26 February 2019

Thank you for your request dated 19 December 2018 and 15 January 2019 requesting information under the Official Information Act 1982 (the Act), regarding services and outcomes for Māori. The information pertaining to your request is below.

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"*

The Hutt Valley District Health Board (DHB) consists of 10 members who are appointed by either the Minister of Health or local body elections. Of those 10 members, one is a government appointed Māori board member. We do not collect information on the ethnic or disability status of the remaining 9 board members. A profile of the Board members is available on the Hutt Valley DHB website at the following link: http://www.huttvalleydhb.org.nz/about-us/boards-and-governance/hutt-valley-district-health-board/.

   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"*

Whilst the DHB's statutory committees do not have membership requirements that ensures participation by disabled Māori, our 3DHB Sub-regional Disability Support Advisory Committee (DSAC) has members appointed to represent the above interests. The proportion of Māori attendees and their disability status is not collected by us. However, one co-opted member of the DSAC has a disability, is Māori, and has been appointed to represent those interests. A list of members can be found here: http://www.huttvalleydhb.org.nz/about-us/boards-and-governance/board-committees/2018-3dhb-disability-support-advisory-committee-membership.pdf

Whilst we do not collect ethnicity or disability information of our Community Public Health Advisory Committee (CPHAC), membership includes three co-opted members, of which one is Māori and attends specifically to represent Māori interests. A list of members (excluding co-opted members) can be found here: http://www.huttvalleydhb.org.nz/about-us/boards-and-governance/board-committees/2018-cphac-membership.pdf

   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"*

Consumer Council

The DHB is in the process of setting up its first Consumer Council. This will comprise of people with diverse experiences, backgrounds and knowledge to give advice to our Board and Leadership Team. The group's aim is to ensure our patients, whānau and communities have a strong voice in planning, designing, and delivering great services across the Hutt Valley. We do not hold the disability or ethnicity status of our Consumer Council members.

Clinical Council

The Clinical Council provides advice to the Executive Leadership Team (ELT) and Board on issues that span the Hutt Valley Health System in relation to improved quality, safety and experience of care; improved health and equity for all populations; and best value for public health system resources.

We do not hold the disability or ethnicity status of our Clinical Council members and there are no members who have been appointed to specifically represent either Māori or Disability interests.

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

Membership on the Māori Partnership Board is determined by Te Atiawa nui tonu, who are inclusive of their members and encourage full participation from representatives. The Māori Partnership Board maintains an active governance with the DHB and has agreed a Memorandum of Understanding that formalises that relationship.

This relationship assists in reducing health inequalities and improving the health outcomes of Māori people within the Hutt Valley regions.

a. *"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."*

Two members of our Alliance Leadership Team (Hutt Inc) have been appointed to represent Māori interests. We are unable to provide the ethnicity or disability status of our other Hutt Inc members as this information is not collected by us. Further information on Hutt Inc can be located here: http://www.huttvalleydhb.org.nz/health-professionals/hutt-inc/

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?"*

The DHB has a Recognising Community Participation Policy (attached) that supports participation of all consumers by offering reimbursement of travel expenses and time participation for any committees or working groups they have been invited to join.

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."*

All members of the Board, Statutory Committees, Alliance Leadership Team, and Clinical Governance Groups are invited to undertake training that relates to their role. With respect to cultural competence, the DHB paid for the attendance of all Board and Committee members who wished to attend the Tū Kaha Conference 2018.

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

Further to the information provided above on the DSAC, their meeting schedules, Agendas and supporting documentation can be found at this link: http://www.huttvalleydhb.org.nz/about-us/boards-and-governance/meeting-times-and-papers/.

The 3DHB Sub-Regional Disability Strategy 2017-2022 is a key document for the inclusion of disabled people and people who identify as Māori. Further information can be found here: http://www.huttvalleydhb.org.nz/media-and-latest-news/latest-news/2017-06-09-regional-disability-strategy-launched/

We do ensure that Māori are part of our commissioning processes end to end and this process is outlined in our Guidelines for Service Commissioning in Strategy, Planning & Outcomes' Policy (attached).

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"*

Please refer to the:

- 3DHB Sub-Regional Disability Strategy: http://www.huttvalleydhb.org.nz/media-and-latest-news/latest-news/2017-06-09-regional-disability-strategy-launched/
- Annual Plan: http://www.huttvalleydhb.org.nz/about-us/reports-and-publications/annual-plan/
- Annual Report: http://www.huttvalleydhb.org.nz/about-us/reports-and-publications/annual-report/
- Wellbeing Plan: http://www.huttvalleydhb.org.nz/about-us/reports-and-publications/our-wellbeing-plan/
- Māori Health Action Plan 2016-2017: http://www.huttvalleydhb.org.nz/about-us/reports-and-publications/Māori-health-action-plan-2016-2017/
- Our Vision for Change: http://www.huttvalleydhb.org.nz/about-us/vision-mission-values/our-vision-for-change-2017-2027/
- Clinical Services Plan (currently in draft): http://www.huttvalleydhb.org.nz/media-and-latest-news/latest-news/2018-09-12-clinical-services-plan-your-chance-to-comment/
- Māori Health Strategy (Draft): (attached)

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)?"*

Please refer to the 3DHB Sub-Regional Disability Strategy: http://www.huttvalleydhb.org.nz/media-and-latest-news/latest-news/2017-06-09-regional-disability-strategy-launched/

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"*

Compliance with the Code of Health and Disability Services Consumer Rights is monitored through the Ministry of Health Hospital Certification processes. These Consumer Rights are covered extensively in the Health & Disability Sector Standards (Standard 1.1 Consumer Rights) and we have a responsibility to meet these standards.

In practice, the DHB is audited by a designated auditing authority on a three yearly cycle with surveillance audits in between. The certification auditing process assesses our attainment of the standards and identifies areas for improvement. Corrective actions are agreed and these inform our continuous improvement and patient safety processes.

In addition to this, at regular intervals between audits, the Quality Improvement & Patient Safety Directorate are in contact with the designated auditing authority to provide additional self-assessments and updates on corrective actions with supporting evidence.

Oversight over maintaining and implementing certification audit recommendations is provided by the Quality Improvement and Patient Safety Directorate, with support from all professional groups and the quality teams within the directorates. Strategic planning and governance of certification processes are managed through the hospital's clinical governance structures and are reported on regularly to the Executive Leadership Team and the Board.

Policies

The DHB has the following operational requirements to give effect to NZS 4121:2001 in relation to accessibility:

All Hutt Valley DHB buildings that are required to meet NZS 4121:2001 (the Standard) are meeting it. Reinforcing that, any maintenance or replacement project of buildings or part of buildings (even those not needing building consents) that pre-date the Standard are carried out to meet it.

The Compliance Technician role in the DHB's Facilities Management Team ensures that all buildings achieve compliance with Local Authority Building and Planning regulations that include NZS

4121:2001. This is confirmed through the building warrant of fitness approval process, which is completed annually.

Ethnicity data is collected in line with the Ministry of Health requirements and our Patient Administration System has a process for recording this.

In response to the points relating to the implementation of NZ Web accessibility standard 1.0, and the usability standard 1.2, as a provider of health services, which includes many people who identify as disabled, the web standards are an important consideration for us.

As a Crown entity we are invited but not required to meet the web standards for usability and accessibility.

The standards were adopted and incorporated when our corporate website was redeveloped in 2017 and when a website was launched for the Mental Health, Addiction and Intellectual Disability Services in 2018.

Aside from social media and job advertising sites, these are the only official external digital channels. The web standards have also been a consideration for the currently-underway intranet redevelopment project.

The 2018 DHB Digital Publishing Policy references the web standards as part of the publishing goals. It does not discuss adherence in the policy as this is more of a strategic goal for the Communications Team in ensuring that we adhere to the standards where practical.

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 DHB does not break down its spending on whether it is for Māori, non-Māori, Disabled Māori, or non-Māori. The DHB has locally funded contracts with Māori community providers over the past five years as per the table below. This table excludes those contracts for our Hutt population with Māori health providers that are funded on a sub-regional or regional basis. The expenditure for those will be sitting as Inter District Flows and should be showing up in the expenditures of those DHBs (mainly Capital & Coast District Health Board, where most of the regional mental health contracts are managed).

	2013/2014	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**
Kokiri Marae Keriana Olsen Trust	$ 604,627	$ 601,214	$ 601,213	$ 586,760	$ 633,711
Naku Enei Tamariki Incorporated	$ 461,310	$ 458,075	$ 463,075	$ 444,333	$ 444,133
Te Paepae Arahi Trust	$ 448,909	$ 491,955	$ 491,955	$ 491,958	$ 496,874
Te Runanganui O Te Atiawa	$ 1,162,714	$ 1,291,916	$1,509,234	$1,434,831	$ 1,396,837
Tu Kotahi Māori Asthma Trust	$ 123,563	$ 123,563	$ 123,563	$ 123,563	$ 151,574
Total	**$ 2,801,123**	**$ 2,966,723**	**$3,189,040**	**$ 3,081,445**	**$ 3,123,128**

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 DHB does not break down its spending for Disabled Māori.

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?"*

The DHB has no specific requirements that services are appropriate and effective for disabled Māori. The DHB does have requirements that providers are compliant with Health and Safety requirements, their services are accessible, and that they are responsive to Māori. This is usually via the development of a Māori Health Plan, if the contract is of significant value.

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

The DHB does not have such requirements within their contracts.

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

This information is contained within the 3DHB Sub-Regional Disability Strategy: http://www.huttvalleydhb.org.nz/media-and-latest-news/latest-news/2017-06-09-regional-disability-strategy-launched/

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."*

The DHB's complaints system does not allow for extraction of data pertaining to ethnicity of the person providing the complaint/feedback or whether they suffer from a disability. Therefore, we do not systematically collect information in these areas.

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

	Māori		**Māori Total**	**Non-Māori**		**Non-Māori Total**	**Total**
Occupational Group	No Disability	Disability		No Disability	Disability		
Medical	2		**2**	165	3	**168**	**170**
Medical-RMO	4		**4**	212		**212**	**216**
Nursing	66	2	**68**	1000	37	**1037**	**1105**
Allied Health	27		**27**	473	20	**493**	**520**
Management	4		**4**	66	4	**70**	**74**
Administration	35	2	**37**	273	13	**286**	**323**

Support	22	2	**24**	89	11	**100**	**124**
Total	**160**	**6**	**166**	**2278**	**88**	**2366**	**2532**

Note: disability and ethnicity data is self-reported and is only as accurate as the information provided. Disabilities range from physical, neurological, mobility, seeing, speaking and hearing.

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

There are no specific workforce programmes under way regarding disabled Māori.

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

The DHB does not collect this specific information and nor is it broken down into funding allocations of providers by their ethnic or disability status.

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

Total external provider expenditure	$156,385,000	$156,942,543	$171,077,383	$280,688,644	$295,422,165
Total DHB expenditure	$432,110,000	$486,516,699	$511,988,133	$530,345,454	$557,336,244

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."*

<u>Mandatory Online E-Learning:</u>

- Treaty of Waitangi / Te Tiriti o Waitangi
- Disability Responsiveness
- Handling - Patient and Object – All Nurses, Allied Health, HCA's and Orderlies

<u>A Disability Educator has been employed to:</u>

- Implement Disability responsiveness education and training
- Promote subregional consistency for education programmes and resources
- Implement learning modalities and methods to deliver high quality education, training and roll out new initiatives
- Contribute to national work on integrating disability responsiveness into the health workforce.

- <u>New staff orientation:</u>

- Includes a Welcome Powhiri and presentation from the Māori Health Unit (attached).

- <u>Staff Training</u>

- The DHB is in the process of developing cultural safety training and a suite of tools that will support the ability to be more responsive.

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 DHB does not maintain a centralised training budget and cannot breakdown training expenses to this level of detail.

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

Occupational Group	Total Head Count	Cultural Training	Disability Training	Both
ADMIN	323	44.27%	23.22%	22.60%
ALLIED HLTH	520	68.65%	50.77%	47.69%
MANAGEMENT	74	35.14%	18.92%	17.57%
MEDICAL	170	12.94%	12.35%	10.00%
NURSING	1105	70.50%	62.17%	59.10%
SUPPORT	124	0.81%	0.00%	0.00%
Grand Total	**2316**	**57.34%**	**45.85%**	**43.35%**

NOTE: Medical includes: Dentists, Doctors, Psychiatrists etc. but excludes Resident Medical Officers (RMOs). RMOs are employed under a rotational 3DHB contract and responsibility for their training is shared across the 3DHBs, overseen by the CMOs and Supervisors of pre-vocational training. At any time the DHB may have trained staff that have rotated to another DHB or have staff that have rotated to us from another DHB, which will alter the data accordingly.

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

    Article 12 - Equal recognition before the law
    Article 17 - Protecting the integrity of the person
    Article 19 - Living independently and being included in the community
    Article 20 - Personal mobility
    Article 21. - Freedom of expression and opinion, and access to information
    Article 22. - Respect for privacy
    Article 25. - Health
    Article 26. - Habilitation and rehabilitation
    Article 30. - Participation in cultural life, recreation, leisure and sport
    Article 31 - Statistics and data collection"

<u>State Sector Standards of Integrity and Conduct</u>

The DHBs and those working for them are required to act with a spirit of service to the community and meet high standards of integrity and conduct as set out in the State Sector Standards of Integrity and Conduct (a code of conduct issued by the State Services Commissioner under the State Sector Act 1988). The code of conduct issued by the State Services Commissioner requires DHBs and employees to abide by the above standards.

Further, the 3DHBs (Capital & Coast, Hutt Valley and Wairarapa) have developed an implementation plan in response to the New Zealand Disability Strategy United Nations Convention on the Rights of Persons with Disabilities.

The disability responsiveness team works to a 5-year implementation plan.

The plan focuses on four strategic areas:

- leadership
- health
- inclusion and support
- access

A copy of the 3DHB Implementation Plan 2013-2018 is available on the CCDHB website at the following link: www.ccdhb.org.nz/news-publications/publications-and-consultation-documents/disability-strategy-implementation-plan-2013-2018.pdf

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

The DHB is a government entity that adheres and upholds the statutes of New Zealand that are in place to protect the rights of individuals.

The DHB actively upholds the rights of individuals, we do not discriminate on the grounds of sex, religious belief, ethical belief, colour, race, ethnic or national origin, disability, age, political opinion, employment status, marital status, family status, and sexual orientation in matters of access to public places, vehicles, and facilities, provision of goods and services, education, employment, and accommodation.

We uphold the New Zealand Bill of Rights Act 1990 which sets out to affirm, protect and promote human rights and fundamental freedoms in New Zealand and to affirm New Zealand's commitment to the International Covenant of Civil and Political Rights.

The DHB is committed to the rights of all people of New Zealand and uphold the intent and purpose of the Treaty of Waitangi.

Māori as the indigenous peoples of Aotearoa have unique rights under Te Tiriti o Waitangi (The Treaty of Waitangi). The DHB values the Treaty and the principles of; PARTNERSHIP: working together with iwi, hapu, whanau and Māori communities to develop strategies for Māori health gain PARTICIPATION: involving Māori at all levels of the sector, in decision making, planning, development and delivery of health services PROTECTION: working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices. For further information, please attachments on Whanau Family Participation Policy, Framework for involving Whānau/Families, and Guidelines for the Care of Māori Patients.

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

    - With regard to Māori patients, we record disability alerts for each Patient on the Hospital Patient Management System and Concerto.
    - We record referrals to Older Persons Needs Assessment Service Coordination (NASC) and people seen by Assessment, Treatment & Rehabilitation inpatient and outpatient services.
    - The Older Persons NASC service record any assessments and services allocated to Māori with disabilities.
    - During the DHB's recruitment process, successful candidates are asked to disclose if they have a disability and whether they have specific needs to meet the requirements of the role. The providing of this information is voluntary.

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

Please refer to our Disability Strategy.

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"

We do not monitor performance specifically for Disabled Māori.

We received an additional request dated 15 February 2019 for information under the Official Information Act 1982 (the Act), subsequent to the questions above. The information pertaining to your additional request is below:

1. *"How does the DHB ensure that its health promotion programmes, and that of its Public Health Units (if applicable) are appropriate and effective for disabled Māori, for example, how does it ensure its campaigns are accessible for Kāpō Māori?"*

All of Regional Public Health's (RPH) health promotion activity is designed and delivered to ensure it is appropriate and effective for all Māori. RPH does not have any programmes that it runs specifically for disabled Māori.