



Briefing to the Incoming Minister of Health

November 2023



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Welcome from the Chair of the Board

Nau mai, haere mai.

Congratulations on your appointment as the Minister of Health.

The Board of Te Aka Whai Ora | Māori Health Authority looks forward to meeting with you on Monday to discuss the pursuit of Māori health outcomes for the future. We acknowledge there will be a transition to new arrangements as foreshadowed in the Government Coalition Agreements.

Te Aka Whai Ora has been charged, like a kaitiaki, with bringing transformational change to the health system, particularly to address intergenerational inequities in Māori health. Our singular focus on Māori health enables us to represent the health needs, views and aspirations of Māori, leveraging our functions as a commissioner of health services, a monitor of health system outcomes, and an advisor to Ministers.

We work closely with iwi-Māori partnership boards as they are a critical component for informing Te Aka Whai Ora on the health and wellbeing needs and aspirations of Māori in the community.


The services we support in local communities are open to all New Zealanders – this gives everyone a greater choice of health services.

This briefing provides an overview of who we are, our role in the health system and achievements to the present. This briefing should be read in conjunction with those from Manatū Hauora and Te Whatu Ora.

You will also be provided with additional briefings covering specific focus areas of your new portfolio as required.

We are committed to supporting a smooth transition path to give effect to the Coalition Agreement and implementing the Government's priorities for the health sector.

We look forward to our meeting with you next week to discuss how we can best support you.



Tipa Mahuta
Chair

(Waikato, Maniapoto, Ngāpuhi)

Your priorities, your opportunities

A health system that is focused on inclusiveness seeks to address better health outcomes for all. The stark and enduring nature of the inequalities in Māori health outcomes reflect deep system failure. Like all inequalities, Māori health inequalities are preventable.

We understand the intention of the Government, as indicated in your First 100 Days' Plan and the Coalition Agreement with ACT and New Zealand First, is to introduce legislation to disestablish Te Aka Whai Ora | Māori Health Authority.

Reconfiguring organisational arrangements for the pursuit of equitable Māori health outcomes presents an opportunity to consider the placement and configuration of key functions elsewhere in the system. We look forward to engaging with you on the reset of the direction for Māori health gain to ensure the work that has begun is followed through to fruition.

There is a spectrum of ways to implement your policy intent. This briefing provides you with options to consider and information to support your decision-making as the new Minister of Health.

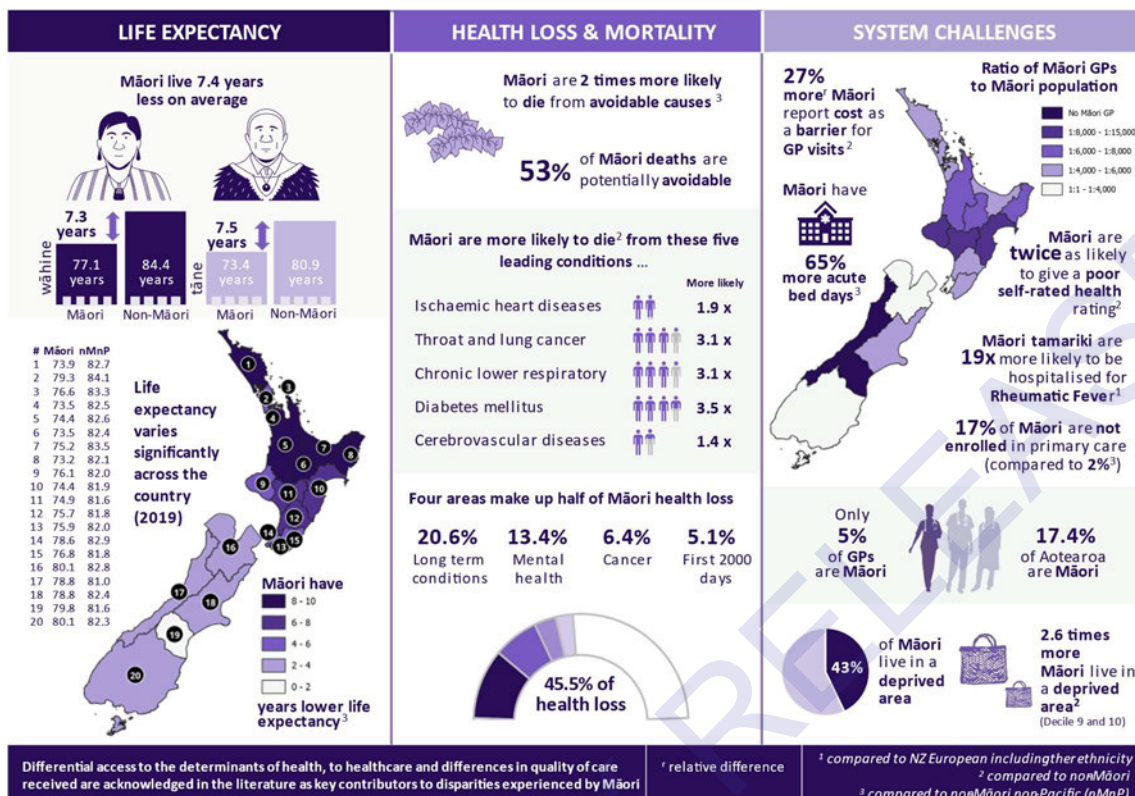
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The Māori health challenge

The Māori population is projected to reach one million by 2033, when nearly one in five people in New Zealand will identify as Māori. The Māori population is younger than other populations with nearly a third under 15 years of age, and more than half under 35 years of age. In short, Māori represent a sizeable, and growing proportion of the population.

It is well established that the health system needs to perform better for Māori, in every sphere, for every condition, through every service and interaction. This will require long-term transformational redesign rather than incremental changes to the status quo, and it will take many years to realise the outcomes and benefits. Māori experience higher exposure to social, environmental and commercial determinants of poor health and this ultimately has an impact on the quality of life for Māori and the health system in totality.

Ngā Pūnaha Mātua | Context and System Priorities



Differential access to the determinants of health, to healthcare and differences in quality of care received are acknowledged in the literature as key contributors to disparities experienced by Māori

¹ relative difference

² compared to NZ European including their ethnicity
³ compared to nonMāori nonPacific (nMnP)

Delivering against targeted priorities

Since Te Aka Whai Ora was established on 1 July 2022, our analysis of health data has directed a focus on the areas most likely to achieve the greatest health gain for Māori and a return on investment:

- Kahu Taurima | Maternity and early years
- Mate Pukupuku | People with cancer
- Māuiuitanga taumaha | People living with chronic health conditions
- Oranga hinengaro | People living with mental distress, illness, and addiction.

There has been a strong focus on increasing immunisation, and together with Te Whatu Ora | Health New Zealand we have prioritised work on planned care and reducing rates of ambulatory sensitive hospital admissions.

These focus areas sit well with the Government's expressed priorities of mental health and addiction, cancer treatments and primary care. We have focused on models of care that are designed to improve the lives of real people in a way that other agencies have not been able to.

Having a singular focus on improving Māori health means we know what will work. We know in detail where our investment in services is going, and where the gaps are. We listened to whānau and those who work with them and directed health service commissioning toward targeted services that deliver more effectively for the needs of

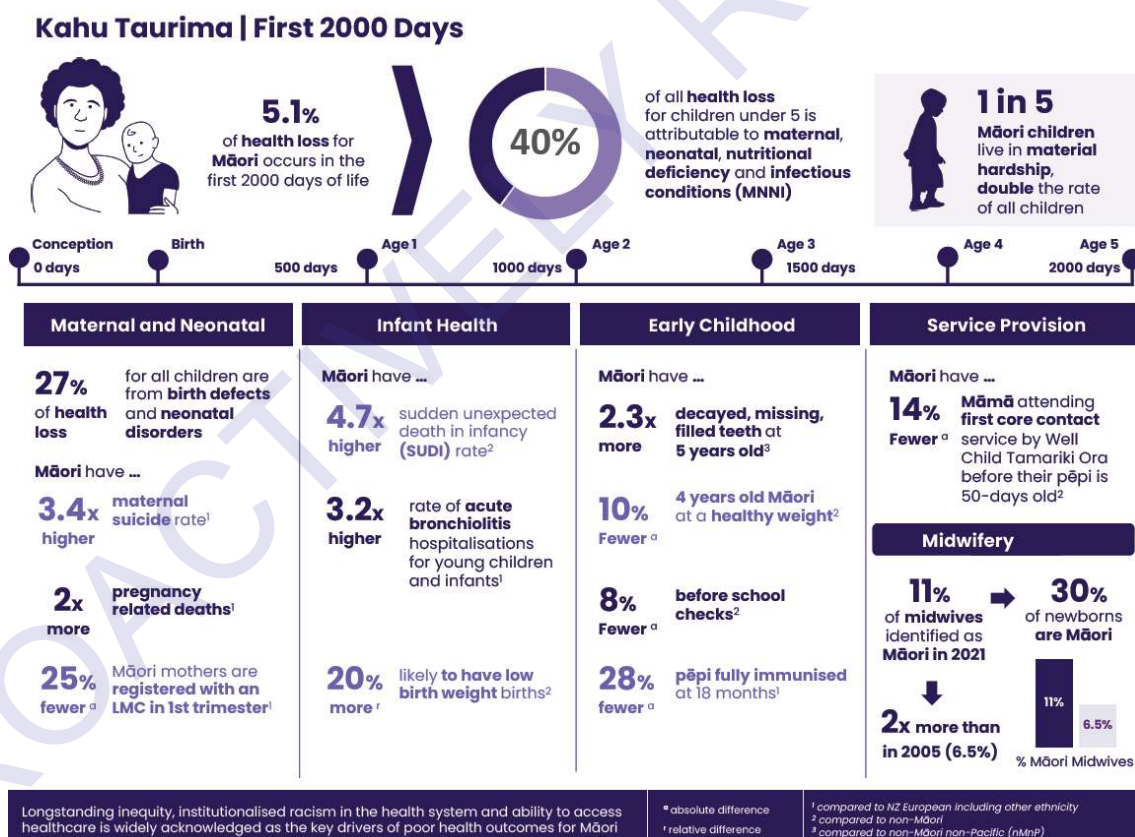
Māori. Our work with iwi-Māori partnership boards (IMPBs) pays heed to regional and local solutions and services that we are confident will work for those communities.

The Māori health workforce is another focus of attention for Te Aka Whai Ora, because we know that a workforce that employs culturally appropriate services and that represents the communities it serves, builds trust and improves the experience and outcomes for Māori.

Kahu Taurima | Maternity and early years

We know that ensuring children have the best start to life is essential for setting the foundation for lifelong learning, health and wellness. That is why this year \$13 million was allocated to Kahu Taurima to support the early years programme of work.

We have deliberately changed the approach to the model of care for maternity and early years by working alongside maternity service partners to support a trusted whānau-centred delivery model. This model develops services that are more culturally responsive, that whānau are more likely to access, encouraging early engagement about health concerns with a trusted Māori health provider.



The funding is intended to remove service barriers and integrate primary care, community and specialist services to improve quality, safety and equity of outcomes. The programme will deliver excellent, well connected, easy to navigate, culturally affirming health services for all mothers and children, no matter who they are, and

wherever they are. It will result in easier to access wrap-around services and extra support when needed.

The Kahu Taurima, First 2,000 Days approach offers a model of service delivery from conception to five years old.

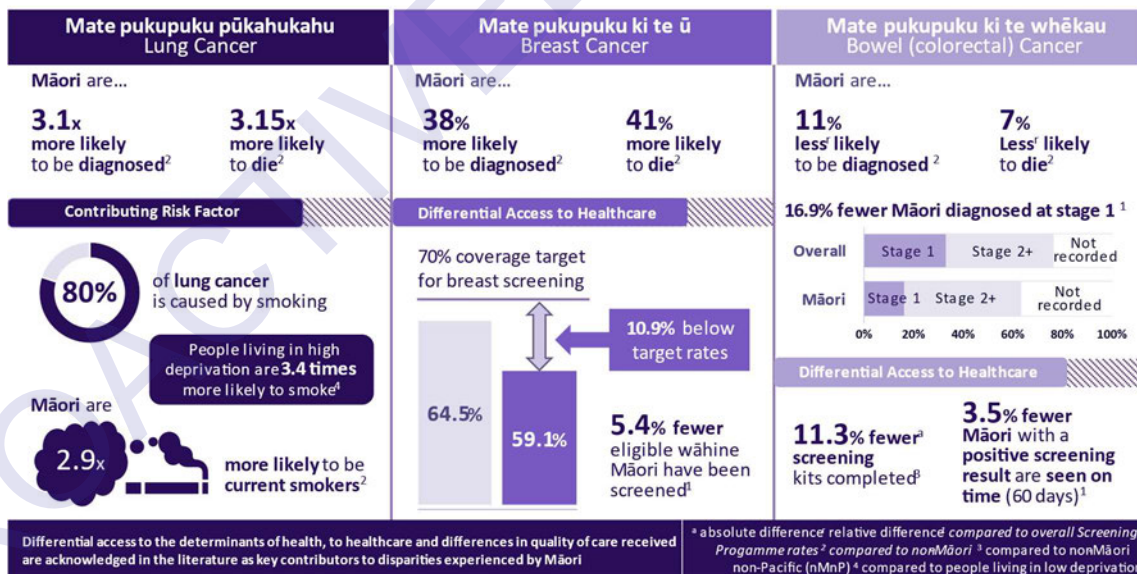
Mate Pukupuku | People with cancer

Cancer is the leading cause of health loss in New Zealand. Between 30 to 50 percent of all cancers are preventable. There is significant inequity in cancer outcomes with 30 percent more Māori likely to develop cancer and nearly twice as many likely to die compared to non-Māori.

Te Aka Whai Ora listened to Māori cancer support partners to better understand the type of services that could best meet the needs of whānau. Last year we allocated \$3.1 million to address cancer inequities for Māori. Priorities included prevention (screening), early diagnosis services, as well as assistance to navigate appropriate treatment pathways including for example, radiation and chemotherapy.

Mate Pukupuku | Cancer

Māori are more likely to get matepukupuku and are less likely to survive it



We know that cancer care co-ordination services play a significant role in reducing the trauma of cancer diagnosis and have an impact on improving survival rates for Māori. These services are not consistently available across New Zealand and Māori cancer patients would greatly benefit from expanded cancer care co-ordination services right across the country.

Our health data tells us that a higher proportion of Māori get bowel cancer before they become eligible for screening at 60. In July 2022 the bowel cancer self-screening campaign was launched with a lowered screening age for Māori from age 60 to 50. It is anticipated that early screening will deliver improved survival rates among Māori in future.

Māuiuitanga taumaha | People living with chronic health conditions

Māori endure a greater burden of chronic conditions than non-Māori, a trend that is all too frequently shared by multiple generations across the same whānau.

We know that the best way for us to tackle these chronic health conditions is to work alongside Māori to support them to live healthy lives, reducing the burden and prevalence of diseases such as diabetes, cardiovascular disease, respiratory diseases, stroke, and gout.

That is why in 2022/23, \$6.6 million of new funding was allocated to prevention, diagnosis and self-management across the following initiatives:

- preventive activities, early risk screening, diagnosis, and self-management
- remote patient monitoring prototypes
- support for national hauora Māori organisations to assist Māori health practitioners in managing long-term conditions
- co-design of National Diabetes Plan with investment to support improved outcomes.

Māuiuitanga Taumaha | Long Term Conditions

Four long term conditions contribute towards the largest causes of death and disability for Māori: cardiovascular diseases, stroke, chronic obstructive pulmonary disease (COPD), and diabetes

Māori are...

2.3x more likely to die from these four conditions

19% of health loss for Māori are contributed by the four conditions below



Cardiovascular diseases are the leading cause of death. They account for:



Diabetes	Cardiovascular Diseases	Stroke	Chronic Obstructive Pulmonary Disease			
<p>Māori are ...</p> <p>3.5x more likely to die from diabetes²</p> <p>10 Years earlier onset of diabetes¹</p> <p>2.3x more likely to have diabetes²</p>	<p>Māori are ...</p> <p>1.9x more likely to die from ischemic heart disease²</p> <p>1.8x more likely to be hospitalised for cardiovascular disease (age 35+)³</p> <p>1.8x more likely to have ischemic heart disease²</p>	<p>Māori are ...</p> <p>1.4x more likely to die from stroke²</p> <p>1.8x more likely to be hospitalised for stroke (age 35+)³</p> <p>1.3x more likely to have a stroke²</p>	<p>Māori are ...</p> <p>2.2x more likely to die from COPD⁴</p> <p>3.7x more likely to be hospitalised for COPD⁴</p> <p>3x more likely to have COPD⁴</p>			
<p>Other contributing indicators</p> <p>Gout</p> <p>2x more likely to have gout³</p> <p>3x more likely to be hospitalised for gout³</p>	<p>These long term conditions are preventable, but Māori experience higher rates of exposure to the risk factors and conditions</p> <table border="1"> <thead> <tr> <th>Care Experience</th> <th>Contributing Risk Factor</th> </tr> </thead> <tbody> <tr> <td> <p>83.9% of Māori feel involved in their long term care plan¹ (vs 84.1%)</p> <p>71.7% of Māori reviewed their long-term care plan in last 12 months¹ (vs 75.1%)</p> </td> <td> <p>2.6x more Māori live in a deprived area²</p> <p>People living in high deprivation are 3x more likely to smoke⁵</p> </td> </tr> </tbody> </table>		Care Experience	Contributing Risk Factor	<p>83.9% of Māori feel involved in their long term care plan¹ (vs 84.1%)</p> <p>71.7% of Māori reviewed their long-term care plan in last 12 months¹ (vs 75.1%)</p>	<p>2.6x more Māori live in a deprived area²</p> <p>People living in high deprivation are 3x more likely to smoke⁵</p>
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<p>Longstanding inequality, institutionalised racism in the health system and ability to access healthcare is widely acknowledged as the key drivers of poor health outcomes for Māori</p> <p><small>Note: Cardiovascular diseases are heart and blood vessel related diseases Note: Amenable deaths are potentially preventable with effective and timely health care</small></p>						
		<p>¹ compared to NZ European ² compared to Non-Māori ³ compared to Non-Māori non-Pacific</p>	<p>⁴ compared to Non-Māori non-Pacific, non-Asian ⁵ compared to people living in low deprivation</p>			

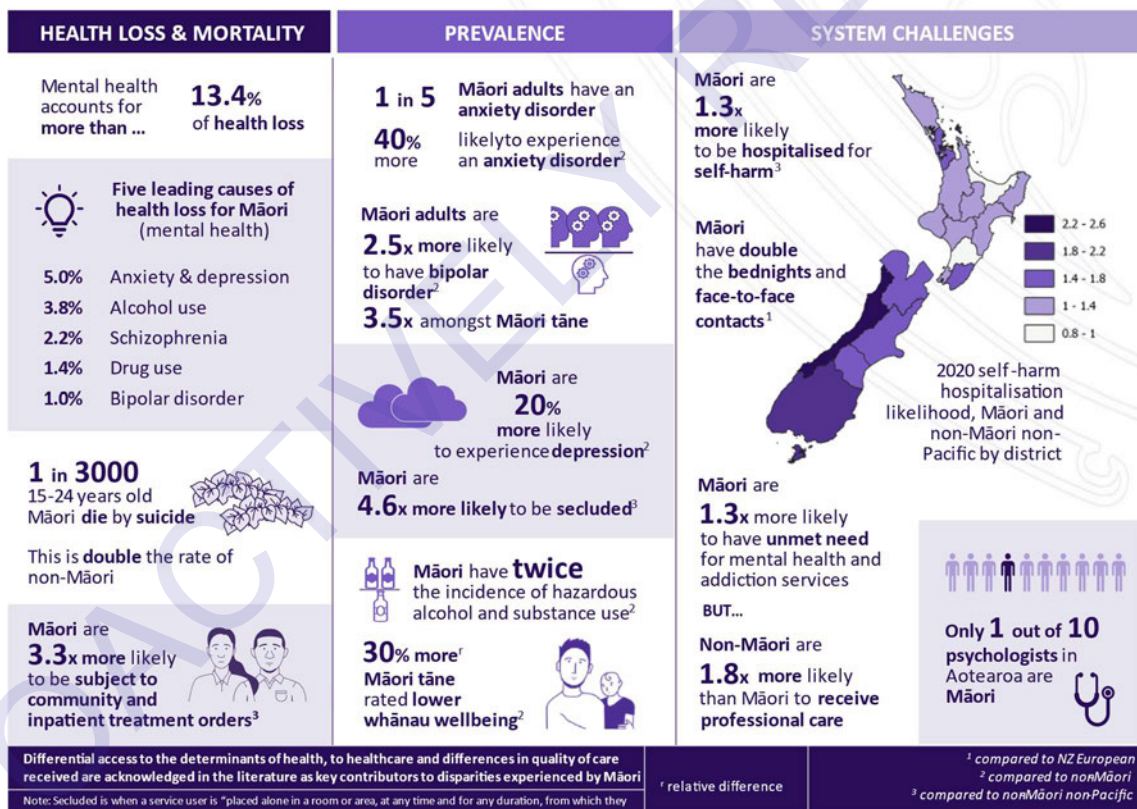
Oranga hinengaro | People living with mental distress, illness, and addiction

Over 50 percent of New Zealanders will experience mental distress and/or addiction challenges at some point in their lives. Mental health and addiction outcomes for Māori are poor compared to the overall population.

Listening to our Māori health providers and whānau informed our decision to prioritise investment in the main drivers of mental distress, illness and addiction among our whānau and informed our approach to work collectively with others on key initiatives.

That is why in 2022/23 we invested \$4.5 million to strengthen and grow Kia Piki Te Ora Kaupapa Māori suicide prevention services and provided one-off funding of \$1.12 million to support Māori-led solutions to reduce alcohol and other drug harm.

Oranga Hinengaro | Mental Health



Growing the Māori health workforce

In 2022, Māori made up 17.4 percent of the population, but:

1. Māori nurses comprised only 7.8 percent of the total nursing workforce
2. Māori midwives were 11.9 percent of the total the midwifery workforce
3. Māori doctors were 4.7 percent of the total doctor workforce

The Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act) commits the health sector to developing and maintaining a health workforce that is representative of the community it serves and improving the capability and capacity of the health workforce in relation to Māori health.

We know that a workforce that is reflective of its population is linked to improved patient experience and patient-centered care (Jetty et al 2022). Growing our Māori health workforce is integral to ensuring the health system is responsive to whānau, hapū, iwi and Māori.

Te Aka Whai Ora has jointly developed a Health Workforce Plan 2023/24¹ with Te Whatu Ora to

address the shortages and capability growth needed for a modern and culturally responsive health system. The Health Workforce Plan 2023/24 describes the efforts to grow the number of Māori coming into health careers and increase the number of Māori in leadership positions. This includes clinical leadership and leadership in primary and community care to ensure strong and sustainable community-based solutions.

That is why \$15.0 million was invested in the Māori workforce in 2022/23. We are also streamlining pathways for Māori students into health careers, for example through investment in Māori initiatives such as Pūhoro STEMM Academy. This sits well with your intentions to grow the health workforce. We are also developing earn-while-you-learn pathways and supporting Māori employees to thrive in the workplace by expanding cultural and clinical support and coaching.

¹ www.teakawhaiora.nz/our-work/hauora-māori-workforce/workforce-development/health-workforce-plan-202324/.

2

Options for consideration

We anticipate the Government's intent to reset the direction for Māori health gain will also avoid a reversion to the status quo, which risks perpetuating the historical trend of premature death and avoidable ill-health for Māori.

We welcome the opportunity to offer further advice on some or all of the options set out below.

Catalysing action for Māori

In transitioning the form of Te Aka Whai Ora, you have an opportunity to create a body with a singular focus on Māori health. This body would serve to maintain a tension in the system to address the burden of intergenerational inequity. You may wish to consider retaining a small, centralised capability whose focus is specifically geared toward transformational change in the way the health system works with respect to Māori. We believe some form of system catalyst that works alongside the Ministry of Health and Te Whatu Ora is necessary to bring about material and lasting improvements in the overall health of Māori.

In its short tenure, the singular focus of Te Aka Whai Ora has provoked re-thinking about the direction of reform. For example, Te Aka Whai Ora successfully challenged the proposed direction of regulation of traditional Māori healing practices under the Therapeutic Products Bill². A rongoā action plan has been published to illustrate how rongoā practices can be supported as a valued alternative to traditional western medical practice.

Te Aka Whai Ora has undertaken research to support recommendations for change in the practice and application of seclusion and restraint under the Mental Health (Compulsory Assessment and Treatment) Act 1992. These practices are more commonly applied to Māori in the mental health system with adverse consequences for Māori.

Te Aka Whai Ora has also developed advice on what primary and community care looks like from a Māori world view, and through close engagement with Māori has mapped out how these services could be transformed to deliver much better outcomes for Māori.

² Now the Therapeutic Products Act 2023.

Local levers for change - iwi-Māori partnership boards

Immersed in their communities, IMPBs understand the aspirations of whānau for the services their communities need and how they want to interact with those services. IMPBs are formally recognised by Order in Council and listed in Schedule 4 of the Pae Ora Act. IMPBs are independent of Te Aka Whai Ora and will not automatically cease to exist if Te Aka Whai Ora is transitioned in accordance with your First 100 Days' Plan.

To date, IMPBs have been a key channel³ through which Te Aka Whai Ora has received guidance and direction about the views of Māori on health services and the system overall. You have options about how you may wish to use or even enhance these very localised organisations.

Amplifying local voice

The purpose of IMPBs, as currently designed, is to reflect the voice of local Māori in relation to needs and aspirations for the health and wellness of whānau and hapū, and to represent community views on how well services are designed and delivered to meet their needs.

Monitoring the performance of the health system locally

IMPBs are also designed to act as a monitor of how the sector is performing overall to meet Māori needs and aspirations. The monitoring function is still developing, but it represents a significant channel for assessing the performance of the system at a very local level. We have been planning the facilitation of IMPBs' capability to effectively monitor the performance of the health system in their specific localities, in accordance with their self-assessed needs.

A potential commissioning role

IMPBs currently have no health service commissioning function. A further enhancement of IMPBs, as they mature into their roles, would be to enable them to hold funding for commissioning of services to meet local needs specifically. This will take time and a considerable amount of support to ensure clear accountability for expenditure.

Enhanced local decision-making

An alternative if you do not wish to augment IMPBs with a procurement role is to enhance their local decision-making role, either through the extent to which their advice is to be considered by national bodies, or through their ability to influence decisions at the regional level.

³ Pae Ora Act Subpart 4 sections 29 to 31.

Support for IMPBs

To achieve their purpose under the legislation, IMPBs are currently supported by Te Aka Whai Ora with administrative, analytical and/or financial support where required. They will continue to need effective core business support, and this will need to be factored into any changes to Te Aka Whai Ora.

With effective support and given time to reach a state of maturity as organisations, IMPBs will become an important vehicle for the expression of Māori aspirations in publicly funded services that impact on health and wellness. Their emergent monitoring role will add to their value as independent markers of the system. Should you wish to enhance their functions with commissioning capability, IMPBs have the potential to play a significant role in improving Māori health, building from the local level. In order to measure the social return on investment in IMPBs, support by regionally-based backbones enables a systems approach to demonstrating the total social value across all IMPBs.

3

Re-setting the direction for Māori health gains - things to think about

There will be many matters of detail to be worked through as we implement your re-direction for Māori health gains. We welcome the opportunity to set out a detailed transition plan and timetable to support this process.

The Pae Ora Act

Among the things to consider are whether there will be any residual unintended consequences in the legislation, if changes are made to Te Aka Whai Ora. Removing Te Aka Whai Ora from the legislation may, for example, have an impact on the broader goals of the Pae Ora Act. The Act is structured with a strong focus on improving Māori health outcomes and consideration will need to be given to functions that you should consider retaining to ensure all parts of the system respond to your priorities. Such retained functions could include:

- recognition, support and engagement with IMPBs
- development of Māori health providers and Māori health workforce
- monitoring the delivery of hauora Māori services
- independent policy advice that is closer to service delivery.

Supporting IMPBs

In order for IMPBs to continue to operate effectively, they will need some form of centralised back-office support. Consideration will need to be given to how that support will be provided in future.

Applying the knowledge of data and insights

Te Aka Whai Ora has been building a capacity to better use data and insights to inform thinking about future directions. We know from published literature that inequities in Māori adult and child health cost New Zealand society over \$1.034 billion per annum⁴. Insights from the data tell us that primary and community care is an essential part of the system to prioritise to achieve improved outcomes for Māori. A lack of good access to primary care results in inappropriate use of secondary care services. We know that Māori are more likely than non-Māori to have ambulatory sensitive hospitalisations, with 14,338 excess hospitalisations per annum at a cost of \$75 million per annum. Savings will accrue from the provision of community-based services that operate in a way Māori trust and are able to access easily.

The value of this capacity, linked to strong monitoring insights, enables confident direction-setting and supports well-targeted initiatives for improving Māori health. Thought needs to be given to how this capability is applied in the future.

4 Transition and timeframes

A detailed transition plan will need to be devised to ensure Te Aka Whai Ora staff and the service providers funded by Te Aka Whai Ora are transitioned with care and in a responsible manner. For, example we know that we are currently working on legacy contracts that will be renewed as of 1 July 2024. To ensure a seamless process and certainty for our providers you may want to consider transferring them to another agency (most likely Te Whatu Ora) with our commissioning teams sooner rather than later.

The timetable for transition will focus on the window from December 2023 to 30 June 2024. We look forward to discussing this with you in due course.

⁴ The human and economic costs of these inequities are significant. Māori die on average seven years earlier than non-Māori. Health inequities between Māori and non-Māori cost New Zealand \$1.034 billion per year.

5 Early decisions requiring your attention

As the Minister of Health, you will need to make decisions on several core statutory processes.

What	When
Initial advice on the draft costed plan for Te Pae Tata (New Zealand Health Plan) 2024–27 will be provided for your decision	November 2023
Advice to you on options to consider in relation to organisational arrangements for the pursuit of equitable Māori health outcomes	December 2023
Initial set of Budget 2024 cost pressure bids and potential new initiatives	December 2023
Advice to you seeking agreement to commence the Cabinet paper and Order in Council process to formally recognise any new IMPBs	To be determined but possibly February 2024

6 Our finances

As the Minister of Health, you are responsible for the appropriations in Vote Health (2023/24). The total appropriation for Vote Health (*Delivering Hauora Māori services*) is \$650.459 million. In addition, Te Aka Whai Ora also receives \$6.008 million of funding from Vote Health (*Problem Gambling Services*). The majority of funding from these appropriations goes to health services and service-related initiatives.

Te Aka Whai Ora operating expenditure is split between personnel and administration costs and totals \$72.95 million. Personnel and related costs are just under nine percent of the total combined appropriations (\$58.67 million). Administration and other operating costs are just over two percent of the total combined appropriations (\$14.28 million).

It is vital that funding continues to be available to fund health services and is not diluted to cover the costs of transition.

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Our people

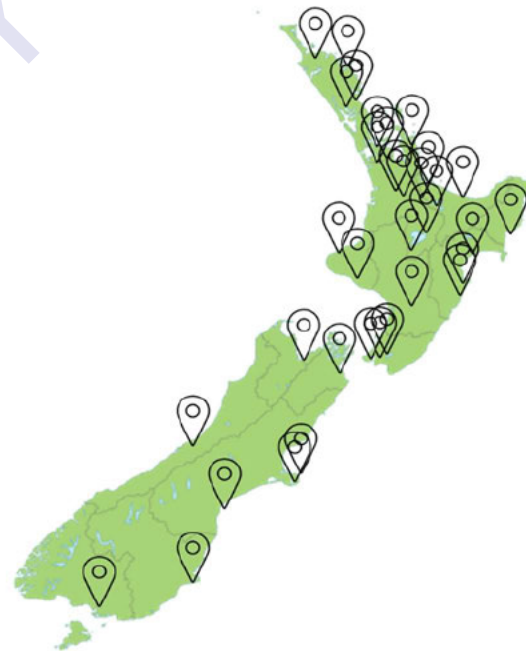
At 30 September 2023 Te Aka Whai Ora establishment figures were 411. As at the end of July Te Aka Whai Ora had 67 contractors and the number continues to decrease.

Over 296 staff work for Te Aka Whai Ora across the following groups:

Work area	Staff
Service development, public and population health and Mātauranga Māori	213 Includes commissioning for services, regional interface, supporting IMPBs, whānau voice and data and digital
Enabling services	83 Includes finance, corporate, system strategy and policy, legal, monitoring, governance, Office of CE

Of these staff, 92 work in regional hospitals, 98 work in regional locations, 65 work in Wellington national office and 41 work in Auckland national office.

It is a common misconception that Te Aka Whai Ora is a Wellington-based organisation. The map illustrates the distribution of Te Aka Whai Ora staff across the country, including those that work in either of the two national offices, hospital buildings and other regional offices and also from their own homes.



Appendix One: Roles and responsibilities as set out in legislation

Te Aka Whai Ora is an independent statutory entity guided by the Pae Ora Act, and aspects of the Crown Entities Act 2004. It also takes into account government priorities and strategies and key system plans. The organisation has a statutory obligation to provide leadership and direction to ensure the health system delivers high quality and equitable outcomes for Māori.

The Pae Ora Act sets Te Aka Whai Ora three objectives:

- ensure that planning and service delivery respond to the aspirations and needs of whānau, hapū, iwi and Māori in general
- design, deliver and arrange services - to achieve the best possible health outcomes for whānau, hapū, iwi and Māori in general
- promote Māori health and prevent, reduce and delay the onset of ill-health for Māori including by collaborating with other agencies, organisations and individuals to address the determinants of Māori health.

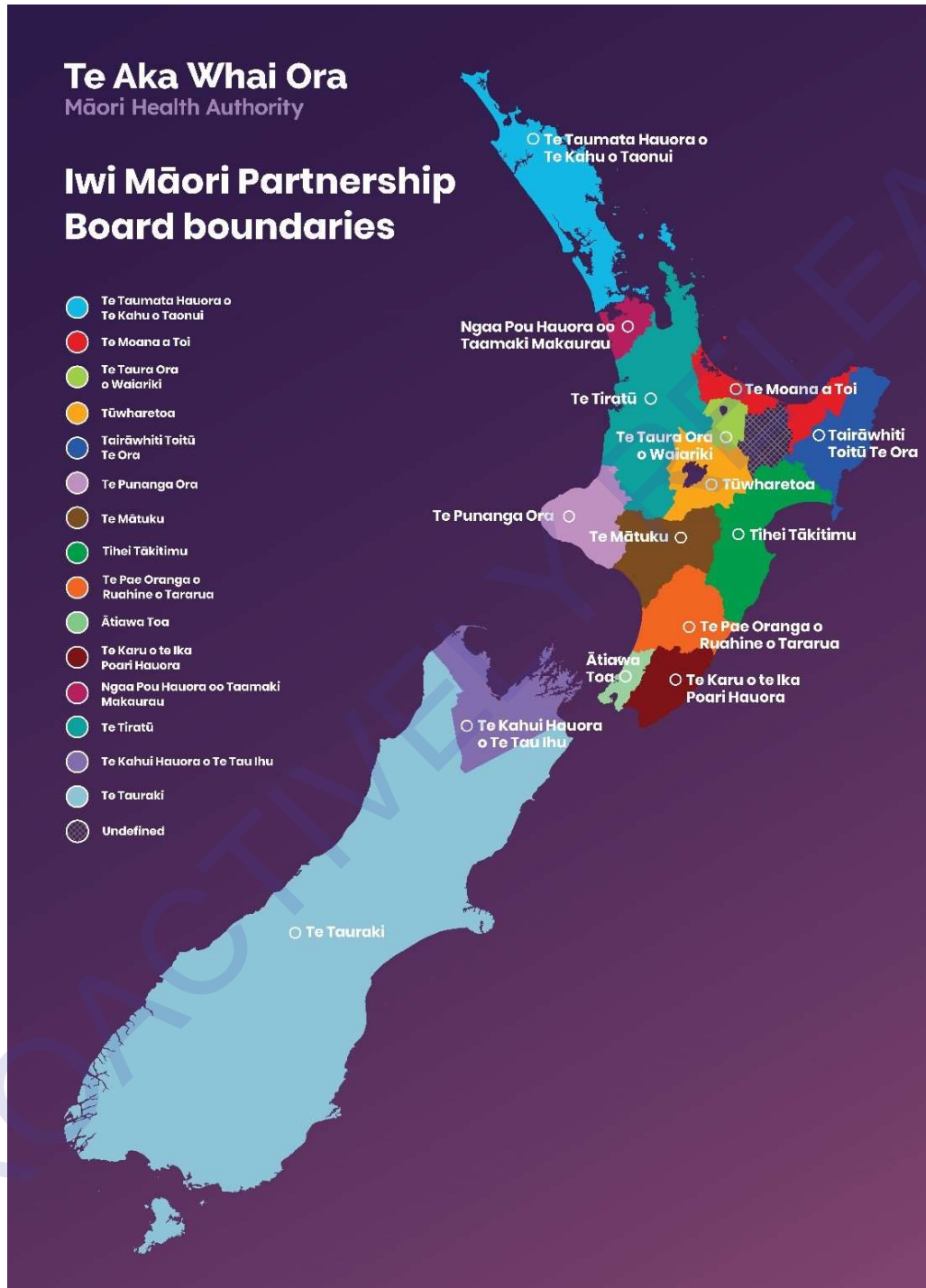
To achieve these objectives under the Pae Ora Act our responsibilities include:

- leading change in the way the entire health system understands and responds to Māori health needs
- collaborating with other agencies and organisations to address the wider determinants of health for Māori
- commissioning kaupapa Māori services and other services for Māori communities
- providing policy and strategy advice to Ministers on matters relevant to Māori health
- supporting and engaging with IMPBs
- improving the capability and capacity of Māori health providers and the Māori health workforce
- co-commissioning other services alongside Te Whatu Ora and other agencies
- monitoring the overall performance of the system to reduce health inequities for Māori.

In order to meet these objectives, work must be carried out in accordance with the health sector principles in the Pae Ora Act, which focus on pursuing health equity, embedding expectations to give effect to the Treaty of Waitangi within the health system, implementing a population health approach, and building a sustainable system.

Formal establishment of IMPBs

To date Te Aka Whai Ora has had a role in the formal process to establish IMPBs. Presently, 15 IMPBs have been formally recognised across New Zealand. The map below illustrates the coverage of IMPBs as they have been established so far.



Role of the Minister of Health in relation to Te Aka Whai Ora

The Minister of Health has overall responsibility for the public health system and is the responsible Minister for Te Aka Whai Ora. You are accountable to Parliament for the overall efficiency and effectiveness of Te Aka Whai Ora and responsible for the Te Aka Whai Ora appropriation within Vote Health.

The Minister's functions, duties, responsibilities and powers in relation to Te Aka Whai Ora are provided for in the Pae Ora Act and other legislation, noted above. The Minister has intervention and appointment powers in relation to the board of Te Aka Whai Ora and the Hauora Māori Advisory Committee⁵ and is responsible for managing the formal recognition of IMPBs.

As constructed under the Pae Ora Act, Te Aka Whai Ora is a significant resource for the Minister of Health in elevating a focus to reduce inequities in the health system. The key functions of policy advice, funding and monitoring are effective levers to support the Government's goals for improved Māori health outcomes.

Responsibilities of the Board

Te Aka Whai Ora is governed by a board of five to eight members, appointed by the Minister of Health after seeking and considering the advice of the Hauora Māori Advisory Committee. There are currently eight board members. Te Aka Whai Ora Board Chair is also a member of Te Whatu Ora Board. Te Aka Whai Ora Board member profiles are provided in Appendix Two.

Decisions relating to the operation of Te Aka Whai Ora must be made by, or under the authority of, the Board. The Board in accordance with sections 49, 50 and 51 the Crown Entities Act 2004 must ensure that Te Aka Whai Ora:

- acts in a manner consistent with its objectives, functions, current statement of intent, and current statement of performance expectations
- performs its functions efficiently and effectively, in a manner consistent with the spirit of service to the public and in collaboration with other public entities
- operates in a financially responsible manner.

To assist the Board to fulfill its responsibilities, it has established sub-committees to shape and guide the work of the organisation in specific areas. These sub-committees consist of: Finance, Audit and Accountability; People, Culture and Workforce; Policy; and Monitoring.

The Board attends a joint board meeting with Te Whatu Ora every three months.

⁵ The Hauora Māori Advisory Committee was set up in 2022 under section 89 of the Pae Ora Act. The purpose of the Committee is to advise the Minister of Health on matters relating to Te Aka Whai Ora.

The Board delegates responsibility to the Chief Executive, Riana Manuel, for the day-to-day management and leadership of the organisation. The Chief Executive attends Te Whatu Ora Board meetings and every two months attends a joint executive meeting between the three health agencies.

PROACTIVELY RELEASED

Appendix Two: Te Aka Whai Ora Board



Tipa Mahuta (Chair)

Waikato, Maniapoto, Ngāpuhi

Tipa has a background in facilitation, research, policy and community development, and iwi governance. She is also Chair of the Taumata Arowai Māori Advisory Group, Councillor with the Waikato Regional Council, Co-chair of the Waikato River Authority, and board member with the Te Kotahi Research Centre. Tipa has also served on a wide range of iwi and community boards.



Kim Ngarimu (Deputy Chair)

Te Aitanga ā Mate, Ngāti Porou

Director of Tāua Limited, a consultant company specialising in public policy and public management, Kim is also a Council Member of Te Kaunihera Rata o Aotearoa, the Medical Council of New Zealand. Kim is a system level thinker, strategist, and influencer with proven capability in stakeholder engagement.



Steven McJorrow

Ngāti Kahungunu, Ngāti Moe

Steven is a Chartered Accountant and an experienced senior finance executive. He is Chief Financial Officer of Pāmu Farms of New Zealand (Landcorp Farming Ltd), Director of Wharewaka East Ltd, Director of FarmIQ and a past director of animal genetics company Focus Genetics. He is chairman of the Scots College Board of Governors, co-founder of Cornish College in Melbourne, and Associate Member of the Institute of Directors.



Helmut Modlik

Ngāti Toa

Helmut Modlik is the current Tumu Whakarae of Te Rūnanga o Toa Rangatira and brings an extensive network across government and iwi, and a positive reputation for making real change. Helmut has strong executive and governance experience, including in public health, and a proven capability to advance Māori outcomes at an iwi level.



Ben Dalton

Ngāpuhi, Ngāti Porou

Ben is the Chief Executive Officer of Waitangi Limited. He is a former Deputy Chief Executive at the Ministry of Housing and Urban Development and was formerly the Chief Operating Officer role for the Provincial Development Unit of the Provincial Growth Fund. Ben is a resilient, disciplined, diligent and determined leader with government leadership experience.



Fiona Pimm

Ngāi Tahu, Kāti Māmoe, Waitaha

Fiona is an executive leader with extensive experience in governance roles in the health sector, government agencies, community NGO, local iwi and rūnanga. Starting as a Medical Radiation Technologist, she then moved into health service management. Board member of Te Rūnanga o Ngāi Tahu and of the New Zealand Parole Board.



Dr Mataroria Lyndon

Ngāti Hine, Ngāpuhi, Ngāti Whātua, Ngāti Wai, Waikato

A Senior Lecturer in Medical Education at the University of Auckland, Dr Lyndon is also in governance roles spanning health, academia, and sport. He received a Master of Public Health at Harvard University as a Fulbright Scholar and was the Deloitte IPANZ Public Sector Young Professional of the Year 2016. He is also co-founder of Tend Health, board member of Pūtahi Manawa Centre of Research Excellence and board member of Aktive Sport and Recreation.



Awerangi Tamihere

Ngāti Kauwhata, Rangitane, Ngāti Porou, Rongowhakaata, Kai Tahu

Living in Tāmaki Makaurau Auckland, Awerangi has senior leadership experience across central government, regional Crown entities, the private sector, and in working with her iwi. She entered the health sector as a speech language therapist and has worked with Manatū Hauora, the Department of the Prime Minister and Cabinet and Northern Regional Health Authority. She also holds senior roles in Te Whānau o Waipareira Trust and the Whānau Ora Commissioning Agency.

PROACTIVE

Appendix Three: Te Aka Whai Ora executive leadership team



Chief Executive - Riana Manuel
Ngāti Pukenga, Ngāti Maru, Ngāti Kahungunu



Deputy Chief Executive, System Strategy and Policy - Juanita Te Kani
Ngāti Raukawa ki te Tonga



Deputy Chief Executive, Governance and Advisory Services - Craig Owen



Deputy Chief Executive, Public & Population Health - Selah Hart
Ngāti Apa ki te Rā Tō, Ngāti Tahu, Rangitane o Wairau, Ngāti Toa Rangatira, Ngāti Kahungunu ki Wairarapa



Deputy Chief Executive, Service Development and Relations - Jade Sewell
Ngāti Maru, Te Arawa, Ngāti Ranginui, Ngāti Ruanui, Ngāti Porou)



Deputy Chief Executive, Finance & Support Services - Merewaakana Kingi
Ngāti Awa, Ngāitai



Deputy Chief Executive, Mātauranga Māori - Kingi Kiriona
Ngāti Ruanui, Ngāti Kahungunu, Ngāti Apa



Deputy Chief Executive, Monitoring - Wikitōria Werohia
Tūhourangi Ngāti Wahiao, Ngāti Whakaue, Ngāi Te Rangime Ngāti Ranginui

