**Contemporary WAI 2575**

**"A"**

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | 1. ***Treaty of Waitangi (pg13(35)[1]*** | Principles from the NZPHDA 2000<br><br>Salmond, G. (1986). *Circular memorandum No.1986/70.* Wellington, New Zealand: Department of Health.<br><br>Department of Health. (1988). *The Treaty of Waitangi and its implications for the health services. Nga ahuatanga mo te hauora o Te Tiriti o Waitangi.* Wellington, New Zealand: Author.<br><br>MOH (2017). *The New Zealand Health and Disability System - Handbook of Organisations and Responsibilities* | Why the principles not the Māori text in NZPHDA?<br><br>It has had a flow on effect across the health sector policy and practice | Came, H., Cornes, R., & McCreanor, T. (2018). Treaty of Waitangi in New Zealand public health policy 2006-2016 *New Zealand Medical Journal, 131*(1469), 32-27.<br><br>Oh, M. (2005). *The Treaty of Waitangi principles in He korowai oranga - Māori health strategy: an effective partnership?: a critique from the perspective of TB care.* (Unpublished Masters), Auckland University, Auckland, New Zealand. |
| ***Relationships (partnership)*** | 2. ***DHBs working with iwi (pg69 (241)*** | Effective relationships with iwi (pg 57 (209)<br><br>Formal entity –representatives iwi and Māori communities e.g. MOU expectations of relationships, level involved advice & guidance, some cases monitor progress | What are Iwi experiences of consultation, engagement and partnership?<br><br>Could map DHB treaty statements and/or Māori health plans<br>How Treaty relationship actualised x20? | Boulton, A., Simonsen, K., Walker, T., Cumming, J., & Cunningham, C. (2004). Indigenous participation in the 'new' New Zealand health structure. *Journal of Health Services Research and Policy,* 9(S2), 35-40. doi:10.1258/1355819042349853<br><br>**THIS is the exhibit marked with the letter "A" referred to in the annexed Affidavit/Declaration of** Kerri Donna Nuku **~~sworn~~/made at** Wellington **this** 22nd **day** March **20**18 **before me**<br><br>.....<br>**Solicitor of the High Court of New Zealand**<br>**(Deputy) Registrar**<br><br>Sarah Jane Felicity Eglinton<br>Solicitor<br>Wellington |

RECEIVED
Waitangi Tribunal
***22 Mar 2018***
Ministry of Justice
WELLINGTON

[1] Page numbers relate to sections of the WAI2575 #A3

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | 3. ***Ministry Māori health stakeholders (pg8(15)*** | | Who are they working with?<br>Do they attempt actualise Treaty relationship e.g. MOUs?<br><br>What are Māori (Leaders, people and communities (collective)) experiences of engagement with MOH? | |
| | 4. ***MOH relationship Māori health providers (pg 24(81)*** | Ministry of Health. (2013). *Framework for Relations between the Ministry of Health and Health/Disability Non-Government Organisations*. Wellington, New Zealand: Author.<br><br>Strong and respectful relationship, understanding each other's values, goals and strategies, mutual benefit | What are Māori providers (individual and collective) experiences with MOH? | |
| | 5. ***DHB relationship with Māori providers (pg 29(104)*** | DHB responsible support Māori involvement in service delivery, service contracts, (pg 70 (237) | What are Māori providers (individual and collective) experiences with DHBs? | |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| *Funding & investment* | 6. ***Investment in Māori health (pg 29(105)*** | Ministry of Health. (2017). *Funding to Māori Health Providers by the Ministry of Health and District Health Boards, 2011/12 to 2015/16.* Wellington, New Zealand: Author. | How do they measure it?<br>What are trends over time?<br>How does it fulfil Tiriti obligations in terms equity?<br>Does it account for high health needs? | |
| | 7. ***Population-based funding formula (p7(11)*** | Adjusts for Māori health (pg 67 (236) | How PBFF formula impact on Māori health?<br>Identify levels of funding to Māori health – Vote health & break down | *Need OIA data - technical health economics input and/or whānau ora impact assessment*<br>*Paul Blakley's work* |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***8. Contracting health services*** | Controller and Auditor-General. (2008). *Procurement guidance for public entities.* Wellington, New Zealand: Author.<br><br>Ministry of Economic Development. (2010). *Mandatory rules for procurement by departments.* Wellington, New Zealand: Author.<br><br>Ministry of Economic Development. (2007). *Government procurement in New Zealand: Policy guide for purchasers* Wellington, New Zealand: Author.<br><br>Treasury. (2009). Guidelines for contracting with non-governmental organisations for services sought by the Crown Wellington, New Zealand: Author. | Where does the racism reside? | Boulton, A. (2005). *Provision at the interface: the Māori mental health contracting experience.* (Doctoral dissertation), Massey University, Palmerston North, New Zealand.<br><br>Came, H., Doole, C., McKenna, B., & McCreanor, T. (2017). Institutional racism in public health contracting: Findings of a nationwide survey from New Zealand. *Social Science and Medicine.* doi:10.1016/j.socscimed.2017.06.002 |
| ***Health research*** | ***9. Health Research funding*** | Ministry of Business Innovation and Employment, & Ministry of Health. (2017). *New Zealand Health Research Strategy 2017-2027.* Wellington, New Zealand: Author. | Needs critical policy analysis | Rodriguez, L., George, J. R., & McDonald, B. (2017). An inconvenient truth: why evidence-based policies on obesity are failing Māori, Pasifika and the Anglo working class. *Kotuitui: New Zealand Journal of Social Sciences, 12*(2), 192-204. doi:10.1080/1177083X.2017.1363059 |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***10. Health Research ethics*** | Health Research Council. (2010). *Guidelines for researchers on health research involving Maori* [Version 2] Wellington, New Zealand: Author. | Where does the racism reside?<br><br>Are the HRC guidelines compliance monitored/audited?<br>Why te ara tika needed? | Hudson, M., & Russell, K. (2009). The Treaty of Waitangi and research ethics in Aotearoa. Bioethical Inquiry, 6, 61-68. doi:10.1007/s11673-008-9127-0<br><br>Hudson, M., Milne, M., Reynolds, P., Russell, K., & Smith, B. (2010). *Te ara tika guidelines for Māori research ethics: A framework for researchers and ethics committee members*. Wellington, New Zealand: Author. |
| ***Health policy*** | ***11. Consultation processes*** | Ministry of Health. (2002). *Consultation guidelines for the Ministry and District Health Boards relating to the provision of health and disability services* Wellington, New Zealand: Author. | Where does the racism reside? | |
| | ***12. Advisory and reference groups (pg 34 (122).*** | National Ethics, Health Workforce NZ, etc | Where does the racism reside? | Came, H., Cornes, R., McCreanor, T., & Coupe, N. (Forthcoming). *Māori and Pacific experiences of New Zealand public health advisory group processes* |
| | ***13. Health and disability strategies (pg16(48)*** | NZHS<br>NZ disability strategy and Māori disability strategy; Te Ao Marama<br>He Korowai Oranga<br>Primary health care strategy<br>Healthy aging strategy<br><br>Other strategies particular relevance to Māori – cancer | *All need critical policy analysis* | Russell, L., Smiler, K., & Stace, H. (2013). *Improving Māori health and reducing inequalities between Māori and non-Māori: has the primary health care strategy worked for Māori? An evaluation of the period 2003-2010. Wellington*, New Zealand: Health Research Council.<br><br>Came, H., McCreanor, T., Doole, C., & Rawson, E. (2016). The New Zealand health strategy: Whither health equity? *New Zealand Medical Journal*, 129(1447), 72-77. |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***14. MOH- Pursuit of health equity – sustainable and systematic way (pg8(17)*** | Health targets and system level measures (pg 66 (234)<br><br>Ministry of Health. (2004*). A health equity assessment tool (equity lens) for tackling inequalities in health.* Wellington, New Zealand: Author<br><br>Cram, F. (2014). *Equity of healthcare for Māori: A framework.* Wellington, New Zealand: Ministry of Health.<br><br>Ministry of Health. (2007). *Whānau ora health impact assessment.* Wellington, New Zealand: Ministry of Health. | How have they done this?<br>How effective have they been?<br><br>Map MOH frameworks/mechanisms measuring health equity<br><br>*OIA audit how and when used* | |
| | ***15. DHB view to eliminate health disparities (pg 50 (183)*** | Social responsibility, foster community participation, uphold ethical and quality standards | How have they done this?<br>How effective have they been?<br><br>Map MOH frameworks/mechanisms measuring health equity<br><br>*OIA audit how and when used* | |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| *Compliance & Delivery (protection)* | ***16. MOH - Efficient and effective all New Zealanders including Māori; living longer, healthier and more independent lives*** | | How does MOH guide the health and disability sector to improve services and outcomes for Māori health? How make it: Everyday work?, Everyone's business? (pg14(37)<br><br>Map MOH structures/frameworks/ mechanisms how measure effectiveness in relation to Māori health; how monitor "mainstream" delivery? | *Sandiford, P., Consuelo, D. J. J. V., & Rouse, P. (2017). How efficient are New Zealand's District Health Boards at producing life expectancy gains for Māori and Europeans? Australian and New Zealand Journal of Public Health, 41(2), 125-129.* |
| | ***17. Service agreements i) aligned Māori health policy and strategies & , ii) meet diverse needs Māori (Pg 23(76)*** | | How do they monitor this? | Came, H., McCreanor, T., Doole, C., & Simpson, T. (2016). Realising the rhetoric: refreshing public health providers' efforts to honour Te Tiriti o Waitangi in New Zealand. *Ethnicity & Health*, 1-14. doi:10.1080/13557858.2016.1196651<br><br>NB from my PHD MOH don't monitor mainstream service delivery to Māori. |
| | ***18. Intersectoral collaboration central government – i) tailor services &, ii) target investment (pg23(73)*** | | Engagement with Te Puni Kōkiri | |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***19. Performance Crown Entities***<br><br>Crown Agents – DHB, HPA (pg 40 (142), HQSC (pg 41 (146), HRCNZ (pg42 (152), NZBS (pg 43 (156), PHARMAC (pg 44 (158)<br>Independent Crown Entity – H&D Commissioner (pg 47 (167) | Ministry of Health. (2018). *Operational policy framework*. Wellington, New Zealand: Author<br><br>OPF outlines obligations of DHB have to improve Māori health (pg 57 (209)<br>Enable Māori to participate & contribute to strategies, foster development Māori capacity, provide needs Māori, workforce development, access & effectiveness mainstream services, cultural competency<br><br>Ministers enduring letter of expectations, annual statement of intent and statement of performance expectations (pg 38 (132)<br>Whole of government and DHB-specific directions (pg 39 (138)<br>Analysis of annual reports, Māori health plans/strategies eg. Te Hiringa Hauora (HPA), Te Whaioranga 2013-2023 (PHARMAC)<br><br>Formally annual Māori health plans (pg 60 (216);<br>DHB annual plans equity action for Māori for every priority area (pg 60 (219)<br><br>UN Declaration on the Rights of Indigenous People (pg79 (290)<br>. | | George Greys work<br>http://trendly.co.nz/Home/Performance<br><br>Came, H., & Tudor, K. (2017). Unravelling the Whāriki of Crown Māori health infrastructure. *New Zealand Medical Journal*, 130(1458), 42.<br><br>UN human rights reporting information |

| | | | | |
|---|---|---|---|---|
| Experiences (participation) | ***20. Whānau experiences of health system – public health, disability, elective, screening (Pg 27(95), maternity (pg 25(85), ambulance and mental health services (primary, secondary and tertiary care); also ACC*** | Universal versus targeted, versus hybrid (pg26(91) | How racist is it? | Burgess, H. (2016). *Māori whānau experiences of rheumatic fever: reflections of social and structural inequity*. (Unpublished Masters), Auckland University, Auckland, New Zealand.<br><br>Mauri Ora Associates. (2010). *Māori experiences of ACC*. Wellington, New Zealand: Department of Labour.<br><br>Crengle S, Lay-Yee R, Davis P, & J., P. (2005). *A Comparison of Māori and Non-Māori Patient Visits to Doctors: The National Primary Medical Care Survey* (NatMedCa): 2001/02. Report 6. Wellington, New Zealand: Ministry of Health.<br><br>Jansen, P., Bacal, K., & Crengle, S. (2008). *He ritenga whakaaro: Māori experiences of health services*. Hospital, 200, 30-37.<br><br>Jansen, P., & Kathleen, S. (2006). Maori experiences of primary health care: Breaking down the barriers *New Zealand Family Physician*, 33(5), 298-300.<br><br>Dew, K., Signal, L., Davies, C., Tavite, H., Hooper, C., Sarfati, D., . . . Cunningham, C. (2015). Dissonant roles: The experience of Māori in cancer care. *Social Science & Medicine*, 138, 144-151. doi:10.1016/j.socscimed.2015.06.008<br><br>Houkamau, C., & Clarke, K. (2016). Why are those most in need of Sudden Unexplained Infant Death (SUDI) Prevention information the least likely to receive it? A comment on unconscious bias and Māori health. *New Zealand Medical Journal*, 129(1440).<br><br>Ellison-Loschmann, L., & Pearce, N. (2006). Improving access to health care among New Zealand's Maori |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | | | | population. *American Journal of Public Health*, 96(4), 612-617. doi:10.2105/AJPH.2005.070680<br><br>Ratima, K., Paul, C., & Skegg, D. C. (1993). Cervical smear histories of Maori women developing invasive cervical cancer. The *New Zealand Medical Journal*, 106(969), 519-521. |
| | ***21. Access to treatment and medicine*** | Zero fees for under 13s, very low cost access, care plus – effectiveness? (pg 24 (84) | What are the structural barriers? | Nikora, L. W., Hodgetts, D., Carlson, T., & Rua, M. Māori and medications: What happens when the pills go home? *AlterNative: An International Journal of Indigenous Peoples*, 7(2), 87-99.<br><br>Lewis, M., McCleery, H., Moore, B., Newson, C., O'Regan, P., Parker, R., . . . Wood, A.-J. *Kia Piki te Ora o Ngā Whānau: A study on whānau access to effective healthcare*. Wellington, New Zealand: Otago University.<br><br>Barwick, H. (2000). *Improving access to primary care for Maori people and Pacific peoples: A literature review.* Wellington, New Zealand: Health Funding Authority.<br><br>Cormack, D., Robson, B., Purdie, G., Ratima, M., & Brown, R. (2005). *Assess to cancer services for Maori*. Wellington, New Zealand: Ministry of Health. |
| | ***22. Rongoa Māori (pg30 (107)*** | | How has this been supported/ blocked? | |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***23. Māori involvement at all levels of the sector – planning, decision-making, development, delivery*** | | How racist is it?<br><br>Governance, senior management etc<br>Māori health providers | |
| ***Workforce (participation)*** | ***24. Māori health workforce*** | Ministry of Health. (2006). Raranga tupuake: Māori health workforce development plan 2006. Wellington, New Zealand: Author<br><br>Ministry of Health. (2007). Te uru kahikatea: The public health workforce development plan 2007-2016. Wellington, New Zealand: Author.<br><br>Ministry of Health. (2008). He tipu harakeke: recruitment of Māori in the health and disability workforce. Wellington, New Zealand: Ministry of Health. | How racist is it? | |
| | ***25. Statutory appointments & executive leadership teams (pg33 (118)*** | Experience Māori board members DHBs (pg 54 (195)<br>Training of DHB board members in Māori heath issues, TOW, Māori groups in district (pg 54 (195) | | |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***26. Ministry staff responsiveness to Māori*** | | How ensure Ministry staff culturally and political competent<br>Map human resources, recruitment, retention, promotion, professional development<br>% Māori at what level | |
| | ***27. Ethnic pay disparities (pg 70 )248)*** | State Services Commission. (2012). *Government Expectations for Pay and Employment Conditions in the State Sector. Wellington, New Zealand*<br>Tripartite health sector relationship agreement – Minister, Ministry, DHBs, CTU, NZNO. ASMS, PSA, SFWU. | | Have data paper forthcoming |
| | ***28. Māori Provider development Scheme (pg30(106)*** | | | |
| ***Infrastructure*** | ***29. Health sector statutory framework (pg14(39)*** | 25 pieces of legislation | what say Māori health, equity and/or TOW | |
| | ***30. Ethnicity data collection (pg 57 (209)*** | | | |

| | | Crown | Queries | Evidence |
|---|---|---|---|---|
| | ***31. Quality assurance systems*** | Ministry of Health. (2003). *Improving quality: A systems approach for the New Zealand health and disability sector* Wellington, New Zealand: Author. | | |

Other matters to consider:

- *Health emergencies (pg19(59)*
- *Health inquires (pg19(61)*