

Guidelines

HE RITENGA

**TREATY OF WAITANGI PRINCIPLES
HEALTH AUDIT FRAMEWORK**



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Maori Health Planning and Funding Team

APRIL 2004



DESIGN

The Mangopare represents strength, health and well being.

The two Manaia represents the balance and unity between Tane and Wahine.

The Kape Rua represents the importance of ensuring the needs of Maori are addressed.

The Main Theme is Waiora, with specific acknowledgement to the cleansing and healing properties of water, and how such properties are a korowai for Maori Health.

Designed by Bay of Plenty Carver and Ta Moko Artist – Jason Porter (Nga Puhi, Ngaiterangi).

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Table of Contents

OVERVIEW	5
PURPOSE	7
AIM	7
HOW TO USE: HE RITENGA – TREATY OF WAITANGI PRINCIPLES:	8
HEALTH AUDIT FRAMEWORK	8
PROCESS DURING AND POST AUDIT	9
CRITERIA:	10
1. PARTNERSHIP	10
a) SERVICE DELIVERY:	10
b) GOVERNANCE	12
c) PLANNING	12
2. PROTECTION	13
a) SERVICE DELIVERY:	13
b) GOVERNANCE	13
c) PLANNING	14
3. PARTICIPATION	15
a) GOVERNANCE	15
b) WORKFORCE DEVELOPMENT	15
c) PLANNING	16
d) INTERSECTORIAL INITIATIVES	16
ACKNOWLEDGEMENTS	18
REFERENCES	19
ENDNOTES	20

OVERVIEW

Kia momoho te hapori oranga

“Healthy thriving communities”

The Treaty of Waitangi as a recognised document in the Health sector has continued to evoke an array of discussion and debate.

Training packages and National Frameworks have continued to couch the Treaty of Waitangi in a general format. The conceptual framework evolved from the need to develop a tool to operationalise the Treaty of Waitangi obligations identified in the BOPDHB prioritisation policy.

He Ritenga encompasses equity, equality and balance. The Treaty of Waitangi Principles: Health Audit Framework has been designed to provide services and organisations with the mechanisms to implement the Treaty of Waitangi, He Korowai Oranga and Whakatataka into the overall governance, planning and delivery of a service and/or organisation. Hence the name He Ritenga – Treaty of Waitangi Principles: Health Audit Framework.

The purpose of the framework is to provide a tool to interpret, implement and assess the service delivery against the Treaty of Waitangi as deemed appropriate by the sector, service or organisation.

The project was initially a BOPDHB initiative and has been fully supported by the BOPDHB Board, BOPDHB Maori Health Runanga¹, BOPDHB Executive Management Team, Maori Health Directorate – MOH, National Maori GM Forum, and the Midland Maori GM Forum.

Complimentary to the development of He Ritenga - Treaty of Waitangi Principles: Health Audit Framework Principles: Health Audit Framework is the development of the Tangata Whenua Determinants of Health Frameworkⁱ by the BOPDHB Maori Health Runanga.

He Ritenga - Treaty of Waitangi Principles: Health Audit Framework Principles: Health Audit Framework is about obligation not culture and compliance not complacency.

This document should be read as a supporting document to He Ritenga - Treaty of Waitangi Principles: Health Audit Framework Principles: Health Audit Framework.

¹ An established Treaty-based partnership with the Bay of Plenty District Health Board, the Maori Health Runanga is made up of 18 mandated Iwi representatives. The role of the Maori Health Runanga is to provide strategic leadership, direction and advice to the Bay of Plenty District Health Board on Maori Health at a governance level; and also as the principle vehicle through which the Bay of Plenty District Health Board consults with whanau, hapu and Iwi.

PURPOSE

Fundamentally, the purpose of He Ritenga - Treaty of Waitangi Principles: Health Audit Framework is to identify how each outcome is achieved, the level of potential risk and/ or impact on Maori Health gain, and to make recommendations based on the information received.

AIM

Fundamentally the aim of He Ritenga - Treaty of Waitangi Principles: Health Audit Framework is to:

- Monitor progress by DHBs and health providers against He Korowai Oranga, Whakatataka and the BOPDHB Maori Health Plan
- Audit and evaluate both clinical and non-clinical services
- Assist DHBs and providers on 'how' to comply and implement the Treaty of Waitangi into the governance, service delivery, workforce development, planning and with the intersectoral initiatives of the service, and thus impact effectively and efficiently on the health status of Maori
- Identify the service / organisational delivery, planning gaps for Maori

HOW TO USE: HE RITENGA – TREATY OF WAITANGI PRINCIPLES: HEALTH AUDIT FRAMEWORK

Evidence and data can be collected through a number of techniques such as interviews with key informants, visual inspections and documentation reviews. For the purpose of each BOPDHB pilot audit, interviews with key informants were jointly conducted and service documents jointly reviewed.

Evidence of achievement is recorded in the '*How is achievement of this outcome demonstrated?*' 'Attainment Level' for each criteria is then assessed and recoded.

Attainment Level		Interpretation
CL	Continuous Improvement	Having fully attained the criteria the service can in addition clearly demonstrate a review process including analysis and reporting of findings, evidence of action taken based on those findings, and improvements to service provision and consumer safety, or satisfaction as a result of the review process.
FA	Fully Attained	The service can clearly demonstrate implementation (practice evidence, training, records, visual evidence etc) of the process, systems or structures in order to meet the required outcome of the criterion
PA	Partially Attained	<ol style="list-style-type: none"> 1. There is evidence of appropriate process (policy/procedure/guidelines etc), systems or structure implantation without the required supporting documentation. 2. Or a documented process (policy/ procedure/ guidelines etc), system or structure is evident but the organisation or service is unable to demonstrate implementation where this is required.
UA	Unattained	The organisation or service is unable to demonstrate appropriate processes, systems or structure to meet the required outcome of the criterion.

RISK ASSESSMENT

This process identifies the degree of risk to the attainment of Maori Health gain associated with the level of attainment by the service for each criterion. The risk is assessed in relation to the possible impact based on the consequences and likelihood as a result of the criterion not being fully implemented. A risk rating is only assigned when the result for any individual criterion is partially attained (PA) or unattained (UA).

PROCESS DURING AND POST AUDIT

Assessment of TOW Principles: Health Audit Framework



Interview Process



Review Services Plans



Document Assessment



'Actions Required'



Ratings



Draft Documents and Feedback



By Who and By When

CRITERIA:

1. PARTNERSHIP

Working together with Whanau, Hapu and Iwi and Maori communities to develop strategies for Maori health gain and appropriate health and disability services.

a) SERVICE DELIVERY:

Fostering Maori community development; Building on Maori Models of Health; Removing barriers

Business/Operational Plan/Service Plan/ Proposal reflects a commitment to providing capacity for Maori self-determination and greater control by Maori through:

- Determining how and what services will be provided for Maori.
- Improving access for Maori to mainstream services.
- Ensuring accessible and appropriate services to Maori
- Addressing infrastructure, financial, cultural, geographical, social barriers that impede access by Maori.
- Address staff orientation, patient/ whanau orientation to the service/ department/ unit.

Evidence the Plan for the organisation/ service/ team ensures that the service is provided in a setting that is culturally appropriate and accessible. Including but not limited to:

- Outreach services
- Community and/or Marae based services

Evidence the Plan for the organisation/service/ team reflects the ability to recognise whanau hapu iwi structure and networks and integrate whanau ora approaches into the:

- Workplace
- Service Delivery
- Patient/ Client Daily Cares
- Patient/ whanau meetings
- Recruitment Procedures
- Project Work

Evidence the organisation/ service/ team provides or is developing capacity for a 'by Maori for Maori' service.

- Incorporates Maori values and philosophies of health into the mission, vision, business plan, quality improvement plan, and the quality assurance plan of the organisation/ service/ team.
- Managed by Maori and has predominately Maori staff.
- Targets services to Maori but not exclusively for Maori.
- All non-Maori staff have attended cultural safety training within the last 2years.
- All non-Maori clinical staff receives cultural supervision at a minimum of once a fortnight.
- All non-Maori non-clinical staff receives cultural supervision at a minimum of once per month.

Evidence of a Kaupapa Maori service that:

- Incorporates Maori values and philosophies of health into the mission, vision, business plan, quality improvement plan, and the quality assurance plan of the organisation/ service/ team.
- Managed by Maori and has predominately Maori staff.
- Targets services to Maori but not exclusively for Maori.
- All non-Maori staff have attended cultural safety training within the last 2years.
- All non-Maori clinical staff receives cultural supervision at a minimum of once a fortnight.
- All non-Maori non-clinical staff receives cultural supervision at a minimum of once per month.

Evidence of Maori Health gain initiatives in your service/ organisation/ unit/ team that:

- Has been developed in collaboration/ consultation with the appropriate Maori stakeholder(s) in the organisation.
- Will be evaluated in collaboration/ consultation with the appropriate Maori stakeholder(s) in the organisation.
- Incorporates Maori values and philosophies of health into the mission, vision, business plan, and quality improvement and quality assurance of the service.
- All non-Maori staff have attended cultural safety training within the last 2years.
- All non-Maori clinical staff receives cultural supervision at a minimum of once a fortnight.
- All non-Maori non-clinical staff receives cultural supervision at a minimum of once per month.
- Enable Maori to identify and provide for their own needs.
- Ensures accessible and appropriate services to Maori.
- Posters and supports Maori provider and workforce development.

Evidence service plans reflect existing partnerships with:

- Maori Health Providers
- Local Iwi
- Local Maori communities
- Maori organisations, local, regional and national
- Maori staff within mainstream
- Key Maori Stakeholders.

Evidence within the existing relationships identified above as formally documented as a:

- Memorandum of Understanding
- Joint Venture
- Sub-contract
- Service Level
- Secondment
- Informal

b) GOVERNANCE

Increasing Maori participation in decision-making at a Governance level.

Evidence of the Treaty of Waitangi principles and Crown Principles of Partnership, Participation and Protection in the organisation/ service/ team's governing processes including:

- District Health Board strategic plan / statement of intent.
- Key accountability documents.
- Composition of board and associated statutory committees.

Evidence of a Treaty health based relationship exists at a governance/ senior management level with designated resources to support this role.

- Maori participation reflected within organisational structures at all levels.
- Level of expenditure targeted to Maori health services.

Maori philosophies and values of health are reflected in the organisation/ service/ team's Vision, Mission, Values and Strategic Plan.

- Involvement of Maori in developing vision, mission, values and strategic plan.
- Involvement of Maori in approval and authorization processes at a governance level.

c) PLANNING

Addressing Health Inequalities; Improving Maori Health information; Improving mainstream responsiveness; Providing higher quality services

Evidence of the Treaty of Waitangi and Crown Principles of Partnership, Participation and Protection are reflected in the organisation/ service/ team's planning processes.

2. PROTECTION

Ensuring Maori enjoy at least the same level of health as non-Maori and safeguarding Maori cultural concepts, values and practices.

a) SERVICE DELIVERY:

Fostering Maori community development; Building on Maori Models of Health; Removing barriers

Evidence that existing systems & procedures have the capacity and capability to monitor and evaluate mainstream responsiveness to Maori.

Evidence within clinical settings of culturally appropriate practice that acknowledges Maori philosophies, Maori models and whanau hapu and iwi are involved in all aspects of care across the continuum. This includes but is not limited to:

- Admissions
- Referrals (Internal/ External)
- Informed Consent
- Assessment and Treatment
- Patient/ Whanau consultation
- Patient/ Whanau orientation
- Discharge Plans and Readmission Procedures.
- Health Promotion

Evidence of a culturally appropriate practice and strategies that acknowledge Maori philosophies of health and well being in service delivery for:

- Staff orientation
- Staff training opportunities
- Staff professional development
- Sharing and exchanging of information

b) GOVERNANCE

Increasing Maori participation in decision-making at a governance level.

Evidence of the Tangata Whenua Determinants of Health and Maori models of health and wellbeing at the governance level.

- Mana Atua - spiritual
- Mana Tipuna - ancestral
- Mana Whenua - land environment
- Mana Tangata – family/people

c) PLANNING

Addressing Health Inequalities; Improving Maori Health Information; Improving mainstream responsiveness; Providing higher quality services.

Evidence of the Tangata Whenua Determinants of Health and well being at **all** planning levels.

- Mana Atua - spiritual
 - Mana Tipuna - ancestral
 - Mana Whenua - land/environment
 - Mana Tangata - family/people
-
- Planning and Funding decisions are assessed against the tangata determinants of health and health inequalities frameworks.

The Business/Operational Plan

- Aligns to He Korowai Oranga
- Bay Of Plenty District Health Board Maori Health Plan.

Evidence in the Business/ Operational/ Service/ Plan to:

- Reduce health inequalities for Maori and show how they plan to do this.
- Identify Maori health priority areas for action.
- Provide evidence of Needs Assessment.
- Identify how these Maori Health Priorities will be addressed over time.
- Identify Key Performance Measures to:
 - Monitor and evaluate progress to achieve improved Maori health outcomes.
 - Ensure issues identified in the evaluation contribute to future planning, design / re-design processes.

All information is sourced in accordance with Intellectual Property Rights. The protection of Maori health data is acknowledged with:

- Evidence that the method used to collect, collate and store information on Maori health is culturally acceptable
- Evidence that the process used to implement evidence-based research is conducted following consultation with key Maori stakeholders
- Evidence of the establishment of sustainable information systems to ensure the consistent and accurate collection and collation of ethnicity data.

3. PARTICIPATION

Involving Maori at all levels of the organisation in planning, development and delivery of Health and Disability services.

a) GOVERNANCE

Increasing Maori participation in decision-making at a Governance level.

In terms of a Treaty health based relationship at a governance level Maori representation:

- Reflect the unique relationship between the crown and iwi.
- Mandated by iwi.
- Shows competencies and experience to fulfil governance functions, roles and responsibilities.

Composition of the Board/ Committee/ project groups is reflective of the population size and the health needs of Maori.

- Include mechanisms to access appropriate Maori/cultural experience and expertise.

b) WORKFORCE DEVELOPMENT

Developing the Maori Health & Disability workforce.

Evidence the organisation/ service/ team collects data on the Maori workforce within the organisation/ service/ team workforce i.e.

- Number of Maori employed
- Area of employment
- Role
- Full Time Equivalent's (FTE)

Evidence that at least 50% of staff in your organisation/ service/ department/ unit have attended Treaty of Waitangi Training and/or Cultural Awareness Sessions in the last 2 years.

Evidence of a documented plan for the recruitment/ advancement and retention of Maori staff.

- Identify training needs and associated timeframes to achieve this.
- Appraisal system.
- Actively recruiting qualified Maori staff that reflects the population.

Evidence that staff core competency includes (but not limited to)

- Treaty of Waitangi training
- Cultural Awareness Sessions
- Management of Maori Information

c) PLANNING

Addressing Health Inequalities; Improving Maori Health Information; Improving Mainstream responsiveness; Providing higher quality services.

Evidence of consultation with key Maori stakeholders in the development of the Business/Operational Plan. (Refer to Guidance outlined under Consultation Plan)

Evidence of a Consultation Plan and participation by key Maori stakeholders that.

- Reflect knowledge of local Maori community.
- Identify the Iwi within the service's coverage area.
- Reflect knowledge of Iwi boundaries and Hapu affiliations.
- Include a review process of the plan.
- Incorporate feedback from the consultation process into the plan.

Reflect knowledge of Maori protocol / kawa/ processes, when undertaking consultation processes.

- Access appropriate Maori/cultural expertise.

Evidence of participation by Maori in:

- Needs assessment
- Planning
- Prioritisation
- Resource allocation
- Monitoring/audit services
- Evaluation of services

Evidence of appropriate representation of key Maori stakeholders at all levels of planning.

d) INTERSECTORIAL INITIATIVES

Working across sectors.

Business / operational plan reflects intersectoral initiatives that focus on the broader determinants of health. This includes but is not limited to:

- Formal arrangements with
 - Territorial Local Authority
 - Education
 - Housing
 - Social development
 - Employment
- Joint venture initiatives with Intersectoral agencies
- Regular Intersectoral planning forums

Evidence of support and intersectoral initiatives at your level, which positively contribute to He Korowai Oranga and Whanau Ora. This includes but is not limited to:

- Effective provider /service linkages
- Greater service co-ordination
- Minimising service duplication and fragmentation

ACKNOWLEDGEMENTS

We would like to make special acknowledgement to the following who have participated in the development, utilisation, and promotion of the BOPDHB Treaty of Waitangi Principles: Health Audit Framework Tool.

Endorsed and Supported the Development of Tool

BOPDHB Maori Health Planning and Funding Unit
BOPDHB Quality and Risk Management Team
BOPDHB Maori Health Runanga
BOPDHB Senior Management Team
BOPDHB Planning and Funding Unit

Participated in Pilots of Tool

BOPDHB Planning and Funding Unit
BOPDHB Human Resources Department
BOPDHB Mental Health Services
BOPDHB Ear Nose and Throat Services

Peer Reviewed Tool

Lakes DHB Maori Health
Eru Pomare Research Centre
Wellington Medical School
Midland Maori GM Forum
National Maori GM Forum
Ministry of Health Maori Health Directorate

Design for the Tool:

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Andrew Dobbs (BOPDHB Quality and Risk Management Team)

REFERENCES

Ministry of Health

He Korowai Oranga – Maori Health Plan
New Zealand Disability Strategy – Making a World of Difference
New Zealand Health Strategy
Primary Health Care Strategy
Reducing Inequalities in Health
Whakataataka

Bay of Plenty District Health Board

Te Ekenga Hou – BOPDHB Maori Health Plan

ENDNOTES

ⁱ The Tangata Whenua Determinants of Health Framework:

- Provides broad guidelines based on agreed hapu, iwi identified values and principles that will assist in achieving the shared vision for Toiora (health and well being).
- Stands separately from He Ritenga - Treaty of Waitangi Principles: Health Audit Framework Audit Framework Tool, acknowledging that both must interface and operate in a complimentary way.
- Developed by the BOPDHB Maori Health Runanga in the role of kaitiaki/ stewardship who have the intellectual property for the development of the Tangata Whenua Determinants of Health Framework, on behalf of the Iwi.