

# **TIHEI TAKITIMU IWI MĀORI PARTNERSHIP BOARD**

## **MONITORING FRAMEWORK**

**FINAL SUMMARY VERSION: 31 July 2024**

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## IMPB legal mandate for monitoring

Section 30 of the Pae Ora Act 2022 outlines functions of Iwi-Māori partnership Boards as follows (note deleted words arise from the bill amending the Pae Ora Act submitted by the current government<sup>1</sup>):

(1) An iwi-Māori partnership board has the following functions:

- (a) to engage with whānau and hapū about local health needs, and communicate the results and insights from that engagement to Health New Zealand ~~and the Māori Health Authority~~;
- (b) to evaluate the current state of hauora Māori in the relevant locality for the purpose of determining priorities for improving hauora Māori;
- (c) to work with Health New Zealand ~~and the Māori Health Authority in agreeing to locality plans for a relevant locality~~ in developing priorities for improving hauora Māori;
- (d) to **monitor the performance of the health sector in a relevant locality**;
- (e) to engage with ~~the Māori Health Authority~~ Health New Zealand and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation;
- (f) to report on the hauora Māori activities of Health New Zealand ~~activities of the Māori Health Authority~~ to Māori within the area covered by the iwi-Māori partnership board;
- ~~(g) to nominate members for appointment to the Hauora Māori Advisory Committee.~~

At the same time as amending the functions of IMPBs under the Pae Ora Act, the Minister of Health has also communicated that the Hauora Māori Advisory Committee (HMAC) will assume the role of system-wide monitoring, a function previously held by the now disestablished Māori Health Authority. Specifically the key monitoring functions that were held by the MHA under the now amended legislation included<sup>2</sup>:

- *monitor the delivery of hauora Māori services by Health New Zealand and provide public reports on the results of that monitoring; and*
- *monitor, in co-operation with the Ministry and Te Puni Kōkiri, the performance of the publicly funded health sector in relation to hauora Māori;*

At this point in time the specific functions and roles of HMAC in monitoring have yet to be finally determined by Government and it is unclear whether the above former MHA functions for monitoring will continue to be undertaken by either HMAC or the Government.

## Proposed roles for monitoring

### Transactional level provider and service contract monitoring

IMPBs neither have the capacity (resources and FTEs) to undertake contract and service monitoring of every Māori and mainstream provider and service contract in their area. The capacity needed to monitor providers, chase reports, analyse data, address non-performance, undertake audits and certification reviews for every contract held by a provider is significant. IMPBs are not resourced to perform this level

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<sup>1</sup> Pae Ora (Disestablishment of Māori Health Authority) Amendment Act 2024 which comes into effect 30 June 2024.

<sup>2</sup> Section 19(1)(l) and (m) Pae Ora Act 2022

of function and it is believed this does not fit with the strategic governance role that IMPBs are better placed to perform.

As this is a key function of commissioning held by Health NZ - it is proposed that Health NZ remain responsible for this role of monitoring individual providers (including Health NZ's own provider services in public health, hospital and specialist services) and individual service contracts. However it is proposed that Health NZ should provide analysed information from the various service contracts and providers to IMPBs to support the IMPB's monitoring role. The IMPB would need to stipulate exactly what information it would require from Health NZ:



#### Local level health sector performance monitoring

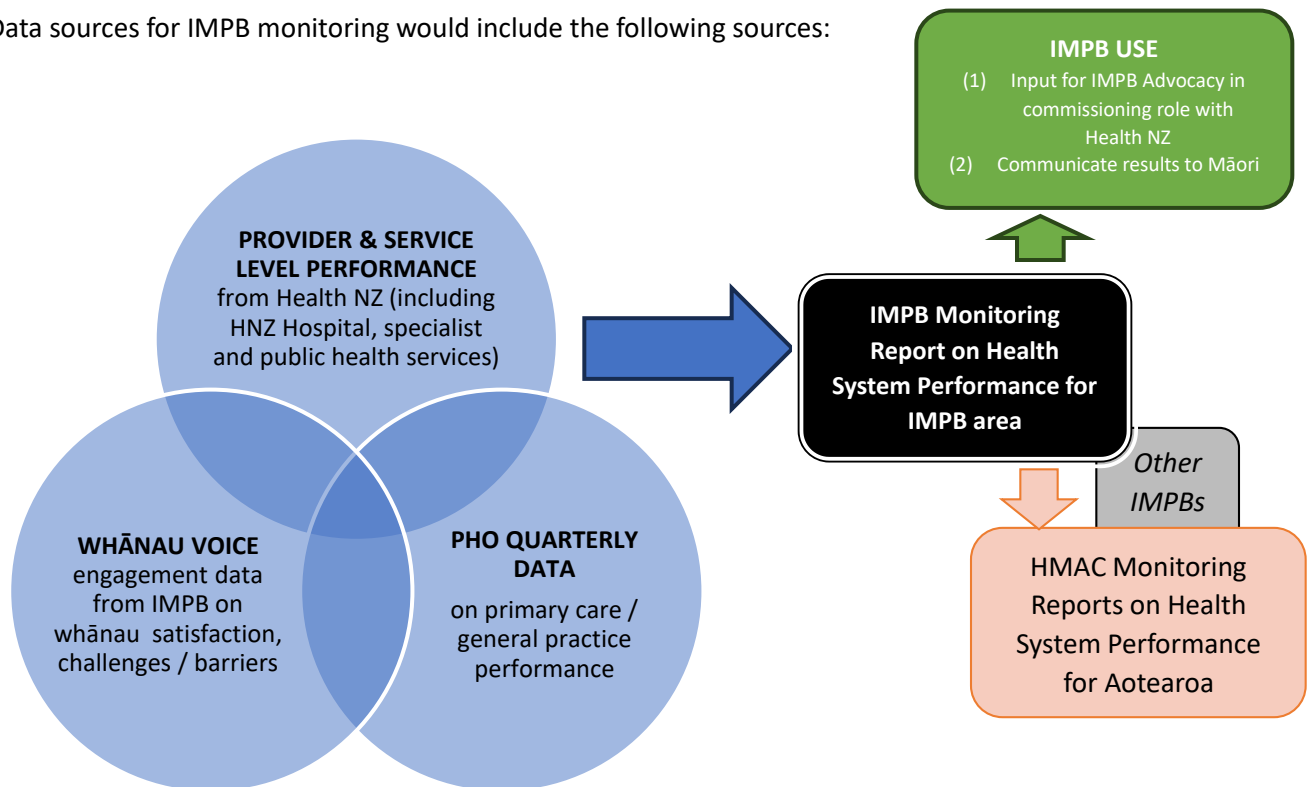
As indicated in the above diagram, the “middle space” is one occupied by IMPBs. The legislated role is to monitor the performance of the health sector in the IMPBs’ area. It is proposed that this function be promulgated through:

- receiving regular information from Health NZ from its transactional level monitoring role about provider and service performance (this would include data from Health NZ's provider services of public health, hospital and specialist services)
- receiving regular (quarterly) information from the Hawkes Bay PHO (Health Hawkes Bay) as primary care access, utilization and patient results will be an important area for the IMPB to monitor trends
- collating whānau voice from engagement, surveys, informal and formal feedback, focus groups, targeted interviews on specific services

Collating this information in a regular IMPB monitoring report will allow the IMPB to contribute Takitimu-level performance assessment with other IMPB information for HMIC, but also provide a resource to support the IMPB with its advocacy role in commissioning health priorities for whānau Māori. Finally the

IMPB could also communicate the results to the Māori community so they are aware of the IMPB's role and see the progress that is tracking. By sharing the results, other Hapu and Iwi entities could also support the IMPB in its advocacy role so that Health NZ is receiving consistent messaging.

Data sources for IMPB monitoring would include the following sources:



### System-level monitoring

System wide monitoring undertaken by HMAC would include a collation of all IMPBs monitoring results to develop a national picture on Hauora Māori performance. It would include not just how well the Hauora Māori investment is performing, but the ENTIRE Health budget's performance for Māori. The HMAC monitoring framework is still under development at the time of writing this Tihei Takitimu IMPB Monitoring framework.

System level monitoring covers a broad range of functions from reviewing high level objectives in the Pae Ora Act, NZ Health Plan and Whakamaua to government specific priorities. Monitoring of population health outcomes typically includes health and social outcomes. Manatū Hauora monitors the delivery by Te Whatu Ora and other health Crown entities and reports delivery to the Minister.

System level monitoring must also include:

- Monitoring Māori health workforce growth and location (by IMPB) at a national level across professions (clinical and non-clinical) along with workforce investment
- Monitoring the Hauora Māori appropriation / investment (currently @ 2% of Vote Health) and measuring increases in the appropriation or total investment from Vote Health
- Monitoring Te Tiriti compliance by the sector (a key element of Whakamaua and Pae Ora Act)

### Coalition Government's Health Priorities<sup>3</sup>

The Government has determined its priorities noting that *“cancer touches thousands of Kiwi families each year and although our Government has already made a number of advancements including steps to raise the breast screening age, providing increased access to PET-CT scanning and more cancer drugs, we know there’s still a long way to go. In childhood immunisation, New Zealand sits at a disappointing 83 per cent, well behind countries like the UK, Australia and Canada. The best we’ve ever achieved was 93 per cent around 10 years ago. We need to do much better for our children. Shorter stays in ED are a snapshot of how the whole health system is coping as the interface between community and hospital care. We will be working hard on keeping people out of the EDs and avoiding bed block when they need to be admitted to hospital. I do want to acknowledge that achieving shorter wait times for First Specialist Assessments and for elective treatments were tough for the previous government, and will be tough for us too. The current level of ‘achievement’ around FSA is 66 per cent of people seen within four months, with the target level last achieved six years ago. Electives – things like important hip and knee surgeries - are another sad story. COVID-19 has had an influence but wait lists were rising in the years before it even arrived”*.

Specifically the government has identified five areas where it requires very targeted reporting:

- **Faster cancer treatment** - 90 per cent of patients to receive cancer management within 31 days of the decision to treat.
- **Improved immunisation for kids** - 95 per cent of children to be fully immunised at 24 months of age.
- **Shorter stays in emergency departments** - 95 per cent of patients to be admitted, discharged or transferred from an ED within six hours.
- **Shorter wait times for first specialist assessment** – 95 per cent of patients to wait less than four months for an FSA.
- **Shorter wait times for treatment** – 95 per cent of patients to wait less than four months for elective treatment.

Health New Zealand – Te Whatu Ora will report progress regularly. HNZ will be directed to publish transparent results on each of the five targets every quarter. The targets come into effect on 1 July 2024, so the first quarterly results will be for July-September 2024.

These reports should also be disaggregated by IMPB and provided to each IMPB with a comparison of performance in each IMPB area so that “hot spots” can be identified.

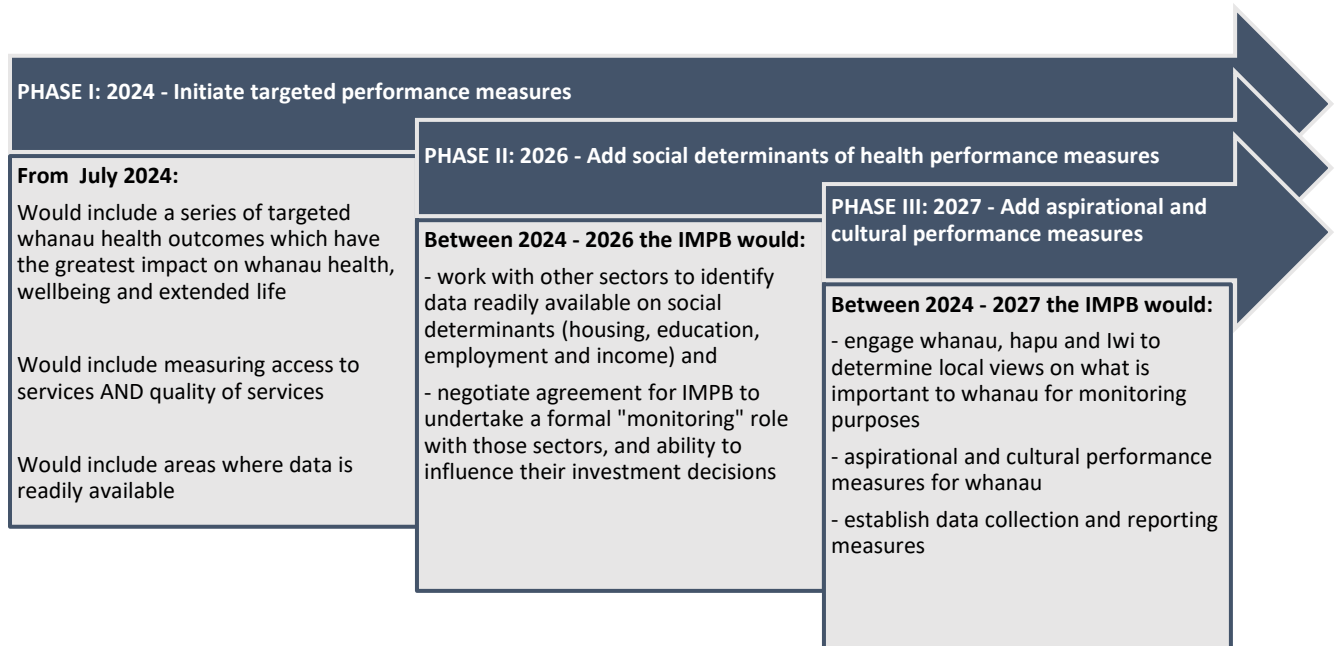
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<sup>3</sup> <https://www.beehive.govt.nz/release/health-targets-will-deliver-better-outcomes-new-zealanders>

# IMPB Monitoring Framework

## A phased approach

It is proposed that Tihei Takitimu IMPB undertake a phased approach to performance monitoring, starting with a small number of outcomes and indicators where data is readily available and building up over time to a more aspirational set of measures and outcomes which are informed by engagement with whānau AND other sectors. This is demonstrated in the following diagram:



## Phase I starting July 1 July 2024: Targeted high priority outcomes and indicators

The table below proposes a set of targeted indicators and outcomes for the IMPB to commence Phase I monitoring. This will get the monitoring function “off the starting blocks” from 1 July 2024 and allow the next 12m to be used to build up capability, capacity and address key issues with the monitoring function. In that same 12m period work would continue toward building further outcomes and indicators (access and quality) towards a broader set of performance measures.

The shaping of a broader set of performance metrix for the IMPB over the next 12 months can also be informed by the review of various approaches already undertaken (see Appendix).

All data would require Māori vs non-Māori comparative data so that the IMPB can review equity differences:

TIHEI TAKITIMU: PROPOSED PHASE I MONITORING PRIORITIES		
MEASUREMENT DOMAIN	DATA INCLUDED (separate reports for Wairoa, Ahuriri, Heretaunga, Tamatea residents – mesh block level preferred) <i>Comparative data with non-Māori to assess equity / inequity</i>	DATA SOURCE (quarterly)
<b>Indicators of access to care</b>  <i>Contributes to chronic condition management, immunization, referrals for treatment and NASC, and specialists</i>	<ul style="list-style-type: none"> <li>• PHO enrolments for Māori (monitoring Māori access to primary care)</li> <li>• PHO GP and RN consultations versus <i>inactive</i> Māori patients (enrolled but not accessed services)</li> <li>• Prescribing trends (what are Māori prescribed the most) vs dispensing rates</li> <li>• Urgent primary care vs after hours care utilisation (reasons / diagnoses)</li> </ul>	Health Hawkes Bay
	<ul style="list-style-type: none"> <li>• Māori admissions and re-admissions to emergency departments (reasons, triage level, diagnoses) vs non-Māori</li> <li>• Hapu Wahine enrolled with Lead Maternity Carer at first trimester (vs non-Māori)</li> <li>• Pēpi enrolled with Tamariki Ora carer at 6 weeks (and not enrolled)</li> <li>• Dental enrolments (under 5 and up to 18 years) and utilisation data</li> <li>• Child and youth &amp; adult mental health utilisation</li> </ul>	Health NZ  PHO (low to moderate) HNZ (moderate to severe)
	<ul style="list-style-type: none"> <li>• NASC assessments for Māori over 55 years and referrals for home support</li> </ul>	Health NZ (Inter Rai database)
	<b>Governments Priorities:</b> <ul style="list-style-type: none"> <li>• <b>Shorter stays in emergency departments</b> - 95 per cent of patients to be admitted, discharged or transferred from an ED within six hours.</li> <li>• <b>Shorter wait times for first specialist assessment</b> – 95 per cent of patients to wait less than four months for an FSA.</li> <li>• <b>Shorter wait times for treatment</b> – 95 per cent of patients to wait less than four months for elective treatment.</li> </ul> <i>(add HMAC priorities once determined)</i>	Health NZ to provide as part of Minister reporting
<b>Indicators of quality of care</b>	<ul style="list-style-type: none"> <li>• Culturally safe care, and experiences of racism and discrimination (e.g. survey Māori whānau in ED for a specific period?)</li> <li>• Whānau Māori satisfaction rates with health services</li> <li>• Health literacy levels (how much whānau understand about their health &amp; wellbeing and accessing the system)</li> <li>• By end Y1: Prioritise a case study to ‘deep dive’ a sample of whānau going through the care journey (treatment, care, outcome, delivery, auditing of records against accepted treatment requirements)</li> </ul>	IMPB whānau engagement findings  Case study – research project (ethics, privacy)



TIHEI TAKITIMU: PROPOSED PHASE I MONITORING PRIORITIES		
MEASUREMENT DOMAIN	DATA INCLUDED (separate reports for Wairoa, Ahuriri, Heretaunga, Tamatea residents – mesh block level preferred) <i>Comparative data with non-Māori to assess equity / inequity</i>	DATA SOURCE (quarterly)
	<ul style="list-style-type: none"> <li>Complaints (Māori vs non-Māori) – reason and service area/site</li> </ul>	PHO Health NZ
Key outcome indicators for Phase I monitoring	<b>Governments Priorities:</b> <ul style="list-style-type: none"> <li>Child immunisation rates</li> </ul>	Health NZ to provide as part of Minister reporting
	<b>IMPB Priorities:</b> <b>OUTCOME: Prevention and reduction in higher deaths by cancer for Māori</b> <ul style="list-style-type: none"> <li>Breast Screening rates</li> <li>Cervical screening rates</li> <li>Bowel screening rates</li> </ul> <b>OUTCOME: Reducing hospitalisation, disability &amp; early deaths for Māori</b> <ul style="list-style-type: none"> <li>Injury rates (intentional / non-intentional including Falls)</li> <li>Suicide rates (to reduce numbers dying from suicide)</li> </ul> <b>OUTCOME: Healthy start to life for Tamariki Māori</b> <ul style="list-style-type: none"> <li>Māori low birth weight rates</li> <li>Mama and pepi birth outcomes</li> </ul>	Health NZ (Public Health Service)

## Phase II (2026) and III (2027)

It is proposed that specific outcomes and indicators be shaped over the next 12 months as they will be impacted by:

- The final HMAC monitoring framework still in progress
- Confirming further areas of importance to whānau to shape aspirational and cultural indicators of wellbeing to monitor
- Negotiations with other sectors to agree on sharing regular reporting and using that information to influence their commissioning and investments
- Confirming the form of provider and contract specific information that can be provided by Health NZ and the format (dashboard) required

Tihei Takitimu had already commissioned a review of broader outcomes and monitoring framework examples and this work will contribute particularly to the Phase II and III work as it takes a broader view of outcomes and monitoring. Key learnings from that review include:

### DEFINING WHAT TO MONITOR:

- ✓ Needs measures that focus on process performance as well as results / achievements
- ✓ Needs data to inform decision-making – but be aware of data overload
- ✓ Need to define both qualitative and quantitative data and can include clinical and non-clinical outcomes, patient experiences, operational efficiency

- ✓ Needs stakeholder involvement
- ✓ Needs to support monitoring of health equity between different groups of consumers
- ✓ Should focus on Population Health and SDOH as well as specific service performance
- ✓ Needs to identify accountability for continuous improvement
- ✓ Needs to take “blind spots” into account – factors not easily identifiable in data but are causal links that impact (geography, culture, data quality)

#### COMMONALITY IN APPROACHES

- UK: Quality and Outcomes Framework (QOF)
- AUST: Health Outcome Framework (HOF) including National Health Performance indicators (Access + Quality + Outcomes)
- CANADA: Health System Outcomes and Measurement Framework
- WHO: Incorporate socio-economic indicators alongside population health surveillance
- NZ: Incorporate system performance measures, values and principles, Whānau / Hapu / Iwi aspirations for what should be monitored (what is important) e.g. honour Treaty, promote indigenous sovereignty and achieve health equity

**OUTCOMES & MONITORING FRAMEWORK** could include:

#### Local Level

1. Prevention (screening, CDM, timely interventions)
2. Enhancing quality of life for people with long-term conditions (support for self-management, education, resources, support services, medications)
3. Helping people recover from episodes of ill-health or injury (rehab, post-op)
4. Addressing health disparities and achieving health equity – disease distribution, prevalence, access challenges
5. Treating and caring for people in a safe environment (safe quality care)
6. Ensure people have a positive experience of care

#### System Level

7. Financial / economic performance (value for money), social investment (e.g. balanced scorecard)
8. System performance (e.g. benchmarking, sustainability, governance and engagement)

#### **Proposed Reporting on IMPB Monitoring Function**

It is proposed that the IMPB monitoring “report” is presented in the form of a set of outcomes on a 1-2 pager in poster form so it is more palatable for a whānau audience and easily disseminated to both HMAc and Health NZ. The report could be in the form of a diagram with results:

