WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

100 Heads Road, Private Bag 3003
Whanganui 4540, New Zealand

8 February 2019

Ms Gabrielle Baker
BakerJones

Via email: gabrielle@bakerjones.co.nz

Dear Gabrielle

Official Information Act Request – Waitangi Tribunal Research Report

On 19 December 2018 under Section 12 of the Official Information Act, you requested the following from Whanganui District Health Board (WDHB):

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.

    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.

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

    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.

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?

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.

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.

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.
    - NZ Disability Strategy 2016-2026.
    - He Korowai Oranga 2014.
    - Whaia Te Ao Mārama 2012-17 and 2018-22.

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)?

7. What strategies and policies are in place to ensure compliance with the following requirements?
    - Accessibility of DHB buildings and facilities under NZS4121:2001.
    - Accurate ethnicity data recording and reporting under the Ministry of Health HISO 10001:2017 Ethnicity Data Protocols.
    - Accessibility of public consultation for disabled Māori (for example, Ministry of Health Guide to Community Engagement with People with Disabilities 2017).
    - Implementation of NZ Web accessibility standard 1.0.
    - Implementation of NZ Web usability standard 1.2.
    - Compliance with the Code of Health and Disability Services Consumers' Rights, particularly, Right 4 and Right 5.

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.

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?

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?

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

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

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.

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

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

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

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

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.

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?

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?
21. How do DHB policies align with the UNCRPD, particularly with regard to the following articles. Please provide evidence:
    - Article 12.
    - Article 17.
    - Article 19.
    - Article 20.
    - Article 21.
    - Article 22.
    - Article 25.
    - Article 26.
    - Article 30.
    - Article 31.

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

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

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

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.

Whanganui District Health Board's response:

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

a. What proportion of the DHB Board membership are:
   - Māori - 2.
   - Non-Māori - 9.
   - Disabled Māori - Information not collected.
   - Disabled non-Māori - Information not collected.

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 - 5
   - Non-Māori - 11.
   - Disabled Māori - Information not collected.
   - Disabled non-Māori - Information not collected.

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.

There are no disabled Māori at present, and WDHB are currently recruiting.

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

For Hauora A iwi, each Iwi elects their own representatives and notifies us of those appointments. If any nominee is disabled, relevant provisions will be made.

e. How are disabled Māori supported to participate in the DHB's alliance leadership teams? Please also provide how many members are:
   - Māori. - 4
   - non-Māori. - 8
   - Disabled Māori. Not collected
   - Disabled non-Māori. Not collected

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?

Members of the Combined Statutory Committee are paid a standard attendance fee plus a mileage reimbursement should they need to travel from outside of the immediate area.

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.

The WDHB developed and implemented a two-day cultural safety / competence programme (Hapai te Hoe) and from September 2015, all Board, Committee and new staff attend this orientation programme before commencing work in the DHB. Existing staff also attend this programme.

WDHB is introducing an e-learning module developed by Waitemata DHB and used by other DHB's

for disability responsiveness training.

Board Training Programme.docx

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.

WDHB overarching strategic direction is set by the board and is currently being renewed with the aim of implementation for 2019 onwards.

Board members work to a Code of Conduct which states:
"We will be familiar with the New Zealand Acts and regulations that govern our responsibilities as board members of the WDHB, we will obey the law and we will be aware of and respect the processes of the law, including (but not limited to): New Zealand Public Health and Disability Act 2000; Crown Entities Act 2004; State Sector Act 1988; Public Finance Act 1989; Official Information Act 1982; Privacy Act 1993; Protected Disclosures Act 2000; Public Records Act 2000."

Policy setting, implementation, service design, delivery, evaluation and monitoring are carried out by management and staff according to the various Acts and regulations that govern WDHB's activity including the New Zealand Public Health and Disability Act 2000 and the Ministry of Health Operational Policy Framework 2018/19.

The DHB also set up a consumer representation group, Te Pukaea, in 2016 with members providing the DHB with a consumer voice and involvement in: quality improvement initiatives; audits; senior staff recruitment and adverse event investigations. It is noted that this group does not have members who specifically represent Māori with disability. The group's membership and need for diversity in representation is acknowledged and plans are underway to address this.

In 2018 a disability portfolio lead person was assigned. That role has been consulting with disability representatives in the community and other DHBs about how best to have the disability voice and issues related to disability informing WDHB's service improvements, planning and policy development.

WDHB has close linkages with Māori with a memorandum of understanding with Hauora a Iwi (Māori Relationship Board) and the Māori Health Outcomes Advisory Group (MHOAG). MHOAG is the collective of leaders from kaupapa Māori services in the district. MHOAG provides advice to the DHB on service initiatives and annual planning priorities.

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.
- NZ Disability Strategy 2016-2026.
- He Korowai Oranga 2014.
- Whaia Te Ao Mārama 2012-17 and 2018-22.

WDHB does not have specific reference to the needs of 'disabled Māori' in strategies and policies. In regards to giving effect to the DHB's obligation to Māori with disability under the requirements of the first four documents, WDHB's strategies and policies do this by reference to the needs of all Māori.

The DHB is considering Whaia Te Ao Mārama 2018-22 along with the current work evaluating the needs of Māori whānau with disability.

Underpinning all WDHB activity that 'gives effect to obligations to disabled Māori' is our commitment to He Korowai Oranga 2014 and the WDHB values guides decision making and service delivery. The values are widely publicised around the DHB and introduced to all staff on orientation.

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)?

3.9 Reducing health disparities and achieving health equity

WDHB board and executive management team have a stated commitment to achieving equity for Māori and whānau ora which is reflected in all major DHB documentation and contracts. A WDHB Pro-equity audit and report (BakerJones, December 2018) found while the DHB 'has a number of factors in its favour' to addressing equity the next steps need actions to back up these commitments. WDHB aims to apply equity tools such as the Health Equity Assessment Tool in its planning of improvement initiatives.

All DHB contracts for services acknowledge Te Tiriti O Waitangi/ The Treaty of Waitangi and the unique and special relationship between Iwi, Māori and the Crown and the requirement to be proactive in protecting Māori health interests.

All contracts specifically set out the priority of Māori health gain and the obligations under Acts and regulations that govern DHB activity.

3.10 Improving the health of Māori

WDHB's strategic and planning documents have stated foci on improving the health of Māori. This has also been re-emphasised in the December 2018 DHB's letter of expectation from the Minister of Health.

However as the Pro-Equity Report found, measurable improvement is going to require concerted effort across four key fronts: 'leadership and accountability; capability; transparency; and, partnership'.

3.11 Improving the health of other population groups including Pacific peoples and ethnic peoples

Whanganui has a small but growing population of Pacific peoples and people of ethnicities other than Māori and NZ European. The board is mindful of this shift in ethnic make-up and has asked for this to be taken into account in planning services.

3.12 Acceptability of services

WDHB's service contracts stipulate that every provider shall take account of the particular needs within the community in delivering services.

3.13 Prioritising health needs and services

WDHB's planning and prioritising health needs and services is done based on the above respect for Te Tiriti O Waitangi/ The Treaty of Waitangi and the DHB's own whakatauki and Te Waka Values, the board's strategic direction as well as frameworks such as the Annual Plan and Planning Priorities Guidance set by the Ministry of Health.

The DHB formal alliances with Hauora Iwi, and regional health collaborations as well as an increasing emphasis on cross sectoral partnerships influence DHB service planning and provision.

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

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

  All WDHB buildings have a current Building Warrant of Fitness. This means that they meet council code of compliance requirements including access that relate to the individual buildings.

  WDHB buildings and facilities were audited for accessibility in 2004 and actions taken, as required, to improve accessibility.

  There is on-going work to ensure good access.

- Accurate ethnicity data recording and reporting under the Ministry of Health HISO 10001:2017 Ethnicity Data Protocols.
  WDHB follows the Ministry's guidance on ethnicity reporting and complies with HISO 10001:2017 Ethnicity Data Protocols.
- Accessibility of public consultation for disabled Māori (for example, Ministry of Health Guide to Community Engagement with People with Disabilities 2017).
  WDHB Consultation Policy sets out the need to consult and links to Treaty principles and states that in order to recognise and respect the principles of the Treaty, WDHB must engage with Māori communities to ensure strategies for Māori health are focused on improving health outcomes for Māori.
- Implementation of NZ Web accessibility standard 1.0.
- Implementation of NZ Web usability standard 1.2.
  WDHB aims to meet these standards for internet accessibility and usability as much as possible within resources and technical capacity. We are currently migrating to the common government web platform which is expected to improve ability to meet compliance.
- Compliance with the Code of Health and Disability Services Consumers' Rights, particularly, Right 4 and Right 5.

WDHB has the following policy and procedure to ensure compliance with the code:

- Consumer/Patient complaints & compliments management Policy WDHB-2021
- Consumer/Patient complaints & compliments management Procedure # WDHB-6021

WDHB also has the following which further addresses compliance with the above requirements:

- Consumer Service User Participation Policy
  This sets out WDHB's commitment to service user/tangata whaiora involvement in planning, implementation and evaluation at all levels of the Mental Health and Addiction Service (MH&AS) a requirement of the Health & Disability Services Standards (NZS: 8134:2008).
- Health & Disability Standards Working Group
  This group promotes the safe provision of services and encourage continuous quality improvement of those services. The WHDB undergoes regular auditing both internal and external to ensure that its services comply with relevant approved standards. Patient journey tracer audits are used internally to check the 'pulse' of the organisation and external auditing is undertaken by Ministry of Health approved audit agencies. All inpatient and some outpatient services undergo annual patient tracer audits and the external audit is done through a regular cycle of certification and surveillance auditing. The group ensures that WDHB consistently meets the standards required by the Health and Disability Services (Safety) Act 2002.
- Language Interpreters Service Procedure
  This procedure provides guidance on the provision of language interpreter services to comply with the requirements of the Code of Health and Disability Consumers' Rights
- Māori Translation Policy
  This policy ensures that Māori translated material is of a high quality and that translations are consistent across the organisation.
- WDHB Standing Orders Policy
  These set out the role of the board and committees and ensure compliance at governance level with the requirements of the NZ Public Health and Disability 2000 Act (the Act).
  Tiriti o Waitangi - Treaty of Waitangi Policy
  This policy ensures that all staff have an awareness, understanding and commitment to improving the health status of Māori through the application of Te Tiriti O Waitangi/ Treaty of Waitangi.

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.

Whanganui District Health Board does not collect information on how much is spent on health services specifically for each of the above groups. The table below shows the payments made to Kaupapa Māori providers who provide whānau ora kaupapa Māori services to Māori and non-Māori.

Year	2013-14	2014-15	2015-16	2016-17	2017-18
Whanganui DHB Total Expenditure	226,919,000	231,917,000	237,543,000	242,942,000	258,385,000
Payments to Whanganui DHB based Māori providers	4,481,858	4,550,173	4,660,813	4,796,451	5,243,037
Proportion of total expenditure paid to Māori providers	2.0%	2.0%	2.0%	2.0%	2.0%

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?

Please see answer provided above

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?

The Whanganui DHB does not specifically identify disabled Māori in its contracts but rather refers to providing appropriate services for the diverse needs of Māori and complying with various health sector standards and strategies, in particular, the New Zealand Māori Health Strategy (He Korowai Oranga). These standards and strategies have incorporated within them the New Zealand Disability Strategy or refer to the New Zealand Disability Strategy. Providers are independently audited against the requirements of the contract on a regular cycle.

Then WDHB have not identified outcomes specific to disabled Māori in individual contracted service requirements

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

Attached is a copy of the standard agreement used with contracted health service providers. The contracts do not specifically state providing equity for disabled Māori, but take a high level approach by referring to the New Zealand Māori Health Strategy and others.

Relevant sections of the contract have been highlighted in yellow.

Standard long form contract.pdf

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

WDHB has five geographically-based Iwi providers. Kaupapa Māori Health Services are provided by these five Iwi health organisations and may include:

- Whānau Ora
- Well Child/Tamariki Ora
- General practitioner services
- Māori community nursing
- Rangatahi
- Mental health alcohol and addiction services
- Disability support services
- Health promotion and education.

Leadership representatives from these five Iwi health organisations also sit on the DHB's Māori Health Outcomes Advisory Group (MHOAG).

As well as stated above all WDHB service contracts include standard Ministry of Health wording about DHBs' commitment to Te Tiriti O Waitangi and stipulating that providers: meet the requirements of the Government Māori Health Policy and Strategies; provide services the meet the diverse needs of Māori and apply any strategy for Māori Health issued by the Minister; are culturally appropriate.

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.

There were no complaints received regarding services applicable to disabled Māori

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

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

The table below depicts the required information:

Headcount (inc Cas and Temp and Perm emp)					
Ethnicity	Admin-Mgmt	Allied	Medical	Nursing	Support
Maori	26	23	4	75	5
Non-Maori	212	171	102	553	2

Emp with Disabilities (inc Cas and Temp and Perm Emp)					
Ethnicity	Admin-Mgmt	Allied	Medical	Nursing	Support
Maori	0	0	0	1	0
Non-Maori	3	1	1	5	0

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

Although not specific to disabled Māori Whanganui DHB's provides a Māori workforce development programme, this is through:

- improving access to Māori health career information, for rangatahi and whānau adults.
- working and liaising with the local secondary school leaders, advisors, teachers, students and mentors.

And participation in health and disability education training and careers as part of:

- inspiring rangatahi at intermediate school level to be interested in health as a career.

- work to increase the number of Māori rangatahi choosing science at secondary school.
- providing information, profiling adult learning and support opportunities within health.
- contributing to increased recruitment and retention of Māori rangatahi studying at a tertiary level.

WDHB Māori Health Services (Te Hau Ranga Ora) has a team member dedicated to leading and coordinating our Māori workforce development programme and joint DHB Kia Ora initiatives.

Other initiatives and components to help build capacity and capability for Māori to work within the health and disability sector are:

- **Te Hau Ranga Ora Māori Health Services –**Offer assistance to our whānau/families within the hospital and inspiration, guidance and mentoring to all who enquire.

- **Te Uru Pounamu Nursing Mentoring & Supervision –** this is primarily facilitated by the Patient Safety & Quality Unit and Te Hau Ranga Ora to all new Māori Nursing Graduates

- **WDHB Health Careers Day –** Encourages all professions within the WDHB an opportunity to be promoted to future generations. This is an annual event.

- **Kia Ora Hauora -** Kia Ora Hauora engages with Māori students, current health workers, and community members seeking a career in health. We promote health careers, both clinical and non-clinical. We are an information hub that provides knowledge, tools and resources to get you started on a health career pathway.

- **Health Workforce New Zealand Hauora Māori Training Fund** - funding for individuals who deliver and provide health and disability services to Māori as part of the non-regulated workforce, to access formal education opportunities to support their roles.

- **Local Iwi, Hapu and Whānau Consultations / Networking** – These positive networking / consultations occur at multiple Iwi, Hapu, Whānau forums.

- **Grants and Scholarships for Individuals, Whānau, Hapu –** These are sourced from MoH, Tertiary Institutes and Iwi.

- **RMO Roadshows –** Gives exposure to future PGY1 (Post-Grad Year One Medical Officers) what WDHB has to offer and how we best can support our staff, patients and whānau.

- **Careers Expos –** Provides insight to anyone wishing to pursue a career in health.

How much did the DHB spend per year, for the past five financial years, on services (including consultancy) provided by disabled Māori?
The Whanganui DHB does not keep details of whether expenditure is made on services provided by disabled Māori.

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

Year	2013-14	2014-15	2015-16	2016-17	2017-18
Whanganui DHB Total Expenditure	226,919,000	231,917,000	237,543,000	242,942,000	258,385,000

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.
As well as the staff development and Hapai te Hoe cultural competency training described above, WDHB is introducing an e-learning module developed by Waitemata DHB and used by other DHB's for disability responsiveness training. This is not specific to 'disabled Māori' but has been checked

by Te Hau Ranga Ora Māori Health Services and a local consumer representative and found to be appropriate.

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 WDHB developed and implemented a two-day cultural awareness and education programme (Hapai te Hoe) in September 2015. The programme is compulsory for all staff and forms the DHB orientation programme for new staff commencing with powhiri. A refresher programme for existing staff is provided every three years.

Salary costs of the staff (presenters / facilitators) represent the majority of the 'training costs' for this programme. Each unit covers participant and backfill costs.

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?

Staff attendance of Hapai te Hoe provided in the table below:

Prof Group	N	Y	Total	%
Allied	32	152	184	83%
Medical	47	59	106	56%
Management/Admin	52	173	225	77%
Nursing	46	583	629	93%
Support	9	14	23	61%
Grand Total	**186**	**981**	**1167**	84%

Whanganui DHB also implemented the Cognitive institute's Speaking up for Safety (SUFS) and Promoting Professional Accountability (PPA) programmes in 2018. Together these programmes supports a culture where staff are encouraged and provided with tools to speak up or notify unacceptable behaviour impacting on patient care, including care not meeting cultural safety / responsiveness. Ninety-seven percent (97%) of staff have been trained in Speaking up for Safety.

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

- Article 12.
- Article 17.
- Article 19.
- Article 20.
- Article 21.
- Article 22.
- Article 25.
- Article 26.
- Article 30.
- Article 31.

Overall the intent of WDHB's policies align with the United Nations Convention on the Right of People with Disability (UNCRPD).

For example WDHB documentation:

- considers all people equal under the law no matter what impairment they have (Article 12. Equal recognition before the law);
- recognises the integrity of the person - Te Waka Values (Article 17. Protecting the integrity of the person);
- supports independent living with a DHB commitment to a 65,000-bed strategy – the best bed for a person is their own one (Article 19. Living independently and being included in the community);
- promotes accessibility of buildings and information (Article 20. Personal mobility);
- promotes access to information through policies that enable access to personal health information and efforts to promote health literacy and accessible health information (Article 21. Freedom of expression and opinion, and access to information);
- protects privacy through a number of strategies, policies, procedures and rules such as the Privacy Strategy, the Confidential Policy, the Electronic Health Records: webPAS & Clinical Portal Business Rules and the Requirement to Consult with Family Whānau and Information Sharing Policy (Article 22. Respect for privacy);
- supports every person in the DHB area's right to quality health and disability services (Article 25. Health – recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability).

WDHB has policies and plans for rehabilitation but the focus is recovery from injury and procedures rather than living with disability (Article 26. Habilitation and rehabilitation).

WDHB documentation and data collection does not specifically refer to 'people with a disability' and more especially 'Māori with disability' in particular (Article 31. Statistics and data collection).

References to participation in cultural life, recreation, leisure and sport (Article 30) are covered more in the strategic direction and intent of the DHB such as the commitment to He Korowai Oranga 2014, with the overall aim of Pae ora - healthy futures, which incorporates three interconnected elements: Whānau ora – healthy families, Wai ora – healthy environments and Mauri ora – healthy individuals.

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

WDHB policies aims to align with the United Nations Declaration on the Rights of Indigenous Peoples which holds that:

> "Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity."

For example WDHB's Te Tiriti O Waitangi/ Treaty of Waitangi policy spells out this commitment in the following policy statement:

The Whanganui District Health Board (WDHB) is a statutory organisation established under the New Zealand Public Health and Disability Act 2000. This Act recognises and respects the principles of Te Tiriti O Waitangi/ Treaty of Waitangi, and with a view to improving health outcomes for Māori, provides mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of health and disability services. The objectives and functions of the Board are outlined in Section 22 and 23 of the New Zealand Public Health and Disability Act 2000. It is a legislative requirement for all District Health Boards to build and maintain relationships with Māori under this legislation. These mechanisms include: a function of establishing and maintaining processes to enable Māori to participate in strategies for Māori health improvement (Section 23); fostering the development of Māori capacity for participating in the health and disability sector and providing for the needs of Māori (Section 23): and, providing for Māori representation on statutory committees under the Act (Section 34-36).

The WDHB acknowledges that Te Tiriti O Waitangi/Treaty of Waitangi is the founding document for addressing the Crown's objective for Māori health. The Crown's objective for Māori health is to improve Māori health status so that Māori enjoy the same level of health as non-Māori. WDHB acknowledges the unique partnership guaranteed to Māori in Te Tiriti o Waitangi/ Treaty of Waitangi.

WDHB affirms that underlying a successful partnership are the principles of equal participation, empowerment, co-operation and the utmost good faith, to be implicit conditions of the nature in which the organisation is responsive to the needs of Māori. WDHB will strengthen the partnership relationship to ensure that not only Māori health gain and development is achieved, but also to ensure that each partner is proactive and jointly responsible for improving Māori health.

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

WDHB does not currently collect specific information on disability for the population. Staff are asked to self-identify information on disability as part of their employment documentation.

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

In the first six months of 2019 WDHB is conducting an evaluation of the experience of Māori whānau with disabilities.

However on an ongoing basis health priorities for Māori with disability are informed through a wide range of inputs into the planning process.

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.

WDHB does not have monitoring in place that distinguishes performance for people with disabilities from others.

Should you have any further queries about the above information, please contact our acting OIA co-ordinator Michelle Tattersall at michelle.tattersall@wdhb.co.nz

Yours sincerely

Russell Simpson
Chief Executive

Appendix 1

Whanganui DHB values	*Te Waka values*
Co-operation: Working collaboratively and positively with others	**Kotahitanga:** Unity, cohesion, sharing vision, working together, trust, relationships. **Collaboration:** Working together to achieve shared goals and best outcome for whānau and community (partnership). **Integrated:** Integrated between WDHB services and those of other health sector providers, and strengthening intersectoral integration to enable wrap-around service provision.
Social Equity: Valuing people, respecting diversity, and responsiveness in reducing disparities in health	**Equity:** Relationships, fairness, justice in health/healthcare, perceptions of fairness in treatment and care, sharing of information to whānau, non-judgemental. **Accessibility:** Relationships, accessible, acceptable, welcoming, friendly, and easily navigated by whānau, improved outcome for patient/whānau. **Wairuatanga:** Spiritual wellness, relationships, beliefs, karakia, whakamoemiti, ruruku, tohunga, rongoa, awa, watea, wai, blessings, empowering. **Whānaungatanga:** Relationships, kotahitanga, unity, inclusiveness, karakia, knowing who you are, what you do, identity, family, whānau, whānau whakapapa, whānau kaupapa. **Whakapapa:** Relationships, whakapapa whānau, whakapapa kaupapa, historical knowledge, genealogy, how everything is connected. **Aroha:** Love, respect, empathy, protections, foundation, relationships, non-judgmental, unconditional, passion, determinants of health.
Adaptability: Being flexible and able to respond to change and new circumstances, or initiate change	**Self-determination:** Supporting individuals and whānau to be informed and exert control over their health and wellbeing, whānau centered approach, determination of their own goals, empowering, respect, proactive, choice. **Tinorangatiratanga:** Self-determining, empowering, respectful, proactive, solution focused, choice.
Development: Growing and learning, empowering people and communities to achieve goals	**Intergenerational:** Intergenerational, inclusive of patients and their wider whānau, recognising the potential for intergenerational transfers of self-management knowledge and skills. To facilitate the intergenerational

	sustainability of health outcomes. Empowering people. **Māori-centred:** Improving Māori health outcomes, reducing inequalities for Māori, Māori cultural foundation, whānau centered approach; service approach with a wider relevance and value for all people.
Integrity: Acting honestly and openly, following ethical principles, serving the public interest	**Kaitiakitanga:** Protection, taking care of people, things, conflict resolution, environmental, awa, maintain values, vision, understanding, absolute protection, keep yourself safe, keeping each other safe. **Rangimarie:** Humility, maintaining ones composure, peace, accountability, responsibility, peace, humble, respect **Strength-based:** Seamlessness of services from a whānau perspective, self-determining, empowerment, self-management, maintain values, respect.
Responsibility: Having concern for the consequences of our actions, prioritising and allocating resources in the best interest of the community	**Tikanga Māori:** Right, honest, guiding principles, protocols, guidelines, how we do it, actions, tapu, noa, tika, pono, accountability, as individuals being able to be flexible.
Respect: Respecting all people, the rule of law, institutions of democracy and the Treaty of Waitangi	**Mana tangata:** Dignity, relationships, protection, safety, patient and whānau involvement, respect, acceptance. **Mauri:** Life essence, animate and inanimate objects have a mauri, tika, pono, balance, and universe