



TE RUNANGA O KIRIKIROA

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WAIKATO DISTRICT HEALTH BOARD

2002 - 2011

DRAFT STRATEGIC PLAN CONSULTATION

SUBMISSION

By

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Executive Summary

Te Runanga O Kirikiroa Trust Inc (“the Runanga) presents the following issues and submissions in relation to the Waikato DHB Draft Strategic Plan 2002-2011:

1.0 The Vision Statement raised two issues:

- a) the invisibility of the Treaty of Waitangi; and
- b) the secondary positioning of Māori in relation to rural when addressing population needs

1.2 In relation to issue (a) THE RUNANGA SUBMITS that recognition of the treaty as Aotearoa/New Zealand’s founding document and the Crown as a Treaty partner should be included in the Vision Statement.

1.3 In relation to issue (b) THE RUNANGA ADVOCATES the modification of the Vision Statement to read “... the special needs of Māori ...”.

2.0 In relation to the Waikato DHB Strategic Priorities the Runanga asks the following questions:

- a) What will the Waikato DHB do to prevent mainstream providers from accessing funds for each of the areas that are also identified as Māori health gain areas to the detriment of Māori:
- b) What processes are there in the plan to ensure the support of current Māori health providers?
- c) What processes are there in the plan to ensure that similarity of strategic priorities will not ameliorate against the growth of Māori health providers?
- d) What processes are there in the plan to facilitate the growth of Māori health providers?
- e) What processes are there in the plan to protect Māori providers from non-Māori health providers who may argue that because they have a Māori client base they are entitled to more of the funding?

2.1 THE RUNANGA SUBMITS that the terms of reference for the Iwi/Māori Council, the Kaumatua Kaunihera, the Māori Health Strategy and Development Unit and Te Waka Hauora be strengthened so that they may address the above issues in a real and effective manner.

3.0 THE RUNANGA SUBMITS that the ambiguity about whether or not this draft strategic plan is a plan for the hospitals and the services that the Waikato DHB owns and operators or whether it is a strategic plan for the greater Waikato DHB responsibilities including the funding of NGOs must be made clear in the document.

4.0 The Runanga asks – What processes are there in this plan to ensure that Māori health providers do not fall victim to the principle: *if it can be provided more cheaply through the public sector the public sector must prevail?*

5.0 THE RUNANGA would like to see a separate plan that explains the approach and strategies in relation to funding NGOs and what the focus will be for them.

1.0 Introduction

1.1 Te Runanga O Kirikiroa Trust Inc (“the Runanga”) welcomes this opportunity to make submissions for the Waikato District Health Board’s (“Waikato DHB”) 2002-2011 Strategic Plan. Our comments are as follows.

2.0 Vision Statement

2.1 The proposed statement reads:

“The Waikato DHB will improve the health, independence and quality of life of the communities it serves, by addressing the needs of the population including the special needs of rural, Māori and Pacific peoples and their communities. The Waikato DHB will ensure community involvement at all levels and will focus on:

- *Increasing wellness through prevention, promotion and awareness activities*
- *Ensuring equitable access to high quality health and disability support services”*

The Runanga raises two issues concerning this statement:

- a) the invisibility of the Treaty of Waitangi (“the Treaty”); and
- b) the secondary positioning of Māori in relation to rural

2.2 Treaty of Waitangi Invisibility

2.2.1 The Treaty as Aotearoa/New Zealand’s founding document and the Crown as a Treaty partner have been accepted and recognized by successive governments. Indeed this reality is recognised in the draft Strategic Plan at Page 6 but solely in relation to Māori Health. The Runanga contends that this does not go far enough.

2.2.2 The Runanga argues that this bureaucratic obfuscation of the Treaty can be seen as an attempt to marginalize its significance to all New Zealanders that will call into question the commitment of the DHB to the Treaty both as Aotearoa/New Zealand’s founding document and as a Treaty partner in its role as a Crown Agent. The Runanga advocates the view of Baragwanath J:

“It is simply unjust that Māori having accepted and substantially performed their Treaty obligations, other New Zealanders should avoid responsibility for the Crown’s breach. ...” (Will the Settlers Settle [1996] Otago University Law Review Vol 8 Part 4 at 449).

and argues that recognition of the Treaty in the Vision Statement would signal to all New Zealanders the seriousness with which the Waikato DHB views its Treaty obligation to address health inequalities that affect Māori which are part and parcel of the legacy of colonization.

2.2.3 THE RUNANGA THEREFORE SUBMITS that recognition of the Treaty as Aotearoa/New Zealand's founding document and the Crown as a Treaty partner should be included in the Vision Statement.

2.3 *Secondary Positioning of Maori in relation to Rural*

2.3.1 While some may call this nitpicking, the secondary positioning of Maori in relation to rural health needs the Runanga contends that this positioning has very real significance for Maori.

2.3.2 The fact that as a population group, Maori have on average the poorest health status of any group in New Zealand was recognised in *He Korowai Oranga* Maori Health Strategy Discussion Document published in April 2001. Hence, the Runanga argues that such positioning does not reflect the very real disparities that continue to exist between Maori and non-Maori in health status.

2.3.3 The Runanga also argues that such positioning ignores the identification of Māori Health as number two ahead of Rural Health cited at number four in the top five broad themes that emerged in the *Report on the Health Needs Assessment* (Vatsyayann, J: January 2002) carried out on behalf of the Waikato DHB. Additionally the Runanga questions the criteria applied in determining the top four inequality reduction areas of priority given that:

- a) as stated in 2.3.2 above Maori have the poorest health status of any group in New Zealand (MOH: 2001);
- b) the size of the Maori population in Waikato justifies prioritizing Maori health; and the fact that
- c) a high proportion of Māori within the DHB area live in rural areas

2.3.4 THE RUNANGA THEREFORE ADVOCATES the modification of the Vision Statement to read "... the special needs of Maori ...".

3.0 *Strategic Priorities*

3.1 The Consultation Booklet identifies five strategic priority areas for the Waikato DHB as follows:

- a) To improve the health status of children;
- b) To reduce the impact of diabetes;
- c) To improve the health status of people with severe mental illness;
- d) To minimize the harm caused by tobacco, alcohol, illicit and other drug use to both individuals and the community;
- e) To reduce the rate of suicide and suicide attempts.

3.2 The Runanga notes that all but one of these strategic priorities, i.e. strategic priority (e), (although to some extent this can be addressed under the Maori strategic priority in relation to injury prevention), are priority health areas for Maori. They have been priority health areas for Maori since their inclusion in the *New Zealand Health Strategy* published in December 2000. Indeed the Runanga has been active in all of these areas for a number of years delivering services in mental health, public health promotion, injury prevention and smoking cessation.

3.3 The Runanga also notes the comments made on Page 6 of the Consultation Document relating to the integration of the Waikato DHB objectives for Maori health into governance, consultation, service planning and delivery. Also noted are the comments relating to the range of mechanisms the Waikato DHB has in place, i.e., the Iwi/Maori Council, the Kaumatua Kaunihera, the Maori Health Strategy and Development Unit and Te Waka Hauora. However, we also note that the role of these bodies is predominantly advisory which suggests that unless the view of these bodies finds favour with non-Maori their ability to influence is non-existent. Hence, Maori remain dependent on the goodwill of non-Maori to champion “the Maori cause”.

3.4 Given our comments made in 3.3 above, the Runanga asks:

- a) What the Waikato DHB will do to prevent mainstream providers from accessing funds for each of the areas that are also identified as Maori health gain areas to the detriment of Maori?
- b) What processes are there in the plan to ensure the support of current Maori health providers?
- c) What processes are there in the plan to ensure that similarity of strategic priorities will not ameliorate against the growth of Maori health providers?
- d) What processes are there in the plan to facilitate the growth of Maori health providers?
- e) What processes are there in the plan to protect Maori health providers from non-Maori health providers who may argue that because they have a Maori client base they are entitled to more of the funding?

3.5 The Runanga contends that the predominantly advisory role ascribed to the mechanisms presently in place does not allow these bodies the scope to address these questions in any real or effective manner. In this regard, the Runanga again advocates the view of Baragwanath J that “it is not enough to advocate generosity of spirit; structures and systems are also needed”. (Baragwanath J. [1996])

3.6 THE RUNANGA THEREFORE SUBMITS that the terms of reference of these bodies be strengthened so that they may address the issues raised in point 3.4 (a)-(e) above in a real and effective manner.

4.0 *Funding and Contestability*

4.1 The Runanga suggests that this draft Strategic Plan demonstrates the difficulty of the Funder/Provider merge. It is not clear in reading this document whether it is a strategic plan for the hospitals and the services that the Waikato DHB owns and operates or whether it is a strategic plan for the greater Waikato DHB responsibilities to include the funding of Non-Government Organisations (“NGOs”). Everything we have read in the document leads us to believe that this plan relates to the hospital and services that the Waikato DHB owns and operates.

4.2 The Runanga argues that this issue is directly relevant to the concept of contestability that underpinned the era of the Health Funding Authority. The re-amalgamation of the Funder/Provider role is fundamentally a return to Maori experiences under the Area Health Boards (“AHB”)/Regional Health Authority (“RHA”) systems. AHBs had authority to open the way for Maori to establish their own practices. However, their processes were very selective and funding was limited. Additionally, in the RHA take over, Maori had to accept a roll over of funding with a concomitant expected increase in outputs or outcomes. There was no commensurate increase in funding.

4.3 HENCE THE RUNANGA SUBMITS that given this ambiguity, the issue of whether this is:

- a) a strategic plan for the hospitals and the services that the Waikato DHB owns and operates; or
- b) a strategic plan for the greater Waikato DHB responsibilities including the funding of NGOs

must be made clear in the document.

4.4 In relation to funding the Runanga asks:

- a) What processes are there in this plan to ensure that Maori health providers do not fall victim to the principle: *if it can be provided more cheaply through the public sector the public sector must prevail?*

We believe that hand in glove with this must be the notion that: *if it can be provided more effectively through the community sector the community sector must prevail*. In this regard, we would like to believe that measures of efficiency will also prevail.

4.5 The amalgamation of the Funder/Provider role represents a catch 22 situation for the Runanga in that if we tell you how to do it then you may well choose to do it which may then disadvantage NGOs such as the Runanga.

4.6 THEREFORE THE RUNANGA would like to see a separate plan that explains the approach and strategies in relation to funding NGOs and what the focus will be for them.

5.0 Conclusion

5.1 The problem with this document is that it is high on intention and low on specifics. The Runanga understands the difficulty of being too specific however, we also believe that there must exist a wider plan which clearly identifies the general direction planned for the hospital and the general direction desired for community providers. For example: we are aware that government wish to drive private Primary Health Organisations (PHOs), we would have expected to see that strategy signaled in this document if it was a DHB initiative inclusive of NGOs.

5.2 Once again, the Runanga appreciates this opportunity to make submissions to the draft Strategic Plan and we look forward to seeing the completed plan in due course.

(Mere Balzer)
Chief Executive Officer

28 March 2002