

29 August 2023

Ref Number: MHA26575

s 9(2)(a) protect privacy of natural persons

Tēnā koe s 9(2)(a)

Official information request for information relating to the naming of Te Aka Whai Ora | Māori Health Authority

I refer to your official information request to Manatū Hauora | Ministry of Health dated 12 July 2023 for information relating to the te reo Māori naming of Te Aka Whai Ora | Māori Health Authority, and costs related to branding and promotion. On 2 August 2023, your request was partially transferred to Te Aka Whai Ora.

I understand Manatū Hauora has provided you with a response to address the following section of your request:

“8. during Covid we were told to trust the health ministry now this same ministry is confusing the public by using non legal names... if due diligence cannot be performed as to the identity and legal name of a government body how can we the public have confidence that we are not being misled with regards to other matters. we require transparency and legal names to be used why has this not occurred”

Te Aka Whai Ora will be responding to parts 1 through 7 of your request as set out below.

“1. the documentation which sets out the background to these names being created and assigned, the consultation, costs and approvals associated with this”

In 2022, the interim Chief Executives of Te Aka Whai Ora and Te Whatu Ora | Health New Zealand sought the development of names for both organisations. The then interim Māori Health Authority Pou Tikanga was appointed to lead the naming process and subsequently formed an expert advisory group (the Matanga Reo). The Matanga Reo comprised of te reo Māori experts from across Aotearoa.

The Matanga Reo only held three online hui, and there was no formal cost associated with the development of the names by the Matanga Reo. The role of Pou Tikanga was occupied by a contractor.

Following Te Aka Whai Ora Board approval of the name, “Te Aka Whai Ora” was formally finalised for use on 1 July 2022 following the hikina te tapu process carried out at a ceremony in Waitangi.

Further background on the concept behind the te reo Māori name is available on our website at: www.teakawhaiora.nz/about-us/a-matou-whakapapa-our-narrative/our-name/.

The information found to be in scope of your request is enclosed and listed in **Appendix 1**. The full minutes can be found at www.tewhatauora.govt.nz/publications/interim-board-meeting-agendas-and-minutes/.

“2. documents showing the basis and authority including accountability provisions to the public on which these three undefined names can have legal responsibility for our health system”

The Māori Health Authority was established under the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act). The purpose and functions of Te Aka Whai Ora are detailed in section 18 and 19 of the Pae Ora Act. Monitoring of Te Aka Whai Ora is carried out in a number of ways under the Pae Ora Act and the Crown Entities Act 2004 (Crown Entities Act) including:

- The Government Policy Statement on Health, section 36(1)(c) and broadly sections 34 to 39 of the Pae Ora Act
- By Iwi-Māori Partnership Boards, section 30(1)(d) of the Pae Ora Act
- By the Minister of Health through the Hauora Māori Strategy, sections 42 and 48 of the Pae Ora Act
- By the Minister of Health through the Statement of Performance Expectations, sections 149B to 149M of the Crown Entities Act 2004.

I am aware that Manatū Hauora has responded to you with explanations regarding Maihi Karauna, the Crown's Strategy for Māori Language Revitalisation 2019 – 2023 and its application by government agencies. This initiative is also relevant to Te Aka Whai Ora and has been adopted by the agency.

Expanding on the response from Manatū Hauora, our te reo Māori name and use of te reo Māori in our work aligns with the purpose of the Māori Language Act 2016 (Te Ture mō te Reo Māori) which is:

- (a) to affirm the status of the Māori language as—*
- (i) the indigenous language of New Zealand; and*
 - (ii) a taonga of iwi and Māori; and*
 - (iii) a language valued by the nation; and*
 - (iv) an official language of New Zealand*

After Parliament agreed in the Māori Language Act 1987 to recognise Māori as an official language of New Zealand, use of te reo Māori language has increasingly become more common in wider New Zealand society. In line with this shift, most government agencies have taken steps to adopt te reo Māori, including acquiring Māori names to use at their discretion alongside their English name. This position is supported by Te Kawa Mataaho | Public Service Commission and as far as we are aware, there has been no government or judicial direction to statutory entities to cease the use of their te reo names.

There is no statute that either authorises the use of te reo names for government entities, nor is there one that prohibits the use of te reo names for government entities. The information you are seeking does not exist, and as such this part of your request is refused under section 18(e) of the Official Information Act 1982 (the Act).

“3. documents which show how much was paid in consultation for the branding, for printing of stationery and signage and promotion of the brands

4. documentation to show who approved this expenditure and what official capacity this person or persons held”

The only documentation that shows costing are invoices from suppliers, some of which include a number of items unrelated to your request. For efficiency, we have consolidated the costs that are relevant to your request and provide them in **Appendix 2**. All costs listed will have been approved by the Chief Executive.

Given the context of your request, we have interpreted your request for promotional brand costs to mean the initial advertising costs associated with the establishment of Te Aka Whai Ora to increase awareness of the agency. Since initial establishment, there has been no further promotion to increase public awareness of Te Aka Whai Ora as an agency. Te Aka Whai Ora has worked with Te Whatu Ora on public awareness campaigns, e.g., measles and immunisation awareness. However, these costs are not considered to be promotion of the agency itself and are largely paid for by Te Whatu Ora.

“5.documents showing consultation with the 96% of the population who either do not speak Māori or are not Māori as to their understanding and interpretation of these terms and an explanation as to why the majority of the population is not catered for in the language which we were educated in the Nz education system”

This part of your request is refused under section 18(e) of the Act as the document alleged to contain the information requested does not exist.

“6.on its web site Te Aka Whai Ora states " Te Aka Whai Ora Māori Health Authority is an equal partner in the reformed health system of Aotearoa New Zealand." please advise if the Māori health authority is exclusively for Māori and what percentage of the funding does it receive from the total health budget and what is the dollar value of funding for each Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora”

“7.Please provide the policy as to the criteria for accessing services from Te Aka Whai Ora and advise if Māori have the benefit from either system and is Te Whatu Ora specifically for those who are non-Māori. What are the criteria for each in providing services to their respective sector of the Māori”

The Budget 2022/23 and 2023/24 financial years breakdowns are as follows:

	2022/23		2023/24	
	\$ (000)	%	\$ (000)	%
Manatū Hauora	305,413	1.17%	237,759	0.94%
Te Whatu Ora	23,076,930	88.13%	22,895,737	90.45%
Te Aka Whai Ora	573,647	2.19%	621,548	2.46%
Pharmac	2,152,264	8.22%	1,504,572	5.94%
Other Health Entities	77,409	0.29%	52,745	0.21%
Total Annual Appropriations	26,185,663	100.00%	25,312,361	100.00%

In New Zealand, ethnic identity is an important dimension of health inequalities. Generally, Māori health outcomes are poorer than health outcomes of non-Māori New Zealanders. Similarly, Pacific peoples also have poorer health outcomes than non-Māori New Zealanders. In addition, gender and geographic location are also important dimensions of health inequities. Some of these inequitable health outcomes and the disparity in key health risk factors between Māori and non-Māori is discussed in the Regulatory Impact Statement: Decision on the organisational form of a Māori Health Authority (www.dpmc.govt.nz/publications/regulatory-impact-statement-decision-organisational-form-maori-health-authority).

Efforts to address the poor state of health for Māori, Pacific, and high needs populations were underway before the recent changes to the health system. The health system reforms are intended to ensure the health system is fairer, and more co-ordinated and connected, to deliver better health and wellbeing for all New Zealanders. Te Aka Whai Ora was established to lead and monitor transformational change in the way the health system understands and responds to the health and wellbeing needs of whānau Māori. Te Aka Whai Ora has a statutory responsibility to support efforts to reduce health disparities and inequities.

The Te Aka Whai Ora commissioning approach seeks to invest in services grounded in te ao Māori and ensure that the wider health system better recognises and is more responsive to Māori needs. Te Aka Whai Ora is leading change in the way the health system understands and responds to the health and wellbeing needs of whānau Māori and the wider community, which means an investment in new service models, strategies and innovations grounded in te ao Māori, such as te ao Māori population health approaches and mātauranga Māori solutions.

Te Aka Whai Ora does not operate a separate health system to Te Whatu Ora, rather we supplement Te Whatu Ora services by funding hauora Māori partners to deliver health services which better meet the needs of Māori. Services funded by Te Aka Whai Ora are not exclusively available to Māori. Both Te Whatu Ora and Te Aka Whai Ora fund services for both Māori and non-Māori New Zealanders.

Te Aka Whai Ora intends to make the information contained in this letter and any attached documents available to the wider public. We will do this by publishing this letter and attachments on our website. Your personal details will be deleted, and Te Aka Whai Ora will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this decision with us, please feel free to contact Te Aka Whai Ora Ministerial Services (mhagovernmentservices@health.govt.nz).

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Nāku noa, nā



Craig Owen
Maiaka Tōakiaki | DCE Governance and Advisory Services
Te Aka Whai Ora

Appendix 1: Document Schedule

No.	Document Type	Document Title/Date	Status
1	Excerpt - briefing	Briefing on Future Design of MHA – 12/04/2022	released
2	Excerpt - minutes	Interim Māori Health Authority board minutes – 14/04/2022	released
3	Excerpt - agenda/minutes	Interim Māori Health Authority board minutes – 19/04/2022	released
4	Excerpt - minutes	Interim Health New Zealand board minutes – 29/04/2022	released
5	Excerpt - minutes	Interim Health New Zealand board minutes – 27/05/2022	released

Appendix 2: Te Aka Whai Ora Promotion, Branding, Stationary Printing, and Signage Costs

Item description	Nature of cost	Cost (\$)
Initial design costs - logo changes, document design, website formatting, graph designs, visual aids etc.		
Design and layout - initial Te Aka Whai Ora design and application		4,340.00
Design and layout - additional presentations		1,860.00
Design and layout - further template development and refinement		2,170.00
Design and layout - creation of tohu and taniko		620.00
Design and layout - Intranet and website, elements		775.00
Design and layout - pull-up banner		387.50
Design and layout - social media assets and guide		620.00
Design and layout - video elements		716.88
Design input from Māori Advisor		1,837.50
Account/project management		1,680.00
Lasers and disbursements		177.50
Costs relating to consultation with stakeholders		
<i>No costs incurred in this area</i>		0.00
Costs relating to commission of consultants		
<i>No costs incurred in this area</i>		0.00
Costs relating to printing of signage		
Pull-up banners for Day 1 - national office		471.50
Te Aka Whai Ora Posters	A1 x 10 A3 x 10	219.00

Item description	Nature of cost	Cost (\$)
Miscellaneous signage (includes cost of design, printing and the items)	6 Teardrop flags and bases 12 social media frames 6 pull-up banners 1 bellavim backdrop banner (large backdrop) 4 tablecloths	7,571.24
Cost relating to printing of stationery		
Maori Health Authority-National Hui Compliments Slips		60.00
Organisational collateral for internal and external use (includes cost of design, printing and the items)	500 pens 500 A5 notepads 500 lanyards 500 ID holders	4,395.00
Costs relating to advertising and content partnerships introducing the new authorities/brands		
Health System Reform Public Information Campaign	Campaign paid for by DPMC Transition Unit	
Rights to intellectual property – i.e. images, symbols, designs etc.		
<i>No costs incurred in this area</i>		<i>0.00</i>
Costs relating to video production		
Technical support and production management for the launch of Te Aka Whai Ora	Day 1 videos and livestream	\$1,500.00

Note: The Health System Reform Public Information Campaign, which was administered by, and paid for, the Health Transition Unit within the Department of the Prime Minister and Cabinet, was implemented to help raise awareness, and increase understanding and trust and confidence in the health system transformation. The names and logos of the new entities were included naturally as a component of campaign materials, although were not the focus of the campaign.

Te Aka Rau Ora – tō tātou īgnoa

18. The name for the Māori Health Authority needed to be established in Te Āo Māori traditions, which will resonate with our people. It also needed to have a strong wairua foundation while having simple Te Āo Hurihuri application
19. Te Aka is founded in the ancient stories of Taawhaki and his mahi to attain Ngā Kete Mātauranga, the three baskets of knowledge. Taawhaki and Karihi sought advice from their tupuna, Whaitiri on how to successfully climb up to the heavens. While Karihi climbed the Aka Taepa as he wanted to proceed quickly, he was blown around in the winds and fell from his vine, dying in the process.
20. Whaitiri's advice to Tāwhaki was "kia mau ki te aka matua" (holdfast to the parent vine) where he was able to successfully climb and gather nga kete mātauranga
21. Rau is 'to gather, to rescue alive, to catch'. Rau Ora to use to denote that the Vine we are holding onto is firmly focused on health and wellbeing
22. This briefing is the first we have shared tō tātou īgnoa. We will now be working with CE, interim Health New Zealand to confirm their organisation name and plan for a combined soft launch in May. We will provide you further advice on this in our weekly reports.

Chief Executive Report and Dashboard

Excerpt from 14/04/2022 iMHA minutes

Riana Manuel spoke to the report and dashboard. The board noted both reports. The board asked for more assurance on the recent commissioning investment, including who made decisions and when the board was advised about any changes. The board also asked for an opportunity to hear from the Rahui Papa on the proposed ignoa. The Chair asked the secretariat to ensure the board had early visibility on all briefings going to the Minister.

Interim Māori Health Authority Out-Of-Cycle Hui Agenda

Tuesday, 19 April 2022 9.00-10.30 am

Chair for the meeting	Sharon Shea and Tipa Mahuta
Board attendees	Awerangi Tamihere, Chris Tooley, Fiona Pimm, Lady Tureiti Moxon, Mataroria Lyndon and Sue Crengle
In Attendance	Riana Manuel and Board Secretariat. Manuhiri: Rahui Papa and Bernard Te Paa
Apologies	

Time	#	Description	Lead	Page
9.00	1.1	Karakia	All	
9.02	1.2	Agenda and any other items	Chair	
9.03	1.3	Register of interests	Chair	
9.05	1.4	HNZ MHA Establishment Deck DRAFT	All	
10.00	1.5	Tō Tātau Ignoa	Riana Manuel, Rahui Papa and Bernard Te Paa	No Papers
9.00	1.6	Karakia	All	

Interim Māori Health Authority

Out of Cycle Board Meeting Minutes

Tuesday, 19 April 2022 9.00-10.30 pm

Chair for the meeting Te Kaihautū mō te hui	Sharon Shea and Tipa Mahuta
Board attendees Ngā mema o te Poari	Lady Tureiti Moxon, Awerangi Tamihere, Chris Tooley, Fiona Pimm and Mataroria Lyndon
In Attendance Ngā manuhiri	Riana Manuel and Board Secretariat Rahui Papa and Bern Te Paa
Apologies Ngā tamōnga	Sue Crengle

Mihimihi

Sharon Shea, as Chair, declared the meeting open. Mataroria led the Karakia Hauora.

Tō Tātau Ignoa

Sharon welcomed Rahui Papa. She asked him to talk the board through the process for recommending Te Aka Rau Ora as a possible ignoa for Māori Health Authority. Rahui talked the board through the importance of holding fast to the parent vine – kia mau ki te aka matua – as we

embark on our journey. The board welcomed the advice and thanked Rahui for the advice and guidance. The board endorsed the ignoa. They also sought assurance the narrative from Rahui would be integrated into the institutional narrative and story. Sharon asked for a formal appreciation and acknowledgement to be provided to the rōpu involved in the name.

Bernard Te Paa joined the meeting at 12.01 pm.

The Interim Board acknowledged the gifting of the name and was appreciative of the development panel's work.

The Interim Board discussed its support for Te Whatu Ora and requested guidance on how it is used and communicated to the sector and general public. Guidance should include the appropriate use of Māori or English names. A variety of views were shared, and the Interim Board endorsed the name Te Whatu Ora and agreed that it is a communications exercise to consider how and when it is made public. The Interim Board wants to bring the sector and public on the journey while also emphasising the Te Reo Māori name.

Other points of discussion included

- MHA preference is to use the Māori name and will not have an English translation

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

- Need to consider the Minister's role and whether he wishes to make announcements of names at government and local levels, and / or put them in the Bill
- Health New Zealand is not a translation of Te Whatu Ora. It is important to communicate the meaning and richness of the Māori name and avoid creating confusion that it is a translation of an English name.
- The option of using an English strapline underneath the Māori name to explain the essence of the name was discussed. However, the Interim Board reiterated the intent that Te Whatu Ora is the legal name, and therefore, this is how the organisation should be known from inception.

The Interim Board of HNZ endorsed the name Te Whatu Ora and recommended the Minister of Health include it in the Pae Ora Bill.

Action: Management to present a communications plan for how the name is announced and integrated across the sector and public, for both Interim Boards' agreement.

Bernard Te Paa left the meeting at 12.33 pm.

Doc 5

- Identity and Naming: Excerpt from 27/05/2022 minutes
 - iMHA was reviewing its name due to feedback they had received from another provider. iHNZ will wait to hear on the approach iMHA takes before moving forward on the matter. It is important the names are cohesive and fit together.
 - Name is legislation: legislation is permissive for the organisation to make changes to the name, if required.

Ngā miniti a Poari o te Hauora Aotearoa

Interim Health New Zealand Board Minutes

Update from the interim Māori Health Authority (iMHA)

S Shea provided a verbal update on iMHA Board activities, including:

- A Hauora Māori advisory group is discussing MHA Board appointments with the Minister at the end of June
- A Kawenata development update will be tabled at the next interim Board meeting
- iMHA is focusing on the Policy and Monitoring roles they will have going forward. Roles will be separate from HNZ, but the two organisations remain close with positive working relationships at the operational and governance levels.
- The iMHA Te Reo Māori name approval process is not yet complete.