

5 February 2019

Kia ora [REDACTED]

RE: OIA request – policy and services for disabled Māori

Thank you for your Official Information Act Request of 19 December 2018 seeking the following of Waitematā District Health Board (DHB) and Auckland District Health Board (ADHB). Our joint response is as follows:

1. How does the DHB involve disabled Māori in decision-making, specifically:

a. What proportion of the DHB Board membership are:

- Māori.
- non-Māori.
- Disabled Māori.
- Disabled non-Māori.

b. How do the membership requirements of the DHB's statutory committees ensure participation by disabled Māori? Please provide how many members per committee are:

- Māori.
- non-Māori.
- Disabled Māori.
- Disabled non-Māori.

The Waitematā and Auckland DHB's do not collect information on Board membership regarding disability and are therefore unable to provide this information. The table below summarises the statutory committee membership by Māori and non- Māori.

Committee Name	Māori	Non-Māori
Auckland DHB		
Board	2	9
Hospital Advisory Committee (HAC)	1	5
Waitematā DHB		
Board	2	9
Hospital Advisory Committee (HAC)	1	
Joint Auckland/Waitematā DHB		
Community and Public Health Advisory Committee (CPHAC)	2	9
Disability Advisory Committee (HAC)	1	5
Māori Health Gain Advisory Committee (Manawa Ora)	8	3

Our joint CPHAC, which has a Māori chair, has oversight of primary care activity across our two districts. This includes the new System Level Measures (SLM) programme recently implemented by the Ministry of Health. In early 2018, CPHAC, driven by a new structured meeting agenda and its Māori Chair, undertook a “deep dive” into the SLM programme across Auckland DHB and Waitematā DHB. This was the first in a line of deep dive initiatives implemented to understand what is being done in the primary and community care sector to achieve equity for Māori. Also included, and coming up for further analysis by CPHAC, are child immunisations, breast screening and cervical screening - all areas where Māori experience significant disparities. This level of analysis has already produced feedback and advice on new service development aimed at improving Māori health and facilitated relationship-building between primary care and the Māori health sector in metropolitan Auckland.

Manawa Ora

Waitematā DHB and Auckland DHB also have a Māori Health Advisory Committee, known locally as Manawa Ora. Manawa Ora comprises three members from both Boards, including their Māori members, and five community-appointed members provided by our respective Memorandum of Understanding (MoU) partners – Ngāti Whātua and Te Whānau o Waipareira.

Manawa Ora meets quarterly to provide advice to both Boards in respect to Māori health and development. Māori health-focused funding, business cases and new service developments are all presented to Manawa Ora by internal DHB staff members or, in some cases, external organisations. Manawa Ora then makes recommendations to the Boards or appropriate committees for endorsement. We are in the midst of establishing an iwi-DHB partnership Board that will replace Manawa Ora. This development will also include Northland DHB and has the support of all northern iwi, as well as the support of all three DHBs.

c. How do the membership requirements of the DHB’s clinical governance group(s) and consumer advisory group(s) ensure participation by disabled Māori? Please provide how many members of these groups are:

- *Māori.*
- *non-Māori.*
- *Disabled Māori.*
- *Disabled non-Māori.*

Māori membership is a requirement of these governance groups and we have a number across both DHBs. Disabled Māori representation is not a specific requirement and, as previously stated, we do not collect this information. These groups engage consumers where a consumer voice is necessary to gain valuable insights for co-design and co-development best practice work. Invitations for consumer representatives and Māori representatives are made in consultation with our manawhenua partners and experts in the field.

The Waitematā DHB’s Patient Reported Outcome Measures Governance Group, for example, features a range of consumer viewpoints and this group specifically invited a Māori representative with a disability to gain a unique insight into our service provision. The CE for Muscular Dystrophy Association of New Zealand took up this position in May 2018.

d. How are disabled Māori supported to participate in the DHBs Māori relationship board (or equivalent)?

Waitematā and Auckland DHB’s Māori Advisory Committee, Manawa Ora, does not currently have a representative from the disabled Māori community. However, the DHBs’ Māori Provider Forum, which gives guidance on strategic documents and programmes of action that affect the Māori health provider sector, does have dedicated Māori disability membership through Taikura Trust. Taikura

serves a large disability provider and disabled whānau community, and its voice is important for providing guidance in the Māori disability space.

e. How are disabled Māori supported to participate in the DHB's alliance leadership teams? Please also provide how many members are:

- *Māori.*
- *non-Māori.*
- *Disabled Māori.*
- *Disabled non-Māori.*

The Waitematā and Auckland ALT includes Mana Whenua partners (Ngāti Whātua) and Matawaka partners (Waipareira). Both partners fully participate in all activities of the ALT. The ALT has no members representing people with disabilities and at this time does not have a work programme with a focus on disability services.

The ALT's primary work plan is the System Level Measure Improvement Plan. SLMs are outcome measures that aim to improve health outcomes for people, particularly for children, youth and vulnerable populations. SLMs provide a focus for system-wide leadership and collaboration to achieve tangible health gains. SLMs are overseen by the Alliance Leadership Team (ALT) and membership includes both DHBs, Te Rūnanga o Ngāti Whātua, Te Whānau o Waipareira and each of the seven PHOs, including National Hauora Coalition – a Māori PHO.

Health equity is the primary focus for our 2018/2019 SLM plan and a commitment to achieving it is evident throughout our SLM improvement plans. Where the availability of data by ethnicity is not an issue, progress is shown by ethnicity (Māori v non-Māori/non-Pacific) in order to highlight where different and innovative approaches are needed for Māori health gain.

Planning processes have included engagement with Māori. This included aligning SLM improvement plans to existing plans (e.g. Māori health plans) where clear synergies existed. In 2017, this included planning meetings with the Auckland DHB's and Waitematā DHB's iwi partners, Ngāti Whātua, to seek alignment between SLM activity and their health priorities. Additionally, SLM representatives attended the Māori Health Provider Forum hosted by Ngāti Whātua in November 2017. Māori health providers from Counties Manukau, Auckland and Waitematā DHBs reviewed the draft plan in early 2018 to achieve a greater focus on equity amongst primary care services. These engagements have proved valuable for ensuring SLM activity supports existing and planned action across the sector.

2. What support (e.g. financial or travel assistance) does the DHB provide to disabled Māori to ensure they're able to fully participate in its committees and advisory groups?

Waitematā and Auckland DHB's have policies and procedures in place to support the attendance of all Board members and consumer advisors. These policies cover financial contributions towards travel assistance, koha, and compensation for preparation and meeting time. Meetings are held in wheelchair accessible locations.

3. Does the DHB offer the Board, statutory committees, alliance leadership teams and clinical governance groups any training to build their skills and expertise in cultural safety/competence and in disability responsiveness? Please provide evidence of this.

We have offered the following training sessions to Board members regarding Māori health equity/cultural competence:

1. Māori Health Equity - presented by Dame R. Naida Glavish (Chief Advisor Tikanga) and Riki Nia Nia (General Manager, Māori Health). This focused on the actions that are essential to achieving Māori health equity including:
 - an outline of the framework of rights and responsibilities provided by Te Tiriti o Waitangi (Treaty of Waitangi) as well as the direction given to the health sector regarding Māori health equity
 - articulation of the unique relationship between Māori and the Crown including the obligations and responsibilities of Waitematā DHB and Auckland DHB under Te Tiriti and the Memorandum of Understanding between the DHBs and Te Runanga o Ngāti Whātua.
 - acknowledgement of the need for any Māori health equity plans to be consistent with and reflect Te Tiriti o Waitangi and the DHBs' relationship with Ngāti Whātua as well as being informed by Te Ao Māori/Te Ao Mārama.
2. Two health equity workshops undertaken with our Planning, Funding and Outcomes team. These workshops included discussion of the following key points:
 - the content and provisions of the articles comprising Te Tiriti o Waitangi and the history of Māori health in New Zealand
 - complementary provisions in the New Zealand Public Health and Disability Act 2000 and the responsibility of both DHBs to improve health outcomes for Māori, eliminate health outcome disparities, foster community participation in health improvement and uphold ethical and quality standards
 - definitions of health equity and details of disparities in health access and health outcomes. This also includes differences in quality of care and differences in the social determinants of health and exposures
 - the role of governance in addressing inequity.

Further advice and guidance is provided to Board members by our Māori representatives and our Māori Health Gains Advisory Committee (Manawa Ora). Manawa Ora comprises members from the and Waitematā and Auckland DHB Boards, including their Māori members, and five community appointed members provided by our Treaty partners – Ngāti Whātua and Te Whānau o Waipareira. We are in the process of setting up a Board to Board meeting with Ngāti Whātua.

4. What other mechanisms does the DHB use to ensure disabled Māori are involved in DHB strategy, policy, implementation, service design, delivery, evaluation and monitoring? Please provide any terms of reference or relevant supporting documents.

The Waitematā and Auckland DHBs' Disability Advisory Committee (DiSAC) has a Māori representative appointed by Ngāti Whātua who provides Māori health advice and guidance within this forum. Significant programmes of work, including infrastructure projects and service design/redesign projects, is presented to DiSAC to ensure disability issues are considered before decisions are made that may negatively affect disabled patients and their whānau.

As part of the development of the Regional NZ Disability Strategy Implementation Plan 2016-2026, a consultation workshop was hosted with Te Roopu Waiora Trust to ensure a Māori viewpoint was included. Our MoU partners, Ngāti Whātua, were also consulted on the work programme within this Implementation Plan. Updates on this document are reported regularly to DiSAC.

5. What strategies and policies are in place specifically to give effect to the DHB's obligations to disabled Māori under the following:

- NZ Public Health and Disability Act 2000
- NZ Health Strategy 2016
- He Korowai Oranga 2014

Waitematā and Auckland DHBs have a regional NZ Disability Strategy Implementation Plan 2016-2026. Whaia Te Ao Mārama 2018-22 aligns with the vision, principles and outcomes of the New Zealand Disability Strategy. This is reflected in the regional Disability Strategy Implementation Plan for our DHBs.

The Implementation Plan underwent targeted Māori health consultation across metropolitan Auckland. This ensures that the Māori world view, as required by the New Zealand Disability Strategy, was woven through the document and its actions. These actions included giving clients and whānau more opportunities to lead their own care, and new strategies to engage whānau in packages of care.

6. How are the requirements for compliance with the Ministry of Health Operational Policy Framework 2018/19 met with respect to disabled Māori (especially with regard to Sections 3.9 to 3.13)?

Auckland and Waitematā DHBs recognise Te Tiriti o Waitangi as the founding document of New Zealand. We commit to the intent of Te Tiriti that established Māori as equal partners with the Crown through several mechanisms.

Our annual plans feature the four Articles of Te Tiriti to provide a framework for developing a world-class health system that:

- a) honours the beliefs and values of Māori patients
- b) is responsive to the needs of Māori communities
- c) achieves equitable health outcomes for all Māori.

With respect to Māori with disabilities, we do not have any specific work programme other than what is currently in our regional disability improvement strategy. That said, a significant amount of work is being carried out by both DHBs to achieve Māori health equity, with a Te Tiriti o Waitangi framework. Some examples of this work are provided below:

Article 1 – Kawanatanga (governance) provides active partnerships with mana whenua and urban Māori at a governance level.

In 2001, Waitematā and Auckland DHBs signed a Memorandum of Understanding (MoU) with Ngāti Whātua and, in 2003, Waitematā DHB signed with Te Whānau o Waipareira. The MoUs embed engagement with Māori communities, represented by the above organisations, in decision making, oversight, planning and funding across the DHBs. Both partners appoint representatives to our Māori Health Gain Advisory Committee (Manawa Ora) to represent the views of their communities.

- Both of our Treaty partners are also represented on our Alliance Leadership Team (ALT) and are present at a number of decision-making forums aligned to their priorities.
- Training for our Board and Senior Executive Team is as follows:
 - Māori Health Equity presented by Dame R. Naida Glavish, Chief Advisor Tikanga and Chair for Te Rūnanga o Ngāti Whātua, and Riki Nia Nia, General Manager, Māori Health. This focused on the actions that are essential to achieving Māori health equity
 - Health equity workshops undertaken with our Planning, Funding and Outcomes team. These workshops included discussion of the following key points:
 - The content and provisions of the articles comprising Te Tiriti o Waitangi and the history of Māori health in New Zealand
 - Complementary provisions in the New Zealand Public Health and Disability Act 2000 and the responsibility of the DHB to improve health outcomes for Māori, eliminate health outcome disparities, foster community participation in health improvement and uphold ethical and quality standards
 - Definitions of health equity and details of disparities in health access and health outcomes. This also includes differences in quality of care and differences in the social determinants of health and exposures

- The role of governance in addressing inequity.
- Further advice and guidance is provided to Board members by our Māori representatives and Manawa Ora. Manawa Ora comprises members from both the Auckland and Waitematā DHB Boards, including their Māori members, and five community members appointed by – Ngāti Whātua and Te Whānau o Waipareira.
- We also host annual Board to Board meetings with our Treaty partners. These meetings bring together board members and senior executives from both organisations to review achievements of the past year and lay out our priorities for the next. This gives us an opportunity to find areas of alignment, and develop a shared work plan.
- Most recently, Waitematā DHB hosted board members and executives from Te Whānau o Waipareira who laid out their long and immediate term goals. This conversation centred on our Health Needs Assessment (HNA) of whānau accessing Whānau House services. The purpose of the HNA was to describe the population served by the respective organisations at Whānau House and identify areas of health need and service gaps at Whānau House. The analysis demonstrated that Whānau House is successfully reaching a high number of Māori whānau, of which pēpi, children and youth are a large cohort. The completion of this analysis saw a considerable increase of investment into West Auckland. This included:
 - an Enhanced Tamariki Ora service, providing whānau navigation and support alongside existing Tamariki Ora nursing support
 - a Taitamariki Substance Misuse Prevention Programme that has also been approved for funding. This service will fill the gap in substance misuse prevention services in West Auckland, by providing whānau-centred care that promotes youth development, cultural enhancement and whānau development to help prevent taitamariki (aged 10-14 years old) accessing and abusing dangerous substances.

Article 2 – Tino Rangatiratanga (self-determination) is concerned with opportunities for Māori leadership, engagement, and participation in DHB activities.

- Since 2012, we have resourced Ngāti Whātua and Te Whānau o Waipareira with funding to ensure their participation and leadership in Māori health. Their presence and guidance across procurement processes, development of new models of care and community engagement are critical for achieving Māori health equity. This partnership has seen the development of our Kaumātua Strategy, which is designed to prepare our services for an increasing number of Māori reaching older age; completion of the Whānau House Health Needs Assessment (HNA), which has seen significant investment of new funding and resources to West Auckland; and completion of the Māori Workforce Development Strategy that challenges and Waitematā and Auckland DHBs to increase the number of Māori we employ and develop into senior leadership roles.
- Waitematā DHB has established the Māori Equity Committee that comprises senior Māori executives from across the organisation, including Waitematā DHB CEO Dr Dale Bramley. This provides a kaupapa Māori forum where solutions are sought for specific issues affecting the achievement of Māori health outcomes.
- An equity framework was also approved by both Boards for implementation in 2018.

Article 3 – Oritetanga (equity) is concerned with achieving Māori health equity.

- Our annual plans make an explicit commitment to “reducing the ethnic gap in life expectancy at birth”, with additional equity-focused targets expressed throughout the plans, our System Level Measures Improvement Plan, and Māori Health Plan. Dr Dale Bramley, the Waitematā DHB Chief Executive and lead CE for Maori gets regular reporting against a Māori scorecard.
- In addition to targets, we monitor the achievement of equity for Māori through our Waitematā and Auckland DHBs’ Māori Health Scorecard. The scorecard, which is received quarterly by Manawa Ora, provides a snapshot of the DHBs’ performance in relation to key

Māori health targets. Some targets are set nationally by the Ministry of Health, including cancer screening and primary care enrolment, while some are set locally including Māori health workforce numbers and hospital engagements by our Māori health services.

- Having the scorecard featured so prominently and publicly allows for performance issues to be identified and discussed in this forum. Following analysis at Manawa Ora, recommendations and advice are usually addressed directly to the relevant DHB executive responsible for the service in question. This allows advice from the community, and governance, to go directly to the DHB executive level to achieve rapid implementation and positive change.
- We have also developed a Māori health pipeline of projects. These projects specifically aim to reduce the life expectancy gap between Māori and non-Māori by addressing areas of greatest inequity for Māori. These projects span cancer (lung, cervical and breast) screening and prevention, and pulmonary and cardiac rehabilitation and secondary prevention.
- Increasing the number of Māori working in health is a leading Māori health equity priority for our DHB. The Waitematā and Auckland DHBs Māori Alliance Leadership Team (MALT) has been operational since 2014, with the lead Māori CEO for the DHBs, Dr Dale Bramley chairing this group. The purpose of MALT is to implement the Waitematā - Auckland DHB Māori Health Workforce Development Strategy (the Strategy). The Strategy aims to increase the number of Māori working in the health and disability workforce (in Auckland and Waitematā DHBs' catchment areas) from 3% in 2014 to 9% by 2025 (30 September 2018 this was at 4.6% for Auckland DHB and 6.5% at Waitematā DHB).
- MALT comprises senior executives from both DHBs who hold direct accountability for Māori workforce goals. Our Treaty partners are also a part of MALT, and provide a strong community voice in this forum. This allows for direct Māori community input into decision making around initiatives and funding aimed at increasing the capacity and capability of our Māori health workforce.

Article 4 – Te Ritenga (right to beliefs and values) guarantees Māori the right to practise their own spiritual beliefs, rites and tikanga.

- Waitematā DHB and Auckland DHB honour the beliefs, values and aspirations of Māori patients, staff and communities across all activities. Dame Rangimarie Naida Glavish is our Chief Advisor Tikanga and is a member of our Executive Team. This position is regional, spanning across Auckland and Waitematā DHBs, and jointly appointed by Ngāti Whātua. Dame R.Naida and her team play a pivotal role in ensuring tikanga Māori is observed across our activities. This includes implementation of, and training for clinicians to implement; our Tikanga Best Practice Policy; and oversight of our kaumātua workforce who support Māori patients by providing cultural support and guidance in their care.

7. What strategies and policies are in place to ensure compliance with the following requirements?

- *Accessibility of DHB buildings and facilities under NZS4121:2001.*

Waitematā and Auckland DHBs seek guidance from our disability advisor and review compliance with respect to codes and regulations regarding disability access at the early stages of development projects.

- *Accurate ethnicity data recording and reporting under the Ministry of Health HISO 10001:2017 Ethnicity Data Protocols.*

Waitematā and Auckland DHBs have implemented Ethnicity Data Protocols amongst our Māori health provider network and primary health care providers.

Internally, we have identified the ideal influence points in the collection, storage and reporting processes across our staff management systems to ensure candidate-centred ethnicity information

is accurately recorded and reported. This includes an education session for staff in the Payroll team who enter ethnicity information into our systems. A dedicated resource has been contracted to do phone and face to face interviews to obtain missing ethnicity information from staff to ensure historical data is addressed.

Auckland DHB is moving to adopt the Australian and New Zealand Standard Classification of Occupations (ANZSCO) codes to expedite reporting and ensure closer comparisons across DHBs. Waitematā DHB is considering that approach as well. The Data Working Group is overseeing all of this activity.

- *Accessibility of public consultation for disabled Māori (for example, Ministry of Health Guide to Community Engagement with People with Disabilities 2017).*

Waitematā and Auckland DHBs' Engagement Strategy provides a strategic and interlinked direction for community engagement and patient experience work. This document is linked to The Ministry's guide, as well as being localised in consultation with our community partners.

- *Implementation of NZ Web accessibility standard 1.0.*
- *Implementation of NZ Web usability standard 1.2.*

Waitematā DHB is familiar with *Implementation of NZ Web accessibility standard 1.0* and *Implementation of NZ Web usability standard 1.2* and works to ensure compliance is maintained wherever possible.

Auckland DHB's primary website (www.adhb.health.nz) was upgraded to a new version of the Common Web Platform and Silverstripe in December 2018. This upgrade enabled the DHB to meet the *NZ Web accessibility standard 1.0* and a review of the site is planned to ensure it is fully compliant. The website meets the *NZ Web usability standard 1.2*.

In addition, Auckland DHB manages a number of other websites and works to ensure compliance with the standards is maintained wherever possible. A programme of work is underway to migrate older sites to the Common Web Platform which will enable Auckland DHB to meet the standards. The website www.seniorline.org.nz was recently upgraded, and Auckland DHB's Women's Health website will be relaunched in the coming weeks.

- *Compliance with the Code of Health and Disability Services Consumers' Rights, particularly, Right 4 and Right 5.*

Waitematā and Auckland DHBs are familiar with our responsibilities to consumers' rights and work to ensure compliance is maintained wherever possible.

8. How much did the DHB spend per year for the past five financial years on health services, specifically for:

- *Māori.*
- *non-Māori.*
- *Disabled Māori.*
- *Disabled non-Māori.*

The Ministry of Health directly contracts with NGO providers of disability services and the DHB does not hold this information.

We are unable to provide a breakdown of our DHB expenditure on services specifically for Māori versus non-Māori, or disabled Māori versus disabled non-Māori.

9. What proportion of the funding for disabled Māori was used to fund services (all and disability-specific services) by Māori owned, Māori governed health providers?

The Ministry of Health directly contracts with NGO providers of disability services and the DHB does not hold this information.

10. What accountability mechanisms does the DHB use to ensure that all of the services that the DHB contracts are appropriate and effective for disabled Māori?

Equity and Māori health is extremely important to our DHBs and Treaty Partners - Ngāti Whātua (Waitematā and Auckland DHBs) and Waipareira (Waitematā DHB) to ensure high quality services are provided to our communities. We do not make any specific reference to disabled Māori in our contracting requirements other than to ensure barriers to access for Māori are eliminated.

Our standard provider contracting conditions explicitly acknowledge the Treaty of Waitangi and its principles, Māori health as a priority, and requirements to provide services that reflect the needs of Māori. Under these contracts, all providers are required to provide an annual Quality Plan designed to improve outcomes for consumers. Within this plan, Māori specific actions are required by the provider to demonstrate how they are implementing Treaty principles, specific Māori cultural protocols and quality requirements.

The above requirements are routinely audited. Corrective action is taken if any problems are flagged by the auditors. Providers would otherwise be in breach of contract.

Mental health providers

Waitematā and Auckland DHBs have an explicit requirement of our mental health providers to produce a Māori health plan approved by our iwi partners - Ngāti Whātua. These plans vary in tenure and scope but are intended to support the organisation in recognising and embedding Māori cultural protocols and practices when engaging with Māori patients and their whānau. This requirement is audited during general contract reviews and audits and non-compliance is addressed with the provider in question.

11. Please provide evidence and examples of how contracts require equity for disabled Māori in workforce, and in outcomes?

As above, we do not have any specific requirements in our contracts for disabled Māori equity or workforce requirements. Instead, these requirements have centred on specific actions for Māori clients and their whānau.

12. How does the DHB ensure disabled Māori are able to access Māori-centred health and disability services?

With respect to DHB-provided services, Auckland was awarded the 'Accessibility Tick' (acknowledgement of systemic change that makes organisations more accessible and inclusive of people with disabilities) in December 2018 and Waitematā DHB is currently working towards this.

With respect to contracted services, both Waitematā and Auckland DHBs directly fund a range of kaupapa Māori health providers. The commonality, irrespective of size and scope of practice, is that these organisations are Māori-led and use tikanga Māori or Māori-centred frameworks for understanding health and delivering services.

Auckland DHB	Waitematā DHB
<ul style="list-style-type: none"> • Ngati Whatua O Orakei Health Clinic Limited • Piritahi Hau Ora Trust • Te Hononga O Tamaki Me Hoturoa Charitable Trust • Mahitahi Trust • National Hauora Coalition Limited 	<ul style="list-style-type: none"> • HealthWEST Limited • Te Runanga O Ngati Whatua • Te Runanga O Ngati Whatua • Te Puna Hauora o Te Raki Paewhenua Society Inc • Te Whanau O Waipareira Trust • Raukura Hauora O Tainui Trust • Te Kotuku Ki Te Rangi Charitable Trust

For non-Māori providers, our Treaty partner – Ngāti Whātua, has developed a Tikanga Best Practice Guidelines for community providers, and an accompanying Self Audit Tool, which is designed to support providers to implement and measure their engagement practices for alignment with Ngāti Whātua tikanga. The aim of the best practice tool is to improve non-Māori provider engagement with Māori clients with the support and guidance of Ngāti Whātua.

We have not made the implementation of these guidelines compulsory, but they have been adopted by Auckland PHO and were piloted amongst several ProCare PHO practices with large Māori populations. Other NGOs across the sector, including Aged Residential Care facilities and mental health providers have also adopted these guidelines and the Self Audit Tool.

Additionally, the Royal New Zealand College of Urgent Care has incorporated these guidelines into its own professional standards and training framework.

13. How many complaints or letters of feedback have been received in the last five years from disabled Māori or regarding services applicable to disabled Māori? What were the issues raised and how did the DHB work to resolve them? Please provide evidence.

Waitematā and Auckland DHBs have an online patient engagement system in place where valuable patient feedback is provided and used for service improvement initiatives. We do not, however, collect information that would enable us to code for patient disabilities and are therefore not able to provide this information. This also applies to our complaints process.

14. Please provide the number of DHB employees, by category of profession, who are:

- Māori
- non-Māori
- Disabled Māori
- Disabled non-Māori

As previously stated, we do not currently collect data on employees with disabilities (Māori or non-Māori). The following table summarises the breakdown of Māori and non-Māori by category of profession for the clinical workforce that provides direct patient care.

The number of Maori working at Waitematā DHB has increased from 276 to 483 in the last three years. This programme of work is led by the MALT under the leadership of Waitematā DHB CEO Dr Dale Bramley. It has resulted in an extra 207 Maori being employed by Waitematā DHB since 2015.

Auckland DHB			
Current workforce as of 30 September 2018	All ethnicities in current workforce	Māori in current workforce	% of Māori in current workforce
Junior medical	582	28	4.8%
Nursing	3,682	147	4.0%
Health Care Assistants	403	22	5.5%
Midwifery	162	6	3.7%
Dietitian	59	1	1.7%
Occupational Therapist	124	6	4.8%
Physiotherapist	120	3	2.5%
Total for above selected groups	5,132	213	4.2%
Total for overall workforce	9,884	453	4.6%
Waitematā DHB			
Junior medical	350	13	3.7%
Nursing	2,577	116	4.5%
Health Care Assistants	466	45	9.7%
Midwifery	165	12	7.3%
Dental Therapist	162	16	9.9%
Dietitian	43	4	9.3%
Occupational Therapist	157	5	3.2%
Physiotherapist	108	5	4.6%
Total for above selected groups	4,028	216	5.4%
Total for overall workforce	7,231	470	6.5%

15. What does the DHB do to build capacity and capability for disabled Māori to work in the health and disability sector?

1. Increasing the number of Māori working in health is a leading Māori health equity priority for our DHBs. The Waitematā and Auckland DHBs Māori Alliance Leadership Team (MALT) has been operational since 2014, and is chaired by Dr Dale Bramley, Waitematā DHB CE) and lead Māori CEO for the DHBs. The purpose of MALT is to implement the *Waitematā - Auckland DHB Māori Health Workforce Development Strategy* (the Strategy). The Strategy has increased the number of Māori working in the Waitematā and Auckland DHBs' catchment areas from 576 in 2015 to 923 on 30 September 2018. The aim is to have around 1430 Maori working across both DHBs in 2025.

MALT comprises senior executives from both DHBs who hold direct accountability for Māori workforce goals. Our Treaty partners are also a part of MALT and provide a strong community voice in this forum. This allows for direct Māori community input into decision-making around initiatives and funding aimed at increasing the capacity and capability of our Māori health workforce.

Auckland DHB Specific:

Over the last year we have implemented a role to focus on supporting people with disabilities, mental health needs and youth to work at Auckland DHB. There is also a priority focus on Māori and Pacific workforce development as part of our commitment to reducing inequities in healthcare outcomes.

Our first critical milestone for this work was to achieve the 'Accessibility Tick', which was awarded in December 2018, and we will now look at more specific strategies to build our workforce development pathways, which will focus on employment pathways for people with disabilities.

16. How much did the DHB spend per year, for the past five financial years, on services (including consultancy) provided by disabled Māori?

As previously responded, we do not code for disability and therefore are unable to provide this information.

17. What was the DHB total spend per year, for the past five financial years on services (including consultancy)?

Expenditure by DHB by Year	WDHB (000)	ADHB (000)
2017-18	1,739,600	2,192,499
2016-17	1,625,057	2,076,153
2015-16	1,573,922	1,987,145
2014-15	1,538,118	1,917,066
2013-14	1,470,458	1,863,358

18. What training does the DHB offer staff to build their skills and expertise to provide appropriate services to disabled Māori, for example, cultural safety / competence training and disability responsiveness training? Please provide evidence.

Waitematā DHB currently provides the following education for staff:

- Exposure to Māori culture and customs in the Welcome to Waitematā induction programme
- Ability to participate in the following programmes:
 - Te Pumaomao Cultural Perspectives two-day workshop on the Marae
 - Māori Pronunciation (four-hour workshop) on key Maori words and correct pronunciation
 - Certificate in Te Reo (four papers over 17 months) a NEW initiative being implemented in February 2019
 - Bicultural - Treaty of Waitangi in practice
 - Treaty of Waitangi
 - Tikanga - Increasing Cultural Awareness
 - Tikanga eAssessment
 - disability responsiveness E Learning module - this module ensures people don't make assumptions about disabled people
 - the CALD training offers a module on disability awareness which focuses on understanding different cultural approaches to disability and ways to work with families who may have a different view of the cause of disability.

Auckland DHB currently provides the following education to all staff:

- Certificate in Te Reo (four papers over 17 months) a new initiative being implemented in February 2019
- Disability responsiveness E Learning module - the focus of this module is that people not make assumptions about disabled people
- Bicultural - Treaty of Waitangi in practice
- Treaty of Waitangi
- Tikanga - Increasing Cultural Awareness
- Tikanga eAssessment

- The CALD training offers a module on disability awareness which focuses on understanding different cultural approaches to disability and ways to work with families who may have a different view of the cause of disability

19. What proportion of the DHB's total training budget was spent on training and development for this purpose, for each of the past five years?

The DHBs do not have a DHB-wide training budget, instead training is managed at an individual or department level.

20. What proportion of staff (by profession) have undergone 1) cultural safety / competence training, 2) disability responsiveness training and 3) both cultural safety / competence and disability responsiveness training?

We are unable to provide this breakdown as a proportion of staff by profession.

21. How do DHB policies align with the UNCRPD, particularly with regard to the following articles. Please provide evidence:

The Regional Disability Strategy Implementation Plan 2016-2026 refers to the UNCRPD as a key influence.

22. How do DHB policies align with the United Nations Declaration on the Rights of Indigenous Peoples. Please provide evidence.

Since 2012, we have funded our two Memorandum of Understanding (MoU) partners; Te Rūnanga o Ngāti Whātua and Te Whānau o Waipareira in order to operationalize our MoUs with each partner. The MoUs guarantee Ngāti Whātua and Waipareira the opportunity to participate in any and all DHB decision-making forums with respect to Māori health and development. The funding allows them to dedicate and allocate resources to participate in these forums and lead valuable work aligned to their respective MoUs.

Our MoU partners are invited to be a part of funding decision-making committees if they are not conflicted. If they are, Māori representation from within the DHB or community is sought as an alternative. This ensures Māori have direct input in all funding decisions made by Planning and Funding.

Ngāti Whātua and Waipareira have extensive histories in the communities they represent. Both provide insights into Māori communities that are valuable for our planning and funding processes. Ngāti Whātua, for example, hosts a Māori health provider forum which is a collection of providers from across Auckland DHB and Waitematā DHB. The forum leads work to ensure Māori health providers are prepared and willing to participate in high level DHB decision making committees and planning.

Our MoU partners also provide five community-appointed members to our Waitematā DHB and Auckland DHB Māori Health Advisory Committee, known locally as Manawa Ora. Manawa Ora also comprises three members from both Boards, including their Māori members, and meets quarterly to provide advice to both Boards in respect to Māori health and development. Māori health-focused funding, business cases and new service developments are all presented to Manawa Ora by internal DHB staff members or, in some cases, external organisations. Manawa Ora then makes recommendations to the Boards or appropriate committees for endorsement. We are in the midst of establishing an iwi-DHB partnership Board that will replace Manawa Ora. This development will also include Northland DHB and has the support of all northern iwi, as well as the support of all three DHBs.

Our MoU partners lead planning for new and innovative services. Waipareira, for example, was supported to undertake a Health Needs Assessment (HNA) of its current enrolled population and local community. As a result, business cases for new services were developed for funding, while more are in the development pipeline. We will undertake the same with Ngāti Whātua in 2019.

To date the MoUs have achieved:

- increased representation on funding decision making committees for Māori
- membership on key decision making forums including the DHB-PHO Alliance Leadership Team and Māori Alliance Leadership Team
- better engagement with Māori communities and Māori health providers
- Māori engagement in DHB service level design, implementation and delivery
- Waipareira HNA and business cases
- Whānau Ora Business cases led by Whānau House in West Auckland
- Māori input into DHB strategic documents

23. How does the DHB identify and collect information on disabled Māori and their needs (including for DHB staff)?

Patients

Patients referred to the hospital (e.g. from GPs or other services) who are Māori and have a disability are clearly identified as such. For acute or surgical patients whose first contact is with the DHB (e.g. in ED or elective surgery), any disabilities are identified on admission (e.g. through patient history, assessment, pre-operative screening). Patients are asked how they can be further supported while in our care. This information is highlighted on the whiteboards in their ward, as well as in their nursing care notes and their bed surrounds, so that they receive the appropriate care. This information is included in their discharge letter or referral to other services, as appropriate. However, it is not coded in a way that enables DHB wide reporting.

DHB staff

Disabilities are recorded on entry to employment at both DHBs but this information is not recorded on our staff management system – Leader. Staff members with disabilities are supported by their managers and our Occupation Health and Safety Department to identify their needs and requirements. This will ensure that their work environment, equipment and immediate workspaces are suitable to ensure they can carry out their duties.

Māori community consultation is undertaken by our Treaty partners at the start of each DHB planning cycle, providing a valuable Māori community voice and input into our planning developments.

Waitematā and Auckland DHBs, under the direction of the General Manager Māori Health, have begun to host staff wānanga for all Māori staff members, the frequency of which are still being determined. These wānanga provide an opportunity for Māori staff members from across both DHBs to advise them on what they can do to improve as an employer for Māori. This advice is taken by the General Manager and given directly to executive teams as a commitment to our Māori workforce.

24. How does the DHB determine health priorities for disabled Māori in its district?

Our priorities in Māori health are determined by national guidance, regional development and local needs. Māori (provider, whānau and Treaty partners) are engaged extensively during our annual planning cycle, and in the development of other key plans. These documents give an insight into our

strategic direction and it is important that the aspirations of Māori (health workforce, communities, providers, whānau) are a part of this.

Despite not being required to develop a Māori health plan in the current financial year, Auckland DHB and Waitematā DHB still went through with developing a joint-Māori Health Plan. The Waitematā and Auckland DHBs' Māori Health Plan 2017/2018 features Māori health targets provided by the Ministry of Health for breast and cervical screening, child health immunisations and flu vaccinations, PHO enrolment, and other primary care led long term condition assessments. By committing to these targets through our Māori Health Plan, as well as our Annual Plan, we are ensuring that primary care performance, in respect to achieving Māori health equity, is being monitored and specific actions undertaken. Many of these targets are a part of our Māori Health Scorecard which is presented to Manawa Ora and CPHAC for review and comment. Within the Plan, each target is assigned to the relevant executive team member who takes overall responsibility for performance in this area.

Equity is also a key component of our Annual Plan. Targets that are featured in our Māori health plans are also a part of the boarder activity listed in each DHBs annual plan. Equity targets, or targets shown by ethnicity that highlight disparities and actions aimed at reducing these gaps, are essential for understanding where best to focus our attention to achieve the greatest gain for Māori.

Waitematā and Auckland DHBs' Maori Health Plan –

<http://www.adhb.health.nz/assets/Documents/About-Us/Planning-documents/2017-18-Maori-Health-Plan-Auckland-and-Waitemata-DHBs.pdf>

SLM Improvement Plan –

<http://www.waitematadhb.govt.nz/assets/Documents/health-plans/metro-auckland-2017-2018-SLM-Plan.pdf>

Auckland DHB Annual Plan –

<http://www.adhb.health.nz/about-us/planning-and-funding-2/planning-documents/>

Waitematā Annual Plan –

<http://www.waitematadhb.govt.nz/dhb-planning/organisation-wide-planning/annual-plan/>

Waitematā and Auckland DHBs Action Plan –

<http://www.adhb.health.nz/assets/Documents/About-Us/Planning-documents/ADHB-Kaumatuwa-Action-Plan-2015-18.pdf>

25. How does the DHB monitor its performance for disabled Māori compared with:

- Māori.
- non-Māori.
- Disabled non-Māori.

Please provide relevant monitoring reports for each of the past five years.

Manawa Ora, which has oversight of all Māori health activity, receives the Waitematā DHB and Auckland DHB Māori Health Scorecard as a standing agenda item. The Scorecard provides a snapshot of the DHBs' performance in relation to key Māori health targets. Some targets are set nationally by the Ministry of Health, including cancer screening and primary care enrolment targets. Others are set locally including Māori health workforce numbers and hospital engagements by our Māori health services.

As previously stated, we do not capture information on disabilities for either Māori or non-Maori and therefore we do not hold this information.

I trust that this information meets your requirements. Waitematā DHB and Auckland DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Debbie Holdsworth', written in a cursive style.

Dr Debbie Holdsworth
Director Funding
Waitematā and Auckland District Health Boards