



**Kāpō Māori Aotearoa
New Zealand Inc.**



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8 December 2021

Tēnā koutou,

Thank you for the opportunity to submit to the Pae Ora Healthy Futures Bill. Our joint submission is from Kāpō Māori Aotearoa New Zealand Inc and Parents of Vision Impaired (NZ) Inc.

We would like to speak to this submission. Our contact details are below.

Ngā mihi,

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About us

Kāpō Māori Aotearoa (KMA)

Kāpō Māori Aotearoa is an indigenous, national disabled led incorporated charitable society under the Incorporated Societies Act 1908. Our society is open to all people: disabled, able-bodied, Māori and Non-Māori. We are a founding member of the Disabled People's Organisation (DPO) Coalition in accordance with Section 4(3) of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). We are a national health and disability service provider contracted by Government to provide disability information and advice services and specialist Māori disability cultural support services. We focus on tāngata whaikaha Māori and whānau access, engagement and navigation of health and disability services. Our purpose is to educate, inform and support our 1,400 kāpō Māori, tāngata whaikaha Māori and whānau members to thrive and prosper. We design and deliver our services in accordance with Te Ao Māori principles and practices.

Parents of Vision Impaired

Parents of Vision Impaired (PVI) is a registered charity which supports parents who have blind, deafblind, low vision, or vision-impaired children. There is no cost to enrol and we provide a supportive community of parents who are overcoming challenges every day. Our current membership is at just over 1300 active members, with close to 800 email subscribers. PVI offers parents advice, information, and opportunities to meet other parents. We publish a quarterly newsletter (eVision) and have a members-only Facebook page for families and whānau to share information and to network. We run an annual conference and AGM which allows parents and whānau to get together face to face for a longer time to talk, listen and learn in a social setting. PVI takes an active part in the disability sector through making sure that the voice of visually impaired children and their parents is heard in consultations with government, schools, local councils, and other organisations.

Our submission: Summary

Overall, our organisations are broadly supportive of the proposed Bill. We appreciate the work that has gone into drafting this legislation and support the general direction of change for our health system. We are highly supportive of the focus on the Crown's obligations under Te Tiriti (Part 1, Clause 6). We understand that the Bill is intended to give effect to the principles of the Treaty of Waitangi.

In particular we are strongly supportive of the health system principles (Part 1, Clause 7) and of the overall purpose of the Act. We particularly value the stated focus on equitable access to health and related services for Māori and that Māori should "have access to services in proportion to their health needs". The stated principles and purpose align strongly with our respective organisational values and the needs of our membership.

However, we note room for improvement in the area of te Tiriti, the risk of a continuation of the fragmentation of the health and disability sector, and insufficient referral to wider determinants of health. These are explored in greater detail below.

Submission detail

Te Tiriti and Māori autonomy

The bill has a Treaty of Waitangi clause (Part 1, Clause 6) that appears to be an attempt to limit the application of te Tiriti o Waitangi to a small number of Māori specific clauses. We would expect all of the te Tiriti to apply to the entire Bill. Clause 7 notes that some principles for engaging with Māori do not apply to all health sector agencies (notably, Pharmac). The minister for health will still make the ultimate decisions on the Māori Health Authority, including when it is in dispute with Health New Zealand (see Subpart 4 – Disputes) or when the board is not performing (Clause 23).

The proposed legislation does not address the persistent and deliberate underfunding of Māori Health - this is primarily left to be determined later in the New Zealand Health Plan. There is a risk for continued underfunding and for Pākehā health needs to continue to take funding priority.

While the Bill does set-up a (mostly) independent Māori Health Authority, decisions ultimately have to be approved by the government. For example, while the Bill provides for a Māori perspective, as noted above, the decisions on board appointments (including firing the board) remain with the Minister for Health.

We are concerned that the Crown is protecting its own interests above its te Tiriti o Waitangi commitments. We support increased levels of autonomy for Māori, such as that described in the following quote from Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry¹:

Māori should be able to design the governance arrangement for the authority themselves, and then implement it so that the authority is governed by and accountable to Māori. We are confident that a reasonable governance arrangement for this Crown entity that upholds tino rangatiratanga is attainable. If the Crown supports the establishment of the Authority but fails to fully uphold and empower tino rangatiratanga, the Crown will be acting inconsistently with its Treaty obligation. (p.12)

We would support greater independence and authority to be given to the Māori Health Authority in the Pae Ora Healthy Futures Bill.

¹ See <https://waitangitribunal.govt.nz/assets/Documents/Publications/Hauora-Chapt10W.pdf>

Risk of fragmentation of the health sector

The Bill names a number of documents in *Subpart 5 – Key health documents*; Government Policy Statement on Health, four different health strategies (NZ Health Strategy, Hauora Māori Strategy, Pacific Health Strategy, Disability Health Strategy), the NZ Health Plan, Locality plans, the NZ Health Charter, and Consumer Participation. Each of these is important. However, these strategies also fragment health responses and create additional layers and barriers for access. Historically, the separation of Māori and Pacifica from disability has resulted in tāngata whaikaha feeling like they have to choose between disability providers who are not culturally responsive underfunded or Māori providers who may lack the specialist disability expertise needed.

We note that Whāia Te Ao Mārama (Māori Disability Action Plan) is not mentioned in this section. Whāia Te Ao Mārama aimed to reduce barriers impeding Māori disabled and their whānau from achieving equitable outcomes (Ministry of Health, 2012, 2018). Since being enacted in 2012 there has been increased uptake by Māori of disability support services, increased numbers of Māori disabled living in the community, and increased access to funding for Māori (Ministry of Health, 2018). However, progress is limited and there remains higher levels of unmet need for Māori disabled when compared with disabled non-Māori (King, 2019).

There is a risk that the current fragmented approach will continue. The proposed Bill struggles to clearly commit to a “joined up” approach across localities. For example, work by Associate Professor Bridgette Masters-Awatere and Associate Professor Donna Cormack on their Hospital Transfers Project² documented the failure of DHB’s to adequately transfer patients between hospitals and DHB territories in a way that supported the dignity, health, and cultural requirements of the patient and their whānau (Masters-Awatere et al., 2020a, 2020b). There is a risk that the aforementioned locality plans will replicate these inadequacies. While we are broadly supportive of the proposed changes, we are aware that New Zealanders are a highly mobile population. People move around the motu for many reasons, including for work, holidays, to be near family, and to access health services. We do not think that the transfer of patients between localities is adequately addressed in this Bill.

While the Bill goes a long way towards addressing the need for national strategies and health service provision, we would like to see a stronger commitment to a “joined up” approach given the highly mobile nature of New Zealanders, the transfer of patients to hospitals and specialist services some distance from home, and the need to share patient information adequately and safely between and across localities.

Social determinants of health

Finally, a note that the wider determinants of health. The Objectives of Health New Zealand (Subpart 3, Section 13) contains this sentence (emphasis added):

To promote health and prevent, reduce, and delay ill-health, including by *collaborating with other social sector agencies to address the determinants of health.*

² See <http://www.maramatanga.ac.nz/project/m-ori-wh-nau-experience-hospital-transfers>

Similarly, the Objectives of the Māori Health Authority (Subpart 3, Section 18):

promote Māori health and prevent, reduce, and delay the onset of ill-health for Māori, including by *collaborating with other social sector agencies to address the determinants of Māori health*

And also a quick mention in Locality plans (Subpart 5, Section 49)

In developing a locality plan for a locality, Health New Zealand must—

(a) *consult* consumers or communities within the locality; and

(b) *consult* social sector agencies and other entities that contribute to relevant population outcomes within the locality; and

We appreciate the newness of the Bill, and value that consultation and collaboration with social sector agencies on the wider determinants of health is included in the Objectives. However, our observations and experience are that consultation rounds do not necessarily result in change. Too often consultation by Ministry organisations such as DHB's have become a "tick box" exercise that exhausts local persons and small organisations. There is need to rethink this process so that the consultation exercise itself does not exhaust people and to ensure that consultation findings are incorporated into plans.

Recent research by Associate Professor Bridgette Masters-Awatere with tāngata kāpō (Māori who are blind, low vision, deafblind, or vision impaired) and their whānau³, notes that tāngata kāpō and whānau are poorly served due to health strategies being inadequate to meet their health and cultural needs. The research was focussed on Covid and health, but a key finding was that participants viewed health and wellbeing as more than ophthalmology appointments and paying for glasses. Having secure, familiar housing, access to employment opportunities, and being able to engage with services without being demeaned or denigrated were all seen as core elements of wellbeing. Health providers were viewed as simply one more interaction to be endured within a service-scape littered with administrative tasks and disinterested staff. This view of health as encompassing all areas of life is diametrically opposed to the view of health within a Western paradigm, wherein health services and staff are incentivised to primarily focus on individual medical needs.

We also note the significant intersection of education and health for our respective organisations. Our joint submission to the *Inquiry into learning support for Ākonga Māori* notes the many barriers for educational support for ākonga kāpō Māori due to requirements for a medical diagnosis (such as, for example, being able to access ORS funding). It is not clear if this Bill will address these barriers in a significant way.

The current writing of the Pae Ora Healthy Futures Bill is still embedded within an individual medical mindset and needs further strengthening with regards to wider determinants of health and connected with the social sector.

³ See <http://www.maramatanga.ac.nz/project/seeing-k-p-m-ori-documenting-of-invisibilized-experiences-k-p-m-ori-during-and-post-covid>

We would like to speak to our submission.

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