



Whatua

Summary Report:
Engagement for the development
of Whakamaui: Māori Health
Action Plan 2020-2025

A summary of key themes
from engagement activities



Whatua

Whatua means 'to weave' or 'knit'. In the context of this report, 'Whatua' speaks to the weaving together of the many voices heard and whakaaro shared during the engagement process to develop Whakamaua: Māori Health Action Plan 2020–2025 (Whakamaua).

Much like the knitting together of muka (flax fibre) to create korowai, these engagements have helped give form to Whakamaua by providing us with a clear idea of the key priorities and objectives for Māori health over the next five years.

Every voice heard represents a single strand of muka within He Korowai Oranga: Māori Health Strategy – without the knitting together of these multiple voices and perspectives, it would be impossible for He Korowai Oranga and pae ora – healthy futures for Māori, to be obtained and achieved.



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He kupu whakataki

Foreword

*“E ngā rangatira, whakarongo mai! Kaua e ūwhia
Te Tiriti i te kahu o Ingarangi, engari kia mau anō
ki tōu ake kahu, te kahukiwi o Aotearoa nei!”*

ĀPERAHAMA TAONUI, 1840

E ngā tai e whā e haruru ana ki uta, ki waho rānei, tēnā koutou katoa. Tēnā koutou i runga i ō tatou tini aituā, e hinga mai nei, e hinga atu rā. Ko rātou ki a rātou; ko tatou ki a tatou. Tēnā anō tatou katoa!

Whakamaua: Māori Health Action Plan 2020–2025 (the plan) has been developed to drive the implementation of *He Korowai Oranga* (the Māori Health Strategy) over the next five years, in particular to meet the Government’s Te Tiriti o Waitangi responsibilities in Māori health and to reduce Māori health inequities. As such, the plan must reflect the needs of Māori and align with their aspirations and goals for health and well-being.

To develop the plan, the Ministry of Health (the Ministry) undertook four wānanga in Tāmaki-Makaurau, Rotorua, Te Whanga-nui-ā-Tara, and Ō-Tautahi. Alongside these wānanga, the Ministry ran an online survey and invited written submissions. The purpose of this engagement was to canvas the health and disability sector and other stakeholders about priorities for Māori health and learn where the plan should focus over the next 5 years to make the most meaningful and effective changes.



The following report – Whatua – tells the story of this engagement. The feedback from this process broadly mirrors key themes from wider engagement recently undertaken by the Government with Māori, including the Government Inquiry into Mental Health and Addiction and the development of the Child and Youth Wellbeing Strategy. It is important to acknowledge that the themes and insights highlighted in this report are, for the most part, familiar issues that have been raised repeatedly over the years by Māori and various stakeholders. Among other things, they reflect the need for clearer accountability, better connection across the public sector and to uphold our obligations under Te Tiriti o Waitangi.

It was paramount to me and the Ministry that we honour our obligation to partner with Māori and build integrity in the relationship between Māori and the Crown. To ensure this, we used the insightful and critical feedback we received during this engagement process to amend our original thinking. For example, after a wide range of stakeholders indicated that mātauranga Māori needed to be more visible and at the forefront of the plan, we included an outcome to include and protect mātauranga Māori throughout the health and disability system.

I am excited and hopeful for the change Whakamaua: Māori Health Action Plan 2020–2025 will bring. That change will be built on the commitment and efforts of all of us advancing Māori health.

Māranga! Whītiki! Kōkiritia!

John Whaanga

Deputy Director-General, Māori Health



He whakamārama

Background

The Ministry of Health (the Ministry) has worked with Māori and the health and disability sector to develop an action plan to support and further implement *He Korowai Oranga: the Māori Health Strategy*. Whakamaua: Māori Health Action Plan 2020–2025 (the plan) sets the government’s direction for Māori health advancement over the next five years.

As part of the engagement process to develop the plan, the Ministry held four wānanga with Māori and the health and disability sector, ran an online survey, and received written submissions. These engagement activities have occurred alongside many individual stakeholder meetings, including with other government agencies, Crown entities (including district health boards (DHBs)), non-governmental organisations (NGOs), iwi, community groups and other stakeholders.

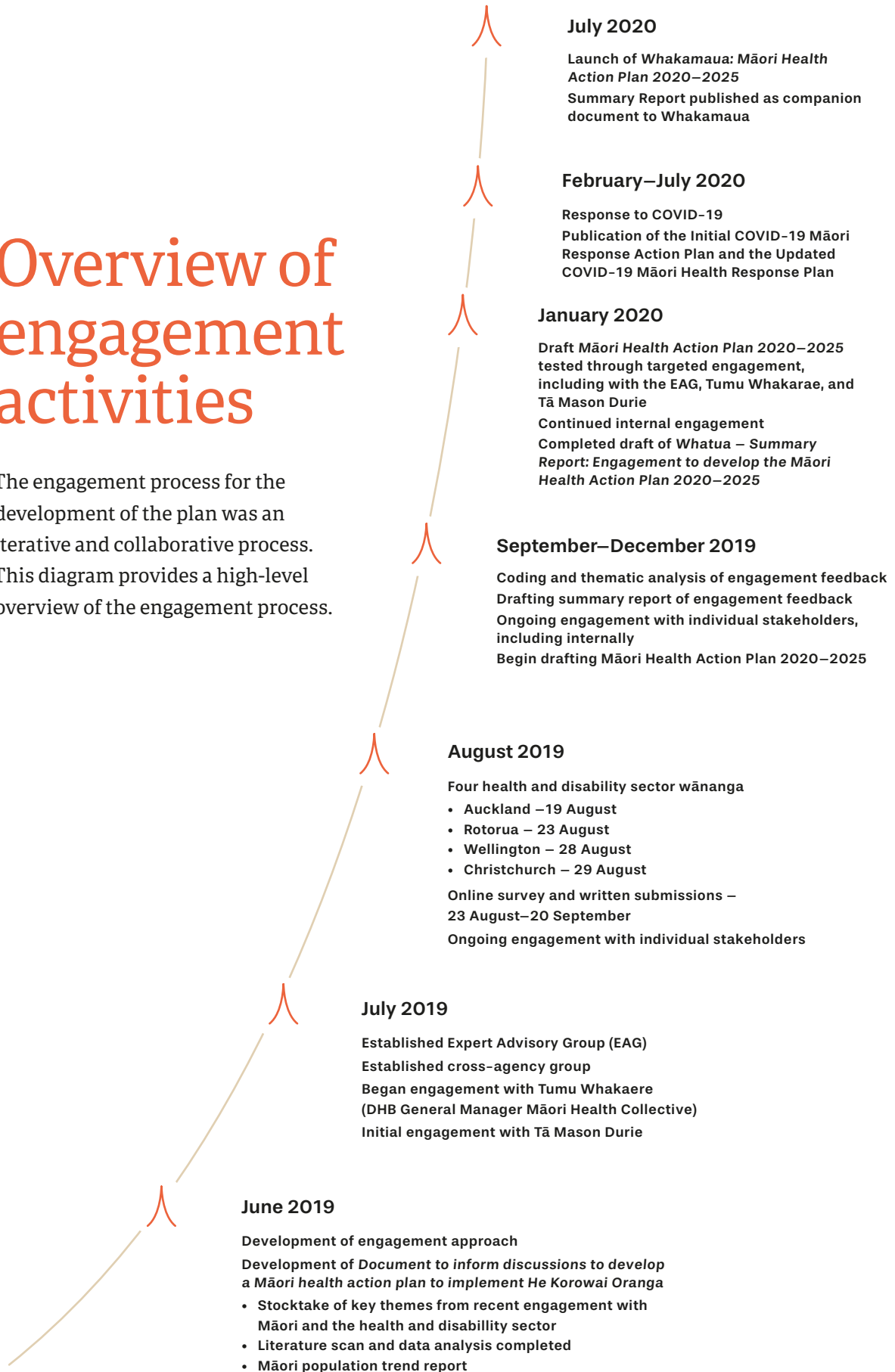
A discussion document was developed to inform the engagement process, which incorporated a synthesis of key themes from previous Māori engagement. The valuable insights gathered during engagement, together with feedback from individuals, groups, agencies, an online survey and written submissions, will help to shape what the final plan looks like.

Whatua provides a high-level summary of the key themes and insights captured across the engagement activities held in August and September 2019. Whatua emphasises the voice of people by focusing on their own words to highlight the main issues and opportunities that were raised. This was an attempt to not subscribe to traditional engagement summary reports, which tend to heavily paraphrase the voice of people.

Due to the breadth and depth of the feedback that was received, this report focuses on issues and opportunities that were frequently raised and capturing the essence of feedback.

Overview of engagement activities

The engagement process for the development of the plan was an iterative and collaborative process. This diagram provides a high-level overview of the engagement process.





Wānanga

Four wānanga were held to provide an opportunity for Māori and the health and disability sector to shape and contribute to the development of an action plan to guide Māori health advancement over the next five years: 2020–2025. The wānanga were designed to hear whakaaro about prevailing issues in Māori health – and potential priority areas for action to improve Māori health.

Participants were asked to reflect on what they thought the priorities for Māori health should be, followed by two or three vital actions to support these. Participants were also asked to provide innovative ‘out of the box’ solutions to the key issues raised, and feedback on their non-negotiable priorities and actions.

The wānanga were held on:

- › 19 August 2019 – Auckland
- › 23 August 2019 – Rotorua
- › 28 August 2019 – Wellington
- › 29 August 2019 – Christchurch.

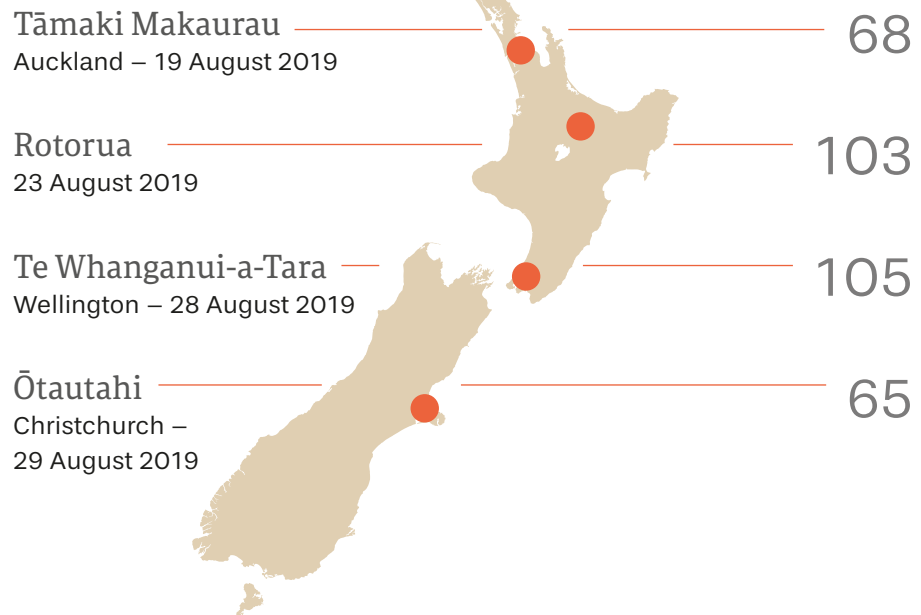
Each wānanga had a wide range of participants representing iwi and hapū organisations, national Māori collectives, consumer groups, Māori and non-Māori primary health organisations (PHOs), Whānau Ora Commissioning Agencies, Māori and non-Māori NGOs, Māori workforce associations, Māori academic researchers, some government agencies, and Māori and non-Māori staff from DHBs, particularly DHB GM Māori Health, DHB GM Funding & Planning and DHB clinicians.

4
wānanga

370
registrations



Approximate numbers of
participants at each wānanga:



Feedback from the wānanga was captured on post-it notes, large sheets of paper, and note-takers recording verbal feedback. *Appendix one* gives an overview of the key themes from the wānanga.



Te uiui tuihono Online survey

An online survey was developed to provide stakeholders an opportunity to give detailed feedback on the discussion document, via Citizen Space, which is accessible and easy to use. The survey also allowed those who could not attend a wānanga to give feedback, and those who did attend the chance to provide additional comments.

The online survey was active from 23 August until 20 September 2019 and received a total of 91 responses. There was a diverse mix of survey respondents, including members of the public, health professionals, Māori health providers, iwi governance members, and NGOs.

The survey used both quantitative and qualitative approaches. Based on the discussion document, the questions in the survey aimed to identify what people supported, what people disagreed with, and what was missing. The quantitative and qualitative analysis of the online survey responses involved coding survey data and a thematic analysis. *Appendix two* provides an overview of the key themes from the online survey.

Ngā tāpaetanga ā-puka Written submissions

The Ministry was open to receiving written submissions through email and physical post from 23 August and 20 September 2020. Unlike the online survey there were no set questions for written submissions, which allowed individuals and organisations to provide feedback on parts or all of the discussion document, or on Māori health more broadly.

A total of 22 written submissions were received: 17 on behalf of organisations, including Māori providers, NGOs and professional bodies; and 5 from individuals as members of the public.

A qualitative analysis of the written submissions involved the initial coding of data followed by a thematic analysis. *Appendix three* gives an overview of the key themes from the written submissions.



Ngā kaupapa i kaha kitea i te whakapāpātanga

Summary of key themes from engagement

-
- ▶ Te Tiriti o Waitangi as the framework
-
- ▶ Mana motuhake and tino rangatiratanga
-
- ▶ Embed mātauranga Māori
-
- ▶ The Māori Health Action Plan is the responsibility of the whole health and disability system
-
- ▶ Address racism and discrimination at all levels
-
- ▶ Māori health equity
-
- ▶ Accountability requirements
-
- ▶ More kaupapa Māori services (including rongoā Māori)
-
- ▶ Address the broader determinants of health
-
- ▶ Support for Whānau Ora – the concept and programme
-
- ▶ Increase focus on hauora Māori – wellness and wellbeing
-
- ▶ Address cultural safety and competency in the whole health workforce
-
- ▶ Support Māori workforce capacity and capability
-
- ▶ Pay parity for Māori health workers
-
- ▶ Service commissioning and procurement
-
- ▶ Support for Wai 2575 findings
-
- ▶ Access to primary care and bigger focus on prevention
-
- ▶ More Māori in decision-making, leadership and governance roles



He whakarāpopotanga ikeike o ngā kaupapa matua

High-level summary of key themes

Although the views expressed across the engagement process varied widely, a number of key themes emerged. These are summarised below and are discussed in more detail in the summaries of each engagement activity (appendices one, two and three).

Overall, there was strong support for the general approach and content of the discussion document. The proposed objectives and priority areas resonated with many people and captured, directly and indirectly, many of the issues raised. There was also strong support for the proposed approach to Te Tiriti o Waitangi. Most people made additional suggestions and refinements, with some people expressing disagreement with certain parts of the discussion document.

The support for the discussion document could in part be attributed to the use of existing insights from previous engagement, including recent government engagements with Māori and the health and disability sector. This emphasises the importance of acknowledging past kōrero to inform current and future thinking, with many people expressing an appreciation for this approach.

The eight proposed priority areas, actions and measures were generally supported, but there were many suggested additions and refinements. It



was acknowledged the plan would not be able to address all issues in a five-year period, although there could be some foundations established to enable longer-term change. Many people highlighted the interconnected nature of the priority areas, pointing out that many of the areas overlap and are interdependent.

Many people felt strongly that the **plan should be embedded** within and be the responsibility of the whole health and disability sector, not just the Māori health sector. All parts of the system should be held accountable for delivering on the objectives of the plan.

People reinforced the fundamental **importance of Te Tiriti o Waitangi** as a framework and enabler for Māori health advancement. Emphasis was placed on Crown obligations under Te Tiriti across the health and disability system, and government more broadly. Many people supported the proposed Tiriti framework and noted that it should be supported by legislation and stronger accountability in order to be embedded throughout the system.

There was a strong call to lift the visibility of **mana motuhake and tino rangatiratanga** within the plan. These concepts were viewed as the foundation for Māori health advancement and should be integrated into every aspect of the plan.

There was strong support for the proposed objective to **address racism and discrimination in all its forms**. This was reiterated across all engagement activities and was echoed as being key to addressing Māori health inequities. People agreed that this objective needs to be supported by a comprehensive range of actions integrated across the plan, acknowledging the intersections of racism and discrimination with other priority areas (including workforce, service commissioning, accountability and funding). People challenged the Ministry to keep this objective upfront in the plan.

There was support for the objective for **Māori health equity**, with many people acknowledging that equity should be a core function of the whole health and disability system. People supported the inclusion of equity within the proposed Tiriti framework as they agreed Māori health equity should always be considered alongside Te Tiriti.



Mātauranga Māori was raised as an important enabler of Māori wellbeing, and many people made a call for this to be strengthened across all aspects of the plan. People placed a strong emphasis on elevating mātauranga Māori and allowing Māori systems to flourish alongside biomedical models of health. This included the provision and expansion of **rongoā Māori** services in primary and community health settings.

There was a strong call for a focus on **wellness and Māori wellbeing**. Māori wellbeing acknowledges the holistic approach required to support Māori aspirations for wellbeing, requiring a shift away from purely deficit views of health. This included an emphasis on the development of ‘Māori wellbeing measures’ embedded across all government agencies, which are informed by mātauranga Māori and Māori world views.

People challenged the Ministry to ‘break down the silos’ in order to address Māori wellness holistically. Addressing the **broader determinants of health** was identified across the engagement process as being key to achieving Māori wellness and wellbeing. People highlighted the need to create policy settings that enable joint-funding and joint-contracting across government agencies. People also made a call to strengthen the wai ora aspect of the plan by acknowledging the **impact of the environment** (both natural and built) on Māori health and wellbeing.

People expressed a desire for increased investment into **kaupapa Māori and whānau-centred services** to provide whānau, hapū and iwi with greater access to a broad range of services underpinned by Māori ethos. People said Māori should be supported with resources to deliver services that meet the needs of their communities, often explained as ‘by Māori, for Māori, with Māori’.

People supported the priority area focused on the development of the **Māori health workforce**. Solutions included an analysis of the Māori health workforce pipeline, further investment in bridging courses for Māori students, and to enable second-chance learners to pursue health careers. There was also a focus on the need for increased Māori leadership and representation at all levels of the system, including

the need to support and develop both current and aspiring leaders, through professional development pathways and succession planning for Māori staff.

People felt strongly about the need to develop a culturally safe and culturally competent health workforce, supporting the requirement for ***cultural competency and cultural safety*** for all health practitioners (regulated and non-regulated) alongside clear expectations for performance, and levers for remediating non-performance. Many people acknowledged that Māori health remains the responsibility of the whole health system and therefore requires a focus on the non-Māori health workforce.

People also talked about the need for equitable funding arrangements between health professionals and health workers across health services, levelling the playing field for all health service providers' recruitment and retention packages.

Changes to ***accountability arrangements*** across the system were discussed by many people as being key to progressing Māori health development. There was a clear emphasis on strengthening accountabilities for DHBs and all contracted providers to deliver on Tiriti obligations – with a call for sanctions and consequences when performance requirements are not met. People also expressed desire for requiring iwi and Māori governance groups to have greater authority over DHB planning and performance, to shift away from an advisory position towards a true partnership.

People acknowledged that equity for Māori could not be achieved without deliberate and concerted efforts to redistribute funding. Many people highlighted the importance of ***funding and investment*** as an overarching lever for progressing Māori health, both in terms of the total investment in Māori health and the way services are equitably funded and commissioned. There was also support for an increase in targeted funding for Māori health, in a way that is transparent and focused on supporting whānau outcomes and holistic wellbeing. Some people suggested the devolution of health funding to iwi and hapū, while others mentioned a stand-alone Māori health authority.





Many people made a call for *service commissioning* and *procurement* approaches to better support kaupapa Māori providers. People gave examples of when Māori providers felt over-audited and where relationships between providers and service commissioners had eroded. In response, some people raised the idea of a kaupapa Māori auditing framework and a bigger workforce of Māori auditors. This model would allow relationships to sit at the core of service commissioning processes, and for kaupapa Māori services to be properly audited. People also made a call to explore the Whānau Ora commissioning approach within DHB settings, where whānau are empowered to decide ‘what good looks like’ and what services are needed to support whānau aspirations.

Many people identified *data and research* as key levers for progressing Māori health. People said the Ministry needs to support the collection and availability of accurate data to better understand the needs of Māori and measure progress. This could be achieved by investing in standardised data infrastructure across the system, allowing us to understand better what is working and what isn’t. Many people highlighted the importance of ensuring data sovereignty as a Tiriti obligation. People challenged the Ministry to support kaupapa Māori research, particularly in policy development.

There were some people wanting to confirm that the recommendations for *Wai 2575* (the Health Services and Outcomes Kaupapa Inquiry) would be prioritised ahead of the development of a plan, while others expressed a desire for the plan to act as a mechanism of action for *Wai 2575*.

Most of the proposed *measures* outlined in the discussion document were supported, with a strong call to use both subjective and objective measures. Many people suggested adding or changing the proposed measures; some people wanted to see more specific measures, and other raised concerns that some measures were too subjective. Overall, people want patient and whānau experience to be reflected in the measures to track the plan’s progress, rather than only measuring progress at an organisation level. There was also a strong call to ensure Māori are involved in the development of measures.

Āpitihanga 1: He whakarāpopoto o ngā wānanga ā-rohe Appendix 1: Summaries of regional wānanga

17



Tāmaki Makaurau Auckland 19 August 2019

Key take-outs

- › **Legislative requirements** are needed to ensure chief executives and organisations remain accountable to Māori, reporting on progress against improvement in Māori health outcomes annually.
- › The health and disability system must demonstrate and deliver on health outcomes for Māori. The Ministry needs to commit to **accountability** sanctions and consequences for underperforming DHBs and PHOs.
- › Māori want to **exercise mana motuhake** over funding, accountability and service provider arrangements. This includes shared power and decision making between Māori and the Crown.
- › There is a call to embed **mātauranga Māori** and **kaupapa Māori** services into the health and disability system, creating space for mātauranga Māori to flourish alongside biomedical models of health.

► Summary of themes raised by attendees

- › Te Tiriti o Waitangi is an obligation; it's not negotiable. This plan needs to guarantee that Te Tiriti is enacted.
- › DHBs and PHOs aren't meeting their Tiriti obligations to improve Māori health outcomes and are not being held accountable. There should be sanctions and consequences for underperformance.

“

The Treaty of Waitangi is an obligation – not a consideration.”

- › **Legislative change** should be an urgent requirement. Legislation needs to ensure ministers, chief executives and organisations work in true-partnership with Māori at all levels of the system.
- › **Māori providers** are over-audited and heavily scrutinised and are excluded from the request for proposals processes.
- › There is a need to invest in the infrastructure of Māori providers – this means providing continuity of funding, surety of employment and enabling Māori innovation.
- › The Ministry needs to commit to resourcing and **investing in innovation**. Innovation provides a decolonising space, so we can revert to our traditional practices that we know worked for our people.

“

Māori need control over the funding. There are too many obstacles in the way of investing in mana whenua.”

- › Māori solutions need to be valued – including kaupapa Māori approaches and mātauranga Māori. What we need is already here. We need to recognise the value of what we have.
- › Māori and Pacific are not the 'other'. The plan needs to focus on **wellness measures**. Not everything is quantifiable; we need to measure success through the language shared by whānau. Let's change our language.
- › Audit and finance committees need to look at funding flows and follow where funding goes for Māori. They also need to look at what we do, not just the service specs. We have a holistic approach and we deliver on outcomes for the whole whānau, not just individuals.
- › There are only two streams of Crown **funding** for Māori, through DHBs and Whānau Ora Commissioning Agencies. Whānau Ora has a direct impact on Māori – the funding goes directly to whānau. DHB funding for Māori health is diluted and the process is complex.



- › To achieve equity for Māori we need to **shift resources to prevention**. So put all the money into the wellbeing of children under 6, followed by the 6 to 18 age group. Have the courage to shift funding and invest it early in life.
- › Shift resources from DHBs to providers. For all new investments, DHBs should be required to obtain ‘equity-sign off’ by their Māori governance group.
- › Taking care of ‘our own’ means having **separate funding and commissioning streams** for Māori providers. Māori providers should not have to compete against non-Māori services.
- › Māori need control over funding and therefore need a **separate funding agency**, governed by Māori. The Ministry needs to identify the cost of unmet needs.
- › We have extensive **Whānau Ora** research. We know what works. Health is not the domain of health professionals – it belongs to everyone. We’ve seen Whānau Ora results. The Ministry hasn’t been engaging with the Whānau Ora initiative as it should’ve been. We need to look at the approach of Whānau Ora and spread it more broadly.

“

We are missing a te ao Māori world view.”

-
- › Who will **monitor** the implementation of this Plan? Monitoring will be critical. Need rōpū of Māori (external to the Ministry) to monitor and hold the system to account. We also need external monitoring at a local level.

- › He Korowai Oranga reflects Crown and **Māori aspirations**. Will this plan express Māori aspirations? Or is it designed to achieve Crown aspirations? The Plan should be co-designed with Māori.

“

Tick boxes no longer work – we want action.”

-
- › Māori ask us ‘what have you done?’ We are accountable to our hapū and marae, not just to DHBs and the Ministry.
 - › Māori are diverse – what works for one iwi may not work for another. The Ministry and DHBs need to deliver **responsively to their local communities**.
 - › Kaupapa Pākehā services need to be **culturally safe**, whether it’s in the home, primary care or hospital setting.
 - › Te Kete Hauora was disestablished under the previous government. What is in place to protect resources and stop things like this happening? The commitment to Māori health needs to be strong enough to **endure** a change of government.
 - › Many of our people are not engaging with the system – the system doesn’t work for them and they stand to lose a lot. We need an eco-system of **government agencies** that allows whānau to access and receive appropriate services.
 - › The plan needs to focus on the **Wai 2575** recommendations. There are good solutions that could be acted on, which requires working with the claimants.





Rotorua

23 August 2019

Key take-outs

- › There needs to be an explicit discussion about **addressing racism** across the system, its impacts on Māori health, and how people and organisations should be held accountable for perpetuating it.
- › **Mātauranga and rongoā Māori** need to be elevated and held in the same esteem as Pākehā knowledge, ensuring rangatiratanga.
- › There need to be **stronger accountabilities** for all players in the system who are responsible for serving Māori – including kaupapa Māori and non-Māori providers, including DHBs.
- › **Cross-sector alignment** needs to be strengthened, allowing multiple services to be provided to our whānau under one roof.
- › Requirements for **cultural competency** of the non-Māori health workforce need to be strengthened.
- › Māori currently do not have true **mana motuhake or partnership** with the Crown in the health and disability system.

► Summary of themes raised by attendees

- › The Plan is an opportunity to set **strong accountability** for providers that are under-performing for Māori health and not meeting Tiriti obligations. This should be supported by legislative changes to ensure this Plan has ‘teeth’.
- › Need to ensure the intentions and objectives of the Plan are not watered-down at a frontline provider level. This requires adequate **implementation**.
- › Adequate **funding** should be attached to each part of the Plan to ensure change.
- › Elevate and embed **mātauranga and rongoā Māori** across all levels of the sector, supported by pūtea and policies. The effectiveness of mātauranga and rongoā Māori has been well-researched. These approaches are needed to decolonise the system and address institutional racism.
- › Potential for a **whole-of-government strategy** for Māori wellbeing, to ensure consistency in approaches. This would enable stronger relationships across government and with the sector, allowing for a more holistic approach to Māori health and wellbeing.

“
Holistic wellbeing – this is what it means to be Māori.”

- › Kaumātua are the true **kaitiaki** of the system. Rangatahi are more the ones doing the practical mahi.
- › Strong emphasis is needed on **cross-sector alignment** – government agencies need to align services and approaches to address health issues. Coordination is needed between health providers and other government agencies.

“
Break down silos that exist between the Ministries to improve oranga.”

- › It’s a concern that the Māori health workforce are the ‘cultural monitors’ for the non-Māori health workforce, highlighting issues of **cultural competency**. The Ministry has a responsibility to increase the cultural competency of the workforce.

“
The Ministry needs to front up and address institutional racism.”





- › There need to be accountability and repercussions for cultural incompetency in the health workforce and wider system. Cultural competency should be based on Māori principles, such as whakawhānaungatanga.
- › More effective mechanisms for *data collection and sharing* are needed, especially for iwi and hapū. Some participants support a system that allows government to track an individual through health and social service providers – building care packages for whānau would be faster and more effective.
- › There is a need to *increase options for Māori* for choosing health services – the current system is not flexible enough. Non-Māori providers underperform for Māori yet receive most of the funding. Māori providers need support to be more accessible to Māori.
- › Current *governance* structures such as the iwi-DHB relationship boards are viewed as tokenistic – this is not true partnership. This requires a power shift from the Crown to Māori, ensuring Māori have *rangatiratanga* over their health.
- › Power should be devolved to hapū and marae, to give *mana motuhake* back to Māori communities. This requires local strategies that allow Māori to govern their health and wellbeing in ways that suit them.
- › Leverage *innovation and emerging technology* to support Māori health development. The workforce should be upskilled in order to utilise this technology.
- › Move away from a deficit focus. This requires *measures for wellness* that are created by Māori, for Māori.
- › Establish a *kaupapa Māori monitoring framework* to help implement the Plan, ensuring strong accountability across the sector to deliver on the objectives, priorities and actions.

“

Te Tiriti needs to be in the education system.”

—



Te Whanganui-a-Tara Wellington 28 August 2019

23



Key take-outs

- › The presence and ongoing *impact of racism* in the health and disability system needs to be acknowledged and addressed.
- › The Ministry and wider government need to abide by an *overarching Tiriti framework* that acknowledges the Crown's obligations.
- › *Mātauranga and rongoā Māori* are currently undervalued and therefore need to be elevated and embedded, so they are seen at every level of the health and disability system.
- › The health and disability workforce needs to build *cultural competency* and have increased *Māori representation*.



► Summary of themes raised by attendees:

- › Racism exists across the system, which provides a platform for individual racism to exist. The Ministry needs to ensure that there are pathways for **addressing racism**. There are currently limited ways to sufficiently address racist behaviours or the impacts of institutional racism.

“

How serious is the government about addressing racism? It needs to be done.”

- › The health sector needs to become less risk averse regarding racism – it needs to be addressed regardless of the perceived ‘risk’ around it.
- › **Accountability** needs to be effective and culturally competent. The Ministry needs to ensure that monitoring and auditing include measures for serving Māori adequately, and that there are repercussions for failure to do so..
- › **Te Tiriti framework** needs to be more firmly embedded into systems and organisations. Use this to encourage cultural capability, capacity, auditing, measures and data.
- › A **cross-agency Tiriti framework** is needed to ensure that all agencies are being held to the same standard in respect to responding to the Crown’s obligations.

“

Māori health is the responsibility of the whole of government, not just the Māori health workers.”

- › There needs to be acknowledgement of the ongoing impacts of **intergenerational trauma** and addiction.
- › There is a lack of consultation with **rongoā Māori providers** across the health and disability system – including between practitioners.
- › There needs to be a review of the current **funding** system, as it places considerable pressure on Māori providers. The funding methods are competitive and prevent providers from connecting to one another.

“

Contracting is too competitive and prevents providers from connecting to one another.”

- › **Commissioning** needs to be reconsidered so that it is whānau-driven, not based on Pākehā models. Commissioning should follow whānau and report against the health outcomes.
- › Commissioning models should have a whole-of-government funding approach.

- › The health workforce is not ‘hauora competent’ – there is a need to increase the non-Māori workforce’s **cultural competency**. The system should consider how cultural knowledge can be measured in practitioners.
- › Educating, recruiting and retaining Māori staff need to be prioritised. Legislative changes to the Health Practitioners Competency Assurance Act can be used to strengthen requirements for **cultural competency** of the health and disability workforce.
- › The **under-representation of Māori** in the health and disability workforce means there is competition between Māori and non-Māori providers to build culturally competent workforces.
- › **Iwi-DHB relationship boards** are not given the authority or influence they need. They are often used as tokenistic ‘tick-boxes’ as opposed to acting as a true partner. There is a need to review how these boards are used, to ensure that they are reflective of the Māori population they serve and are working in partnership with the DHB, not just as an advisory board.
- › Iwi, and not Ministers, should choose leaders for their boards, to ensure that the representatives are able to challenge the Ministry and the DHB.
- › Enable Māori to be the **kaitiaki** and to continue to develop **leadership and governance** within the current system.
- › Increase investment for **engagement with Māori**, to ensure that Māori voices are heard at every level.
- › **Māori voices** are not adequately reflected in the frameworks and policies of government, and the onus of ‘fixing’ Māori health sits too much with Māori and not with Crown and Māori.

“

There’s too much expectation on Māori providers without the pūtea to support them.”

-
- › Language needs to be more **action-focused** in the Plan. It is also still presented within a Pākehā framework and could possibly be moved towards a Māori framework like Te Whare Tapa Wha.
 - › There needs to be **increased transparency** with what happens to data collected by the Ministry. Where does it go? What is it used for?
 - › **Informational quality and sovereignty** need to be at the forefront of data collection.
 - › Need to ensure more **holistic approaches to health**. Whānau Ora is a great example of an approach that considers the impact of the broader determinants of health.
 - › Mana and pūtea need to be given back to our hapū and whānau, as they will ensure that **tikanga Māori, mātauranga Māori**, te reo Māori etc. will be valued and utilised to benefit Māori.

“

We need to establish trust in Māori solutions to Māori health issues.”

-
- › The Plan needs to have **longevity** outside of the political scope. There is frustration in engaging repeatedly without any significant progress.





Ōtautahi Christchurch 29 August 2019

Key take-outs

- › Need to increase the **Māori workforce** in all parts of the health and disability system, address issues of pay parity between Māori and mainstream services, and explicitly recognise people in Māori-focused roles.
- › **Racism and discrimination** is experienced daily and is powerful. This must be addressed.
- › There is lack of **cultural competency and safety** in the health and disability system. Culturally competent and safe services need to be accessible in both Māori and non-Māori services.
- › Leadership across the system needs to be **accountable for achieving outcomes** for Māori and sanctions must be applied if they do not make progress.
- › There is a need for **increased Māori leadership** and representation at all levels of the system, including supporting and developing both current and aspiring leaders.
- › It is important to address the **broader determinants of health**.
- › **Funding for Māori providers** is inequitable due to the distances covered in rural and isolated areas.
- › **Accurate data** needs to be collected and used to enable focus on health outcomes for Māori.

► Summary of themes raised by participants:

- › *Te Tiriti o Waitangi* should remain the overarching framework for the Plan.
- › The *Māori workforce* in all parts of the health and disability system needs to be increased. Other issues are pay equity, retention and reflecting cultural competency in remuneration.
- › *Culturally competent and safe services* need to be accessible in both Māori and non-Māori services. This requires mandatory cultural competency training for workforce development and recruitment, particularly for practitioners from abroad, GPs and in the mental health workforce.
- › Māori should have options. *Te ao Māori* and *mātauranga* Māori need to be accessible, enabled by the health and disability system, as well as biomedical approaches acknowledging and supporting rongoā Māori.

“
Mātauranga Māori belongs in the health system.”

- › Questions were raised about how the system will enable reconnection to *iwi*, *tikanga* and *identity*.
- › Increased *Māori leadership and representation* at all levels of the system is needed, including supporting and developing both current and aspiring leaders.

- › It is important to address the *broader determinants of health*, including resources to address housing issues and homelessness, and the need for holistic thinking – healthy kai, healthy wai, health tinana, healthy hinengaro – such as education and housing.

“
There needs to be more connection between the government agencies. The silos stop us from getting the help we need.”

- › *Whānau Ora* is an effective way to work with Māori in other sectors.
- › Focus on *wellbeing* rather than just addressing deficits. This requires connected services that are fit for purpose.
- › *Racism and discrimination* need to be addressed, and this should start with the education system and school curriculum, and in the current workforce. This requires co-design and conversation.

“
We need to start a conversation around racism. It can't be ignored.”

- › Pae ora require *early intervention*, with an emphasis on mana-enhancing initiatives.
- › Māori providers were described as having to compete with Pākehā services for *funding*. Funding for Māori providers was described as inequitable due to the huge distances covered in rural and isolated areas.





- › Māori should have **authority over funding** for Māori. Resourcing iwi-led and kaupapa Māori services that are self-determining will require funding driven by Māori governance using a Māori lens.
 - › Differential **prioritisation, funding, focus and resources** are needed for Māori, and this needs to be explicit, transparent and benchmarked. Funders and non-Māori service providers need a deeper understanding of why this is needed.
 - › Any new money for DHBs should have an **equity** and **Māori lens** applied to it, and funding changes that are related to political changes should remain ring-fenced.
 - › Funding agreements should be focused on **outcomes** rather than inputs or KPIs. This will require more holistic measures.
 - › There needs to be a focus on addressing **mental health** and increasing kaimahi Māori given the 24-hour response capacity required. Mental health services are not integrated with other services. Some services are not culturally appropriate.
 - › Issues raised about **accountability** for DHBs, PHOs, Māori providers and people in leadership positions. DHB performance should be linked to funding, including sanctions for non-performance and accountability around supporting Whānau Ora. Concerns raised about the process of accountability and transparency for Māori providers.
 - › Annual **public reporting** on progress against Māori health outcomes by the Ministry and DHB CEs should be required. This will contribute to greater levels of transparency and accountability. Consequences for non-performance, including the removal of funding, were suggested for population-based funding to DHBs and PHOs.
 - › There are issues concerning accurate recording, use and collation of **ethnicity data**, and the way current data systems and processes de-prioritise Māori. Data sharing is a barrier as there are no links between community, primary and secondary systems – making it difficult to track Māori through the system.
 - › There is a need to **connect, communicate and collaborate** across sectors and between health services. Small teams of Māori are scattered across big organisations, which is a barrier to integrated working. DHBs are viewed as too big to hear the Māori consumer feedback that is available.
 - › There is a lack of **consumer voice** in the Plan, and potential for it to become a top-down approach. These are the same as the challenges facing Māori health 20 years ago.
 - › **Collaboration** between primary and secondary care is vital. Kaimahi should be brought together to collaborate and share, such as through community health days.
- “
We need better synergy between primary care and hospital settings. We barely know each other’s services.”
-
- › It should be possible to **leverage IT** solutions to improve the system, for example, in referral forms and the collection of data.

Āpitihanga 2: He whakarāpopoto o ngā uiui tuihono

Appendix 2: Summary of online survey feedback



This appendix provides an overview of the feedback gathered through the online survey. Because the survey questions were based on the content of the discussion document, this appendix presents a summary of feedback based on the proposed draft framework, rather than the framework presented in the final action plan. This provides insight into how the action plan has evolved overtime.

Te Tiriti o Waitangi approach

Most people supported the proposed Te Tiriti o Waitangi approach and framework, with strong agreement that Te Tiriti should be at the foundation of the Plan. There were a range of views about whether an articles approach or principles approach, or a mixture, would be more effective. Regardless, expanding on Tiriti principles resonated with many people.

“

The framework is an important evolutionary step in the ongoing conversation about how Te Tiriti adds value to the health and disability sector as well as our society/nation.”

—



Te Tiriti in legislation

Some people suggested Te Tiriti be supported by and included in legislation rather than only in strategic documents, commenting that the inclusion of Tiriti principles in the NZPHDA 2000 is insufficient. Inclusion in legislation was viewed as an important enabler of Māori health equity and ensuring the health and disability sector is responsive to Crown obligations under Te Tiriti.

Te Tiriti throughout the system

Some people raised concerns that the use of Te Tiriti in the health and disability system is currently done on an ad hoc basis and should therefore be embedded across all levels of the system, including government. Some people also noted that Te Tiriti framework needs to have practical use and be sustainable and enduring over time.



How can we avoid tokenism and ensure that the principles are applied meaningfully or become entrenched in the health systems culture? We need to be explicit in how we hold the health system accountable to uphold their obligations to the treaty.”

Supported by stronger accountability

Many people acknowledged the current use of Te Tiriti is not monitored and that there are no clear expectations on how it should be used. In response, many people made a call for stronger accountability to monitor how the sector is making progress against Tiriti obligations. Some people also said that DHBs, PHOs and other Crown agents should be held accountable by whānau, hapū and iwi, not just by the Ministry.



We need to ensure that the ways we review and evaluate the extent to which the Crown is meeting its obligations, giving effect to equitable health outcomes, is through a Tiriti-based framework.”

Strong call for mana motuhake and self-determination

Many people acknowledged Māori do not currently have the power needed to express true mana motuhake or self-determination. In response, some people made a call for the Crown to recognise its Te Tiriti obligation for partnership by including Māori at all decision-making levels and devolving power and authority to Māori.

31

“

The principle of power sharing is an entitlement under the Treaty. Māori must be given the resources and authority to enable us to manage our own health. Crown (DHBs) must provide resource in that context. We must move past aspirations to actions.”

Proposed objectives

Overall, most people supported the proposed objectives. Some people raised concerns about how the Ministry would ensure commitment and buy-in to achieving them. In response, people said the Ministry should be explicit about how commitment to and progress against the objectives will be measured. Some people said the objectives should be explicit about how each will contribute to fulfilling Tiriti obligations.

Objective: Address racism and discrimination in all its forms

There was strong support for this objective, with many people adding that addressing racism in the health and disability system needs to occur across all the proposed priority areas. Some people suggested the wording could be strengthened from ‘addressing’ racism to ‘eliminating’ racism.

“

Every priority area must have a policy that addresses racism, has measures and consequences if the policy is not implemented in its entirety.”



Objective: Acknowledge and enable iwi, hapū and Māori communities to exercise their authority to improve their health and wellbeing

There was strong support for this objective, with many people noting the strong link with Te Tiriti with the inclusion of self-determination, mana motuhake and partnership. Building on this, people said there needs to be clarity what ‘authority’ means in this context, stating that ‘true authority’ to them would mean government agencies devolving power to Māori.

“

It is critical to acknowledge Te Tiriti o Waitangi as the foundation for decision-making and action going forward – and the basis of an equitable partnership between the parties.”

Objective: Enable the health and disability system to be fair and sustainable to deliver equitable outcomes for Māori

There was strong support for this objective, with many people acknowledging that equity should be a core function of the whole health system. Considering this, some people acknowledged equity should be a core function across the whole Plan. Some people said this objective requires change within the Ministry and government more broadly, to ensure that structures and processes better enable Māori health equity.

Other suggested objectives

Many people suggested additional objectives to those proposed above. Some people suggested strengthening kaupapa Māori perspectives across all objectives, along with an increased focus on wai ora. Others proposed exploring the possibility of a separate Māori health funding authority as an objective. Many of the suggested objectives overlapped with the proposed priority areas, including cultural competency, governance and leadership, Māori health workforce, and accountability.

Priority areas

Overall, there was strong support for the proposed eight priority areas, with many people making additional suggestions and refinements. Most people acknowledged that the proposed priority areas reflect many of the current issues in Māori health. Some people said it will be important to focus on certain priority areas more than others in order to achieve the objectives and to address issues viewed as more urgent. In addition, some people raised concerns about how the priority areas would be implemented, expressing that details of implementation are important.

Some people made some overarching comments about the priority areas, including a call to raise the voice of whānau and communities across all priority areas, and to ensure that addressing racism and discrimination is a cross-priority focus. People also said Te Tiriti should be interweaved throughout all priority areas.

Many people acknowledged the importance of monitoring and accountability to achieving the actions within the priority areas. People noted that without strong accountabilities in place progress will be limited.

There were a range of views about which priority areas were most important. Overall, 'Māori leadership, 'Māori health development' and 'workforce' were considered the most important to focus on over the next five years.

Additional or 'missing' priority areas

Most people made suggestions for additional priority areas that they thought were missing from the proposed framework. These are some of the suggestions.

- › **Environmental health** – recognising the influence of the environment on the health and wellbeing of Māori.
- › **Power-sharing** – using arrangements that transfer power to Māori, such as a stand-alone Māori health authority.
- › **Funding and investment** – addressing the underfunding of kaupapa Māori services and Māori health initiatives.
- › **Mātauranga Māori** – recognising mātauranga Māori as a legitimate source of knowledge through prioritisation and investment.
- › **Improved access to services** – addressing the diverse health needs of Māori by targeting services to meet Māori health needs, including improved access and uptake of kaupapa Māori health services.





“

Often underfunded ventures are doomed to fail, and Māori are blamed for the failure. [There needs to be] investment and appropriate funding to enable success.”

Priority area 1: **Māori–Crown relationships**

There was strong support for this priority area, with many people acknowledging that effective Māori-Crown relationships are an obligation under Te Tiriti o Waitangi and are fundamental to achieving Māori health equity.

True partnerships under Te Tiriti o Waitangi

Many people made an explicit link between this priority area and the Crown’s obligations under Te Tiriti. People said strengthening Māori-Crown relationships requires true and equitable partnerships between Māori and the Crown at all levels of the system that support Māori leadership and authority over their own health and wellbeing. Some people suggested this could be achieved by including Māori in decision making, from policy design through to implementation and beyond.

“

Effective Māori-Crown relationships including understanding the rights, interests and perspectives of Māori meaningfully engaging and building relationships with iwi, hapū and Māori communities, and embedding Māori and Tiriti perspectives into policy, programmes and services.”

Redressing past grievances

Some people said this priority area presents an opportunity to acknowledge and address historical mistrust that exists between Māori and the Crown. People highlighted the effects of colonisation and institutional racism as some of the issues that could be addressed through stronger and more effective Māori-Crown relationships.

“

...it is important that a stable relationship exists between Māori and the Crown. Everything lies on the ability to trust each other. There has been generational mistrust and this must be addressed if anything is to move forward.”

35



Link to Stage One Wai 2575

Some people noted this priority area provides an opportunity to respond to the findings from the Waitangi Tribunal's Stage One report on Wai 2575. People said this would help improve Māori-Crown relationships and reflect the Crown's ambition to move towards a Tiriti-based partnership.

Separate Māori health authority

Some people made links between this priority area and the idea of a separate Māori health authority, and provided a range of perspectives about whether this would be effective. In support, people emphasised the opportunity for a significant shift in power, allowing Māori to hold self-determination over the provision of health services for their communities. Conversely, some people said this would take responsibility away from the Crown and place it solely on Māori, and that Tiriti partnerships require Māori and the Crown to work together.



Priority area 2: Māori health development

This priority area was considered by many to be one of the most important to focus on over the next five years. People supported the focus on further advancing Māori self-determination over the planning and delivery of health services, adding that there must be an explicit focus on supporting ‘by Māori for Māori’ services, and mātauranga Māori that meet the needs of Māori. This would need to be supported by increased funding and resources for Māori providers.

Tino rangatiratanga and mana motuhake

Many people supported the strong focus on mana motuhake as outlined in the discussion document, reiterating its importance in developing Māori-led initiatives tailored to meet Māori health needs. People acknowledged that ‘by Māori for Māori’ approaches that are strengths-based and whānau-centred will better meet the needs of Māori.

“

Māori know their needs better than anyone, so should be responsible for deciding how those needs are met.”

Some people emphasised the need for adopting more strengths-based approaches, adding that this would require communication with Māori to better understand their lived realities and build on their strengths to help develop programmes that contribute to the advancement of Māori health.

“

Focus on approaches that use Māori strengths and assets to develop Māori-led initiatives tailored to meet Māori needs (includes Māori models of health, rongoā and innovation).”

Mātauranga Māori

Some people said Māori health development needs to operate out of a mātauranga Māori lens, requiring the challenging of Western systems and fostering of Māori philosophies and values. Some people suggested the Ministry must ensure that it reflects and operates from a Māori world view, including recognising traditional practices such as mirimiri and rongoā.

“

They are tailored towards Māori social systems and geared towards what will work for Māori rather than the continuation of Western health paradigms.”

Increase funding and resources

Some people said Māori health services and initiatives need more resources in order to provide care, with suggestions for the current funding mechanisms to be revised.

“

To make things improve we have to have mechanisms to work with our people, we need resources to make changes.”

Whole system should meet Māori health needs

While many people said it is important to focus explicitly on investing in Māori health providers, some people highlighted the significant role that mainstream services play in responding to Māori health needs and emphasised that these services should continue to have focus in terms of lifting cultural competency. Furthermore, some people noted that kaupapa Māori and whānau-centred models of care can benefit all people in New Zealand and should therefore be incorporated across the whole health and disability system.





Priority area 3: Māori leadership

There was strong support for this priority area, with many people highlighting Māori leadership as a core component of tino rangatiratanga as guaranteed under Te Tiriti. People supported the recognition that Māori leadership is a core component of Māori health advancement. People emphasised the need for Māori leadership at all levels, across the whole sector, and ensuring Māori are supported through training and professional development into these positions.

People talked about Māori representation as a broad concept, including positions in leadership, governance, management and other roles. Some people said there is a clear lack of Māori representation in leadership and governance, with some noting this results in Māori health priorities and aspirations not being adequately considered at a decision-making level.

Te Tiriti o Waitangi requires Māori leadership

Many people supported the focus on Māori leadership as it is viewed as a core enabler of tino rangatiratanga and active partnerships, as guaranteed under Te Tiriti. People said that strengthening Māori leadership across the health and disability sector will enable Māori to meaningfully participate in Māori-Crown relationships.

Māori representation at all levels, across the whole system

Many people felt the priority area could be strengthened by having a clear focus on investing in Māori leadership at all levels – across the whole health and disability system and beyond. People said this would include but go beyond governance and traditional leadership positions, supporting investment into Māori leadership across the entire system. This included support for initiatives that strengthen Māori (particularly iwi) forms of governance at a DHB and Ministry level.

“

We need Māori at all levels of decision making. Māori leadership is not just confined to the board level; it must be throughout the health system including executive management, middle management and team leader levels as well as clinical directorships and clinical leaders.”

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Training and supporting Māori

Many people said that supporting Māori leadership requires investing in training and career pathways for Māori. Related to this, some people said training would help to ensure the ‘right mix’ of Māori representation – that Māori are equipped with the right skill base for effective leadership.

“

Māori leadership is crucial to Māori-led solutions for Māori; this capability needs to be supported so Māori can nurture and mentor future leaders.”

Local and community-based leadership

Some people said this priority area needs a stronger focus on grass-roots and community-based leadership. Improving Māori leadership was considered important, but supporting leaders at the ‘ground level’ can have a greater impact on improving Māori health outcomes.

“

Health sectors, in general, have been poorly led. It is addressing changes at ground level and the coal face that will have more positive outcomes for improving Māori health.”



Priority area 4: Accountability frameworks

Many people supported this priority area, particularly the outlined objective to strengthen expectations for health organisations and Crown entities to meet their obligations under Te Tiriti. People acknowledged that accountability is a key success factor to ensuring the system is responsive to Māori health needs and aspirations.

Accountability for Te Tiriti o Waitangi obligations

Many people supported strengthening accountability requirements for organisations to meet Tiriti obligations, including obligations to achieve Māori health equity and work in partnership with Māori. Some people added that this should become a normal part of accountability practices in the health system.

“

...we would suggest stronger accountability mechanisms based around the partnership Tiriti principle as a means for overseeing action across the sector, regional and districts.”

Shared and consistent accountability across the system

Some people said that accountability mechanisms and processes for meeting Tiriti and equity obligations need to be more consistent across that sector, adding that all providers across the system need to be held accountable within the same framework.

These people also indicated that the Ministry must ensure that there are transparent and consistent monitoring systems which enable core objectives and plans to be met.

“

...we should be empowered through the framework to strengthen policy developments and strengthen monitoring systems to ensure core objectives are adopted by the DHB, and to ensure that accountability by and across the health sectors is a mandatory function...”

41



Consequences for non-compliance

Many people said organisations need to be held to account when non-compliance for Māori health occurs. People added that accountability frameworks need to be directive for organisations to actively commit to Tiriti and equity obligations. Some people suggested using financial penalties to incentivise performance.

“

What are the repercussions for not meeting the obligations?”

Transparent monitoring and reporting

Many people acknowledged the importance of transparent monitoring and reporting for ensuring that organisations are meeting accountability requirements, and for showing where the successes and failures are in the system. Some people added that transparent monitoring would give Māori communities oversight of whether health organisations are meeting their commitments to Māori health. Some people suggested the Ministry should establish a method of auditing the system’s responsiveness to Māori health needs, noting there is currently no robust method for measuring this.

People supported the use of tangible measures to hold organisations to account for Māori health but added there should be assurance of ‘authentic accountability’ – ensuring that organisations are meaningfully fulfilling requirements rather than merely ‘ticking the box’.



“

... this priority area is key to achieving a high level of accountability from those within the current system who are responsible as they are controllers and decision makers within the current system.”

Funding and resources to support organisations to meet requirements

Many people raised concerns about whether organisations were sufficiently resourced to comply with accountability requirements. Some people said that providing direction without the necessary funding attached may not lead to significant changes, adding it is the responsibility of the Ministry to provide support and build capacity to enable Crown entities (especially small ones) to meet Tiriti obligations. People also highlighted the importance of investing in Māori health providers to support the ongoing work they do to address Māori health inequities.

“

There is too much focus here on accountability documents... and not enough on the processes, support, tools and capability to enable organisations to change and improve.”

Priority area 5: Cross-sector action

Address the broader determinants of health

There was strong support for this priority area, particularly the focus on the broader determinants of health. Many people supported the need to view health issues within the broader social and economic contexts that influence Māori health outcomes, and some emphasised the disproportionate effects of income, deprivation and living conditions on Māori health.

43

“

Addressing Māori health without addressing the root causes of poor health narrows the capacity of the system to respond to Māori illnesses and limits the effect the health and disability system can have in improving health equity for Māori.

Māori are disadvantaged socially and economically as a result of colonisation; their poor health status reflects accumulative multifactorial inequities.”

Shared planning and policies across sectors

Many people agreed that action is needed to develop a cohesive approach in responding to Māori health, and were concerned that the health and disability system does not currently coordinate well with other agencies and organisations. Recognising that health is influenced by a range of factors, many people said a specific and consistent focus on Māori health should be the responsibility of all government agencies rather than the health system alone.

“

Every part of the government machinery should have a ‘health’ aspect such as a single objective to ensure health across all sectors is achieved.”



Shared accountability

Some people raised concerns about getting buy-in from non-health agencies, and advocated for any cross-sector collaboration to also include shared accountability.

“

Nothing forces sector participation outside the health sector and yet we know just how important these players are in health outcomes – how are we going to draw them into the health discussion and make them accountable?”

—

Collaborative funding

There was strong support for developing more collaborative approaches to funding, and shifting away from competitive funding models. Some people indicated support for more integrated funding arrangements and contracts that focus on the holistic needs of Māori, as illustrated in the Enabling Good Lives example provided in the discussion document. Some people also suggested that new funding arrangements should specifically focus on resourcing communities to ensure that local initiatives are successful.

“

Enable and resource local communities to develop ways to improve their own health and wellbeing.”

—

Māori leadership

Many people said that the space for Māori leadership in this priority area was not explicit enough. They said that Māori must be given the platform to develop solutions for their people and should be involved in all aspects of the process. Some people also said existing kaupapa Māori models and frameworks should be used across agencies, as they can address the complex needs of whānau.

“

Cross-sector collaborations should not sit with government agencies as this is a replication of a system of failure – give the opportunity for Māori to work with Māori.”

Ensure Māori leadership and at least equal partnership in the development and design of all initiatives that aim to address the social determinants of health.”

45



Evidence

Some people highlighted the need for evaluating the impact of cross-sector action on the individual, whānau and community levels, and using this as the basis for developing sector collaboration processes.

“

Case studies following a client (having been assessed as experiencing a certain level of social deprivation) through the various processes of a joint venture would evidence an outcome or present a new process for implementation.”

Measures

Many people stated that the measures for cross-sector action should be developed and determined by Māori and that they should focus on assessing meaningful outcomes as opposed to system outputs. For example, some people suggested that cross-sector action could be assessed by kaupapa Māori-based measures and how well joint ventures reflect their obligations to Te Tiriti and whānau.



Priority area 6: Workforce

Increasing the Māori health workforce

There was strong support for this priority area. The majority of people agreed that increasing the Māori workforce is integral to improving the health service experience for Māori and reducing health inequities.

“

It is vital to the safety of care for Māori patients and whānau that we have Māori involved in the delivery of care – this will lead to improved engagement with the health system and better health outcomes.”

Mātauranga Māori as part of the system

Many people raised the importance of utilising cultural knowledge in service delivery and the need to recognise kaupapa Māori models of practice as legitimate operating frameworks. Some people said that having more Māori within the health system would provide opportunities to reflect the Māori world view and be more responsive to whānau aspirations and needs, but that the system itself would need significant change to enable this.

“

Māori influence the system from within when they are in the system.”

An expanded Māori workforce employed in a system designed and measured by Pākehā needs and success factors is only one small part of the puzzle. That system needs to also reflect diverse values and adopt wellbeing outcomes that focus on equity for Māori.”

Creating culturally safe environments

Many people supported developing a hauora-competent workforce and agreed that increasing the number of Māori health professionals as well as investing in cultural training for non-Māori would be critical. Many people agreed with the proposed action to embed cultural safety training, and said it needed to be a regular and mandatory part of health professional training and competencies. Some people suggested it would also be important to provide cultural training and development to the Māori workforce. Some people emphasised that racism and discrimination must be addressed in order to create an environment that is culturally safe.

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“

New Zealanders need to develop a greater intercultural understanding of te ao Māori. Māori are bicultural by force of circumstances but there is still a large proportion of non-Māori with limited awareness, experience or appreciation that there is a parallel universe operating in Aotearoa.”

There needs to be equal focus on quality of Māori workforce representation to quantity – one can be Māori but still operate out of a Pākehā world view.”

There was strong support for the suggested action to provide development opportunities in tikanga and te reo Māori. Many people saw te reo as a gateway to connecting with Māori, and suggested making te reo classes free or embedding them in professional development programmes. However, some people raised concerns that measuring the number of health workforce members who are te reo speakers would not fairly reflect competency.

“

Learning te reo is great as [it] forms [a] closer connection to who we are as a people...”

Employment support to learn te reo Māori and tikanga should be made available. Intercultural understanding can only come through exposure and experience of ‘other/different’ to own world view.”



Pathways into the workforce and ongoing development

Many people said scholarships and similar initiatives to help attract rangatahi into the health workforce should be developed and strengthened. Some people advocated for a pipeline of support extending throughout high school and tertiary education, all the way into the workforce. Many people also emphasized that Māori already in the health workforce need to be supported and provided with opportunities for professional development.

“

We believe that establishing scholarships and leadership programmes, as well as several Māori workforce development organisations are critical to growing sustainability in health outcome[s].”

Funding and pay parity

Some people said there needed to be stronger emphasis on increasing funding to support the capacity and capability of the health workforce to achieve better outcomes for Māori. Many people emphasised the need for pay parity between Māori health providers and other non-Māori health organisations, particularly DHBs. Some people commented that Māori should be able to work in any organisation (including NGOs) and still get the same pay and training opportunities across the board.

“

To enable is a great aspiration that will require considerable resourcing to achieve.”

Junior Māori clinicians should have genuine choice between working in hospitals or Māori providers with training opportunities, clinical support and safety, and pay being equal – currently it is heavily in favour of DHBs.”

Measures

Many people suggested additional measures that focus on pay parity between Māori and non-Māori; and the number, types and rate of completion of cultural competency training initiatives workshops offered across the health system.

Priority area 7: Quality systems reflect good practice

System change and setting expectations for shared responsibility

Many people felt this priority area was a constructive and proactive approach to assessing and improving system-level frameworks that influence Māori health outcomes. There was strong support for using quality and safety standards and frameworks as a lever to reduce variability in quality and safety practices, and guide auditing and assurance processes to be more responsive to Māori. Some people emphasised the importance of guiding the sector to take responsibility for health equity. A few people commented on individual responsibility in accessing the health care services and tools that are available.

“

This priority sets out a standard of accountability for providers that aims to give people receiving the service a deliberate, safe and sound experience of care that upholds the rights of any person receiving a health and/or disability service.”

Raising the bar on what is good practice health services for Māori so they can build trust and feel culturally safe at a time of great vulnerability.”

Mātauranga and kaupapa Māori

Many people emphasised that mātauranga Māori and kaupapa Māori models of care need to be built into standards and frameworks, in line with the suggested action to support the adoption of holistic whānau-centred approaches across the system.





“

Use framework built by Māori to better understand our aspirations and solutions with better accuracy.”

Quality standards need to recognise, where appropriate, tikanga Māori and mātauranga Māori. Particularly services with high Māori users and engagement, or services where the engagement should be high but is not.”

Partnership and leadership

Some people said that standards and training must be developed, delivered and monitored by Māori in order to develop an equitable system that will support system and staff development.

“

Include that it needs to be driven from a Māori perspective, standards set by Māori, training delivered by Māori.”

Addressing racism and discrimination

Many people supported addressing racism and discrimination in policies, systems and frameworks. People highlighted the importance of actions to address racism in the Plan. They suggested that there should also be regular monitoring and reporting of racism and discrimination experiences in the health and disability system.

“

Dealing with institutional racism is paramount to moving health forward for Māori.”

Measures

Many people suggested additional measures for evaluating quality systems. In particular, people advocated for regular reporting that focuses on the experiences and benefits for Māori, as well as assessment at the structural/provider level. Some people said that there must also be measures that reflect te ao Māori, and racism and discrimination in the health system more broadly.

“

Measures that reflect Māori values, interests and perspectives on what constitutes success.”

Priority area 8: Clear evidence of performance

51



Māori development

Many people agreed that quality health data is a key asset for Māori development. Some people said that data analysis needs to be driven by Māori rather than by the Crown, and that actions are needed that focus on building Māori capacity and capability to do this. This included suggestions for training options and health literacy tools to help Māori understand the implications of their health data.

“

This will enable Māori individuals, whānau, hapū and iwi to make the best decisions to support their communities in the ways that meet their development needs and aspirations.”

Data creating change

There was strong support for focusing on measuring outcomes rather than outputs. Many people saw this priority area as a way to identify gaps, understand changes, and see what is working and what is not. Many people said quality data could inform resource distribution and ensure that changes are evidence-based. Some people said there needs to be more focus on equity in this priority area.

“

Data provides the evidence and understanding of whether the system and services are working or not.”
Data can help facilitate change that would not otherwise occur if there was no record of statistics etc. Appropriate data collection is paramount in order to better make decisions based on correct information.”



Māori perspectives and partnership

There was a very strong call to use Māori measurement tools and assessment models, and shift away from using mainstream models of assessment that do not work for Māori. Many people said the measures under this priority need to be developed with and determined by Māori, and include qualitative measures.

“

Māori need to be included in the discourse on what is the measure for Māori of success.”

...as long as the stats and the measures are measured through a Māori lens. The current measurements do not reflection Māori health and wellbeing from a strengths-based approach.”

Transparency for how Māori data is used

Many people supported the development of better collection, analysis and use of data by government agencies and others in the health and disability system. Many people said there should be more transparency around how Māori health data is used at the level of government agencies, including DHBs, and individual health providers. Some people felt that this priority area reflected a commitment to accountability in achieving gains in Māori health.

Evaluation and research

Some people said there needs to be more emphasis on evaluation processes, to understand the specifics of what has led to change rather than just that change has occurred. Some people suggested including research activities in this priority area, such as using research to identify models of success, and developing a research agenda that includes groups like tāngata whaikaha.

“

Developing evaluative thinking and capability is essential to supporting the translation of analysis into actionable evidence.”

Iwi data and data sovereignty

There was support for iwi data to be collected, but some people noted this needs to be done in a way that ensures Māori retain their data sovereignty in alignment with Te Tiriti, and that information that flows from iwi/hapū is used in a way that they have agreed upon. They highlighted that the Ministry must work closely with Māori to determine culturally acceptable practices for data governance.

53

“

Crown data and data over which Māori have sovereignty can inform very different results in decision making, policy development, outcome assessment and accountability.”

An emphasis on Māori data sovereignty principles being integral to guiding the ethical use of Māori data.”





Āpitihianga 3: He whakarāpopoto o ngā tāpaetanga ā-puka **Appendix 3: Summary of Written Submissions**

The first section of this appendix presents overarching themes rather than themes by priority area. This reflects the format of many of the written submissions, and the interconnectedness of the priority areas proposed in the discussion document. For example, many submissions discussed the importance of working across agencies to address the social determinants of health (Priority area 5: Cross-sector action) and linked this to ensuring accountability by tagging actions and measures to specific agencies (Priority area 4: Accountability frameworks).

The second section of this appendix presents themes that are specific to a specific proposed priority area.

Overarching themes

Support for discussion document overall

Most of the written submissions supported the proposed framework for the Plan outlined in the discussion document. There was strong support for the Tiriti o Waitangi framework, particularly the use of both the articles of Te Tiriti and the Treaty principles from Stage One Wai 2575. There was also general support for the proposed eight priority areas. Most of the proposed actions and measures were supported, with some submissions making suggestions for additional actions or measures.

Support for the proposed Tiriti o Waitangi approach

Several submissions supported the link between the articles of Te Tiriti and the role of the Ministry and the health system. Some submissions viewed the articles as giving clearer direction and enabling more action than the more commonly utilised ‘three Ps’ (partnership, protection and participation).

“

Reframing to emphasise the Articles rather than the Principles is a logical transition to create direct links with Te Tiriti.”

—

Almost every submission referenced the importance of honouring Te Tiriti. Many submissions agreed that Te Tiriti needs to be a foundational part of the health system, and that it is critical for Te Tiriti to be embedded in the Ministry of Health (the Ministry).

Support for the proposed objectives

There was very strong support for the proposed objectives of the Plan. Submissions said the three objectives were appropriately overarching and comprehensive.

“

... the purpose is to enable the health and disability system to respond to Tiriti obligations, affirm Māori aspirations, and achieve equitable health outcomes, wellness and wellbeing for iwi, hapū and Māori communities. We are strongly supportive of these objectives and believe the Plan is a good step in the right direction.”

—

Addressing racism and discrimination

Most of the submissions outlined support for the objective to address racism and discrimination. There was a clear theme in this feedback that policy changes in the health and disability system would be needed to embed equity and eliminate racism. Submissions also spoke to the impacts of colonisation and intergenerational trauma on Māori health.





“

The Ministry, district health boards and all other health sector organisations need to actively prevent people from making decisions and developing approaches that perpetuate power imbalances and inequity; whether these are due to personal unconscious or conscious bias or other ways of working that preserve or that further increase systematised institutional racism.”

Support for priority areas

Overall, there was very strong support for the proposed priority areas. Several submissions also specifically supported the acknowledgement of the wider determinants of health throughout the priority areas.

“

The adoption of the overarching aim of pae ora, which promotes collaboration between all those working in the health and disability sector and aims to achieve wellbeing beyond the usual narrow definitions of health is particularly welcomed.”

Measures

Most of the proposed measures were supported, with some feedback indicating that both subjective measures and quantitative/objective measures are needed. Many submissions suggested adding or changing measures: for example, some submissions wanted to see more specific measures, and a few submissions raised concerns that the use of satisfaction as a measure was too subjective. A key theme of many of the submissions was for patient and whānau experience to be reflected in the measures of the Plan's progress, rather than only measuring progress at the provider or agency level/perspective. There was also some feedback on ensuring actions and measures were about quality and accountability, and ensuring Māori are involved in the development of the measures used.

“

Ensure Māori-led accountability and measure development to ensure outcomes are meaningful to Māori communities.”

Issues concerning the development of the Plan

57

A few submissions commented on the process for developing and engaging on the discussion document for the Plan. Some submissions said the time allowed for providing feedback in writing was insufficient, and the wānanga were not publicised enough to allow more people to participate. A few submissions raised concerns that the development of the framework and the engagement activities did not enable genuine partnership, and that there was not enough information about what the Expert Advisory Group was and how it was formed.

Fundamental system change

Several submissions focused on the need to make fundamental changes to the existing system if we want to see improvements in Māori health. Submissions said we would need to work differently, and the Ministry would need to drive the changes needed.

“

The core message of this submission is that fundamental change in our health system will be required to advance Māori health outcomes and achieve health equity for Māori, and the Ministry has a crucial role in driving the change required.”

The role of the Ministry of Health

Many submissions commented on the important stewardship role of the Ministry in ensuring the Crown’s obligations under Te Tiriti are honoured within the health system, leading and providing clear direction to the sector, and dismantling institutional racism. They said that the Ministry would need to set the standard by embedding Te Tiriti and equity in all systems – for example, internally in operating and decision-making processes, and externally in relationships and commissioning approaches.



“

The Ministry has dual roles – as system steward, shepherding the system in the required direction – and in modelling and leading honourable and genuine practice as a Tiriti partner.”

Whānau at the centre

The importance of recognising and empowering whānau was a key theme across many of the submissions. This included recognition of whānau as the core unit of te ao Māori in the Plan and in the health sector more broadly, and as key experts in their own care. Submissions advocated for the whānau perspective to be prioritised in the design and evaluation of services, and in the measures of the Plan. Some submissions also discussed the importance of acknowledging whānau, hapū and community groups in relation to how Māori-Crown relationships are framed, rather than focusing on iwi-level relationships only.

“

...Māori society is not homogenous, and Māori should be free to identify as they choose; for example, some may feel greater affinity and links with their hapū than their iwi. While we recognise the groups named in the objective [iwi, hapū, and Māori communities], the base unit of te ao Māori is the whānau... whānau should be articulated in the draft objectives.”

Important role of kaupapa Māori approaches

Almost all submissions repeatedly emphasised the critical role of kaupapa Māori services and approaches in achieving Māori health equity and aspirations. Submissions emphasised the need for different world views and Māori models of health to be accepted as a vital part of the health and disability system. Several submissions said ‘by Māori, for Māori’ leadership and services were key to self-determination.

“

...providing a platform where health services are delivered by Māori for Māori is integral to improving Māori health and honouring the Crown’s obligations under Te Tiriti o Waitangi.”

—

Submissions also said kaupapa Māori approaches should be integrated in all services (including non-Māori services), prioritised and appropriately resourced. Some submissions said kaupapa Māori and mātauranga Māori approaches need to be enabled structurally, including the practice of rongoā.

“

...we call for the Ministry to consider how whānau health care journeys might encounter primary, secondary and tertiary care, recognising there is potential to weave kaupapa Māori models into all points of the whānau journey.”

—

Shift focus to hauora and wellbeing

Most submissions used language related to enabling hauora, wellbeing and holistic health, rather than focusing only on illness and deficits. Some submissions also said services focused on prevention were important.

“

The language of the Plan must reflect Māori concepts of the whānau collective and wellbeing rather than the individual and ill-being.”

—

Equity

All submissions expressed strong support for equity in addressing Māori health, with many organisations expressing their own commitment to equity. Submissions acknowledged that an equity lens is needed to address health inequities and meet Māori health needs.





“

We recognise that the current public health system works for some people, some of the time; however, inequities have persisted for Māori, meaning that a new approach is timely.”

Mental health and wellbeing

Submissions placed a strong emphasis on the importance of mental health and wellbeing for Māori. Some submissions felt supporting child wellbeing needed to be prioritised in the actions, and that wellbeing approaches needed to be reflected in measures (rather than the standard sickness measures).

“

The ongoing inequities in mental health outcomes for Māori, including higher rates of psychological distress and suicide, are unacceptable.”

Reducing ongoing harm to intergenerational mental health is a key activity for Māori leaders who are reclaiming knowledge systems by leading and determining mental health research.”

Priority area 1: Māori–Crown relationships

Genuine partnership

Many submissions supported this priority area and its suggested actions. Many submissions said that genuine partnership with Māori at all levels of the health system would be critical in enabling progress in Māori health and on the Plan. There was a clear emphasis in these submissions on the Crown and its agencies strengthening partnerships with Māori so that both the development and the implementation of the Plan are shared.

“

Government agencies will need to significantly strengthen their partnership approaches and build enduring relationships with Māori in order to engage in shared decision making in the development and implementation of the Plan.”

Māori leadership and rangatiratanga

Many submissions linked this priority area to Māori leadership and tino rangatiratanga, and said the system must change so that Māori leaders have the necessary decision-making power, authority and resourcing. Some submissions said power, autonomy and resources needed to be devolved to Māori to enable self-determination.

“

It needs to be Māori leading the process and drawing on expertise of other cultures, it must not be non-Māori letting Māori having power. It needs to be Māori having tino rangatiratanga to identify, develop and deliver the new path.”





Measuring impact and ensuring accountability

Some submissions emphasised the need for regular evaluation of Māori-Crown relationships, and for accountability mechanisms for the Ministry. A few submissions raised concerns that the suggested measures in the proposed framework would not meaningfully measure the impact of Māori-Crown relationships on Māori communities.

“

...how do we measure the effectiveness of these partnership agreements, not just that they are in place, but what are they actually providing?”

—

Wai 2575

Many submissions supported the inclusion of the Wai 2575 recommendations as actions within the Plan. There was also strong support for using the Wai 2575 Tiriti principles.

“

The clear references to the recommendations of the Waitangi Tribunal’s report Hauora are welcomed... this is evidence not only of the commitment to honouring Te Tiriti o Waitangi but working proactively to integrate recommendations into strategy and policy development.”

—

Some submissions commented on the Wai 2575 recommendation to investigate a separate Māori health authority – this feedback ranged from support for a separate authority, to calls for good engagement with the Crown during analysis, and general comments or questions over what this authority might do or how it might function.

“

...would want to be engaged in this kaupapa and not have an option imposed upon us.”

—

Priority area 2: Māori health development

Mana motuhake and self-determination

Many submissions supported the focus on mana motuhake as integral to improving Māori health and honouring the Crown's obligations under Te Tiriti. There was very strong support for increasing both the quality and quantity of 'by Māori, for Māori' services.

63



Kaupapa Māori and whānau-centred approaches

There was very strong support for strengthening kaupapa Māori approaches, whānau ora and other Māori models of health, as outlined in the discussion document. Kaupapa Māori services were viewed as critical strengths-based approaches for advancing Māori health. There was also very strong support for whānau-centred service design to increase the accessibility, cultural appropriateness and effectiveness of services.

Some submissions suggested drawing on the successes of the existing Te Puni Kōkiri-led Whānau Ora initiative.

“

Build on Whānau Ora as an existing evidence-based pathway to improve service responsiveness and increase utilisation of Whānau Ora navigators to engage with Māori.”

Whole system responsive to Māori health

Many submissions noted the importance of a culturally competent health system at all levels to meeting Māori health needs, with many viewing the Plan as an important enabler to achieving this. Some submissions highlighted the value of respect and appreciating different perspectives, supporting the provision of whānau-centred approaches at all levels of the system – including mainstream services.



“

We call for the Ministry to consider how whānau health care journeys might encounter primary, secondary and tertiary care, recognising there is potential to weave kaupapa Māori models of care into all points of the whānau journey.”

Equitable funding and commissioning for Māori health

Many submissions supported the focus on developing fair and sustainable commissioning approaches alongside the Wai 2575 recommendation to assess historical underfunding. Some submissions said changes to funding and commissioning approaches needed to be more explicit in the Plan. Some submissions viewed changes to funding as being key to addressing Māori health needs and therefore the success of the Plan.

“

Greater levels of funding that reflect the higher cost of delivering diverse and targeted health services health services to Māori must be allocated to uplift the health and wellbeing of Māori.”

Measures and reporting

Some submissions supported the suggested measures of this priority area, adding that there could also be measures to better understand equity gaps and progress. Some submissions also suggested measuring funding levels for kaupapa Māori services compared to non-Māori services and the impact of funding for kaupapa Māori services.

Priority area 3: Māori leadership

Rangatiratanga and partnership

Many submissions agreed that Māori leadership is essential to ensuring Māori are appropriately represented in decision-making processes throughout the health and disability system, as set out in the discussion document. Some submissions said decision-making should be 'by Māori, for Māori', and that strengthening and supporting Māori leadership will allow Māori to prioritise what matters to Māori and create solutions that work.

65

“

Bicultural leadership should be prioritised at all levels – from political decision making, to leadership of organisations and other implementation structures, to involvement in co-designing any new health systems or processes.”

DHB/PHO leadership

Many submissions acknowledged that there is not enough Māori representation in leadership positions within DHBs and on their boards, noting this compromises the ability of DHBs to effectively serve Māori. Some submissions made a specific call for the Ministry, DHBs and PHOs to support the growth of Māori leaders within their organisations, and to recruit Māori staff. There was strong support for monitoring the percentage of Māori DHB and PHO board members as a proportion of the district's population as a measure for this priority area. Some submissions said this should also be extended to representation on boards of other health organisations, such as medical colleges and regulatory bodies, and in executive and senior management positions in the health sector.

Training and support

Most submissions supported the proposed action to invest in building Māori leadership and governance capability and capacity. Some submissions said that the Plan should specifically address investing in the many capable Māori already in the sector to allow progression into leadership and governance roles, alongside addressing the recruitment of new leaders. Some submissions also wanted to see training and support for non-Māori staff and leaders to grow their capability for cultural safety and improving outcomes for Māori.

“

To address the under-representation of Māori on Boards or in senior management positions, we suggest that it would be useful for the Plan to specifically address how to target, recruit, encourage and support the Māori health workforce into these roles.”

66



Priority area 4: **Accountability frameworks**

Embedding equity and Te Tiriti o Waitangi obligations

There was strong support for this priority area, with some submissions acknowledging that action in this area would contribute directly to gains in Māori health equity. Most submissions said that accountability is a critical consideration across all areas of the Plan.

Most submissions agreed that greater accountability for health providers to achieve health equity and to meet their obligations under Te Tiriti would help to advance Māori health. Some submissions said that clearer direction would need to be provided to DHBs and PHOs to see progress.

Many submissions focused on the Ministry strengthening accountability frameworks to ensure that providers prioritise Tiriti and equity obligations. Many submissions made suggestions regarding accountability for DHB funding and investment, including that DHBs should develop long-term investment strategies and investment targets, and show prioritised investment into kaupapa Māori or Māori-targeted programmes. Some submissions suggested using KPIs, performance incentives and consequences for non-compliance for both DHBs and the Ministry. For example, some submissions said there should be enforced consequences for services that continue to perpetuate racist practices or do not prioritise equitable outcomes.

“

For accountability frameworks to have impact, the Ministry will also need to stipulate consequences for organisations not meeting the expectations of the plan, or for those that do not actively resource or prioritise actions to meet their obligations.”

67



Measuring and monitoring accountability

Many submissions said that specific measures could be used to hold the Ministry, DHBs PHOs and other health organisations to account, and that Māori needed to be involved in developing these measures to ensure they are meaningful. Some submissions said the Ministry would need to work with Māori and other organisations to monitor responsiveness to Māori at the community level.

Legislation as a lever for accountability

Many submissions made a call to drive accountability through existing legislation, as well as developing new legislation to embed responsiveness and accountability for Māori health across the health system.

“

The legislative framework (H&D Act) currently requires accountability to reduce disparities – why are those in responsible positions not being held to account? They are sometimes held to account for poor financial performance but never for not addressing disparities and health inequities.”

Priority area 5: Cross-sector action

Many submissions expressed support for the specific focus on cross-sector action and the broader determinants of health outlined in the discussion document.

Collaboration across sectors

Some submissions supported collaboration and coordinated action across different sectors, while also wanting collaboration at all levels of the health and disability system, not just between government agencies. Submitters said collaboration would allow services, hapū and iwi, and other Māori groups to work across sectors to achieve a hauora focus. Some submissions viewed cross-sector action as an ambitious goal, acknowledging the difficulties in sharing budgets and taking ownership of initiatives. Some submissions were also wary that this type of collaboration could be time-consuming.

“

The Plan must clearly represent cross-government commitment rather than be a health sector Plan. Other responsible government agencies (such as Corrections, Police, Education, Work and Income, Oranga Tamariki, Te Puni Kōkiri etc) and their specific commitments and responsibilities need to be named, their progress monitored, and their senior leadership held accountable over time.”

Collective ownership and accountability

Some submissions called for collective ownership across government agencies to address the determinants of health inequities, and to ensure agencies provide specific commitments, set responsibilities, monitor progress and utilise accountability measures. Some submissions said there would need to be strict and monitored measures for this priority area and suggested measuring how the Ministry is working with other sectors and how effective these collaborations have been.



“

Comprehensive, joined-up action to address the determinants of health inequities, with clarity around roles and responsibilities when working across sectors must be a priority under the Plan.”

Broader determinants of health and Māori health outcomes

Many submissions supported the acknowledgment in the discussion document of the link between the broader determinants of health, both social and economic, and inequitable outcomes of Māori. Some submissions said focusing on the broader determinants of health also provides an opportunity for the adoption of more innovative kaupapa Māori approaches – acknowledging that holistic responses to Māori health are crucial to addressing Māori health inequities.

“

Attention to the social determinants of health is essential. Health and wellbeing services and health promotion activities are very unlikely to be effective where there are conditions of serious inequity, homelessness, material deprivation, hardship, food insecurity and poverty, even with the best of intentions.”

Wai ora

Some submissions wanted to see a stronger and broader focus on wai ora in the Plan, including the acknowledgment of climate change and other environmental (structural and natural) determinants of health, such as housing and poverty.

“

Indigenous peoples will be disproportionately affected by climate change... Cross-sector action on the social, economic, and behavioural determinants of health must include the health impacts of climate change.”





Priority area 6: Workforce

Many submissions agreed that increasing the number of Māori in all levels of the health workforce was critical to improve outcomes for Māori, as outlined in the discussion document. This includes attracting new people into the health workforce, and developing and retaining Māori who are already working in the sector. Furthermore, there was strong support for a dual focus on the health workforce: increasing numbers of Māori, alongside improving cultural competency and safety in the non-Māori workforce.

Measuring the growth of the Māori health workforce

Some submissions said that success in this priority area will rely on good data. There was support for the measures suggested in the discussion document, particularly measuring the number and percentage of Māori across health and disability workforces. Some submissions suggested also including a comparison of workforce numbers with the number and percentage of Māori in the population.

“

Need to urgently develop and plan accountable measures for Māori health workforce – where is the strategy, forecasting and data collection of Māori health workforce?”

Investment across all parts of the workforce pipeline

Most submissions acknowledged that in order to meet the growing Māori health workforce demands, investment needs to be across the whole pipeline, including strengthening pathways into and through the health workforce. This will require focus on high school, university and workforce pathways both in terms of attracting Māori students to study health and equipping them for success. Some submissions suggested this would require joint action between the Ministry of Education and the Ministry of Health.

“

A partnership in principle needs to be created with secondary education providers so that Māori and non-Māori students can be exposed early on to the benefits of working in the health sector and choosing to study appropriate subjects for a career in health.”

71

Some submissions made a specific call for establishing stronger workforce development and succession plans, including a stronger focus on preparing and recruiting Māori into leadership and governance positions.

Cultural safety and the non-Māori workforce

Many submissions supported the focus on building a culturally competent and culturally safe health and disability workforce. There was strong support for the objective to eliminate racism and discrimination across the entire health and disability system. However, some submissions wanted to see more specific actions to outline how this would be achieved. Many submissions said there need to be stricter accountability measures around the practice of cultural safety, expressing strong support for actions requiring cultural safety. Some submissions wanted clarity around who would be undertaking audits on cultural safety, training and collecting workforce data. Some submissions suggested making explicit how non-Māori parts of the system could support and progress the objectives of the Plan.

“

It is recognised that inequitable care and institutional racism contribute to poor health outcomes for Māori. [The] Plan could include more explicit actions to provide education for health practitioners about how to recognise and dismantle institutional racism.”

Recognition of mātauranga Māori

Many submissions said that mātauranga Māori should be more visible throughout this priority area, and that it should be acknowledged and valued as a legitimate skill and professional competency. Some submissions expressed that proficiency in mātauranga Māori was currently considered a soft or additional skill and not valued as highly as traditional measures of competence. There was concern that this attitude discounts how the utilisation of mātauranga Māori can improve Māori experience of the health system.



“

...integral Māori concepts are viewed as soft or optional qualities that are nice to have but not essential. We hope this framework and priority area will ensure value is placed on the specialist skills and attitudes mātauranga Māori brings to the sector.”

Resourcing and Investment

Some submissions asked what resourcing is currently provided to support the non-Māori workforce to engage with the Māori workforce and communities, and said that additional resourcing would be required to provide this engagement support. Some submissions suggested that equitable resourcing, capacity and capability building for Māori at all levels of the health system could be built into legislation.

“

...An example is in the pharmacy sector where there is limited support for pharmacists to build confidence and capability to connect and network with Māori in learning and practice environments.”

Priority area 7: Quality systems reflect good practice

Most submissions expressed support for this priority area, acknowledging that enhancing the quality and safety standards and frameworks across the health and disability sector is key to delivering equitable health outcomes for Māori.

73

Systems that work for Māori

Some submissions acknowledged the lack of quality systems in place that work effectively for Māori, and supported this priority area as an important means to addressing this. Some submissions supported increased investment into holistic, whānau-centred approaches across the health and disability sector to increase the system's responsiveness to Māori. Some submissions suggested the Ministry should initiate a system review to consider how the health system is failing Māori.

Māori leadership is a key enabler

Some submissions said that to ensure that quality systems work for Māori, Māori need to be the key developers of these systems. Some submissions said there needs to be investment into Māori from managers and leaders in the system.

“

Māori leaders in all levels of decision making, from governance and board, to clinical and operational decisions. Investment to upskill staff, have discussions; conversation; explore; evidence and implement Māori frameworks.”

—

Cultural safety and racism

Some submissions said the Plan needed to include a long-term system planning approach to address racism and discrimination, and to address its impact on core quality and safety policy, systems and frameworks.



“

We suggest that the draft document would be enhanced by addressing a means for Māori whānau and Māori staff to easily and confidentially lodge complaints against racist behaviour and practices they may encounter in the health system. This would support the development of a culturally safe health sector and protect the Māori health workforce.”

—

Embedding changes across the whole system

Some submissions said the Plan needs to embed changes across the system – through important levers such as the Operational Policy Framework, the DHB accountability package, government expectations regarding equity and responsiveness to Māori, other Plans and strategies, and other frameworks and standards. Submissions said that comprehensive system change is required to address Māori health inequities.

Priority area 8: Clear evidence of performance

Data sovereignty

Most submissions supported the reference made to indigenous data sovereignty outlined in the discussion document. These submissions said the Crown must ensure Māori are able to exercise tino rangatiratanga by ensuring they have a comprehensive understanding of how health data can be used to progress Māori health outcomes.

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Reference to indigenous data sovereignty is welcomed. Building Māori data sovereignty into the Plan from the beginning is essential to ensuring whānau, hapū and iwi concerns are met, and aspirations are supported. The College supports having aligned measures and monitoring approaches with increased access to powerful insights, to understand the differences in Māori outcomes and the progress being made.”

Data collection

Some submissions said this priority area is an opportunity to enhance the analytical capabilities of Māori health providers, using data to influence meaningful health outcomes and enabling individual, whānau, hapū, iwi and community access to their data. Some submissions suggested involving indigenous data sovereignty experts and models, Māori data scientists, Statistics NZ, other relevant ministries, and hapū and iwi groups to support the development of a kaupapa Māori and Tiriti-based data governance framework to advance Māori data collection.

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Data collected by Māori for Māori and interpretation completed by Maori.”

