

17 April 2024

Ref Number: MHA36399

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

Tēnā koe s 9(2)(a)

Official information request for advice provided to the Minister of Health

I refer to your official information request dated 23 January 2024 for the following:

- *Copies of all advice, briefings, memos or any other documents provided by your agency staff or representatives regarding the roles and responsibilities of ministers, their portfolio, policies, and upcoming work, since 20 November 2023.*
- *Copies of all advice, briefings, draft briefings to incoming ministers, memos or any other documents provided by your agency staff or representatives briefing the incoming minister, since 20 November 2023.*

On 19 February 2024 we notified you of an extension of the timeframe to make a decision on your request, to 17 April 2024.

In our view, it would have been necessary under section 14 of the Official Information Act 1982 (the Act) to transfer your request in part to the Ministry of Health | Manatū Hauora and Health New Zealand | Te Whatu Ora because some of the information you requested is also held by these agencies. However, we are aware that you have already made your request to all three health agencies, and therefore we have not transferred your request. We have provided a list of all additional relevant information that we hold to the Ministry of Health for consideration in responding to your request. We understand that Health New Zealand have provided you with a copy of the specific documents you requested.

Your request has been interpreted as applying to the Minister of Health.

The information you have requested is enclosed and listed in **Appendix One**. Information has been withheld under the following sections of the OIA:

- 9(2)(a) - mobile numbers and employment contract information to protect the privacy of natural persons
- 9(2)(f)(iv) - information relating to funding transfers has been withheld to maintain the confidentiality of advice tendered by Ministers of the Crown
- 9(2)(g)(i) - information relating to immunisation targets has been withheld to maintain the effective conduct of public affairs through the free and frank expression of opinions.

I do not consider that the withholding of this information is outweighed by other considerations that would render it desirable, in the public interest, to make that information available.

In document five the names of providers, which were provided as examples of organisations in a particular region, have been withheld as out of scope. The substantive information in these pages has been provided and a full list of our hauora Māori providers will be published on our website in due course.

Please note that the iwi-Māori partnership board (IMPB) readiness assessments, timelines for readiness, capability build by function and road map for IMPB development contained in documents 6 and 14 were developed rapidly by Te Aka Whai Ora | Māori Health Authority, based on readily available information, and without any direct input from, or consultation with, IMPBs. Te Aka Whai Ora is currently undertaking a more comprehensive assessment of the readiness of IMPBs in consultation with IMPBs.

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 regarding documents provided to the Minister of Health. 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 One: Document Schedule

No.	Document Type	Document Title/Date	Status
Publicly available			
Annual Report		Te Pūrongo ā-Tau Te Aka Whai Ora Annual Report 2022-2023 24 November 2023	www.teakawhiora.nz/en-NZ/about-us/publications
Briefing		Briefing to the Incoming Minister of Health 25 November 2023	www.teakawhiora.nz/en-NZ/about-us/corporate-documents/advice-provided-to-the-minister-and-associate-ministers-of-health
Joint briefing		Joint briefing to the Incoming Minister of Mental Health November 2023	
Briefing		Options for future arrangements for Te Aka Whai Ora Māori Health Authority functions 1 December 2023	www.health.govt.nz/about-ministry/information-releases/release-ministerial-decision-making-documents/cabinet-and-briefing-material-disestablishment-maori-health-authority
Quarterly Report		Te Pūrongo o Te Aka Whai Ora Te Kaupeka Tuatahi 2023/24 Te Aka Whai Ora Quarter 1 Report 2023/24 5 December 2023	www.teakawhiora.nz/en-NZ/about-us/corporate-documents
Aide-mémoire		Te Aka Whai Ora Hauora Māori Performance Monitoring: Te Whatu Ora Hauora Māori Service Delivery, 1 July to 30 September 2023 17 January 2024	
Attached			
1	Letter	Introduction to letter to Te Pūrongo ā-Tau Te Aka Whai Ora Annual Report 2022-20223 24 November 2023	Released in full
2	Information request	Te Aka Whai Ora Organisational Chart (tiers 1 - 3) 28 November 2023	Released in full
3	Information request	Te Aka Whai Ora Quarterly Performance Report to 30 September 2023 5 December 2023	Released in full
4	Information request	Attendance at IMPB Chairs Hui on 6 December 2023 5 December 2023	Released in full
5	Weekly Report	Weekly Report to the Minister of Health 7 December 2023	Released in full

No.	Document Type	Document Title/Date	Status
6	Slides	Māori health services and interface with iwi-Māori partnership boards <i>11 December 2023</i>	Withheld in part as out of scope
7	Information request	OPQ Background Material: Horowhenua Māori Workforce Development Prototype <i>11 December 2023</i>	Released in full
8	Event briefing	Meeting Te Aka Whai Ora Board: 18 December 2023 <i>14 December 2023</i>	Withheld in part under section 9(2)(a) of the OIA, to protect the privacy of natural persons
9	Aide-mémoire	Winter Preparedness: Immunising our Tamariki <i>15 December 2023</i>	Withheld in part under section 9(2)(a) of the OIA Withheld in part under section 9(2)(g)(i) of the OIA, to maintain the effective conduct of public affairs through the free and frank expression of opinions
10	Memorandum	Obesity and Weight Management Planned Care <i>16 December 2023</i>	Released in full
11	Information request	Frequently Asked Questions Iwi-Māori Partnership Boards Health Profiles <i>18 December 2023</i>	Released in full
11.1		Key messages – Minister of Health Iwi-Māori Partnership Boards Health Profiles <i>18 December 2023</i>	Released in full
11.2		Ngaa Pou Hauora oo Taamaki Makaurau Health Profile Volume 1 <i>18 December 2023</i>	Released in full
11.3		Te Tauraki Health Profile Volume 1 <i>18 December 2023</i>	Released in full
12	Information request	Additional information on funding allocation: WOCA and closed Rol process <i>18 December 2023</i>	Released in full
13	Weekly Report	Weekly Report to the Minister of Health <i>19 December 2023</i>	Released in full
14	Aide-mémoire	Iwi-Māori Partnership Board Recognition Process and Readiness, and Commissioning <i>19 December 2023</i>	Withheld in part under section 9(2)(a) of the OIA
15	Aide-mémoire	Disestablishment of Te Aka Whai Ora: Progress Update <i>19 December 2023</i>	Withheld in part under section 9(2)(a) of the OIA
16	Weekly Report	Weekly Report to the Minister of Health	Released in full

No.	Document Type	Document Title/Date	Status
		<i>11 January 2024</i>	
17	Briefing	Information on Te Aka Whai Ora budget, staff, and functions <i>12 January 2024</i>	Withheld in part under section 9(2)(a) of the OIA Withheld in part under section 9(2)(f)(iv) of the OIA, information withheld to maintain the confidentiality of advice tendered by Ministers of the Crown
18	Weekly Report	Weekly Report to the Minister of Health <i>18 January 2024</i>	Released in full

24 November 2023

Dr Shane Reti
Minister of Health
Parliament Buildings
WELLINGTON

By email: shane.reti@parliament.govt.nz

Teena koe Dr Reti

Teenaa koe i roto i ngaa tini aahuatanga o te waa, aa, i roto hoki i ngaa tuumanako me ngaa moemoeaa o te hunga kua moe. Ko te aunga o te moe ki a raatou, ko te aonga o te raa me taa raatou i oohaakii ai ki a taatou, ki te muri e, kookiri!

A short note of congratulations on your appointment as the Minister of Health. Your insight and experience will stimulate focus to desperately address the needs of whānau Māori with other New Zealanders.

We are looking forward to meeting you in person and in advance of that a short Briefing has been prepared which will be shared with you as soon as possible. A copy of our Annual Report for 2022-23 is attached for your information.

The coalition agreements between the New Zealand National Party & New Zealand First and the New Zealand National Party & ACT New Zealand make clear the pathway for Te Aka Whai Ora, the Māori Health Authority. We look forward to discussing the policy and the next steps.

An early notice that our Board is meeting on Monday 18 December should you wish to join us.

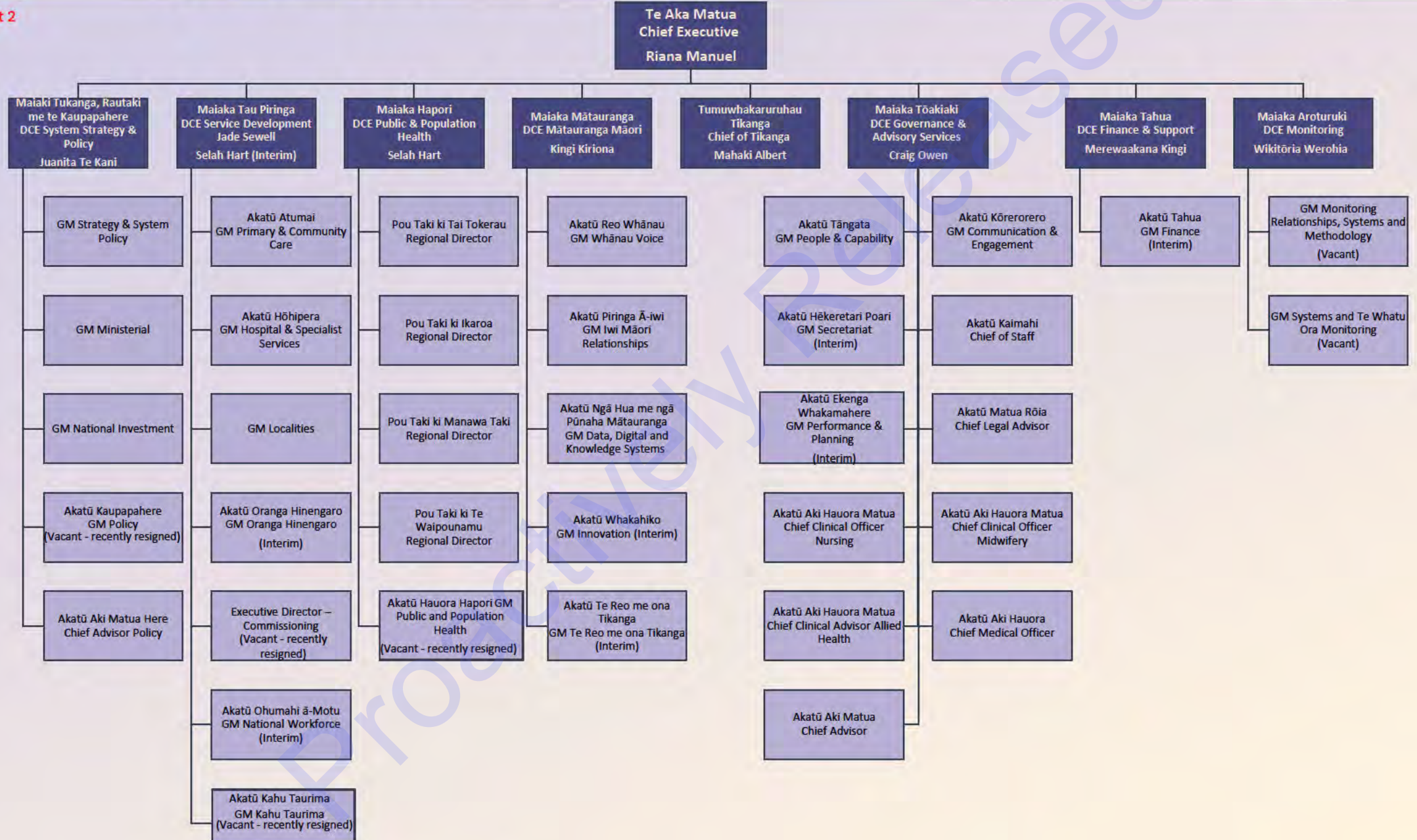
Heio ano, na



Tipa Mahuta
Chair



Riana Manuel
Chief Executive



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, Ngāi 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 - Kiriona Kingi
Ngāti Ruanui, Ngāti Kahungunu, Ngāti Apa



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

5 Hakihea 2023



Hon Dr Shane Reti
Minister of Health
Parliament Buildings
WELLINGTON 6160

Te Aka Whai Ora Quarterly Performance Report to 30 September 2023

*E kore teenei whakaoranga e huri ki tua o aku mokopuna | Our mokopuna shall inherit a better place than I inherited
Kingi Tawhiao*

E te Minita, teenaa koe

This letter encloses a copy of our first quarter performance report (1 July 2023 – 30 September 2023). The attached report sets out our progress against the commitments outlined in our Statement of Intent, Statement of Performance Expectations and Business Plan.

Our priorities throughout this period have seen us focus on delivering our core activities, fulfilling legislative responsibilities and continuously developing strong relationships with our partners and stakeholders.

Highlights during this time have included:

- The publication in early July 2023 of Pae Tuu: Hauora Maaori Strategy developed jointly between Te Aka Whai Ora and Manatuu Hauora.
- The allocation of \$9.1 million to deliver the Maaori Workforce Action Plan to support the creation of an enduring, equitable, well-supported and sustainable workforce.
- The first ever iwi-Maaori partnership boards' national hui – aimed at fostering a deeper understanding of collective purpose and strengthening connections.
- The development of our inaugural Annual Report 2022-23.

I acknowledge the ongoing efforts of our Te Aka Whai Ora Board, Chief Executive and Executive Leadership Team for their role in responding to the aspirations and needs of whānau, hapū, iwi, and Maaori within the health system in Aotearoa during this time. I look forward also, to working with you in the coming weeks and months, as your own priorities for our health system and for achieving hauora Maaori take shape.

I understand this letter and our performance report will be shared with appropriate Ministers and I am available for further koorero as required.

Ngaa mihi

A handwritten signature in black ink, appearing to read 'Tipa Mahuta'.

Tipa Mahuta
Waikato, Maniapoto, Ngaapuhi
Manukura o te Poari | Board Chair

cc: Riana Manuel, Te Aka Matua | Chief Executive, Te Aka Whai Ora
Dr Di Sarfati, Director-General, Manatuu Hauora

Information Request

Attendance at IMPB Chairs Hui on 6 December 2023

Date due	5 December 2023	Priority	Urgent
Security classification	IN CONFIDENCE	Tracking number	MHA33386
To	Hon Dr Shane Reti, Minister of Health		
Copy to	N/A		
Request	Suggested structure of an opening address and talking points for the online hui with iwi-Māori partnership board Chairs on Wednesday 6 December 2023		

Background

1. You accepted an invitation to provide introductory remarks at a Te Aka Whai Ora | Māori Health Authority online hui that is being held with iwi-Māori partnership board (IMPB) Chairs on **Wednesday 6 December from 8.00am to 8.45am**.
2. The proposed agenda for the online hui is as follows:

Draft agenda		
8.00am	Karakia	Kingi Kiriona
	Mihi	
8.05am	Opening address	Minister of Health, Hon Dr Shane Reti
8.10am	Hauora Māori update	Tipa Mahuta Riana Manuel
8.20am	Critical issues for IMPBs	IMPB Chairs <i>Michelle Hippolite (facilitator)</i>
8.40am	Future engagement	Kingi Kiriona Teei Kaiaruna
8.45am	Closing karakia	Kingi Kiriona

3. The attendees for the hui are listed in **Appendix Two**.

Talking points and context

1. Te Aka Whai Ora has been meeting with the Chairs of the IMPBs for the last six months every six weeks (mainly online) as a means of sharing critical updates and seeking guidance on matters to position them for the future. The IMPBs have been very receptive as they move through their establishment phase and into determining how they best work with gathering the perspectives of whānau, understand the state of Māori health for the IMPB rohe, and begin to frame their monitoring.
2. On 1 December 2023 Te Aka Whai Ora updated IMPB Chairs on the outcome of our first hui with you in the week commencing 27 November 2023, and provided a brief high-level overview of the relevant health-related initiatives in the 100 Day Action Plan, in advance of the online hui on 6 December 2023.
3. Your office has requested talking points or a proposed structure for your opening address, and suggested responses to any questions that may be asked of you following your opening address.
4. We have structured the hui so that you will not be involved in any Q+A session. Based on your pre-election kōrero and our discussions with IMPBs, we anticipate that any questions to Te Aka Whai Ora following your session may cover the themes set out in the Context section below. We will provide an update on the outcome of the hui in a future Weekly Report to you.

Proposed structure for opening address and possible talking points

5. The structure and aim of your opening address may be to:
 - a. Introduce your vision for improving health for all New Zealanders and the role IMPBs will likely play in achieving that vision.
 - b. Provide assurance to IMPBs of their role and functions moving forward, in improving health outcomes for whānau Māori.
 - c. Affirm support for IMPBs in the absence of Te Aka Whai Ora.
 - d. Establish an ongoing commitment towards maintaining and strengthening the relationship between the Government and IMPBs.
6. Possible talking points for your consideration are listed in **Appendix One**.

Context

IMPB functions

7. IMPBs are seeking certainty that they will have a role in the Government's future arrangements given the 100 Day Action Plan commitment to disestablish Te Aka Whai Ora. They are concerned about the potential for change to their statutory functions and whether they can expect legislative changes.
8. IMPBs wish and expect to be involved in the process to determine any changes to their statutory functions and would like to explore the potential to shift their current function of "engaging with the Māori Health Authority and support its stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation", to an expansion of their role in commissioning functions.
9. IMPBs currently provide nominations for the Hauora Māori Advisory Committee (HMAC). IMPBs are likely to ask about your intentions for HMAC and their continued involvement through the nomination process.

Support for IMPBs

10. Te Aka Whai Ora has been providing support to IMPBs since their establishment. They may ask how this support will evolve when Te Aka Whai Ora is disestablished.
11. IMPBs have funding contracts to 2026 and are seeking feedback about their role and arrangements to support that beyond 2026.
12. IMPBs have made it clear they need good data to inform their decision making. They have also acknowledged the shortage in capacity and capability regarding data analysis. In response, Te Aka Whai Ora has commissioned data profiles for all 15 IMPBs, which will be completed before 22 December 2023.

Future direction

13. IMPBs have asked about the timeframe for the disestablishment of Te Aka Whai Ora. They may request to set regular hui with you.
14. Two IMPBs (Te Manawa o te Ika and The Chathams) are awaiting formal recognition under section 31 of the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act). They may ask whether you are willing to support the recognition process.
15. All but four IMPBs have submitted locality boundary recommendations to Te Whatu Ora | Health New Zealand. They may want to know what your intentions are for localities moving forward.

Next steps

16. As set out in our briefing to you of 4 December 2023 (MHA33202), we have sought your agreement to discuss IMPBs' future enhanced role in a deep dive session.

Appendix One: Possible talking points for opening remarks

- Mōrena and thank you for the opportunity to meet with the Chairs of the iwi-Māori partnership boards (IMPBs) so early in my role.
- Some of you will be aware that through the 2023 General Election campaign I took an interest in the work of the IMPBs. Firstly, I want you all to know that I support IMPBs performing a pivotal role in my new approach.
- The Government's 100 Day Action Plan identifies the disestablishment of Te Aka Whai Ora. I want to thank Tipa and Riana for their openness in working with me to work out the intricacies of a transition programme. I have signaled that it would be a 'gentle landing' and will comment on that matter in the next few months.

IMPBs

- First, thank you for your letter and advice. It is week two in my role and I have received a lot of letters and advice from many people so haven't got to them all. Today is really an opportunity to get in front of you as there much to do ahead.
- In terms of my approach, I want you to know that I support the continual growth of IMPBs. I am aware that some of that has started with the resources that have been allocated thus far. As I get more understanding about where resources are, I am looking forward to advice from Te Aka Whai Ora Board about what might be available to repurpose.
- Some level of national consistency and local flexibility is key. The detail on that is yet to be worked out.

Māori health gains

- Second, I want to maintain the momentum of health gains made for Māori whānau and families. Investment in Kahu Taurima, immunisation, long-term conditions, and cancer will continue. I have yet to receive more detailed advice about what is currently funded.
- I am not in a position to say who will be responsible for what regarding commissioning, although what I will say is that I see IMPBs initially playing a role in providing direction on what should be commissioned and potentially participating in decisions.

Hauora Māori Advisory Committee

- I am aware that the Pae Ora (Healthy Futures) Act 2022 enables you to recommend prospective members for the Hauora Māori Advisory Committee. I look forward to receiving those recommendations.

Appendix Two: Attendees at IMPB Chairs Hui on 6 December 2023

Attendees		
IMPBs	Tereki Stewart	Te Taumata Hauora o Te Kahu o Taonui (Tai Tokerau & Tāmaki) Chair
	Riki Minhinnick	Ngaa Pou Hauora oo Taamaki Makaurau (South Auckland) Co-chair
	Kandi Ngataki	Ngaa Pou Hauora oo Taamaki Makaurau Co-chair
	Kataraina Hodge	Te Tiratū (Waikato-Tainui) Chair
	Hagen Tautari	Te Tiratū Deputy Chair
	Rutu Swinton	Te Moana a Toi (Mataatua) Co-Chair
	Lucy Steel	Te Moana a Toi Co-Chair
	Tania Rauna	Tairāwhiti Toitū Te Ora (Tairāwhiti) Chair
	Huti Watson	Tairāwhiti Toitū Te Ora Board member
	Aroha Morgan	Te Taura Ora o Waiariki (Te Arawa) Chair
	Grace Malcolm	Te Taura Ora o Waiariki Board member
	Louisa Wall	Tūwharetoa (Tūwharetoa) Chair
	Tania Te Akau	Tūwharetoa Board member
	Te Pahunga Marty Davis	Te Punanga Ora (Taranaki) Chair
	Linda Elgar	Te Punanga Ora Deputy Chair
	Mike Neho	Te Mātuku (Whanganui) Co-Chair
	Lewis Ratapu	Tihei Takitimu (Takitimu Hawkes Bay) Co-Chair
	Kerry Nuku	Tihei Tākitimu Co-Chair
	Oriana Paewai	Te Pae Oranga o Ruahine o Tararua (Manawatū) Chair
	Michelle Riwai	Te Pae Oranga o Ruahine o Tararua Deputy Chair
Piri Te Tau	Te Karu o Te Ika Poari Hauora (Wairarapa) Chair	
Andrea Rutene	Te Karu o Te Ika Poari Hauora Board member	
Hikitia Ropata	Āti Awa Toa (Greater Wellington/Hutt) Chair	
Patrick Smith	Te Kahui Hauora o Te Tau Ihu (Nelson/Marlborough) Co-Chair	
Leanne Manson	Te Kahui Hauora o Te Tau Ihu Co-Chair	
Rakihia Tau	Te Tauraki (Ngāi Tahu) Chair	

Attendees		
Te Aka Whai Ora Māori Health Authority	Tipa Mahuta	Board Chair
	Ben Dalton	Board Member
	Dr Mataroria Lyndon	Board Member
	Riana Manuel	Chief Executive
	Kingi Kiriona	Deputy Chief Executive Mātauranga Māori
	Michelle Hippolite	Chief of Staff, General Manager Secretariat
	Teei Kaiaruna	General Manager Iwi Māori Relationships

Te Aka Whai Ora
Māori Health Authority

Weekly Report to the Minister of Health

w/c 11 December 2023

Prepared on 07 December 2023

MHA33369

Contents

Future arrangements	3
Transition planning.....	3
Key operational matters.....	3
Supporting IMPBs' evidence-based decision-making	3
Commissioning	4
Immunisations operational update	5
Appendix.....	6
Upcoming key external meetings/visits and events/announcements	6
Agency Official Information Act requests.....	6
Parliamentary questions.....	7
Ministerial correspondence.....	7
Upcoming briefings	7
Upcoming Cabinet papers	8

Proactively Released

Future arrangements

Transition planning

Te Aka Whai Ora, Te Whatu Ora and the Ministry of Health have formed an oversight group to support a transition work programme post the disestablishment of Te Aka Whai Ora. The Ministry of Health is leading the drafting of the Cabinet paper to disestablish Te Aka Whai Ora. We have a confirmed high-level transition plan that we will talk you through on 11 December 2023. The Te Aka Whai Ora and Te Whatu Ora Board Chairs have been briefed on the high-level plan and our respective Boards, with the Director-General of Health, will oversee the implementation phase following Cabinet decisions.

Next steps

We are working with your office to confirm a deep dive session to discuss iwi-Māori partnership boards (IMPBs), commissioning, and providers as part of future arrangements.

There is also an opportunity for you to meet with Te Aka Whai Ora Board at its next meeting on 18 December 2023. We can work with your office if you would like to accept this invitation.

Key operational matters

Supporting IMPBs' evidence-based decision-making

IMPBs are an essential feature of the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act). IMPBs voice the aspirations and priorities of Māori communities, have a decision-making role in setting health priorities and services at a local level, and monitor the performance of health services and interventions within localities.

To meet their responsibilities under the Pae Ora Act, IMPBs need high-quality health data to support evidence-based decision-making. At the request of IMPBs and as required by the Pae Ora Act, Te Aka Whai Ora has developed Māori health status profiles for each IMPB area (IMPB profiles). We have produced a profile for each of the 15 recognised IMPBs and are preparing profiles for the two emerging IMPBs. The IMPBs have engaged in the process and set timelines to develop the IMPB Profiles, which they will receive on 15 December 2023.

The IMPB profiles represent a first wave of analysis and include key demographic information, mauri ora (overall health status), whānau ora (healthy families) and wai ora (healthy environments) indicators specific to each IMPB. A second iteration will include Te Aka Whai Ora-identified health priority areas (i.e., cancer, long-term conditions, mental health and first 2,000 days such as immunisation). It will also focus on the key health priorities identified in Te Aka Whai Ora Statement of Intent and Statement of Performance Expectations, and the Health Status Report 2023. The second iteration will be released early in 2024.

The IMPB profiles are based on the 2015 district health board Māori health profiles and will contribute to a legacy of work related to Māori health data. The data included in the profiles was sourced from existing national datasets such as Census 2018, NZ Health Survey, Te Kupenga 2018 Māori Social Survey, and mortality registrations. As more up-to-date data becomes available, we will further iterate these profiles.

Analyses of and insights from these datasets were led by Associate Professor Elana Curtis and Dr Belinda Loring, public health physicians and Māori health experts with experience in Māori health data analyses. An external review process was also undertaken by Professor Suzanne Pitama, an IMPB representative.

The IMPB profiles play an important role in supporting evidence-based decision-making for health service provision in the health system. The profiles are intended to be used alongside broader resources and information available to support the development and delivery of services and public health interventions that are responsive to and reflective of the needs of communities.

Next steps

The IMPB profiles will be provided to IMPBs on 15 December 2023. These will be published on our website in early 2024.

Commissioning

Te Aka Whai Ora is responsible for commissioning services to improve the health of whānau and communities. This includes new spend from baseline, Budget 2022 funding initiatives, and long-standing 'legacy' contracts transferred from former district health boards and the Ministry of Health. Most of these contracts are due to expire on 30 June 2024.

We would welcome the opportunity to discuss and agree an approach to these contracts, with the aim of providing certainty to hauora Māori partners, the wider non-governmental organisation sector and their staff as soon as possible ahead of decisions regarding future arrangements for Te Aka Whai Ora. This topic could also be included in the earlier proposed deep dive session to discuss IMPBs, commissioning, and providers as part of future arrangements.

Immunisations operational update

Overall update

Immunisation rates for Māori are well below other population groups, across all vaccines including influenza, COVID-19, pertussis and measles, mumps, and rubella. Te Aka Whai Ora is taking action to raise immunisation rates for Māori populations with a specific focus and targeted approach for tamariki Māori, such as participating in the Immunisation Taskforce (the Taskforce) and the winter preparedness initiative (see the update below). The purpose of the Taskforce is to provide recommendations and guidance on improving Aotearoa | New Zealand's vaccination coverage.¹

Strategic and operational working relationships with staff in the National Immunisation Program have enabled Te Aka Whai Ora participation in and contribution into key Taskforce recommendation groups, providing a critical Te Ao Māori lens into implementing Te Tiriti o Waitangi principles and ensuring immunisation initiatives, strategies, and policy are equity focussed for vaccination coverage.

Highlight: Winter preparedness initiative

The highlight below provides an example of how Te Aka Whai Ora is working to improve immunisation outcomes for Māori.

Te Aka Whai Ora holds a direct contract for service with the Whānau Ora Commissioning Agency (WOCA) of \$15 million per annum to develop innovative, whānau-centred approaches to immunisation as reflected in Te Pae Tata | Interim New Zealand Health Plan 2022.

WOCA is currently developing an implementation strategy to support the achievements of national targets of 90 percent by June 2024, and reaching population immunity of 95 percent for immunisations within Aotearoa.

Te Aka Whai Ora has started procurement processes to commission \$5 million per annum with hauora Māori partners in the North Island and \$5 million per annum with hauora Māori partners in the South Island for those partners who do not belong to the WOCA collective.

Hauora Māori partners will facilitate targeted immunisations, ensuring healthcare is accessible to whānau Māori, (particularly in areas with historically low vaccination rates), raise vaccination awareness with whānau and community, and grow the numbers and diversity of the Māori vaccination health workforce to address critical workforce gaps and sustainability issues.

¹ The December 2022 report of the Immunisation Taskforce is publicly available at www.tewhatauora.govt.nz/publications/initial-priorities-for-the-national-immunisation-programme-in-aotearoa/.

Appendix

Upcoming key external meetings/visits and events/announcements

Date	Event/Publication/Announcement	Attendee/Minister
13 December 2023	Māori and Pacific Admission Scheme completion ceremony dinner, Auckland	Riana Manuel
18 December 2023	Te Aka Whai Ora Board meeting	Board, ELT

Agency Official Information Act requests

Date due to requester	Requester	Request summary
24 January 2024	Organisation	Any correspondence regarding National Māori Action Day, the Māori Party / Te Pāti Māori, and/or the associated protests
25 January 2024	Individual	Information on the services Te Aka Whai Ora owns and operates in Whanganui
25 January 2024	Individual	How many Māori are currently employed by Te Aka Whai Ora?

Parliamentary questions

Date due to MP	MP	Question
14 December 2023	Hon Dr Ayesha Verrall	26256 (2023). Has the Minister Instructed their public service Chief Executives to begin reducing consultant and contractor expenditure, and to report on current spending within 100 days, and if so on what date did they make this instruction?
14 December 2023	Hūhana Lyndon	26810 (2023). Has Te Aka Whai Ora / the Māori Health Authority provided any advice to the Minister on changes to the Smokefree Environments and Regulated Products Act set out in the coalition agreement between National and New Zealand First?

Ministerial correspondence

Date due to Minister's office	Correspondent	Correspondence summary
-	-	-

Upcoming briefings

Title	Date due to Minister
Health Entity Financial Context for Developing New Zealand Health Plan Te Pae Tata (joint with Te Whatu Ora)	8 December 2023
Oranga Hinengaro: Māori Mental Health and Addiction (Minister for Mental Health)	11 December 2023

Upcoming Cabinet papers

Title	Date due to Minister
-	-

Proactively Released

Te Aka Whai Ora
Māori Health Authority

Māori health services and interface with iwi-Māori partnership boards

12 December 2023

Outline for discussion

- Hauora Māori services
- Outcome-based contracting
- Guidance for 2024/25 contracting

- Iwi-Māori partnership boards (IMPBs)
- Current and future capability build
- Learning about Māori Co-Purchasing Organisation (MAPO) model

- Next steps

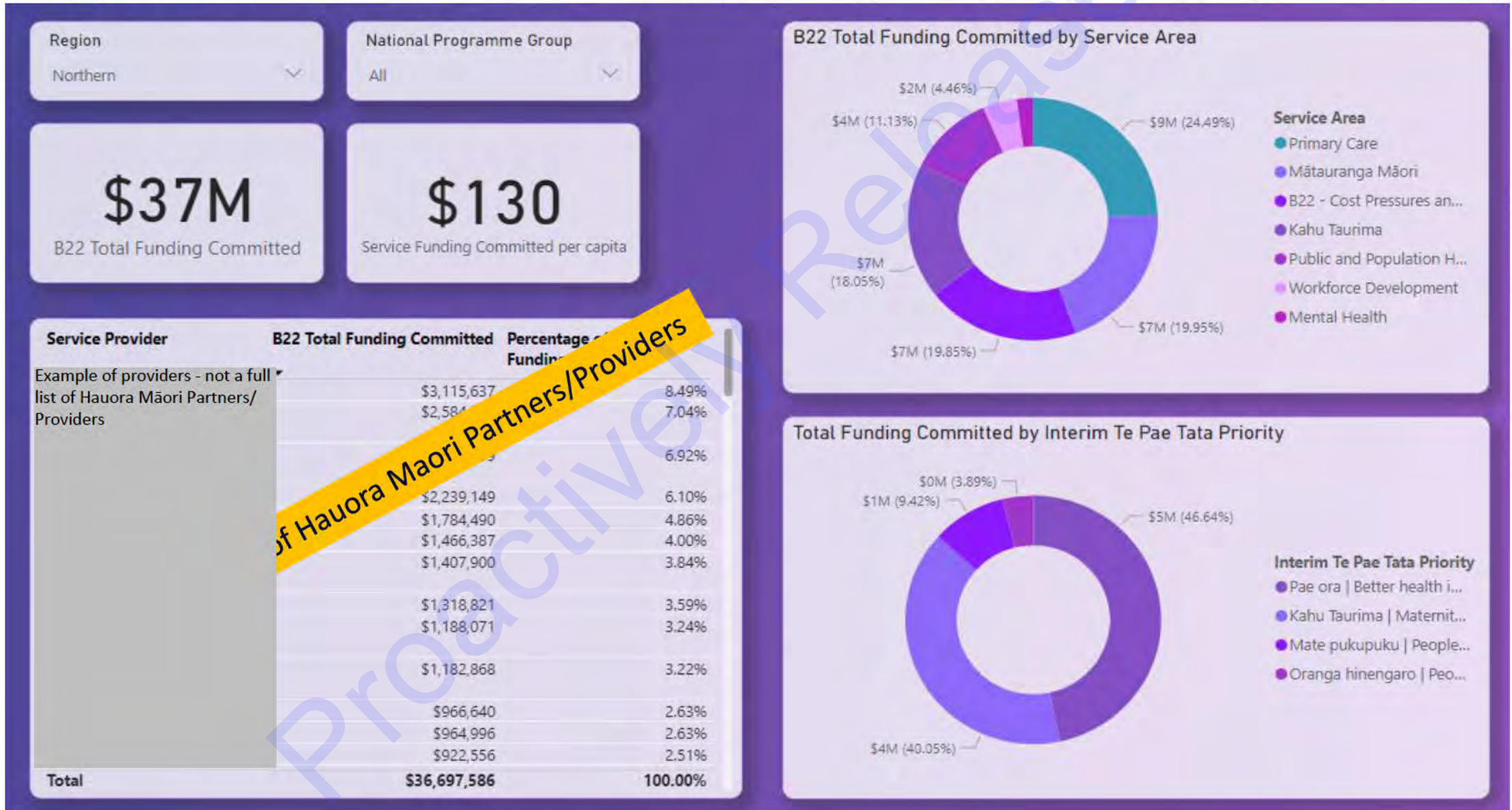
Hauora Māori services

Note: the total health spend was corrected from 0.03 percent to 3 percent after the document was provided to the Minister of Health.

\$623.24 million for hauora Māori services (3 percent of total health spend)	
Services	<ul style="list-style-type: none"> • Immunisation • Primary care • Population health • Long-term conditions • Mental distress & illness, addiction • Cancer • Workforce
Hauora Māori partners	<ul style="list-style-type: none"> • 317 across Aotearoa New Zealand
Contracts	<ul style="list-style-type: none"> • 71.8 percent of contracts end on 30 June 2024

Regions	Distribution of resources
Te Taitokerau	<ul style="list-style-type: none"> • \$170.8 million • Northland, Waitematā, Auckland and Counties Manukau
Te Manawa Taki	<ul style="list-style-type: none"> • \$225.9 million • Waikato, Bay of Plenty, Tairāwhiti, Lakes, Taranaki
Te Ikaroa	<ul style="list-style-type: none"> • \$116.4 million • Whanganui, MidCentral, Hawkes Bay, Wairarapa, Hutt Valley and Capital Coast
Te Waipounamu	<ul style="list-style-type: none"> • \$55.3 million • Nelson/Marlborough, West Coast, Canterbury, South Canterbury, Southern
National	<ul style="list-style-type: none"> • \$54.7 million

Regional view: Te Taitokerau



Service Provider	B22 Total Funding Committed	Percentage of Funding
Example of providers - not a full list of Hauora Māori Partners/Providers	\$3,115,637	8.49%
	\$2,584,490	7.04%
		6.92%
	\$2,239,149	6.10%
	\$1,784,490	4.86%
	\$1,466,387	4.00%
	\$1,407,900	3.84%
	\$1,318,821	3.59%
	\$1,188,071	3.24%
	\$1,182,868	3.22%
	\$966,640	2.63%
	\$964,996	2.63%
	\$922,556	2.51%
Total	\$36,697,586	100.00%

Regional view: Te Manawa Taki

Region

Te Manawa Taki

National Programme Group

All

\$55M

B22 Total Funding Committed

\$205

Service Funding Committed per capita

Service Provider

B22 Total Funding Committed

Percent

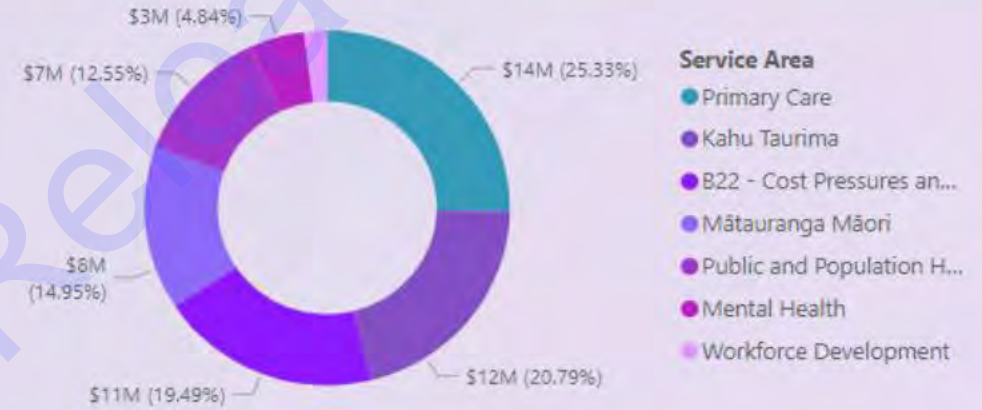
Funding Committed

Example of providers - not a full list of Hauora Māori Partners/Providers

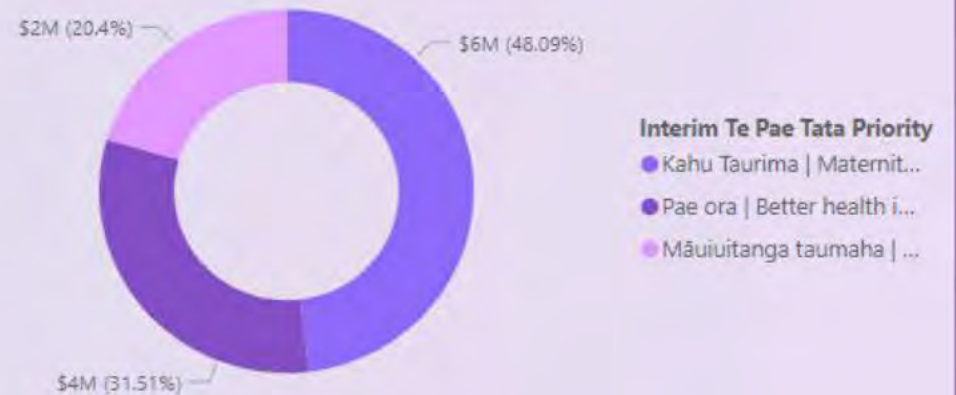
Hauora Maori Partners/Providers

Service Provider	B22 Total Funding Committed	Percent Funding Committed
	\$4,390,000	7.93%
	\$1,937,673	5.08%
	\$4,419,000	4.42%
	\$2,169,009	3.91%
	\$2,158,804	3.89%
	\$1,937,673	3.49%
	\$1,918,749	3.46%
	\$1,629,645	2.94%
	\$1,462,811	2.64%
	\$1,448,059	2.61%
	\$1,311,064	2.36%
	\$1,237,673	2.23%
Total	\$55,469,092	100.00%

B22 Total Funding Committed by Service Area



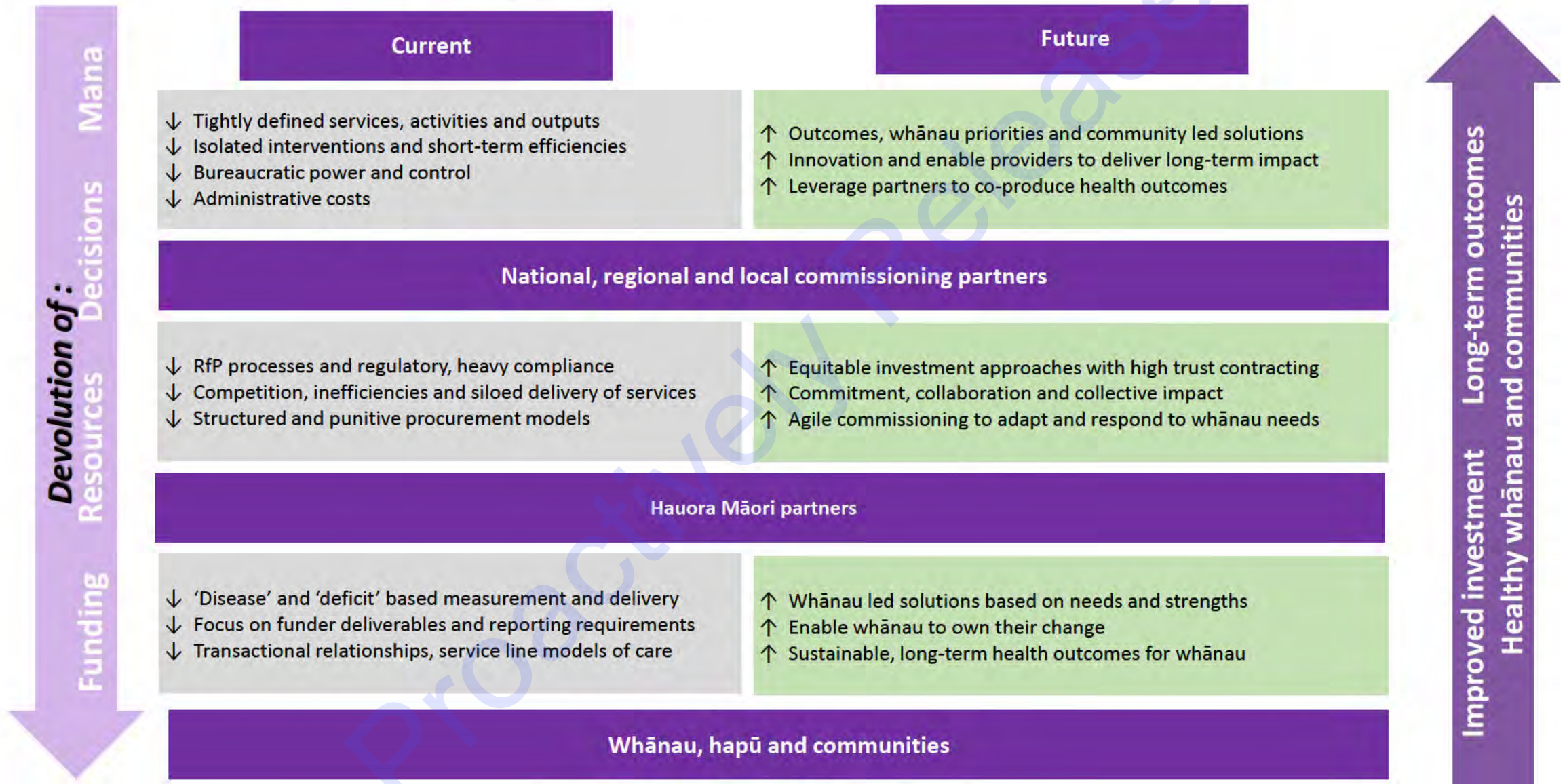
Total Funding Committed by Interim Te Pae Tata Priority



Aligning investment to priorities

	Immunisation	Wait-Times	Cancer	Mental Health	Workforce
Expected outcomes	<ul style="list-style-type: none"> Tamariki full immunised reducing disease, infection, hospitalisation 	<ul style="list-style-type: none"> Efficient specialist care for those who need it Closing equity gap in chronic conditions, cancers and mortality 	<ul style="list-style-type: none"> Reduce new Māori cancer diagnoses through increased prevention efforts Reduce equity gaps in Māori cancer rates 	<ul style="list-style-type: none"> Closing equity gap in mental health diagnoses and suicides Efficient specialist psychiatric care for those who need it 	<ul style="list-style-type: none"> Culturally and clinical sound workforce
Government health targets	<ul style="list-style-type: none"> 95 percent immunisation rates (baseline for Māori 69.6 percent fully immunised 24 months) 	<ul style="list-style-type: none"> Reduced wait times in ED - less than six hours 	<ul style="list-style-type: none"> Breast-screen mammography from 69 years up to aged 74 and more free mammograms 	<ul style="list-style-type: none"> Invest in mental health innovations in community 	<ul style="list-style-type: none"> More midwives, nurses, GPs (bonded) and additional medical school and placements Cultural competency of workforce
Hauora Māori investments	<ul style="list-style-type: none"> \$25 million in local, regional, national immunisation services \$26 million in first 2,000 days (0-5 years) 	<ul style="list-style-type: none"> \$43 million in primary, population health and priority populations 	<ul style="list-style-type: none"> \$6.2 million invested in whānau with cancer 	<ul style="list-style-type: none"> \$268.1 million whānau living with mental distress, illness and addictions 	<ul style="list-style-type: none"> \$21.2 million to lift the volume of Māori entering workforce, training and support to national Māori professional groups

What would change in commissioning for outcomes



Guidance for 2024/25 contracting

Issue	Guidance sought
<ul style="list-style-type: none">• Migrate district health board and Ministry contracts to outcome-based contracts	Whether to continue with shift to outcome and integrated contracts with hauora Māori partners
<ul style="list-style-type: none">• Contracts transferred from Te Whatu Ora (district health board and Ministry) were extended to June 2024	Whether Te Aka Whai Ora Board can mandate an extension for one year (or more) while health plan is firmed up and transition of Te Aka Whai Ora is completed
<ul style="list-style-type: none">• For Budget 2022 a proportion of contracts do not expire until 2025	No guidance required at this stage
<ul style="list-style-type: none">• For Budget 2022 contracts that will expire up to December 2024 cover workforce, rongoā and data and digital investments	Potential options: <ul style="list-style-type: none">• provide further advice on impact of ceasing services• reallocate resource to other priorities
<ul style="list-style-type: none">• Delegation framework through the transition	Whether a letter of expectation to Te Aka Whai Ora Board will set out guidance for commissioning work

Te Aka Whai Ora

Māori Health Authority

- Te Taumata Hauora o Te Kahu o Taonui
- Nga Pou Hauora oo Tamaki Makaurau
- Te Tīratū
- Te Moana a Toi
- Te Taura Ora o Waiariki
- Tuwharetoa
- Tairawhiti Toitū Te Ora
- Tihei Tākitimu
- Te Mātuku
- Te Punanga Ora
- Te Pae Oranga o Ruahine o Tararua
- Āti Awa Toa
- Te Karu o Te Ika
- Te Kahui Hauora o Te Tau Ihu
- Te Tauraki
- Chatham Islands (engagement)
- Mataatua (engagement)



IMPBs

Regions	IMPB
Te Taitokerau	<ul style="list-style-type: none"> • Te Taumata Hauora o Te Kahu o Taonui • Nga Pou Hauora oo Tamaki Makaurau
Te Manawa Taki	<ul style="list-style-type: none"> • Te Tīratū • Te Moana a Toi • Te Taura Ora o Waiariki • Tuwharetoa • Tairawhiti Toitū Te Ora • Te Punanga Ora
Te Ikaroa	<ul style="list-style-type: none"> • Te Mātuku • Tihei Takitimu • Te Pae Oranga o Ruahine o Tararua • Āti Awa Toa • Te Karu o Te Ika
Te Waipounamu	<ul style="list-style-type: none"> • Te Kahui Hauora o Te Tau Ihu • Te Tauraki

IMPB readiness

Readiness measure	Commentary	Timeline for readiness
Governance ready to enact current statutory functions and key operations personnel in place	<ul style="list-style-type: none"> Priorities for improving hauora Māori have been determined IMPBs affirm support for expanded functions Whānau voice collection near completion 	1 March 2024
Governance ready to enact current statutory functions however require additional capacity to be onboarded to operate effectively	<ul style="list-style-type: none"> Priorities for improving hauora Māori in progress Whānau voice collection in progress 	1 May 2024
Governance members in place with limited operations personnel on board	<ul style="list-style-type: none"> Legal entity status in progress 	1 July 2024
Emerging IMPBs	<ul style="list-style-type: none"> Require formal recognition 	1 July 2024



Regions	IMPB
Te Taitokerau	<ul style="list-style-type: none"> Te Taumata Hauora o Te Kahu o Taonui Nga Pou Hauora oo Tamaki Makaurau
Te Manawa Taki	<ul style="list-style-type: none"> Te Tiratū Te Moana a Toi Te Taura Ora o Waiariki Tuwharetoa Te Manawa o Te Ika Tairawhiti Toitū Te Ora Te Punanga Ora
Te Ikaroa	<ul style="list-style-type: none"> Te Mātuku Tihei Takitimu Te Pae Oranga o Ruahine o Tararua Āti Awa Toa Te Karu o Te Ika
Te Waipounamu	<ul style="list-style-type: none"> Te Kahui Hauora o Te Tau Ihu Te Tauraki Wharekauri

IMPB capability build

Capability needed to enact current statutory functions (informed by establishment and onboarding engagement):

- Planning and implementation expertise to design Board priorities, frameworks and policy to guide work of the IMPBs and their monitoring function
- Data access and analyses to determine priorities for regional/local profiles, to inform monitoring function and current and/or future investments
- Whānau and hapū communications and engagement system and support to:
 - systematically gather and analyse perspectives to influence regional and national decision-making
 - feed back to whānau and hapū on a regular basis about progress
 - gather whānau perspectives about the effectiveness as part of their monitoring role
- Access to clinical support and advice regionally and to the national clinical Māori network (Te Whiri Kaha)
- Infrastructure support such as:
 - digital and ICT capacity to store and protect information and knowledge (including digital platform)
 - people to undertake roles in a tight regional labour market.

MAPO commissioning model

Key learnings from the MAPO model:

- Co-commissioning only occurred in the Northern Region (Tai Tokerau, Ngāti Whātua, Tainui)
- Capital investment access supported MAPO establishment
- Roles and responsibilities ambiguous and not legislated
- MAPO under resourced to effectively carry out expected functions
- Procurement processes eventually took precedent over strategic direction and evaluation
- Management of interests led to tensions between MAPO and Māori providers
- No clear dispute resolution process when disagreements on commissioning between MAPO and the Crown
- MAPO kaimahi were afforded access to Crown systems and resources like that of Crown employees

Key outcomes of the MAPO model:

- MAPO created an environment for Māori providers to develop and succeed
- Locally led investment decisions enabled
- System policy settings ensured Māori participation at all levels, equitable resourcing allocation and cultural responsiveness.

Information Request

OPQ Background Material: Horowhenua Māori Workforce Development Prototype

Date due	12 December 2023	Priority	Urgent
Security classification	IN CONFIDENCE	Tracking number	MHA343330
To	Office of Hon Dr Shane Reti, Minister of Health		
Copy to	N/A		
Request	Background material to support the preparation of an oral parliamentary question on Horowhenua Māori workforce development prototype.		

Background

- The following media release was placed on Te Aka Whai Ora | Māori Health Authority website on 29 November 2023:

Local solutions underway to grow Horowhenua health workforce

Te Aka Whai Ora is investing in local solutions to grow and sustain the health workforce in Horowhenua, including the training of graduates who have previously trained in mātauranga Māori for roles including social workers, family harm clinicians and nurses.

Raukawa Whānau Ora, a kaupapa Māori health provider delivering a range of healthcare services, has been funded to design and implement a Horowhenua Māori Workforce Development Prototype.

While it is estimated it will take up to five years to see a change in workforce numbers, this initiative will start growing a new pipeline of kaimahi by developing rangatahi and Raukawa Whānau Ora workers.

For this initiative, Raukawa Whānau Ora will be providing training to graduates with a strong understanding of tikanga and mātauranga Māori to fill specific health roles needed in Horowhenua.

Kingi Kiriona, DCE - Mātauranga Māori, says this initiative is an example of how Te Aka Whai Ora is focused on providing tailored local funding that meets the specific needs of communities.

"To meet health workforce shortages across Aotearoa, it is important that we tailor our solutions," says Kingi.

"With more courses in Horowhenua offering courses and qualifications related to mātauranga Māori, Raukawa Whānau Ora has an opportunity to secure graduates with knowledge of this innovative, unique knowledge system and way of looking at the world."

"Focusing on growing our numbers and skills of health kaimahi at a local level will result in a stronger and more sustainable workforce, now and in the future."

This funding is aligned with the goals set out in Te Pae Tata interim New Zealand Health Plan to create an inclusive health workforce that reflects the community that it serves.

What is mātauranga Māori?

2. What is mātauranga Māori?
 - a) Mātauranga Māori reflects unique bodies of Māori knowledge that are based on te ao Māori teachings and traditions that are passed down through the generations. They stand alone as a construct to retain their authenticity. Mātauranga Māori also refers to the Māori ways of knowing.
 - b) Māori-specific knowledge is adaptive and regionally distinct and, therefore, differs across iwi.
 - c) Mātauranga Māori and mātauranga ā-iwi links people, place and practice, and produces contextual knowledge that better supports self-determination, including to address contemporary issues across sectors.
 - d) Reconnecting with Māori ways of knowing, being and doing to build identity and self-worth and self-determination, is an important protective factor against poor health outcomes. Regaining traditions is a potential basis for restoring health and dignity to future generations.
 - e) There is overwhelming evidence showing that mātauranga Māori, kaupapa Māori and te ao Māori approaches are a key strategy to support Māori to solve contemporary issues for iwi and hapori Māori.
 - f) The funding of mātauranga Māori initiatives is in line with Te Pae Tata | Interim New Zealand Health Plan 2022 overarching goal of “people will live healthier lives when they feel part of an inclusive community, have access to safe, good-quality housing, and are active with good nutrition and emotional support. Achieving improved community wellbeing will involve the leadership of iwi-Māori partnership boards, hapū, communities, local government, health and social services, along with other agencies and organisations.”

Outline of contract

Mātauranga Māori commissioning

3. In December 2022, Te Aka Whai Ora launched several commissioning initiatives to enable Te Aka Whai Ora to work together with hauora Māori partners to provide a ‘whānau voice’ and improve oranga whānau outcomes.
4. Te Aka Whai Ora invited partners to submit a proposal to design, deliver, implement, and evaluate their own hauora Māori innovations that contribute to hauora Māori outcomes from a te ao Māori perspective.
5. Twenty innovation proposals were received for the \$4 million pool of funding offering resilient opportunities to improve whānau outcomes across Aotearoa. Raukawa Whānau Ora was one of five successful applicants.
6. The Raukawa Whānau Ora contract is for **\$209,000 (excluding GST) funded from the Hauora Māori appropriation for the period from 26 June 2023 to 30 June 2024.** More information about Raukawa Whānau Ora as a service provider is available in **Appendix One**. Te Aka Whai Ora has begun discussions on the predicted workforce numbers from this initiative.
7. Iwi-Māori partnership boards (IMPBs) are responsible for elevating the voice of whānau Māori in the health system to improve hauora Māori outcomes. As an initiative centred on mātauranga Māori, the approach of Raukawa Whānau Ora towards improving the Māori health workforce aligns well with the role of IMPBs.

What is the prototype?

8. The Horowhenua Māori Workforce Development Prototype solution (the prototype) will support the revitalisation, expansion, and practice of mātauranga Māori within a hauora Māori context, including knowledge generation and transmission. The aim is to build a skilled and sustainable workforce of kaimahi Māori in the district.
9. An implementation plan is being design and developed using the internal Raukawa Whānau Ora workforce. The implementation methodology will provide a growth approach that demonstrates how investing in local providers, including hapū and iwi groupings, can be used to support the creation and sustainability of a prototype.
10. The priority workforce is:
 - a. Rangatahi / secondary school: focus on the development of a rangatahi-led approach to workforce development through internships, rangatahi events, and opportunities to learn about health professions while also supporting NCEA achievement.
 - b. Tertiary education / training: focus on the delivery of scholarships and student placements for tertiary students.
 - c. Mid-career training and development: focus on building the capability of Raukawa Whānau Ora kaimahi in family harm, clinical practitioners, and wider pūkenga.

Why Horowhenua? Will this be applied in another region?

11. Raukawa Whānau Ora is based in the Horowhenua and are targeting the workforce within its rohe. There have been no discussions regarding applying this initiative outside of Ngāti Raukawa and Muaūpoko tribal boundaries.
12. Three key factors were identified when reviewing the prototype, which are the basis of the Raukawa Whānau Ora solutions:
 - a) Displaced workforce: In November 2021, vaccine mandates across the health sector resulted in 1.5 percent (43 staff) of the MidCentral District Health Board workforce resigning or being stood down, leaving a significant gap in an already strained labour market. In September 2022, mandatory vaccination for health and disability workers ended. This means that there were potentially 43 health workers across MidCentral re-entering the labour market within the MidCentral catchment that could be employed by iwi/Māori providers to fill existing needs and vacancies.
 - b) Mātauranga Māori graduates: With more tertiary education providers offering courses and qualifications in mātauranga Māori, there was an opportunity for Raukawa Whānau Ora to secure graduates with tikanga and mātauranga Māori skills and experience. With relevant health-specific training and development, mātauranga Māori graduates will likely be successful in a range of clinical and non-clinical roles and come with valuable skills and experience in delivering culturally responsive care and support to Māori whānau.
 - c) Internal training provision: Raukawa Whānau Ora would consider internal training to enhance kaimahi who have potential and are looking for development but are not yet suitably qualified. This could be through the provision of internal unit standards, or through partnering with existing education providers. The Māori trades training fund is available to support community employment and training programmes through partnerships between Māori and the Crown. We could explore access to support the provision of relevant training to fill workforce gaps and grow Māori workforce capability. Focusing on local rangatahi development

through internal training is an obvious solution to enhancing the improvement and support required for long-term sustainability of the Raukawa Whānau Ora kaimahi and the Māori workforce within the MidCentral area.

Appendix One – Raukawa Whānau Ora background

1. In 2022, Raukawa Whānau Ora, with support from Francis Health, developed a localised workforce report to address barriers that impact them and create supportive environments to recruit, retain and sustain kaimahi Māori. The report contained an overview of the background, current context, a workforce environment scan and concludes with a workforce strategy and initial thinking for an action plan.
2. Raukawa Whānau Ora has a range of service contracts with funders, including the Ministry of Social Development, Oranga Tamariki and Te Whatu Ora | Health New Zealand to deliver health, social support and education programmes for the whānau and communities of Raukawa ki te Tonga (the geographical area includes Feilding, Shannon, Levin, and Ōtaki).
3. As at August 2023 Raukawa Whānau Ora provides health and wellbeing support through the deployment of a workforce of 65 kaimahi. To continue to successfully deliver for the region, Raukawa Whānau Ora identified the need to invest in workforce planning and development. This need relates to several factors, including:
 - many of their rangatahi leaving the region after their secondary school years or not engaging in higher education opportunities
 - having insufficient numbers of kaimahi to meet the needs of services and whānau
 - low numbers within the workforce to deliver culturally responsive care to whānau.
4. Raukawa Whānau Ora is owned by Te Rūnanga o Raukawa and currently delivers 26 services across three key service areas, supported by a small back office:
 - a. Hauora: Raukawa Whānau Ora has a number of kaimahi who work across a number of different roles within the hauora service, including Adult Mental Health Support, Alcohol and Other Drugs Clinician, Child, Adolescent and Family Practitioners, Community Clinic Nurse, Health Promotor, Kaitiaki Whare Hauora, Cancer Co-ordinator, Auahi Mutunga, Matanga Whaiora, Day Activities Co-ordinator, and Mother and Pepi Support. The hauora team make up the largest contributors of the Raukawa Whānau Ora workforce.
 - b. He Hikinga Manawa Toiora Whānau is a service that focusses on the social services sector. The roles included in this team are Family Harm Kaimahi, Family Start Kaimahi, Huia Kaimanawa Kaimahi, Iwi Family Group Conference Co-ordinator, Kairaranga a Whānau, Nga Tini Whetu Kaiwhakaaraara, Social Workers in Schools, Whānau Ora Navigators, Kaiwhakaaraara and a Community Connector. This team make up the second largest contributors to the Raukawa Whānau Ora workforce.
 - c. Whare: Raukawa Whānau Ora is part of the Horowhenua Hinengaro Alliance, working in partnership to provide effective leadership across the Māori mental health and addiction sector in the Horowhenua. As a part of the Alliance, Raukawa Whānau Ora along with their Alliance partner will guide the development, implementation, co-ordination and evaluation of services that better meet the wide range of needs of Māori communities living in Horowhenua.

5. Overall workforce: with a growing workforce, Raukawa Whānau Ora recognises not only the need to provide workforce advancement opportunities to its current internal kaimahi but employ an approach that not only showcases hauora as a career pathway and reaches rangatahi while they are still engaged in secondary and tertiary school to improve their line of sight to hauora as a potential career.
6. 25 percent of the Horowhenua population are older people (compared to 16 percent nationally). This shows that the region will have many people aging out of the workforce and a clear need to promote to the younger generation the opportunities for work within the Horowhenua, and in Hauora.
7. Raukawa Whānau Ora has a high number of Māori and Pasifika employees. Of the 65 kaimahi employed as at August 2023, 42 identified as Māori and/or Pasifika (or 64 percent). The remaining non-Māori and Pasifika workforce are made up of a number of different ethnicities.

Appendix Two – Te Aka Whai Ora workforce mahi

1. Below is a list of initiatives funded by Te Aka Whai Ora to grow and develop the hauora Māori workforce.
 - a. Ngā Manukura o Āpōpō contract uplift to increase Māori nursing and in particular midwifery advancement
 - b. Tuakana Teina – Pastoral and cultural support to aid in retention
 - c. Te Pitomata – Health related study scholarship programme
 - d. Pūhoro STEMM Academy - a bespoke health career pathway that supports rangatahi Māori into careers in science, technology, engineering, mathematics and mātauranga Māori (STEMM)
 - e. Te Rau Puawai – This scholarship programme is run out of Massey University and engages all levels of academia through to PhD in psychology, nursing, rehabilitation, social work, Māori health, Māori studies, and health sciences. There is a particular emphasis on pastoral support
 - f. Te Kurahuna - Mātauranga Māori training, with a total of 5,530 training opportunities for 2023/2024
 - g. Rongoā Māori practitioner training
 - h. Extend opportunities for rangatahi and taura Māori to have paid work experience opportunities in the health system that are within their own rohe with primary and community hauora Māori partners.
2. We have invested across the areas of:
 - a. STEMM programmes
 - b. developing and growing capability and capacity across the Māori workforce
 - c. rongoā Māori practitioner training
 - d. scholarships and grants.
3. Investment is also planned for the following areas:
 - a. commission the establishment of a Māori bursary in Māori Whare Wānanga with particular emphasis on pastoral support to aid in retention of kaimahi
 - b. roll out 2024 Te Pitomata scholarships.

Priority Populations

4. Five providers have been funded to develop and support initiatives in following priority population areas:
 - a. Tangata Whaikaha, to grow whaikaha workforce initiatives
 - b. Kaumatua care workforce day facilitators, home support workers, and caregivers
 - c. Rangatahi initiative providers workforce development.

Event Briefing

Meeting Te Aka Whai Ora Board: 18 December 2023

Date due	14 December 2023	Priority	Routine
Security classification	IN CONFIDENCE	Tracking number	MHA33757
To	Hon Dr Shane Reti, Minister of Health		
Copy to	Hon Tama Potaka, Minister for Māori Development		

Contact for discussion (if required)			
Name	Position	Phone	1st contact
Riana Manuel	Chief Executive	s 9(2)(a)	
Michelle Hippolite	Chief of Staff and General Manager Secretariat		X
Craig Owen	Deputy Chief Executive, Governance and Advisory		

The following departments/agencies have been consulted
N/A

Attachments	Appendix One: Key messages
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About the Event

Purpose	To meet Te Aka Whai Ora Board and set out your vision, direction and critical issues for their stewardship
Event/visit details	<p>Date: Monday, 18 December 2023</p> <p>Time: 2.30pm – 3.30pm (start time subject to Cabinet)</p> <p>Venue: Executive Wing, 6.6</p>
Attendees	Profiles of Te Aka Whai Ora Board members are in the background section
Te Aka Whai Ora Representatives	<p>Riana Manuel, Chief Executive</p> <p>Michelle Hippolite, Chief of Staff and General Manager Secretariat</p> <p>Craig Owen, Deputy Chief Executive, Governance and Advisory</p>

Other Agency Attendees	Nil
Tikanga	Te Aka Whai Ora Board may wish to mihi to you
Media	No media

Purpose

1. Te Aka Whai Ora | Māori Health Authority Board members were all present when you addressed the iwi-Māori partnership boards (IMPBs) in late November 2023. Te Aka Whai Ora Board then extended an invitation for you to meet with the Board, which you have accepted. Accordingly, this event briefing provides you with information ahead of your first formal meeting with the Board.

Background

2. Te Aka Whai Ora Board has had a full complement since July 2023. The members are as follows:
 - a. Tipa Mahuta (Chair) (Waikato, Maniapoto, Ngāpuhi). Tipa has been on the Board since the establishment of the interim Māori Health Authority and has a background in facilitation, research, policy, and community development complemented by over 20 years in iwi governance experience. She also serves on a number of boards, including a wide range of iwi and community boards as well as the Iwi Māori Council at Waikato District Health Board (DHB), Tainui Group Holdings, and the Waikato Conservancy.
 - b. Kim Ngarimu (Deputy Chair) (Te Aitanga ā Mate and Ngāti Porou). Kim is a member of the Medical Council of New Zealand. She is a system thinker, strategist, and an influencer with proven capability in stakeholder engagement.
 - c. Dr Mataroria Lyndon (Ngāti Hine, Ngāti Wai, Ngāti Whātua and Waikato). Dr Lyndon is a senior lecturer in medical education. He is a founder of Tend Health and a Board member of Aktive Sport and Recreation. Dr Lyndon was also on the Board of the interim Māori Health Authority.
 - d. Fiona Pimm (Ngāi Tahu, Kāti Māmoe, Waitaha). Fiona's work in health spans over 30 years starting as a medical radiation technologist, then into health service management. Fiona is also the Chair of the New Zealand Blood Service.
 - e. Steven McJorow (Ngāti Kahungunu and Ngāti Moe). Steven is the Chief Financial Officer of Pāmu Farms and is an experienced finance executive.
 - f. Ben Dalton (Ngāpuhi, Ngāti Porou). Ben is the Chief Executive of the Waitangi National Trust. He brings government leadership and entrepreneurial experience with his involvement with the Provincial Development Unit.
 - g. Helmut Modlik (Ngāti Toa). Helmut is the Chief Executive of Te Runanga o Toarangatia. He is a former board member of Pharmac, Capital & Coast DHB and the Health Information Standards Organisation.
 - h. Awerangi Tamihere (Ngāti Kauwhata, Rangitāne, Ngāti Porou, Rongowhakaata and Kāti Tahu). Awerangi is the Chief Operating Officer for Te Whānau o Waipereira Trust and the Whānau Ora Commissioning Agency.

3. All Board members, aside from Awerangi Tamihere, will attend the meeting in person. Awerangi will attend online.

Context

4. The Chair has conveyed these key messages to Te Aka Whai Ora Board:
 - a. your intention for a gentle landing for the disestablishment of Te Aka Whai Ora and to set five major targets for the health system, including for wait times and cancer treatment
 - b. your commitment to secure the current resources for Māori health and to consider whether any financial resources can be reprioritised
 - c. you see a place for the IMPBs and would like to 'power them up'
 - d. you see a role for the Hauora Māori Advisory Committee, including adding a monitoring function.
5. The Chair has also updated the Board on your feedback about where functions may transition to. She has also signaled that the Board's governance priorities will change to steward the transition of Te Aka Whai Ora and making sure 2023/24 commitments are met.

Key topics for discussion

Your vision for Māori health

6. You may wish to outline your vision for health and how you see Māori health gain through the system given the extent of Māori life expectancy. Prefaced with the 100 Day Action Plan directives to disestablish Te Aka Whai Ora and establish key targets for health, the main messages we have heard are:
 - a. **Gentle landing of the disestablishment of Te Aka Whai Ora** in full co-operation with the Ministry of Health and Te Whatu Ora | Health New Zealand. You could reference the three-phase process for policy and legislative changes that you will have socialised with your ministerial colleagues.
 - b. **Immunisation** is a key priority that reaches babies, young people and their whānau. On 21 December 2023, you are announcing additional funding dedicated to immunisation. This could be an opportunity for you to elaborate on other key priorities including waitlists, cancer and workforce.
 - c. **Sustain investment in Māori health** advising that you have the support of your colleagues to maintain investment in Māori health. For the 'legacy' contracts (transferred from DHBs and the Ministry of Health) you are endorsing an extension for one year to allow for the new vision to be communicated. More detail on Budget 2022 contracts will be provided in January 2024.
 - d. **Decisions closer to the people** meaning flexibility between central and regional operations. You see a role for the IMPBs and want to power them up. There has been a first round of discussions with IMPBs about the issues, including their aspiration to take on full commissioning functions. You recognise additional resources may be required for IMPBs to realise their current functions and additional resources will need to be found if additional functions are added.

- e. **Moving to outcome (with target) based arrangements** with hauora Māori partners/providers. You appreciated the forward thinking that the Board had to shift contracts that it has inherited to the new regime. You are very supportive of that approach, including the idea of evergreen contracts with regular 'warrants of fitness'.

Transition

7. This will be an opportunity for Te Aka Whai Ora Board to hear directly from you about transition, including a high-level legislative timetable (one is set out in *Reimagining Māori health – progress update* [H2023034014], received on 13 December 2023 from the Ministry of Health in consultation with Te Aka Whai Ora). Prior to the Board meeting with you, the Chair and Chief Executive will be working through the design and draft models for transition.

Role of Te Aka Whai Ora Board going forward

8. As indicated earlier, the Chair has signalled to the Board that its role will focus on:
 - a. meeting expectations of the 2023/24 Statement of Performance Expectations and signaling on a no surprises basis, any impact on delivery due to the changing staff arrangements
 - b. oversight of the transition arrangements for Te Aka Whai Ora
 - c. governance primarily for commissioning, IMPBs, and our monitoring activity.

Observer

9. You may want to provide an update about advice you have sought from the Ministry of Health and the Hauora Māori Advisory Committee about an **Observer** for Te Aka Whai Ora in terms of purpose and timing, and how this Observer will work with the Board.

Waitangi Tribunal claim

10. Members of the Board will be aware of the Waitangi Tribunal claim lodged by Lady Tureiti Moxon and Janice Kuka and, if raised, you should advise that you are taking advice on this from the Ministry of Health.

Hearing from Te Aka Whai Ora Board

11. Aside from sharing your own insights, this meeting is also an opportunity for you to hear from, and ask questions of, Te Aka Whai Ora Board so they can provide any advice and thinking that may assist you going forward.

Appendix One: Key messages

- Thank you for your work in governing Maori Health. I know it is not straightforward for the staff and leadership of Te Aka Whai Ora.
- To meet the commitment to introduce legislation within the first 100 days, I intend to take advice to Cabinet in January 2024 to progress the disestablishment of Te Aka Whai Ora. Given this timeframe, quick decision-making is required based on a vision for the future health system.
- I know that this decision has significant implications for Māori. It will be important to share a vision and direction for lifting Māori health outcomes and to communicate this with Māori and the health sector. It is clear we need to lift Māori health outcomes across every metric.
- Within the next three months, in tandem with the legislative programme, I am proposing to shift critical operational functions to Te Whatu Ora to ensure continued service delivery. This provides a better platform to achieve more efficient service planning and investment in future. I will also be reintegrating policy and monitoring functions within the Ministry of Health, simplifying the current arrangements.

Services to communities

- I had a very good briefing about the Board's direction of travel to outcome-based contracts and simplifying the complex arrangements in place at present. I fully endorse that shift. I also want to ensure that targets are clear and that through the outcome-based arrangements we can learn more about the impact that is being achieved.
- I am aware that contracts are expiring at the end of June 2024 and have signaled to the Chair that I am very comfortable with one-year extensions to the 'legacy' (transferred from DHB and the Ministry of Health) contracts. I look forward to your advice about the Budget 2022 contracts.

IMPBs

- You were all at the discussion with IMPBs at the end of November 2023 and like me heard their enthusiasm for their role in the health system. I am committed to backing IMPBs and am currently working with officials to identify options shift decision-making and resource closer to communities who are best placed to understand and meet local needs.
- Further investment is required for IMPBs if they are to be effective. I have asked for advice, both for a future Budget bid, as well as any Te Aka Whai Ora resources that could be reallocated for that purpose.
- Given the IMPBs' role in current legislative to approve locality plans, I am working with officials to shift from locality planning to regional planning. Te Whatu Ora already has Regional Integration Teams and there is potential for alignment.
- In terms of IMPB aspirations for commissioning, at present the legislation provides for them "to engage with the Māori Health Authority and support the stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation". I have asked officials for options about how that happens now and implications for the future.

Hauora Māori Advisory Committee

- I intend to maintain an independent Māori advisory function for me, primarily through the Hauora Māori Advisory Committee and look to extend their role to incorporate a monitoring role so I can hear directly how well the system is performing.

Aide-Mémoire

Winter Preparedness: Immunising our Tamariki

Date due	15 December 2023	Priority	Routine
Security classification	IN CONFIDENCE	Tracking number	MHA34301
To	Hon Dr Shane Reti, Minister of Health		
Copy to	N/A		

Contact for discussion (if required)			
Name	Position	Phone	1st contact
Selah Hart	Deputy Chief Executive, Public and Population Health	s 9(2)(a)	X

The following departments/agencies have been consulted
None

Purpose


1. This aide-mémoire provides information about an initiative to boost immunisation rates among tamariki Māori, ahead of a planned announcement by you on 21 December 2023.

Background and problem definition

2. Currently, pēpi and tamariki Māori are significantly less likely to be fully vaccinated in accordance with the New Zealand Immunisation Schedule than other children.
3. As an example of this unmet need, data from Te Whatu Ora | Health New Zealand indicates that for tamariki reaching the age of six months in the quarter ending 30 September 2023, just 47.0 percent of pepi Māori were fully vaccinated, compared with 74.5 percent of Pākeha babies.¹
4. This has the potential to have a substantial negative impact on health outcomes for tamariki Māori, which continues into adulthood. Vaccination is one of the most effective tools to reduce the harm from a wide range of communicable diseases, to reduce the burden on our hospitals and public health services, to improve health outcomes generally, and to reduce the disparity in health outcomes between different groups.

¹ This is based on Te Whatu Ora data held in the National Immunisation Register, for the period ending 30 September 2023.

Initiative to increase immunisation rates for tamariki Māori

5. Under the previous Government, Te Aka Whai Ora | Māori Health Authority and Te Whatu Ora developed an initiative designed to significantly increase immunisation rates for pēpi and tamariki Māori, and to leverage this investment to initiate engagement with, and provide vaccination to, entire households/whānau of tamariki and rangatahi.
6. To support this initiative, Te Whatu Ora has allocated \$50 million over two financial years (\$25 million in each year) for winter preparedness initiatives, with a focus on immunisation as reflected in Te Pae Tata | Interim New Zealand Health Plan 2022.
7. This initiative is being managed jointly by Te Aka Whai Ora and Te Whatu Ora, and the funding that has been allocated sits alongside \$10 million per annum over the same period for service increases in the Pacific provider network, which have already been procured directly by Te Whatu Ora.
8. s 9(2)(g)(i) 
9. Achieving targets for significant increases in immunisation rates will require a sustained effort and substantial investment, especially for Māori, who currently have the lowest immunisation rates of any ethnic group in Aotearoa | New Zealand (just 70.1 percent of pēpi Māori reaching this milestone in the quarter ending 30 September 2023, compared with 82.8 percent of all two-year olds). This initiative forms only part of a much larger work programme related to immunisation.

Allocation of funding

10. Local design and delivery of services by hauora Māori partners that are part of the communities they serve is essential to maximising the efficacy, take up and value for money from this initiative. There is also a need to prioritise rapid delivery of vaccinations, using systems and providers that already exist and can quickly scale up services to achieve meaningful outcomes within the first year.
11. For this reason, funding for year one (2023/24) is allocated as follows:
 - a. \$15 million allocated to Whānau Ora Commissioning Agency (WOCA)
 - b. \$10 million – closed registration of interest (RoI) process as detailed below, for hauora Māori partners not associated with WOCA:
 - i. \$5 million for the North Island
 - ii. \$5 million for the South Island.
12. Year two funding allocations are yet to be determined however, depending on the success of the closed RoI, this approach may be continued into year two.
13. This approach is designed to:
 - a. support providers across all geographic areas of Aotearoa
 - b. contribute significantly in areas of low vaccination rate for Māori populations, as a priority given the impact a communicable disease outbreak could have on those groups

- c. leverage existing systems through WOCA (established following COVID-19) to rapidly deliver large numbers of vaccinations and provide a holistic approach to health and social services, working with families with the most unmet need
 - d. a clinical and non-clinical health intervention approach that addresses social need and helps build trust following the impact of COVID-19 on vaccine hesitancy
 - e. allocate remaining funding to hauora Māori partners that are already known by health agencies to have the capacity and capability to deliver significant numbers of additional vaccinations
 - f. avoid committing the specific allocation of funding in year two at this stage, so that health agencies can take into account the performance of different providers before making final decisions on year two funding.
14. The decision was made to allocate the majority of funding through WOCA because no other organisation has the systems, reach and capacity to deliver these services rapidly from early 2024. Funding to be allocated to hauora Māori partners not associated with WOCA has been set at a level expected to be able to be allocated through the RoI process without resulting in the commissioning process being undersubscribed.

Whānau Ora Commissioning Agency contracted services

15. WOCA signed a contract with Te Aka Whai Ora on 28 November 2023, providing for funding of \$15 million in 2023/24 and \$15 million in 2024/25 for this initiative.
16. Governance arrangements for this contract have been established, including a steering group comprising of the chief executives of WOCA, Te Aka Whai Ora and Te Whatu Ora.
17. WOCA is currently undertaking a review to determine the specific allocation of funding across the WOCA provider network in the North Island for the first year (ending 30 June 2024).
18. This review will inform an investment plan, due no later than 31 March 2024, which will identify how these funds are to be distributed through WOCA to providers. The plan will:
 - a. set out the rationale for the specific allocation to different providers
 - b. set out the expected number of services to be provided with this funding
 - c. include information around the specific number of vaccinations expected to be delivered, who they are expected to be delivered to, and the unit cost of providing those vaccinations.
19. Te Whatu Ora and Te Aka Whai Ora are supporting WOCA providers by onboarding providers to the Aotearoa Immunisation Register and Whaihua, a new customer relationship system that will support providers offering vaccinations. This will enable providers to access information to contact unvaccinated whānau, specifically those with pēpi under two years, alongside providing life course (adult) vaccinations.

Registration of interest for commissioning of community-led services

20. As noted above, Te Aka Whai Ora is undertaking a closed RoI commissioning process to commission and develop services that best meet the need of whānau Māori and localities. Hauora Māori partners that will receive funding through WOCA are excluded from this RoI process.²
21. The hauora Māori partner's capability (i.e., able to directly immunise), capacity, COVID-19 funding underspend and geographical location are factors that will be considered in the RoI process. Birth rates and immunisation rates, along with existing immunisation funding based on geographical area, will also be considered.
22. There will be a focus on areas with the lowest coverage, where there is the greatest potential for significant improvement to immunisation rates. The target groups would be:
 - a. tamariki Māori
 - b. hapū māmā
 - c. rangatahi Māori aged 15 to 29 who have not yet received two doses of the MMR vaccine
 - d. kōroua, kuia and other whānau with underlying health conditions.
23. Vaccines will be offered to other whānau members at the same time as tamariki, with the goal of vaccinating whole households in one engagement, especially in communities where vaccination can be difficult to access or where existing options are not meeting the needs of those who are under-served (such as where whānau Māori have experienced biased, racist or culturally unsafe behaviour from health workers). This approach reflects a key lesson from our experience during the COVID-19 pandemic.

Next steps

24. WOCA will provide Te Aka Whai Ora with a full investment plan, setting out its intended investment of its year one funding, no later than 31 March 2024. Te Aka Whai Ora will then provide you with further information about the expected services to be provided and contribution of this initiative to meeting immunisation targets.
25. An initial panel will finalise the hauora Māori partner list that the closed RoI will be distributed to. The RoI proposals that are received will be reviewed and evaluated by a panel with the intention for new services to be in place from February 2024. **Appendix One** contains a detailed implementation timeline.
26. You will receive regular updates from Te Aka Whai Ora on the progress of the initiative as part of weekly reports to your office. In particular, once services have commenced, this will include information about the number of people receiving vaccinations as a result of this initiative.
27. You will receive an event briefing to support your expected announcement of this initiative on 21 December 2023.

² Te Aka Whai Ora will also work with Te Whatu Ora to confirm a list of hauora Māori partners that are currently contracted at a regional or district level, to ensure that there is clear demarcation of funding for different programmes.

Appendix One: Implementation timeline

Indicative dates	Activity
Establishment phase of closed Register of Interest (RoI)	
November 2023	Working on an investment plan with Whānau Ora Commissioning Agency to support their hauora Māori partners in the North Island
22 November 2023	Survey questions were sent to hauora Māori partners to identify their capability and provide needs assessment
30 November 2023	Initial panel agreed closed RoI partner list
4 December 2023	Closed RoI application form shared with partner list for completion and submission
14 December 2023	Applications and submissions provided to evaluation panel
14 to 20 December 2023	Receive and review RoI applications
21 December 2023	Expected ministerial announcement
15 January 2024	Send out acceptance letters and generate contracts
Services commence	
February 2024	Contract start date for all contacts (WOCA, North Island and South Island)

Minister's Comments

Memo

Planned Care: Bariatric & Specialist Weight Management Te Aka Whai Ora led initiative.

Subject:	Background and context for Northern Region based national obesity and specialist weight management initiative
Action:	Rationale for initiative
Date:	15 December 2023

Background

1. A joint H&SS Planned Care initiative has been agreed by the Planned Care Taskforce. This included funding released to enable improvement and innovation initiatives within planned care for Māori specifically with a focus on need specific to specialist weight management including bariatric surgery.
2. The pathway includes both non-surgical and surgical options and provides wrap around ancilliary services provided by Hauora Māori Partners to support whānau undertaking this process. There is also the intention to include robust evaluation methodology to apply learnings wider than the Northern region to inform the ability to scale nationally.
3. Northern region has been chosen as the focus due to demand not equating to available access, compounding inequities of rurality within Te Tai Tokerau and the need to prototype this approach regionally with the intention for then national scaling.

Inequitable burden of obesity and diabetes for Māori

4. Diabetes and obesity are a preventable and growing national crisis, exerting a large burden on the Māori population and are a significant contributor to Māori health inequities. The current trajectory threatens to overwhelm the health system and economy, which will have further detrimental impacts on Māori wellbeing. In addition to the need for a strong, coordinated national response to address early parts of the pathway of prevention and diagnosis, obesity treatment and therefore complication prevention are an important aspect of managing the current need.
5. Obesity and diabetes disproportionately affect Māori and are associated with a range of significant health consequences. Diabetes is the third leading contributor, as a direct cause, to the life expectancy gap between Māori and non-Māori, non-Pacific people¹, and also contributes to deaths from the other leading causes including coronary heart disease, stroke, renal failure and some cancers. Obesity is also associated with increased rates of cancer and non-malignant illnesses i.e., obstructive sleep apnoea and intra-cranial hypertension.
6. Aotearoa New Zealand has the third highest rate of adult obesity in the OECD and the second highest obesity rate for children. Almost half (47.9%²) of Māori adults are obese, and the percentage of Māori who are obese has been increasing over time. Māori are 1.5 times more likely than non-Māori to be obese³. Māori children are 1.7 times more likely to be obese than non-Māori children, and 17% of Māori children are obese⁴.

¹ Walsh M, Grey C. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand—a decomposition analysis. *N Z Med J.* 2019;132(1492):46-60.

² Ministry of Health. 2020. *Annual Update of Key Results 2019/20: New Zealand Health Survey.* <https://www.health.govt.nz/publication/annual-update-key-results-2019-20-new-zealand-health-survey>.

³ Ministry of Health. *Wai 2575 Māori Health Trends Report.* Wellington: Ministry of Health.; 2019.

⁴ Ministry of Health. *Wai 2575 Māori Health Trends Report.* Wellington: Ministry of Health.; 2019.

7. The causes for diabetes and obesity-related inequities experienced by Māori are complex and involve multiple social, economic, clinical, cultural and historical factors, including the ongoing intergenerational effects of colonisation and racism on Māori. Poverty, food insecurity, chronic stress and trauma are all important causes in the development and progression of obesity and diabetes, which play a significant role for Māori that is often neglected as a focus of interventions (in favour of interventions which preferentially address the more significant causal factors for non-Māori). The overdistribution of material deprivation in Māori has not happened randomly and is strongly linked to colonisation.
8. The economic costs are also significant with the direct healthcare costs of treating diseases attributed to excess weight and obesity estimated to be \$2 billion a year, or about 8% of the health budget⁵. In addition to the excess burden directly experienced by Māori, this significant health system cost for a preventable condition, holds the country back from providing better, faster, more equitable health care for Māori with other health needs.
9. Bariatric surgery, particularly when part of a comprehensive allied health supported program, results in greater improvements in sustained weight loss, type 2 diabetes outcomes, and overall obesity complications improvements when compared with nonsurgical interventions, regardless of the type of procedures used⁶. The weight management horizon is changing with the arrival of novel medical managements of weight, the early options of which have recently become available in Aotearoa New Zealand, making medical management of obesity a growing area of interest.

Inequity of access to bariatric surgery for Māori

10. Māori receive less bariatric surgery despite having higher obesity related illnesses. In a calculation of annual estimates of morbidly obese by ethnicity compared to rates of publicly funded bariatric surgery per 1000 morbidly obese individuals by ethnicity, Māori were 3 times less and Pacific peoples 5 times less likely to receive bariatric surgery, despite those two groups having a higher incidence of obesity and obesity related illnesses. These differences are not explained by sociodemographics, comorbidity or attrition from the program⁷.
11. In Counties Manukau, Māori and Pacific Peoples experience significant disparities in access to publicly funded bariatric surgery. This is a unique population which has a higher proportion of Māori and Pacific People than non-Māori. Despite both groups being referred more than non-Māori they are less likely to be accepted and significantly less likely to receive bariatric surgery than non-Māori⁸.
12. A recent comparative (Te Whatu Ora Te Tai Tokerau and Waitematā districts) qualitative study of the provision, outcomes, and patient experience of bariatric surgery found there is significant inter-regional inequity in the provision of bariatric surgery, such that eligible patients who reside in Northland are six times less likely to receive bariatric surgery than patients with the same disease residing in Waitematā⁹. Further, the study found, eligible patients in Northland primarily fail to receive bariatric surgery because of the weight loss expectation as part of the pre-operative requirements for eligibility. Other themes identified showed that the overall design of the bariatric surgical service fails to support patients psychologically, physically, socially and economically. The weight loss expectation is no longer a requirement for eligibility to the program in Northland. The difference between

⁵ Economic Impact of Excess Weight in New Zealand Report. 2021

⁶ Benefits and Risks of Bariatric Surgery in Adults: A Review. Arterburn DE, Telem D, Kushner RF et al. JAMA 2020; 324 (9): 879-887. doi: 10.1001/jama.2020.12567

⁷ Rahiri, JL, Lauti, M, Harwood M et al. (2009-2014). Ethnic disparities in rates of publicly funded bariatric surgery in New Zealand ANZ J Surg 88 (2018) E366-E369.

⁸ Rahiri, JL, Coomarasamy, C, MacCormick A et al. (2020) Ethnic disparities in Access to Publicly funded Bariatric Surgery in South Auckland, New Zealand. Obesity Surgery 30: 3459-3465.

⁹ Witcomb Cahill, H.F. (2023) *Bariatric Surgery: Provision and Outcomes in New Zealand*. Masters thesis, University of Auckland.

need and reality drives the justification for this program and its prototype location in Northland.

13. Currently there are no specialist medical weight management options / services in Northland, something that will change with the commencement of this initiative.

Improving responsiveness to bariatric services for Māori

14. Bariatric service barriers have been identified as significant contributors to higher rates of attrition for Māori from a public bariatric service in Auckland¹⁰. Examples include criteria for acceptance on to the programme and setting pre-operative weight loss targets to measure individual commitment to the bariatric programme¹¹. Early results indicate that amending some of these factors improves recruitment and retention of Māori on to the bariatric programme¹². Health services should be competent in engaging with Māori as the relationship between cultural and clinical excellence is key to addressing Māori health inequities¹³.
15. The bariatric surgery pathway is a unique pathway which requires extensive education and support pre- and post-operatively to achieve the greatest and most sustainable weight loss outcomes. Allied health support from dietitians, psychologists, nurse specialists and medical physicians are all components of a successful bariatric service, in addition to surgery. Bariatric surgery social support groups are associated with increased weight loss¹⁴, however, there are no culturally appropriate, kaupapa Māori bariatric support systems currently available.
16. Feedback from Māori who had experienced the bariatric surgical pathway in Counties Manukau recommended four key areas which they considered would improve the experience, accessibility and acceptability of the program: kaupapa Māori standards of health, bariatric mentors and bariatric psychologists, and community integrated support. Examples of kaupapa Māori standards of health included increasing the Māori health workforce involved in bariatric care, and establishing Māori led and supported post-operative support programs. The opportunity for interlinking the bariatric service with community health programmes and supports was strongly desired.¹⁰ As the pre-operative education and preparation for surgery phase is an essential component of a successful bariatric program, Māori-led and supported pre-operative and post-operative support programs are required.
17. As such, improvements proposed to the program include a) improving the cultural safety of bariatric programs inclusive of community support programs, b) additional resources are required to increase the provision of surgery, c) non-surgical weight loss strategies with appropriate medical oversight as part of an integrated specialist weight management program is required, d) as well as novel medical therapies as an alternative from, or bridge to surgery. A significant proportion of people who would benefit from bariatric surgery do not meet public system criteria which are set and influenced by the capacity of the bariatric services.
18. Māori and Pacific Peoples are in the greatest proportion of people declined from bariatric services and therefore additional funding to expand capacity is likely to improve the inequities of access to bariatric services, with the pilot first impacting the well-documented inter-regional inequities and under-servicing in the Northland.

¹⁰ Harris RB, Cormack DM, Stanley J. (2019) Experience of racism and associations with unmet need and healthcare satisfaction: the 2011/12 adult New Zealand health survey. *Aust. N. Z. J. Public Health*; 43:75–80

¹¹ Auckland District Health Board. (2018) *ADHB Annual Report 2017–18*. Auckland: Auckland District Health Board

¹² Shilton H, Gao Y, Nerlekar N, Evennett N, Ram R, Beban G (2019) *Preoperative bariatric clinic attendance is a predictor of post-operative clinic attendance and weight loss outcomes*. *Obes. Surg.* 29: 2270–5

¹³ Durie M. *Matauranga Maori: Achieving Maori Health Gains* (2019) [Unpublished paper prepared on behalf the Maori Expert Advisory Group for the Health and Disability System Review].

¹⁴ Livhits M, Mercado C, Yermilov I et al. (2011) Is social support associated with greater weight loss after bariatric surgery? A systematic review. *Obesity Review*; 12: 142–8.

Medical and surgical management improves clinical outcomes for Māori

Northern Region Data

19. In Northland, over the past 12 months to September 2023, the surgical service received 239 total referrals, with over 50% declined. The majority that are declined are Māori, indicating the unmet need for services within this region.
20. A specialist weight management program that could increase providing additional surgery, including an integrated medical weight management aspect and development of a kaupapa Māori integrated community support is required.
21. Further work is required to better understand unmet need beyond that documented above. Northland is a region that has been underserved by population and need for years and to understand need we must examine those who are not accepted onto the program, as well as those not yet referred.
22. Māori and Pacific are not making the FSA or surgical list at a rate reflective of referral and need. In summary, higher numbers of Māori and Pacific people are being referred to the bariatric service however, they are declined or lost from the pathway at a higher rate than non-Māori. Evidence of whānau voice experience suggests that the pathway is too complex, inequitable and is itself a barrier to access.

Data limitations

23. While we have access to ESPI5 waitlist data and surgical data we do not have reliable data that shows ESPI2 data – people who have been referred by primary care and are awaiting FSA. It is this cohort where there are high numbers, and that we have opportunity to develop an alternative pathway, designing a whole of system holistic approach model of care that offers medical and non-surgical options to ensure surgical optimisation and assess need for surgical or non-surgical intervention.

Summary

24. Diabetes and obesity are a preventable and growing national crisis, exerting a large burden on the Māori population and are a significant contributor to Māori health inequities. Until obesity equity is a national priority with the requisite focus, leadership and resource across the whole spectrum of care for diabetes/obesity from prevention, early intervention, appropriate treatment, and complication avoidance/delay, then treatment programs like these for obesity are going to need to continue to be the focus.
25. Māori receive less bariatric surgery despite having a greater prevalence of obesity and obesity related illnesses, are more likely to be declined access to bariatric services, and there is significant inter-regional variability due to resource capacity in the accessibility of obesity treatment including bariatric surgery.
26. Barriers to accessing and navigating the required bariatric pathway have been identified as contributing to the lower rates of bariatric surgery provided to Māori. Māori patients who have received bariatric surgery have recommended that bariatric services are kaupapa Māori focused including more Māori health providers, Māori led support programs, have integration of bariatric services with the community, and bariatric mentors and psychosocial support.
27. This initiative aims actively addresses a known service gap in the treatment of obesity for Māori in Northland. Based on the right to care, the justification for this initiative is the difference between need and reality.