

Kahungunu Health Authority - Wānanga Summary

Friday 3 July: Toitoe Events Centre

Sponsors: Tihei Takitimu

Facilitator/Presenter: Kāhui Tautoko Consulting Ltd, Dr Mara Andrews

Report by: Kāhui Tautoko Consulting

Organisations represented: NKII, Mana Ahuriri, Tatau Tatau, Te Kupenga Hauora, Kahungunu Health Services/Choices, Te Taiwhenua o Heretaunga, Kahungunu Executive, Te Taiwhenua o Tamatea, Tamatea Pokai Whenua

1. Testing Nine Critical Success Factors for Tribal Self-Governance in Healthcare in the United States (see PPT)

Presentation delivered by Dr Mara Andrews on her PHD findings. This presentation was to provide context and insight into different examples of Indigenous tribes in the US asserting their mana Motuhake and tino rangatiratanga through the delivery of a holistic health system. Mara had also escorted many Iwi Māori delegates over the years to the US to visit Tribes and/or attend conferences to connect with Tribal leaders to observe, engage and learn from the Native tribes and their journey of autonomy, self-governance and assertion of sovereignty over health and other services. The purpose of sharing the presentation was to inspire and inform potential models for the governance of an Iwi-governed Kahungunu Health Authority and the steps needed to get there. Mara noted that the US Tribes were colonised well before us – some 300 years before Britain came to Aotearoa – so they have been through colonisation and come out of it long before us. Have many lessons to share and they are willing to share with us and provide information, lessons on what has gone well and what hasn't or what they would do differently.

2. Feedback during and after the presentation

The learnings from the presentation created discussion and wānanga amongst the participants. One participant said the presentation should be taken right across Kahungunu over next 18 months to inform our people of what's possible. Key kōrero to come through included the following aligned to some of the 9 critical success factors outlined in the presentation:

- **The need for Tribal Unity and a Shared Vision:** Our reality in Kahungunu is that we are divided by legislation (PSGE's, Iwi, NGOs etc) and do not have a single Tribal structure like many Tribes in the US, that governs all of their services and developments. As a result we will need our political leaders to coalesce – similar to the Navajo example, a caucus of 21 clan member representatives who sit in their Tribal Council. Terminology is important to have when standing together, advocating and negotiating. A term is needed to **unify us** (as Kahungunu) and what binds us. Need up front conversations about how to UNIFY a tribe. Once we are truly unified as a credible and organised entity Kahungunu will have more credibility when advocating. Need unification to also be inclusive instead of being fragmented. It was noted that an earlier hui that day of Te Kahui Ohanga had agreed for a small working group to start looking at a form of assembly of Kahungunu manawhenua entities.
- **Tribal identity and culture** - Who are we as Kahungunu? Do we behave as Kahungunu and speak with one voice? How do we present ourselves as Kahungunu and not a fragmented

array of different identities? Our challenge as Māori is to own our Mātauranga and what is our mātauranga?

- **Political Will for Sovereignty and Self-Determination (Rangatiratanga):** It was stated that we need to claim our own Rangatiratanga. Referencing Matike mai, as Māori we need to take control of the Rangatiratanga space. There are things that belong to us as Māori but are under control of the Crown right now – these need to come across to the Rangatiratanga space. Matters such as Reo Māori (i.e. Māori Language Commission, Te Matawai funding etc are under Crown; Kapa haka / Te Matatini is reliant on funding from the Crown and needs to come into the Rangatiratanga sphere; Māori Trust Boards report to Minister of the Crown – should shift into Rangatiratanga sphere). These are all areas where we need to change policy to shift these matters to us as Māori - but it will take a unified approach to get political support
- **Data and Technology:** Looking into the future – we as Kahungunu need to get ahead of the remote and technology/AI future. Get ahead of the outdated health system and look to opportunities. We can even think about becoming part of a global indigenous health system – connecting with the US Tribes to access their many specialists remotely for instance. Some Tribes have already indicated an interest in this and are willing to support.
- **Flexible Funding:** Mara had noted that up in Canada, each First Nation submits a 10-year Community Health Plan and they then get a 10-year flexible funding agreement. These are simple yet effective contract terms that enable the Nation to get on and deliver care on a decade-basis and not by short-term contracts as exist in Aotearoa.

3. Governance Framework for Kahungunu Health Authority Discussion paper

Mara reflected on a specific element of the paper related to Hauora Māori position in the current health system noting where all the resources currently go and that only 2% goes into Hauora Māori hands. This will not change – something has to disrupt. Need to find private partner or offer better solutions to attract funding from other areas into the Māori space (see appendix for the diagram with Vote Health allocations). This gives us the reality of our place in the health system and what we are up against.

Participants engaged in kōrero around five options for consideration for a governance model for Kahungunu Health Authority described in the pre-circulated paper. Each option was also given advantages and disadvantages.

Option A: Status quo

Option B: Manawhenua endorsement of Tihei Takitimu as an interim KHA governing Board

Option C: Manawhenua endorse a new KHA Hauora Board of technical/operational entities

Option D: Independent Health Authority Board

Option E: Consortium Governance Model

Several views and ideas were shared regarding the Options presented. Key points shared included:

- Support for end goal of Option E – inclusiveness and participation
- If Option B is agreed upon add NKII into any interim decisions and cannot forget PSGEs.

- Rule of “form follows function”. Don’t think we can design final form of governance until you know the functions which is the next phase of work. One suggestion - functions be similar to Community Health Plans (Canada example) for Wairoa, Napier etc health priorities.
- Need whānau to be on board with whatever option is chosen
- How to take a portion of the current market share held by private sector and others, to fund KHA? We need a strategy in parallel with a functional board on growing private market.
- Acknowledge the macro level impacts of KHA – Te Kahui Ohanga which are a political voice and can influence. Agree we need to come together not just for this kaupapa – it will set a precedent about how we can work together on other sectors
- Consensus was to build on momentum and remain with Tihei Takitimu carrying this kaupapa through and come back to governance once functions are determined.

4. Potential next steps

- Continue with Phase 2 work on Identifying community health priorities and needs to drive functions of the KHA. Engage providers on what they are seeing that offers opportunities.
- Look at ways that Kahungunu entities can undertake stronger political advocacy
- At a broader level, Te Kahui Ohanga continue the work on coming together as an assembly – look at unity, shared vision, speaking with one voice, addressing our cultural identity and how we all speak about being Kahungunu. Need to build capability to gather political will on Tribal side and Government side, for a new direction of Rangatiratanga.
- Next wānanga will be held September to present the Phase 2 work.



TIHEI TAKITIMU
IWI MĀORI PARTNERSHIP BOARD

CURRENT SPHERE OF INFLUENCE

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What we could do “inside the system” and external to it

