



Agenda

Bay of Plenty District Health Board

Venue: Conference Hall, Clinical School, Whakatane Hospital

Date and Time: Wednesday 17 April 2019 at 9.30 am

Please note: Board Only Time, 8.30 am

Meeting Room 1, Clinical School, Whakatane Hospital

Minister's Expectations

- Primary Care Access
- Mental Health
- Improving Equity
- Public Delivery of Health Services
- Health and Wellbeing of Infants, Children and Youth
- Improving Population Health
- Long Term Capital Planning
- Workforce
- Climate Change
- Accountability for Improved Performance

Priority Populations

- Māori
- First 1000 Days of Life
- Vulnerable Children and young People
- Vulnerable Older People
- People with Long Term Severe
- Mental Health and Addiction Issues

The Quality Safety Markers

- Falls
- Healthcare Associated Infections
- Hand Hygiene
- Surgical Site Infection
- Safe Surgery
- Medication Safety

Strategic Health Services Plan Objectives:

- **Live Well:** Empower our populations to live healthy lives
- **Stay Well:** Develop a smart, fully integrated system to provide care close to where people live, learn, work and play
- **Get Well:** Evolve models of excellence across all of our hospital services



<i>Item No.</i>	<i>Item</i>	<i>Page</i>
1	<p>Karakia Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te awatea ka huri atu ki te pō (te pō ko tenei te awatea) Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
2	<p>Presentation Nil</p>	
3	<p>Apologies</p>	
4	<p>Interests Register</p>	4
5	<p>Minutes and Chair Report Back</p> <p>5.1 <u>Board Meeting - 20.3.19 Minutes</u></p> <p>5.2 <u>Matters Arising</u></p> <p>5.3 <u>SHC Meeting – 3.4.19 Minutes</u></p>	<p>8</p> <p>14</p> <p>16</p>
6	<p>Items for Discussion / Decision (Any items that are not standing reports must go via the Committees and will include the Chair’s report and Committee recommendation)</p> <p>6.1 <u>Chief Executive’s Report</u></p> <p>6.2 <u>Dashboard Report</u></p> <p>6.3 <u>Primary Health Organisation reports</u></p> <p>6.4 <u>Improving the Living Standards of New Zealanders</u></p>	<p>18</p> <p>32</p> <p>34</p>

Item No.	Item	Page
7	Items for Noting 7.1 <u>Board Work Plan 2019</u>	111
8	Correspondence for Noting 8.1 <u>Letter to Dr George Gray re Progress on Health Gain for our Maori Community – 9.4.19</u>	112
9	General Business	
10	Resolution to Exclude the Public Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded. Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.	
11	Next Meeting – Wednesday 15 May 2019.	

Bay of Plenty District Health Board Board Members Interests Register

(Last updated Feb 2019)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Toi te Ora	Wife is an employee	Health	Minor to Nil. No direct influence.	03/02/2014
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Institute of Directors – BOP Branch	Chair	Membership Body	LOW	Member since 1999/Chair since Dec 2016
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/Chair September 2017
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018
Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
BOYES, Yvonne				
Boyes Family Trust	Trustee	Family Trust	NIL	1999

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rurual Health Inter-Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
Bay of Plenty Child Research Trust			Low	March 2019
ESTERMAN, Geoff				
Western Bay of Plenty PHO	Board Member	Health	LOW – WBOP PHO has contract with the DHB but as a Board Member Geoff is not in a position to influence contracts	28/11/2013
Western Bay of Plenty Primary Care Provider Incorporated Boad	Board Member	Primary Healthcare	LOW	28/11/2013
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Waterview Buildings Ltd	Director	Property	NIL	28/11/2013
GILL, Mary Anne				
Waikato DHB	Board Member	Health	NIL	
Waikato DHB, Performance Monitoring Committee	Member	Health	NIL	
Waikato DHB, Sustainability Advisory Committee	Member	Health	NIL	
Waikaato DHB Hospitals Advisory Committee	Member	Health	NIL	
Life Unlimited Charitable Trust	Employee	Health	Perceived	09/2016
BOPDHB Community Public				

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Health Advisory/Disability Support Advisory Committee	Member	Health	Perceived	
BOPDHB Health Strategic Committee	Member	Health	Perceived	
GUY, Marion				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
NICHOLL, Peter				
Nicholl Consulting Ltd	Director	Economic advice (mainly outside NZ)	NIL	01/01/2007
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical Assistances, US Treasury	Contractor	Advisory body to overseas central Banks	NIL	01/02/2005
PARKINSON, Matua				
Hunters Club Limited	Director	xxxxx	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
ROLLESTON, Anna				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
TURNER, Judy				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging issues	LOW	2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
Capital Investment Committee	Member	Health Capital Allocation	Minimal	24/1/2011
SallyW Ltd	Director	Consulting & Coaching	Nil	2001
Waikato DHB	Board Chair	Health	LOW	2018

Minutes

Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, 889 Cameron Road, Tauranga

Date and Time: 20 March 2019 at 9.30 am

Board: Ron Scott (Acting Chair), Peter Nicholl, Bev Edlin, Judy Turner, Marion Guy, Yvonne Boyes (open meeting only), Geoff Esterman, Mark Arundel, Matua Parkinson

Attendees: Helen Mason (Chief Executive), Owen Wallace, (GM Corporate Services), Simon Everitt (GM Planning and Funding and Population Health), Bronwyn Anstis (Acting Chief Operating Officer), Debbie Brown (Snr Advisor, Governance & Quality), Jeff Hodson (GM Property Services), Julie Robinson (DON), Tricia Keelan (GMMHGD), Pete Chandler (Exec Lead BOP Evolution) 10.50 am, Hugh Lees (Chief Medical Advisor) 11.15 am

Member of Public: Christina Graham

Item No.	Item	Action
1	Karakia	
2	<p>Presentation</p> <p>2.1 <u>Health Consumer Council Chair – John Powell</u></p> <p>John gave an overview of Health Consumer Council members.</p> <p>The Council has worked through its Terms of Reference which have now been finalised, though they are seen as a living document.</p> <p>The Council’s plan for moving forward in 2019, includes Work Planning, Communications Plan (with the Communications Team), Dealing with Issues in a Timely Manner, Measuring/Monitoring the Council, Trialling to Test Processes and Budget issues. The Committee is invited to ask the hard questions and works to ensure “no surprises”</p> <p>The Council’s purpose is to work with the community and the DHB in an advisory and advocacy manner to advance the BOPDHB vision, working with the CARE values.</p> <p>CEO clarified that it is not for the HCC to manage individual complaints. The Council Chair felt the Council was at this stage still in its infancy and liaises with the Snr Advisor Governance & Quality team for advice. The meeting is kept informed by the Governance & Quality rep to their meeting.</p> <p>CEO advised that people have stepped up to be on the Council. It is a requirement of DHBs and is best practice to have a Consumer Council. The Council is learning about the sector before progressing their role. With regard to diversity, Board discussion had occurred from which the Maori caucus had been established.</p>	

	<p>Membership term of the Council is limited and increasing diversity will be a strong focus at the time of new appointments.</p> <p>The Council is liaising with other similar Councils in the Midland region and elsewhere.</p> <p>The Acting Board Chair supported the comments made by the CEO and thanked the HCC Chair for his presentation. The Board requested that thanks be passed on to the Council members for their participation and for the work they do.</p>	SAGQ
3	<p>Apologies</p> <p>Apologies were received from Sally Webb, Anna Rolleston and Pouroto Ngaropo</p> <p>Resolved that the apologies from S Webb, A Rolleston and P Ngaropo be received.</p> <p style="text-align: right;">Moved: B Edlin Seconded: Y Boyes</p>	
4	<p>Interests Register</p> <p>The Board was asked if there were any conflicts in relation to items on the agenda. Y Boyes had advised the Board Secretariat of a new interest with Bay of Plenty Child Health Research Trust.</p>	
5	<p>Minutes</p> <p>5.1 <u>Minutes of Board meeting</u></p> <p>Resolved that the Board receive the minutes of the meeting held on 20 February 2019 and confirm as a true and correct record.</p> <p style="text-align: right;">Moved: M Arundel Seconded: G Esterman</p> <p>5.2 <u>Matters Arising</u></p> <p>Orientation. GMMHGD advised that the discussion had not taken place as yet. GMMGD is meeting shortly with the Runanga Chair and will report back to the Board.</p> <p>5.3 <u>BOPHAC Meeting – 6.3.19</u></p> <p>Committee Chair advised that HDC Advocacy Complaints report was discussed. As a DHB we are doing better than average. It was noted that ethnicity is not reported and this will be fed back to HDC.</p> <p>Care Companions was a good paper.</p> <p>Nursing staff numbers in Tauranga are currently not able to be managed to ward acuity.</p> <p>Dental enrolments are very good. Ability to treat enrolments is a challenge.</p> <p>Resolved that the Board receive the minutes of the BOPHAC meeting held on 6 March 2019</p> <p style="text-align: right;">Moved: G Esterman Seconded: Y Boyes</p> <p>5.4 <u>Maori Health Runanga Meeting</u></p> <p>The Board received the minutes of the Maori Health Runanga Meeting of 15 October 2018</p>	GMMHGD

	<p>5.5 <u>Maori Health Runanga Meeting</u> The Board received the minutes of the Maori Health Runanga Meeting of 21 November 2018</p>	
<p>6</p>	<p>Items for Discussion / Decision</p> <p>6.1 <u>Triennial Elections 2019</u> Resolved that the Board</p> <ol style="list-style-type: none"> 1. Confirms the continued appointment of Dale Ofsoske as the Board's Electoral Officer 2. Agreed that the order of candidate names to appear on the voting documents will be random. 3. Authorises the Senior Advisor Governance & Quality to sign the Memoranda of Understanding between the Board and the constituent territorial authorities. <p style="text-align: right;">Moved: R Scott Seconded: G Esterman</p> <p>6.2 <u>Chief Executive's Report</u> The Chief Executive highlighted:</p> <p><i>Serious Illness Conversation Guide</i> – fits within Advanced Planning Guide and is is robust clinical communication. Pru McCallum and Heidi Omundsen of BOPDHB are taking the lead BOPDHB can be proud of the work being undertaken.</p> <p><i>ACP</i> – there is a new lead within BOPDHB.</p> <p><i>Education</i> – Advanced Study Fund. For Exec members the Board has suggested avenues for opportunities. CEO will follow up.</p> <p><i>Quit Smoking</i> - Concern was raised that the help for Smokers to Quit identifies smokers, but what follows. GMPF advised that there is a whole conversation that takes place with advice, when identification is made and there are a number of measures. A group of concern is young Maori women, particularly pregnant young Maori Women. The Smoke Free plan requires refreshing. There is discussion on where vaping sits in the environment. There is also a referendum to take place in 18 months time on legalising cannabis which needs to be prepared for.</p> <p><i>BOP Evolution</i>. CEO advised of optimism and progress of focusing on areas. One of the first areas is in reducing email loads. CEO advised that Exec lead will be in place until May at which time reassessment will be made. Exec Lead gave an update. There are two core steams of work, a whole hearted leap into an integrated co-ordinated health system and redesign of how we do business with concentration on the health of our workforce. There is a plan on the day to day business components. Execs have a session each Friday currently to progress.</p> <p><i>H&S – Health of Older People</i> - GMPF advised of the work being undertaken under new H&S Legislation. P&F is working with alliance partners. Dialogue is also being had with home based providers.</p> <p><i>Exec Dir AHS&T</i> - Sarah Mitchell has been appointed. Acting COO advised that Sarah originated from Scotland.</p>	<p style="text-align: center;">CEO</p>

<p>9.1 <u>Transport Plan.</u></p> <p>The plan had been presented to Exec Committee yesterday. CEO had conveyed to the Board in Board Only time.</p> <p>GMPF advised that there were a raft of actions within the plan, some which were easier to implement than others. GMPS, GMCS and GMPF will compile a priority list and bring an Action Plan to the Board.</p> <p>Query was raised on the number of fleet cars BOPDHB has. GMCS advised there are between 250 - 260 at any one time. Some are specialised vehicles. BOPDHB owns their fleet. The Pool car number is relatively small, the others are associated with services.</p> <p>9.2 <u>Health Select Committee Hearing</u></p> <p>CEO advised there is a transcript of the BOPDHB hearing which will be shared with the Board. The Committee allocated an hour for BOPDHB and Waikato. The Chair and CEO shared BOPDHB's successes and things they are proud of, such as Te Toi Ahorangi, Wai2575, work on our Values.</p> <p>Things that concern, were pace of change, BOPDHB Evolution and not getting ahead with some things as fast as others, Level of demand in the Bay, our level of PBF, the concern on using 2013 census figures, Equity but also the progress we are making on equity.</p> <p>The Committee raised MHAS, the petition that has gone to Parliament on an after hours facility in Papamoa and Immunisation.</p> <p>The after hours facility in Papamoa has been raised by a local MP. BOPDHB has been liaising with developers in Papamoa. The petition that went to Parliament has not come to BOPDHB, nor has there been communication by the petitioner. There is no knowledge of who the petitioner is.</p> <p>The Board considered that information from the Health Select Committee submission should be conveyed publically. CEO advised that the Minister had requested that DHBs share their good news stories. Our Comms Team sends stories to the Minister and he does relay.</p> <p>There have been subsequent questions from the Committee.</p> <p>9.3 <u>Christchurch Tragedy</u></p> <p>The Board had raised a query in Board Only time as to what happened for BOPDHB and how it affected our Emergency Response Plan. Is our document current should a similar event arise in BOPDHB. CEO advised that there was a lot of activity over the weekend, responding to national requests, ensuring there were appropriate plans in place. Anja Theron was Senior Manger on call and did a great job. CEO debriefed on Monday. Plans are up to date, however when searching for them, multiple versions come up. There is a list of Senior Mangers on call. The role has become busier. Acting COO is tracking what this looks like and is this an appropriate load on the Senior Manager on Call. Clinicians have made offers of support to Christchurch. BOPDHB has reached out locally to the Mosque in Tauranga and the CEO has spoken to the Mosque offering any support required. The message coming back from Canterbury is that the offers are appreciated.</p>	<p>GMPF/GMCS/ GMPS</p> <p>Board Secretariat</p>
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	<p>Our Chaplains have organised moments of silence and prayers.</p> <p>The Maori Health team has visited the Mosque and offered a Karakia. CEO attended moments of silence.</p> <p>Both BOPDHB hospitals were in shutdown as there were threats against hospitals. Support was provided to Opotiki.</p> <p>Exec Committee agreed yesterday that a briefing will come back to Execs. Our phycho social plan and response will be reviewed to ensure it is up to date. Last review was for Edgecumbe Flooding,</p> <p>9.4 <u>Passing of ex Board Member</u></p> <p>The Board acknowledged the recent passing of Don Riesterer, a member initially of the Eastern Bay Board.</p>	
9	<p>Resolution to Exclude the Public</p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes AFRM Minutes BOPHAC Minutes BOPALT Minutes FPIM Business Case Letter of Expectations Stocktake for Annual Plan 2019-20 Primary Care Update Risk Report Chief Executive's Report</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed:</p> <p>Helen Mason Simon Everitt Owen Wallace Jeff Hodson Hugh Lees Sarah Mitchell</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: R Scott Seconded: B Edlin</p>	
10	Next Meeting – Wednesday 17 April 2019	

The open section of the meeting closed at 11.20 am

The minutes will be confirmed as a true and correct record at the next meeting.



Bay of Plenty District Health Board

Matters Arising (open) – April 2019

Meeting Date	Item	Action required	Action Taken
19.9.18	6.1	CEO's report – Orientation Runanga Chair queried appropriate representation at orientation across both sites. Runanga Chair to discuss with COO and GMMHGD	In progress – meeting to be set in December 2018
20.3.19	5.2	Matters Arising GMMHGD advised that the discussion had not taken place as yet. GMMGD is meeting shortly with the Runanga Chair and will report back to the Board. GMMHGD	
20.3.19	2.1	HCC Chair Presentation The Board requested that thanks be passed on to the Council members for their participation and for the work they do - SAGQ	Relayed at HCC Meeting on 10 April 2019
20.3.19	6.2	Chief Executive's Report – Education Advanced Study Fund. For Exec members the Board has suggested avenues for opportunities. CEO will follow up.	Has liaised with Education Centre Manager to progress – Completed
20.3.19	6.2	Chief Executive's Report – Allied Health "The Way We Choose to Work". Board Members requested circulation of the blueprint document mentioned as it sounded very interesting. – Board Secretariat	Completed
20.3.19	6.3	Dashboard Report The Board requested a note of congratulations be conveyed to Dr George Gray and the team for the outstanding work. – Board Secretariat	Completed
20.3.19	9.1	General Business – Travel Plan GMPF advised that there were a raft of actions within the plan, some which were easier to implement than others. GMPS, GMCS and GMPF will compile a priority list and bring an Action Plan to the Board. GMPF/GMCS/GMPS	In progress

20.3.19	9.2	Health Select Committee Hearing CEO advised there is a transcript of the BOPDHB hearing which will be shared with the Board. – Board Secretariat	Completed
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Minutes

Strategic Health Committee

Venue: Tawa Room, 889 Cameron Road, Tauranga

Date and time: Wednesday 3 April 2019 at 10.30 am

Committee: Mark Arundel (Chair), Ron Scott, Anna Rolleston, Beverley Edlin, Geoff Esterman, Judy Turner

Item No.	Item	Action
	Karakia	
1	<p>Apologies An apology was received from Sally Webb, Yvonne Boyes, Peter Nicholl, Marion Guy, Pouroto Ngaropo.</p> <p>Resolved that the apology from S Webb, Y Boyes, P Nicholl, M Guy and P Ngaropo, be received</p> <p>Moved: J Turner Seconded: B Edlin</p>	
2	Presentations - Nil	
3	<p>Minutes Minutes of the meeting held 5 December 2018 were confirmed as a true and correct record.</p> <p>Moved: M Arundel Seconded: B Edlin</p>	
4	<p>Matters Arising Matters Arising had been completed</p>	
5	<p>Papers for Noting There were no papers for noting</p>	
6	<p>General Business There was no general business</p>	
8	<p>Next Meeting The next meeting will be held on 3 July 2019 at 10.30 am</p>	
9	<p>Resolution to Exclude the Public Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Board Only Wananga</p>	

Item No.	Item	Action
	Resolved that the Committee move into confidential. Moved: M Arundel Seconded: R Scott	

The meeting closed at 10.35 am

The minutes will be confirmed as a true and correct record at the next meeting.

DRAFT

CEO's Report (Open) – March 2019

Key Matters for the Board's attention *

Te Tumu Whakarae Position Statement on the Māori workforce*

At the request of the Workforce Strategy Group (WSG), Te Tumu Whakarae (the national Māori General Managers/Directors) have recommended three priority actions for DHBs to collectively increase our Māori workforce capability and capacity and the responsiveness of our health workforce in general. With a particular focus on:

- New and future staff; i.e. growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society.
- Current and existing staff; i.e. realise cultural competence throughout the entire workforce.
- Making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

At their March meeting DHB Chief Executives (CEs) endorsed these priorities and confirmed a strong commitment to the establishment of workforce targets to increase Māori participation in the health workforce as a critical enabler to achieve health equity for Māori.

Te Tumu Whakarae's Position Statement on developing the Māori Workforce and the capability of the wider workforce to care for whanau is attached.

While addressing inequity is complex and requires multiple interventions, workforce development is modifiable, and deliberate and specific action can be taken.

CEs will be signing up to meaningful targets which provide evidence of an increase in Māori Workforce Participation, increasing cultural competence of all staff who have regular contact with patients and whanau, and improved practices and policies for recruitment and retention of Māori staff.

They will be seeking advice and support from Professional Leads as to how these objectives will be achieved.

A toolkit of examples of effective practice used in DHBs will be developed to support these three actions. The targets will be monitored by WSG and CEs, with regular reporting to measure progress.

Position Statement by Tumu Whakarae on Māori Workforce

Endorsed by the National DHB Chief Executives March 2019

You cannot be clinically competent if you're not culturally competent. (Riki Nia Nia, 2018)

Tumu Whakarae, the national Māori General Managers/Directors are committed to a Treaty based response to Māori health inequity and accelerating health gain for Māori in Aotearoa. While addressing inequity is complex, requiring multiple interventions, workforce is entirely modifiable but will require deliberate and specific action. Workforce development is crucial in achieving Māori health gain.

Our position recommends three key influencers to improve workforce responsiveness:

- New and future staff; i.e. growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society.
- Current and existing staff; i.e. realise cultural competence throughout the entire workforce.
- Making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

To that end, Tumu Whakarae is compelled to provide leadership and guidance in this area and is sending clear messages to the sector about its expectations around workforce development that supports the elimination of Māori health inequity:

1. All DHBs will actively grow their Māori workforce to achieve a Māori workforce that reflects the proportionality for their Māori population, particularly, but not limited to, all clinical professions. It is acknowledged that these targets are a start point in a long-term strategy to seek and achieve Māori proportionality in our health workforce.

Growing Māori staff will require the measurement of progress by reporting the ethnicity for all DHB staff. This should be led by GMs HR/People and Capability and be completed within the next 12 months.

2. All DHBs will set in place steps to significantly and meaningfully realise cultural competence for all clinical staff, the Board and other staff groups that have regular contact with patients and whānau.

Tumu Whakarae remains concerned about the evidence that continually points to poor Māori experience and lower levels of health care.

Cultural competence should be monitored against changes to individual clinical practice which ensures Māori receive optimum care.

3. All DHBs will measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations. Tumu Whakarae believes there should be identified recruitment and retention targets, supported by policies that works towards improved practices utilised by DHBs.

Tumu Whakarae acknowledges the time for rhetoric is well past and we must all collectively be bold as we look to achieve health equity. Such objectives can be both aspired to and achieved if we demonstrate strong leadership and guidance to staff that are seeking pathways to improve. We believe these resolutions provide such leadership.

We seek a workforce that cares about caring for our people.

A workforce that values and demonstrates indigenous intelligence; Mātauranga Hauora.

March 2019

EQUITY:

Te Teo Herenga Waka & Toi Te Ora

Kaupapa Maori Healthy Lifestyle Service

Procurement is underway for a new service: Kaupapa Māori Healthy Lifestyle Service for Tamariki and Rangatahi. This service aims to fill a gap for supporting children and young people identified as obese. Requests for Proposals close on April 26th.

Good to Great – Breast Screening (50 – 69 years)

We are on track to achieve an unprecedented seventh consecutive quarter of improvement (Jan-Mar 2019) in the proportion of Maori women (50-69 years) that have received screening during the preceding two-year period.

1. We are collaborating with BreastScreen Midland (BSM) on monitoring and performance improvement activities.
2. Since 1 October 2018, we have implemented a weekly Planned vs Actual performance monitoring system to help inform our ongoing progress toward the national target (70% of eligible women screened). This tool provides a useful way to gauge the impact of short-term change ideas, and to warn of deviation from the improvement trajectory needed to reach the national target.
3. For the week ending 17 March 2019 BOPDHB continued to exceed the Planned number of cumulative weekly screens and was 2.5 weeks ahead of the cumulative number of screens required by this date.
4. In addition to Planned vs Actual weekly monitoring we have deployed a change idea aimed at screening the planned number of Maori women each day. Analysis of the 36,000 person dataset discussed at the February BOPALT meeting suggested the minimum number of Maori women that must be invited per day in order for 8-9 to attend screening each day. We will monitor the results of this change idea into mid-April.
5. The minimum number-needed-to-invite is based on two years of invitation:attendance behaviour derived from the dataset. In collaboration with BreastScreen Midland we hope to build a more elaborate multivariate model to help guide the number of daily invitations that are made.

Provider Arm

Regional Maori Health Services, Whakatane

Sleep Service

Toi Ora – the holistic vision of Te Toi Ahorangi – encompasses more than just physical health, as does the consequence of untreated obstructive sleep apnoea. It envisages a Bay of Plenty where all Māori are flourishing descendants of Toi, an archetype of holistic health and well-being.

Two staff were invited to attend a meeting of the Te Amorangi Kāhui Kaumātua where a presentation was given on Sleep and discussion was held around ways to move forward together.

Research has shown higher risk factors in Māori: BMI, male sex and neck circumference rather than ethnicity per se. One New Zealand survey of 7000 participants showed that 33% of Māori men reportedly stopped breathing in their sleep compared with 18% non-Māori men. This disparity is also seen in women with 11% of Māori women reportedly stopping breathing in their sleep compared with 6% of non-Māori women.

Māori are not presenting to Sleep services in the numbers expected from the population data with significant access issues and inequalities. It is believed there are significant barriers to the Māori population accessing services: failures in diagnosis acceptance, compliance with therapy and high DNA rates are recorded.

As a first step, we were encouraged by kaumatua and kuia to share our knowledge and expertise with the local Hauora throughout the Bay of Plenty who are on the ground in Māori communities. We look forward to an ongoing relationship where we can be guided by their wisdom.

SYSTEM INTEGRATION:

Corporate Services

Information Management - Local

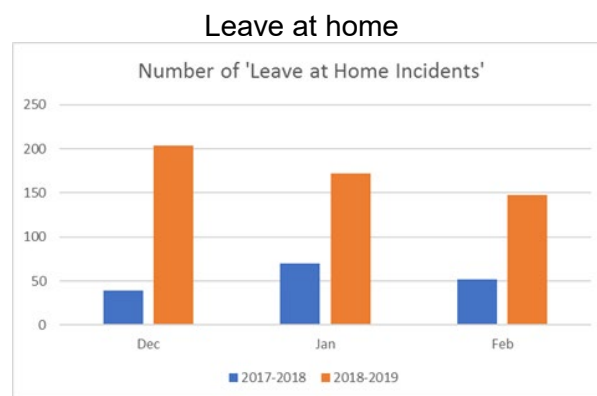
- Digital/Mobility Programme – a wide range of activities are underway that have common threads of advancing the DHB’s capability to use digital technologies to create a smarter more flexible workplace and improved connectivity across the sector:
 - Communication Technologies Review – Upgrade of video conferencing toolset (Jabber) and transfer of existing licenses. Currently available for limited use – will be fully deployed over next two months.
 - LiquidFiles, a secure file transfer system to enable users to shift data safely between locations/providers has been successfully trialled and is available for use.
 - hMael, a secure email system for email across the health sector has been installed and is available for use.
 - Mobile Strategy - Mobile Mentor has worked with key stakeholders across the DHB and will deliver a draft mobility strategy in April.
- Over 50 applications have been received for the CIO role. Interviews will be held in April once a shortlist is compiled.

Information Management – Regional eSPACE

- The eSPACE programme is currently rated as “Amber” as a result of concerns within all major project aspects - project scope, timeline, budget, & risks. Of those factors, timeline has been the major area of concern for DHB stakeholders – an expectation of greater progress is being expressed across a variety of stakeholder groups.
- In March the Senior Responsible Officer (SRO), the Executive lead for the eSPACE programme, resigned and a temporary resource has been appointed. A review has been commenced into project management and control processes currently in place and if there are any improvements to be made. Once the review is complete it will be presented to the eSPACE Programme Board with options for improvement should they be required.

Te Teo Herenga Waka & Toi Te Ora

- BOPDHB have signed a funding agreement with the MoH to increase the provision of Long Acting Reversible Contraception (LARC) in the BOP. An integrated service with a hub and spoke model is being planned in partnership with Sexual Health Services, Family Planning and other relevant partners.
- The Integrated Breastfeeding Support Service RFT and negotiation has agreed with two Kaupapa providers for a whole of Bay of Plenty start from July 1st; this will see trained `Kaiawhina` peer support workers providing a co-ordinated breastfeeding support service to Maori and non Maori mothers in the community. The service will have specialist lactation consultants also available when required.
- Acute Hospital Bed Days initiatives are showing some traction particularly in the work with St John. The graph and table below show year on year Dec, Jan and Feb improvements.



Transfer from St John to GP (instead of ED)

Month/Year	2017 - 2018	2018-2019
Dec	21	21
Jan	15	26
Feb	16	20

Community Care Co-ordination

The BOPCCC team celebrated one year of being in operation this month. The service has received and expertly triaged 11,962 referrals for community nursing and In Home Falls prevention. The service has moved into the Kollektive in 17th Avenue. The Kollektive – 'TK' is New Zealand's largest co-working space and is dedicated to the success of not for profit, social enterprise and charitable organisations. It's an ideal environment for the team to be connecting with the wider health and social sector and work alongside others who share a passion for our community, for our culture, and the value in the services they provide.

We are progressing the next steps to expand the concept of system-wide co-ordination as recommended in the evaluation, aligning with the Keeping Me Well work stream and Health Care Homes. The current focus is redesigning and aligning the referral management process for Short Term Support Services.

Information System Enablers

The BOP Information System group continues to develop a suite of information system enablers in accordance with its work plan. The development of the Risk Stratification Data Set is complete and ready for use. The Risk Stratification work is about predicting the likelihood of an admission to hospital in the next 12 months based on a set of inputs that combine to create a Patient Risk Profile. Data from secondary care and primary care has been collected and patients are assigned a risk score between 0 and 100 on the basis of 16 weighted factors that include age, gender, ethnicity, social deprivation factors, medical history (in primary care) and history of inpatient admission (to secondary services). The goal is to use the data for proactive care.

The work to date has been on collecting the data, applying the algorithm, validating it and putting in place a system for regularly refreshing it. It's now ready for whoever wants to use it, e.g. for direct patient care, or for planning and population health based initiatives (anonymised). WBOPPHO and EBPHA analysts have been leading the work and are giving a series of presentations over the next few months on what the data set is telling us and how it can support proactive and planned care initiatives.

Health of Older People

The Palliative Steering Committee held a half day workshop in February out of which 4 work streams were agreed upon to implement the recommendations of the Palliative Care Review. The work streams are: Eastern Bay of Plenty, ARC, Out of Hours and Bereavement Services.

The DHB held its second Regional ARC provider meeting which was very well represented. These are being held to enhance the relationship between ARC facilities and the DHB.

Mental Health and Addiction Services

The second school-based mental health role was approved for the Whakatane Kahui Ako and planning has begun with the lead principals, the Ministry of Education and a partner kaupapa Maori provider on how the roles will be configured to fit the Whakatane school population.

This Early Intervention approach uses specialist mental health clinicians working alongside a groups of schools focusing on pupils in Years 1-8 to improve resilience and wellness and build the capacity and capability of teaching and support staff to recognise mental health issues and be involved in group interventions within the schools. The first roles within the Otumoetai Kahui Ako have improved appropriate access to the CAMHS team, provided workforce development to over 90 teachers around Anxiety in children and provided interventions, advice and assistance to children, their whanau and teachers.

Advance Care Planning

- Last month our ACP Maori & Pacific Island Cohort welcomed our Senior Kaumatua to the group. Her wisdom, guidance and experience around living ACP have esteemed us all. We are excited about her ongoing presence at our Hui.
- We are gearing toward ACP education days – it's been a slow start to get people on board. We are currently exploring a few avenues to increase promotion and discussions are occurring to look at learning more accessible.

Toi Te Ora

Tap Into Water - Reducing Sugar Sweetened Beverages

The Tap into Water collective sent a letter and an infographic to the Boards of Trustees of 75 schools (including colleges, intermediates and a group of decile 1-5 primary schools) to encourage them to develop water only policies. Tap into Water partners, including Bay of Plenty DHB Oral Health Promoters, Heart Foundation Advisors and Toi Te Ora's Health Promoting Schools Advisors, are following up with schools to offer them practical support.

Breastfeeding

Police stations in Whakatāne, Opotiki, Kawerau and Tauranga are working on becoming accredited as Breastfeeding Friendly Spaces, and initial contact has also been made with the Rotorua Police Station. Tūhoe Hauora and Waimana Medical Centre have also expressed interest in becoming Breastfeeding Friendly and are being followed up.

Toi Te Ora, as a member of the Eastern Bay of Plenty Ūkaipō Coalition, arranged a Summer Latch On at the Whakatāne Heads in February to support normalising breastfeeding in public. Breastfeeding women who attended advised feeling more connected to breastfeeding support and increased confidence to breastfeed in the community or at work after participating in the event.

Immunisation

There has been a renewed focus on improving immunisation rates in both Lakes and Bay of Plenty DHBs, amid concerns that uptake rates at the current target milestone of eight months of age have continued to weaken. A review of the Childhood Immunisation Support Services in the Bay of Plenty has also focused attention on local delivery of the national immunisation schedule.

Extensive media coverage of a measles outbreak in Canterbury, and discussions at the Health Select Committee about 'anti-vaccination' publicity, resulted in significant interest from local media. Several suspected cases were notified and followed up due to the heightened awareness, and the Medical Officer of Health responded to local media interest.

Immunisation communications initiatives from both Bay of Plenty DHB and Toi Te Ora are being promoted to other district health boards by the Health Promotion Agency as an example of how they can engage with their communities. The photo of the national 'Immunise' brand on the Bay of Plenty DHB immunisation van alongside members of the public health nursing team has been featured in the *'Immunisation Week 2019: Communications Toolkit'* and in the accompanying *'Immunisation Week 2019: Artwork Guidelines'*

Health in All Policies – Population Changes

The latest projections used by the Ministry of Health to estimate DHB populations for 2019 show a population of 240,000 for Bay of Plenty DHB and 111,000 for Lakes DHB with the population that Toi Te Ora covers now likely to be over 350,000. The Bay of Plenty DHB population is projected to increase by 9.1% over the next 10 years, while the Lakes DHB population is projected to increase by 2.5%. Population growth is projected to be faster for Māori with an increase of 15.5% projected in the next 10 years for Bay of Plenty DHB and 10.7% for Lakes DHB.

Provider Arm

Women Child and Family

Paediatrics

The Paediatric team in Tauranga has embarked on a quality improvement initiative to improve the access for GP's who phone the acute team seeking advice on children who have presented to them. The existing system of the GP calls been taken by the registrar, has been replaced with a consultant who takes the call. It means that in addition to the on-call consultant for the day, a second consultant takes calls directly from GP's. It will be monitored to determine if access to senior specialist advice impacts the number of GP direct referrals to the acute service. There has been very positive feedback from GP's so far.

INTEGRATION / COMMUNITY

Provider Arm

Quality & Patient Safety Service

Consumer Engagement:

- BOP Health Consumer Council's March meeting was held in Whakatane and involved a very successful day trip with a tour of the Whakatane campus following the meeting. Arrangements are to be made for the September meeting to also be held in Whakatane.
- Discussion commenced with Service Improvement Unit around the establishment of a Registry for Patient Stories and the future opportunities to use the Happy or Not terminals

BOP Clinical Campus

Research

Final consultation on NZ's health research priorities draft prioritisation vehicle

A submission was made on behalf of the DHB in feedback to the draft prioritisation vehicle that will drive health research investment in New Zealand up until 2027. The vehicle is designed to address why and how we do research in New Zealand - how best to set health research priorities for the Government's investment in health research. Feedback was given via an online survey, which asked structured questions surrounding the appropriateness of the proposed measures. Our feedback focused on the areas most relevant to DHBs. From a planning and funding perspective the approach and prioritisation aligns very well with our DHB's priorities and Strategic Health Services Plan which has a stronger emphasis on prevention and aims to support people to live well, stay well and get well. The core health attributes align with our strong drive to improve Maori health and reduce inequalities.

Research Office Managers Alliance

An informal alliance of Research Office Managers was formed several years ago to provide a forum for Research Office Managers to network and discuss commonalities relating to the governance of research within DHBs. Whilst informal, this group has provided an important support network to share expertise and to assist in problem solving.

Following resignation of the former Chair, Charlie Stratton was appointed incoming Chair of this group. One of the first orders of business is to develop the group's terms of reference (ToR) and to seek endorsement of these from the DHBs represented by the members so that the group can make collective comment on matters relating to the development of the NZ Health Research Strategy (NZHRS) and seek representation on working groups or committees involved with developing Strategic Priorities of the NZHRS that relate directly to DHBs. The aim is to have ToR drafted and shared with DHBs by end of April 2019.

Students

Yvonne Boyes has received an award for the RHIP placements from Wintec. Yvonne went to Hamilton on 27 March to receive the award;



Centre for Health and Social Practice
Special Awards 2019

Best Clinical Placement Award
Bachelor of Nursing

This award is generated by student comments regarding their clinical placements.

Rural Health Interprofessional Immersion Programme (RHIP)

The Rural Health Interprofessional Programme (RHIP) has been designed to help address and fill rural health shortages so services can be available to everyone. RHIP, is based in Whakatāne, it is an exciting and collaborative project that involves several training partners throughout New Zealand, bringing undergraduate students from different health disciplines together to learn and gain clinical experience in rural New Zealand.

The RHIP programme is coordinated by Yvonne Boyes and Matt Stinton. The students have high praise for both Yvonne and Matt but also for the experience they have had in the respective clinical areas. What better way to celebrate this clinical experience than through the words of the students who nominated the placement

"The RHIP programme has been an incredible experience in my journey as a student nurse. It has helped to shape my career as a nurse and aided in my development as a student nurse."

"From a professional development perspective, we feel very lucky to have had the opportunity to be a part of RHIP for our clinical placement and certainly enriched by the knowledge given to us regarding the health and well-being of Maori. The collaborative, interprofessional approach has given us a greater appreciation of other professions and the roles we play in the health and well-being of our patients. We believe that the information shared during RHIP will enable us to be stronger advocates for the health of Maori. It would be wonderful if programmes such as RHIP were in other areas to allow more students the opportunity we had."

"RHIP constantly challenged my thought process. With rural health, with implementing tikanga, with understanding social determinants of health, with one size definitely does not fit all, with understanding the total wellbeing of a patient, with implementing more Māori health models, with ALWAYS looking at the big picture."

"RHIP is the kind of placement that will stick with me for the rest of my life. Best experience ever and I would recommend it to everyone."

"RHIP set up various workshops and wānanga with intellectuals who showed us how we can overcome these inequalities and inequities, to better our best practice."

"Yvonne & Matt deserve recognition for their hard work & passion. They are honestly the best and an asset to rural health."

"The education, knowledge and expertise that Matt and Yvonne contribute and provide, through RHIP, is beyond anything that one could have asked for in their endeavours to become a health care professional."

"Yvonne and Matt went above and beyond the call of duty to ensure we were always well informed as well as organising an overnight Marae stay, arranging relevant speakers during our programme days and various other activities during our stay in Whakatane."

"Their support for the students both on a professional and personal level was second to none and they made themselves freely available when needed. They created a safe environment where as students we felt able to have robust discussions without judgement. Their warm and approachable demeanour made attending the programme a pleasure. They are clearly passionate about rural health and the health of Maori and this showed through in the nature of the programme and the clinical placements selected for us."

Kia kaha kia manawa, kia manawanui. Tihei Mauri Ora!

DISTRICT HEALTH BOARD

Corporate Services

People and Capability

- All settled MECA's have been completed.
- The 2019 Influenza Immunisation campaign commences in April and will last 6 weeks. A variety of interventions are proposed to improve the vaccination % for the DHB.
- Review of the P & C team is commencing in April with current work focusing on agreeing the scope, planning the process, developing a communications plan and scheduling stakeholder interviews. The discovery stage of the review is expected to take approximately 3-4 weeks with analysis and recommendations taking a further 1-2 weeks.

Property Services

February was the first month that the clinical engineering team exceeded the greater than ninety percent equipment performance target for the Tauranga Hospital. This is a significant milestone.

Senior Advisor, Governance & Quality

OIA's (Closed from 1 March to 31 March 2019)

	OIA	Due Date	Response Date	Met on time
1	Reportable Events Mental Health	29.03.19	29.03.19	Yes
2	Data on assaults and harassment at the DHB	20.03.19	28.03.19	No
3	Vaccinations	02.04.19	27.03.19	Yes
4	Wait times for cancer	02.04.19	27.03.19	Yes
5	Abortions	02.04.19	25.03.19	Yes
6	Rural Adjustor Funding	27.03.19	21.03.19	Yes
7	Surgical Mesh	27.03.19	21.03.19	Yes
8	HCCS Providers	22.03.19	19.03.19	Yes

9	101 Aerodrome Rd	19.03.19	18.03.19	Yes
10	Breast Cancer	07.03.19	15.03.19	Yes
11	Waitangi Tribunal Research Report	15.03.19	15.03.19	Yes
12	Patients prescribed antidepressants	18.03.19	13.03.19	Yes
13	Retention of patient records	02.04.19	13.03.19	Yes
14	Bullying	07.03.19	07.03.19	Yes
15	Bullying and sexual harassment	07.03.19	07.03.19	Yes
16	DHB Meals	22.03.19	04.03.19	Yes
17	RMO Strike	01.03.19	01.03.19	Yes

94% Compliance this month

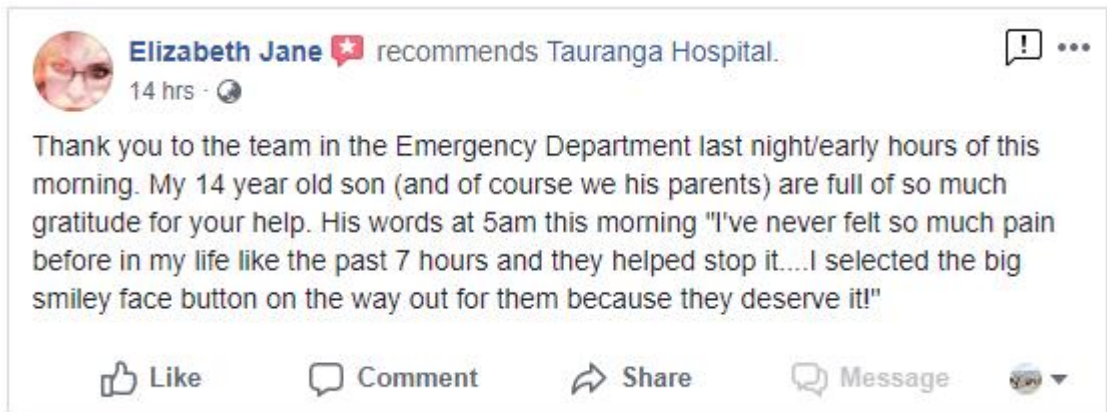


Just wanted to pass on my sincerest thanks to you and the hard working team at Whakatane A & E.

Found myself in their yesterday afternoon when "words suddenly failed me". Must have been some type of reaction to what I had eaten, or something similar.

I have never experienced getting to the front door and being moved straight to the back before. The team was wonderful from Reception, Nurses, Doctors, and X-Ray. The way they dealt with Andrea, Hannah (who was in her element - as the seven year old who wants to become a Doctor) and myself was outstanding to say the least.

Please convey my sincerest thanks.



Provider Arm

Chief Medical Officer

Credentiaing Update

For February 2019 Tauranga reviewed two open term appointments and nine fixed term/Locum appointments. Whakatane – six fixed term/locums appointed.

New SMO appointments

- Dr Nicola Davis, General and Oncological Breast Consultant Surgeon, started at Tauranga Hospital on an open term contract commencing 18 February 2019.
- Dr Dale Harrison, Consultant Psychiatrist, started Tauranga Hospital on an open term contract commencing 25 March 2019.

Ongoing Credentialling Programmes

- Ophthalmology Service, underwent credentialing on Friday 1 February 2019 – Report Pending.
- Toi Te Ora Public Health –Tuesday 5 March 2019 – Report Pending.
- Sexual Health Service – Planned for August 2019.
- General Surgery – Deferred until Sept/October 2019.
- ICU – Currently checking availability to bring this service forward from August to May/June 2019.

SToNZ (Specialty Trainees of New Zealand)

MECA fully implemented for our 20 BOPDHB RMO members.

Medical Registrar FRACP Part 1 Exams 2019. To everyone's delight we had a 100% pass rate. The seven registrars plus one other will be sitting the second part of the exam in June. Special congratulations to Laura Adams, Suzanna Knoll, Jayden Batey, Matt Cross, Megan Johnston, Andrew Lane, Alan Plant.

Grand Round



19 March 2019 – Jo Wailling, HQSC – Topic Safety I + Safety II = Safe Healthcare?.

For the last twenty years we have approached healthcare safety by focusing on measuring and reacting to harm. Investment in rules, regulations, reporting and learning from adverse events has followed (*Safety I*), yet the rate of adverse events is stagnant with one in ten patients still experiencing harm.

Safety II is an emerging approach where the adaptive capacity of healthcare workers to be both productive and provide safe care is recognised as an important resource for flexible, resilient safety systems in complex contextual conditions. This session will discuss both safety approaches, exploring how healthcare organizations can nurture safety culture using both *Safety I* and *Safety II*, anticipate and remain vigilant to risk in every day work and create the conditions for people to adapt and thrive.

Director of Nursing and Midwifery

Nurse Entry to Practice (NETP)

26 more new graduate nurses commenced in March 2019 for our second intake this year. Only one of these is in Primary Care which remains a challenging area for uptake. Aged Care has not accepted any new graduates in this year's NETP intake.

Creating our Culture

It is pleasing to confirm that Angie Lund from People and Capability (P&C) has been appointed to the position of Programme Lead for Creating our Culture.

This is a fixed term appointment for up to 12 months with the aim of integrating the work into P&C business processes.

Angie has significant experience in organisational development which aligns with Creating our Culture. Angie is currently a business partner in P&C; she will continue to support P&C two days a week.

Executive Director of Allied Health, Scientific & Technical

The Social Work team have organised a conference entitled 'Mental Capacity and the Law'. This one day conference and workshop will focus on how to effectively implement legislation and undertake clinical mental capacity assessments. Allied Health has now hosted four events which have not only generated income but have also profiled the good work being undertaken in the Bay of Plenty DHB.

**6 MAY
2019**
8:45AM-4PM
Registration from 8AM



**MENTAL CAPACITY
AND THE LAW**

How to effectively implement
legislation and undertake clinical
mental capacity assessments.

Join us for a one day conference and
workshop to increase knowledge and
skills around the PPPR Act (1988) and
Health & Disability Code of Rights.

Keynote speakers

Alison Douglass
Barrister
Alison is a Dunedin barrister who specialises in health and disability law, and is appointed by the Family Court and appellate Courts to represent people with impaired capacity. She was the 2014 recipient of the New Zealand Law Foundation International Research Fellowship.

Dr Greg Young
Consultant Psychiatrist
Greg is a consultant psychiatrist at Capital Coast DHB. He is a clinical senior lecturer in the Department of Psychological Medicine, Wellington School of Medicine and an associate of the Bioethics Centre, University of Otago.

Since 2012, Greg and Alison have presented annual workshops on capacity assessment to doctors and other health professionals and are co-authoring a book on the subject, following on from their toolkit on assessing capacity.

The Deck Conference Centre
Papamoa Beach
Bay of Plenty
Accommodation on site available

OS 09-1400
DUNEDIN
R 0250 thereafter
PPR: Conference@bopdhb.govt.nz



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA-A TOI

At the recent learning scholarship event, eight Allied Health Scientific and Technical staff were awarded scholarships.

Finally Jill Meyer, who has provided exceptional administrative leadership to Allied Health for eight years, will be moving on to the administrative team lead role in Mental Health Services. We wish Jill all the very best in her new role.

Pre-assessment Clinic relocates from SAU and becomes more patient-centred

Acting Clinical Nurse Manager Perioperative Department Esther Walker and RN Julie Fairhurst said the pre-assessment clinic historically was run by junior doctors but has developed into a Nurse-led clinic supported by lead anaesthetist Dr Renee Franklin.

The clinic, now based in Building 24 (Transit Lounge) is promoting a "drop-in" process to speed up the pre-assessment process, with patients coming in to have their preoperative assessment, with some of their pre-operative investigations done on the same day as their First Specialist Appointment (FSA).

Esther said this drop-in process means that if a patient is fit for surgery, they go on a waiting list within 24 hours of their clinic visit. The real beauty is that an urgent patient can be seen quickly, bloods ordered, along with quick identification of other issues like respiratory and cardiology problems requiring further investigation or optimisation, and if needed we can liaise with the surgical team to ensure that unnecessary delays are avoided."

"The team in the Pre-assessment Department is committed to developing an excellent service for patients in the Bay of Plenty, and continual service improvement is a big focus for us."

Esther explained other new processes which have been developed and tested include:

The GP Pathway - patients with specified issues requiring optimisation return to their GP for assessment and treatment prior to returning to the pre-assessment process. Guidelines have been published on Bay Navigator to support GPs with management of these conditions pre-operatively.

The Complex Decision Pathway – a specialist-led, patient-centred, shared decision making pathway for very high risk patients contemplating surgery.

Julie said work is also currently underway on, the development of a POPS programme (Proactive Care of the Older Patient Undergoing Surgery). "We are undertaking small tests of change to assess how we might be able to incorporate the specialist skills of geriatricians, nurse specialists and the allied health team into a multi-disciplinary approach to pre-assessment for our older patients undergoing joint replacement surgery."

The developments within the pre-assessment clinic are really exciting and the staff feel that they are running a very patient focussed service that they are proud of, and always working to learn and improve.

BOPDHB has achieved a 95.5% result for the Q2 62 Day Indicator (rolling 6 month).

Mental Health and Addiction Services

Air Conditioning

The five shared offices in Tauranga Adult Mental Health and Addiction Service have been supplied with portable air-conditioning units. The allocation of these units has had a significant impact on the team and this has led to staff feeling heard, validated and valued. This has improved morale, increased productivity and efficient clinical care. Work continues to explore options to have permanent units in these offices.

FINANCIALS

The DHB financial result for the month of February was a surplus of \$2.438m, which is \$1.208m better than the Annual Plan budgeted surplus of \$1.230m. As a consequence the YTD deficit of \$3.140m, is \$0.487m better than the phased Annual Plan deficit for the period. While this positive result reflects actions taken within the DHB it also reflects receipt of additional Government revenue to offset certain MECA settlement increases.

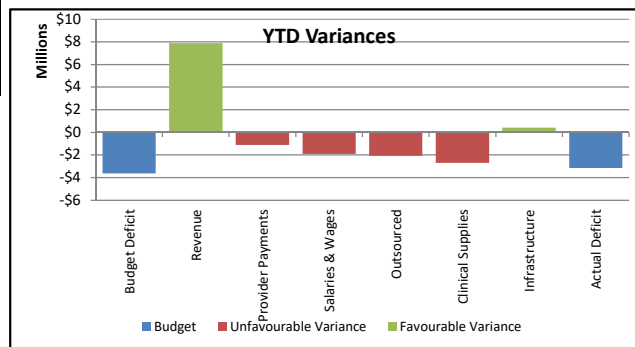
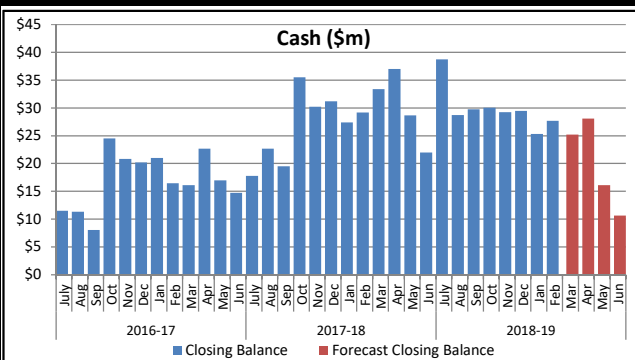
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BAY OF PLENTY DISTRICT HEALTH BOARD
PRELIMINARY RESULTS FOR THE MONTH ENDED 28 FEBRUARY 2019



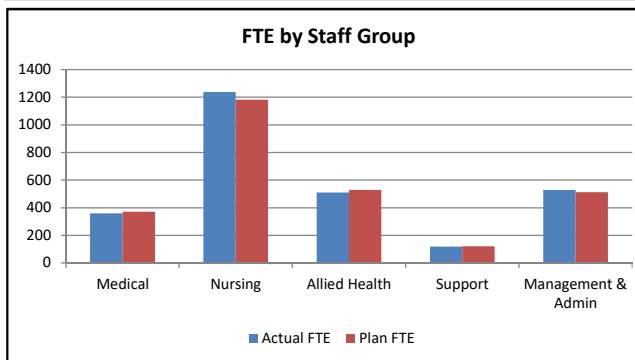
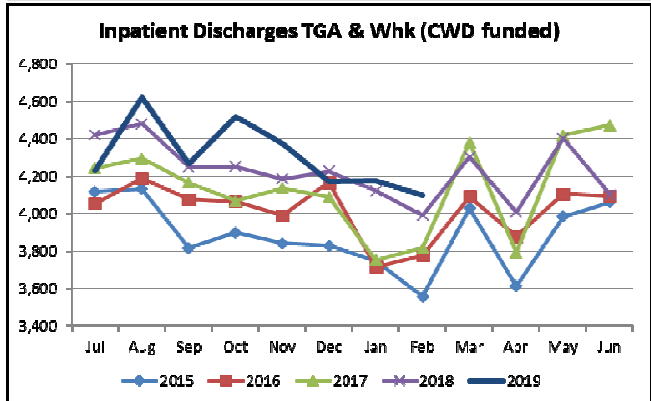
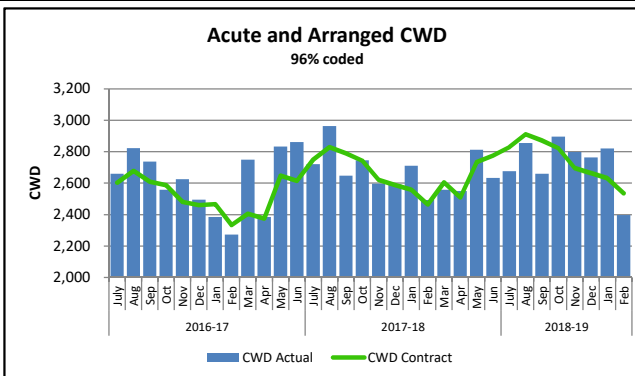
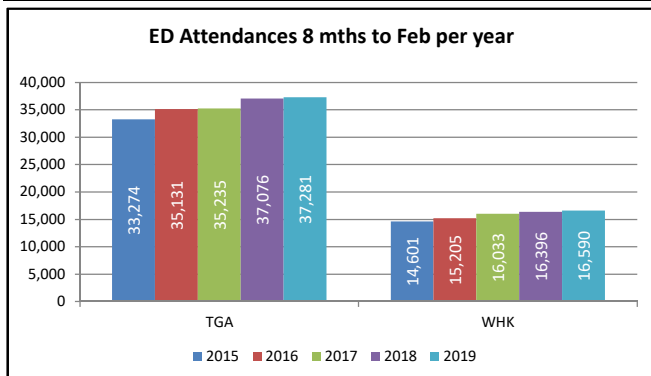
All amounts are \$000s unless otherwise stated. Surplus/(Deficit)

KEY FINANCIAL RESULTS SUMMARY

KEY MEASURES	Actual	AP Budget	Variance
Operating Result	(3,140)	(3,628)	487
Provider Volumes			
Case Weights (CWD) - Plan	28,864	28,795	68
Cash & Bank (\$000)			
Balance	27,695	22,511	5,183
Days Cash	12.21	10.04	2.17
WORKING CAPITAL (\$000)	(26,031)	(31,829)	5,798
Crown Equity (\$000)	273,544	273,055	488



KEY ACTIVITY DRIVERS SUMMARY



	Actual	Plan	Variance
FTE Numbers Accrued	2,758	2,716	(42)

Primary Health Organisation Reports – March 2019



Achievements

Diabetes Nurse Specialist 0.4FTE (Primary and secondary integrated approach)

We are very pleased to have Miranda McDonald-Brown on board. She brings specialist diabetes knowledge into primary services. The role enables general practice staff to support more complex clients/patients to reduce hospital admissions and the soon to be developed diabetes referral hub. Miranda is being introduced to practices and discussing with them how she can best support them in managing their type 2 patients in the community.

Hāpainga/Stop Smoking

Recently, the Ministry of Health recognised the excellent results being achieved by the Hāpainga/Stop Smoking Service, and invited them to be part of a new Working Group to develop Best Practice Guidelines moving forward for the Stop Smoking Services nationally. The Team Lead, Lizzie Spence, participated in the first of four meetings to be held over a three month period. The focus of the group is improving quit rates for Māori wahine between the ages of 18-24. The team are excited to be able to contribute to new initiatives and challenge the current working practices.

Bike Ride Challenge

EBPHA staff have been walking (riding) the talk getting involved in the Aotearoa bike challenge. EBPHA were placed 1st out of similar sized Health Care organisations in the Bay of Plenty.





Challenges

School Based Nursing Service

We are continually recruiting to these nursing positions. The level of funding for the service is challenging in that the nurses are paid for the school terms only rather than 52 weeks and the hourly rate cannot meet that of the latest NZNO/DHB MECA.

The sad loss of our community dietitian, Karli Rowe (15 June 1992-3 March 2019)

The EBPHA staff experienced the tragic loss of our colleague Karli Rowe. The entire staff were devastated. We pulled together with a lot of aroha and manaakitanga, having time each morning for sharing, karakia and waiata. We were honoured to have our CE be asked to speak at Karli's funeral and the staff to provide waiata after the eulogy and as she was carried out. This will be a long healing process, and we are looking forward to the return of Kathleen Taipeti a part-time staff member, who was seriously injured in the same accident. We would like to acknowledge the many organisations and people who expressed their condolences to us, including members of Karli's Self-Management classes.

	<p>Key Achievements</p> <ul style="list-style-type: none"> • Final submission presented to the Tribunal by all claimants. This concludes the first phase of the kaupapa Maori contemporary health hearings. The tribunal will now prepare an interim report that will be completed in early June with a more comprehensive report coming out in mid-2020. A meeting will be arranged between all claimants and the Crown to discuss recommendations. • Excitement at launching of hyperbaric services and the commitment by NMO/Te Manu Toroa to move towards a more holistic healthcare service.
	<p>Key Challenges for this month</p> <ul style="list-style-type: none"> • Disappointment by NMO and Network Care System not featuring in any planning documentation for BOPDHB.
	<p>Key Achievements for this month</p> <ul style="list-style-type: none"> • Establishment of local General Practice Liaison in Whakatane to provide support to existing practices aligned to WBoPPHO and enable local facilitation of other practices transitioning from 1 July 2019. • Accessed key project development resource from the National Health care Home Collaborative to initiate development of Health Care Home project documents, while progressing to recruitment in the project lead vacancy. • Establishment of Health care Home oversight group, representative of key stake holders, and scheduling first meeting for 27 March 2019. • Establishment of video-conferencing capability between Whakatane offices and head office in Tauranga, enabling regular face to face contact with local general practice services and also enabling local (Whakatane) access to training and continuing medical education sessions delivered in Tauranga, eliminating the need to travel.
	<p>Key Challenges for this month</p> <ul style="list-style-type: none"> • Increasing utilisation of subsidised afterhour's services for high need and Community Service Card holders. While the initiative has been in place for 15 months now, utilisation within 2nd Ave Accident and Healthcare has been relatively low despite concerted effort to achieve greater coverage. This has now been rolled out to general practices in an attempt to achieve greater coverage and potential reduce unnecessary or inappropriate ED attendances.

The Treasury Living Standards Framework

SUBMITTED TO: Board 17 April 2019

Prepared by: Dr Julianna Lees, Public Health Medicine Registrar
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Endorsed by: Dr Phil Shoemack, Medical Officer of Health
Simon Everitt, General Manager, Planning and Funding

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board note the content of the report

ATTACHMENTS:

- Te Tai Ōhanga – The Treasury. Living Standards Framework: Background and Future Work. A Treasury Discussion Paper. 4th December 2018.
Available at: <https://treasury.govt.nz/publications/tp/living-standards-framework-background-and-future-work-html>
- Te Puni Kōkiri. An Indigenous Approach to the Living Standards Framework. A Treasury Discussion Paper. 19th January 2019.
Available at: <https://treasury.govt.nz/publications/dp/dp-19-01>
- Living Standards Framework – Slides from NZ Treasury

BACKGROUND:

The Treasury Living Standards Framework (Figure 1) is a tool for policy analysis by Treasury and other government agencies to debate the impact of investments and policy decisions on the quality of life of people in Aotearoa, and the impact on future generations of New Zealanders. This policy framework has been used to identify the areas for investment in the current government's 'Wellbeing Budget'.

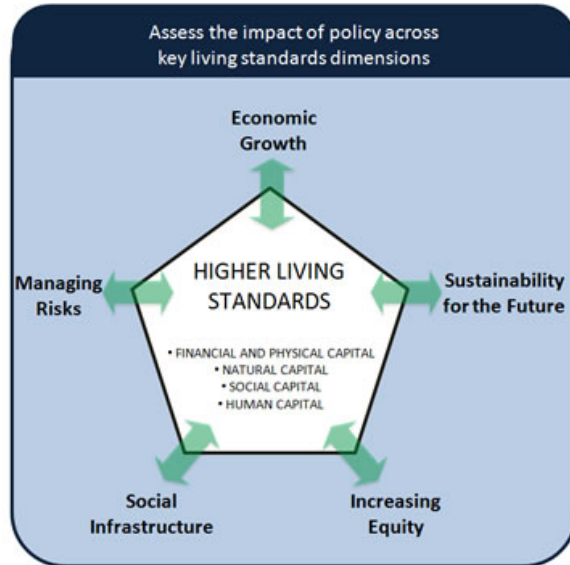
In the Living Standards Framework wellbeing is conceptualised as being created by 'four capitals':

- Financial and physical capital (wealth, housing, infrastructure)
- Natural capital (climate, biodiversity, nature, water etc)
- Social capital (trust, institutions, norms that promote coordination and collaboration)
- Human capital (health, skills)

The outer part of the diagram outlines the key tensions to be debated in any policy analysis. This framework recognises that all of these aspects are important for wellbeing.

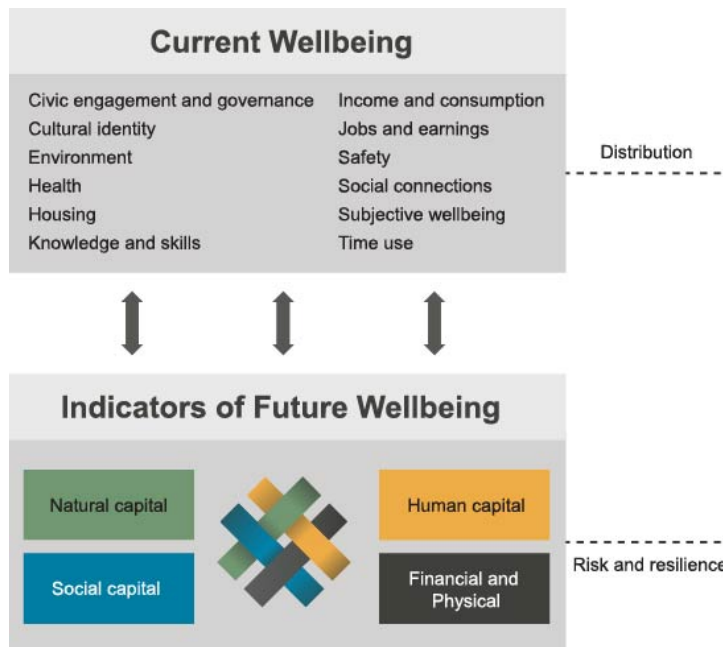
Acting on one mechanism does not need to be at the expense of other areas. For example, fostering female labour market participation and fighting discrimination lowers income inequality and increases GDP (Gross Domestic Product). However, at times these focus areas must be prioritised. For example, some investments in short term economic growth occur at the expense of equity or environmental health.

Figure 1. Living Standards Framework (New Zealand Treasury)



Under these four capitals, sit 12 domains of wellbeing (some of which overlap across the 'capitals') can be seen in Figure 2.

Figure 2. Current Wellbeing and Indicators of Future Wellbeing (New Zealand Treasury)



These domains are further broken down into indicators of wellbeing. The indicators under each wellbeing domain will allow Treasury to quantify the state of current wellbeing. For example, the health domain includes measures on both mental and physical health and the civic engagement and governance domain includes measures of trust in institutions, such as health systems.

ANALYSIS:

What does this mean?

Using the Living Standards Framework for policy analysis (current or planned policies or legislation) will mean that traditional indicators such as GDP are supplemented with indicators of current and long-term wellbeing.

This will allow us to ask questions such as:

- What is the state of health of the four capitals and the domains?
- Is progress being made with each of them? And can this progress be sustained?
- What inequalities and inequities exist?
- How do short-term benefits impact on long-term outcomes?
- How do resourcing and funding decisions impact long-term outcomes?

Māori Perspectives on the Living Standards Framework

Te Puni Kōkiri has outlined an indigenous approach to the Living Standards Framework. In this document they note that broadening the government's view of wellbeing and its drivers is welcomed. A holistic view of wellbeing, broader than traditional financial measures, resonates with Te Ao Māori.¹

However, the commentary from Te Puni Kōkiri also notes that wellbeing is viewed differently in Te Ao Māori. This tool does not adequately incorporate important Te Ao Māori concepts, such as whenua (connection to the land, and its importance over economic potential), whakapapa (genealogy) and kaitiakitanga (guardianship). Te Puni Kōkiri proposes that an 'indigeneity lens' is placed across this framework to adequately ensure that this tool can be used to assess the current and future wellbeing needs of Māori. The proposed 'indigeneity lens' includes: Te Tiriti o Waitangi, Te Ao Māori and whānau-centred thinking.

What does the Living Standards Framework mean for the health sector?

This framework essentially incorporates health and wellbeing as key considerations into all policy decisions at a Treasury level. This aligns with a 'Health in All Policies' approach that is used within the Bay of Plenty DHB.

Health in All Policies (HiAP) "systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts – in order to improve population health and health equity".² The Living Standards Framework has the potential to be a useful tool for collaboration by creating a shared understanding of the drivers of health and wellbeing across sectors of government. In particular, this has the potential to be of use in our work with CoBOP (Collaboration Bay of Plenty).

¹ Te Puni Kōkiri. An Indigenous Approach to the Living Standards Framework. New Zealand Treasury Discussion Paper. Jan 2019.

² World Health Organization (WHO) 2013. Health in All Policies: framework for country action, p. 2.

Taking a broader view of the impacts of policy may lead to different decisions for societal investments, compared with historic decisions where economic outcomes were prioritised. Notably, the Bay of Plenty DHB is already moving in a similar direction as Treasury.

Our Strategic Health Services Plan is committed to promoting wellbeing and eliminating health inequities. Under strategic objective 1 (Empower our populations to live healthy lives) our DHB has committed to:

- Increase our focus and investment in health improvement and prevention activities
- Work more collaboratively to quicken the pace and scale of ‘health in all policies’
- Target investment to improve the lives of the most vulnerable.

A Toi Ora Outcomes Framework is planned within the suite of projects in Te Toi Ahorangi. It will articulate tāngata whenua aspirations for their health and kawa oranga for Toi Ora which can be thought of as a values-based approach to achieving Toi Ora by linking values and actions that make sense to tāngata whenua. As recommended by Te Puni Kōkiri the Toi Ora Outcomes Framework would be the lens through which we view and consider the Living Standards Framework and how we describe wellbeing and the enablers or inhibitors to Toi Ora.

DEFINITIONS USED:

Gross Domestic Product	GDP
Health in All Policies	HiAP
Collaboration Bay of Plenty	CoBOP



**TE TAI ŌHANGA
THE TREASURY**

Treasury paper

Living Standards Framework: Background and Future Work

Issue date: Tuesday, 4 December 2018

Status: Current

Corporate author: [The Treasury \(/treasury-author-corporate/treasury\)](#)

[VIEW POINT: THE TREASURY \(/TSY-VIEW-POINT/TREASURY-0\)](#)

More publication details

Foreword

The New Zealand Treasury is the Government's lead economic and financial adviser, driven by our vision to be a world-leading Treasury working towards higher living standards for New Zealanders. In alignment with this role and vision, we have developed the Living Standards Framework (LSF) to improve the depth, breadth and quality of our advice.

The LSF is a high-level framework for measuring and analysing intergenerational wellbeing, covering current wellbeing, future wellbeing, and risk and resilience across a range of economic, social and environmental outcome domains. It sits alongside and does not replace more sector-focused or subpopulation-focused wellbeing frameworks used in the public sector.

The LSF builds on 30 years of New Zealand and international theory and evidence on wellbeing, including discussions with a range of New Zealanders and consultation with domestic and international experts. The LSF also draws on the Organisation for Economic Co-operation and Development's (OECD's) wellbeing approach to enable international comparability.

To support the implementation of the LSF, we have developed a Dashboard of indicators that provide an integrated system for measuring wellbeing: the LSF Dashboard. The selection of indicators has been informed by valuable public feedback and consultation with a range of experts in New Zealand and overseas, including within government agencies.

The LSF and its Dashboard add to the Treasury's toolkit strengthening the quality of our fiscal and economic advice to Governments, in order to ensure responsible fiscal management and stable macroeconomic policy to support sustainable growth. We have begun the process of augmenting existing Budget management tools, such as Cost Benefit Analysis (CBA), to include the LSF. We have also started using the LSF Dashboard to assess social, economic and environmental circumstances in New Zealand for the purposes of advising on government priority-setting. It is not prescriptive about whether or how governments should intervene in response to the wellbeing situation the LSF Dashboard depicts.

The LSF Dashboard aims to capture a comprehensive and balanced range of important wellbeing outcome indicators, within a practical and manageable structure. By doing so, it intends to accommodate a range of worldviews about what matters for wellbeing in New Zealand. Of course, it is clear that no single set of indicators can ever capture all that matters for each person, family, whānau and community in New Zealand.

This first version of the LSF Dashboard is a positive early milestone amid a long-term work in progress. As can be expected, there remain a number of limitations and gaps, partly reflecting data availability and quality limits, and partly a need for the Treasury to better understand the relevant concepts. Further work is needed on, for example, fuller and richer representations of Te Ao Māori perspectives, children's wellbeing and New Zealand cultural identity. We plan to undertake a comprehensive review of the LSF and its dashboard in 2021.

The Treasury will keep developing the LSF Dashboard as we gain a deeper understanding of what is important to the people of Aotearoa, as scientific knowledge about wellbeing increases, and as we learn more about how the tool can be used most effectively in practice as we work towards higher living standards for New Zealanders.

Gabriel Makhlouf
Secretary to the Treasury

Introduction

The New Zealand Treasury is the Government's lead economic and financial adviser. The Treasury has developed the Living Standards Framework (LSF) to enhance the quality of its advice about lifting broad living standards. This is through improved analysis and measurement of intergenerational wellbeing and the support the LSF provides to the Treasury's core economic and fiscal advice processes.

The LSF builds on more than 30 years of New Zealand and international research and evidence on wellbeing, including a range of public feedback and domestic and international expert advice. With this work we aim to ensure that the LSF reflects what matters to New Zealanders and supports a New Zealand policy-making environment. In addition, to allow for international comparison, we have drawn on the approach used in the Organisation for Economic Co-operation and Development's (OECD's) [How's Life? \(http://www.oecd.org/statistics/how-s-life-23089679.htm\)](http://www.oecd.org/statistics/how-s-life-23089679.htm) initiative.

The LSF is a framework on intergenerational wellbeing spanning a broad range of economic, social and environmental outcome domains at a high-level. It complements, and does not replace, more specialised wellbeing frameworks used in the public sector, such as those that focus on particular sectors or population groups.

To support the implementation of the LSF, the Treasury has developed the LSF Dashboard, a structured database of indicators that provide an integrated system for measuring wellbeing outcomes. The LSF and its Dashboard enhance our current suite of fiscal and economic analysis tools, such as those for Social Cost Benefit Analysis and better business cases. Together, the LSF and its Dashboard aim to provide a balanced and comprehensive view of wellbeing outcomes suitable for use in the Treasury's policy advice processes.

The LSF Dashboard, released with this document, is the first version and is one milestone in an iterative process of developing measurement and analysis tools to improve the Treasury's advice. No single set of indicators can capture all that matters for every person, family, whānau and community in New Zealand. Further work is needed to ensure future versions improve on areas where we know there are gaps and limitations, frequently owing to data availability constraints or conceptual and methodological issues still to be resolved. These areas include further work to more fully and richly express and represent Te Ao Māori perspectives, children's wellbeing and New Zealand cultural identity. The Treasury will keep developing the LSF Dashboard as we gain a deeper understanding of what is important to New Zealanders, as scientific knowledge about wellbeing increases and as we learn more about how the tool can be used most effectively in practice.

This document and its appendices provide information about the LSF and its Dashboard, including the process of development and further work needed. Section 2 explains the Living Standards Framework. Section 3 provides an overview of the approach we have taken to developing the LSF and its Dashboard, including the public and expert engagement undertaken. Section 4 explains how the LSF and its Dashboard will be used and describes a number of gaps and limitations of the current version where future work will be useful.

Further information is provided in the appendices to this document:

- Appendix 1 - describes in detail the 12 wellbeing domains and the four capitals that support current and future wellbeing.
- Appendix 2 - presents the indicators and data used in LSF Dashboard.
- Appendix 3 - summarises the feedback received through consultation.

The Treasury's Living Standards Framework

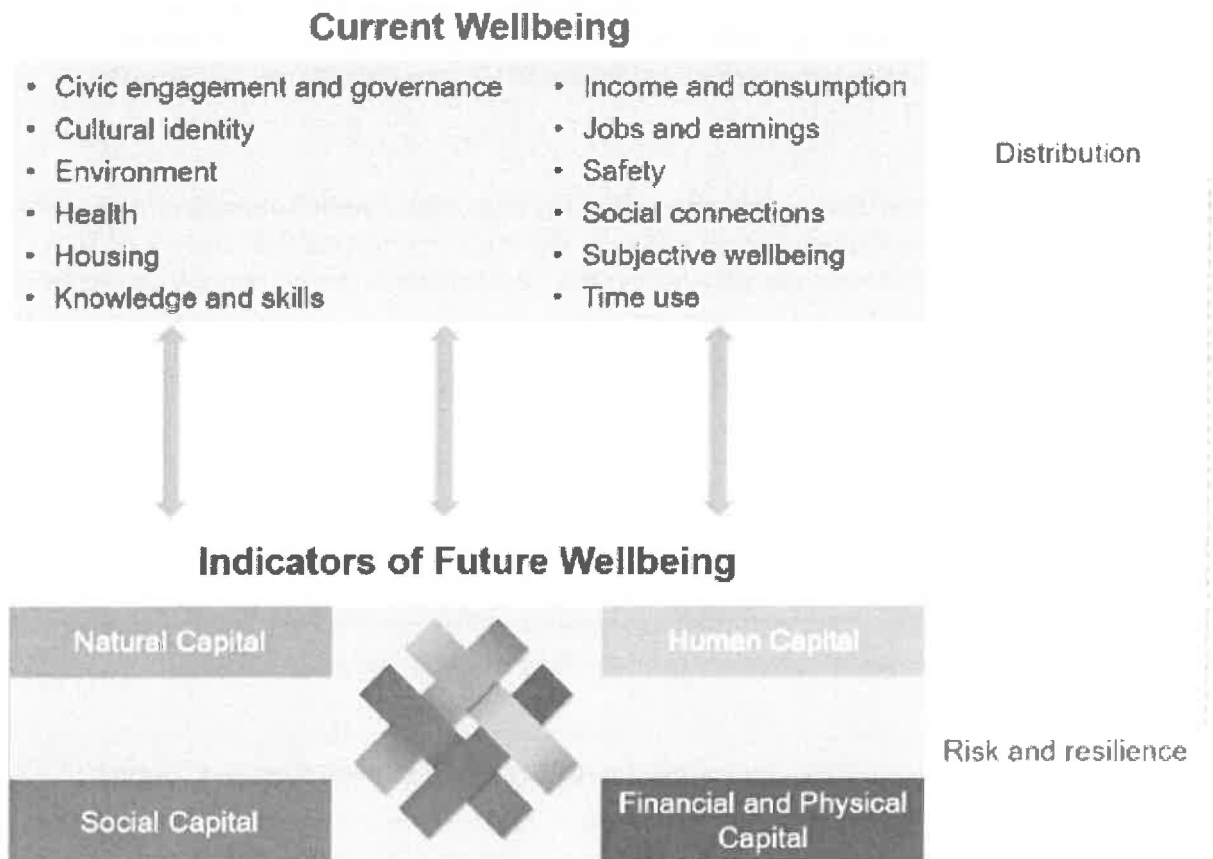
The elements of the LSF, as depicted in Figure 1, are:

- the domains of current wellbeing
- the capitals that combine to generate current and future wellbeing
- risk and resilience.

The LSF is a practical application of [national \(/publications/dp/wellbeing-frameworks-treasury-dp-18-01\)](#) and international research around measuring wellbeing. To distil and structure this knowledge, as well as to ensure international comparability, we have drawn from the [Organisation for Economic Co-operation and Development's \(OECD\)](#) [\(http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjMna6y-tTeAhXOZCsKHYI_DPkQFjAAegQIDBAB&url=http%3A%2F%2Fwww.oecd.org%2Fstatistics%2Fhow-s-life-23089679.htm&usg=AOvVaw0Cmyjab-Ws7xaQcTMAC2_N\)](#) internationally recognised approach.

We have designed the LSF to be as relevant to New Zealand circumstances as possible and applicable in the Treasury's policy advice work. This has included engaging with domestic and international experts through public consultation and discussions. One specific element of New Zealand representation is the cultural identity domain, which aims to reflect aspects of culture pertinent to New Zealanders.

Figure 1: The Treasury's Living Standard Framework



The LSF Dashboard operationalises the LSF empirically. It is a structured database of indicators that provide an integrated system for measuring wellbeing outcomes. The indicators provide evidence to show how different aspects of wellbeing are changing over time, how they differ by population groups and how they compare to other countries.

Neither the LSF nor its Dashboard are prescriptive about whether or how governments might choose to intervene in response to the depictions of wellbeing in the Dashboard. Instead, their purpose is to improve transparency and systematic consideration of all the various outcomes that research suggests are important elements of wellbeing. They support the use of existing tools in the Treasury's fiscal and economic advice toolkit, which are used to analyse and compare options for government intervention.

The process for selecting indicators is discussed in more detail in Section 3 of this document.

The remainder of this section describes the three core elements of the LSF: the current wellbeing domains; the future wellbeing capitals; and risk and resilience. For further information, detailed definitions and descriptions of the domains and capitals can be found in Appendix 1, whilst the definitions of indicators and data sources used in the LSF Dashboard are provided in Appendix 2.

Defining current and future wellbeing

Current wellbeing domains

Current wellbeing is divided into 12 domains, as defined in Table 1. The domains of current wellbeing reflect wellbeing at a “point in time” and are based on research about what is important for people and their wellbeing (see (Smith, 2018) also (Stiglitz, Sen, & Fitoussi, 2009)).

The diversity of New Zealanders means that what any individual, family, whānau or community values and places relative importance on will vary. No single framework will capture *all* that matters for everyone. However, we believe that the 12 domains capture elements of wellbeing generally important to people in New Zealand. Ongoing work will test and refine the degree to which the LSF is comprehensive in this respect.

Table 1: The 12 domains of wellbeing

Domain	Definition
Civic engagement and governance	People's engagement in the governance of their country, how “good” New Zealand's governance is perceived to be and the procedural fairness of our society.
Cultural identity	Having a strong sense of identity, belonging and ability to be oneself, and the existence value of cultural taonga.
Environment	The natural and physical environment and how it impacts people today (this is different from the natural capital stock, which is measured elsewhere).
Health	Our mental and physical health.
Housing	The quality, suitability and affordability of the homes we live in.
Income and consumption	People's disposable income from all sources, how much people spend and the material possessions they have.
Jobs and earnings	The quality of people's jobs (including monetary compensation) and work environment, people's ease and inclusiveness of finding suitable employment and their job stability and freedom from unemployment.
Knowledge and skills	People's knowledge and skills.
Safety	People's safety and security (both real and perceived) and their freedom from risk of harm, and lack of fear.
Social connections	Having positive social contacts and a support network.
Subjective wellbeing	Overall life satisfaction and sense of meaning and self.

Domain	Definition
Time use	The quality and quantity of people's leisure and recreation time (that is, people's free time when they are not working or doing chores).

The foundations of future wellbeing: The four capitals

The four capitals, described in Table 2, are the foundations of wellbeing that together generate wellbeing now and in the future. New Zealand's capital stocks include the skills and knowledge of our people, the natural environment we live in, the social connections, community and institutions we have as well as the buildings and machines we use.

These capitals combine to generate wellbeing, both now and in the future. Current levels of the capital stocks and changes over time influence our sustainability and our ability to achieve future wellbeing.

Table 2: The four capitals

Capital	Definition
Natural capital	All aspects of the natural environment needed to support life and human activity.
Financial and physical capital	The country's physical, intangible and financial assets that have a direct role in supporting incomes and material living conditions.
Human capital	People's knowledge, physical and mental health that enables them to fully participate in work, study, recreation and society.
Social capital	The social connections, attitudes, norms and formal rules or institutions that contribute to societal wellbeing.

Risk and resilience

Risk and resilience is the third element of the LSF. It can be thought of at individual or national levels, but can also be considered at family, whānau and community levels. Risk and resilience relate directly to the capital stocks. The quality and quantity of the capital stocks, which can be degraded and in some cases actively drawn down, influence the ability of our people and the country to withstand shocks. Mitigation of risks and promoting resilience are discussed further in the [Resilience and Future Wellbeing \(/publications/dp/dp-18-05\)](#) discussion paper.

The Treasury's approach when developing the LSF

A wide variety of approaches to wellbeing exist.^[1] The Treasury's approach reflects our role to provide effective economic and financial advice to the Government of the day, and anticipates the advice needs of future governments. The development of the LSF has thus been driven first and foremost by the obligation to ensure that our advice on improving living standards is as good as it can be. The LSF contributes to our advice toolkit through improved measurement and analysis of intergenerational wellbeing.

This section explains the influences that have guided the Treasury's approach when developing the LSF. This has led us to develop the LSF Dashboard, which is summarised in the final part of the section. We expect to continue developing the LSF and its Dashboard. Potential areas for future work are discussed in Section 4.

Influences that have shaped the LSF

The Treasury's strategy for developing the LSF has been strongly influenced by the evolution of economic thinking, increasingly evident in a range of jurisdictions and recent literature. Thinking in this area now suggests that continued and sustainable economic development requires a broadened focus beyond growth in Gross Domestic Product (GDP) and market outcomes. The LSF also responds to the need for more comprehensive advice about the wide and diverse range of outcomes that governments wish to achieve, while remaining consistent, coherent and anchored in evidence.

In our role as a public service agency, this advice needs to be transparent, objective and impartial. Our advice tools need to support the full range of current and future government priorities as far as can reasonably be anticipated.

The approach taken is similar to that underlying the use of empirical and theoretical frameworks to support the familiar Treasury products conveying our macroeconomic analysis - the Half-Year and Budget Economic and Fiscal Updates (HYEFU, BEFU). The EFUs (Economic and Fiscal Updates) support government decision-making by describing, in rich detail, current and prospective macroeconomic and fiscal conditions. To produce the EFUs, the Treasury uses the best available data from Statistics New Zealand (Stats NZ) and other sources. We use our professional judgement to generate impartial macroeconomic and fiscal assessments and forecasts. This is based on clear assumptions that may be questioned and which make clearer the macroeconomic and fiscal situation the Government faces, within which it makes its prioritisation and other decisions.

A wellbeing framework for New Zealand needs to recognise the diversity of beliefs, assumptions, values and ideas that shape New Zealanders' views of the world - in short, what they believe matters for wellbeing. These worldviews will be reflected and expressed through the political process and take the form of different governments expressing in general, different priorities as they come to power. The LSF needs to be both grounded in the wide range of available theoretical work and empirical evidence on wellbeing, and responsive to calls for advice on those various government priorities. Further work is needed to ensure the diverse worldviews of New Zealanders are sufficiently accommodated within the LSF. Work is underway to ensure these views are well-represented.^[2]

The philosophical approach to wellbeing in the current LSF remains centred on the capability approach developed in the 1980s. The approach asserts that wellbeing should be considered in terms of the capability of people to live lives that they have reason to value (Sen, 2003). Applied economic work by organisations such as the OECD has employed a range of interpretations of the approach, which point to the life outcomes that should be considered in any theory of wellbeing and public policy (Stiglitz, Sen, & Fitoussi, 2009).

Scientific knowledge about wellbeing and how it relates to the objectives of public policy is still developing. Our empirical approach has been to focus on developing New Zealand-relevant and policy-relevant indicators of wellbeing that can be used in practice and applied in a “real-world” setting in a public sector policy institution (the Treasury). To organise these indicators, we have taken the advice of (Smith, 2018) and drawn on a version of multidimensional wellbeing influenced by the OECD’s [How's Life? \(http://www.oecd.org/statistics/how-s-life-23089679.htm\)](http://www.oecd.org/statistics/how-s-life-23089679.htm) approach, with a range of adaptations to reflect New Zealand circumstances. Data and methodological limitations have prevented us from including some indicators in this first version of the LSF Dashboard. Future work on addressing the limitations and gaps will be incorporated in future versions.

The structure and form of the LSF thus reflect the overarching conceptual and philosophical influences and the OECD's broad taxonomic approach to the elements. The LSF Dashboard uses indicators and available data drawn from predominantly New Zealand sources to measure these elements of wellbeing. All aspects have been informed by a range of discussions and consultations with New Zealanders and domestic and international experts. Table 3 summarises examples of the choices in the current LSF and its Dashboard corresponding to the different elements, and examples of some alternatives to illustrate other possibilities at the LSF (theoretical) level.

Table 3: Influences that have shaped the LSF and LSF Dashboard

	Level	Definition	Influences	Alternatives (examples)
LSF	Worldview	Overarching philosophical approach that motivates our work	The Treasury's strategy The capability approach The Treasury's role as a public agency	Sir Mason Durie's four pillars (Te Whare Tapa Whā) [3] Fuiomaono Karl Pulotu-Endemann's Fonofale Model of Health[4]
	Elements	Conceptual elements of the wellbeing framework derived from the worldview	Domains, capitals and risk and resilience	Spirituality, family

Level	Definition	Influences	Alternatives (examples)
Indicators	What we measure to assess wellbeing	Numerical dashboard with measureable indicators (eg, unemployment rate)	
Data	The technical definition and dataset for indicators	Statistic and source (eg, unemployed people as a percentage of the labour force, Household Labour Force Survey, Stats NZ)	

Development of the current LSF and its Dashboard

The Treasury has investigated a number of approaches to wellbeing since 2002 (Annesley, Christoffel, Crawford, & Jacobsen, 2002). As discussed in *Wellbeing Frameworks for the Treasury* (King, Huseynli, & MacGibbon, 2018), there is now a great deal of similarity across international and New Zealand-specific frameworks used to define and assess wellbeing. New Zealand specific versions have evolved from consultations that began with the 1972 Royal Commission report *Social Security in New Zealand* (Report of the Royal Commission of Inquiry, 1972). An extensive consultation for the Royal Commission in 1988 (Royal Commission on Social Policy, 1988) placed Te Ao Māori and the Te Tiriti o Waitangi (Treaty of Waitangi) at the forefront of the analysis. This led to the development of the General Social Survey (GSS), which has been an important data source for the LSF Dashboard.

The development of the Treasury's LSF over the past 18 months or so has occurred in four overlapping stages:

Developing the approach

In mid-2017 an early version of the LSF was set out. This drew from previous Treasury work, other New Zealand work and international research, particularly OECD definitions to enable international comparability.

Discussion papers

In the first half of 2018, we tested our ideas and encouraged wider debate on the LSF. [Discussion papers \(/information-and-services/nz-economy/living-standards/most-recent-papers\)](#) were published which explored the four capitals, the relationship between the LSF and the United Nations Sustainable Development Goals; Te Ao Māori, Pasifika and Asian perspectives on wellbeing; and risk and resilience and future wellbeing. Appendix 3 discusses the feedback we received.

Dashboard consultation

To develop the first versions of the LSF Dashboard, the Treasury commissioned Conal Smith, an independent wellbeing expert with extensive international experience, to propose a Dashboard for New Zealand. [This proposal \(/information-and-services/nz-economy/living-standards/proposal-living-standards-dashboard\)](#) was released for consultation in June 2018 for feedback via an online survey and email submissions. The Treasury received approximately 500 survey responses and 60 large submissions from a range of private organisations from the business and non-governmental organisation (NGO) sectors, academics and individuals, and government agencies.

The Treasury also established a Challenge Group consisting of academic researchers, independent economists and experts on various aspects of wellbeing to critique the LSF and its Dashboard, as it was developed.^[5]

Third International Conference on Well-Being & Public Policy

In September 2018, the Treasury, together with Victoria University of Wellington and the International Journal of Wellbeing, hosted an international conference on wellbeing that attracted 300 participants from around the world. The conference provided a forum for robust discussion of research on measurement and policy pertaining to wellbeing. Conference discussion showed the considerable level of interest from around the world in New Zealand's experience as a leader in embedding concepts of wellbeing and associated tools at the core of government policy processes.

LSF and its Dashboard

The Treasury has brought together these sources to produce the LSF and its Dashboard. The LSF Dashboard is a tool within the LSF that provides an integrated empirical view of living standards.

The LSF Dashboard presents indicators of intergenerational wellbeing that show high-level wellbeing outcomes data. Owing to the short development time frame and the availability of data, this version has a number of known limitations which we will work to address in the next version. These are described in detail in Section 4.

Summary of the feedback received

As noted above, the Treasury sought feedback in various forms throughout the development of the LSF Dashboard. Further feedback was received in response to the publication of [discussion papers \(/information-and-services/nz-economy/living-standards/most-recent-papers\)](#) on various topics.

Generally, there was wide support for the Treasury's work to develop the LSF and its Dashboard. However, as noted, the Treasury is aware of a range of gaps and limitations in this first version of the Dashboard. Further work on the LSF will address these gaps.

This section summarises some of the key themes that emerged. Further detail is provided in Appendix 3.

Feedback specific to particular topics

Te Ao Māori

A large amount of feedback particularly in the submissions expressed concern that the LSF lacked Te Ao Māori perspectives of wellbeing and highly recommended incorporating these perspectives into the LSF. The Treasury has identified this as a key gap and acknowledges that the LSF must represent Te Ao Māori perspectives with integrity. The Treasury is committed to better embedding Te Ao Māori perspectives in future versions of the LSF. The Treasury will work with Te Puni Kōkiri (TPK) and other Māori experts to ensure this is undertaken with integrity.

Cultural identity

Indicators relating to cultural identity that represent the unique aspects of New Zealand identity, in particular with regards to the ability to express and connect with one's culture, were suggested. The domain cultural identity is where we intend to capture aspects of culture pertinent to all New Zealanders. However, the LSF Dashboard does not have many indicators that capture cultural concepts specific to different social groups. This is one area where future work is required.

Children

The representation of children's wellbeing in the LSF was frequently voiced as a gap, particularly from the Challenge Group. As discussed in Section 4, while certain wellbeing outcomes measured at the household level (for example, housing quality) serve to some extent as proxies for a number of aspects of children's wellbeing, there are other aspects where the relationship is less clear. Further work on direct measurement of children's wellbeing may be needed. The Treasury plans to work with relevant New Zealand agencies to strengthen the representation of children's wellbeing in future versions of the LSF Dashboard.

Health

The inclusion of mental health measures was strongly suggested in feedback - in particular suicide rates. A non-communicable disease indicator was also suggested. Two measures of mental health, a self-reported measure and suicide rates, and a non-communicable disease measure have been included in the LSF Dashboard.

Environment

A range of indicators was suggested - in particular, the inclusion of quantitative measures of water quality. Two quantitative measures of water quality have been included in the LSF Dashboard.

Housing

The quality and affordability of houses were emphasised. The LSF Dashboard presents measures of housing quality and affordability.

Education

Inclusion of an education domain or measures of educational attainment were suggested. Three measures of education have been included, two in the domain 'knowledge and skills' and one in 'human capital'.

Jobs and income

There was strong desire for income measures, and for indicators of employment, unemployment and job security to be included. The LSF Dashboard includes measures of income and employment and unemployment rates. However, owing to data limitations and difficulties in definition, a measure for job security has not been included.

Safety

Measures of safety - in particular for domestic violence - were suggested. To this end, two measures of violence - namely homicide rates and domestic violence - have been included.

Inequality

Feedback strongly suggested including an equality domain or measures of inequality, particularly around gender and income. The LSF Dashboard can depict inequality through population breakdowns such as ethnicity, age, sex, region and family type.

Civic engagement

Indicators of volunteering, trust and engagement in the political system were strongly emphasised. The LSF Dashboard includes measures of trust and engagement in the political system. However, a measure of volunteering was not included owing to methodological issues with the definition of volunteering and uncertainty about the interpretation of volunteering in terms of wellbeing.

Data disaggregation

General requests for disaggregation of data were a common theme. The surveys and submissions strongly expressed a desire for regional and disability disaggregation of data in particular. For many indicators, data will be available by age group, region, ethnicity, sex, family type and area deprivation. Owing to data limitations, however, the LSF Dashboard cannot present the disability distributions.

Entrepreneurship freedom and rights

Some feedback questioned whether values such as freedom and protection of rights, and the role of entrepreneurship in promoting wellbeing, were adequately captured in the Framework. As well as influencing wellbeing directly in New Zealand, freedom and rights are a key part of the institutions supporting the way in which the capitals work together. Expressions of freedom such as the ability to start a business (entrepreneurship) are relevant aspects of productivity and economic performance, which relate to or influence multiple wellbeing domains (such as civic and governance, cultural identity, social capital and human capital), raising the question of where to place such measures. The area of institutions (similarly to culture) generally requires further conceptual work to illuminate the kinds of measures that would be most suitable for inclusion in the Dashboard, to capture this aspect of wellbeing.

The LSF Dashboard

The LSF Dashboard provides a “macro”, balanced and comprehensive view across social, environmental and economic conditions in New Zealand. The LSF Dashboard displays and tracks indicators under three sections, entitled *Our people*, *Our country* and *Our future*:

- **Our people** - describes the distribution of current wellbeing of New Zealanders aged over 15 and broken down by ethnicity, age, sex, neighbourhood deprivation, region and family type across nine current wellbeing domains. Wellbeing in these indicators came from questions asked in Stats NZ's GSS,^[6] which surveys around 8,000 people every two years.
- **Our country** - describes the current wellbeing of New Zealanders at a national level with comparisons available within New Zealand population groups and with other OECD countries.
- **Our future** - shows indicators of the four capitals - resources that underpin the ability to sustain higher living standards in New Zealand in the future.

Each indicator in the LSF Dashboard is represented by a single measure at a national level. Where the national measure is not internationally comparable, an alternative measure will be used for international comparisons. For indicators of domains of current wellbeing, where the chosen indicator represents a point on a distribution (eg, median income), measures to give a sense of the rest of the distribution will also be presented (eg, income by decile). Additionally, where publicly available, there are also indicators for groups within the population, including: age group, sex, broad ethnic group, region, family type and area of deprivation. By presenting the data in different ways, the Dashboard can provide a more complete picture of the distribution of wellbeing and can highlight the wellbeing of groups in each domain.

This is an evolving process and the following section discusses future work needed. The Treasury is aware that the current indicator set is not complete, with some gaps that will take time and investment to fill. Where necessary, we have used proxy measures until better data are available. While the Dashboard can already support better policy advice and decision making, it will improve with time. It will develop and evolve as we learn more about what matters to New Zealanders, theoretical and empirical knowledge about the science of wellbeing grows and as we find out more about what is useful in practical policy advice processes.

Notes

[1] Third International Conference on Wellbeing and Public Policy, 5-7 September 2018 - Agenda https://www.confer.nz/wellbeingandpublicpolicy2018/wp-content/uploads/2018/09/CE_WBPP_Programme_DigiVersion.pdf

https://www.confer.nz/wellbeingandpublicpolicy2018/wp-content/uploads/2018/09/CE_WBPP_Programme_DigiVersion.pdf

[2] Note on the Future Work on the Role of Culture in the Treasury Living Standards Framework; A Pacific Perspective on the Living Standards Framework and Wellbeing; An Asian Perspective and the New Zealand Treasury Living Standards Framework; He Ara Waiora / A Pathway towards Wellbeing.

[3] Sir Mason Durie - Whaiora: Māori Health Development

[4] Fuimaono Karl Pulotu-Endemann - Fonofale Model of Health

[5] The LSF Challenge Group consisted of the following members: Dr Arthur Grimes, Dr Manuka Henare, Dr Viktoria Kahui, Linda Meade, Dr Ganesh Nana, Taimalieutu Kiwi Tamasese, Professor Marilyn Waring and Dr Bryce Wilkinson.

[6] http://archive.stats.govt.nz/browse_for_stats/people_and_communities/Well-being/nzgss-info-releases.aspx (http://archive.stats.govt.nz/browse_for_stats/people_and_communities/Well-being/nzgss-info-releases.aspx)

The LSF and its Dashboard: Further work

The development of the LSF and its Dashboard has highlighted that we are at the beginning stages of providing robust evidence-based measures of broad wellbeing outcomes. Some of this work pushes at the bounds of knowledge about wellbeing. We are committed to reviewing the current version of the LSF and its Dashboard in 2021. That will be another milestone in what will be a long-term development process. For comparison, the first internationally accepted, practically usable System of National Accounts (SNA) was implemented in the late 1940s. The SNA continues to evolve today to reflect the changing economy and improving measurement techniques (Statistics New Zealand, 2018).

We have chosen 2021 for the review of the LSF as it provides an opportunity to incorporate learning after the current version of the LSF has been applied for three years in a policy advice environment, including two Budget cycles. It also provides time for research, consultation and discussion on issues requiring further work.

The developing state of knowledge in this field means that diverse perspectives and expertise will be necessary, including those outside government agencies, those with specialist skills or from organisations with a wider mandate to challenge institutions and comment on current practices.

In this section, we discuss how the LSF will be used. This is followed by a discussion of further work which will be needed as the Dashboard is developed. This work includes maintenance and routine updates as well as longer-term projects that may take several years to come to fruition.

How will the Treasury use the LSF?



Te Puni Kōkiri
MINISTRY OF MĀORI DEVELOPMENT

An Indigenous Approach to the Living Standards Framework

Te Puni Kōkiri and the Treasury

The Treasury Discussion Paper 19/01

January 2019

DISCLAIMER

This paper is part of a series of discussion papers on wellbeing in the Treasury's Living Standards Framework. The discussion papers are not the Treasury's position on measuring intergenerational wellbeing and its sustainability in New Zealand.

Our intention is to encourage discussion on these topics. There are marked differences in perspective between the papers that reflect differences in the subject matter as well as differences in the state of knowledge. The Treasury very much welcomes comments on these papers to help inform our ongoing development of the Living Standards Framework.



NZ TREASURY DISCUSSION PAPER 19/01	An Indigenous Approach to the Living Standards Framework
MONTH/YEAR	January 2019
ISBN (ONLINE)	978-1-98-858002-9
URL	Treasury website at 29 January 2019: https://treasury.govt.nz/publications/dp/dp-19-01
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Executive Summary

The move by the Treasury to explore ways to view national wellbeing as representing more than the traditional Gross Domestic Product (GDP)-based measures is a welcome shift. However, to understand the collective impact of policies on the intergenerational wellbeing of *all* New Zealanders, the Living Standards Framework (LSF) cannot be blind to the things that drive us as a society: it must reflect who we are, what we value and how we can grow a shared sense of prosperity.

A new way of thinking about wellbeing has potential to benefit all New Zealanders. This paper argues that wellbeing considered from an indigenous perspective moves the public policy discourse beyond Western constructs of wellbeing and enables an improved lived experience of wellbeing for everyone.

While this paper has a focus on wellbeing for Māori specifically, it articulates a way of looking at wellbeing that can be applied to the full range of populations within Aotearoa New Zealand, and to indigenous populations universally. It offers a way of accounting for various values and beliefs that drive people's experiences of wellbeing and of responding to the needs, aspirations and interests of collectives and the individuals within them. The approach supports a holistic view of wellbeing in which people can identify for themselves the outcomes they want to have balanced or prioritised. This approach positions the public sector to advance wellbeing in a different way and look to respond to the various needs, interests and aspirations of New Zealanders.

Although the LSF is intended as a decision-making tool to influence the stocks and flows of capitals that represent the potential drivers of future wellbeing, it is yet to fully develop a good description of the wider system that delivers wellbeing, and how wellbeing should be understood. This paper offers an extension to that description.

There is no one way to look at wellbeing. People view wellbeing differently depending on their values, beliefs and social norms. The way Māori view wellbeing is different from the way other New Zealanders view wellbeing. It is informed by *te ao Māori* (a Māori world view) where, for example, *whenua* (land) is not seen just for its economic potential, but through familial and spiritual connections defined by cultural concepts such as *whakapapa* (genealogy) and *kaitiakitanga* (stewardship). A *te ao Māori* perspective of wellbeing is also informed by life experiences – similar to that of other indigenous populations across the globe – of significant disparity and inequitable access to the tools, resources and opportunities that form the foundation to wellbeing.

Te Tiriti o Waitangi, Aotearoa New Zealand's founding document, puts significant weight on partnership, active protection of Māori interests and redress to address past wrongs – including ongoing disparity and inequity experienced by Māori and their ability to access and benefit from capital stocks in various forms. When taken together they convey an obligation on the Crown and Māori to work together. To do this, the Crown – Ministers, departments and other agencies – must seek to understand *te ao Māori*, particularly as it relates to improving the wellbeing of *whānau* now, and over generations to come. Fortunately, *te ao Māori* offers a way to consider wellbeing within a holistic, robust and long-standing system.

The indigenous approach proposed in this paper suggests one way to be clear about the linkages between the four capitals of an LSF and their contribution to current and future wellbeing. This approach provides a way to:

- make the needed linkages between the four capitals, and the values, beliefs and practices that drive both Māori and non-Māori aspirations towards wellbeing
- link the four capitals to a holistic set of whānau-centred outcomes that can be linked to overall wellbeing at both macro and micro levels
- articulate a single, coherent and robust mechanism for policy-makers to appreciate those things that Māori consider to be important to their wellbeing.

Applying the indigenous approach allows the LSF to be better tailored for Aotearoa New Zealand. It also helps define a way in which decision-makers can better deploy the tools they have at their disposal to design and deliver policy that achieves improved wellbeing for New Zealanders. The approach achieves this because it is both system facing and people facing. It is uniquely able to consider wellbeing at both micro and macro levels, and enables linkages to be made between the wellbeing of whānau, the individuals within them and the communities that comprise them, and the overall concept of national wellbeing.

The approach comprises three elements:

1. first, an acknowledgement that the drivers of wellbeing differ between diverse populations and need to be understood in their own contexts
2. second, an indigeneity lens that provides a perspective on wellbeing that needs to be applied in order to enhance wellbeing for Māori
3. third, a proposed set of seven wellbeing domains that describe a holistic and intergenerational way to understand wellbeing, and in which to explore the needs, aspirations and interests of populations in wellbeing.

The proposal by the Treasury to develop an LSF represents an important point in the Aotearoa New Zealand public policy discourse. It looks towards the introduction of a wider set of measures that consider the collective impact of policies on intergenerational wellbeing and presents an opportunity for Aotearoa New Zealand to debate the way that, as a nation, it considers and pursues wellbeing for its citizens. It is hoped that this discussion document will help to enrich the discussion further still.

This paper is a first step in embedding a focus on Māori wellbeing and Māori concepts of wellbeing into the LSF and, ultimately, the policy approach of the broader public sector. This will be an ongoing conversation and journey that will need to be informed by Māori and non-Māori alike. The approach presented here, is intended to stimulate discussion and ideas so that bespoke solutions can be applied within a range of government activity (including, for example, the focus of the Tax Working Group, and the development of indicators within the wellbeing domains to measure and drive Aotearoa New Zealand's performance) – it is a starter for conversations, not an end point. Increasing the awareness and capability of the Government to engage with an indigenous approach is the place to start to achieve progress for Māori wellbeing.

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Glossary

Hapori	Community
Kaitiaki	Guardian
Kaitiakitanga	Guardianship/stewardship
Kaupapa Māori	Taking a Māori approach
Koha	Gift, present, offering, donation, contribution, reciprocity – especially one maintaining social relationships and has connotations of reciprocity
LSF	Living Standards Framework
Mana	Authoritative, prestigious, influential, charismatic
Manaakitanga	Hospitality, kindness, generosity, reciprocity, support – the process of showing respect, generosity and care for others
Mātauranga Māori	Traditional Māori knowledge, wisdom, understanding, skill
Mātāwaka	Kinship group, tribe (often used to denote Māori living away from their tribal homeland)
Mauri	The life essence
Ōtautahi	Christchurch
Pou	Pillar
Rāhui	Prohibited, restricted, under atua protection
Rangatiratanga	Ability to self-manage
Seven wellbeing domains	Te Puni Kōkiri’s proposed view on the LSF’s 12 wellbeing domains. See the chapter, “Shifting government’s focus to Māori wellbeing” in particular
Tāmaki Makaurau	Auckland
Taonga tuku iho	Heirloom, cultural property, heritage
Te ao Māori	The Māori world
Te Puni Kōkiri	Ministry for Māori Development
Tikanga	Correct procedure, custom, manner, rule, protocol
Tiriti	Te Tiriti o Waitangi, the Treaty of Waitangi
Wāhi	Location, place
Waikato–Waiariki	Hamilton–Bay of Plenty
Wairuatanga	Spirituality
Whakapapa	Genealogy
Whānau	A collective of people connected through a common ancestor (whakapapa) or as the result of a common purpose (kaupapa)
Whānau Ora	Wellbeing from a whānau-centred approach
Whanaungatanga	Building relationships
Whareniui	Main building of the marae where guests are accommodated

An Indigenous Approach to the Living Standards Framework

Introduction

Te Puni Kōkiri has explored an indigenous approach on wellbeing for two key reasons:

- Traditional thinking and approaches to public policy have not delivered wellbeing for Māori. Current wellbeing outcomes for Māori could be described as one of the most intractable public policy problems of the late 20th and early 21st centuries.
- Poor outcomes as a measure of wellbeing are common among indigenous peoples across the globe and this is of increasing concern internationally.

For New Zealanders' current and future wellbeing, Māori wellbeing needs to be significantly improved. This requires a different approach and way of thinking, given the perennially poor outcomes for Māori over many decades.

An indigenous approach offers a way to think about wellbeing within a robust and long-standing system, concerned about the wellbeing of individuals, whānau, communities, society and the natural environment in an interlinked and interdependent way. A key area where wellbeing for Māori is relevant is consideration of the Living Standards Framework (LSF). The Framework is based on four capitals – physical/financial, human, natural and social – and 12 wellbeing domains¹ which are seen as a foundation for future wellbeing.

Diverse cultural perspectives give rise to unique understandings of wellbeing and enable various perspectives to underpin a framing of wellbeing. There is good evidence that the determinants of subjective wellbeing do not vary much across cultures (Smith C. , 2018). However, it is the way in which those determinants of wellbeing are understood and interpreted that differs between cultures.

In an Aotearoa New Zealand context, the first area of focus for an indigenous approach is on the core values, beliefs and practices of Māori, which have a significant commonality. This paper challenges existing ways of thinking, and argues that an indigeneity lens is required to understand the most effective ways to achieve those determinants of subjective wellbeing for Māori. It also proposes a set of universal outcomes – described as the seven wellbeing domains – that provide the basis for a holistic and interconnected understanding of wellbeing that are calibrated by understanding the drivers of wellbeing and applying an indigeneity lens.

1 Income and consumption; health; knowledge and skills; cultural identity; safety and security; social connections; jobs; housing; environment; leisure; civic engagement and governance; and subjective wellbeing.

This paper argues that an indigenous approach should be used as a basis to understand and respond to the needs of diverse populations, suggesting an application for Māori specifically.

In particular, this paper:

- provides some encouragement for the use of a strengths-based perspective to inform an understanding of how to improve wellbeing for New Zealanders, and Māori specifically
- points to the need to understand and consider cultural perspectives that drive wellbeing, noting that Te Tiriti o Waitangi (te Tiriti), te ao Māori and a focus on whānau needs to drive Māori wellbeing
- proposes a set of universal outcomes that can apply across generations – described as the seven wellbeing domains. The paper advocates that these wellbeing domains need to be understood, balanced and prioritised by looking through a cultural lens (the indigeneity lens for Māori), and in connection with the people themselves who seek improved outcomes
- proposes an approach that, applied broadly, sees everyone as standing to benefit, and where no one would be left behind.

Finally, this paper concludes by illustrating ways to apply an indigenous approach to government priorities, strategy, budget, policy development and delivery, legislation and work on indicators and measures. This is where things need to change significantly if improved Māori wellbeing is to be achieved.

Current investment and impact

Living Standards Framework capitals represent a measure of the stocks (and sources) of future wellbeing

The core elements of the LSF and its four capitals (social, human, natural and financial/physical) are generic. Designed by the Organisation for Economic Cooperation and Development (OECD) as a tool to provide measures across nations, the LSF is intended to use a set of measures of the stocks and flows of selected indicators across four capitals to identify stocks of current and future wellbeing.

Initial thinking by the Treasury usefully acknowledges that Aotearoa New Zealand's success as a nation is significantly more complex than a measure of GDP, towards the introduction of a wider set of measures that consider the collective impact of policies on intergenerational wellbeing (The Treasury, 2018). It implies that, to identify intergenerational stocks and flows of wellbeing, there must be some consideration of the wellbeing of the individuals, whānau and communities that make up our nation. This early work also identifies the need to understand wellbeing within the complex system that makes up our society, instead of seeking to reduce wellbeing to a series of transactions.

Given the LSF is intended as a tool to provide measures across nations, and the capitals were designed in that context, it is implicit that assumptions need to be made about the value and use of these capitals for wellbeing, particularly when applying the LSF to an Aotearoa New Zealand context.

Māori currently score poorly across all monitored wellbeing measures

In the Aotearoa New Zealand context, poor outcomes for Māori have been a perennial concern for successive governments, and for the generations of whānau, hapū and iwi who experienced these outcomes. One defining characteristic of historic and current public policy is the failure to lift Māori outcomes and wellbeing.

History has seen Māori move:

- *from* circumstances at the time of signing Te Tiriti where they successfully undertook international trade, re-wrote the rules of warfare with their defensive earthworks and had farming expertise that at one time fed the majority of the early settler population in Aotearoa New Zealand
- *to* being a population with declining wellbeing that can be characterised as poor in relation to almost all of the measures monitored by government.

Some measures of current Māori wellbeing (a fuller summary is in Appendix 2) are:²

- 51% of prison inmates are Māori
- 61% of children in care are Māori
- in 2016, 66.5% of Māori school leavers attained at least Level 2 National Certificate of Educational Achievement (NCEA), compared with 83.7% of European school leavers
- 20% of Māori aged 16–25 are Not in Employment, Education or Training (NEET), compared with 9% of non-Māori
- the Māori unemployment rate is 11%, compared with 4% for non-Māori
- Māori household net worth is \$23,000, with European net household worth valued at \$114,000
- 28.2% of Māori own their own home, compared with 56.8% of Europeans.

For the sake of Aotearoa New Zealand's future wellbeing, wellbeing for Māori needs to change

This poor performance against so many key statistics suggests that, from an LSF perspective, the current wellbeing of Māori is significantly worse than that of other New Zealanders. In LSF terms, and based on current approaches, Māori do not have the same level of capital stocks and have inequitable access to the tools, resources and opportunities that form the foundation to wellbeing. This signals the ongoing need to figure out how Māori can achieve a state of positive intergenerational wellbeing.

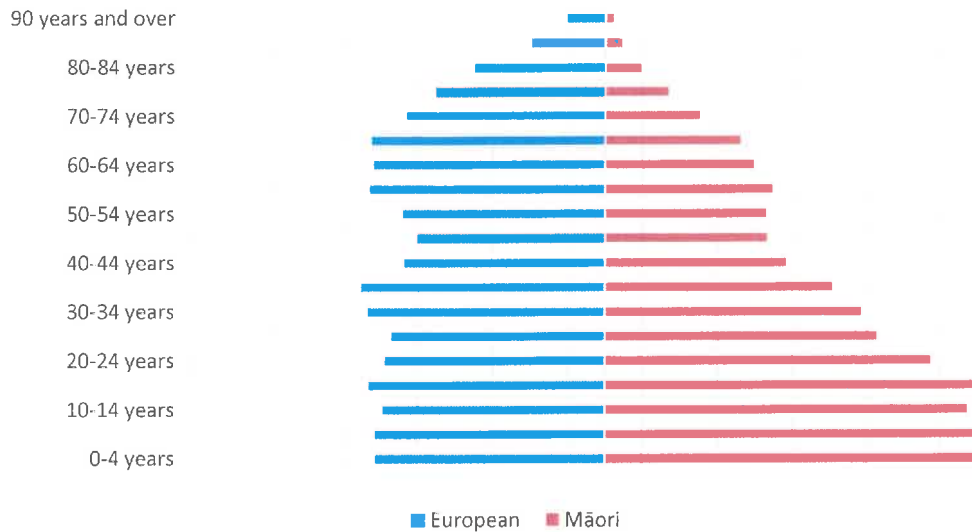
This is particularly so given that Māori are a predominantly youthful population. Aotearoa New Zealand population projections highlight the difference in age structures between the Māori population, compared with that of the European population. By 2028, over half of the Māori population is projected to be under the age of 30.

It is expected that this youthful Māori population will provide much of the tax revenue and labour force that the majority of today's New Zealanders will need in order to support an ageing population.

The chart on the following page highlights the difference in projected age structures.

2 These statistics are drawn from a variety of official sources. As such, there are variances in the comparator groups. Where possible, we have sought to compare Māori with non-Māori or the wider population. In cases where that was not easily achievable, the European ethnic group has been used as being representative of the largest population cohort.

Comparative age structure of projected Māori and European populations in 2028



Source: Statistics New Zealand

A new approach is required

The statistics indicate both how Māori experience wellbeing now, and show the need to build new ways of doing things to invest in the emerging Māori population to support intergenerational wellbeing.

It is important to focus on taking a new approach to outcomes for Māori now. That is, not addressing current circumstances will have major implications for Aotearoa New Zealand's future wellbeing – ongoing economic, social and cultural performance will play a critical role in maintaining the stability and responsiveness of our society.

To achieve improvements in wellbeing for Aotearoa New Zealand, government needs to redirect its efforts and consider how wellbeing is achieved for Māori. A level of maturity is required to achieve the change needed, which in turn requires a commitment to investing in a new way of doing things.

In particular, it will be critical to focus less on the failings of Māori in terms of statistical outcomes and instead look to the potential capability within the Māori population that will support improved wellbeing. The remainder of this paper proposes an approach to support the change required.

Drivers of wellbeing – the broad Aotearoa New Zealand context

The LSF capitals are valued and used differently by the diverse populations in Aotearoa New Zealand and in ways that reflect their cultural preferences and the makeup of the country. As the Commission on the Measurement of Economic Performance and Social Progress (Stiglitz, Sen, & Fitoussi, 2008) identified, there is more to wellbeing than measuring the GDP of a population. There needs to be an understanding of what drives the population to achieve better standards of wellbeing and living.

One size does not fit all – for an LSF to work in Aotearoa New Zealand it must respond to the drivers of wellbeing and the ways the various populations in Aotearoa New Zealand express their values and beliefs. These drive the diverse ways of understanding and experiencing wellbeing. An LSF must recognise the integrity of the range of values and beliefs to which the country subscribes.

Values and beliefs

Values are a key driver of the choices people make. Beliefs and social norms inform Aotearoa New Zealand's values and relationships, playing a major role in framing the individual and collective realities of New Zealanders' lives.

These values and beliefs are created through personal experiences and preferences, religion and culture. These inform the individual and collective realities that New Zealanders experience. They can be seen through references to Aotearoa New Zealand as egalitarian, where people get a fair go, and where the “number eight wire” approach prevails.

Importantly, the degree to which decision-makers or policy-makers understand the values and beliefs of specific groups or locations plays a role in the success or failure of policies or interventions. Where policies or interventions are based on values that do not align with those of the recipient group, there is an increased risk of those policies or interventions failing.

The beliefs and norms of Māori differ from those of the wider population (Grimes, MacCulloch, & McKay, 2015). The next chapter details how te ao Māori encompasses a broad and holistic set of values and beliefs that play a significant role in the way Māori perceive their place in the world, and wellbeing.

Relationships

Aotearoa New Zealand is characterised by complex relationships within and across its diverse populations. For Māori, these relationships have been formed and influenced over the past two centuries by the ebb and flow of engagement between Māori and Māori, Māori and non-Māori, non-Māori and the Government, and Māori and the Government.

The depth, nature and complexity of the relationship between Māori and government are substantially different from the relationship observed between non-Māori and government. This difference is reflected in Te Tiriti and the Crown's obligations to Māori

under it. In this context, it is Te Tiriti that plays a central role in defining how the Crown's relationship with Māori should be expressed, rather than whether it should exist at all.

An expectation of good and effective government is to ensure that all populations can access equitable opportunities to achieve wellbeing. The state of the relationships between government and those populations plays a role in whether or not those opportunities are appropriate.

Diversity

Diversity promotes broader perspectives, encourages and values preferences, cultures and experiences. Diversity encompasses ethnicity, gender and disability, and perspectives vary within population groups in Aotearoa New Zealand, including Māori. Understanding diversity includes everyone and ensures no one is left behind.

There is a strong interest within Aotearoa New Zealand to successfully embrace biculturalism. At the same time, however, the country is experiencing increased multicultural diversity that brings new experiences, perspectives, cultures, understanding and often an increase in social acceptance and tolerance. Both are critical to a shared future.

A mature, modern and contemporary Aotearoa New Zealand welcomes diversity. It exercises its capacity to respect and uphold the cultural differences and diversity within its populations, ensuring they are appropriately recognised. The clearest leadership for this rests with government, whose work looks to develop models of excellence that work for all its constituents. There is a particular opportunity to apply this leadership by looking at the LSF through the indigenous approach proposed in this paper.

In sum...

The drivers of wellbeing – values, beliefs and relationships, marked by diversity – underpin the framing of wellbeing. The experience of the drivers is different for all population groups and needs to be understood on their terms – the understanding should resonate with the target population. Māori will have a particular experience of the drivers, and these will also differ between iwi, hapū and whānau (and the individuals within them). A rich Aotearoa New Zealand embraces the experiences of wellbeing of its diverse populations so that wellbeing is realised for everyone.

The proposed indigeneity lens

A wellbeing framework that truly reflects Aotearoa New Zealand must have the capacity to look at wellbeing from the perspective of different populations, and therefore must include an indigeneity lens to address wellbeing for Māori.

Te Tiriti is the foundation of modern Aotearoa New Zealand, with the partnership forged between Māori and the Crown representing an agreement for those two parties to work together to shape a new nation.

The perspectives of both parties to Te Tiriti need to be heard and respected for Aotearoa New Zealand to reach its potential. An indigeneity lens supports the Government to understand and respect wellbeing for Māori. The meeting of indigenous and Western thought (and the identification of areas of both difference and commonality between them) is critical to successfully moving towards sustainable, intergenerational wellbeing and strengthening our identity as a nation.

For Aotearoa New Zealand, it is suggested that there are three elements that comprise the indigeneity lens:

- Te Tiriti o Waitangi
- te ao Māori
- whānau-centred thinking.

Te Tiriti o Waitangi

The historical context that Te Tiriti o Waitangi sets in Aotearoa New Zealand, as well as the nature of the relationship and expectations of wellbeing that it creates for Māori, makes Te Tiriti a vital component of the indigeneity lens for interpreting and applying the LSF.

Historical context

Te Tiriti forms part of the constitutional underpinnings of all legislation, policy, systems and services developed by government for delivery to Māori. The signing of Te Tiriti led to a series of events that fundamentally changed the social, human, physical and financial landscape for Māori.

The impacts of these changes on Māori have been significant, requiring adaptation to a new set of values, beliefs, language, legal and social frameworks from the 19th century onwards. Equally, it is important to acknowledge that, in many ways, Māori views, perspectives and culture have also significantly influenced contemporary Aotearoa New Zealand culture.

This Western/Māori cultural fusion has given this country a unique set of values, beliefs and relationships forged through a shared history of “working out” our Aotearoa New Zealand identity together. These are influential in contemporary social interactions.

Nowhere is this demonstrated more clearly than in the way Te Tiriti influences the legal and legislative frameworks that govern Aotearoa New Zealand today. These frameworks require government to consider Te Tiriti, and the rights and obligations of

both Māori and the Crown, in order for both parties to work together and successfully build a nation where all citizens have equitable opportunities to achieve wellbeing.

Nature of the relationship and expectations

The relationship between the Crown and Māori is based in partnership and expectations of mutual benefit. Both parties entered into the partnership of Te Tiriti (Treaty partnership) expecting to work together to shape a new nation where both cultures would be provided for, where the rights, values and needs of neither would be subsumed.³

Further, the Crown undertook to actively protect taonga, encompassing all those things that Māori consider important to their way of life, including fundamental values such as tino rangatiratanga.⁴ In the Waitangi Tribunal's view, the Crown's duty of protection extends through Article 3 to both protecting Māori as a people and assuring Māori equal citizenship rights.⁵ To give best effect to this dual assurance, a te ao Māori perspective should underpin tailored partnership approaches to achieving improved and equitable outcomes for Māori.

The unique relationship formed through Te Tiriti obliges the Crown to understand its Treaty partner, protect taonga tuku iho and ensure that outcomes for Māori are consistent with, and have an equality with, those of the population overall.⁶

In sum, considerations under Te Tiriti must inform how the Government seeks to understand and give effect to wellbeing for Māori, and inform the reasons why it needs to make a difference for wellbeing for Māori. Similarly, these considerations provide a basis to look beyond the boundaries of the LSF in considering how government can respond better and more creatively to the needs, aspirations and interests of Māori related to wellbeing.

Te ao Māori

Within te ao Māori – the Māori world – wellbeing is not simply driven by stocks of capitals identified in the LSF. Instead, the drivers of wellbeing are considered against the values that imbue te ao Māori with a holistic perspective. These values are interconnected and span multiple aspects of wellbeing. Wellbeing results from the application of these values through knowledge, beliefs and practices.

To paraphrase the words of the Waitangi Tribunal, te ao Māori encompasses not just what is known, but also how it is known. This reflects te ao Māori ways of perceiving and understanding the world, and the values or systems of thought that underpin those perceptions (Waitangi Tribunal, 2011).

Government can improve its investment to drive wellbeing by embracing the uniqueness of te ao Māori – using it as a tool for viewing how it sees, aspires to and works towards wellbeing. Improving equality and greater access to effective support for

3 Waitangi Tribunal, Mangonui Sewerage Claim Report (1988), p. 4.

4 Waitangi Tribunal, Muriwhenua Fishing Claim Report (1988), p. 26.

5 Waitangi Tribunal, Te Whānau o Waipareira Report (1998), p. 21.

6 A fuller description of relevant Treaty principles is set out in the section in this paper, "The Government Toolkit".

Māori that is designed by te ao Māori will, for example, see improved wellbeing for the entire population by lifting the overall standard of living.

Wellbeing and values in te ao Māori

Pere (1986) and Durie (1994) suggest that, for Māori, wellbeing is linked to understanding the values that drive them. Understanding these te ao Māori values adds another dimension for thinking about wellbeing, including the LSF. Applying this understanding will mean that strategy, policy design and delivery will connect with whānau, hapū and iwi in ways that do not currently happen sufficiently.

Whānau, hapū and iwi values vary across Aotearoa New Zealand, informed by the range of needs, interests and aspirations they have for their own wellbeing. It is also important to acknowledge that Māori are a heterogeneous population whose perspectives are varied by separate experiences, local mātauranga and whakapapa; all of which shape their interactions with others.

So, measuring wellbeing for Māori in a meaningful way requires Māori values to shape how the LSF applies; te ao Māori should be central to designing and measuring wellbeing for Māori.

Values applied through traditional knowledge and practices

Advancing wellbeing for Māori requires an interconnected approach that recognises the broad cultural perspectives that shape experiences of, and interaction with, the world on a range of topics (Houkamau & Sibley, 2016).

Reinforcing an interconnected approach, Forster (2003) highlights that an approach that prioritises Māori maintains the integrity of mātauranga Māori and enables Māori wellbeing by recognising and acknowledging the importance of cultural practices and knowledge. This allows the application of traditional principles and values to contemporary issues.

This discussion paper, therefore, advocates the consideration of each of the four capitals (and the four capitals taken together) through values and perspectives that Māori self-identify within te ao Māori. The examples below show that, while it is possible to look at the LSF through te ao Māori, it is also possible to move beyond the descriptions of the capitals in the LSF and consider how they might instead be framed if the starting point was the world view of a discrete population within Aotearoa New Zealand:

- Mātauranga⁷ (traditional knowledge), wairuatanga (spirituality) and retaining a healthy mauri (life essence) are all key elements of human capital.
- Tikanga, kawa and mātauranga govern the way Māori interact in their rohe and with their marae and kāinga (whanaungatanga), and with the natural environment (kaitiakitanga). Similarly, the acts of hospitality, kindness, respect, generosity and reciprocity that represent the expression of manaakitanga all build social capital.

7 Mātauranga Māori (traditional knowledge) encompasses skills and knowledge but, more importantly, it relates to those aspects of culture and identity unique to te ao Māori (Waitangi Tribunal, 2011) and is inextricably linked to the values, beliefs and perceptions of Māori across all four capitals.

- An ancestral connection to the natural world is critical for Māori reflected in kaitiakitanga, and the determination to preserve the mauri and wairua of the natural environment, including water and land. This drives a focus on preserving natural capital through sustainable use for current and future generations.
- Economic drivers in te ao Māori are seen in a wider wellbeing context, often with a focus on mana more than “economic exchange”. For example, Māori businesses that are social enterprises focus on supporting the wider wellbeing of Māori and many commercial businesses aim to benefit iwi, hapū, whānau or hāpori. Further, many businesses are driven by cultural principles that shape their business models. This offers a different, yet complementary, perspective on financial/physical capital.

Applying te ao Māori to the capitals demonstrates the interconnectedness of the capitals for Māori, supported by values, mātauranga, beliefs and tikanga. Understanding and applying this to the capitals creates a view of wellbeing that is consistent with the way Māori themselves assess their wellbeing. This approach allows for analysis and government engagement on wellbeing with Māori to occur with concepts and values familiar to Māori.

In an effort to improve the situation of Māori, wellbeing driven by te ao Māori is a potential lever of both opportunity and equity. It requires the Public Service to apply te ao Māori to the design of government strategy, priorities, budgets and policy design and delivery. Such an approach in some cases requires a significant change to the way the Public Service works to improve Māori wellbeing.

While understanding and then applying te ao Māori may be challenging for government, it reflects a mature approach to the discussion of wellbeing and diversity. To support a re-framing of the Government’s thinking on wellbeing in the future, Te Puni Kōkiri has a significant body of expertise that can assist the development of an approach that will be new to the public sector, but not Māori.

Whānau-centred thinking

Māori wellbeing is whānau wellbeing. This is because whānau is the foundational unit of Māori society. They are also the fundamental building block of a collective society, including hapū and iwi (Mihaere, 2015), a source of collective strength and a driver of wellbeing. Whānau are also the critical, yet often overlooked, variable in delivering sustainable wellbeing for individuals and collectives, including for intergenerational change.

In a contemporary context, the notion of whānau is an important aspect of the way Māori live and identify themselves and their place within te ao Māori and society. Te Puni Kōkiri (2018) applies a whānau-centred philosophy and approach and advocates for government to view and improve the wellbeing of Māori through a collective family-orientated approach, with a foundation in te ao Māori. This approach reflects the structures and hierarchies observed within te ao Māori, and works to recognise the collective aspirations of a family-based group, inclusive of the individuals within it. When focused on whānau, the approach also provides an internal support system based in kaupapa Māori.

The whānau-centred approach Te Puni Kōkiri uses advances the following core characteristics:

- a focus on whānau at the centre
- holistic wellbeing
- effectiveness based on outcomes
- self-determination and autonomy
- strengths-based methods
- effective relationships
- basis in te ao Māori and kaupapa Māori
- integrated systems
- supportive environment.

It is backed by a growing body of research that promotes a culturally responsive, whānau-centred approach to assisting better wellbeing outcomes for Māori. It also provides a platform for whānau to discuss, decide and collectively agree to the wellbeing outcomes they want to aspire to (Social Policy Evaluation and Research Unit, 2018). Māori have long called for whānau-centred approaches and view these as vitally important to achieving better outcomes. These calls can be clearly seen across multiple reports to government over many decades.

In order to achieve the wellbeing outcomes that Māori aspire to, the broader public policy discourse needs to explore how it can also take a whānau-centred approach: in particular, how the wellbeing of whānau can be facilitated by whānau and measured in ways that work for whānau. This means that a focus on the wellbeing of whānau should be considered when applying the LSF – both in seeking to understand what whānau consider wellbeing looks like and how it can be achieved. A focus on whānau will support the wellbeing of whānau, hapū and iwi, in addition to the individuals within them. This focus allows the needs, aspirations and interests of everyone to be accounted for within the wellbeing framework, through an approach that also emphasises that rangatiratanga resides within collectives.

Recognition of strength and resilience critical to a whānau-centred approach

A key platform of the whānau-centred approach is the recognition of the strength and resilience of whānau as holding untapped potential for change on the one hand, and as agents of change on the other hand.

Public policy in Aotearoa New Zealand has often been based on negative and paternalistic perspectives, particularly for Māori. This has been a result of seeking to improve outcomes through direct State intervention which ignores particular circumstances and experiences of populations.

Often these policies have been disempowering and removed rangatiratanga from those targeted by policy. Whānau have been largely ignored and the resulting policies and

their delivery tend to leave individuals and whānau less resilient and more dependent on further intervention. Too often, this approach creates a cycle of dependency on the State and ultimately does little to enable the development of wellbeing.

This paper advocates that the opposite approach is required.

Wellbeing must be considered and facilitated from a strengths-based perspective allowing for and supporting whānau aspirations in their pursuit of wellbeing. This means re-framing the thinking around the four capitals to recognise that they constitute measures of the capabilities of whānau, and seeking to use these to meet whānau aspirations. It also involves focusing less on statistics that point to disparity and more on the strength and drive of whānau to improve their own wellbeing. New approaches are required to investigate and respond to that existing strength.

For Māori, a strengths-based approach located in te ao Māori creates the opportunity to take a holistic, whānau-centred view to identify, plan for and achieve outcomes for individuals and the collective.

In sum...

In summary, the indigeneity lens is a perspective on wellbeing that the Government needs to apply to enhance wellbeing for Māori. It invites consideration and balancing of three elements: Te Tiriti o Waitangi, te ao Māori and whānau-centred thinking in order to achieve something new. The lens should be considered and applied afresh every time wellbeing is considered. Applying the lens afresh to each issue and target population is important because the beliefs, values and drivers of wellbeing will differ depending on the issue and the characteristics and development state of the population. What is right for one situation is not necessarily a good fit for the next.

The indigeneity lens presents a model that could be developed to suit the diverse populations in Aotearoa New Zealand. It enables the public sector to be responsive to the range of wellbeing aspirations, needs and interests of whānau, including the individuals within them and the collectives that whānau comprise. The indigeneity lens shows that it is possible for any population to articulate their particular context, world view and approach to wellbeing to which the public sector can respond. It implicitly authorises Aotearoa New Zealand to consider the diverse and particular ways that wellbeing is experienced within the country, and opens a conversation about how the Government could respond to ensure that equity is felt and seen, moving beyond a “one size fits all” approach that may inadvertently render some groups invisible.

Shifting government's focus to Māori wellbeing

The role of government and the Public Service is to improve the wellbeing of all New Zealanders. Throughout Aotearoa New Zealand's history, all governments have, in their own way, sought to enhance the nation's wellbeing.

To achieve this, government sets priorities based on differing views of how to best achieve wellbeing for the nation. These priorities guide the activities of the public sector, flowing through to the policies, legislation, indicators and measures by which governments judge success.

The Living Standards Framework must accommodate shifting thinking and priorities

For the LSF to be effective and sustainable in supporting a focus on improved wellbeing it must accommodate the pursuit of wellbeing across multiple government administrations. If successful, the LSF is a means to measure and support the achievement of sustainable, intergenerational wellbeing of all New Zealanders.

Currently, Māori seek to achieve wellbeing in an environment that is characterised by a range of complex and often arbitrary or outdated legislation, policy and operational government systems. These systems have failed to work consistently well for Māori because they have been unable to accommodate or respond to diverse world views.

The modern Māori world in which whānau live is both sacred and secular, is both adaptive and evolving and expresses itself in diverse ways. However, if current public sector practice continues, the system will remain difficult for whānau to navigate, resulting in adverse impacts on the country's wellbeing through continuously poor outcomes for Māori.

Considering national wellbeing in the context of a universal set of wellbeing domains

The population of Aotearoa New Zealand, through government, determines the shape of the nation both now and in the future. As a tool for helping to understand the nature of wellbeing New Zealanders seek, the indigenous approach set out in this paper offers an opportunity to achieve something significant, a potential step change in wellbeing for all New Zealanders. This includes taking a view on the LSF's wellbeing domains.

Wellbeing domains that are universally applicable

The LSF views wellbeing through the connection between the LSF's 12 wellbeing domains and associated indicators and the four capitals. The thinking in relation to the LSF represents a significant advance on current considerations of wellbeing, although the LSF is still attempting to develop a view of how wellbeing can be described as a system. At present, it appears that the 12 wellbeing domains that describe how wellbeing is achieved are taken as a given, without considering how the wellbeing of individuals, whānau, hapori and society are interlinked and interdependent.

Within the context of strategic outcomes for the community decided by governments, we propose a smaller set of holistic, robust and interconnected wellbeing domains that encompass the content of the 12 LSF domains, yet articulate a positive, simpler and more cohesive picture of wellbeing that is universal and can apply across generations.

The smaller set of wellbeing domains is based on a significant body of Māori wellbeing literature, developed over many years. Māori scholars and thinkers have debated the need for, and desirable characteristics of, a holistic set of wellbeing outcomes that work toward Māori aspirations. This thinking has evolved through multiple models that draw on longitudinal studies, and has been tested by academics, leading figures within te ao Māori, service delivery experts and with whānau themselves.

The results of this thinking (Taskforce on Whanau-Centred Initiatives, 2010), (Whanau Ora Partnership Group, 2016), point to the conclusion that wellbeing is achieved for Māori and the wider community when they are:

- cohesive, resilient and nurturing
- confident participants in society
- confident in language and culture
- living healthy lifestyles
- self-managing
- responsive to the natural and living environment
- economically secure and wealth creating.

This paper describes the above points as the “seven wellbeing domains” – they are interdependent and interconnected, and together describe overall wellbeing for Māori. These seven wellbeing domains look beyond the macro level (ie, the wellbeing equivalent of GDP), to the micro-level experiences and realities of whānau which are critical to wellbeing.

The seven wellbeing domains offer a perspective beyond that currently proposed for the LSF because the seven wellbeing domains are closely connected to people’s real-world experience of wellbeing. Considered as a whole (eg, when they are viewed as interdependent and interconnected), they encompass the range of activity that contributes to Aotearoa New Zealand’s overall wellbeing as a nation. This thinking is supported by work undertaken by Statistics New Zealand He Arotahi Tatauranga. The seven domains can give real meaning to wellbeing for various population groups in Aotearoa New Zealand – within the domains, diverse populations can describe the way in which wellbeing is achieved and how they understand and view their own drivers of wellbeing, accounting for their culture and the context in which they live and work.

The seven wellbeing domains are applicable to Māori and to the diverse populations in Aotearoa New Zealand. Similarly, they are universally applicable. They provide the ability for states to respond to the needs, aspirations and interests of their diverse populations, and to do so from an indigenous perspective that is capable of looking beyond Western constructs of wellbeing. They provide the domains under which indicators and measures of capabilities can be developed that are appropriate to the target population.

In sum...

The proposed seven wellbeing domains provide a holistic, interconnected and intergenerational view of wellbeing. This view of wellbeing is broad enough to consider wellbeing at both macro and micro levels, including wellbeing at national, hapori or whānau levels. It accounts for views of wellbeing whether or not that view is based in a Western paradigm, and resonates with whānau and hapori. It links the LSF to an expression of wellbeing that has real meaning for diverse populations, including the individuals within them.

The breadth of the seven wellbeing domains supports a flexible view of wellbeing that can accommodate shifting thinking and priorities, enabling the wellbeing of particular populations to be considered over time. These domains expand the parameters for discourse about wellbeing for Māori, and in fact any population group, whether in Aotearoa New Zealand or abroad.

The Government Toolkit

Governments, and the community more generally, have to take action together to deliver improved wellbeing. This action, using the “Government Toolkit” of levers for government, needs to reflect the wellbeing aspirations of the whole population, including the uniqueness of Aotearoa New Zealand and its indigenous people.

To successfully achieve improved wellbeing for Māori, the Government Toolkit needs to reflect the approach outlined in this paper. Doing this requires an understanding of the drivers of wellbeing for Māori, the application of an indigeneity lens within the Aotearoa New Zealand context and an understanding of the seven wellbeing domains for a wider view on the LSF. This paper identifies implications for utilising the following key elements of the Government Toolkit:

- Te Tiriti o Waitangi
- priorities
- policy
- legislation
- indicators and measures.

Te Tiriti o Waitangi

The full spectrum of government activity that drives improved wellbeing for Māori needs to consider Te Tiriti o Waitangi given it is a core part of the constitutional underpinning for Aotearoa New Zealand and is fundamental to the Crown/Māori relationship. Through a long history of legal consideration, Te Tiriti plays a significant role in the nature and scope of government engagement with Māori.

The sometimes fractious nature of the Crown/Māori relationship often involves legal challenges, which in turn give rise to a series of principles used by the Crown in relation to its obligations under Te Tiriti. These are the principles of partnership, active protection and redress.

Partnership

The principle of partnership is well-established in Te Tiriti jurisprudence. Both the courts and the Waitangi Tribunal frequently refer to the concept of partnership to describe the relationship between the Crown and Māori. Partnership can be usefully regarded as an overarching principle from which other principles have been derived. Partnership requires the Crown and Māori to act reasonably, honourably and in good faith (Te Puni Kōkiri, 2011).

Active protection

The principle of active protection encompasses the Crown’s obligation to take positive steps to ensure that Māori interests are protected. The duty of active protection requires vigorous action where a taonga is threatened, especially where its vulnerability can be traced to earlier breaches of Te Tiriti.

The relationship Te Tiriti envisages is founded on reasonableness, mutual cooperation and trust in carrying out its obligations. Therefore, the Crown obligation in protecting these interests should be reasonable in the prevailing circumstances. While the obligation of the Crown is constant, the protective steps which it is reasonable for the Crown to take change depending on the situation (Te Puni Kōkiri, 2011).

Redress

Generally, it is a principle of partnership, and in particular that of Te Tiriti relationship, that past wrongs give rise to the right of redress. This acknowledgment is in keeping with the fiduciary obligations inherent in the Treaty partnership (Te Puni Kōkiri, 2011).

The development and use of these principles by the Crown has continued through to the current day, where Te Tiriti is reflected in a range of existing legislation. It is often a specific factor for consideration across the spectrum of policies developed by successive governments.

In addition to its legal importance, Te Tiriti is a reflection of the spirit of cooperation and collective development that underpins te ao Māori.

The approach in this paper outlines a framework for wellbeing, for Māori in particular. As discussed above, Te Tiriti needs to inform an understanding of the drivers of wellbeing for Māori and is a critical part of the indigeneity lens. This section reinforces that Te Tiriti is a tool that also guides how the Government can enable wellbeing for Māori.

Priorities

Government priorities that are driven by a clear view of wellbeing that ensures everyone has the same chance to benefit, are an important driver of change and improved wellbeing.

The setting and revision of priorities enables successive governments to advance specific policy objectives. These priorities span all areas of activity and often have a significant impact on Māori, whether by design or not. Priorities are generally driven by political interests that reflect consideration of the expectations of the electorate.

The public sector is generally tasked with developing and executing a programme of work to achieve government priorities. These then flow through to the policy and legislative programmes developed, and onto the creation of indicators and measures that are used to judge whether or not the priorities have been achieved.

Māori participation and government understanding of te ao Māori in setting priorities for achieving wellbeing have often been low. As a result, Māori are not adequately considered in, or positioned for, establishing and implementing action under the priorities. In turn, this can result in priorities and approaches that are not working effectively, and may also be inconsistent with Te Tiriti.

The indigenous approach set out in this paper would advocate that greater weight be given to priorities that would improve wellbeing for Māori, and in ways that are increasingly consistent with the Crown's Te Tiriti obligations.

Policy: Analysis and implementation

Policy is a key tool by which government and the public sector set direction and parameters for activity. Policy development and subsequent decisions are often the triggers for legislative reform, intervention design and investment. Policy decisions usually identify the indicators and measures by which the success of changes will be measured. In this process, Māori will sometimes be engaged, particularly where Māori are considered to have a particular interest. It is important that Māori needs, aspirations, rights and interests for wellbeing trigger, shape and influence policy.

However, although Māori are significantly impacted by policy, they are not always provided an appropriate role in developing policy as a Treaty partner, or as citizens who may be a significant stakeholder in proposals – either in terms of the outcomes to be achieved or the way in which outcomes are to be achieved. This is particularly so for social and economic policies that are seen as impacting on the public more generally. This takes place despite the requirement to consider Treaty principles when developing any such proposals.

Applying an indigenous approach is a catalyst for a significant shift in thinking for policy-makers and advisors, both for designing and implementing wellbeing policy. It has significant implications for the practice, quality and efficacy of policy development and design across the public sector. A more nuanced analysis of the measures used to determine the success or failure of interventions would also occur. This shift is critical.

Legislation, including regulation

Legislation establishes legal authority for the Public Service to carry out particular functions. Law reform is also a key mechanism to provide leadership for changing wider social norms, or for responding to changing social, economic, cultural or environmental situations.

Legislation and associated regulatory mechanisms can have significant impacts on wellbeing that can go unrecognised. The LSF, with the benefit of the proposed indigenous approach, applied to the development of legislation and regulations would ensure that wellbeing was more robustly considered. More specifically, it could improve the impact of wellbeing for Māori and the resourcing of measures.

Recent legislation has begun to recognise elements of te ao Māori in law. For example, Te Ture mō Te Reo 2016 (Māori Language Act 2016) establishes a partnership with Māori to progress the revitalisation of te reo Māori; legislation also recognises Te Urewera as an entity in its own right, and for decisions made in relation to it to reflect customary values.

These shifts are significant, and reflect how legislation can be a potent vehicle for enabling Māori to achieve aspirations in a way that is increasingly consistent with te ao Māori. Approaching policy in a new way would see innovative legislative responses such as these as potent exemplars of good legislative practice, rather than as legislative outliers.

Indicators and measures

Indicators and measures are usually intended to help the public sector, government and the public to understand whether priorities and policy objectives are being met.

Done poorly, indicators and measures can also be a significant impediment to wellbeing for Māori. Too often, the focus is on things that can be easily measured, rather than seeking to measure things that are more important to wellbeing. International comparability rather than usefulness for Aotearoa New Zealand can also be a driver, and important characteristics from te ao Māori can be lost, including indicators that are:

- collective/whānau-based⁸
- strengths-based, rather than deficit-based
- based on progressive advancement, rather than management of adversity.

The focus that the use of an indigeneity lens brings to the identification, selection and interpretation of LSF indicators and measures, and the seven wellbeing domains proposed in this paper, will help to accurately measure future wellbeing.

It will, by extension, increasingly encourage government and the public sector to:

- develop a similarly nuanced understanding of te ao Māori
- consider how te ao Māori can act as a catalyst for innovation and better service design and delivery
- work with Māori to develop thoughtful and useful indicators and measures for operational activities.

A focus on simply meeting targets that might be associated with specific indicator measures is not the aim of the LSF. Instead, indicators should provide confidence that there will be improvement in wellbeing across the seven wellbeing domains and allow a response to Māori needs, aspirations and interests.

In the table at the end of this section, additional indicators are proposed based on the seven wellbeing domains proposed in this paper, having applied an indigenous approach.

These indicators are new, with data not currently available within government. This provides a practical example of applying an indigenous approach. In particular, it shows how using te ao Māori can enrich not only the way in which wellbeing is thought of, but how wellbeing can be measured and monitored across government in a way that reflects and respects both te ao Māori as well as Aotearoa New Zealand as a whole.

A table outlining a full set of proposed indicators (including those indicators for which data is already available) is attached in Appendix 1.

⁸ Metge's definitions of whānau (Metge, 1995) provide a useful way for the LSF to assess and measure whānau wellbeing through the collective interests of the household. Although imperfect, this would represent the start of a process to develop a robust unit of measure for whānau.

Table 1: Indicators generated by applying an indigenous approach



Seven wellbeing domains	Indicators generated by applying an indigenous approach	Social
Confident in language and culture	<ul style="list-style-type: none"> • % Learning te reo • % Believe they have acquired enough knowledge of mātauranga and whakapapa to teach their children • % Participate in the transfer of te ao Māori knowledge • % Feel they have the opportunity to participate in cultural activities • % Marae functioning well (in good state of repair) • % Confident in organisations upholding their rights • % Satisfied that advocacy efforts are consistent with tribal history and values 	Social
Cohesive, resilient and nurturing	<ul style="list-style-type: none"> • % Whānau/family satisfied with the amount of time spent intergenerationally • % Whānau/family that give care to older/younger members • % Whānau/family provide a nurturing environment 	Human
Confidently participating in society	<ul style="list-style-type: none"> • % Voting in local elections • % Voting in school board of trustee elections • % Feel/trust that their whānau/family is treated fairly • % Feel their whānau are able to live as Māori • % Feel their whānau/family has satisfactory access to all necessary services • % Satisfactory access to early childhood education • % Truancy 	Human
Living healthy lifestyles	<ul style="list-style-type: none"> • % Feel their whānau encourage healthy lifestyle choices 	Human
Self-managing	<ul style="list-style-type: none"> • % Believe they have gained the skills/knowledge to adequately manage their lives • % Believe they have gained the skills and knowledge needed to contribute to their whānau/family • % Whānau that are aware of the capability that exists in their whānau network • % Whānau/households have a household emergency plan • % Whānau/households have home contents insurance • % Aware of their rights and interests regarding assets held in common 	Human
Responsive to living and natural environment	<ul style="list-style-type: none"> • % Land development and productivity • Value of whānau landholdings • % Whānau/family have access to involvement in environmental management processes • % Whānau/family are satisfied with their access to physical environment/resources • % Homes are insulated • % Land type that housing is on (papakāinga) • % Whānau have access/opportunity to visit sites of significance 	Natural
Economically secure and wealth creating	<ul style="list-style-type: none"> • % Whānau/family have a retirement savings plan • % Believe they have the skills to adequately manage the financial situation for themselves and their whānau/family • % Whānau/household have sufficient employment • % Increasing employees • % Whānau/household feel they would have the support needed to start a business 	Financial/ physical

Note: Red signifies indicators that are Māori-specific rather than for the full population.

In sum...

Consideration of the approach to wellbeing for Māori proposed in this paper (comprising the drivers for wellbeing, the indigeneity lens and the seven wellbeing domains) goes hand in hand with consideration of the tools that government can use to give effect to improved wellbeing. An approach to wellbeing is of no use without tools being applied to give effect to it. This section has canvassed key tools that the Public Service can consider as a focus on Māori wellbeing and Māori concepts of wellbeing are embedded into business-as-usual practices.

Application to the Living Standards Framework

A new approach will deliver better outcomes for Māori

The seeming intractability of poor Māori outcomes has remained unresolved for decades. The failure of Aotearoa New Zealand public policy to improve Māori outcomes is largely owing to a persistent failure to sufficiently appreciate issues or the implications of legislative, policy or operational changes from the viewpoint of te ao Māori.

Understanding te ao Māori enables the needs, aspirations and interests of Māori to be understood, and enables appropriate and long-lasting improvements to wellbeing to be achieved. Wellbeing can be considered by applying the indigenous approach proposed in this paper, which considers wellbeing in terms of the seven wellbeing domains.

As Māori are citizens of Aotearoa New Zealand, they walk (and seek to thrive) in a non-Māori world. But because Māori also walk within te ao Māori, the critical dimensions that are fundamental to holistic Māori wellbeing must be considered and enabled. Too often, the focus is on doing things without taking the time to appreciate the context, perspectives, beliefs or values that make Māori distinct. Additionally, policy-makers often conflate Māori expressing themselves as Māori through language or culture with the experience of being Māori.

It is only by applying an indigenous approach that the importance of the LSF's wellbeing domains can be fully understood. This recognition makes it possible to see how the indicators each contribute to a wider understanding of what wellbeing for Māori might look like.

While the proposal to apply the indigenous approach to the various components of the Government Toolkit may initially be seen as extremely challenging for the Public Service, there are already examples of how the Government is seeking to try new approaches and think differently about improving outcomes for Māori. Some examples follow.

Policy

Work by Te Puni Kōkiri to develop a whānau-centred policy framework, noted above, offers one potential mechanism to support the consideration and application of an indigenous approach. Using a whānau-centred approach in conjunction with other tools such as multi-criteria analysis⁹ and the LSF when considered with the proposed indigenous approach, would help the public sector to ensure that a greater focus on wellbeing sits at the centre of policy thinking.

The Tax Working Group is considering how tikanga Māori could create a more future-focused tax system and is developing innovative tools that draw heavily on te ao Māori. This reflects the type of thinking that results from applying an indigenous approach, and identifies te ao Māori values that are the most applicable to that particular kaupapa.

9 For an example of a model of multi-criteria analysis, see: <https://treasury.govt.nz/information-and-services/regulation/impact-analysis-requirements-regulatory-proposals>

The Public Service is encouraged to consider the approach proposed in this paper and apply it afresh to issues, which may require them to develop bespoke or topic-specific tools. Such approaches should be seen as complementary to the overall goal of challenging the status quo.

Legislation, including regulation

The statutory requirement for the Crown to work in partnership with Māori (through Te Mātāwai) to revitalise te reo Māori is new and signals that the public sector can be ambitious for different types of Treaty-based relationships into the future. The Treaty partnership is reflected through Te Rūnanga Reo where Ministers and Te Mātāwai work together on the revitalisation of te reo. The partnership set up under legislation is expressed through the metaphor of Te Whare o Te Reo Mauri Ora (a single house with the two sides of the partnership represented by the place afforded to each).

Other examples within legislation demonstrate efforts to increasingly recognise and reflect the approach proposed in the indigeneity lens. Two particularly relevant examples of this are:

- recognition of Te Urewera as an entity in its own right, and for decisions made in relation to it to reflect customary values as part of Te Urewera Act 2014
- recognition of the Whanganui River as a legal person as part of Te Awa Tupua (Whanganui River Claims Settlement) Act 2017.

Indicators and measures

This paper suggests a broad approach to understanding wellbeing by considering the seven wellbeing domains, having applied an indigeneity lens and considered how the indicators and measures of societal capability represented by the four capitals are able to track progress to wellbeing.

Within the natural resources sector, work has been done to explore how te ao Māori applies to the development of potential indicators and measures (Landcare Research, 2016). This work encapsulates a thoughtful and nuanced appreciation of te ao Māori that explores and seeks to understand the reality that the natural environment is interconnected with, and critical to, social, cultural and economic development.

This type of work reflects aspects of the indigeneity lens, and can be built upon in the development of specific indicators and measures.

Māori-led initiatives

In addition to work that the Government is leading, a number of iwi have already developed wellbeing frameworks of their own, which similarly encapsulate a range of indicators and measures of the wellbeing aspirations for iwi members. Each looks at wellbeing from te ao Māori, and yet each places different weight on values and norms, depending on their view of what is critical to wellbeing. There is a wealth of analysis of wellbeing generated by Māori that positions the public sector to understand and engage with the wellbeing aspirations, needs and interests that Māori articulate for themselves.

The challenge that remains

The challenge for government as it considers the approach in this paper is to consider how each of its elements can apply to the LSF and to achieving wellbeing. This includes:

- focusing on understanding the drivers of wellbeing for Māori
- exploring and advancing each aspect of the indigeneity lens (Te Tiriti o Waitangi, te ao Māori and whānau-centred thinking)
- understanding the seven wellbeing domains.

This focus needs to be applied in considering how wellbeing can be achieved, including when applying the LSF.

Conclusions

“Knowing where we come from and learning and retelling our collective narratives are critical to the sense of belonging, and therefore the wellbeing, of Māori people.”

(Forster, 2006)

As Aotearoa New Zealand public policy considers sustainable intergenerational wellbeing, it must also incorporate an appreciation of indigenous perspectives. Until that happens, sustainable improvements to Māori wellbeing (and the wellbeing of Aotearoa New Zealand) will not be seen.

Achieving the full expression of wellbeing for everyone in New Zealand requires a new direction to be taken, towards a view of wellbeing that enables everyone to flourish. The view of wellbeing proposed encompasses both the secular and the sacred; allows for a view of wellbeing that connects to the fundamental nature of a person and their heritage; and reinforces people’s ways of being and their whakapapa. This view of wellbeing is expansive enough to include the various expressions of wellbeing that diverse populations (including other indigenous populations) may have.

There is an imminent opportunity for the public sector to weave together a holistic picture of wellbeing that better reflects all New Zealanders. This paper provides a basis for: firstly, the diverse populations in Aotearoa New Zealand to articulate their view and experience of wellbeing; secondly, the public sector to apply a “lens” to ensure it understands the population (the indigeneity lens could be adapted for various populations); and thirdly, for a holistic set of wellbeing domains to be recognised that could be applied universally – the three elements of the proposed indigeneity approach.

For Māori specifically, this paper articulates how wellbeing can be considered via a practical tool that:

- supports the wider pursuit of a set of wellbeing indicators that work for everyone
- enables consideration of current and future capital stocks as measures of capabilities that support wellbeing, having taken into account an indigenous approach.

This paper has argued that to achieve Māori wellbeing whānau wellbeing needs to be achieved. In turn, whānau wellbeing requires a greater focus on strengths-based approaches that build resilience and build on aspirations for wellbeing. Wellbeing and strengths-based approaches go together. Jointly, they demand that evidence be based as much on qualitative insights and subjective experience as on quantitative data.

This paper offers a way to consider the four capitals within the proposed seven wellbeing domains, bridging the current gap that exists between the LSF and New Zealanders’ aspirations for wellbeing. It also offers a way to reconnect the LSF with the Aotearoa New Zealand context and the things that drive New Zealanders to live their lives the way they want.

In articulating the approach in this paper, the possibility becomes apparent that an indigenous perspective on the design of an LSF could produce a different LSF. However, while that may be true, it is clear that the proposed indigenous approach offers a single, coherent and robust way to understand and ultimately drive improved wellbeing for Māori. This paper has identified the need to recognise and consider wellbeing from the perspective of collectives (whānau and hapori), within which individual citizens live and aspire towards wellbeing. It has also signalled key tools the Public Service has available to work with towards improved wellbeing for Māori.

This paper has taken the position that a radical shift in thinking is required in order to achieve better outcomes for Māori, and the LSF as it is currently framed (although a major step forward compared with current thinking) still remains unable to adequately consider issues for Māori. This shift in thinking will value and respect the diversity of the populations that make up Aotearoa New Zealand – it acknowledges that indigeneity and diversity go hand in hand.

With the LSF in place, attention can turn to testing and refining the approach proposed in this paper. It can further consider how to better apply a genuine understanding of wellbeing for Māori to the development of strategy and the practice of policy analysis, design and implementation. While there are many ways this might be achieved, the key point is to ensure that the values, beliefs and practices of various whānau, hapū and iwi are understood and applied effectively to achieve improved wellbeing now and into the future. That is to say, Aotearoa New Zealand must ensure it understands what drives its diverse populations in the context of how different population groups view, understand and aspire to wellbeing.

There are challenges in refining a new approach to wellbeing. The key challenge is whether Aotearoa New Zealand is mature enough to recognise the richness that will come from achieving a positive intergenerational wellbeing across all its population groups. A new approach requires leadership and a willingness to work through the tensions that complementary, yet distinct, views on wellbeing bring. There is a need for leaders to set their vision for a new approach to wellbeing, stretch existing practice, resource the new approach and stay the course.

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Appendix 1: Indicators generated from the application of Te Ao Māori through an Indigenous Lens

	Indigeneity lens	Domain areas	Suggested indicators – already available	Suggested indicators – needing development
Social	Well-being Outcomes	<ul style="list-style-type: none"> Speaking te reo Māori Proficiency Speaking te reo in the home Knowledge of pepeha Mātauranga Access to cultural knowledge 	<ul style="list-style-type: none"> % Te reo speakers % Whānau/households in which Te reo Māori is spoken in the home % Whānau that have knowledge of the pepeha of the whānau % Whānau having access to someone to support with cultural skills % Participating in cultural activities 	<ul style="list-style-type: none"> % Learning te reo % Believe they have acquired enough mātauranga / knowledge of whakapapa to teach others/children % Participate in the transfer of te ao Māori knowledge
	Whānau are confidently participating in Te Ao Māori	<ul style="list-style-type: none"> Participating in cultural activities Visiting marae Connection to marae Marae state of repair Iwi registration Rights and advocacy 	<ul style="list-style-type: none"> % Attended ancestral marae in last 12 months % Living within 30 minutes' drive of ancestral marae % Feel strongly connected to ancestral marae % Registered with an iwi 	<ul style="list-style-type: none"> % Feel they have the opportunity to participate in cultural activities % Marae functioning well (in good state of repair)
	Whānau are cohesive, resilient and nurturing	<ul style="list-style-type: none"> Contact with whānau and friends Strong whānau relationships Nurturing, abuse-free environment Support 	<ul style="list-style-type: none"> % Extent of contact with whānau and friends % Feeling lonely % Whānau/family get along well with one another % Getting support in times of need % Whānau/family that give care to older/younger members 	<ul style="list-style-type: none"> % Confident in organisations upholding their rights % Satisfied that advocacy efforts are consistent with tribal history and values % Whānau/family satisfied with the amount of time spent intergenerationally % Whānau/family provide a nurturing environment
	Whānau are participating fully in society	<ul style="list-style-type: none"> Societal systems Feeling discriminated against Expressing identity Spirituality/religion Safety Crime level Participating in clubs/community groups Access to support/services ECE Educational/Qualification attainment 	<ul style="list-style-type: none"> % Voting in General Election % Trust in government institutions % Discriminated against in last 12 months % Acceptance of diversity % Ability to be yourself in NZ / express identity % Re-offending rate % Participating in club or interest groups % Volunteering % Access to GPs / mental health services % Feel safe in neighbourhood % Attending ECE % Achieving NCEA 	<ul style="list-style-type: none"> % Voting in Local Elections % Voting in School Board trustee elections % Feel/trust that their whānau/family is treated fairly % Feel their whānau are able to live as Māori % Feel their whānau/family has satisfactory access to all necessary services % Satisfactory access to ECE % Truancy
Human	Whānau are leading healthy lifestyles	<ul style="list-style-type: none"> Self-assessed health status Drinking alcohol Eating healthily Doing physical exercise Psychological distress 	<ul style="list-style-type: none"> % In good health (self-assessed) % Drink alcohol to hazardous level % Eat 3+ veges per day % Physically active % Experiencing psychological distress 	<ul style="list-style-type: none"> % Whānau encourage healthy lifestyle choices
	Whānau are self-managing & empowered leaders	<ul style="list-style-type: none"> Pathways to independence Sense of purpose Capability within whānau Planning for emergencies Control over their life Home ownership Housing stability 	<ul style="list-style-type: none"> % Feel control over their life % Whānau/households that own or partly own their home % Housing affordability / housing cost % Living at same house for 5 years % Feel a sense of purpose 	<ul style="list-style-type: none"> % Believe have gained the skills/knowledge to adequately manage their lives % Believe have gained the skills and knowledge needed to contribute to their whānau/family % Whānau that are aware of the capability that exists in their whānau network % Whānau have a household emergency plan % Whānau/households have home contents insurance % Aware of their rights and interests regarding assets held in common
	Whānau are responsible stewards of their living and natural environment	<ul style="list-style-type: none"> Quality of environment / sustainability Land use Kaitiakitanga Quality of housing Land type Access to wāhi tapu and wāhi taonga 	<ul style="list-style-type: none"> Air quality Water quality Resource stocks % Involvement in environmental planning or decision making (or access) % Whānau/households which have a problem with dampness or mould % Whānau/households which need housing repairs 	<ul style="list-style-type: none"> % Land development and productivity % Value of whānau landholdings % Whānau/family are satisfied with their access to physical environment/resources % Homes are insulated % Land type that housing is on (papakāinga) % Whānau have access/opportunity to visit sites of significance
	Whānau are economically secure and successfully involved in wealth creation	<ul style="list-style-type: none"> Income Income adequacy Savings/Net worth Financial skills Employment NEET Business ownership Business growth Business opportunity 	<ul style="list-style-type: none"> % Income adequate to meet everyday needs Household income per person Net worth % Employment rate % NEET Number of Māori / whānau business % Self-employed Turnover % Exporting 	<ul style="list-style-type: none"> % Whānau/family have a retirement savings plan % Believe they have the skills to adequately manage the financial situation for themselves and their whānau/family % Whānau/household have sufficient employment ['underutilisation' is available] % Increasing employees % Whānau/household feel they would have the support needed to start a business
Natural				
Financial/Physical				

Note: Purple signifies information that is in Te Kupenga. Red signifies indicators which are Māori-specific rather than requiring collection for the full population.

Appendix 2: Relative position of Māori in relation to selected existing measures

Social capital

Crime

Victims

In 2016:

- 42% of victims of a serious offence were Māori family victims.

Offenders

In 2016:

- 51% of prison inmates were Māori
- 45% of offenders who perpetrated a serious crime against a family member were Māori.

Children in State care

In 2016:

- 61% of children in care were Māori
- 64% of admissions to Care and Protection residences were Māori
- 71% of those in Youth Justice residences were Māori
- 46% of children who were found to have been physically abused were Māori
- 55% of children who were found to be emotionally abused were Māori
- 53% of children who were found to be neglected were Māori.

Life satisfaction

- 77.1% of Māori reported good to excellent life satisfaction, compared with 82.8% for the total population.

Human capital

Health

Life expectancy

- In 2013, life expectancy at birth was 73.0 years for Māori males and 77.1 years for Māori females; it was 80.3 years for non-Māori males and 83.9 years for non-Māori females.

Health expectancy

Health expectancy quantifies how many of the expected years a population lives are spent in good health and free from functional limitations.

- In 2013, Māori males had a health expectancy of 54.3 years (74.4% of their lives), compared with 66.7 years for non-Māori males (83.0%). Māori females had a health expectancy of 60.4 years (78.4%), compared with 67.4 years for non-Māori females (80.4%).

Disability rate

- In 2013, 26% of the Māori population (176,000 people) were identified as disabled. This was an increase from 20% in 2001. This increase is despite the fact that the Māori population has a younger age profile, and therefore is less likely to be in the older age groups where disability is more common.
- If the Māori population age profile was the same as that of the total population, they would record a much higher disability rate of 32%.

Education and employment

NCEA

- In 2016, 66.5% of Māori school leavers attained at least Level 2 NCEA, compared with 83.7% of European school leavers.

NEETs

- 20% of Māori aged 16 to 25 are Not in Employment, Education or Training (NEET) compared with 9% of non-Māori.

Highest qualification

- In 2013, 33.4% of Māori held no qualifications (compared with 21% of Europeans).
- Approximately 20% of Māori held Level 3 or 4 qualifications (versus 21% of Europeans).
- Less than 10% of Māori held qualifications at degree level or above (compared with almost 20% of Europeans).

Māori unemployment

- The Māori unemployment rate is 11%, while the non-Māori unemployment rate is 4%.

Occupations of Māori

In 2013:

- Māori made up 19% of labourers (compared with 10% European)
- 9% of machinery operators and drivers (compared with 5% European)

- 16% of professionals (compared with 23% European)
- 13% of managers (compared with 20% European).

Māori are over-represented in lower-skilled elementary occupations, and less likely to be in professional, technical or management occupations.

Natural capital

Water

In 2017:

- Assessment of the health of monitored lakes revealed that:
 - 24 were rated as good to very good
 - 17 were rated as moderate
 - 24 were rated as bad to very bad.
- Freshwater native fauna threatened with, or at risk of, extinction encompassed:
 - 31% of plants
 - 72% of fish
 - 34% of invertebrates.
- Monitoring of nitrogen levels at key river sites identified that:
 - 28% of sites identified improved nitrogen levels
 - 55% of sites identified worsening nitrogen levels.

Atmosphere and climate

- New Zealand greenhouse gas emissions have risen 24% since 1990.
- The level of CO₂ in the atmosphere has increased by 23% since 1972.
- The sea level has risen by between 14–22cm at four main ports since 1916.

Land

- New Zealand's biodiversity is at risk with some 83% of native birds, bats, reptiles and frogs classified as either threatened or at risk of extinction.
- New Zealand's ecological diversity is also decreasing, with:
 - 90% of wetland habitats lost since European settlement
 - 71,000 ha of native forests, shrub lands and tussock grasslands lost between 1996 and 2012.

Financial and physical capital

Income

Household income

- Māori median weekly household income is \$1,362, while non-Māori median weekly household income is \$1,564.
- Māori household net worth is \$23,000, while European net worth is valued at \$114,000.

Individual income

- Māori median personal annual income is \$22,500, compared with \$28,500 for the total population.

Adequacy of income to meet needs

- Over half of the European population reports that their income is either enough or more than enough to meet their needs, whereas less than 40% of Māori experience similar levels of income adequacy.
- For a quarter of Māori, their income is not enough to meet their everyday needs. By comparison, only 12% of Europeans report similarly inadequate income.


Housing

Ownership

- 28.2% of Māori own their own home, compared with 56.8% of Europeans.

Major problems with housing

- 33% of Māori report always or often living in a cold house, compared with 21% of the total population.
- 11% of Māori report problems with dampness or mould, compared with 5% of the total population.
- 19% of Māori report living in overcrowded conditions, compared with 10% of the total population.
- 55% of Māori live in areas of high deprivation, compared with 10% of the total population.



THE TREASURY
Kaitiaki Takekōwhiri






Living Standards Framework

Office of the Chief Economic Adviser
New Zealand Treasury






13 December 2017

Contact: Tim Ng, Chief Economic Advisor
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2 The diversity of New Zealanders



New Zealanders are diverse and this is reflected in the breadth of their interests, values and activities, and the government activity to support them.



To Ope Whatua

5

The four capitals framework (2)

Delivering on the ambitions for the LSF means integrating it more fully into the day-to-day work that Treasury and other agencies already do. Practical implementation of the LSF would see current income-based measures like per capita GDP supplemented in economic policy analysis with indicators of current and long-term wellbeing. As the framework is developed we will be able to answer questions on:

- The health of the four capitals, and whether or not they are growing and likely to be sustained;
- Social and demographic inequalities in wellbeing;
- How the flow of current benefits impacts on long-term outcomes;
- How resource allocation decisions impact on capital to improve current or long-term wellbeing.

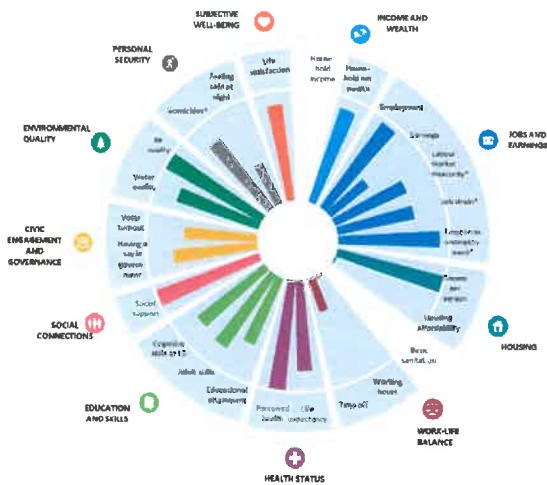
To answer these questions we need indicators that are robustly evidence based so that changes in indicator values are clearly linked to changes in intergenerational wellbeing. This means they can become foundational to the long term operation of politically neutral public service agencies like the Treasury.

The remainder of this slide pack describes how current outcomes are measured in the LSF, the four capitals approach to gauging the sustainability of wellbeing and using the framework to understand opportunities and risk. We conclude with examples of how the LSF improves our analysis and some of the challenges in the new approach.

How is current wellbeing measured in an LSF?

6 Current wellbeing outcomes

New Zealand's average level of current well-being: Comparative strengths and weaknesses



Note: This chart shows New Zealand's relative strengths and weaknesses in well-being when compared with other OECD countries. For both positive and negative indicators (such as homicides, traffic deaths etc.), longer bars always indicate better outcomes (i.e. higher well-being), whereas shorter bars always indicate worse outcomes (i.e. lower well-being). If data are missing for any given indicator, the relevant segment of the circle is shaded in white.

Additional information, including the data used in this country note, can be found at:

www.oecd.org/statistics/better-life-initiative-2017-country-notes-data.aspx

Current outcomes are assessed using indices of both quality of life and material conditions. It is a snapshot measure.

Each element has a distribution in the population and may vary across subpopulations (e.g. by gender or ethnicity). It is not just income or wealth that might be unequally distributed.

It cannot be measured as a single number without making significant implicit or explicit value judgements, for example, how important is health relative to income.

We are investigating supplements to OECD measures to capture New Zealand specific issues (see next slide).

Note: New Zealand household income data available but not included here because New Zealand is not part of the OECD Luxembourg Income Project. Follow OECD links on the web page for more information.

7 Current wellbeing outcomes

Provisional table of current wellbeing indicators for New Zealand.

Dimension	Indicators	
Housing	<ul style="list-style-type: none"> Housing expenditure Rooms per person 	<ul style="list-style-type: none"> Dwellings with basic facilities
Income	<ul style="list-style-type: none"> Household financial wealth 	<ul style="list-style-type: none"> Household net adjusted disposable income
Jobs	<ul style="list-style-type: none"> Job security Long-term unemployment rate 	<ul style="list-style-type: none"> Personal earnings Employment rate
Community	<ul style="list-style-type: none"> Quality of support network 	
Education	<ul style="list-style-type: none"> Years in education Educational attainment 	<ul style="list-style-type: none"> Student skills
Environment	<ul style="list-style-type: none"> Water quality Stakeholder engagement for developing regulations 	<ul style="list-style-type: none"> Air Quality
Civic Engagement	<ul style="list-style-type: none"> Corruption 	<ul style="list-style-type: none"> Voter turnout
Health	<ul style="list-style-type: none"> Self-reported health Suicide rate 	<ul style="list-style-type: none"> Life expectancy
Life Satisfaction	<ul style="list-style-type: none"> Life satisfaction 	
Safety	<ul style="list-style-type: none"> Homicide rate 	<ul style="list-style-type: none"> Feeling safe walking alone at night
Work-Life Balance	<ul style="list-style-type: none"> Time devoted to leisure and personal care Volunteering 	<ul style="list-style-type: none"> Employees working very long hours
Cultural Identity	<ul style="list-style-type: none"> Local Content on New Zealand television Language retention 	<ul style="list-style-type: none"> Maori language speakers

Indicators in light blue are proposed New Zealand specific measures.

Will these outcomes be sustained or improved? The four capitals

8

Financial and physical capital



What is it?

- Financial and physical capital includes the buildings, machines and equipment and other conventional investment, including capital spending by government.
- The financial assets of households provide resilience to unexpected life events and retirement. Housing is a major contributor to current wellbeing and is the highest-valued household asset.
- Government owns physical capital stock in schools, roads, and hospitals to deliver public services. Its financial assets provide a buffer through economic fluctuations.

How will we measure it?

Many elements of financial and physical capital are measured by Statistics New Zealand (SNZ) and we are using the OECD framework (see table below) to develop measures of this capital.

Indicators relevant to both current and future well-being	Indicators of the "stock" of capital	"Flow" indicators (investment in, and depletion of, capital stocks)	Other risk factors
Net wealth of households	Net fixed assets per capita	Gross fixed capital formation	Indebtedness of the private (household) sector
Net financial wealth of households	Knowledge capital per capita	Investment in R&D	Financial net worth of general government
	Financial net worth of the total economy per capita		Leverage of the banking sector

Source: Adapted from OECD (2015) *How's Life?*

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Financial and physical capital



What are the issues?

Productivity Performance

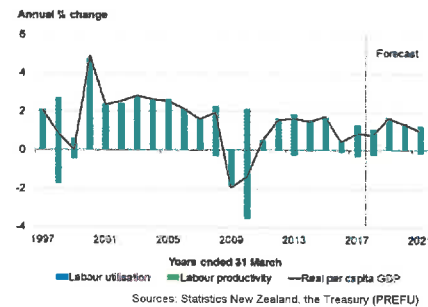
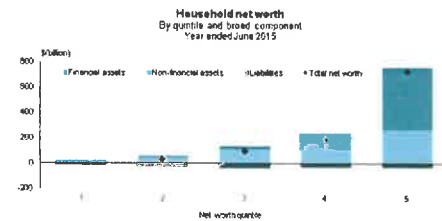
It is difficult to compare capital *stocks* across countries, but evidence suggests capital stocks are low in New Zealand by OECD standards. Investment flows continue to be weak. This is probably a contributor to New Zealand' sluggish labour productivity growth (OECD, 2017).

Distribution

The distribution of wealth in New Zealand is largely consistent with the OECD average. SNZ has shown the top 1% of New Zealand households had 18 percent of total net worth, compared to 13% in Australia.

Applying the LSF

The LSF potentially adds new perspectives on the role of shocks to the future financial position, how climate change might affect physical assets, and the impact of digitalisation on capital and labour.



10

Natural Capital



What is it?

Natural capital are the aspects of our environment that improve intergenerational wellbeing, including land, soil, water, biodiversity, minerals, energy resources, and ecosystem services.

How will we measure it?

There are a number of international standards for estimating natural capital stocks and flows, with no single approach obviously the best for all purposes. The Treasury is developing an approach based on drawing together different expert approaches and, as with current wellbeing measures, we are adapting this framework for the New Zealand specific context. International standards considered to date are:

- The OECD Total Economic Value (TEV) approach - the OECD Total Economic Value model (TEV) estimates value based on five sources: Actual Use, Option, Existence, Altruistic and Bequest. For instance, water has an electricity and irrigation use value, an option value where it is available in rivers, lakes and so on, but not used; and an existence value from a cultural perspective;
- The UN System of Environmental – Economic Accounting (SEEA) – This framework outlines the non-quality adjusted stock of natural resources over time and a monetary value provided for some of these resources;
- The World Bank Genuine Savings (GS) approach – is a measure of how well a country maintains its total asset base, including natural, human and physical capital, by estimating whether or not any depletion of natural resources is used for current consumption or converted into other forms of capital for future use.

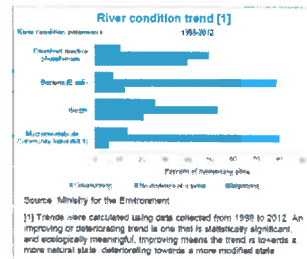
11 Natural Capital



What are the issues?

Fresh Water

Population growth, irrigation expansion and climate change are increasing pressure on freshwater quality, with the major risks being agricultural and urban storm water run-off.



Threatened Species

Presently, more than 3000 of our native species are classified as 'threatened' or 'at risk', with around 800 at risk of extinction and the remainder vulnerable to small changes in the environment. Many of these are unique to New Zealand. Threats to biodiversity have the potential to reduce social and economic capital as well as natural capital.

Climate Change

Growing the economy while meeting emission reduction ambitions requires a focus on productivity, innovation, technology uptake and better environmental management. There are particular opportunities for New Zealand to build on our current strength as a highly efficient global food producer.

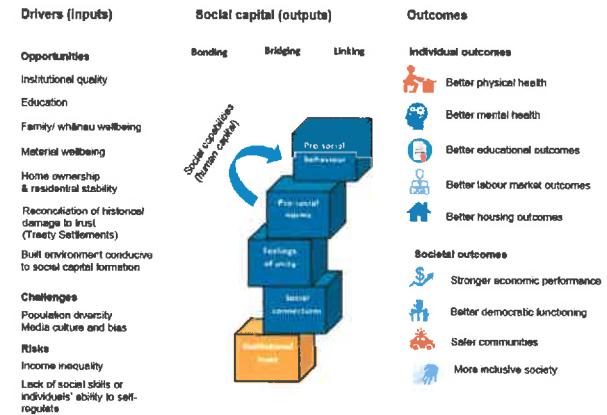
12 Social capital



What is it and how will we measure it?

There is no international standard for estimating social capital and its definition is highly contested. Our approach is to draw strands of work together in a working definition that supports policy. Thus social capital is:

- Networks, attitudes and norms promoting coordination and collaboration between people;
- Individuals' social connections that provide emotional, instrumental and informational support.



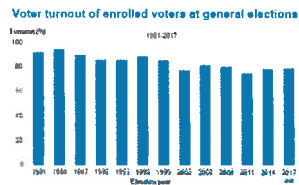
13

Social Capital

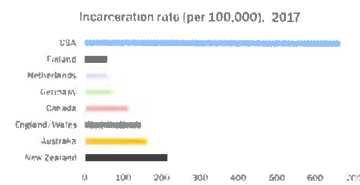


What are the issues?

Social capital has a large and well-evidenced impact on economic performance, democratic functioning, public safety, educational outcomes, labour market outcomes, and individual health and wellbeing. The particular risk is that government agencies take it for granted because it is rarely measured. Potentially detrimental effects include increased income inequality, poverty, housing mobility and ownership rates, family and whanau wellbeing, institutional quality, educational outcomes and individual health and wellbeing.



Source: Electoral Commission



Source: Ministry of Justice

To maintain and grow social capital through public policy, agencies across government will need to understand the social capital risks they are taking when providing advice and have a cross-government approach to taking opportunities to grow social capital.

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Human Capital



What is it?

Human capital is an individual's skills, knowledge, mental and physical health. It enables people to participate fully in work, study, recreation and in society more broadly.

How will we measure it?

The measures are still being explored, but those under consideration include:

- students leaving school with NCEA level qualifications;
- students leaving tertiary education with an undergraduate or equivalent qualification;
- students leaving tertiary education with a post-graduate or equivalent qualification;
- the percentage of women in paid employment working part-time;
- life expectancy;
- suicide rates;
- obesity and preventable conditions.

15

Human Capital



What are the issues?

Potential barriers to individuals investing in and using their human capital in the formal economy include structural disadvantage and some cultural or social norms.

Education

The human capital stock is increasing (through qualifications profile, lifetime earnings and higher relative earnings of qualified people) and is high relative to physical capital. However OECD evidence suggests this human capital advantage is decreasing, as our younger workers are less skilled than their international equivalent, and our highly skilled older workers start to leave the labour market.

Unpaid work

Unequal distribution of care and domestic responsibility between genders may cause labour market participation frictions.

Health

Overall living longer but:

- Outcomes linked to ethnicity;
- Higher morbidity;
- High suicide rates.

How resilient is the system?

16 A Living Standards Frame for Resilience

A comprehensive set of environmental, social and economic sustainability indicators can be supported by evidence based resilience indicators. A useful way to frame risks is what we do and do not know about their impact on living standards capitals.

Each of the capitals is subject to risks that we have some ability to mitigate. The critical challenge remains: **Do the capitals have desired levels of resilience after risk mitigations?**

Objective: Increasing the freedoms of individuals to enjoy desired lifestyles

Elements: Physical Capital, Human Capital, Social Capital, Natural Capital

Risks e.g. Earthquakes, Floods, Tsunamis, Infrastructure disrepair, White elephants, Crime, Ill health, Skill Deficiency, Poverty, Welfare dependency, Economic crises, Education failure, Civic society failure, Climate Change, Biodiversity risks, Erosion

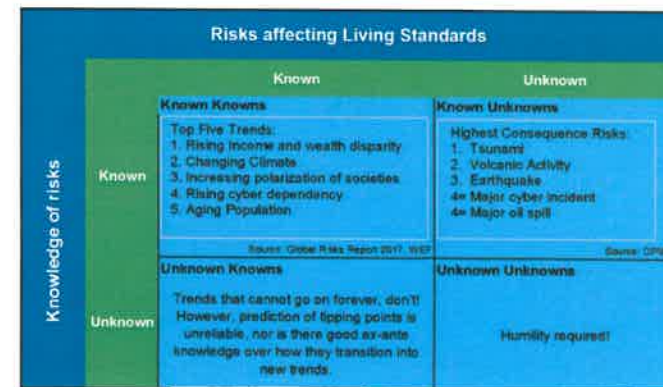
Mitigations e.g. Insurance, Education Policy, Welfare Reform, Emissions Trading

17 Impact of uncertainty on living standards

Analysis does not remove uncertainty, but does help us manage it.

Current trends can be extrapolated, but we do not know how long they will last, nor what the new trends will be. **Scenario planning** helps us to be clearer about desired alternative futures and the impact of mitigation and adaptation strategies.

Some adverse events will always come as **shocks**. We know they will happen, but not when they will occur, nor the damage they will do. **Stress testing** helps us build resilience to these events. e.g. what environmental threshold is safe?



18 Managing Risks and Opportunities (1)

Risk and uncertainty is managed at three levels:

Strategically the question is how well we can grasp opportunities from changes in our external environment, while managing the risks. We are developing a more robust and proactive approach to national security risks that will enable a more systematic focus on building New Zealand's resilience, providing stress testing of the financial robustness of government assets, and doing further work on climate change adaptation.

Operationally, the critical question is whether or not our targets are challenging and achievable. Without taking some risk, government agencies will necessarily underperform, but too much risk taking may lead to unacceptable failure. Government targets, departmental strategies, sector strategies and four year plans are currently the places these targets are spelt out. Setting such strategic objectives well will require ongoing dialogue with Ministers.

Compliance management is required to manage risks that we wish simply to minimise, for example fraud. Treasury's view is that current internal control systems manage these risks reasonably well and more benefit will come from improving risk management at the strategic and operational levels.

19 Managing Risks and Opportunities (2)

Types of Opportunity/Risk Management		What exists? What is happening?	Priorities for discussion?																		
Tier 1	Strategic Management Managing risks and trends For example; Earthquakes, GFC, Pandemics, Climate Change, Aging Can't influence likelihood but can influence impact Success measured by resilience Grasping opportunities and trends For example; Windfall gains, technology, population growth Success measured by benchmarking	ODESC / DPFC National Risk Unit / MCDEM Work on a National Risk Register and National Resilience Strategy 2018 Investment Statement work in development Implementation of Sendai Framework MBIE monitoring productive sector resilience Climate Change Adaptability advice	Advice on Development of Resilience Measures?																		
			<table border="1"> <thead> <tr> <th>Assets</th> <th>Resilience Indicators, e.g.</th> <th>Resilience Indicators, e.g.</th> </tr> </thead> <tbody> <tr> <td>Economic - Financial</td> <td>Liquidity / Debt Capital Adequacy Export diversity</td> <td>Capacity to borrow Capacity to adapt Revenue streams</td> </tr> <tr> <td>Economic - built</td> <td>Building Code Compliance</td> <td>Rebuild capacity</td> </tr> <tr> <td>Natural Capital</td> <td>Under/over allocation of resources</td> <td>Regeneration capacity indicators</td> </tr> <tr> <td>Social Capital</td> <td>Size and strength of networks</td> <td>Ability to establish networks</td> </tr> <tr> <td>Human Capital</td> <td>Mental Health Poverty measures Job Security</td> <td>Retraining capacity Measures of mobility</td> </tr> </tbody> </table>	Assets	Resilience Indicators, e.g.	Resilience Indicators, e.g.	Economic - Financial	Liquidity / Debt Capital Adequacy Export diversity	Capacity to borrow Capacity to adapt Revenue streams	Economic - built	Building Code Compliance	Rebuild capacity	Natural Capital	Under/over allocation of resources	Regeneration capacity indicators	Social Capital	Size and strength of networks	Ability to establish networks	Human Capital	Mental Health Poverty measures Job Security	Retraining capacity Measures of mobility
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Tier 2	Operational Management Managing desirable endogenous risks and opportunities: For example: how fast do we want to go, how bold should we be? For example: Are targets sufficiently challenging and achievable? Can influence both likelihood and consequences Success measured by quality of strategies and the quality of their implementation	Government Department/Sector Strategies Four year plans SSC's Workstreams: Treasury Strategic priorities:	Advice on extent of ambition? Advice on risk tolerances / risk appetites? Strategies for fast fail?																		
			Assurance Advice? Quantum of compliance activity?																		
				Assurance Advice? Quantum of compliance activity?																	
Tier 3	Compliance Management Managing undesirable endogenous risks: For example; fraud, breaches of law Can influence both likelihood and consequences Success measured by effectiveness, efficiency of internal control	Currently internal controls in maintenance rather than development mode. Governance utilises Risk, Audit Committees Increasing use of data for diagnostic information Functional leads increasingly exercising their assurance mandate	Assurance Advice? Quantum of compliance activity?																		
			Assurance Advice? Quantum of compliance activity?																		

How can we improve our advice to Ministers?

21

Long Term Fiscal Statements (1)

NEW ZEALAND'S LONG-TERM
FISCAL POSITION



The Long Term Fiscal Statements (LTFS) has been issued every 4 years since 2006;

- It provides a scenario analysis of the fiscal position over the next 40 years, primarily based on current policy settings and demographic change.
- The 2006 and 2009 long-term fiscal statements were largely focused on developing and refining the methodology for projecting "what if?" scenarios of government finances over a 40 year period. In particular, how to assess the effects of population ageing on future taxes and spending (eg, health and New Zealand Superannuation).
- In 2013, the statement assessed some of the alternative policy responses within the context of the Treasury's (then) living standards framework. The process of preparing the statement also involved an external panel of experts and a public conference.

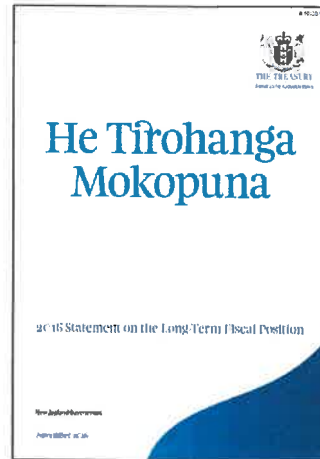
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Long Term Fiscal Statements (2)

He Tirohanga Mokopuna

The 2016 statement, *He Tirohanga Mokopuna*, acknowledges the dynamic relationship between New Zealand's long-term public finances and intergenerational well-being.

- *He Tirohanga Mokopuna* provided a qualitative assessment of each of the four capitals, and incorporated an assessment based on social capital in the financial scenarios.
- The Treasury consulted widely in the development of *He Tirohanga Mokopuna*, including Chief Executive Officers (CEOs), farmers, small business owners, social workers, academics, and students from all over New Zealand. This engagement was summarised in an accompanying paper to the statement.
- Although the statement took a wider perspective, not all elements of the capitals approach were reflected in the projections. Illustrative scenarios on the fiscal and wider effects of improved social outcomes were included, but there was no numerical analysis of natural and human capital.



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23 Effective Crown Balance Sheet Management

The 2018 Investment Statement – Investing for wellbeing

A wellbeing approach to an appraisal of the Crown balance sheet.

The Public Finance Act 1989 requires publication of a statutory document that describes and states the current value of the Crown's assets and liabilities, changes in the past four years and foreseeable changes in the coming four years by March 2018. It will include a focus on natural capital. Treasury is drafting the Statement in consultation with stakeholders.

The statement illustrates how to increase the effectiveness of the Crown balance sheet investments, and achieve the best wellbeing outcomes for New Zealanders.

To do this we need to go beyond the traditional GAAP accounting focus to show how assets and liabilities generate wellbeing.

It will link the Crown Balance sheet and Crown agency performance to wellbeing outcomes, supported by a five dimension performance assessment framework.

The Statement will conclude with future areas of focus to support the progression of findings.

Challenges

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What are the Challenges? (1)

Being at the leading edge

The first attempts to develop national income accounting were in the 17th century and modern variants have been in continuous development since the 1940s. Academics and international bodies have started to develop wider wellbeing measures, but as practitioners apply their work, gaps in current analysis will become increasingly apparent.

Adapting current processes

The complexity of government processes means substantial time is needed to integrate new approaches. At this stage there is a stronger case for using the LSF in strategic decisions, which is closer to the intent of the work by international organisations. There may also be a case for specific impact analysis where there are material changes to large programmes with a direct link to household wellbeing (e.g. tax, housing costs).

Changes to initiative-by-initiative development by agencies and decision-making processes will require further development. Barriers include the quality of information we typically receive from agencies, cross agency standardisation, issues around attribution, and the sensitivity of the measurement.

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What are the Challenges? (2)

Completing the analyses

Sensitivity of the measures

The sensitivity of the measures to real policy changes is still unclear because current measures have not been properly tested in a policy environment. What do we use when they are not sensitive enough to provide a guide for advice?

Sustainability

While the Brundtland Commission's definition of "*development that meets the needs of the present without compromising the ability of future generations to meet their own needs*" is widely accepted, in practice this encompasses a variety of practically different criteria that will differ by context.

Distribution

The traditional measures of inequality use the distribution of income, but where income does not properly proxy wellbeing, it will also poorly proxy its distribution. Adding other attributes of wellbeing may lead to counter-intuitive conclusions. For example, younger people tend to have lower incomes than older people, but older people tend to have poorer health. Does this mean income inequality measures should be adjusted to account for the benefits of better health?

Ownership

What is the natural, social and human capital equivalent to owning physical capital, including the individual benefits, obligations and responsibilities?

For more information

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Further questions

Contact:

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CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board

17 April 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board notes the correspondence

ATTACHMENTS:

Letter to Dr George Gray, re Progress on Health Gain for our Maori Community



BAY OF PLENTY
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9 April 2019

Dr George Gray
Physician
Maori Health Gains & Development
BAY OF PLENTY DISTRICT HEALTH BOARD

Kia ora George

PROGRESS ON HEALTH GAIN FOR OUR MAORI COMMUNITY

At the Board Meeting of 20 March 2019, Board Members were heartened to review ongoing progress on health gain for our Maori communities, particularly Oral Health enrolments, Cervical Screening and Breast Screening.

The Board wishes to convey it's thanks to you and the team for the huge amount of work and the innovative approach that has been undertaken in improving these important preventative health services for Maori communities across Te Moana a Toi.

The efforts and dedication of you and the team is recognised and very much appreciated.

Noho ora mai.

RON SCOTT
Acting Chair

cc: Sally Webb, Board Chair
Helen Mason, Chief Executive
Tricia Keelan, GM Maori Health Gains and Development

