

Aide-Mémoire

Te Aka Whai Ora Hauora Māori Performance Monitoring: Health New Zealand | Te Whatu Ora Hauora Māori Service Delivery, 1 October to 31 December 2023

Date due	8 March 2024	Priority	Routine
To	Hon Dr Shane Reti, Minister of Health		
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The following departments/agencies have been consulted
Health New Zealand Te Whatu Ora Ministry of Health Manatū Hauora

Attachments	Appendix One: Summary of hauora Māori insights for FY24 Q2
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Purpose

1. This aide-mémoire sets out Te Aka Whai Ora | Māori Health Authority performance monitoring findings and recommendations in relation to the delivery of hauora Māori services by Health New Zealand | Te Whatu Ora for the period 1 October to 31 December 2023. A summary of the analysis is included in **Appendix One (Monitoring Findings for Q2 Performance Report)**.¹

¹ In January 2024, you received a copy of Te Aka Whai Ora performance monitoring findings and recommendations in relation to the delivery of hauora Māori services by Health New Zealand for the period from 1 July to 30 September 2023 [MHA35576].

2. You will receive this aide-mémoire in conjunction with Health New Zealand Quarterly Performance Report: Quarter ending 31 December 2023 (FY24 Q2 Performance Report) and the relevant monitoring advice from the Ministry of Health | Manatū Hauora.

Background

3. Section 19(1)(l) of the Pae Ora (Healthy Futures) Act 2022 requires Te Aka Whai Ora to monitor the delivery of hauora Māori services by Health New Zealand and provide public reports on the results of that monitoring.
4. The existing monitoring framework examines activities undertaken by Health New Zealand as part of Te Pae Tata | Interim New Zealand Health Plan 2022 (Te Pae Tata). The monitoring framework supports improved accountability, including monitoring and reporting, with the aim of improved service delivery for Māori. We note that, with the development of a new Government Policy Statement and New Zealand Health Plan (Te Pae Waenga), new expectations are likely to be set.
5. Te Aka Whai Ora hauora Māori monitoring has focused on the extent to which Health New Zealand is meeting its obligations as set out in the Māori Health Improvement Plan contained in Te Pae Tata. Information to support this monitoring has been gathered from Health New Zealand monthly reports and its FY24 Q2 Performance Report (Q2 Report).
6. Health New Zealand was consulted on this aide-mémoire and has provided additional comments that have been considered and included.

Key hauora Māori monitoring findings

7. Te Aka Whai Ora findings for the period from 1 October 2023 to 31 December 2023 are summarised below and attached in **Appendix One**. Our monitoring relates solely to the activities of Health New Zealand. However, more than half of the Te Pae Tata activities are delivered in partnership with Te Aka Whai Ora.
 - a) Reporting on the progress of Māori Health Improvement Plan actions would benefit from prioritised improvement. Where there is adequate reporting on a health activity, there is often no line of sight back to the Improvement Actions, or quantitative data to demonstrate how, and how much, that activity is leading to improved outcomes for Māori.
 - b) Health New Zealand will need to make up some ground if actions in the Māori Health Improvement Plan are to be fully implemented before 30 June 2024².
 - c) Initiatives underway, that are likely to improve health outcomes for Māori, include:
 - i. The opening of a Chemotherapy and Infusion Centre in Whanganui Hospital, which saves whānau Māori extensive travel.

² Health New Zealand and Te Aka Whai Ora have separate and joint responsibility for leading the delivery of actions in the Māori Health Improvement Plan.

- ii. Joint mental health programme with the New Zealand Police | Nga Pirihimana O Aotearoa (Police). Health New Zealand is working with Te Aka Whai Ora to support new services in mental health and addiction and increase the availability of existing services. The project supports the Police to access mental health crisis services to manage people who present as acutely mentally distressed.

Key recommendations

8. Health New Zealand hauora Māori performance reporting requires attention and investment. Our key recommendations build from and are aligned to those identified in the previous reporting period.
9. Te Aka Whai Ora recommends that future performance reporting should:
 - a) Link Health New Zealand's Hauora Māori activities specifically to the recommendations in the Māori Health Improvement Plan.
 - b) Provide a table that details whether progress has been made on each Health New Zealand led Māori Health Improvement Plan action in the reporting period, and whether information is provided in reporting on the progress made.
 - c) Give examples of how hāpori Māori have been involved in the development, implementation, and continuous improvement of hauora Māori services.
 - d) Explain how the voices of whānau Māori have informed performance reporting. We particularly seek quantitative survey-based data on any improvement in health system experience for Māori.
 - e) Align FY25 performance activity to New Zealand Health Plan objectives (including intervention logic, initiative costing processes, in addition to the development of lead and lag indicators that will facilitate management's oversight of the initiative's contribution or likely contribution to planned hauora Māori outcomes).

Next steps

10. This aide-mémoire will be made available on Te Aka Whai Ora website in March 2024.
11. Te Aka Whai Ora will continue to work with Health New Zealand to strengthen its hauora Māori delivery and reporting.

Appendix One: Summary of hauora Māori insights for FY24 Q2

Māori Health Improvement Plan indicators	Te Aka Whai Ora performance monitoring findings
<p>Improve mate pukupuku (cancer) for Māori</p> <ul style="list-style-type: none"> • Take a pro-equity approach to age thresholds for access to screening and removing barriers to primary care to improve early detection. • Continue to explore programmes for lung cancer early detection and improve funding for pharmacological treatments. • Ensure access to timely best-practice treatment once cancer is diagnosed with auditing to ensure deviations are justified. 	<ul style="list-style-type: none"> • Health New Zealand Te Whatu Ora performance reporting outlines a range of cancer initiatives. These include a new priority population invitation function in the National Bowel Screening Programme for selected locations, the opening of a new Chemotherapy and Infusion Centre in Whanganui, the streamlining the referral process for lung cancer, and the funding of two new immunotherapy drugs for the treatment of people with advanced Non-Small Cell Lung Cancer. • While we welcome the Infusion and Chemotherapy centre at Whanganui Hospital, no data was provided to show how this initiative specifically impacts whānau Māori. • The increased focus on priority populations in the National Bowel Screening Programme and the efficiency initiative for early detection of lung cancer are likely to facilitate Māori entering the bowel and lung cancer treatment programmes more quickly. We look forward to seeing reporting concerning the effectiveness of these initiatives in future reporting periods.
<p>Improve māuiuitanga taumaha for Māori</p> <ul style="list-style-type: none"> • Redesign primary care to remove barriers to access for Māori and to provide more comprehensive options for whānau. 	<ul style="list-style-type: none"> • Health New Zealand reported a range of actions designed to tackle chronic conditions. These included an online gout management website, a revised Heart Health Plan, further work on a Cardiovascular Disease Risk Assessment (enabling equitable and culturally safe pathways to weight management), early diabetic retinopathy detection (targeted to Māori patients), and continued monitoring of heart failure and chronic obstructive pulmonary disease. • We welcome further qualitative data supporting engagement with Māori concerning the gout management resource. • We welcome a future update on the redesign of primary care to remove barriers to access for Māori. More investment in reporting the lead and lag indicators supporting these initiatives in addition to the continuous quality improvement process would assist the reader in assessing the relative value of these investments.

<p>Improve oranga hinengaro for Māori</p> <ul style="list-style-type: none"> • Ensure the effective links/ pathways between mental health crisis services, New Zealand Police, and other social services in rural and urban areas to address the needs of people who present as acutely distressed. • Increase the availability of, and trial, new models of taurite specialist Māori mental health and addiction services. 	<ul style="list-style-type: none"> • Health New Zealand reported the expansion of the Mana Ake programme to the West Coast and Counties Manukau. No specific information has been provided regarding the success of this programme for Māori. It would be good to provide data showing tamariki Māori engagement with this programme, to demonstrate whether the initiative should continue. • Health New Zealand has reported on the commencement of the mental health/Police interface project. Interviews with mental health services have been completed nationally and a draft report is in development. However, there is no update on the establishment of the joint Police/ Health Steering Group and Working Group reported on in Q1. We look forward to future reporting on the positive impact for Māori. • It remains unclear which agency is leading the action to trial and increase the availability of new models of taurite specialist Māori mental health and addiction services. We welcome clarity about whether monitoring and evaluating processes have been established.
<p>Strengthen and grow iwi Māori leadership - more Māori are in leadership and decision-making roles in Health New Zealand</p> <ul style="list-style-type: none"> • More Māori in leadership and decision-making roles in Health New Zealand. 	<ul style="list-style-type: none"> • Health New Zealand reports it is strengthening inclusive recruitment practices and driving diversity through recruitment into new leadership roles. This includes developing a high-level narrative for a proposed Leadership Institute and setting performance indicators for Māori equity (subject to the resolution of data issues). • From Q2 reporting it is not possible to determine whether the number of Māori in leadership and decision-making roles at Health New Zealand have increased. To help report against this measure, we recommend an ethnicity breakdown of current leadership positions in Health New Zealand; and an ethnicity breakdown of applicants for leadership positions in Health New Zealand.
<p>Grow iwi and Māori research and evidence including mātauranga Māori</p> <ul style="list-style-type: none"> • Establish intelligence and insight leadership that ensures Te Ao Māori, mātauranga Māori, Pacific and Tāngata Whaikaha disabled people's world views are reflected in the use of health intelligence. 	<ul style="list-style-type: none"> • Previous reporting indicates that Health New Zealand recognises the importance of incorporating mātauranga Māori into the collection and interpretation of insights and intelligence. Through the establishment of the Joint Oversight Group Data and Intelligence, some progress has been made in this area. • However, there has been no update on a paper that was sent to Health New Zealand's Executive Leadership Team for endorsement in late October 2023 concerning this initiative and no new milestones have been developed relating to this action for upcoming quarters.

	<ul style="list-style-type: none"> We note the establishment of a Consumer Engagement and Whānau Voice team which may be linked to this action, but providing outcome- focused information would provide a better basis for assessing the success of the initiative. We recommend that new milestones be developed to ensure that progress is documented, and this action remains on track.
<p>Implement evidence-based policies for prevention</p> <ul style="list-style-type: none"> Implement evidence-based policy interventions to address health priorities for Māori, including tobacco control, alcohol, obesity, and diet. 	<ul style="list-style-type: none"> Health New Zealand reporting indicates progress has been made on obesity and diet initiatives through a cross-agency Health Active Learning initiative, the establishment of a food environments network, and through Health New Zealand joining the Cross Government Physical Activity and Play Working Group, which takes a lead role in delivering the national Physical Activity and Play Plan. In addition, Q2 reporting highlights progress on the collection of evidence on alcohol related harm, and funding for innovative approaches for encouraging smoking cessation. We recommend that milestones relating to these initiatives are refined so that we can see the direct connection between these initiatives and the progress demonstrated against these hauora Māori objectives.
<p>Create a culturally safe workforce, including a strengthened workforce</p> <ul style="list-style-type: none"> Support educational interventions to increase Māori access to health professional training within the tertiary sector. Support health sector interventions to increase the number and type of Māori health workers within the current workforce. Build a network of non-Māori practitioners who are mentors and leaders on culturally safe work who can build Te Tiriti o Waitangi awareness and help non-Māori understand their responsibilities to Māori. 	<ul style="list-style-type: none"> Health New Zealand reports that work to establish a coherent approach for Te Tiriti o Waitangi, equity, and cultural safety training is showing good progress. Health New Zealand is also building connections with the Ministry’s anti-racism work in this area. From 1 December 2023, the Workforce Plan has been in its implementation stage. As a result, Health New Zealand reports it is ahead of the milestone to increase access for Māori to tertiary section professional training. In future, we welcome quantitative data showing the provision and uptake of cultural safety training initiatives for non-Māori, the growth of the Māori health workforce, and the number of Māori accessing health training within the health sector.
<p>Ensure accountability for results for Māori</p> <ul style="list-style-type: none"> Ensure universal responsibility for monitoring performance by ethnicity and acting on results. Set Māori equity key performance indicators within health service delivery and seek action plans for remediation where performance is below the indicator, where there is no existing plan. 	<ul style="list-style-type: none"> Compared to other ethnic groups Māori are more likely to be admitted, discharged, or transferred from an emergency department within six hours. The target for all population groups is 95 percent. The percentage seen and discharged within six hours has dropped from the previous year for all populations.

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<ul style="list-style-type: none">• Ensure ethnicity data is collected according to a common ethnicity data protocol and there is universal responsibility for all parts of the system to monitor performance on equity, with public transparency of performance.• Empower the system to identify and implement solutions to address inequities and monitor the impact of actions.• Ensure we meet the Ministry of Business, Innovation and Employment target that at least five percent of contracts are awarded to Māori.	<ul style="list-style-type: none">• 86 percent of Māori receive cancer management within 31 days of the decision to treat. The target is 85 percent. This figure is holding steady and compares well with other populations.• Only 70.1 percent of tamariki Māori two-year-olds have received their full age-appropriate immunisations. This is an increase from the previous year, where the percentage was 67.2 percent.• Health New Zealand recognises that to increase immunisation rates for Māori, there needs to be a fundamental redesign of the immunisation programme. During quarter two, Health New Zealand implemented Whaihua, a new customer relationship management tool, to enrol newborns in primary care. This allows users to create and follow up newborn information and support the provision of immunisation.
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