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# A Hauora Journey: Fundamental Reform of Primary Health Care for iwi Māori and Aotearoa

**Ma whero ma pango ka oti ai te mahi  
With red and black the work will be complete**

## Introduction

Every year the Minister of Māori Affairs<sup>1</sup> is required to report to Parliament on the Crown's implementation of the Waitangi Tribunal's recommendations.<sup>2</sup> This report marks the first in a new approach to the section 8I Report series, taking a deeper dive into kaupapa that is of critical importance to Māori and aligns with the commencement of reports released under the Waitangi Tribunal's kaupapa inquiry programme. This approach will provide a richer story of each kaupapa and an annual reporting process provides a new way to identify intersectionality and common themes across years of reporting.

This year's focus is on the Waitangi Tribunal's Wai 2575<sup>3</sup> report *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* ("Hauora" or "Wai 2575"), which related to two claims concerning the legislative and policy framework for the primary health care system in Aotearoa.<sup>4</sup> *Hauora* was chosen as a focus because hauora (health and wellbeing) has a direct impact on life, and quality of life, for Māori. It also connects with and impacts on outcomes in other critical areas such as education, employment, social care, and housing.

## Wai 2575 and Primary Health Care in Aotearoa

**Mai i te kōpae ki te urupā, tātou ako tonu ai  
From the cradle to the grave, we are forever learning**

### What is 'Primary Health Care' and what was in scope for the Waitangi Tribunal in Stage 1?

The Waitangi Tribunal focused on the "legislative, strategic and policy framework that administers New Zealand's primary health care system including, in particular, the New Zealand Public Health and Disability Act 2000, the New Zealand Health Strategy, the Primary Health Care Strategy and He Korowai Oranga (the Māori Health Strategy)."<sup>5</sup> Under the New Zealand Health and Public Disability Act 2000, the public health system was "primarily funded and overseen by the Ministry of Health and district health boards, which are primarily responsible for the system and its performance."<sup>6</sup>

The Waitangi Tribunal defined Primary Health Care as encompassing: "services provided in the community by general practitioners, nurses, pharmacists, counsellors, dentists, and others."<sup>7</sup> As the Tribunal noted, "the core purpose of primary health care is the treatment and prevention of health

<sup>1</sup> Minister of Māori Affairs is used in the legislation and the function is performed by the Minister of Māori Development.

<sup>2</sup> Section 81, Treaty of Waitangi Act 1975.

<sup>3</sup> *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (Waitangi Tribunal, 28 June 2019). "Hauora" or "WAI2575"

<sup>4</sup> *Ibid*, pg. 1.

<sup>5</sup> Section 8I Report 2021-2022, (Te Puni Kōkiri, 2022), pg. 22. [Look at an alternative source – not sure we want to quote ourselves here].

<sup>6</sup> The Hauora Report, pg. 17.

<sup>7</sup> *Ibid*, pg. 1

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issues before they become serious enough to need care at a higher level.”<sup>8</sup> At this time, the primary health care system was delivered by District Health Boards. A Chronology of the Primary Health System in New Zealand was provided by the Ministry of Health and is available [here](#)<sup>9</sup> on the Tribunal’s website.

**The Parties and Causes of the Wai 2575 Claims**

. Stage 1 of the Wai 2575 inquiry involved the consolidation of a number of claims. In its scoping of the inquiry, the Tribunal granted interested party status to over seventy claims, and named claimant status to the following two claims: Wai 1315 (Coalition of Tauranga-based Māori Primary Health organisations)<sup>10</sup> and Wai 2687 (National Hauora Coalition).<sup>11</sup> The Crown was represented during the inquiry by the Ministry of Health, District Health Boards (which were responsible for administering the Public Health and Disability Act 2000), and Te Puni Kōkiri (which has a statutory responsibility to monitor its Crown counterparts in the delivery of health services for Māori).<sup>12</sup> The Crown took a cooperative and proactive role in its provision of key acknowledgements, statistics and evidence that assisted the Tribunal in its findings.<sup>13</sup> During the hearing process evidence submitted by claimants was largely undisputed by Crown counsel.<sup>14</sup> It was acknowledged by both claimants and the Crown that Māori health inequities were influenced by the cumulative effects of colonisation over the past 180 years<sup>15</sup>. It was also acknowledged that Māori health inequities are influenced by a range of social determinants, such as income, poverty, employment, education and housing.<sup>16</sup>

**How does the Treaty of Waitangi relate to hauora?**

As part of its inquiry, the Tribunal considered how hauora was embodied in Te Tiriti, and found the following areas were relevant:

<b>Partnership</b>	Partnership requires the Crown to consult and partner with Māori in the design, delivery and monitoring of health care and health outcomes. <sup>17</sup> In partnership, the Crown recognises that Māori have the right to organise themselves and it is the responsibility of the Crown to work with Māori through whatever means they are organised and represented. <sup>18</sup>
<b>Active Protection</b>	When directly applied to health issues, active protection requires the Crown ‘to make available to Māori, as citizens, health care services that reasonably and adequately attempt to close inequitable gaps in health outcomes with non-Māori’. <sup>19</sup> It involves ensuring that all health services are culturally appropriate –

<sup>8</sup> Ibid.

<sup>9</sup> <https://www.health.govt.nz/our-work/populations/maori-health/wai-2575-health-services-and-outcomes-kaupapa-inquiry>.

<sup>10</sup> The first statement of claim was filed in November 2005 by Taitimu Maipi, Tureiti Lady Moxon, Elaine Tapsell and Hakopa Paul on behalf of a coalition of Tauranga-based Māori Primary Health organisations.<sup>10</sup> The claim concerned health issues on a national scale and a request for an urgent inquiry because of an imminent threat to the survival of their organisations. Ibid, pg. 1.

<sup>11</sup> A later claim was filed in October 2017 by Henare Mason and Simon Tiwai Royal on behalf of the National Hauora Coalition. The National Hauora Coalition is a national primary health organisation, operating in five district health board catchment areas across the North Island (Counties Manakau, Waitematā, Waikato, Whanganui, and Auckland). The focus of the Wai 2687 claim was on the flaws they identified in the primary health care system. Ibid, pg. 9.

<sup>12</sup> Ibid, pg. 10.

<sup>13</sup> Judge Stephen Clarke to Hon. Dr David Clarke, Hon. Nanaia Mahuta and Hon. David Parker, Letter of Transmittal, 28 June 2019, *Hauora*, p. xix.

<sup>14</sup> Ibid; Judge Stephen Clarke to Minister Clark, Minister Mahuta and Minister Parker, 28 June 2019, *Hauora*, pg. xix.

<sup>15</sup> Lydia – reference.

<sup>16</sup> *Hauora*, pg. 20.

<sup>17</sup> *Hauora*, p. 28.

<sup>18</sup> Ibid.

<sup>19</sup> *Hauora*, p. 31.

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	that tikanga and mātauranga Māori are recognised and respected, and that discrimination, bias and systemic racism are addressed through clear and purposeful action. <sup>20</sup>
<b>Equity</b>	Article 3 of Te Tiriti confirms that Māori have all the rights and privileges of British citizens. “The Tribunal has found that this article not only guarantees Māori freedom from discrimination but also obliges the Crown to positively promote equity.” <sup>21</sup> Both Māori and non-Māori should expect equitable treatment and equitable health and wellbeing outcomes.
<b>Options</b>	Māori have the right “to continue their way of life according to their indigenous traditions and worldview while participating in British society and culture, as they wish.” <sup>22</sup> The Crown has an obligation to ensure that there is a fair and equitable primary health care system for Māori, and that Māori can continue to access and benefit from both Māori and mainstream primary health care services.

**The Guarantee of Tino Rangatiratanga**

A core feature of each of the Treaty principles set out by the Tribunal is the guarantee of tino rangatiratanga. An effective partnership begins with Crown acknowledgement of tino rangatiratanga and the right of Māori to manage their own affairs in a way that aligns with their customs and values.<sup>23</sup> The guarantee of tino rangatiratanga requires the Crown to not just partner with Māori but to actively protect their right to tino rangatiratanga and keep the partnership balanced.<sup>24</sup> In the health sector, this includes ensuring that Māori can expect culturally appropriate support, whether they choose kaupapa Māori or mainstream providers.

**Māori Health Inequalities**

The Waitangi Tribunal noted that “despite a few years of hope and some areas of improvement since 2000”<sup>25</sup>, significant financial investment<sup>26</sup>, and attempted reforms and adjustments, “the statistics<sup>27</sup> paint a grim picture of the state of Māori health”<sup>28</sup>. The Waitangi Tribunal found that health inequalities persisted under the New Zealand Health and Disability Act 2000.<sup>29</sup> For example:

- **Life expectancy:** Overall, the gap in life expectancy at birth between Māori and non-Māori is 7.3 years for males and 6.8 years for females;
- **Amenable mortality rates** (i.e. premature deaths (deaths under age 75) that could potentially be avoided, given effective and timely healthcare): were almost two and a half times higher for Māori than non-Māori;
- **Cancer:** Higher risk of dying from cancer than non-Māori (1.7 times more likely)<sup>30</sup>. For breast and cervical screening programmes, coverage rates were lower for Māori than non-Māori<sup>31</sup>;
- **Asthma:** Māori aged 5-34 years were more than twice as likely as non-Māori in the same age group to have been hospitalised for asthma in 2012-2014;

<sup>20</sup> Ibid; Te Pae Tata: Interim New Zealand Health Plan 2022, (Te Whai Ora, Te Aku Whai Ora, 2022), p. 18.

<sup>21</sup> Ibid, p. 33.

<sup>22</sup> Ibid. p 35.

<sup>23</sup> *Hauora*, pg.28.

<sup>24</sup> *Hauora*, p. 30.

<sup>25</sup> Ibid, pg. 23.

<sup>26</sup> \$220 billion since 2000. Ibid, pg. 25.

<sup>27</sup> provided by the Director-General of Health, Dr Ashley Bloomfield.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> In 2010-2012.

<sup>31</sup> To 31 March 2015.

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- **Sudden unexplained death of infants (SUDI):** The rate amongst Māori infants is nearly five times as high as among non-Māori infants; and
- **GP visits:** Māori adults were less likely to have reported seeing a GP in the last 12 months and were more likely to report cost as a barrier to seeking health care from a GP.<sup>32</sup> A lack of transport was also more likely to be reported as a barrier to accessing a GP or after-hours healthcare.

**Why Stage 1 Wai 2575 Matters**

Primary health care matters. It is a key time to intervene in health issues, to assess and treat early signs of health problems and to prevent them from becoming worse. The statistics and other evidence provided by the parties led the Waitangi Tribunal to conclude that the primary health care framework fails to consistently state a commitment to achieving equity of health outcomes for Māori.<sup>33</sup> This was reflected, for example:

- In the Treaty clause in the New Zealand Health and Disability Act 2000 through to lower-level documentation (often omitting Treaty references or insufficiently embedding)<sup>34</sup>;
- Māori primary health organisations were underfunded from the outset often as a direct result of the devolution of power and the allocation of funding to district health boards<sup>35</sup>; and
- The Crown did not collect sufficient qualitative and quantitative data to know how the primary health care sector was performing in relation to Māori health.

The Crown was found to have known about the failure of the DHB system to serve high-needs populations for well over a decade and failed to adequately amend or replace the current arrangements.<sup>36</sup> Te Puni Kōkiri was also implicated in this finding for its failure to carry out its statutory duty to monitor the health sector by failing to conduct agency reviews.<sup>37</sup>

**Section Two – Major reform of the health system**

**Nāku te rourou nau te rourou ka ora ai te iwi**  
**With your basket and my basket, the people will live**

The Government has made significant in-roads into implementing the recommendations in Wai 2575 (Recommendations in Appendix A). In its initial response, the Government agreed that there was:

“a need to address the existing inequities by reducing fragmentation, strengthening central leadership, and focusing on population health... that while the COVID-19 pandemic had exposed existing systemic fractures, it had also highlighted the resilience of the health sector and its ability to adopt new practices and embrace fundamental change.”<sup>38</sup>

On 1 April 2021, the Government announced its decision to commence reforms and build “a truly national New Zealand Health Service”<sup>39</sup> which would involve significant reform to the health and disability system, including:

- Replacing all DHBs and PHOs with Health New Zealand (Te Whatu Ora), a single entity with four regional arms;
- Establishing an autonomous Māori Health Authority (Te Aka Whai Ora);

<sup>32</sup> In 2013/2014.

<sup>33</sup> Judge Stephen Clarke to Minister Clark, Minister Mahuta and Minister Parker, 28 June 2019, Hauora, p. xv; Section 8I Report 2021-2022, p. 22.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid, pp. xv, xvi.

<sup>36</sup> Ibid, p. xv.

<sup>37</sup> Ibid, p. xvi.

<sup>38</sup> Cited in Wai2575 – pg 173 – but see if here’s the original that we can cite here instead.

<sup>39</sup> Ibid – pg 173, see if original somewhere.

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- Changing the Ministry of Health’s focus to stewardship, policy, strategy and monitoring. Its commissioning role would be devolved to Te Whatu Ora and Te Aka Whai Ora; and
- Tailoring services to meet the needs of particular communities and geographic regions through a “locality approach”. These would comprise networks of primary health and community services such as general practitioners, primary health nurses, maternity carers, and optometrists<sup>40</sup>; and
- The implementation of iwi-Māori Partnership Boards with a statutory mandate.

The principal vehicle for these changes was the passage of the Pae Ora (Healthy Futures) Act 2022 (“the Pae Ora Act”), which entered into force on 1 July 2022.

While not a formal acknowledgement, in passing the Pae Ora Act, the responsible Ministers made a number of statements about the purpose of the reforms and why such a major structural and system change was needed. For example:

**First Reading, Minister Little:**

“It is a system that has done OK, in some respects and it has allowed hospitals to develop what they perceive as their needs for their community. But, actually, over time a problem has emerged: differences between DHBs, differences in performances ... we have the benefit of the interim report from the Waitangi Tribunal reflecting on the health system and the extent to which it has served, or not served, the interests of Māori and the extent, most importantly, to which it has not been consistent with the Crown’s obligations under Te Tiriti o Waitangi.... The Māori Health Authority... makes sure that the needs of Māori are met in a way that they simply have not been for many, many years.”

**First Reading, Minister Henare**

“What we also saw in Wai 2575, the evidence became clear, that in order for us to make the changes in health, it had to be a fundamental shift and a systemic change, and that’s what this is offering us today.”

**Quote<sup>41</sup> from Minister Henare**

“Many Māori don’t like going to the doctor. And it’s not because we don’t care about our health, or the health of our whanau. It’s because our experiences of the health system, the experiences of our parents and grandparents have been negative. That’s why we must change. That is why we must transform our Māori health system. Māori must be enabled to provide effective leadership and partnership throughout the health system. And we will require all organisations to share responsibility for improving outcomes for Māori.”

The Pae Ora Act implements and addresses several recommendations from the stage 1 Wai 2575 report:

- **Section 6** adopts a comprehensive Te Tiriti clause, including practical steps for embedding a te ao Māori lens within its structures and how Te Tiriti is given effect to by different actors within the health system. For example, s6(f) provides for iwi-Māori partnership boards to enable Māori to have a meaningful role in the planning and design of local services.

<sup>40</sup> **FIND PRESS RELEASE. BEEHIVE.**

<sup>41</sup> “Minister Henare Contribution to a Speech on Building a New Zealand Health System that works for all New Zealanders.” (Beehive, Wellington, 21 April 2021)  
<https://www.beehive.govt.nz/speech/minister-henare-contribution-speech-building-new-zealand-health-service-works-all-new>

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- **Section 7 sets out new principles.** The Waitangi Tribunal noted<sup>42</sup> that in 2020 the Ministry of Health included principles (Tino rangatiratanga, Equity, Active protection, Options, and Partnership) in their reissued Māori health action plan<sup>43</sup>, which applies to the whole health sector. Section 7 of the Pae Ora Act sets out new principles for the health sector, which alongside the Treaty of Waitangi section (section 6) and the structural and system changes in the Pae Ora Act, embodies the recommended principles above. For example, s7(1)(a) states that the health sector should be equitable, which includes ensuring Māori and other population groups have access to services in proportion to their health needs, receive equitable levels of service, and achieve equitable health outcomes.
- **Partnership:** The Pae Ora Act strengthens the partnership approach that Māori and the Crown have within the public health system. This can be seen, for example, in sections 6 (Te Tiriti), 7 (Principles), the establishment of the Te Aka Whai Ora as an independent statutory entity, the establishment of iwi/Māori partnership boards, and how Māori health plans, strategies and commissioning will take place under the Pae Ora Act.

“The Māori Health Authority will be constituted to represent the Māori voice from all iwi and hapori. Embedding partnership must also happen at a local level. Māori will have a clear voice in decision-making through the evolved iwi-Māori partnership boards that will approve priorities and service plans for localities.”<sup>44</sup>

### Ka pū te ruha, ka hao te rangatahi

### The old net is cast aside, while the new net goes a-catching

#### New Bodies

The Government has gone further than exploration of the new bodies and completely restructured the health care system with the passage of the Pae Ora Act. This has included the creation / reform of four core national health organisations.

#### **Manatū Hauora / Ministry of Health**

Manatū Hauora is the government department with primary responsibility for health policy, strategy, and regulation. “In [their] role as kaitiaki (chief steward) of New Zealand’s health system, Manatū Hauora is the chief adviser to the Government on policy, sets direction, and regulates and monitors the health system to ensure it performs well and delivers better health outcomes for everyone.”<sup>45</sup>

#### **Te Whatu Ora / Health New Zealand**

Te Whatu Ora is a new public health government agency that has taken over the planning and commissioning of services and functions from the 20 former District Health Boards. Unlike DHBs, Te Whatu Ora operates nationally, with four regional offices.

#### **Te Aka Whai Ora / Māori Health Authority**

Te Aka Whai Ora is a new independent statutory entity with primary responsibility for managing Māori health policies, services, and outcomes. Unlike DHBs, Te Aka Whai Ora operates nationally.

<sup>42</sup> *Hauora*, pg. 180.

<sup>43</sup> *Whakamaua: Māori Health Action Plan, 2020-2025* (Ministry of Health, Wellington, 2020), pg.15.

<sup>44</sup> <https://www.beehive.govt.nz/speech/building-new-zealand-health-service-works-all-new-zealanders>.

<sup>45</sup> <https://www.health.govt.nz/about-ministry/what-we-do> and <https://dpmc.govt.nz/sites/default/files/2021-04/health-reform-white-paper-summary-apr21.pdf>.

**DRAFT – NOT GOVERNMENT POLICY****Te Pou Hauora Tūmatanui / Public Health Agency**

Te Pou Hauora Tūmatanui leads all public health and population health policy, strategy, regulatory, intelligence, surveillance, and monitoring functions, and has a key role in providing advice to Ministers on all public health matters. Te Pou Tūmatanui sits within Manatū Hauora.

These organisational changes and the additional features outlined below also respond to the Waitangi Tribunal's recommendations about strengthening the monitoring and accountability mechanisms in the public health system. For example:

**Te Aka Whai Ora**

Under section 19, the functions of the Te Aka Whai Ora specifically include monitoring the delivery of hauora Māori services by Te Whatu Ora and providing public reports on the results of that monitoring<sup>46</sup>; and monitoring, in cooperation with the Ministry and Te Puni Kōkiri, the performance of the publicly funded health sector in relation to hauora Māori. This sits alongside a suite of other functions that will enhance Māori health outcomes, such as improving service delivery and outcomes for Māori at all levels of the health sector<sup>47</sup>, and evaluating the delivery and performance of services provided or funded by the Te Aka Whai Ora.<sup>48</sup>

**Iwi-Māori Partnership Boards**

Under section 30, the functions of the iwi-Māori partnership boards include monitoring the performance of the health sector in a relevant locality.

**Reporting on the Charter**

Under section 50, Te Aka Whai Ora and Health New Zealand must prepare a report on how the New Zealand Health Charter has been given effect to in the health sector and present it to Parliament / make it publicly available.

**Te Puni Kōkiri**

Te Puni Kōkiri retains its monitoring function under section 5 of the Ministry of Māori Development Act 1991. Te Puni Kōkiri has reformed the way it performs its monitoring function and is now "walking alongside" the new health agencies as they develop strategies, plans and other forms of implementation.

**Health Strategies and Plans**

The Waitangi Tribunal made specific recommendations about the Māori health strategy, the New Zealand Health Strategy, the Primary Health Care Strategy, and the strategies' relevant action plans.

*He Korowai Oranga* was initially launched in 2002 providing a 10-year outlook with an overall aim of whānau ora (healthy families).<sup>49</sup> Pae Ora sits within this Strategy as the Government's vision for Māori health. "Pae ora is a holistic concept and includes three elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments."<sup>50</sup>

<sup>46</sup> S19(l).

<sup>47</sup> S19(c).

<sup>48</sup> S19(r).

<sup>49</sup> Whakamaua: Māori Health Action, p. 16. The strategy continues to set the direction for Māori health underpinning the current action plan to improve Māori health outcomes between 2020 and 2025<sup>49</sup> and provides guidance at a strategic level on how the health and disability system can support Māori health aspirations and health equity.

<sup>50</sup> Reference needed – ref website link below.

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All three elements of Pae Ora are interconnected and mutually reinforcing, and further strengthen the strategic direction for Māori health for the future.”<sup>51</sup>

Sections 41 to 46 of the Pae Ora Act outline several strategies that the Minister must prepare and determine, including:

- New Zealand Health Strategy
- Hauora Māori Strategy, which must be jointly prepared with Te Aka Whai Ora
- Pacific Health Strategy
- Health of Disabled People Strategy
- Women’s Health Strategy
- Rural Health Strategy.<sup>52</sup>

Sections 47 to 49 of the Pae Ora Act outline the process of developing a health strategy and monitoring its success for the respective populations. Section 49 specifies that health entities must have regard to all health strategies in the exercise of their powers and performing their duties. These changes more clearly articulate the expectations for how each high-need population, including Māori, is treated in the health sector and a central point of oversight of the progress and outcomes for each population group.

**Plans**

In 2020, following the release of Wai 2575 stage 1, the *Whakamaua Māori Health Action Plan 2020-2025* was released by Manatū Hauora. Sections 50 to 53 of the Pae Ora Act outline the development, content and performance reporting of a New Zealand Health Plan. The purpose is to provide a 3-year costed plan for the delivery of publicly funded services by Te Whatu Ora and the Te Aka Whai Ora and the Plan must be jointly developed by both agencies.<sup>53</sup>

Te Whatu Ora and Te Aka Whai Ora jointly created the first plan, *Te Pae Tata Interim New Zealand Health Plan* in 2022. *Te Pae Tata* is described as ‘an interim plan only’, designed to establish the national service coverage following the retirement of the district health board system.<sup>54</sup> The plan sets out six priority actions for the formative period:

- Place whānau at the heart of the system to improve equity and outcomes;
- Embed Te Tiriti o Waitangi across the health sector;
- Develop an inclusive health workforce;
- Keep people well in their communities;
- Develop greater use of digital services to provide more care in homes and communities; and
- Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system.<sup>55</sup>

The New Zealand Health Plan is one of the keys to addressing the previous lack of partnership and tino rangatiratanga in the design and delivery of primary health care. When the Ministry of Health released the first action plan for Māori health in 2020, the guarantee of rangatiratanga was separated out and listed alongside the above principles outlined by the tribunal.<sup>56</sup> Sections 54 and 55 set out the provision of determining localities and the development of respective locality plans. Iwi-Māori partnership boards

<sup>51</sup> <https://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures>.

<sup>52</sup> Pae Ora (Healthy Futures) Act 2022; <https://www.legislation.govt.nz/act/public/2022/0030/latest/whole.html#LMS575525>; accessed 26 June 2023.

<sup>53</sup> Pae Ora (Healthy Futures) Act 2022; <https://www.legislation.govt.nz/act/public/2022/0030/latest/whole.html#LMS575525>; accessed 26 June 2023.

<sup>54</sup> *Te Pae Tata Interim New Zealand Health Plan 2022*, (Te Aka Whai Ora – Māori Health Authority, Te Whatu Ora – Health New Zealand, 2022), p. 5.

<sup>55</sup> *Ibid.*

<sup>56</sup> *Whakamaua: Māori Health Action Plan 2020-2025*, (Manatū Hauora, 2020), p. 15.

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now have a mandated role in the Pae Ora Act.<sup>57</sup> The locality plans must be developed in consultation with communities, local authorities, and the Māori Health Authority, along with the relevant iwi-Māori partnership board.<sup>58</sup> The provision of locality plans and insights from communities and iwi-Māori Partnership Boards allows the new national health system to access and use valuable local knowledge. The Pae Ora Act created a national health service that is locally planned, locally funded, and locally delivered.

### **Mā te huruhuru ka rete te manu** **Feathers allow the bird to fly**

The Crown remains in conversation with claimants from the stage 1 Wai 2575 report about funding issues. Last year the Government committed to providing a record funding boost for Māori primary and community healthcare providers as part of the \$71.6 million in commissioning investments by Te Aka Whai Ora. It is the largest commissioning investment to date enabling funding for Māori health providers and includes:

- \$29.3m for Te Pae Tata – interim New Zealand Health Plan priority areas;
- \$13m for Māori primary and community providers;
- \$17.6m for te ao Māori solutions, mātauranga Māori and population health; and
- \$11.7m to support innovation, workforce development, and whānau voice.

### **Whaowhia te kete mātauranga** **Fill your basket of knowledge**

The Waitangi Tribunal made several recommendations about the collection and use of data and information relevant to Māori health outcomes.<sup>59</sup> Some of these are now superseded by the passage of the Pae Ora Act and others are part of active departmental and cross-agency work programmes.

As the new health agencies are established, there are regular Cross-Agency System Monitoring for Hauora hui, led by the Ministry of Health. At the second hui, the group moved from an overview of monitoring across the sector to looking deeper into how monitoring is taking place.

#### **The Ministry of Health**

The Ministry of Health receives data from different parts of the health sector through the utilisation of health services or mandatory reporting national collections, and also from national population health surveys.<sup>60</sup> The annual New Zealand Health Survey (NZHS), for example, has been conducted since 1992/93. The survey asks respondents to recall their experiences from the past 12 months across a range of topics and indicators. An interactive data explorer presents latest results by ethnic group, gender, age, disability status and neighbourhood deprivation, as well as changes over time.<sup>61</sup> The NZHS data explorer provides a break-down by total Māori population, gender and Māori vs. non-Māori comparison and trends over time.

The Ministry of Health also provides public access to an electronic dashboard that provides data and information about Whakamaua 2020-2025 – the Māori Health Action Plan 2020-2025 - that guides the Ministry of Health, the whole health and disability system, and government to give effect to He Korowai Oranga – the Māori Health Strategy. Quantitative monitoring via measures identified for the online

<sup>57</sup> Section 29-31 Pae Ora Act.

<sup>58</sup> Pae Ora (Healthy Futures) Act 2022;

<https://www.legislation.govt.nz/act/public/2022/0030/latest/whole.html#LMS575525>; accessed 26 June 2023.

<sup>59</sup> Complete list on *Hauora*, pg. 168.

<sup>60</sup> <https://www.health.govt.nz/nz-health-statistics/about-data-collection>

<sup>61</sup> <https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer>

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dashboard report are designed to provide a broad view of the current state of system performance against the Action Plan’s four objectives, rather than to reflect progress on any individual action in Whakamaua.

**Te Aka Whai Ora**

Te Aka Whai Ora has a key role in the new health system for monitoring and driving improved outcomes for Māori. Their functions also include undertaking and supporting health research.<sup>62</sup> They are already developing a Māori health research agenda with Māori health experts, and they are currently building a monitoring and evaluation team. This mahi will be supported by insights from local communities, iwi-Māori partnership boards and others working in the health sector.

**Te Puni Kōkiri**

Te Puni Kōkiri is supporting this cross-agency group as it develops monitoring systems and frameworks. Opportunities are discussed in Section Three.

Te Puni Kōkiri has enhanced its data and analytics capability in recent years, creating tools to harness data and insights on Māori wellbeing, and has utilised lessons learned from monitoring, research, and evaluation to support initiatives in improving public sector effectiveness for Māori. Te Puni Kōkiri has developed a data and analytics platform, MahiTahi, which is a cloud-based service designed to enable kaimahi to make evidence-based decisions. MahiTahi will support Te Puni Kōkiri to analyse what is and what is not working for Māori across different sectors to best advise government and other public sector agencies.<sup>63</sup>

Specifically related to health, Te Puni Kōkiri has been collecting COVID-19 vaccination data since August 2021 for reporting purposes. Likewise, an example of the effectiveness of Te Puni Kōkiri walking alongside mainstream agencies (“monitoring by doing”)<sup>64</sup> while they design and deliver locally-led, indigenously-designed interventions, has been through the creation and implementation of the Māori Communities COVID-19 Fund (MCCF). The MCCF was established to respond to the significant gap between Māori and non-Māori COVID-19 health outcomes.

**Section Three – The Future**

**E huri tā aroaro ki te rā, tukuna tō ataarangi ki muri i a koe**  
**Turn and face the sun and let your shadow fall behind you**

**Introduction**

The Waitangi Tribunal’s stage 1 Wai 2575 report has provided new opportunities for improving both the Treaty partnership and Māori health outcomes. This section outlines some of the key future opportunities for the health sector, including Te Puni Kōkiri, which take into account the Waitangi Tribunal’s recommendations.

The current implementation of the Waitangi Tribunal’s recommendations is taking place in a particular context for Māori and Aotearoa. Population estimates in June 2021 estimated the Māori population was 17.1% of the total population. There was estimated to be 436,000 Māori males and 439,300 Māori females, with median ages of 27.3 and 25.3 years (Stats NZ, 2021a).<sup>65</sup> Alongside this youthful profile,

<sup>62</sup> Section 19(1)(q).

<sup>63</sup> TPK Annual Report, pp. 45.

<sup>64</sup> Annual report, pp. 4

<sup>65</sup> Long-term insights briefing: Evidence Brief. [LINK NEEDED](#).

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the largest growth in the Māori population will be in the 65+ year age group.<sup>66</sup> This will have implications for the future health needs of Māori.

Te Puni Kōkiri's Long-term Insights Briefing projects health outcomes for whānau in 2040 based on historical data trends.<sup>67</sup> Although average Māori life expectancy is expected to improve from 75 years to 80 years, it remains six years less than the average for non-Māori. In addition, the proportion of Māori who are physically active will decrease by three percent and drinking alcohol to hazardous levels amongst Māori is expected to increase by eleven percent.<sup>68</sup>

**Future Opportunities**

The Waitangi Tribunal's stage 1 Wai 2575 report recommendations and the new health system provide a number of opportunities to change the way we operate and collectively improve health outcomes for Māori. For example:

- Embedding whanau-centered approaches to policy, service design and delivery;
- A new approach to monitoring by Te Puni Kōkiri;
- Ensuring that there is accessible Māori health data;
- Resolving any outstanding Waitangi Tribunal recommendations from *Hauora* stage 1; and
- The benefit of a wairua-centred approach to hauora.

**Embedding whanau-centered approaches to policy, service design, and delivery**

In November 2022, the Social Wellbeing Board agreed and endorsed the following ten key characteristics for a whānau-centred approach, which can be applied to policy, service design and delivery services.

<b>1</b> Culturally grounded in te ao Māori, with whānau at the centre.	<b>2</b> Supports whānau to determine their own future.	<b>3</b> Based on whānau strengths, values and aspirations.	<b>4</b> Restores and strengthens whānau.
<b>5</b> Provides holistic responses to whānau needs and aspirations.	<b>6</b> Addresses individual needs within their whānau context.	<b>7</b> Measures effectiveness based on outcomes and invests in whānau wellbeing.	<b>8</b> Enables long term, intergenerational planning and sustainable solutions.
<b>9</b> Minimises system barriers, enabling flexible and innovative responses.	<b>10</b> Uses collaboration and integration across government. <sup>69</sup>		

<sup>66</sup> Ibid, pg. 17.

<sup>67</sup> These projections assume that there will be no significant changes or reductions in the services and supports delivered by the public system over the next twenty years.

<sup>68</sup> These projections are based on New Zealand Health Survey data.

<sup>69</sup> SWB Paper – not officially released

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It is important that the public service implementation of whānau-centred policy and approaches, and the investment in Whānau Ora across government and into our communities, is robust and authentic.<sup>70</sup> As outlined above, the creation and implementation of the Māori Communities COVID-19 Fund (MCCF) was in response to the significant gap between Māori and non-Māori COVID-19 health outcomes. Commissioning providers with in-depth knowledge of the unique needs within their communities to provide the wraparound support needed was the best approach to lift Māori vaccination rates.<sup>71</sup> In the future, starting with a whānau-centred approach and embedding it into policy, programme design and implementation will help to ensure more equal health outcomes from the beginning. As noted above, s6(f) of the Pae Ora Act provides for iwi-Māori partnership boards to enable Māori to have a meaningful role in the planning and design of local services. Alongside Te Aka Whai Ora, the place of iwi-Māori partnership boards within the new system will provide a valuable resource as a source of information about local needs and key relationships for helping to make the design and implementation of health programmes a success.

**A new approach to monitoring by Te Puni Kōkiri**

Te Puni Kōkiri has a legislated responsibility to monitor the performance of the public sector for Māori. The system operates in a permanent state of underperformance to Māori and Te Puni Kōkiri has recently refreshed its monitoring approach, also taking into account the recommendations from the Waitangi Tribunal in Wai 2575. Te Puni Kōkiri has moved away from relying solely on the traditional monitoring model of assessing the effectiveness of Government services after the fact or just providing policy advice in response to departmental briefings.

“A punitive monitoring system has not worked and did not change outcomes for Māori, and therefore it is unlikely that such an approach would bring about positive outcomes in the future”.<sup>72</sup>

Instead, the Secretary for Māori Development stated that the Ministry’s future focus will be on using monitoring as an active tool in service delivery – walking alongside mainstream agencies, ensuring that agencies know what does and does not work for Māori as the agencies design and deliver initiatives, and consider how they might measure their success.<sup>73</sup> Te Puni Kōkiri is modelling practice of whānau-centred approaches both to delivery and to measuring performance, and has worked alongside Māori and iwi thought-leaders, practitioners and rangatahi, and the Treasury, to support a Māori-designed waiora measurement framework with measures and indicators. This is a more dynamic approach to monitoring, ensuring improved traceability from Te Puni Kōkiri advice through to public sector investment and delivery of improved outcomes.

Te Puni Kōkiri is uniquely placed to examine the whole health system, including all the health bodies, and to monitor how health outcomes for Māori are impacting other areas of wellbeing and development. Te Puni Kōkiri will continue to work with Te Whatu Ora, Te Aka Whai Ora and the Ministry to monitor the performance of the health system in relation to Māori wellbeing outcomes – including Māori health outcomes.

**Ensuring that there is access to Māori Health Data**

Active protection means actively addressing the gaps between Māori and other populations, looking at the specific needs of the Māori population and directing time and resources to ensure more equitable

<sup>70</sup> Strategic Intentions p. 24-25. <https://www.health.govt.nz/publication/commissioning-pae-ora-healthy-futures-2022> talks to commissioning approaches and whānau ora model within the health system. Published early 2023. Approach reflects the Health and Disability System Review (2019) recommendations, the Wai 2575 Health Services and Outcomes Kaupapa Inquiry recommendations (Waitangi Tribunal 2019), pp. 3 of report.

<sup>71</sup> TPK Annual Report, pp. 4.

<sup>72</sup> Dave Samuel’s Brief of Evidence to the Royal Commission Inquiry into Abuse in State Care

<sup>73</sup> Dave Samuel’s Brief of Evidence to the Royal Commission Inquiry into Abuse in State Care

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outcomes.<sup>74</sup> As noted above, Te Aka Whai Ora is in the process of establishing its new monitoring team. It also has responsibilities for:

- “improving service delivery and outcomes for Māori at all levels of the health sector; and
- collaborating with other agencies, organisations, and individuals to improve health and wellbeing outcomes for Māori and to address the wider determinants of health for Māori; and
- providing accessible and understandable information to Māori on the performance of the publicly funded health sector.”<sup>75</sup>

Te Puni Kōkiri will work alongside Te Aka Whai Ora (and the cross-agency group) as it develops and implements this work programme. In addition, there are opportunities for the whole health sector to support the accessibility of Māori health data for Māori, hapu, and iwi. For example, the Ministry of Health’s New Zealand Health survey database has useful data about Māori health.

Te Puni Kōkiri is also investing \$19.91 million over four years to increase Māori community resilience through data capability and access with a focus on climate and waiora data. This initiative will:

- equip hapori Māori with the skills and ability to access climate and waiora data in support of their aspirations for adapting to climate change;
- invest in technology systems that expand the use of existing Government data solutions for Māori that can be safely shared with iwi, hapu and whānau;
- enable Māori to safely share data of their choosing back to Government or with other communities; and
- enable Government agencies to access data of importance to hapori Māori while championing Māori data sovereignty and iwi and whānau-centred approaches to data management.

While various Government agencies have supported initiatives to provide data and insights to Māori, they are working independently with hapori Māori and meeting their needs by subject area. This initiative, *Hapori Māori: Increasing Community Resilience through Data Capability and Access*, invests in a joined-up holistic Government approach, including the design and testing of how to enable both the sharing and collection of waiora datasets to/from Māori communities into a centralised solution. The intention is for bespoke data products to be curated for Māori communities that leverage data from the centralised solution and from communities themselves. This will help to inform evidence-based, community led decisions, and support hapori Māori consider their future needs in relation to climate change, waiora and hauora.

#### **The benefit of a wairua-centred approach to hauora**

Key insights, such as the difference between waiora and wellbeing or how wairua inspired processes can be used in development, were presented to hui members at the Cross-Agency System Monitoring for Hauora Hui led by the Ministry of Health. Hui members showed interest and plan to further explore how the insights from Ngā Tohu Waiora, a Māori-led and designed framework developed to measure waiora with support from Te Puni Kōkiri and Te Tai Ōhanga, could inform how the sector thinks about measuring hauora. In addition, hui members want to explore connections between:

- He Korowai Oranga (Māori Health Strategy);
- Whakamaua (Māori Health Action Plan);
- He Ara Waiora (Treasury’s framework for considering waiora); and
- Ngā Tohu Waiora.

<sup>74</sup> Ibid, p. 32.

<sup>75</sup> Section 19(1)(c) to (e).

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This is additional to exploring how Whānau Ora and Whānau-Centred approaches could guide any approaches to measuring hauora.

**Resolving any outstanding Waitangi Tribunal recommendations from *Hauora* stage 1**

As outlined above, conversations are ongoing between *Hauora* stage 1 claimant groups and the Crown, and there will be a continued need to monitor how the new health system is delivering for Māori. Te Puni Kōkiri’s Te Tautuhi-ō-Rongo (Māori Policy Framework) provides a positive reading of te Tiriti with four core components:

- A relationship management agreement;
- The ideal marriage;
- A move away from a focus on breach and deficit; and
- The potential for what should, could and must be.

Te Tiriti is a living document, and hauora, like other key aspects of life and wellbeing is directly related to how this constitutional document is respected and the Treaty partnership is honoured. The changes to the health system to embed Treaty principles, elevate a focus on partnership and equity, and enable more meaningful local insights and mana motuhake approaches to health policy, design, and delivery provide an opportunity to innovate and transform the health system and set a course for a more equitable and responsive future. We look forward to supporting the health system and our communities as they respond to changes, and to receiving the Waitangi Tribunal’s next *Hauora* report.

**“We need to remember that Te Tiriti was, and continues to be, a means to bring us together and benefit our society.”<sup>76</sup>**

**Appendix A: Recommendation Areas**

Interim/Final	Recommendation Areas	Recommendations – Full List
	[EXAMPLE: Te Tiriti clause	[EXAMPLE: New Treaty of Waitangi clause [compared to the Treaty clause in the New Zealand Public Health and Disability Act 2000].

<sup>76</sup> Minister Henare, speech to Waitangi Tribunal Members.