

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Te Whakamahere Hauora Māori Ki Waitaha



“Whānau Ora ki Waitaha”

Māori Health Plan 2007-2011

MIHI - FOREWORD

Tēnā koutou e ngā tāngata o te rohe o Waitaha. He mihi mahana tēnei ki a koutou. Anei te mahere hei arataki mō te mahi hauora ki Waitaha i ngā tau, 2007 ki 2011. Ko te Whakamahere Hauora Māori ki Waitaha nei, te ara e haere ana mā mātou kei roto i te mahere nei, ngā hiahia, ngā wawata me ngā moemoeā hoki kia whakapakari te hauora o ngā tāngata Māori o tā tātou nei rohe a Waitaha.

TA MĀTOU MATAKITE

Ki te whakapakari, whakamanawa me te whakahaere i te hauora mo te orangapai o ngā tāngata o te rohe o Waitaha

Ko tēnei te mahere o te Poari Hauora o Waitaha, ngā kaimahi hauora, ngā rōpu i mahi hauora, me ngā tāngata Māori katoa. Ko te mahere nei, i puta mai ngā mea nui me ngā take Māori mo te kaupapa hauora.

A warm welcome to everyone in the Canterbury region. This plan provides the path in which Māori health activities will progress in Canterbury in the next five years from 2007 to 2011. This plan identifies the approach we will take to improve Māori health outcomes. Canterbury District Health Board's vision is:

OUR VISION

To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District

The Plan belongs to the Board, internal staff and external providers and the Māori community, and reflects long-expressed Māori priorities and concern

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1 Executive Summary

Whakamahere Hauora Māori ki Waitaha 2007-2011, the District Health Board's (CDHB), Māori Health Plan is a review of our earlier plan of the same name, which covered the period 2002-2006.

The documents and philosophies that underpin both the first plan and this plan have not substantively changed and indeed are indurable. Principal among the aforementioned documents is He Korowai Oranga, the Ministry of Health's Māori Health Strategy (2002) and its associated National Māori Health Action Plan, Whakatātaka Tuarua. This plan follows the key strategies in He Korowai Oranga while remaining closely linked to the CDHB core directions. The aim of He Korowai Oranga is "Whānau ora; Māori families supported to achieve their maximum health and wellbeing". This aim is reflected in our own plan and remains the basis of action.

The New Zealand Public Health and Disability Act 2000, lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The Act also indicates our responsibility to recognise and respect the principles of the Treaty of Waitangi in the health and disability support sector and our relationship with the Crown's Treaty partner, in our case, Ngāi Tahu.

Māori are a comparatively unwell population. Māori life expectancy is 8-9 years less than that of non-Māori. There has been little (if any) decline in Māori mortality rates over the past two decades despite a steady decline in non-Māori rates. As a consequence, the gaps in life expectancy between Māori and non-Māori ethnic groups increased markedly over the 1980s and 1990s. The Māori population also has a greater burden of disease, particularly chronic disease, and there is some New Zealand evidence for ethnic differences in health services, whereby Māori have less access to, and quality of, health care than non-Māori.

This plan will guide the DHB's response to improve Māori health over the next five years. It will require commitment by all, strong engagement with and support from Ngāi Tahu, the wider Māori community, health providers and other key stakeholders.

This plan has been made possible by engaging with the Māori community through a series of public community consultation hui as well as engagement with Māori working in the health sector. This consultation highlighted agreement in a number of key issues for our Māori community that they wished to be included in the plan:

- Improving Māori health status was the most important priority.
- CDHB formal relationships with Māori through Ngāi Tahu, Manawhenua Ki Waitaha, Te Rūnanga o Ngā Maata Waka and other Māori structures was necessary for any plan to succeed.
- The plan must be revisited as issues change and therefore remains a "living document".
- The plan must be resourced appropriately.
- In order to be accessible to communities the plan must be simple and as short as possible.

The Plan incorporates national and local strategic directions and the framework, as previously stated, adopts the structure of He Korowai Oranga and Whakatātaka Tuarua and how they link to Canterbury DHBs Core Directions 2010. The plan is also inextricably linked to all other CDHB strategies such as the Primary Care Strategy, Cancer Control Strategy and the Child Health Plan.

“Whānau Ora ki Waitaha” is the theme of the Canterbury District Health Board’s Māori Health Plan – Whakamahere Hauora Māori ki Waitaha, 2007-2011. Whānau Ora ki Waitaha is Healthy Māori families in Canterbury, supported to achieve their maximum health and wellbeing.

This plan identifies priorities, measures, initiatives and activities to work through to improve health outcomes for Māori. The directions articulated in this plan mirror those of the CDHB Core Directions:

- *Direction 1* - Improving Māori health status
- *Direction 2* - Working together
- *Direction 3* - Finding Better ways of working
- *Direction 4* - Developing Canterbury’s workforce
- *Direction 5* - Being a leader in health

2 Introduction

Approximately 33,500 Māori live in Canterbury, the ninth largest DHB Māori population in New Zealand. National health information shows that Māori experience significant and often complex health and social issues. Evidence also shows that health inequalities exist in the Māori population across a wide range of measures particularly, life expectancy, disease burden and access to health services.

Māori Health is a priority area for the government and the Canterbury DHB. The Ministry of Health’s goal is to progress health gain for Māori by addressing the inequity of Māori health status compared to non-Māori. The CDHB is committed to working to achieve positive improvements in moving Māori health status to equity with that of the non-Māori population.

3 Overarching Directions

This plan is underpinned by the following:

TĀ MĀTOU MATAKITE	OUR VISION
Ki te whakapakari, whakamanawa me te whakahaere i te hauora mo te orangapai o ngā tāngata o te rohe o Waitaha	To promote, enhance and facilitate the health and wellbeing of the people of the Canterbury District
Ā MĀTOU UARA	VALUES

- Manaaki me te kotua mo ētahi atu
- Hapai i a mātou mahi katoa i runga i te pono
- Ko te kawenga i ngā hua

NGĀ HUARI MAHI

- Arotahi atu ki ngā tāngata me ngā iwi katoa
- Whakaatu whakaaro hihiko
- Tū atu ki ngā uru, rātou ngā tāngata me ngā rōpu e parekareka ana mai ki a tātou mahi

- Care and respect for others
- Integrity in all we do

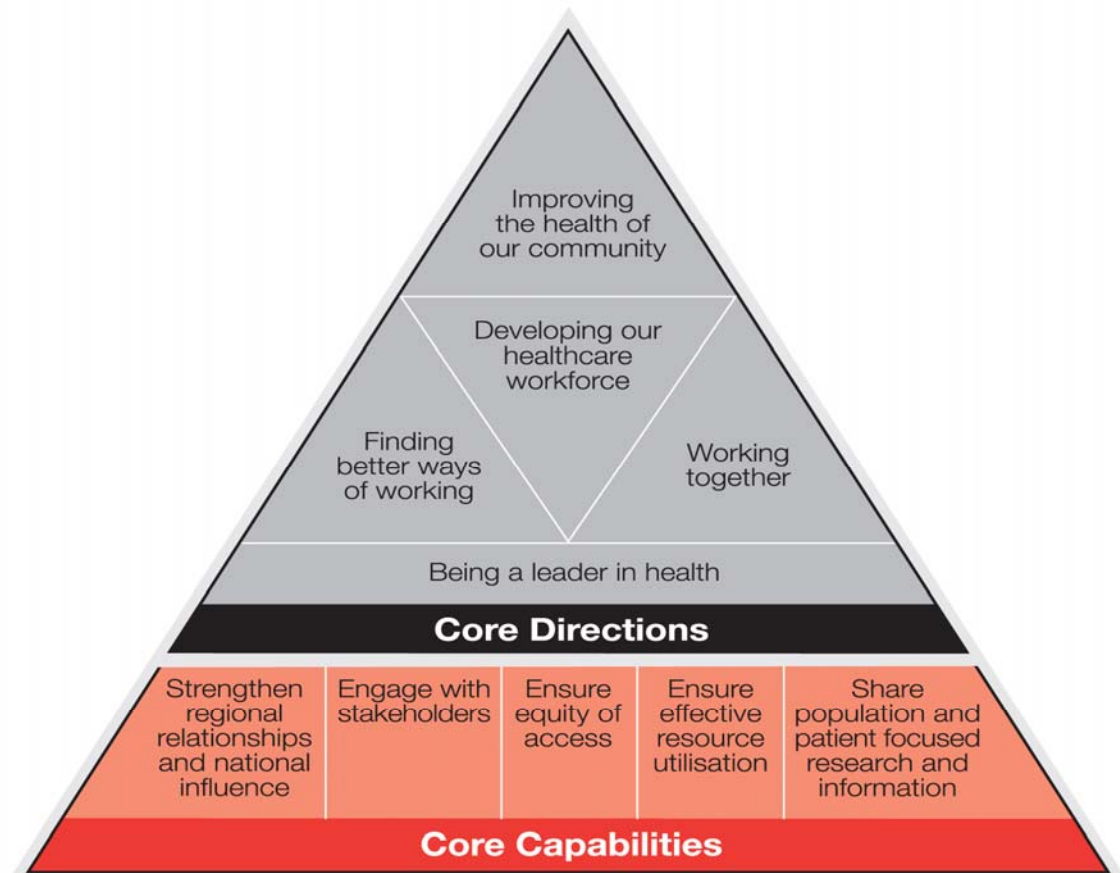
- Responsibility for outcomes

WAYS OF WORKING

- Be people and community focused
- Demonstrate innovation
- Engage with our stakeholders

Canterbury District Health Board Directions 2010

Vision: To Promote, Enhance and Facilitate the Health and Wellbeing of the People of Canterbury



4 Vision for Māori Health in Canterbury

The vision for Whakamahere Hauora Māori ki Waitaha, CDHB Māori Health Plan, is “Whānau Ora Ki Waitaha”; Māori families in Canterbury are supported to achieve their maximum health and wellbeing.

This plan will progress health gain for Māori by addressing the inequity of Māori health status compared to non-Māori through informed action, decision-making, highlighting needs and ways to respond and Influence policy and processes.

The core Māori values that underpin this Plan:

- Whakawhitiwhitinga kōrero i waenganui i nga tikanga e rua – Two way communication.
- Whai wāhitanga o ngā Māori katoa – Facilitation of Māori participation.
- Herea ki te mahi – Commitment to action.
- Whakaaetia ki ngā Māori katoa – Recognition of all Māori.

5 Māori Participation with the Canterbury DHB

At the heart of any action to improve Māori health status must be the participation of Māori at every level of health. Genuine participation must occur particularly in governance, planning and delivery of health services. Māori already participate at these levels and the CDHB aims to improve this participation through improved relationship building with key Māori stakeholders as well as action aimed specifically to improve Māori participation at all levels of health.

5.1 Governance Level Relationships

The Canterbury District Health Board seeks to have active Māori participation with Māori at a governance level. To this end the CDHB is committed to formalising appropriate formal relationships through the governments Crown-Māori Relationship Instruments (CMRI) policy.

Ngāi Tahu is the manawhenua of Canterbury. Ngāi Tahu has mandated Manawhenua Ki Waitaha as the group representing them in health. Manawhenua Ki Waitaha has well established relationships and representation in PHOs and NGO health service providers. The CDHB seeks a genuine and valuable relationship with Ngāi Tahu, through Manawhenua Ki Waitaha and is therefore committed to formalising a CMRI with Manawhenua Ki Waitaha.

The CDHB is equally committed to relationships with other representative Māori organisations such as Maata Waka and other Taura Here groups that will enable

progress toward improving Māori health status. The CDHB is therefore committed to formalising a CMRI with these key Māori stakeholders.

The CDHB expects that the Minister will ensure Ngāi Tahu / Māori Relationship Board compliance to the New Zealand Public Health and Disability Act 2000, concerning Māori participation on the CDHB board. The act specifies the Minister must endeavour to ensure, in any event, there are at least two Maori members on the board.

In recognition of this, the CDHB will ensure that there is appropriate participation of Māori on statutory and other board committees, by ensuring adequate representation By Māori on these committees.

5.2 Operational Relationships

The CDHB has a wide variety of operational relationships with Māori that contribute to our funding and provision of services. Key among these are:

- Ngāi Tahu and Manawhenua Ki Waitaha¹
- Te Rūnanga o Ngā Maata Waka
- Māori / Taura Here groups
- Rūnanga / Hapū
- Māori Community groups
- Māori Development Organisation
- Māori Service Providers
- Te Puni Kōkiri
- Te Herenga Hauora o Te Waka a Māui (South Island Regional Māori Managers)
- Te Tumu Whakarae (National Māori Managers)

The CDHB also has a wide variety of internal relationships, staff, teams and other groups that work with Māori and contribute to our funding and provision of services. Key among these are:

- Te Kāhui Taumata (Advisory Komiti to the CEO)
- Te Tumu Whakahaere (CDHB Māori Managers)
- Te Ao Marama (CDHB Māori Staff Forum)
- Māori teams and staff within CDHB; e.g. Planning and Funding , Ngā Rātonga Māori, Te Komiti Whakaruruhau, Te Korowai Atawhai and Te Kahui Pou Hauora Māori

In consultation with the Māori community, a strong desire was expressed to appoint a Māori advisory group, consisting of both Manawhenua and other Māori representatives, to provide advice to the board through the CEO. The CDHB will form a Māori advisory group to increase Māori participation in health services in Canterbury, particularly at a decision-making and advisory level and to monitor progress of Māori health.

¹ A glossary of Māori words and terms follows at page 29

5.3 Treaty of Waitangi

Canterbury DHB supports He Korowai Oranga's description of the government's commitment to the Treaty of Waitangi:

Partnership

Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation

Involving Māori at all levels of the sector in decision-making, planning, development and delivery of health and disability services.

Protection

Working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Canterbury DHB recognises that working within a Treaty of Waitangi framework will ensure its activities have a strong foundation from which to develop. The Framework will also support the development of Canterbury DHBs relationship with Ngāi Tahu, and its relationships with all Māori.

5.4 Māori participation in health planning, service provision and the workforce

Canterbury DHB has incorporated the roles of Taua and Kaumātua to work alongside the Chief Executive as members of Te Kahui Taumata, the DHBs Māori Advisory Team. The Taua and Kaumātua roles assist in ensuring that Canterbury DHB recognises and respects the principles of the Treaty of Waitangi and actively works to improve the health status of Māori.

The Taua and Kaumātua roles are part of the organisational structure. They challenge the DHB to uphold and respect the mana of these positions by committing itself to prioritising Māori health. Both the Taua and Kaumātua roles are prominent in the development of effective relationships between the CDHB and the Māori communities, including Manawhenua ki Waitaha, and within the CDHB.

In 2004 the position of Executive Director Māori Health was established, and sits within the CDHB's Executive Management Team (EMT).

5.5 Māori Community Participation

Canterbury DHBs Board is in discussions with Manawhenua ki Waitaha, the group representing the seven Ngāi Tahu rūnanga in Canterbury. A Manawhenua Ki Waitaha representative was invited to sit on the board as an observer in 2006. Manawhenua ki Waitaha has indicated that its top priorities, apart from formally expressing the relationship, are:

- Improving Māori Health status
- Services to meet Māori priority needs
- Monitoring CDHB performance
- Resources for Māori Health
- Ethnicity data collection
- Intersectoral activities, led by Health

The Canterbury DHB is also working with Taura Here groups to identify the most appropriate relationships it needs. Quarterly hui with the Māori providers and annually reporting back to the Māori community will also be required. The Canterbury DHB recognises He Oranga Pounamu as the Ngāi Tahu mandated Māori Development Organisation in Te Waipounamu and will also work with He Oranga Pounamu to support Māori development.

5.6 Māori Service Provision

Most Māori provider contracts were devolved to the Canterbury DHB by 1 July 2002. Māori provider services cover population, community, primary and mental health. The Canterbury DHB works with all Māori health service providers in Canterbury.

5.7 Māori Workforce Participation

A Canterbury DHB staff ethnicity survey in 2004 found that 193 staff in the internal provider identified as Māori. Although the overall response rate was only about 50%, the survey identified that Māori comprise a very small proportion of the more than 8,000 staff. The survey will be repeated annually, alongside the culture survey. A stock take of Māori staff in Māori health provider's in 2004 showed over 100 Māori staff with a wide skill base were employed with Māori health providers in Canterbury.

Māori workforce participation occurs through the Canterbury DHB-wide staff forum - Te Ao Marama, and across the divisions with senior Māori staff - Te Tumu Whakahaere, as well as within each Division's Internal Provider forums. An organisational chart shows how many Māori health positions exist and what roles they have to play in order to improve the health of Māori patients.

5.8 Effective, culturally appropriate and high quality services

All providers, including the CDHB provider arm, have contractual requirements directly relating to responsiveness to Māori. Monitoring programmes will ensure that these requirements are being met and audit and review activities will incorporate Māori components and Māori auditors as appropriate. The CDHB provider arm has also gained accreditation, using Quality Health New Zealand's HAPNZ programme. This programme contains Māori aspects, and meeting these needs will be a priority.

All providers will be expected to provide staff opportunities to receive appropriate training to better meet Māori needs, and that Māori staff have career pathways developed with their involvement.

6 Māori Priorities For Health

The challenges Canterbury DHB face within Māori health have been consistently raised in Māori forums as focal points to be addressed in order to progress the

improvement of Māori health. Canterbury DHBs response to these challenges are articulated in the directions (Part 7) below.

6.1 Monitoring Māori health outcomes

Appropriate needs assessment, monitoring and measurement systems will be incorporated into the Canterbury DHBs activities so that progress in achieving Māori health outcomes will be able to be identified, and corrective actions put in place when and where necessary. These systems will be a fundamental building block for the CDHB. These systems are high priorities, as well as accurate ethnicity data collection systems and processes to ensure planning and review purposes can be achieved.

6.2 Working across sectors

He Korowai Oranga and Whakatātaka envisage a leadership role for the health and disability sector across the whole of government and its agencies to achieve the aim of Whānau Ora by addressing the broad determinants of health.

The Canterbury District Health Board will take a leadership role working across sectors and influencing their planning and funding directions at district, regional and national levels.

6.3 Funding Māori Health

Māori services broadly fall into three different types:

- Kaupapa Māori services. These services are sometimes described as “by Māori, for Māori” are Māori owned (governed) and follow distinctly Māori philosophies in the delivery of services.
- Specifically targeted Māori services. These are services that are directly funded to target Māori populations and are not delivered by a Kaupapa Māori provider but are normally delivered by a “mainstream” provider.
- Normal health services that are delivered to the entire population will as a matter of course deliver services to Māori as they do to the rest of the population.

The CDHB funds both Kaupapa Māori and specifically targeted Māori services in the primary and community sector as well as the Hospital and Specialist Services. The CDHB is able to budget and target funding in these areas that directly contribute to improving Māori health status.

The CDHB currently spends \$10.4 million on Kaupapa Māori services and specifically targeted Māori services. Most of this is spent on Māori health providers in the community or Māori health services in the Hospital and Specialist Services. This amount accounts for approximately 1% of the total CDHB spend and therefore, although Māori providers give us a very valuable set of services for Māori in our community, it is unrealistic and unfair to expect that their contribution can be as much as mainstream services, where most resources are extant. Whilst the CDHB continues to receive demographic adjustment in our annual funding for the foreseeable future, the CDHB aims to increase spending on Māori specific services

by at least 3% per annum over the next 5 years in order to contribute to improving Māori health services and therefore health status. These increases will be in addition to the normal FFT (Forecast Funding Track) increases provided to DHBs by government.

By far the greatest amount of funding on the Māori population is invested in the Hospital and Specialist Services and mainstream services in the primary, community and NGO health sector, rather than in Kaupapa Māori services. Therefore it is important that we are to monitor progress and spending on Māori in order to determine how successful services are.

It is very difficult to extract CDHB's funding on Māori populations from the funding on general population or mainstream services. The CDHB can however make reasonable estimates with accurate ethnicity data being collected by all providers. Recent data shows that approximately 6% of Canterbury's consumers of health services in both primary and hospital and specialist care identify as Māori. This suggests that approximately 6% of CDHB funding goes to Māori people in our mainstream services. This is a significant investment of potentially more than \$60 million; however more analysis will need to be done to gain a more accurate figure of expenditure on Māori in the CDHB.

This plan puts strong accountabilities on providers to gather and record accurate ethnicity data so that more accurate analysis can occur to determine if health status and expenditure targets are being met by the CDHB and its network of health provision.

It is reasonable to expect that, with 7.4% of its population being Māori (2006 census), the CDHB is investing at least 7.4% of its budget on Māori people, especially given the health disparity that exists between Māori and non-Māori populations. This is a target the CDHB hopes to achieve over the next five years and must look to improve its data recording and analysis in order to measure this progress accurately.

7 Developing the Māori Health Directorate

Both the Māori and Pacific communities have expressed a strong desire to separate Māori and Pacific into distinct areas of responsibility with the CDHB.

The Māori community has emphasised their support towards strengthening the Māori directorate of the CDHB. The success of the Māori Health Plan could be strongly enhanced through establishing dedicated resources and staffing in a Māori Health Directorate. This could better ensure the effective co-ordination, implementation, monitoring and communication of the key strategic objectives across the broad spectrum of hospital and specialist services, including Public Health Organisations and non-government service providers.

A business case will be developed to explore the development of a Māori Health Directorate.

8 Māori Health Directions

This section provides the framework within which the Māori Health Plan will be implemented. This framework will support the priorities and actions needed to progress the plan, monitor and measure its success. It is acknowledged however that many of the quantitative measures do not yet have base line data to begin with and may need to be reviewed once this has been established.

Direction 1 – Improving Māori Health Status

This is the most important priority area and all other priorities contribute in different ways this direction. There is recognition throughout this direction that the CDHB funds and delivers a wide variety of services to the entire population of Canterbury. Some of these services are specifically targeted at the Māori population and are delivered by Māori, for Māori and are funded as Kaupapa Māori services. These services although often more visible as Māori services are small in number and scale and account for less than 1% of CDHB spending.

The vast majority of services for the Canterbury Māori population are delivered inside mainstream services through primary care providers and Hospital and Specialist Services.

This plan will focus on the services that are high priority and that will contribute the most to the improvement of health status for the Māori population, while accepting that there will always remain other areas of service in the CDHB, both community and hospital provided, that will continue to be delivered and contribute in different ways to improving the health status of the Māori and the non-Māori population.

This direction has five strategic areas which will provide focus:

- 1.1. Implement effective ethnicity data collection
- 1.2. Health Status Monitoring, Disease Prevention and Management prioritised
- 1.3. Key areas of inequality and access to services identified and resourced accordingly
- 1.4. Māori health needs prioritised with Māori
- 1.5. Changes in Māori health monitored with Māori

Strategies	Responsibility	Actions	Key Success Indicators	When
1.1 Implement effective ethnicity data collection				
<ul style="list-style-type: none"> • Improve processes to collect and report ethnicity data to nationally accepted protocols 	HSS	<ul style="list-style-type: none"> • Ethnicity data collected in accordance with Ministry of Health protocols across the entire CDHB 	<ul style="list-style-type: none"> • Implementation of Ethnicity Data Collection Project completed • Six-monthly reports from HSS on ethnicity data collection • CDHB Performance targets assessed annually by Division for: 'Not Stated' 'Other' 'Māori' & 'Pacific' ethnic groups • CDHB utilise accurate ethnicity data to improve decision-making and service development 	<p>Dec 2007</p> <p>Dec 2007</p>
<ul style="list-style-type: none"> • PHOs report ethnicity data collection results annually 	PHOs	<ul style="list-style-type: none"> • Ethnicity data collected in accordance with Ministry of Health protocols • Ethnicity data training given to appropriate primary health care providers 	<ul style="list-style-type: none"> • Six-monthly collated and aggregated data reported to Analysis team at Planning & Funding by all PHOs • Collated and aggregated report given to board 	<p>Jun 2008</p> <p>Sep 2008</p>
			<ul style="list-style-type: none"> • Collated and aggregated report given to board Annually 	Ongoing from Sep 2009

Strategies	Responsibility	Actions	Key Success Indicators	When
<ul style="list-style-type: none"> • All PHOs develop Māori Health Plans 	PHOs	<ul style="list-style-type: none"> • Every PHO has Māori Health Plan 	<ul style="list-style-type: none"> • Every PHO Māori Health Plan completed and approved 	Jul 2007
			<ul style="list-style-type: none"> • Progress on PHO Māori Health Plans reported annually to board 	Ongoing from Jun 2008
<ul style="list-style-type: none"> • PHO Māori health activities continue to focus on Māori priority health gain areas 	PHOs	<ul style="list-style-type: none"> • Increase PHO Māori enrolments 	<ul style="list-style-type: none"> • Increase PHO Māori enrolments >80% of Māori population • Increase PHO Māori enrolments >85% of Māori population • Increase PHO Māori enrolments >90% of Māori population • Increase PHO Māori enrolments >95% of Māori population 	<p>Jun 2008</p> <p>Jun 2009</p> <p>Jun 2010</p> <p>Jun 2011</p>
<ul style="list-style-type: none"> • Early identification and intervention measures encouraged and supported through Māori Health Plans and population health activities 	HSS	<ul style="list-style-type: none"> • Monitor and report on HSS programmes to enhance outcomes in Māori disease 	<ul style="list-style-type: none"> • Annually report on progress to board of targeted Māori programmes; Kaha 	Ongoing from Jun 2008
	C&PH	<ul style="list-style-type: none"> • Management and prevention behaviours • Monitor and report on Public Health programmes to enhance outcomes in Māori priority 	<ul style="list-style-type: none"> • Manawa, Māori Diabetes services • Annually report on progress to board of targeted Māori Public Health programmes 	Ongoing from Jun 2008

Strategies	Responsibility	Actions	Key Success Indicators	When
		<ul style="list-style-type: none"> disease prevention areas such as smoking cessation, nutrition and physical activity 	<ul style="list-style-type: none"> Monitor annual enrolments in Aukati Kaipapa smoking cessation 	
	PHOs	<ul style="list-style-type: none"> Develop, deliver and monitor targeted Māori programmes from Health Promotion and SIA (Services to Improve Access) funding 	<ul style="list-style-type: none"> Annually report on progress to board of targeted Māori PHO programmes 	Ongoing from Jun 2008
<ul style="list-style-type: none"> Improve child (0-5 years) immunisation rates Improve access to primary health care services for Māori 	PHOs	<ul style="list-style-type: none"> Increase Māori rates of child immunisation Monitor and report presentation rates of Māori in general practice Monitor and report presentation rates of Māori in district nursing services 	<ul style="list-style-type: none"> Māori child immunisation rates >80% of population Māori child immunisation rates same as general population Māori presentation trends in general practice show improvement across all age groups and genders District nursing trends for Māori utilisation show improvement over time 	<p>Dec 2008</p> <p>Jun 2010</p> <p>Ongoing from Jun 2009</p> <p>Ongoing from Jun 2009</p>
		<ul style="list-style-type: none"> Monitor and report presentation rates of Māori in Well Child services 	<ul style="list-style-type: none"> Well Child services trends for Māori utilisation show improvement over time 	Ongoing from Jun 2009

Strategies	Responsibility	Actions	Key Success Indicators	When
1.3 Key areas of inequality and access to services identified and resourced accordingly				
<ul style="list-style-type: none"> • Planning and Funding review inequality & access to services to assess level of need and prioritise resources accordingly • Develop, implement, monitor & review funding of services to Māori, especially: Diabetes, Cardiovascular disease, Cancer, Child & Youth Health, Mental Health and Primary Health • Mental Health – implementation of Te Puāwaitanga, Māori Mental Health National Strategic Framework 	P&F	<ul style="list-style-type: none"> • Adopt the Equity Lens Tool to determine equity gaps in service funding, access & utilisation of health services for Maori • Assess level of need and prioritise resources accordingly • Develop, implement, monitor & review focus on and funding of services to Māori • Mental health strategies implemented by key service areas 	<ul style="list-style-type: none"> • Equity Lens Tool is implemented in >80% new contractual (NGO) and HSS service reviews • Changes to services as a result of Equity Lens Tool reported to board on occurrence • Māori health status improvements/changes reported to board • Te Puāwaitanga implemented fully and progress reported to board 	<p>Ongoing from 2010</p> <p>Ongoing from 2009</p> <p>Ongoing from 2009</p> <p>Ongoing from 2010</p>
1.4 Māori health needs prioritised with Māori				
<ul style="list-style-type: none"> • Māori participate in the ongoing CDHB Health Needs Assessment, planning, monitoring and review processes 	P&F	<ul style="list-style-type: none"> • Develop effective participation with Māori 	<ul style="list-style-type: none"> • CDHB Māori Advisory Group formed and resourced accordingly • Advisory Group reports minimum of annually to the board 	<p>Jun 2008</p> <p>Ongoing from Jun 2009</p>

Strategies	Responsibility	Actions	Key Success Indicators	When
1.5 Changes in Māori health monitored with Māori				
<ul style="list-style-type: none"> • CDHB establish a monitoring “report card” to enable effective reporting back to Māori community • Māori are involved and participate in monitoring processes • Māori initiatives will be included in reporting processes 	EDM P&F	<ul style="list-style-type: none"> • Establish a monitoring framework that meets internal and external accountabilities • Analysis & Accountability (P&F) include accountability of various initiatives within reporting processes 	<ul style="list-style-type: none"> • An effective “report card” on Māori health progress is established and reported back to Māori community annually 	Ongoing from Jun 2009

Direction 2 – Working Together

This direction has four focus strategies:

- 2.1. Treaty-based relationship maintained with Manawhenua ki Waitaha at governance and operational levels
- 2.2. Breadth of relationships with Māori community, organisations, providers and CDHB Māori staff
- 2.3. Gather and communicate Māori specific information.
- 2.4. Develop and evaluate innovation models of service integration

Strategies	Responsibility	Actions	Key Success Indicators	When
<i>2.1 Treaty-based relationship maintained with Manawhenua ki Waitaha at governance and operational levels</i>				
<ul style="list-style-type: none"> • CMRI developed with Manawhenua Ki Waitaha • Consolidate relationship with Ngāi Tahu through Manawhenua Ki Waitaha 	Board EDM	<ul style="list-style-type: none"> • CMRI agreed with Manawhenua Ki Waitaha • Participate in CDHB Māori Advisory Board (see 1.4) 	<ul style="list-style-type: none"> • CMRI signed • CDHB Māori Advisory Group formed and resourced accordingly • Advisory board reports minimum of annually to the board (see 1.4) 	<p>Jun 2008</p> <p>Ongoing from Jun 2009</p>
<i>2.2 Breadth of relationships with Māori community, organisations, providers and CDHB Māori staff</i>				
<ul style="list-style-type: none"> • To undertake regular, comprehensive engagement processes with Māori communities, organisations and providers and CDHB Māori staff 	EDM P&F HSS EDM	<ul style="list-style-type: none"> • CDHB holds forums to update community and to distribute key information to stakeholders 	<ul style="list-style-type: none"> • Regular forums held with Māori providers 	Quarterly

Strategies	Responsibility	Actions	Key Success Indicators	When
<ul style="list-style-type: none"> • Develop CMRIs with key Māori community representative groups as appropriate 	Board EDM	<ul style="list-style-type: none"> • Consult with Māori representative organisations to determine CMRI arrangements 	<ul style="list-style-type: none"> • CMRI agreed with Māori community representative groups 	Dec 2008
<ul style="list-style-type: none"> • To further progress the forum for whanaungatanga and cultural development for Māori staff working within the provider arm and Hauora Mātauraka, Community & Public Health 	EDM	<ul style="list-style-type: none"> • Facilitate Te Ao Marama, CDHB Māori staff forum 	<ul style="list-style-type: none"> • Te Ao Marama, CDHB Māori staff forum held regularly • Annually review 	Monthly Annually from Jun 2008
<ul style="list-style-type: none"> • To support national and regional Māori focused initiatives, e.g. Tumu Whakarae and Te Herenga Hauora o te Waka a Māui 		<ul style="list-style-type: none"> • EDM meets regularly with key regional Māori Management organisations 	<ul style="list-style-type: none"> • CDHB participation in regional and national Māori initiatives 	Ongoing from Jun 2007
2.3 Gather and communicate Māori specific information				
<ul style="list-style-type: none"> • To Collate Māori specific information at a local level of health status, service provision, health workforce and models of HealthCare • Develop a mechanisms, utilising CDHB Māori Advisory Board, to communicate Māori specific health information across all sectors of the community 	P&F Comms EDM	<ul style="list-style-type: none"> • Collate Māori specific information • Identify a range of communication processes to inform and update service providers, DHB staff and the wider community about Māori Health information • EDM utilises existing forums, to provide updates on Māori health 	<ul style="list-style-type: none"> • Regular update of the Māori Health Action Plan is provided (see 1.5), to service providers, DHB staff and the wider community 	Ongoing from Jun 2008 Quarterly

Strategies	Responsibility	Actions	Key Success Indicators	When
2.4 Develop and evaluate innovation models of service integration				
<ul style="list-style-type: none"> • Develop intersectoral relationships with other funders who contract with Māori health and disability service providers, or train Māori health staff • Services identify common clients and provide integrated continuum of care in partnership with primary care & clients • Develop a Māori specific “Best Practice” framework for Māori health provision across all health providers • Explore collaborative relationships between Maori providers and PHOs • Develop innovative services delivery models with PHOs including in pilot practices 	<p>P&F</p> <p>P&F</p> <p>P&F</p> <p>PHOs</p>	<ul style="list-style-type: none"> • Develop and maintain intersectoral relationships • Identify opportunities for planning and working together with providers and other funders • Scope intersectoral and health sector opportunities to develop services that will support Whānau Ora • Develop and implement a “Best Practise” framework for Māori health provision across all health providers • PHOs 	<ul style="list-style-type: none"> • Report annually the Intersectoral relationships enhanced with other funders who contract with Māori health and disability service providers, or train Māori health staff • Integrated continuum of care in partnership with primary care and clients established • Best practise framework for Māori Health provision established with all health providers • PHOs to develop relationships and report on developments 	<p>Ongoing from Jun 2009</p>

Direction 3 – Finding Better Ways of Working

This direction has four focus strategies:

- 3.1. Identify Māori led community development initiatives
- 3.2. Maintain resources into Māori Health
- 3.3. Develop and implement effective funding frameworks
- 3.4. Develop Māori Health Policy and Quality Frameworks

Strategies	Responsibility	Actions	Key Success Indicators	When
3.1 Identify Māori led community development initiatives				
<ul style="list-style-type: none"> • Conduct research into community initiatives which contribute to the greater Whānau Ora vision 	P&F	<ul style="list-style-type: none"> • Identify and support Māori initiatives which assist and enhance the provision of Whānau Ora services 	<ul style="list-style-type: none"> • All new Whānau Ora initiatives monitored and reported on 	Annually from Jun 2008
3.2 Maintain resources into Māori Health				
<ul style="list-style-type: none"> • Develop a business case to explore a Māori Health Directorate in the CDHB • Canterbury DHB to establish baseline Māori provider/Māori service funding, including Primary Care • CDHB sets funding targets for investment where possible in Māori health and disability across all health services • CDHB reports on targeted investment for specified Māori initiatives 	EDM P&F PHOs	<ul style="list-style-type: none"> • Write business case • P&F to provide a summary of the total Māori NGO provider Budget expenditure • P&F to set targets for expenditure across all Māori service-related initiatives over the next 5 years 	<ul style="list-style-type: none"> • Business case presented to EMT and CEO for action • Annual report to state expenditure on Māori health • Funding targets for Māori services achieved and reported on 	Feb 08 Annually from Jul 2007 Begin Jan 06

Strategies	Responsibility	Actions	Key Success Indicators	When
3.3 Develop and implement effective funding frameworks				
<ul style="list-style-type: none"> • Develop and implement effective funding & policy frameworks with Māori input • Projects collaborate with Māori and mainstream provider objectives • Contract Managers have access to cultural training and support to work effectively with Māori health providers and services 	<p>HSS P&F TTW</p> <p>EDM P&F PHOs</p>	<ul style="list-style-type: none"> • Apply clinical, cultural & priority-need frameworks to ensure responsiveness to Māori • Updates to EMT & Board 	<ul style="list-style-type: none"> • Frameworks developed and readily available • Objectives include Māori projects • Key Māori Health gain areas prioritised 	Jun 2008
3.4 Develop Māori Health Policy and Quality Frameworks				
<ul style="list-style-type: none"> • Develop Māori Health Policy & Quality Frameworks for CDHB and community providers • CDHB monitoring, audit and review programmes contain appropriate Māori elements and ensure providers, including the CDHB provider arm, meet their Māori contracted responsibilities e.g. ethnicity data collection, Māori health plans • Māori providers participate in quality improvement programmes • Quality staff have appropriate cultural training and Māori accountabilities and seek Māori perspective on all CDHB policies being developed or reviewed 	<p>EDM P&F HSS TTW PHOs NGOs</p>	<ul style="list-style-type: none"> • Require, implement and review Māori Health policy & quality frameworks in the CDHB and community providers • Support Māori providers in participating in quality improvement programmes • Support continuum of care approach to clients & whānau 	<ul style="list-style-type: none"> • Tikanga Best Practice Guidelines produced and distributed to CDHB provider arm • Contractual and accreditation programme standards met for Māori health services across all CDHB providers • NGO providers with robust and effective Māori Health Plans 	<p>Jul 2007</p> <p>Ongoing from Jul 2007</p> <p>Ongoing from Jun 2008</p>

Direction 4 – Developing Canterbury’s Health Workforce

This direction has four focus strategies:

- 4.1. Support Māori provider and workforce development
- 4.2. Support Māori staff within CDHB and community provider
- 4.3. Workforce Development Consolidated
- 4.4. Promote Health as a career for Māori

Strategies	Responsibility	Actions	Key Success Indicators	When
4.1 Support Māori provider and workforce development				
<ul style="list-style-type: none"> • Stock take of Māori provider capacity and capability to highlight areas of priority development • Māori Provider Development Scheme, Māori health scholarships and Clinical Training Agency contract maintained • Support the development of Māori services within mainstream 	P&F EDM Māori Providers	<ul style="list-style-type: none"> • Focus on workforce and provider development included in business plans to GM (P&F) and MPDF priorities • Consolidate Māori Workforce Development Plan 	<ul style="list-style-type: none"> • Māori Provider capacity supported through MPDS • Te Waipounamu Māori Workforce Development Plan published and projects implemented 	Jul 2007 Jul 2007
4.2 Support Māori staff within CDHB and community provider				
<ul style="list-style-type: none"> • Support recruitment, development and retention of Māori staff within Māori and mainstream providers • Promote and support Māori staff 	PHOs NGOs HSS	<ul style="list-style-type: none"> • Te Tumu Whakahaere work with HR to develop frameworks that support career pathways for Māori • Cultural awareness programmes maintained 	<ul style="list-style-type: none"> • Increase of Māori staff across CDHB and report Māori FTE in CDHB and community providers • Māori staff forums recognised and supported in the CDHB 	Ongoing from Jul 2007

Strategies	Responsibility	Actions	Key Success Indicators	When
		<ul style="list-style-type: none"> • Collate Māori health workforce data to identify baseline and project priority areas • Support regional Whakatātaka projects including workforce development and recruitment strategies 	<ul style="list-style-type: none"> • Key Māori Health staff attend leadership forums where appropriate 	
<p>4.3 Workforce Development Consolidated</p>				
<ul style="list-style-type: none"> • Appropriate recruitment practices and cultural training opportunities • Cultural direction is available through Kaumātua, Taua and Te Tumu Whakahaere 	HSS	<ul style="list-style-type: none"> • Engage DHB staff to participate in and support Māori health education • CDHB to develop a Māori recruitment strategy 	<ul style="list-style-type: none"> • Increase in CDHB staff participating in cultural training • Growth in Māori FTE in CDHB (see 4.2) 	Annually report from Jun 2008
<p>4.4 Promote Health as a career for Māori</p>				
<ul style="list-style-type: none"> • Support recruitment activities aimed at Māori school leavers and Māori considering re-entering the workforce • Collaborate with Education institutions at secondary and tertiary levels 	EDM	<ul style="list-style-type: none"> • Support recruitment drives, work programmes, cadetships, scholarships, career planning & support, and involvement of Māori staff in Leadership Development programme • Work with Te Tapuae o Rehua, CTA, Education funders & institutions to promote health careers 	<ul style="list-style-type: none"> • A measurable increase in Māori within the CDHB workforce (see 4.2) • Report on regional recruitment project • Māori accessing scholarships • Effective relationships established with key organisations within the education sector 	<p>Annually from Jun 2008 Dec 2007</p> <p>Annually report from Jun 2008</p>

Direction 5 – Being a Leader in Health

This direction has two focus strategies:

5.1. Internal provider Divisions develop priority focus on Māori Health

5.2. Research

Strategies	Responsibility	Actions	Key Success Indicators	When
5.1 Internal provider Divisions develop priority focus on Māori Health				
<ul style="list-style-type: none"> • Sustainable Māori provider development occurs • Quality & Accreditation programmes meet Māori requirements • Clinical & Cultural best practice guidelines, including ethnicity data collection and Māori pathways to care are developed, implemented and evaluated 	HSS EDM	<ul style="list-style-type: none"> • Provide expert support and advice to internal provider divisions, through kaumātua, Advisory Board and other mechanisms 	<ul style="list-style-type: none"> • CDHB recognised as a leader in Māori Healthcare 	Ongoing from Jul 2007
5.2 Research				
<ul style="list-style-type: none"> • Support Māori research activities • Use the ethnicity data collection to research utilisation and equity of access to both primary and secondary care services 	HSS EDM PHOs	<ul style="list-style-type: none"> • Work in partnership with Christchurch School of Medicine to provide a transparent process to consult and assess research applications • Support research within kaupapa Māori frameworks 	<ul style="list-style-type: none"> • CDHB and Christchurch School of Medicine work together to provide a transparent process to consult and assess research applications • Kaupapa Māori research frameworks are used when undertaking research 	Ongoing from Jul 2007

Acronyms:	
CDHB = Canterbury District Health Board	HSS = Hospital and Specialist Services
CEO = Chief Executive Officer	IS = Information Services
Comms = Communications	INTER = Intersectoral Forums
Corp = Corporate	KR = Kaiārahi Rōpu
CPH = Community & Public Health	MCG = Māori Community Groups
CTA = Clinical Training Agency	MHP = Māori Health Provider
CTAll = Canterbury Tertiary Alliance	MIHI = Māori Indigenous Health Institute (Otago University/Christchurch School of Medicine)
EDCT = Ethnicity Data Collection Team	MKW = Manawhenua ki Waitaha
EDM = Executive Director Māori	MoH = Ministry of Health
EDU = Education institutions	NGO = Non-Government Organisation
EMT = Executive Management Team	PHO = Primary Health Organisation
FINC = Finance	P&F = Planning & Funding Division
GM = General Manager	RMPM = Regional Māori Project Manager
HOP = He Oranga Pounamu (Māori Development Organisation)	TKA = Te Korowai Atawhai
HR = Human Resources	TLA = Territorial Local Authority
	TTW = Te Tumu Whakahaere (Māori Advisory Committee)

Glossary of Māori Words

Hapū	1 Sub-tribe of a large tribe. 2 Pregnant.
Iwi	1 A nation of people with shared identity and genealogy. 2 Tribe. 3 Bone(s)
Kai	Food or eat.
Kaumātua	Respected elders and cultural leaders.
Kaupapa	Policy, protocols.
Hauora/Ora	Health, healthy, well-being
Mana	Spiritual power and authority
Manawhenua	A person, whānau, hapū or iwi that holds mana over an area of land by virtue of traditional and genealogical rights.
Manawhenua Ki Waitaha	The collective of seven Ngāi Tahu rūnanga that are Manawhenua in Canterbury
Marae	Place of Māori practice, often comprising a meeting house, marae atea (sacred area in front of meeting house), dining room, and ablution facilities.
Rūnanga/Rūnaka	Traditional governing council
Taura Here / Maata Waka	1 Collective name for a number of iwi organised to represent their collective interests. 2 A term often referring Māori people living within the traditional iwi boundaries of another iwi
Taua	1 Respected elder woman 2 Grandmother
Te Reo	The Māori language.
Te Rūnanga o Ngā Maata Waka	An urban Māori organisation based in Christchurch with a number of affiliated iwi.
Tikanga	1 The correct way of doing things characterised by issues of principle, integrity of intent and correct processes being followed. 2 Values and respect.
Waitaha	Canterbury
Whakamahere	Plan
Whānau	1 Family, extended family group. 2 Birth.
Whenua	1 Land. 2 Placenta.