improve the skills at all levels of the Maori health and disability workforce.</p>	<ul style="list-style-type: none"> <li>• Taranaki Maori health workforce profile completed.</li> <li>• An appropriate forecasting formula/model to identify workforce projections for the next five years is developed and agreed by the Maori health sector and TDHB.</li> <li>• A recruitment and retention plan for Maori in the Taranaki health sector is agreed by the Maori health sector.</li> <li>• Workforce targets are negotiated as part of the District Annual Plan.</li> </ul>	<p style="text-align: right;">31/12/06</p> <p style="text-align: right;">30/06/07</p> <p style="text-align: right;">31/12/07</p> <p style="text-align: right;">31/03/09</p>
	<p>Implement the Health Equity Assessment Tool in all funding decisions.</p>	<ul style="list-style-type: none"> <li>• Policy and procedure for application of the HEAT tool is in place for all funding and planning including expectations within service contracts within TDHB and PHO's.</li> </ul>	<p style="text-align: right;">31/12/06</p>
	<p>Assess, develop/modify and implement 'He Ritenga – Treaty of Waitangi Principles: Health Audit Framework' to measure sector responsiveness to Treaty of Waitangi principles, He</p>	<ul style="list-style-type: none"> <li>• Audit tool approved, in place and operating.</li> </ul>	<p style="text-align: right;">31/03/07</p>

	Korowai Oranga and Whakatataka objectives.		
<b>Communication, Co-ordination and Integration</b> <i>There is effective and open communication, co-ordination and integration of service activities that recognise the value of teamwork.</i>	To formalise relationships with key stakeholders (Maori, Crown and others) to develop a framework for monitoring inter-sectoral strategies to reduce inequalities.	<ul style="list-style-type: none"> <li>A set of base-line information and the lead agency is agreed.</li> </ul>	30/09/06
	To ensure that ethnicity data is collected according to national Ethnicity Data Protocols to maximise accuracy for strategic and operational decision making.	<ul style="list-style-type: none"> <li>95% of patient admissions to TDHB have ethnicity recorded according to standard Ethnicity Data Protocols.</li> <li>NGO contracts to include a standard clause that requires ethnicity data to be recorded according to the standard Ethnicity Data Protocols in relation to services provided.</li> </ul>	31/12/06  31/03/07
	To work with Maori providers and MDO to develop and implement an information strategy that supports the framework to reduce inequalities as well as meeting all other information requirements.	<ul style="list-style-type: none"> <li>Strategy developed.</li> <li>Strategy implemented.</li> </ul>	31/06/07 31/12/07

## Appendix C

### MAORI HEALTH GAIN INDICATORS