



Te whatārangi - te purongo o te wāhanga tuatahi

Wai2575 - Hauora¹

The Health Services and Outcomes Kaupapa Inquiry (Wai 2575) began in November 2016. Wai 2499 was filed by Te Ohu Rata o Aotearoa². The Wai 2499 claim concerns inequitable Māori health outcomes across the entire New Zealand health system, including primary care. In stage one, the Tribunal inquired into two claims brought by the Māori Primary Health Organisations Wai1315 and the National Hauora Coalition Wai2687. Stage One examined the legislative and policy framework for the primary healthcare system

Te ORA Claim Wai2499

Wai2499 asserts:

1. that the Crown has failed to adequately protect the rights of individual Māori, whānau, hapū, iwi and all Māori generally as tangata whenua of Aotearoa, in respect of health.
2. that the Crown's actions, policies and omissions have resulted in a failure of the health, education and welfare systems to adequately protect the health of Māori.
 - a. that the Crown's actions, policies and omissions in respect of health are contrary to Articles II and III of the Treaty of Waitangi and inconsistent with the Crown's obligations under the Treaty of Waitangi.

Te ORA Witnesses to Wai2575

Te ORA members and associates contributed to the Stage One hearings, Prof Papaarangi Reid, Assoc Prof Sue Crengle, Dr Rawiri McKree Jansen, Dr Peter Jansen and Teresa Wall.

Hauora - Stage 1 report

Findings

The Tribunal found that

- the legislative, strategy and policy framework fails to consistently state a commitment to achieving equity of health outcomes for Māori.
- the Treaty clause in the Act is a reductionist effort at a Treaty clause : it simply does not go far enough in ensuring that the whole health system complies with the Treaty and its principles

¹ Full report is available for download -

https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf

² Originally-by Dr Rawiri Jansen, Dr George Laking and Terina Moke. Updated to include Prof Sir Mason Durie, Prof Papaarangi Reid, Prof David Tipene-Leach, Assoc Prof Sue Crengle, Drs Peter Jansen, Rees Tapsell, Elana Curtis.

- provisions in the Act intended to provide for greater Māori participation in the work of district health boards, do not work effectively to afford Māori Treaty-consistent decision making in relation to health design and delivery
- the attempt at an articulation of Treaty principles in the health system is out of date
- the omission of specific Treaty references in lower-level documents amounted to an omission of the health sectors Treaty obligations.

With respect to funding, the Tribunal found that

- Māori primary health organisations were underfunded from the outset.
- ongoing resourcing was a significant issue
- the funding arrangements for the primary health care system particularly disadvantage Māori primary health organisations and providers
- the Crown has been aware of these failures for well over a decade but has failed to adequately amend or replace the current funding arrangements.

The Tribunal found that

- the Crown does not collect sufficient qualitative or quantitative data to fully inform itself how the primary health care sector is performing in relation to Māori health
- the Crown does not use the data it does collect effectively
- nor does it make it easily accessible to, and understandable by, the public
- that Te Puni Kōkiri has failed to carry out its statutory duty to monitor the health sector
- the Crown did not design the primary health care framework in partnership with Māori
- that Māori are significantly underrepresented across a range of health professions and in the Ministry of Health itself.

The Tribunal was particularly concerned at the disestablishment of Te Kete Haurora, and the impact that had on the efficacy of Māori-specific policy making and advice at the Ministry of Health level.

The Tribunal found breaches in relation to district health board governance and concluded that the governance arrangements for district health boards do not, when taken together, reflect the Treaty partnership.

Recommendations

The Tribunal made two overarching recommendations:

- an amendment to the New Zealand Health and Public Disability Act 2000 to include a new Treaty of Waitangi clause, with adoption and use in the primary health care sector
- That the Crown commit itself and the health sector to achieve equitable health outcomes for Māori. The Tribunal has asked that the Crown commit to exploring the concept of a stand-alone Māori Primary Health Authority.

In relation to funding, the Tribunal has made an interim recommendation that the Crown and stage one claimants agree upon a methodology for the assessment of underfunding of Māori primary health organisations and health providers. On the broader question of funding generally for the primary health care system, the Tribunal recommended an urgent and thorough review of funding for primary health care, to align it with the aim of achieving equitable health outcomes for Māori.

Stage 2

The Tribunal has identified three themes as part of Stage Two: mental health, substance abuse, and disability. Te ORA asserts that it will be important for the Tribunal to take a broader approach than it took in Stage One when looking at these matters because the health system generally only intervenes at the point of diagnosis. Taking a solely “health service” view of these issues may obscure the opportunity to consider the adequacy/inadequacy of services that are or are not provided pre-diagnosis, and the opportunity to consider a whole-of-Crown/community organised response to address these issues, which is almost certainly going to require engagement and action

beyond MOH – particularly as the themes identified are not just “health” issues per se, but social issues.

This broader approach is consistent with the Tribunal’s task not just to examine health services, but also health outcomes.

Te ORA position is that Mental health and addictions (alcohol, tobacco, other drugs and non-substance addictions including gambling) should include historical and intergenerational trauma, colonisation, racism and legislation, policy, funding, service design, service delivery and performance, accountability, and monitoring.

It is timely to turn our thinking to how we construct a compelling contribution to that part of the hearings. Te ORA supports the Disability component of Stage 2 being led by disability advocates and community. TeORA members are expected to consider contributions that they can make.