

RECEIVED Waitangi Tribunal
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Ministry of Justice WELLINGTON

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Wai 2575, #3.3.133(h)

ROADMAP OF PRESENTATION OF SUBMISSIONS FOR TE WAHAPU O HOKIANGA

(WAI 2003)

SUBMISSION	REFERENCE
Introduction	
1. Background to Te Wahapu o Hokianga	[1]-[8]
a. Te Wahapu and te Tiriti o Waitangi	[14]-[15]
2. Health care for Taangata Whaikaha in the Hokianga	
a. Over-representation in deprivation statistics	[25]
b. High needs Maaori population	[26]
3. Health reforms signal the end of Special Medical Areas and beginning of HHET	[33]
a. HHET model is community-facing, not for profit and focused on achieving equitable outcomes in Hokianga	[39]
b. Kaupapa Maaori model of care	[42]
Chronic underfunding	
4. Flawed funding model	
a. Ever-changing funding and contracting expectations leaves HHET at the whim of Crown policy	[50]
b. Initial deficit has had compounding impacts	[63]-[69]
c. No data available to adequately respond to disability needs of Hokianga Maaori	[71]
5. The approach to calculating compensation	[80]-[84]
Prejudice	
6. The current burden on Hokianga Maaori	[91]-[105]
Redress and Recommendations	
7. Key recommendations sought	[Appendix A]
a. Legislative and policy change that provides for decision making based on mana Motuhake and tino rangatiratanga	
b. Funding to improve support and access for Taangata Whaikaha Maori	
c. Acceptance of the compensation model as put forward by Dr Meade to address decades of underfunding (or a recommendation that a model for underfunding be agreed between the claimants and the Crown)	
d. That kaupapa Maaori models of disability care be embedded in policy and funded appropriately	