

**In the Waitangi Tribunal
Te Roopu Whakamana I Te Tiriti O
Waitangi
WAI 2575
WAI 2910**

In the Matter The Treaty of Waitangi Act 1975

and

In the Matter of a claim to the Waitangi Tribunal by
Tureiti Moxon in respect of the barriers to
Maaori receiving by Maaori for Maaori
home support created by the Accident
Compensation Corporation, Ministry of
Health and District Health Boards.

**Reply Brief of Evidence of Valerie Molly Rippey
Dated 26 August 2024**

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Waitangi Tribunal

4 Nov 24

Ministry of Justice
WELLINGTON

I, **Valerie Molly Rippey**, Team Leader, of Raglan, say as follows:

1. I have previously given a brief of evidence in support of the Wai 2910 claim in this inquiry.¹ The purpose of this reply brief is to respond to the evidence of Chelsea McNeil dated 20 December 2023,² and more specifically her evidence presented during the Crown Evidence Hearing Week 2.
2. I also wish to briefly reply to the news regarding the Whaikaha restructure that was announced on 15 August 2024.
3. Finally, I have included the most up to date figures on our home support clients for the Tribunal.

ACC tendering process

4. Ms McNeil's evidence mentions that ACC developed a new strategy for funding home and community support services (**HCS**) and sought feedback from engagement with the wider sector in early 2023.³ However, Te Koohao Health was never approached to provide feedback on this new process.

¹ Wai 2575, #C013.

² Wai 2575, #L004.

³ At [30]-[31].

5. We have since learned that the main difference between the new HCS contracts/process and the current Integrated HCS contract/process is the division into two separate contracts: Return to Independence (**RTI**) for low complexity needs. and Maximise Independence (**MI**) for moderate to high complexity needs.
6. On 2 October 2023, we received an email from ACC inviting us to tender for the new RTI contracts. We applied, but like the Geneva-Maori collective we were part of in 2019, our tender wasn't successful. ACC said we failed in relation to 'Delivering a High-Quality Service' and 'Health and Safety'. The email is annexed and marked '**A**'. I cannot understand why we would not have been successful. We have over 500 home support clients across the different funding streams. We provide ACC home support as a subcontractor to Geneva. So we are good enough to do ACC home support mahi, but not good enough for ACC to contract directly with us.
7. The email telling us we were unsuccessful said that ACC could work with our portfolio team to prepare a new application for March but would have to email them back in order to do that. I did not email back. We have 500 whaanau we need to look after and there is a limit to the resources we can divert to repeated unsuccessful

ACC contract applications. I do not agree that ACC is making this easy for us. Of course, we wanted the contract or we wouldn't have applied, but I haven't heard back from ACC since our rejection in November 2023.

8. In her oral presentation, Ms McNeil mentioned that ACC awarded HCSC to 18 suppliers, four of whom identified as a Maaori organisation.
9. Our lawyer asked who the four providers are during the hearing and Ms McNeill said they were Oko Aaio, Whatever It Takes, Mana Aatea and Te Amo Atawhai Tapui.
10. Our lawyer pointed out that Oko Aaio, one of the four identified, is actually a Pacific organisation. Ms McNeil couldn't confirm this at the time but has since provided a written response stating that Oko Aaio has at least 50% of voting shares owned by Maaori and Pacific people. We also checked and found that it is owned 50% owned Access Community Health Ltd (**Access**) which also has a contract with ACC. The Companies office record is annexed and marked '**B**'.
11. Oko Aaio has approached us with a proposal to subcontract, verbally stating that they would only take a 5% fee from the ACC contract. For comparison, Geneva takes 6%.

- 12.** The other three are owned as follows:
- 12.1** Whatever It Takes: 99% owned by Kiritapu Mahinarangi Trustee Company Ltd and 1% by Charmeyne Te Nana-Williams (Director).
 - 12.2** Mana Aatea: owned 100% by Rangi Pouwhare (Managing Director).
 - 12.3** Te Amo Atawhai Tapui: 80% owned by the Mihaere sisters and 20% owned by Custom Care Nursing Ltd.
- 13.** The Companies office records are annexed and marked as '**C**'.
- 14.** I think it is important for the Tribunal to know that we can't get a direct contract but this new HCS contracting has allowed two non-Maori companies get more than one contract. Custom Care Nursing has its own ACC home support contract, plus partial ownership of Te Amo Atawhai Tapui, and Access Community Health has its own contract and half ownership of Oko Aaio. Annexed and marked '**D**' is a page from ACC's website showing that Custom Care and Access both have contracts.

Whaikaha Restructure

15. On 15 August 2024, Minister for Disability Issues, Louise Upton, announced that Cabinet has agreed to several actions, actions including making Whaikaha a standalone government department, and transferring the responsibility for delivering disability support services to Ministry of Social Development.⁴
16. It is incredibly disappointing that Cabinet and Whaikaha have essentially gone ahead with these changes without acknowledging the voices of our whaanau and Maaori providers, which would have been reflected in the final report from the Waitangi Tribunal. We had a week-long hearing with Crown witnesses, yet less than two weeks later, these changes were announced.
17. Te Koohao Health's contract with Whaikaha is for under 65s and any that may come to us as Individualised Funding (**IF**), which for us is through Manawanui or directly to us. We will deliver the service and watch the funding coming in for it to ensure that it aligns with what we deliver. However, it does not cover all of the work that my kaimahi do. Most of my kaimahi come back and say that certain whaanau needs kai, or another

⁴ Hon Louise Upston, Government acts on disability review findings [15 August 2024].

whaanau has a whare that is damp. We deliver all those other services.

- 18.** Whaikaha talk about Enabling Good Lives, but how do you enable good lives if we have whaanau living in substandard homes, teetering on the edge of homelessness, without food and isolated? These whaanau are isolated because they can't afford to get themselves to community. Most have no form or transport, or the cost of transport is too high. It's easy for others to say, "oh but they have a Gold card or a disability card so they can have cheaper rates on buses" but for many whaanau, it's about choosing between a cheaper bus fare or buying bread and milk to feed themselves and their whaanau.
- 19.** We deal with these issues ourselves. If whaanau need thicker curtains for winter, we put out a message to our wider kaimahi, asking if anyone has curtains to spare. We buy door stoppers to place on whaanau windowsills to stop drafts from coming in. We advocate for them, especially if they are in Kaainga Ora housing, to ensure their homes are properly insulated, particular older homes. We do this out of our own pockets or by sourcing organisations that can help whaanau access affordable or free resources – resources our whaanau often don't even know about.

- 20.** Our whaanau need all the help and support they can get. Every winter, we do a big clear out of our clothes and bring them to the clinic for our whaanau. We only ever give good stuff to our whaanau because we want them to have the best. This year we had about four bags of clothing for peepi aged 0 to 4 years old. The clothes were lovely and clean, and neatly presented on tables for our whaanau to come and help themselves. Within two days, everything was gone. Whaanau only took what they needed and were thoughtful of other people who were in the same position as them.
- 21.** The mahi we do at Te Koohao Health goes above and beyond, not because it is required, but because our whaanau deserve nothing less. For us it's not about policy, it's about people. I am disappointed that the Crown did not wait for the Tribunal's guidance, informed by our whaanau and Maaori Providers as well.

Update on Te Koohao Health Contracts

- 22.** In my previous evidence, I mentioned that Te Koohao Health provides a range of home and community support services under our contracts with Manatuu Hauora, the Waikato DHB (now Te Whatu Ora), ACC (via Geneva) and with whaanau needing private care (through Individualised Funding).

23. Since then, the number of our home support whaanau has grown from 337 to 510, broken down as follows:

Support pathway	Whaanau cared for	Number that are Maaori	Number of RTI	Number of MI
MOH (whaanau under 65)	57	37	-	-
ACC (via Geneva)	16	9	11	5
DHB (whaanau over 65 and chronic conditions)	385	219	-	-
DHB acute (on hospital discharge)	51	26	-	-
Private (Individualised Funding)	1	0	-	-
Total	510	292	-	-

Date: 26 August 2024



Valerie Rippey