

Te Pūrongo ā-Tau Annual Report

2022–2023



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Contents

He Mihi	05
Te Kaihautū Report Report of the Chair	08
Te Aka Matua Report Report of the Chief Executive	10
Wāhanga 1: Ko tō mātou whakapapa About us	14
1.1 Our Purpose	15
1.2 The Gifting of Our Name.....	16
1.3 Breaking Dawn	17
1.4 The significance of our waka hourua.....	19
1.5 Te Pae Tawhiti – our long-term vision	20
1.6 Ngā Rā – our core functions and purpose	21
1.7 Ngā Kaupapa – our values.....	22
1.8 Ngā Tohu o Te Pō – our strategic objectives.....	23
1.9 Ko Ngā Kaihautū o Tō Tātou waka hourua – our leadership	24
Our Te Aka Matua	27
Our Executive Leadership Team	28
Wāhanga 2: Kaiurungi—mā te whānau anō tā tātou haere e taki Whānau direct our journey	34
2.1 Whānau (kaiurungi) voice	35
2.2 Māori Descent Population	37
2.4 The voices of whānau inform our commissioning approach.....	38
Wāhanga 3: Te Tauākī Mahi Statement of Performance	40
3.1 Basis of preparation	41
3.2 Disclosure of judgements	42
3.3 Implementing Te Pae Tata 2022–2024.....	42
3.3 Our achievements over the year.....	43
Wāhanga 4: Te Tauākī Haepapa Statement of Responsibility	82
Wāhanga 5: Ngā Pūrongo Pūtea Financial statements	102



He Mihi

E rere atu raa taku waka. Ngongotia oo raa ki ngaa hau puukeri o ngaa tai e papaki mai nei, e papaki atu raa, i ngaa aakau huri noa i Aotearoa. Whakaangitia ngaa wai tuarangaranga e uu ai koe ki maataahauariki, ki te waahi e hihiko ai, e puaawai mai ai te oranga o te whaanau. Kaati raa, kei ngaa kaihoe i too taatau waka, e karangatia nei, ko Te Aka Whai Ora, teenaa raa koutou katoa.

He mea whakatuu Te Aka Whai Ora i raro i te Ture Pae Ora. He kaupapa whakahirahira i roto i te puunaha hauora o Aotearoa. Heoi, he kaupapa i tīmataria ai i ngaa mahi a ngaa rangatira Maaori kua riro ki te poo. Noo raatau te manawanui me te toomina nui, kia whai mana te Maaori ki te whakatika i ngaa tooritenga hauora i Aotearoa. Anei ko Te Aka Whai Ora e whakatakoto nei i tana rautaki moo te tau kei mua i te aroaro.

E mahi tahi nei Te Aka Whai Ora me Te Whatu Ora ki te whakapai ake i ngaa putanga hauora ki te Maaori, maa te Maaori anoo hoki. Peeraa i te rerenga o te waka hourua, e hoe tahi nei maatau

ko Te Whatu Ora ki maataahauariki. Kei reira te whaainga matua, araa ko te whakahiko i te oranga o te whaanau.

Kua roa ngaa whakatakeetanga i roto i te puunaha hauora e taami ana i te Maaori me te oranga o te whaanau. Ko eenei tuukinotanga, he mea takahi i te Tiriti o Waitangi. Kua tae raa ki te waa, me whai mana, me whai reo hoki te Maaori ki roto i ngaa mahi waihanga rautaki, i ngaa mahi whakatakoto kaupapa hoki.

E mihi nei Te Aka Whai Ora ki ngaa poari aa iwi kua whakatuuria ki ngaa kokorutanga o te motu. E tika ana, maa te whaanau, te hapuu, te iwi me te

hapori oona whaainga hauora, aana putanga hauora hoki e kawe, e piikau, e whakatutuki. Maa taa taatau mahi tahi e uu ai te waka ki maatahauariki.

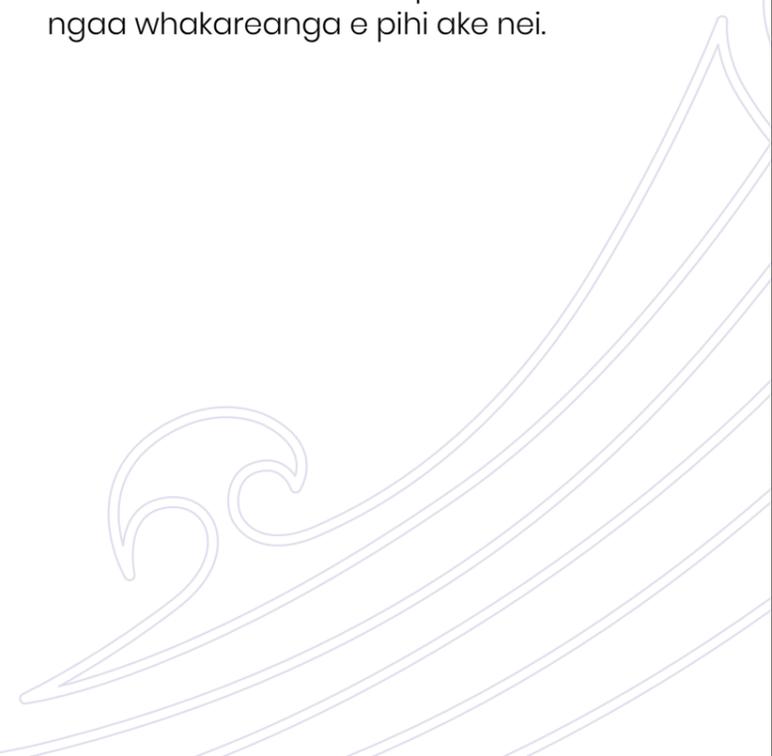
E rere atu nei ngaa mihi ki ngaa maangai o mua o te poari taupua me te poari o te waa nei. Otiraa ki a Tureiti Moxon, koutou ko Chris Tooley, ko Sharon Shea. Teenaa koutou i taa koutou taarai i te tuuaapapa o teenei waka. Naa koutou te waka i hautuu, i whakaterere i ngaa wai huukerikeri, kia uu ai te waka nei ki mua i te aroaro o Te Roopuu Whakamana i te Tiriti o Waitangi. Naa koutou i maarama ai te whaainga, kia piki ake te ora ki aa taatau tamariki, ki oo taatau whānau, ki oo taatau hapori anoo hoki.

E pari atu nei te tai o mihi ki ngaa koorero a ngaa ratonga hauora Maaori. Naa Turuki Health Care, koutou ko National Hauora Coalition, ko Maraeroa Marae Health Clinic, ko Te Whare Hauora o Te Aitanga a Hauiti, ko Ngaati Hine Health Trust, ko Te Pae Ora o Ruahine o Tararua ngaa koorero. Teenaa raa koutou katoa.

Ehara teenei i te rerenga maamaa. Araa ko ngaa wai tuarangaanga hei waawaahi maa ngaa tauihu o te waka hourua. Heoi, ka rere nei te waka i runga i te tuumanako. Ko ngaa awhero nui i wawatatia ai e oo taatai tiipuna. He awhero nui i whakareereea ai e raataau maa kua ngaro ki te poo.

He waka hourua e tere nei, engari kotahi tonu te waka hei hoe maa taatau. Kotahi anoo hoki te maatahauariki e whaaia nei. Maa te whai waahi mai a te Maaori ki roto i ngaa whaainga hauora me oona kaupapa here e whai mana ai te Māori ki te whakatutuki i oona wawata. E aro nui ana, e haapai ana teenei rerenga i te Tiriti o Waitangi, i ngaa wawata o oo taatau tiipuna, i oo taatau maruaapoo hoki.

E rere tahi taatau i runga i te waka kotahi hei waawaahi i ngaa ngaru whawhati o Ruatapu. Maa ngaa mahi me ngaa waihotanga mai a ngaa maatua tiipuna too taatau waka e aarahi, moo te painga o aa taatau tamariki mokopuna me ngaa whakareanga e pihi ake nei.



Te Kaihautū Report Report of the Chair



Signed:

Tipa Mahuta
Te Kaihautū (Chair)
Waikato, Maniapoto, Ngāpuhi

The establishment of Te Aka Whai Ora is both the culmination of decades of work and the beginning of a new era in health. On 1 July 2022, in partnership with Te Whatu Ora, we were charged with bringing transformational change to the health system to address intergenerational Māori health inequity.

We build on the foundations set by those who have come before as we carry this kaupapa into the future. It is a responsibility Te Aka Whai Ora have embraced and is clearly seen in the work of our kaimahi and the relationships we have with iwi and our hauora Māori partners.

In our first six months, Te Aka Whai Ora responded to the need for more services for Māori.

We invested new funding and welcomed the establishment and formal recognition of 15 iwi-Māori partnership boards. These boards represent the perspectives of whānau, hapū and iwi in the design and delivery of healthcare. Their establishment brings a genuine and robust connection that is innovative and meaningful in the evolution of our health services. They are a mechanism for mana whenua to be a participant in a system that has not served them well.

The foundation of our build is always keeping whānau at the centre, developing an inclusive leadership and culture, elevating the voices of our Māori communities. With these reforms, the health system needs to perform better for Māori in every sphere, for every condition, through every service and every interaction. Our objectives is

transformational redesign rather than incremental changes to the status quo.

There is ample evidence to show that whānau Māori experiences within the system are different and require different approaches. It is clear we must act for future generations; we must be bold and reimagine our systems and trust the voices of Māori whānau.

Our focus this year has been to support local solutions, collaborate with sector agencies to ensure future health outcomes for Māori are addressed and commission kaupapa Māori services. We have supported innovation, workforce development and whānau voice. This year has been about setting the tone for a new way of working.

Te Aka Whai Ora is clear about our own roles and responsibilities, and those of others in the system, and we are delivering to these (as expressed in our key accountability documents).

Have we met our legislative requirements? I think we are well on our way. There are definitely hurdles ahead – bringing together an equitable and sustainable health system is a formidable task. We know this will take time, solutions will require long-term commitment, and we should expect outcomes to eventuate in a similar timeframe. Change can be unsettling, but the potential for a healthier future is in our hands. The heart of all our mahi at Te Aka Whai Ora is whānau. Improving and fulfilling futures for our whānau – this kaupapa is what encourages and inspires me, inspires us all.

Te Aka Matua Report

Report of the Chief Executive



Signed:

Riana Manuel

Te Aka Matua (Chief Executive)

Ngāti Pūkenga, Ngāti Maru, Ngāti Kahungunu

The journey of Te Aka Whai Ora began long before our official launch on 1 July 2022. The whakaaro that the community you live in is part of who you are is not new, it was the foundation of the work by some of our greatest minds. Men and women who understood the importance of community and the value of localised care and decision making.

Mereana Tangata, our first Māori nurse, and Akenehi Hei, who trained Māori women in nursing were an important part of the district nursing scheme in rural areas at the turn of the twentieth century. Te Rangi Hīroa, Dr Edward Ellison, Sir Apirana Ngata, Dr Maui Pomare, tupuna who actively supported community-based health workers, local Māori leadership and marae committees as the decision makers in the health care for their communities. Taa Mason Durie and many other leaders who developed some of our first recognised Māori models of care.

It is these activists and those who followed, kaitiaki, tohunga, that we look to as we navigate the future of Māori health today.

I am pleased to present the first Annual Report of Te Aka Whai Ora, a document that provides insight into the decisions made and the work in our first financial year. It describes the progress we have made in achieving the levels of performance that have significant impact on whānau, hapū, iwi and the wider health system.

I acknowledge the skills and competencies of the teams who provided governance and guidance at all phases of standing-us-up and those who continue that work. Their critical thinking, leadership and integrity provided an invaluable platform on which we have continued to build.

We cannot make the changes needed without our health community. Over the

past year we are grateful for the support of our partners in the Pae Ora reform, Te Whatu Ora and Manatū Hauora, our hauora Māori providers and partners, Māori health workforce, and our public service whānau who have enriched and informed our conversations.

Integral to the reforms has been our relationship-based engagement with iwi leaders and the iwi-Māori partnership boards. I acknowledge and I am grateful for their honesty, commitment, and support; these are relationships we value and treasure. I also want to take this opportunity to express my thanks to Ministers Henare, Little, Verrall, Prime and Edmonds and their role in the establishment of Te Aka Whai Ora.

In our story, we utilise the analogy of the waka hourua as it is a significant element of our journey. The waka represents the partnership we have with Te Whatu Ora, reflecting our two organisations working together to achieve pae ora. It is this partnership that in no small way is due to the leadership who have supported and encouraged our journey from the beginning.

I want to acknowledge our board members past and present, and I am deeply grateful to those who were involved in all areas of the transition, those who worked tirelessly to meet the demands of getting us to the 'starting line' and beyond. And finally, to all the staff of Te Aka Whai Ora; you move us forward. You have taken up the challenge, demands and responsibilities to create a new health system focused on our whānau.

In this message for our first Annual Report, I want to thank everyone who got us to where we are today. The mechanisms and financials can be clearly seen in the following pages; it is always important to recognise and thank those who bring those pages to life.



**E kore tēnei whakaoranga e
huri ki tua o aku mokopuna**

*Our mokopuna shall inherit a
better place than I inherited*

— Naa Kiingi Taawhiao

Wāhanga 1: Ko tō mātou whakapapa

About us

1.1 Our Purpose

Te Aka Whai Ora originates from the self-determination of whānau, hapū, iwi and the advocacy of rangatira and Māori leaders from across the motu. It is the culmination of many years of voice, action, and activism toward realising mana motuhake.

With a focus on ensuring an appropriate mix of skills and experience to drive the shift that has been central to the health reforms, a steering group led by Tā Mason Durie oversaw the selection, in September 2021, of the interim Māori Health Authority Board.

As we acknowledge and seek to honour the legacy of Sir Māui Pōmare and Sir Peter Buck, and the aspirational leadership of the many who have fought across generations to improve the hauora of our whānau, we accept that the mandate of Te Aka Whai Ora extends far beyond one of commissioning health services and monitoring whether and in what ways the system is achieving for Māori. We take responsibility for manifesting the aspirations, objectives and imperatives of the whānau, hapū and iwi who have entrusted us with ensuring that their voice is central to the change we all expect and demand of our health system. In seeking pae ora for all whānau, we aim to create a new health system focused on people, on patients, on communities, and on our healthcare workforce.

Tūria, tūria te mata hau
nō Rangi
Tūria, tūria te mata hau
nō Papa
Paiheretia te tangata
ki te kawa tupua,
ki te kawa tawhito
He kawa ora! He kawa ora!
He kawa ora ki te tangata
He kawa ora ki te whānau
He kawa ora ki te iti, ki te rahi
He kawa tātaki ki au mau ai
Tūturu o whiti,
whakamaua kia tīna
Hui e! Tāiki e!

These kupu, shared by Rahui Papa, speak of the spiritual forces of ancestry that bind all of us. He calls on the spiritual forces to raise the health of people, of whānau, of everyone.



1.2 The Gifting of Our Name

Established in te ao Māori, our name Te Aka Whai Ora, like that of Te Whatu Ora – Health New Zealand, has a strong spiritual foundation, while retaining a te ao hurihuri (ever-changing world) application.

These two names, while distinctly different to each other, share a close relationship founded in the ancient legend of Tāwhaki – the tupuna who binds all of the tribes of Aotearoa together.

Every iwi has its own hītori, but for many across the motu it is Tāwhaki, son of Hema and Urutonga who is important.

Driven by aroha for his whānau, Tāwhaki climbed to the heavens, overcoming supernatural challenges, to collect the three baskets of knowledge:

- te kete-tuatea (basket of light)
- te kete-tuauri (basket of darkness)
- te kete-aronui (basket of pursuit).

Tāwhaki held fast to the strongest aka or vine as he climbed to the heavens in search of knowledge, and it is that vine that binds our purpose. *Te Aka* connects and enables all aspects of our journey.

1.3 Breaking Dawn

1 July 2022 marked the dawn of a new era within our health system with the rise of Te Aka Whai Ora, launched in Waitangi, together with Te Whatu Ora. This day saw the disestablishment of 20 district health boards throughout the motu. Working together, Te Aka Whai Ora and Te Whatu Ora reflect te Tiriti o Waitangi partnership for the improvement and achievement of Māori health equity and wellbeing outcomes.

Following a dawn ceremony at Waitangi that day, a joint meeting of the newly confirmed boards of Te Aka Whai Ora and Te Whatu Ora were addressed by the then Minister of

Health, Hon Andrew Little. The Minister commended members on the crucial relationship both boards had already begun to forge. He reiterated our obligation, and his confidence that we would continue to work together to ensure the system performed at its best.

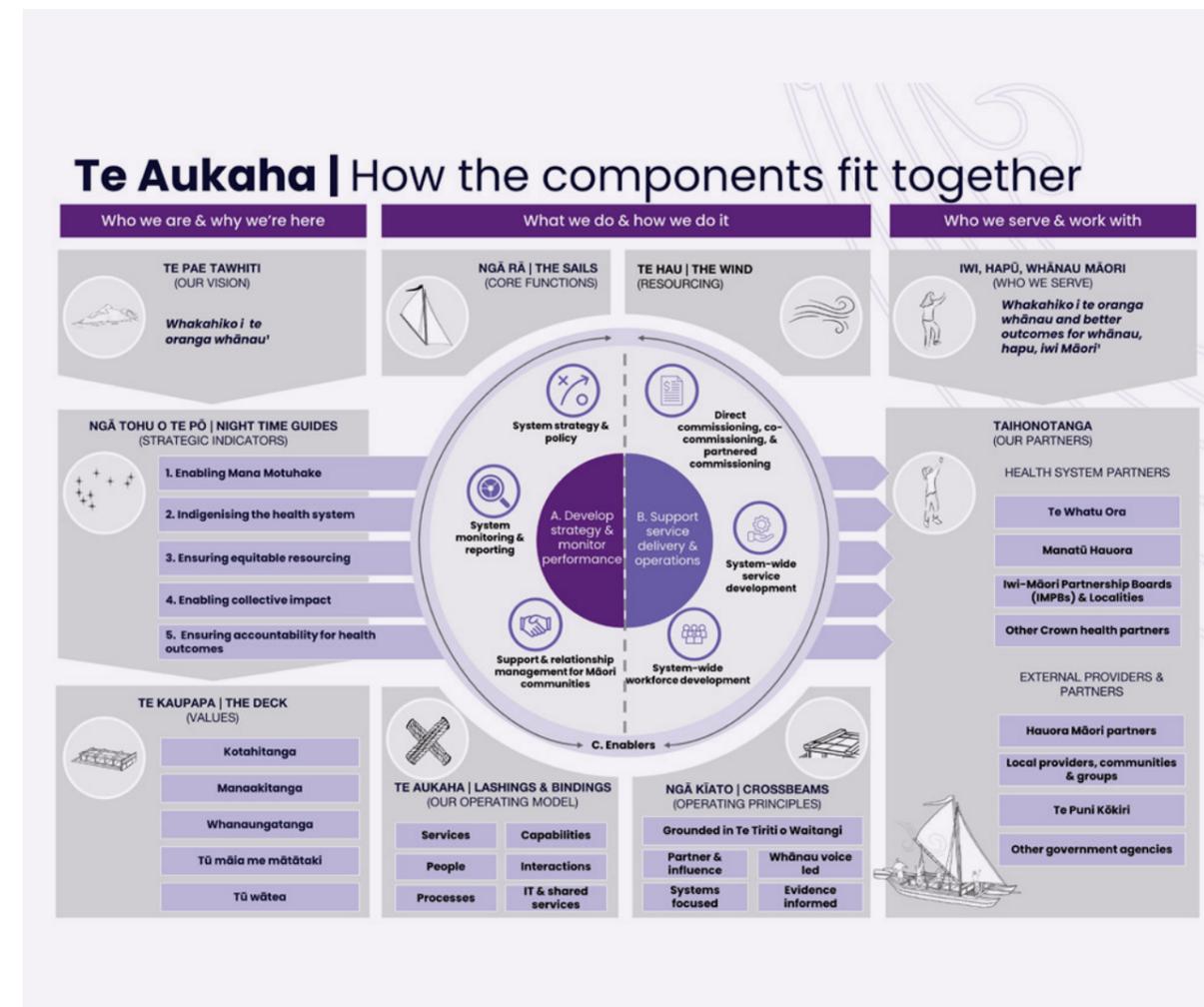
It was on that day also, that the interim Māori Health Authority Board formally transitioned to become the inaugural Board of Te Aka Whai Ora. The establishment of Te Aka Whai Ora as an independent statutory entity on 1 July 2022 was a milestone.





It did more than simply give effect to the recommendations of the Health and Disability Sector Report and the interim report of the Waitangi Tribunal following its enquiry into the failings of the health sector for Māori. It signalled a significant shift. Never before has there been a dedicated national organisation whose mission is to create a platform for innovation to improve Māori health outcomes. And whose function it is, not simply to champion change, but to drive transformational change, and to reindigenise the health system to respond to the health and wellbeing needs of whānau Māori across the whole of the system.

The Boards of Te Aka Whai Ora and Te Whatu Ora describe our mutual te Tiriti o Waitangi based relationship over the last 12 months as a 'waka hourua' – a double-hulled canoe. Te Aka Whai Ora and Te Whatu Ora are the waka that represent two knowledge systems and worldviews, moving together in a common direction. The interwoven sails represent the information, evidence, advice, and voice of whānau that inform the decisions of both.



1.4 The significance of our waka hourua

From **Matariki to Matariki** we have continued to paddle our **waka hourua**, drawing on the skills, talents and attributes of our communities while simultaneously sending some of our whānau ahead to pursue our strategic objectives and begin laying the foundation for our continued voyage towards Te Pae Tawhiti.

This annual report is structured on our waka hourua analogy, and the report headings reflect this.



1.5 Te Pae Tawhiti – our long-term vision

Te Aka Whai Ora has an important role in supporting the Crown in its relationships with Māori under te Tiriti o Waitangi. We are grounded in te Tiriti o Waitangi principles, and we engage with diverse stakeholders, working with Māori to give effect to te Tiriti o Waitangi. We work collectively to make a meaningful difference for New Zealanders, now and in the future.

The heart of our mahi at Te Aka Whai Ora is whānau. Improving and fulfilling futures with our whānau, hapū and iwi is the kaupapa that inspires and

encourages our work. The values of our whakapapa underpin our mahi and our shared vision for pae ora.

Our vision serves to identify the destination for our organisation, using the conceptual framework of the waka hourua. Our goal is to build a stronger Māori health workforce, support the growth in capability and capacity of hauora Māori healthcare partners, and encourage more innovation in services so that they deliver better outcomes for Māori.

1.6 Ngā Rā – our core functions and purpose

Our purpose is to ensure the needs and aspirations of Māori are reflected in the priorities and plans of the health system, and in the way services are designed and delivered. This will involve the use of Māori wellbeing models and the application of mātauranga Māori in the health system. This purpose-filled and meaningful work will impact the health and wellbeing of Māori for generations to come.

Our **core functions**¹ are:

- leading change in the entire health system, alongside whānau, hapū and iwi, to facilitate understanding, appropriate responses and improved Māori health outcomes
- developing strategy and policy that will drive better health outcomes for Māori, including by providing advice to Ministers
- commissioning taurite kaupapa Māori and other health services targeting Māori communities
- co-commissioning and partnered commissioning of additional services alongside Te Whatu Ora and other agencies
- monitoring the overall performance of the health system to reduce health inequities for Māori and improve Māori health outcomes.

¹ A high-level summary of the 22 functions under section 19, Pae Ora (Healthy Futures) Act 2022.

1.7 Ngā Kaupapa – our values

Our Values underpin everything we do. They shape the way we work and interact with our partners and service partners. Our values are based upon:



Kotahitanga

We maintain a culture of moving together with solidarity towards a common purpose.



Manaakitanga

Derives from ‘mana’ and ‘aki.’ Mana is a condition that holds everything in the highest regard. Aki means to uphold or support. Therefore, manaakitanga in this context means a governance culture that is respectful and supportive, and does not confuse accountabilities.



Whanaungatanga

We demonstrate strong, transparent relationships, grounded in respect, integrity, empathy and commitment to the kaupapa.



Tū māia me mātātaki

We strive to be brave, bold, capable, confident decision-makers, unafraid of free and frank advice, courageous in the face of challenge.



Tū Wātea

We create inclusiveness through self-awareness. We are open to others’ views because we operate in good faith and are willing to be unencumbered by our own experiences.

1.8 Ngā Tohu o Te Pō – our strategic objectives

Our Strategic Objectives are the necessary (evening star) guides that assist our waka to remain on track towards achieving Te Pae Tawhiti (our vision) that *Ka kore tēnei whakaoranga e huri ki tua o aku mokopuna* (our mokopuna shall inherit a better place than we inherited). In the next section of this report, we showcase the impact of our services on whānau, and the mahi of hauora Māori partners and communities.

Strategic Objective	Description	Our achievements 2022/23 (Refer to section 3)
Mana motuhake	Enabling whānau, hapū and iwi Māori to express their mana motuhake in ways that support their wider aspirations.	Showcasing examples of services to whānau and the impact on their lives
Reindigenising the health system	Ensuring the health system is responsive to whānau, hapū and iwi Māori by integrating and promoting te ao Māori solutions.	Showcasing the establishment of iwi-Māori partnership boards in the rohe and working with iwi on the ground.
Accountability for health outcomes	Monitoring the system’s delivery on the agreed health outcomes for whānau, hapū and iwi Māori.	Working alongside whānau to help us identify what changes need to occur across the health system to achieve pae ora.
Collective impact	Ensuring the health system is integrated internally and across sectors to deliver social, cultural and economic outcomes.	Working with other partners to achieve the impact we want to make on improved outcomes for whānau, e.g. Workforce Development Plan, Hauora Māori Strategy.
Sustainable & equitable resourcing	Enabling resourcing to achieve health outcomes and the wider aspirations of whānau, hapū and iwi Māori.	Recognition of parity through the allocation of inflation uplift to hauora Māori partners, and the impact this made on services and whānau.

1.9 Ko Ngā Kaihautū o Tō Tātou Waka Hourua – our leadership



Tipa Mahuta
Chair
*Waikato, Maniapoto,
Ngāpuhi*

Tipa Mahuta has a background in facilitation, research, policy and community development, complemented by over 20 years' experience in iwi governance, across iwi and community boards. She also has experience in environmental governance, serving on the Waikato Conservancy.

Appointed:
1 July 2022
Term: 3 years



Steven McJorrow
Board Member
*Ngāti Kahungunu,
Ngāti Moe*

Steven McJorrow is a Chartered Accountant and an experienced senior finance executive. He is the Chief Financial Officer of Pāmu Farms of New Zealand (Landcorp Farming Ltd). Steven also holds several directorships and is the Chair of the Scots College Board of Governors. He is also an Associate Member of the Institute of Directors.

Appointed:
30 September 2022
Term: 2 years



Awerangi Tamihere
Board Member
*Ngāti Kauwhata,
Rangitāne, Ngāti Porou,
Rongowhakaata,
Kāi Tahu*

Awerangi Tamihere has senior leadership experience across central government, regional Crown entities, the private sector, and in working with her iwi.

Appointed:
1 July 2022
Term: 2 years



Dr Mataroria Lyndon
Board Member
*Ngāti Hine, Ngāpuhi,
Ngāti Whātua, Ngāti
Wai, Waikato*

Dr Mataroria Lyndon is a senior lecturer in Medical Education at the University of Auckland and co-founder and Clinical Director of Tend Health. He completed his Master of Public Health at Harvard University as a Fulbright Scholar, and his PhD is focused on medical education.

Appointed:
1 July 2022
Term: 3 years



Dr Sue Crengle
Board Member
*Ngāi Tahu, Ngāti
Māmoë, Waitaha*

Working as a researcher for over 25 years, Dr Sue Crengle specialises in general practice and public health medicine. She is a Professor Hauora Māori at Otago Medical School where much of her work involves identifying and testing ways to eliminate health inequities. Sue completed her term on 30 June 2023.

Appointed:
1 July 2022
Term: 1 year



Fiona Pimm
Board Member
*Ngāi Tahu, Kāti Māmoë,
Waitaha*

Fiona Pimm is an executive leader with extensive experience in governance roles in the health sector, government agencies, community non-governmental organisations, local iwi and rūnanga. She currently holds governance roles for health, education and workforce training organisations, as well as for Te Rūnanga o Ngāi Tahu and the New Zealand Parole Board.

Appointed:
1 July 2022
Term: 1 year
(renewed 2023)



Sharon Shea
Board Member
Resigned February 2023
*Ngāti Ranginui, Ngāti
Hako, Ngāti Haua
and Ngāti Hine*

In February 2023, the Board farewelled Sharon Shea. As co-chair, Sharon made a significant contribution to the creation of Te Aka Whai Ora during her time on this Board – and previously as chair of the Interim Board of Te Aka Whai Ora.

Appointed:
1 July 2022

Our Te Aka Matua

Included among the new Board's first order of business on 1 July 2022 was agreement to formally delegate the Chair with the authority to appoint Riana Manuel as Te Aka Matua, the Chief Executive of Te Aka Whai Ora.



Riana Manuel
*Ngāti Pukenga,
Ngāti Maru, Ngāti
Kahungunu*

Te Aka Matua,
Chief Executive

Providing instrumental, visionary leadership throughout her career in Māori and health sector organisations, Riana is the first Chief Executive of Te Aka Whai Ora. Previously she led kaupapa Māori organisations including Hauraki Primary Health Organisation and Te Korowai Hauora o Hauraki.

Our Executive Leadership Team



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

Juanita joined Te Aka Whai Ora from the Ministry of Social Development where she led the Ministry of Youth Development. She championed the voice of young people in the shaping of government policies, supporting them to participate confidently in their communities.

Juanita has over 20 years' experience working in the public service in a range of different sectors including Ministry of Social Development, Justice including the Waitangi Tribunal and the Māori Land Court, Housing, and the State Services Commission.

System, Strategy & Policy
responsible for providing advice to Ministers, and working alongside Manatū Hauora on policies and strategies concerning Māori



Selah Hart
Ngāti Kuia, Ngai Tahu, Rangitāne o Wairau, Ngāti Toa Rangatira, Ngāti Kahungunu ki Wairarapa

Maiaka Hapori, Deputy Chief Executive, Public & Population Health

Selah worked for a Māori public health provider for over 10 years, with four years as the chief executive. Selah has a deep understanding of Māori public and population health and how to embed te Tiriti o Waitangi approaches in health services.

Public & Population Health
Responsible for addressing underlying causes of illness and strengthening enablers of positive health outcomes to reduce inequity and achieve pae ora on a national, regional, and local basis.



Craig Owen
Maiaka Tōiakiaki
Deputy Chief Executive, Governance and Advisory Services

Craig is a former Deputy Chief Executive at both Te Puni Kōkiri and the Department of Labour. He holds public sector and Crown entity governance roles in Risk and Assurance. Prior to joining Te Aka Whai Ora, Craig contracted to a number of government departments and Crown entities.

Governance & Advisory
Supporting the Board and providing corporate services covering communications, people and capability, legal, performance, planning, and specialist advice.



Jade Sewell
Ngāti Maru, Ngāti Ruanui, Te Arawa, Ngāti Ranginui, Ngāti Porou

Maiaka Tau Piringa, Deputy Chief Executive, Service Development and Relations

Jade joined Te Aka Whai Ora from the former Waikato District Health Board where, as an operations director, she led a range of hospital and specialist services to deliver acute, planned and preventative health services to support better outcomes for communities. Over the last two years this included support of district leadership for the COVID-19 response.

Service Development
Responsible for commissioning kaupapa Māori services.



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

Kingi brings more than 15 years' experience in the development of te ao Māori focused programmes. Kingi has experience in senior leadership and governance roles across the public and private sectors. He has extensive experience in te ao Māori and his leadership is critical in ensuring our approach to mātauranga Māori is robust.

Mātauranga Māori
Responsible for supporting mana motuhake, providing leadership in te ao Māori across Te Aka Whai Ora, and supporting communities and iwi to determine how they want to implement hauora Māori and iwi health solutions.



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

Merewaakana joined Te Aka Whai Ora from Ngāti Awa Group Holdings Limited where she was Group Chief Financial Officer (Commercial & Iwi). Merewaakana has extensive global experience in the corporate, financial and Māori sectors, working for large organisations including Deloitte, Morgan Stanley, Air NZ and iwi. She was recently appointed to the Board of ASB Bank as a Future Director. Her financial and governance expertise is underpinned by a cultural identity steeped in tikanga and te reo Māori.

Finance & Support
Responsible for providing financial services, procurement and contracting services, and managing the shared service agreement with Te Whatu Ora | Health New Zealand.



Nigel Chee
*Waikato, Te Āti Haunui
a Pāpārangi*

Maiaka Aroturuki,
Deputy Chief Executive,
Monitoring

Nigel previously held senior positions for Manatū Hauora (Ministry of Health), district health boards and primary health organisations. He understands inequalities as they relate to the New Zealand context and uses his strengths to help guide Te Aka Whai Ora to reduce health inequities through their monitoring role.

Monitoring
Responsible for monitoring the overall performance of the system to reduce health inequities for Māori.





Chief Medical Officer

Dr Rawiri McKree Jansen

Ngāti Raukawa, Ngāti Hinerangi

FRNZCGP (Dist), MBChB, BHB, BA, Dip Tchg, Grad Cert Clinical Teaching

Rawiri completed his medical undergraduate studies in 2000. He was formerly a teacher of te reo Māori and for many years he provided clinical teaching, te reo Māori and tikanga Māori programmes for Māori health professionals throughout the country. He continues to work as a general practitioner.



Chief Clinical Officer – Nursing

Nadine Gray

Te Whakatōhea

BN MHSc

A registered comprehensive nurse of more than 20 years, Nadine brings a wealth of experience in adult emergency nursing, nursing education, Māori health strategy and Māori nursing workforce development to her role. Most recently Nadine served as Clinical Chief Advisor Nursing at Manatū Hauora and Principal Advisor Nursing at Te Aka Whai Ora, where she was responsible for co-leading nursing workforce development in partnership with Te Whatu Ora.



Chief Clinical Officer – Midwifery

Heather Muriwai

Tangahoe, Ngāti Ruanui

BHSc Midwifery, Dip. Dental Nursing

Heather is a midwife with 25 years' experience. She has practised as a Lead Maternity Carer Community Midwife and as a member of the kaupapa Māori midwifery team for Turuki Health Care. She was on the New Zealand College of Midwives education team providing cultural safety education, and is a past member of the Clinical Reference Group to review the scope of practice for the Midwifery Council. Her recent roles have included Programme Coordinator, Te Rito Ora community breastfeeding service, and Clinical Lead Advisor Māori Midwifery at Te Whatu Ora Counties Manukau. Previous to this, Heather was a principal advisor in the Family and Community Health Team in Te Whatu Ora.



Chief Clinical Officer – Allied Health

Carlton Irving

Te Whakatōhea, Te Ūpokorehe

MHPrac (Para), PG Dip HSc, BHSc Para, Grad Cert – Emergency Management, Clinical Governance

Carlton is a specialist paramedic with over 20 years' experience. Having qualified as an extended care and critical care paramedic, he worked in clinics, ambulances and rescue helicopters within Aotearoa, Australia, and the Pacific. He was also elected chair of Te Kaunihera Manapou (Paramedic Council) and was recognised for his work in improving cultural safety within his profession by the Governor-General.

Wāhanga 2: Kaiurungi—mā te whānau anō tā tātou haere e taki Whānau direct our journey



2.1 Whānau (kaiurungi) voice

As we embed whakaaro Māori (Māori thinking), te ao Māori and mātauranga Māori across the health system, our operating model will further evolve and change to deliver hauora Māori outcomes for, and with, whānau. It is critical that whānau, as navigators of our waka hourua, inform our direction and our journey. During the year, Te Aka Whai Ora sought insights from whānau to inform the Hauora Māori Strategy into how they are treated and made to feel within the health system. It is feedback like this that inspires Te Aka Whai Ora to change the health system.

The Hauora Māori Strategy is a core element of the Pae Ora reform portfolio which sets the long-term direction for the future of health and the reformed health system. Whānau told us how to improve the health system:

[I've had] no experiences where I have felt heard. They kept prescribing medication. No, you're not listening to me about my concerns, so I've pulled back [from engaging with health services].

To achieve Pae Ora – Healthy futures for Māori, whānau Māori need to make their own choices about their health, to be heard, and to be treated with respect by the health system.

I lack in Te Whare Tapa Whā. I lack in physicality. I have let myself go but being mentally healthy and having tools in your kete, maintaining whanaungatanga with your whānau, and keeping your spirituality in shape. It keeps me grounded and healthy.

Whānau Māori need a health system that recognises pae ora.

My family, my tamariki, my mokopuna, my husband, my home. These are the most important things and the only things that drive me...and being there for my family. Being there [for my family] when things aren't so great and help them through those. My family is everything to me.

There is a strong connection between hauora and whānau. When whānau Māori are well, Māori are well.

If you haven't got pūtea, you can't rock up to the doctor. It's crazy given it's modern society. It needs some fixing and the only way to fix it is to inject some funding into certain areas where it can be utilised and filtered down. If not, a lot of us will keep trudging along down struggle street; and it's sad but it is true.

Whānau Māori want their basic needs met – being able to afford to go to the doctor, to afford to be able to eat, to have access to and afford housing and to be able to work.

Mistrust in the health system is probably the biggest barrier of all...bring in natural Māori health remedies for example mirimiri. Bring to light how important those things are...mistrust is a huge barrier...we also don't have enough Māori practitioners as well.

Whānau Māori want to be treated without judgement and racism, to feel human, and have their human rights met.

I'd like to say a lot more Māori nurses, doctors or specialists. Would love to see that happen, don't think it will but hope it does. Those specialists need an understanding of culture and the Māori dynamic.

Whānau Māori want access to rongoā and tikanga Māori practices and culturally safe health services.

2.2 Māori Descent Population

Region	Māori Descent Population ²	%
Te Tai Tokerau (Northland, Tāmaki Makaurau)	281,526	32
Te Manawa Taki (Waikato, Bay of Plenty, Tairāwhiti, Lakes, Taranaki)	270,732	31
Te Puku (Whanganui, Manawatū, Hawke's Bay, Wairarapa, Wharekauri, Wellington region)	186,024	21
Te Waipounamu (South Island and Wharekauri)	131,406	15
Total	869,688	100%



2 Māori descent means a person who identifies as Māori (Census, 2018).

2.4 The voices of whānau inform our commissioning approach

We asked whānau to share their thoughts about hauora Māori services and how they make a difference to their wellbeing. We also asked them how services could be improved.

Feel way **more comfortable** and more privacy when they come to my home.

Te Kōhao Health made me **feel comfortable**. They bring me through everything, explain things so I understand. What they say, how they say it. I feel safe.

We have different promotions we can help support. This week it's a koha for Dental care for Kaumātua. We have our own Whānau Health Clinic in Morrinsville that covers all our Covid checks. Bringing things closer to us so we don't have to travel far. They also provide opportunities for rangatahi employment and whānau housing.

They are nicer and **cheaper**. I feel more **comfortable** and feel at home there.

Feel comfortable and at home even though it is in a clinical space.

They have **whanaungatanga**, they are related in some way.

They are more thorough than the hospital.

Easy access, talked to practitioner prior to appointment, felt at ease.

I get a one on one with all my health doctors and nurses and they **help me understand the stages of treatment** that I'm having. They explain my needs and why I need the support.

Cheaper at Te Rengarenga [medical clinic under Raukura Hauora o Tainui in Hamilton], close to home. I like it that I **can order prescriptions over the phone** when they eventually answer it.

I might go to Waahi Pa sometimes or Ngā Miro Hauora in Ngāruawāhia, it depends where I am...It's hard to ring for an appointment and then you have to wait weeks, by that time a person could have died, or I won't be sick anymore.

Convenience of having this service in our community, clinician is the same person. She is well versed [with our whānau], thorough and gives them a sense of she **cares about us**.

I go to Pukekohe Medical Centre now because I can't go to the Hauora in Thames. I live in Te Puru and now have to travel all the way to Pukekohe.

Because the **kaiāwhina greets me**, and knows who I am, the place is homely and supportive.

Antenatal Pākehā midwife – felt no connection, felt like she was just doing her job and didn't make her feel special. Māori midwife post-natal who made things happen, little things like **name pronunciation**, felt more comfortable and felt that she had her back and was more attentive to her needs.

Hauora Māori services are **more comfortable** as it looks at all aspects of a person – **wairua and tinana**.

Led by Māori and run by Māori. Good use of **tikanga Māori and reo** being spoken and people are well cared for. **Manaakitanga** was shown. It felt normal **being on the marae** and we were well informed.

Would prefer to engage with Māori providers for **comfort** and the fact that they **understand me** and my circumstances more. Felt less judged when seeing a Māori doctor or nurse over a Pākehā. It's the simple things that Māori providers do like **pronounce name correctly, ask about whakapapa and whānau history**.

Really felt a **deeper and better connection** with the doctors and nurses. Able to relate more and vice versa.

Felt **safer, more comfortable environment** to be open. Smaller things – **hearing the reo. Manaakitanga** shown and immensely **felt the aroha**.

When I engaged in services prior, they would say I had issues with my mental health, I knew something was wrong but **didn't like being called names**.

They are more exclusive, and I feel like they **understand me and my health needs**.

Difference one half-hour appointment gives me **time to build a relationship** with the Nurse, and the kaiāwhina Kiri, felt nice having **kaiāwhina involved**, as she can help with other things, like collecting medication if needed.

The nurse practitioner/prescriber **knows me**, my history and **my whānau**, so there is continuity in the care I receive. I do not have to explain my situation over and over. I enjoy going into the [clinic] as they are always happy to see me and this makes me feel welcome

Appointment was made by nurse after receiving my booster Covid shot and I didn't have to wait long or come back into town, the doctor gives me a really good check-up and sent me for blood test. Best service I have had in a long time.

Wāhanga 3: Te Tauākī Mahi Statement of Performance

The Statement of Performance outlines how we have performed in achieving our purpose and what we set out to do in our Statement of Intent 2022–26, Statement of Performance Expectations for 2022/23 and Vote Health and the Estimate of Appropriations 2022/2023 from Budget 2022. These form our strategic context.

Our strategic context has an impact on what we need to do to develop and evolve the services and functions we provide. This section will describe how our strategic context links to our work in responding to emerging issues and challenges within the health system.

3.1 Basis of preparation

Our performance reporting covers a range of case studies where we have collaborated with iwi and Māori, and designed and delivered services to achieve the best possible health outcomes for whānau. We also describe our commissioning of health services, monitoring of health outcomes, and engagements with iwi-Māori partnership boards on how best to promote Māori health and prevent, reduce and delay the onset of ill health. By enabling local engagement and local decision-making through iwi and communities, we were able to support the achievement of the best outcomes and influence change across the health system. Each case study links back to the strategic objectives in the Statement of Intent.

We also describe the progress made by us in achieving the levels of performance outlined in our Statement of Performance Expectations. As this is our first time reporting against our Statement of Performance Expectations, we are reporting some measures as a means of establishing baseline performance measures.

We are looking to develop and refine these performance measures over the short to medium term. There are also certain performance measures where the data or information was not available within the 2022/23 reporting timeframe. In these instances, we have reported the latest data available.

3.2 Disclosure of judgements

In determining key performance reporting information, management has exercised judgement based on our core activities, and selected areas that have the most significant impact on whānau, hapū, iwi and the entire health system. Our selection of performance activities is based on externally validated information for both case studies and performance measures.

Our case studies (referred to as stories in this report) are built upon the testimonies from whānau, iwi, hauora Māori partners and iwi-Māori partnership boards (IMPBs). The selection of these case studies is based on project maturity, community engagement and significance of impact on whānau. Through these case studies we also learn about how our approach could improve. We have prepared a section in the report on our learnings to inform the next financial year. Our performance measures are shaped by the Interim Government Policy Statement on

Health³ which directs how Vote Health will be used to plan, fund and deliver health services and lift the whole of system performance. Together with Whakamaua: Māori Health Action Plan 2020–2025⁴, the implementation plan for [He Korowai Oranga](#), New Zealand's Māori Health Strategy⁵, the Government strategies seek to achieve better health outcomes for Māori by setting the Government's direction for hauora Māori advancement. The basis of forming these performance measures was in accordance with the Government's priority to build a healthcare system that achieves pae ora for all New Zealanders.

We want to ensure our performance reporting effectively measures and captures our work in a meaningful and informative way. To support this, we will continue to review and refine our performance reporting against the six criteria stated in the Service Performance Reporting Standard (PBE FRS 48)⁶.

3.3 Implementing Te Pae Tata 2022–2024

Te Pae Tata | Interim New Zealand Health Plan 2022–2024, the action plan for the interim Government Policy Statement, was completed in early 2022 jointly with Te Whatu Ora. Te Pae Tata replaced the 20 district annual plans. Under the reforms, Te Pae Tata establishes national service coverage and operating policies to unify the health sector operating environment. Te Pae Tata sets out 187

actions for Te Aka Whai Ora and Te Whatu Ora. Of these, Te Aka Whai Ora has 11 individual ones, and 47 additional actions we share with Te Whatu Ora. Progress against these actions were reported monthly to our joint Boards. A report on this year's performance against Te Pae Tata actions with Te Whatu Ora will be provided separately from this annual report.

³ [Interim Government Policy Statement on Health 2022–2024](#).

⁴ [Whakamaua: Māori Health Action Plan 2020–2025 | Ministry of Health NZ](#)

⁵ Noting that the new Hauora Māori Strategy, Pae Tū, was published in July 2023, and therefore He Korowai Oranga is referred to here.

⁶ [PBE FRS 48 » XRB](#)

3.3 Our achievements over the year

Over the past 12 months we have had to build our waka hourua as we sail it. We have had the privilege to work for, and alongside, whānau and iwi Māori hauora champions across Aotearoa. We are proud to have this opportunity to showcase their achievements and the critical part they play in supporting healthy futures for all whānau. We present their achievements and the progress we are making towards our strategic objectives. The following section demonstrates the impact in our communities through the voices of whānau, iwi, hauora Māori partners and communities.

Commissioning services for whānau in the community

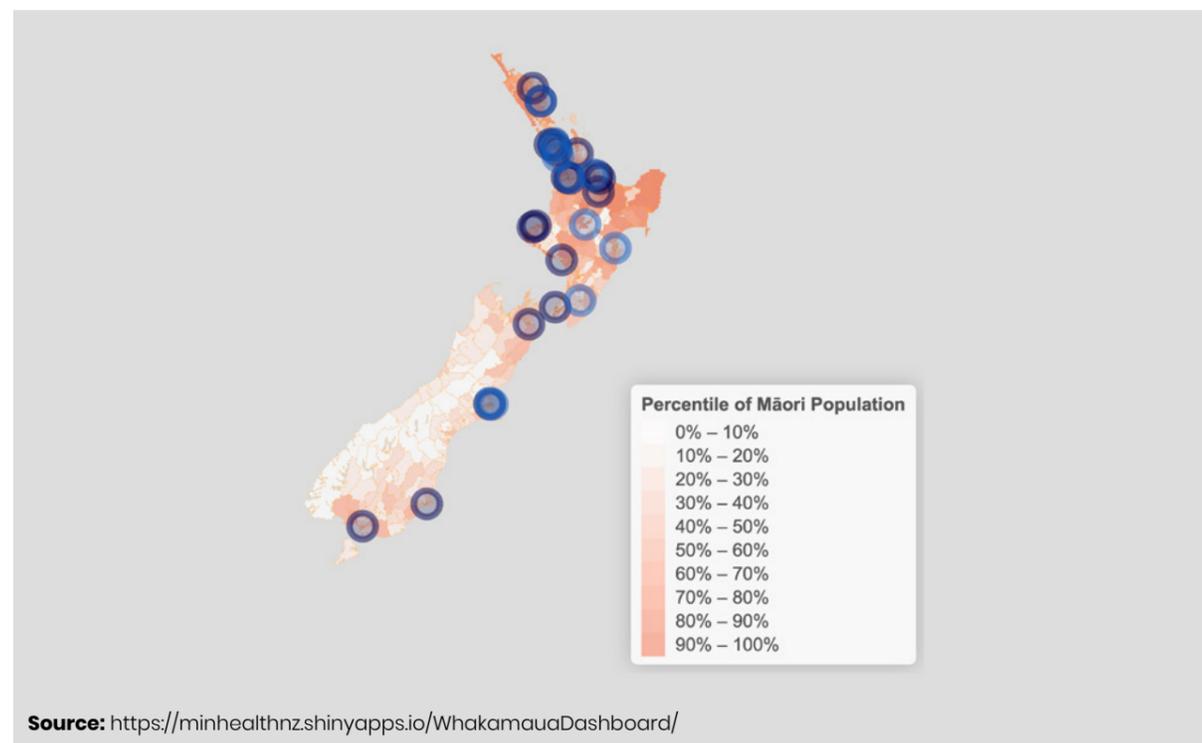
During the 2022/23 year we were mindful that kaupapa Māori and rongoā services continued through the transition from the former district health board structure in the 2021/22 year to the new reformed health system from 1 July 2022. It was important, during the winter months, that job security, service continuity and programme support did not detrimentally affect whānau. Te Aka Whai Ora wanted to ensure there was certainty for whānau that the doors of their local hauora service remained open.

Throughout 2022/23, Te Aka Whai Ora commissioned services in all parts of the motu, from Te Tai Tokerau, down to the end of Waihōpai, and across to Wharekauri. We focused on regions to help us have a bird's eye view of service coverage across the motu.

We set ourselves some ambitious goals in the commissioning space. Over the past 12 months we have:

- developed a commissioning framework focused on achieving hauora Māori outcomes for whānau – enabling a shift away from the traditional procurement and contracting models
- become kaitiaki of the kaupapa Māori and rongoā service agreements previously contracted by Manatū Hauora and the district health boards
- commissioned new services for whānau, hapū, iwi and communities.

In working with Te Whatu Ora this year, we developed the action plan to implement the Government's Te Pae Tata. This saw us progress 11 specific Te Pae Tata 2022 activities, as well as work alongside Te Whatu Ora to implement those activities for which we have joint responsibility.



▲ **This figure** shows where whānau accessed services that we commissioned during 2021/22, noting that more services are provided in areas where higher populations of whānau live.

The following information and community stories outline how our commissioned services have supported whānau. Speaking through their stories, we can better appreciate to what extent, and in what ways Te Aka Whai Ora investments have impacted them and influenced their future.

Iwi Māori creating solutions with, and for, their communities

The realisation of mana motuhake will see our whānau and hapori empowered to exercise their decision-making authority on matters that are important to Māori.

Riana Manuel, Te Aka Matua, Te Aka Whai Ora

Over the last 12 months Te Aka Whai Ora worked alongside iwi to recognise local iwi-Māori partnership boards (IMPBs) throughout the motu. Iwi-Māori partnership boards are the key mechanism for capturing the voice of local whānau, hapū and iwi regarding the future design and delivery of services. Iwi-Māori partnership boards are an essential feature of the new health reforms, providing for decision-making at a local level, and local priorities and delivery that are jointly agreed between iwi and health agencies. Decentralising service decisions to iwi-Māori empowers whānau to determine and design their own solutions.

The opportunities that exist for iwi-Māori partnership boards is actually to have teeth, to make decisions, to improve the health outcomes of our people.

Kingi Kiriona, Maiaka Mātauranga, Te Aka Whai Ora

15 iwi-Māori partnership boards were successfully recognised across the motu.

National Hui for iwi-Māori partnership boards

Representatives from each of the iwi-Māori partnership boards came together at a national hui in June 2023. The primary goal of this conference was to enhance our mutual understanding of our respective roles, responsibilities, and how we will work together towards the achievement of our shared goals and aspirations. This saw all parties focus on:

- **Partnership:** the kind of partnership we hoped to achieve in practice including how Te Aka Whai Ora could most effectively support this
- **Values:** the need to build trust and work towards meaningful accomplishments
- **Strengths:** embracing whiria and kotahitanga, stepping away from current thinking to embed a te ao Māori perspective that focuses on what is truly required to benefit our communities.

Learning first hand of the challenges faced by our iwi Māori partners, as well as the opportunities they have identified for change as they come together to collaborate has been both humbling and rewarding for Te Aka Whai Ora. We are proud to embrace the opportunities these trust-based relationships will create for us over the coming years to support our whānau, hapū and iwi to achieve their own health goals.

The work we have undertaken together over the course of 2022/23, has laid the foundations for the tailored interventions iwi-Māori partnership boards expect to shape across their respective hapori into the future.

Te Pae Oranga o Ruahine o Tararua iwi-Māori partnership board

Te Pae Oranga o Ruahine o Tararua (Te Pae Oranga) is an iwi-Māori partnership board for the MidCentral District and, in December 2022, was one of the first formally recognised under the Pae Ora (Healthy Futures) Act 2022.

Te Pae Oranga has 10 members with representatives appointed from iwi (7), mātāwaka (2) and tāngata whaikaha (1). It is supported by an operational arm called Tāhū Ora. Oriana Paewai, who held the position of Interim Pitau Whakarei (Chief Executive) from January to June 2023 talks about the reach of Te Pae Oranga:



Te Pae Oranga have kaimahi that oversee their work programme including kaiwhakarite, accounts and project support, and rongoā project and community engagement leads.

Te Pae Oranga are focused on enabling whānau, hapū and iwi Māori to express their mana motuhake in ways that support their wider aspirations. Te Pae Oranga are encouraged by the willingness of Māori to embrace the change, acknowledging the new approach brings with it a massive amount of hope and anticipation; with that comes expectation that changes will have results, and results will have positive outcomes for whānau.

We have worked for a long time for change that will benefit Māori and there is no going back. I love that we are part of the hope and the aspiration because everybody knows that this opportunity must be exploited for our betterment...it is a permissive system, mean[ing] we can set our own path. Te Whatu Ora and Te Aka Whai Ora will not tell us what to do. Our legislated functions together with our uara guide our activity. Notwithstanding the frustrations that come with a health system still in the restructuring phase, it is liberating to be able to take our direction from our whānau and hāpori.

*Chair,
Te Pae Oranga o Ruahine o Tararua*

We go from the east coast, traverse the Ruahine and Tararua ranges and continue on to the west coast. You can imagine the different hapori, hapū and iwi that live within that expanse. They've got very distinct needs and wants in those different communities... That's the end game really, it's making sure that we listen to our whānau voice, our community voice and we deliver to them what they have a right to expect in this new environment.

Te Pae Oranga o Ruahine o Tararua

In 2021, Manawhenua Hauora (the former MidCentral District Health Board iwi Māori relationship board) pitched a collective impact approach for the rohe to the interim entities of Te Whatu Ora and Te Aka Whai Ora. This built on the localities across Manawatū District, Palmerston North City, Tararua District,

Horowhenua District and Kapiti Coast District (Ōtaki Ward only), which make up the following takiwā or localities: Ōtaki, Horowhenua, Palmerston North, Manawatū and Tararua.

The proposal focused on the establishment, using a whānau ora commissioning approach, of Te Pae Oranga as a new iwi-Māori partnership board – with the backbone organisation, Tāhū Ora.

A key priority for Year 1 (July 2022–June 2023) has been to establish Tāhū Ora as the backbone, identifying that it will be vital to operationalise the aspirations of our community as we move forward.

*Chair,
Te Pae Oranga o Ruahine o Tararua*





Te Pae Oranga works closely alongside Te Aka Whai Ora, Ministers, funders and potential investors to ensure priorities for the wellbeing of their rohe are being addressed. Representatives from Te Pae Oranga attended the Ngā Wānanga Pae Ora Hui in March 2023. The purpose of this hui was to bring iwi-Māori partnership boards together to whakawhanaungatanga, share their learnings and their respective strategic intentions, as well as progress locality planning and decision-making. The Associate Minister of Health (Māori Health), Hon Peeni Henare attended to share his whakaaro on enabling local communities, hapū and iwi.

The breadth of knowledge, experience and kōrero shared by kaimahi and representatives from all sectors of our hauora landscape was an education.

Te Pae Oranga o Ruahine o Tararua

A significant project for Tāhū Ora this year was the First 1,000 Days (Tūngia te Ururua). In November 2022 Tāhū Ora subcontracted three local branches of the Māori Women’s Welfare League to capture the voice of whānau Māori regarding the care (services and support) offered for wāhine, pēpi and whānau in the first 1,000 days of life (from conception) across Te Pae Oranga o Ruahine o Tararua rohe. The League used a mix of online surveys

and kanohi ki te kanohi meetings and although most respondents used their own devices, to ensure an equitable approach, the iwi-Māori partnership board provided tablets where these were needed. Rongoā packs were also developed and gifted to whānau who participated.

There is more work to do, but we have set the foundations for the path forward.

*Chair,
Te Pae Oranga o Ruahine o Tararua*

Te Pae Oranga also acknowledge their journey with Te Aka Whai Ora has only just begun.

Strategic Objectives	How was this done?
Mana motuhake	Empowering whānau to take control of their own health and wellbeing
Reindigenising the health system	Increasing Māori leadership roles in the health sector
Accountability for health outcomes	Attending hui with Te Aka Whai Ora and Ministers to report on progress
Collective impact	Working with other organisations in the community (e.g., Sport NZ) for a common purpose
Sustainable and equitable resourcing	Resourcing whānau to share what works for them and funding initiatives that prevent ill health.

Locality-based approaches: designing from our communities

The aim of localities is to create a model that empowers local communities and whānau to influence the design, funding and delivery of healthcare services. By having community voices at the forefront of decision-making, localities will ensure that healthcare is no longer a one-size-fits-all approach, but rather tailored to the unique needs of each locality.

The period to 30 June 2023 saw the locality approach implemented across 12 areas with draft locality plans developed for 11 of these.

- Tihei Wairoa (Wairoa)
- Te Hononga (Whanganui)
- Horowhenua
- Te Wāhi Tiaki Tātou (Porirua)
- Takiwā Poutini (West Coast)
- Hokonui (Gore)
- Te Tai Rāwhiti (Gisborne)
- Taikorihī (Te Hiku o Te Ika)
- Le Afio/aga o Aotearoa (Ōtara/Papatoetoe)
- Te Tara o Te Whai (Hauraki)
- Toirāwhiti (Ōpotiki)
- He Ara Whakapikiora (Taupō/Tūrangi)

Established with mana whenua and local groups, each of the 12 locality partnership prototypes has been equipped with resources and data to develop draft locality plans. Engagement with whānau and communities commenced this year to determine local hauora priorities.

Under the Pae Ora (Healthy Futures) Act 2022, all of Aotearoa is required to be within a locality boundary by June 2024. Accordingly, we anticipate over the next year that the remainder of the motu will be mapped into localities through engagement with iwi-Māori partnership boards, local government, whānau and the community.

Kahu Taurima | Supporting whānau during maternity and early years of life of whānau

In the past I had Plunket you had to have an appointment and go to them, wait around forever to be seen and be judged about your tamariki as they were hōhā waiting around in a small room. I used to put off the visits as it wasn't pleasant being looked down on as a mother.

Whānau feedback about mainstream services

Changing the approach to maternity and early years model of care is a priority for Te Aka Whai Ora. The arrival of a new tamaiti marks the start of a journey for that child and their whānau that needs to become central to service provision. With services that are more culturally responsive, whānau are more likely to access support, enabling them to kōrero early about any health concerns with a trusted hauora Māori partner. This year we have been actively working alongside maternity service partners to support a trusted, whānau-centred delivery model.



Together with Te Whatu Ora, Te Aka Whai Ora developed the **Kahu Taurima First 2,000 Days te ao Māori model of care** to drive a whānau-centred service delivery for a child's first 2000 days from conception to five years old, across Aotearoa. It signals 24 Planned Early Pathway Initiatives (PĒPI) that provide a starting point for transformation and focuses the commissioning services provided by hauora Māori partners. This year, \$13 million was allocated to Kahu Taurima to support more hauora Māori partners to shape an approach that:

- removes service barriers and silos
- integrates primary care, community and specialist services to improve quality, safety and equity of outcomes
- delivers excellent, well-connected, easy to navigate, culturally affirming health services for all wāhine and whānau, no matter who they are, and wherever they are

- becomes easier to access wrap-around services and extra support when needed.

They look like us and better in regard to the wrap-around services and looking at the context of the whole person rather than one issue itself.

Whānau feedback to Kahu Taurima services

Te Aka Whai Ora issued a Kahu Taurima | Maternity and Early Years Request for Proposal that aligned with three of its commissioning priority areas, namely integrated service delivery, data and digital solutions, and Māori health workforce development. Three successful hauora Māori partners agreed to share their stories to highlight the impact of the programme on whānau this year:

- Turuki Health Care: supporting whānau and their pēpi through their early years.



- Ngāti Hine Health Trust: supporting the Tai Tokerau region with initiatives to scale up Māori midwifery and child growth services, as well as the development of nursing workforce support
- National Hauora Coalition: development of a maternal mental health assessment tool for application across the health system. The implementation will lead to improved wellbeing assessments and pre-natal and post-natal data about māmā and pēpi.

Kahu Taurima Service Delivery: Turuki Health Care⁷

We struggled with a baby who had a lot of trapped wind, and her suggestions and insight made us feel assured that continuing breast

feeding was the best for me and for our baby. We will forever be grateful.

Whānau of Māmā Pēpi services at Turuki Health Care

Founded in 1995 by a group of midwives who wanted to work together, with 'Whakamanatia te wahine hei oranga whānau | Inspiring wahine to raise healthy whānau' at the heart of everything it does, Turuki Health Care has nearly 30 years' experience supporting the local community and delivering primary healthcare services to the Counties Manukau and Auckland areas.

Those early years were instrumental to the development for Māori midwifery and primary birthing. However, up until 2016 most births were home births, as [Turuki Health Care] Māori midwives

⁷ Photos supplied by Turuki Health, and taken by Cara Graham Photography. Ngā mihi nui!

found it difficult to work in centres that weren't aligned to the kaupapa and frequently encountered instances of institutionalised racism that remain.

... Over time, the midwives started to attract the attention of Counties Manukau DHB, which at that time was leading innovation and letting contracts for māmā and pēpi services, as well as lactation services, and drew some of the early Māori pioneers in this mahi. More than 95% of our patients present with quite complex needs – so, this story of integrated health and social services, with a focus on 'nought to five' is not a new kaupapa for us.

This background and experience provide a platform for Turuki Health Care to expand in the Kahu Taurima space.

And so, we're ready to leverage off the significant work to move from strategy, to RFP, to now being in the design and discovery phase.

Kahu Taurima as a strategy in the context of the health reforms allows for wide-ranging and innovative conversations to occur between like-minded community organisations about how to join up, design and do more together.

Through our procurement, Turuki Health Care took the opportunity to 'put a line in the sand and build a service delivery model that helps track the wellbeing of māmā, pēpi and tamariki through to the age of five'. For Turuki Health Care, this sits in the context of a range of other wrap-around support services

that provide opportunities to promote life course engagement in healthcare, frequently from pēpi to hapū māmā. Many tamariki graduate to the school-based health team⁸, move into the primary healthcare services with which Turuki Health Care is also involved including as hapū māmā.

Much of the mahi is through intergenerational relationships and whānau introductions. The relationship with Nga Hau Māngere Birthing Centre and Tagata Moana maternity team will continue to support and build on these relationships with whānau moving forward. The relationship with Turuki, Nga Hau and high school students provides opportunities to introduce young Māori to the workforce options in midwifery and provide placements through their training and in their intern year.

Turuki and Tagata Moana are also looking at options for other roles that provide an entry level option into services towards training to be a midwife, so tauira would already have experience on the floor.

Overall, we're excited because this has allowed us to look at our existing services and expand on what's working well. I think that's important. Through this contract, you're allowing us to look at what we are currently doing well and leveraging off that. That's how I've interpreted it. We've got the opportunity to enhance what's working well.

⁸ This includes teams in the 18 primary schools in Māngere, where Turuki Health Care deliver services

Strategic Objectives	How was this done?
Mana motuhake	Wāhine are inspired to raise healthy whānau through a te ao Māori service delivery model.
Reindigenising the health system	Turuki Health Care is providing a significant contribution to workforce development and are ensuring birthing services are responsive to whānau.
Accountability for health outcomes	Through their long-term and intergenerational relationships, they monitor the impact of their services from years before.
Collective impact	Turuki Health Care have relationships with high school students and provide opportunities for placements.
Sustainable and equitable resourcing	The RFP enabled Turuki Health Care to expand on what was working well to create a sustainable service with equitable coverage.

Kahu Taurima Workforce: Ngāti Hine Health Trust

Ngāti Hine Health Trust is yet to commence its Kahu Taurima service, however we captured their story to identify the planning and preparation that goes into readying to deliver Kahu Taurima midwifery services. Ngāti Hine will collaborate with midwives and align their services and connections to assist whānau to access integrated professional care. Through its existing connections and partnerships, Ngāti Hine Health Trust is able to support linkages across hauora Māori partners.

And I think that's the mind shift that we want to change here [supporting links with other organisations].

Ngāti Hine Trust

The Trust sits across a number of other partnerships and works with departments such as Oranga Tamariki and the Department of Corrections. It is focused on linking whānau with the services offered through the local primary health organisation, and linking in local general practitioner services, maternity, and early years' services.

New facilities are scheduled to come online in the next couple years, and this is an opportunity to actually be speaking to those who are delivering the services to our people.

Conversations have already started with other hauora Māori partners for Kahu Taurima in the far north to explore opportunities for a joined-up approach towards workforce development.

There are natural synergies that are coming online and that's obviously a way that providers can collectively collaborate and move forward together...Where we can streamline and bring together our mahi and services, we will reduce duplications and create a more cohesive way of doing mahi. We then only have to focus on our part of the mahi and making sure it's getting done for our people.

The funding received through our procurement process for the initiative to scale up Māori midwifery and child growth services as well as the development of nursing workforce support is predominantly for Māori midwives and nursing students.

The aim is to actually start future proofing our workforce and delivering services that are needed for our whānau. Services that are culturally appropriate, culturally safe and actually 'see our whānau' for who and what they are when they're coming in through the door...So, they get that feeling of manaakitanga from 'go to whoa'...The focus has to be on delivering outcomes for our whānau and ensuring we deliver against those. But that has to be hand-in-hand with reimbursing properly our people who are delivering the mahi. It's no longer an and/or conversation; it has to be an and/and conversation.

There is an immediate opportunity to build the workforce and align services better for whānau of Te Tai Tokerau.

Whilst the joined-up conversations are growing, there are still many opportunities to reduce the burden on hauora Māori partners with many ongoing similar conversations across agencies and departments pertaining to funding and commissioning. There is wider opportunity to think more broadly around how Te Aka Whai Ora connects across departments to achieve a shared agenda, as well as commissioning of funds to improve the mechanisms for hauora Māori partners.

All we're asking for is easier mechanisms and obviously those things are coming to the table. But if Te Aka Whai Ora and Te Whatu Ora can utilise health as a leverage point for our other Ministries to utilise the broader locality functions around commissioning funds in our rural areas and regions – those are the real opportunities to meet the needs for wellbeing across Aotearoa whānau.

So, this goes beyond health, and we don't believe it's just a health concern and has the potential to impact a wider whole societal change that we need to start shifting to, to actually make the changes that we need to for our whānau. [We acknowledge that the funding from Te Aka Whai Ora is limited], so it's about building on the opportunity of the approach.

Strategic Objectives	How was this done?
Mana motuhake	Empowering whānau to take control of their own health and wellbeing.
Reindigenising the health system	Increasing Māori workforce to ensure culturally safe services.
Accountability for health outcomes	Attending hui with Te Aka Whai Ora and Ministers to report on progress.
Collective impact	Working with other partners on workforce development and leveraging other social agencies to deliver health outcomes.
Sustainable and equitable resourcing	Resourcing an approach that streamlines services and will lead to more sustainable services.

Kahu Taurima Data and Digital Solutions: National Hauora Coalition

The National Hauora Coalition (NHC) successfully proposed to deliver three initiatives in 2022-2023, one of which was focused on the development of national insights and intelligence as part of a maternal mental health assessment tool for application across the health system.

The reason that we have very intentionally inserted ourselves into this space is because the status quo of maternal health, including mental health, for our Māmā Māori, our Pēpi Māori, and then therefore the ramifications of morbidity in this area is just intolerable...we don't just step into the space of maternal wellbeing lightly; we do that because

we can't stand the current status of inequities and disparities of care that happens in this space.

**Chief Executive,
National Hauora Coalition**

Best Start Kōwae is part of the NHC Gen2040 Project, which contains a suite of smart assessment tools that include clinical decision support, e-referral capability, and localised health pathways. Gen2040 shows the value of using data across the system and providing opportunities to listen to whānau Māori and to loop back into the system with their feedback to inform change.

We see that there is a real opportunity for connectivity across systems that are currently siloed. The intention of connecting those systems is



[to explore opportunities] for the sharing of data and the ability to enhance care for whānau, starting with the first 2,000 days.

Kaimahi, National Hauora Coalition

Through the support of Te Aka Whai Ora, the National Hauora Coalition is building on relationships with primary health organisations, healthcare professionals and other digital providers (such as the Tiaki App MMPO, Expect maternity software, and the practice management systems that are used within general practice). According to the National Hauora Coalition, there had been recurring roadblocks in the journey of implementing Gen2040 across the motu and bringing hauora partners on board.

... so when this opportunity came up, it felt like a 'no-brainer' if you like as we've been deep in the work already to connect and join together these systems.

**Chief executive,
National Hauora Coalition**

Previous research and experience in mātauranga Māori methods, combined with the input of clinical and te ao Māori leaders over the years, has laid a strong foundation for this new journey with Te Aka Whai Ora and Kahu Taurima services.

In terms of our Oranga Hauora research, we only engage in research that can have practical applications for service change...we're only interested in engaging in research

that has real practical applications for particularly whānau Māori, but also disadvantaged or under-served populations across the motu.

Chief Executive,
National Hauora Coalition

Working together, the National Hauora Coalition and Te Aka Whai Ora have the opportunity to connect the dots across services and needs (such as immunisation uptake, safe sleep, mental health etc), and weave together a more comprehensive story of what is happening for whānau to inform future services.

Strategic Objectives	How was this done?
Mana motuhake	Whānau voice is being amplified to inform the initiative's design.
Indigenising the health system	Researchers are familiar with mātauranga Māori approaches and are promoting te ao Māori solutions.
Accountability for health outcomes	The innovative assessment tool enables initiation of early interventions and assists in the monitoring of health outcomes for māmā, pēpī and whānau.
Collective impact	This digital tool aims to enhance integration across the healthcare system by enabling transparency of care through record sharing and improved visibility.
Sustainable and equitable resourcing	The initiative is an example of Te Aka Whai Ora enabling resources to achieve health outcomes and wider aspirations of whānau, hapū and iwi Māori.

Mate Pukupuku | Whānau with cancer

Nurses come to her home and make her feel safe. Took the time to get to know her and her whānau and built rapport. (Whānau)

Following wānanga with Māori cancer-support partners to identify the type of services they believed would best meet the needs of whānau, in August 2022 Te Aka Whai Ora allocated \$3.1 million to address cancer inequities for whānau Māori. Priorities included prevention (screening) and early

diagnosis services, as well as assistance for whānau faced with a cancer diagnosis to navigate appropriate treatment pathways including, for example, radiation and chemotherapy. Access to travel and accommodation is also facilitated, as is support for whānau of cancer patients.

Cancer care coordination services play a significant role in reducing the trauma of cancer diagnosis and improving survival rates for whānau. These services are not always available across Aotearoa and Te Aka Whai Ora intends to expand them across the motu in the future.

Oranga Hinengaro | Whānau living with mental distress, illness and addictions

Wānanga with our hauora Māori partners, whaiora and whānau also informed our decision to prioritise investment in the main drivers of mental distress, illness and addictions among our whānau, iwi and hapori, and work collectively with others on key initiatives.

In 2022/23 we invested \$4.5 million to strengthen and grow Kia Piki Te Ora⁹ kaupapa Māori suicide prevention services. Of this \$4.5 million, \$0.4 million went towards grants for health promotion and prevention of addiction and to support smaller Māori community organisations, marae, charities, and other health entities. Groups and entities could apply for grants of up to \$25,000 for health promotion, and prevention initiatives related to addiction, targeting hapū māmā and rangatahi.

'Ki te Ara Whakamua: Māori Community Addiction Fund' was also launched in May 2023 in Rotorua, hosted by hauora Māori partner Te Rau Ora, the Māori Mental Health and Addiction Workforce Development Centre. The launch was attended by over 200 Māori leaders, sector experts and alcohol and other drug practitioners. One-off funding of \$1.12 million was made available to support Māori-led solutions to reduce alcohol and other drug harm.

The overall vision for the fund is *Kia tika te wā; kia tika te wāhi, kia tika te tangata; kia ora te whānau* – that whānau will thrive and flourish, with the right people, in the right place, at the right time. Twenty-seven applications (\$406,550) were approved. These included 10 community-led applications (\$237,200) and 17 whānau-led applications (\$169,350). The services covered kaupapa Māori education, prevention, public health services, and local wānanga activities.

Working collectively

Sadly, there continues to remain a level of stigma around mental health, which has some whānau reluctant to seek help for themselves or support for others. To uplift our whānau and rangatahi and build resilience in our communities, Te Aka Whai Ora has established partnerships with New Zealand Rugby and New Zealand Police.

Our partnership with New Zealand Rugby has enabled the expansion of their mental health and wellbeing programme *Mind. Set. Engage* into five regions: Counties Manukau, Bay of Plenty, Wellington, Canterbury and Southland. The programme supports players, coaches, rugby staff, volunteers and whānau to improve their own mental wellbeing and provides tools to help others.

⁹ This programme promotes community action and coordination across all sectors to create a positive impact on the health and wellbeing of New Zealanders by raising the awareness of suicide prevention (<https://www.tkh.org.nz/services/kia-piki-te-ora>).

Counties Manukau Rugby Union Chief Executive Officer Aaron Lawton said, 'In my role I've seen first-hand the need for a proactive programme that can help individuals strengthen their own wellbeing and empower communities to look after each other'.

In 2022/23, Te Aka Whai Ora also worked with New Zealand Police to implement their Alternative Ways to Help with Intervention initiative. This tikanga-based, voluntary service offers help through manaakitanga, a 'person-centred' approach to connect people with wellbeing service partners in their community. Our role in this initiative saw us design a service that supported referrals to relevant and appropriate services required by individuals and their whānau, and to liaise with hauora Māori partners to encourage them to offer their services as part of the initiative. Once a hauora Māori provider is onboarded, they then work independently, receiving referrals from NZ Police as part of the initiative.

Vaccinating our whānau and communities

Preventing the likelihood of measles, flu and other outbreaks has seen immunisation become an area of focus for Te Aka Whai Ora, Te Whatu Ora, and Manatū Hauora over the past year. Te Aka Whai Ora worked with both agencies to develop a system that empowers communities to design and run their own vaccination programmes, supporting 1,000 events as part of Immunisation Week in May 2023. This new system has enabled hauora Māori partners to vaccinate whānau at marae, schools, drive-

through centres and in remote communities. With the support of the Ministry of Education, our Chief Medical Officer also wrote to all the early childhood education centre managers reminding them to ensure that their immunisations registers were current and to support parents and caregivers of tamariki who were not immunised in talking to their doctor or nurse.

Immunisation was also a key focus of the joint Kahu Taurima maternity and early years programme. Leveraging its partnership with Te Whatu Ora, Te Aka Whai Ora successfully advocated for increasing the eligibility for free flu immunisation, resulting in all tamariki aged six months to 12 years old becoming eligible for free immunisations.

Māuiuitanga taumaha | Whānau living with chronic health conditions

Our Māori whānau, iwi and hapori endure a greater burden of chronic conditions than our non-Māori and non-Pacific counterparts and this is all too frequently shared by multiple generations across the same whānau. We know that the best way for us to tackle these chronic health conditions is to work alongside whānau to support them to live healthy lives, reducing the burden and prevalence of diseases such as diabetes, cardiovascular disease (CVD), respiratory diseases, stroke, and gout.

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

- \$4 million was allocated for preventive activities, early risk screening, diagnosis, and self-management
- \$1.2 million was allocated for remote patient monitoring prototypes
- \$1.4 million was allocated to support national hauora Māori organisations to support Māori health practitioners in managing long-term conditions.

Rongoā Māori

Understood what I needed and was wairua based. Holistic approach and looked at everything about me. Went to a Pākehā doctor once and had to explain what a marae was which made me feel very uncomfortable.

Rongoā Māori is a holistic approach to oranga and wellbeing. It is a traditional healing practice grounded in te ao Māori. Te Aka Whai Ora is focused on the future sustainability of rongoā, to enable and support it to thrive and contribute fully to improving health outcomes in Aotearoa New Zealand.

In 2022–2023, Te Aka Whai Ora established a broader rongoā work programme for the future protection and sustainability of rongoā, and commenced engagement with the rongoā sector to inform this work programme.

In addition to assuming responsibility for a range of existing rongoā Māori contracts previously commissioned by Manatū Hauora, Te Aka Whai Ora allocated an additional \$7.6 million funding for new contracts

with rongoā Māori partners. Our approach to commissioning services from rongoā Māori partners has been to focus on outcomes (healing) rather than concentrating on specific service inputs.

Some of the rongoā Māori services funded include:

- facilitating whānau reconnection to the taiao and whenua
- mātauranga ā-hapū-centred wānanga hauora
- establishing a Hauora Hub for Mātaura Marae
- Pakanae Marae response to methamphetamine and addictions
- delivering whānau-led te ao Māori programmes that help build healthy whānau relationships.

Supporting whānau through Cyclone Gabrielle

Significant weather events occurred in early 2023 causing severe flooding events in Te Tai Tokerau and Tāmaki Makaurau, which was then almost immediately followed by Cyclone Gabrielle impacting the Coromandel and the East Coast. In addition to assisting with connections to other government agencies and services involved with the national response, Te Aka Whai Ora joined the teams on the ground in those regions to support iwi, hapū and hauora Māori partners and to help affected communities with funding and personnel.

Using approaches that worked during the COVID-19 response, Te Aka Whai Ora worked closely with our hauora Māori partners in assisting them to mobilise, and deployed resources to support whānau and communities affected by these adverse weather events. Hauora Māori partners in affected areas were released from their usual contractual requirements to allow them to focus on responding to the needs within their communities. Assistance was also provided to hauora Māori partners beyond these areas to further support those regions.

In Auckland and Northland, Te Aka Whai Ora worked directly with seven hauora Māori partners and with 25 additional partners in Auckland to ensure whānau and communities had access to medicines, safe sleep devices, warm clothing, bedding, and kai. To assist with the response from hauora Māori partners and service partners, \$460,000 was allocated to Northland and \$920,000 was allocated to Auckland.

With the Cyclone Gabrielle response, the focus was to work with hauora Māori partners who were well connected on the ground to ensure that as many whānau as possible were contacted and provided with the help they needed in a timely manner. Te Whare Hauora o Te Aitanga a Hauiti was able to check in on over 1,000 individuals during, and after, the cyclone:

- providing food and clean water
- delivering medicines and medical services
- advising on disease prevention
- delivering of clothing
- assisting with accommodation.

Te Aka Whai Ora allocated \$2 million to support the response to Cyclone Gabrielle. What started to emerge after the cyclone was an increasing number of mental health and wellbeing issues and by March 2023, the need for mental health services was significant. Te Aka Whai Ora started engaging with hauora Māori partners that specialised in providing te ao Māori psychosocial solutions. This resulted in the development of a range of solutions including:

- wairua healing workshops and rongoā services
- oranga hinengaro support in a marae setting
- community resilience and capability building activities
- kaumātua days to connect people from across the rohe and to offer mirimiri, romiromi, as well as hiki wairua packs
- establishment of neighbourhood phone trees.



A further \$8.3 million was allocated across 2022/23 and 2023/24, to hauora Māori partners for the ongoing impacts on health of Cyclone Gabrielle. This funding allowed continued expertise and support, including for example from Tūwharetoa ki Kawerau, to be brought in to deploy rongoā practitioners through to Tokomaru Bay. Whānau were able to have ready access to support through local hauora Māori partners of te ao Māori mental wellbeing solutions to raise the mauri and wairua of whānau severely impacted by the cyclone. Hauora Māori partners were on hand to provide on the ground support to whānau in the days straight after the cyclone.

Supporting whānau at Uawa after Cyclone Gabrielle



We were waiting for cavalry and the cavalry didn't come. People said supplies and kai were coming but nothing came for over seven days

*Chief Executive,
Te Whare Hauora o Te Aitanga a Hauiti*

Te Whare Hauora o Te Aitanga a Hauiti (Te Whare Hauora) is a hauora Māori partner based in Uawa (Tolaga Bay) in the East Coast. It provides a wide range

of community services including breast screening, delivering prescriptions, firewood and a weekly Sunday drop-in group for tāne. Led by their Chief Executive, the needs of whānau are always at the forefront for this team.

Te Aka Whai Ora supported Te Whare Hauora with innovation and development funding which they used for IT training, website development and marketing.

We schedule our programmes around our community, and we reach out for their voices to find out what they actually need, rather than us creating something based on what we think they need. It's responding to whānau kōrero and what they want to see in their wellbeing visions for the future.

When Cyclone Gabrielle struck earlier this year, Te Whare Hauora was well positioned to respond immediately. Te Whare Hauora joined in the community response with others within the immediate community as road access was cut off by the flooding and damage caused by the cyclone.

Since Te Whare Hauora is so small, it cannot do it on its own, it's about building relationships, without the support from Te Aka Whai Ora we wouldn't have been able to do the response that happened.

After the initial Civil Defence response in the first few days, Te Whare Hauora transitioned into a welfare centre and re-activated the volunteer community response team that had been stood down after COVID-19.

We were catering for over 500 families and feeding volunteers and hauora kaimahi.

Te Whare Hauora used their relationships to mobilise support and funding. Te Aka Whai Ora provided immediate funding to support the response and the recovery in and around Uawa. Te Whare Hauora did not have time to fill out funding applications, they just required kai, water and basic equipment for whānau who had no homes.

We had no 4WD, we had to borrow them from our volunteers...we were given Starlinks that helped connect Anaura Bay, the local garage to eftpos, and Tolaga Area School, and we worked with Ministry for Primary Industries to support farmers with their stock.

Cyclone Gabrielle had an immediate and lasting impact on the Uawa community that, for some whānau, still affects them today, according to the chief executive. It was after a few weeks that government services started coming through.

At Te Whare Hauora o Te Aitanga a Hauiti, we have hot desks – today we have IRD...tomorrow we have Work and Income New Zealand to come and work through all those different payment plan options they may be entitled to. We also have counselling coming through...to collaborate with so many organisations to help with the wellbeing of our communities.

Since Cyclone Gabrielle, Te Whare Hauora continues to assist whānau to navigate necessary services, particularly mental wellbeing services. The organisation runs Te Whare Manaaki, a programme that supports whānau in 'restoring (damaged items) and re-storying (resilience)' from Cyclone Gabrielle. As part of Te Whare Manaaki, Te Whare Hauora partners with the Red Cross to deliver workshops and training that empower whānau to feel confident in future emergencies, and that include planning for evacuation and first aid.

Te Whare Manaaki also provides a programme called Whare Āwhina. It is a five-step plan for whānau who had been impacted and displaced from their whare by Cyclone Gabrielle. The 5 steps include:

- assessment
- temporary Whare Āwhina (homes)
- Whānau Plans
- whānau home repairs, and
- whānau return to a warm and healthy home.

Through the Whānau Plan (step 3), Te Whare Hauora helped whānau through the process of restoring and moving back into a healthy home. Working alongside contractors and Horouta Whānau Ora Services, Te Whare Hauora shows the impact of mobilising the collective to improve the ongoing health and wellbeing of their hapori.

Ehara taku toa i te toa takitahi, engari kē he toa takitini.

Strategic Objectives	How was this done?
Mana motuhake	Whānau were empowered to ask for what they needed to regain independence and their needs were met
Reindigenising the health system	Whare Manaaki and Whare Āwhina were te ao Māori solutions that promoted and protected the wairuatanga (spirituality) and dignity of whānau
Accountability for health outcomes	Through funding this provider, Te Aka Whai Ora has promoted the significance of mātauranga Māori as a key determinant of whānau health and wellbeing.
Collective impact	Working for a common purpose, while short-term, support agencies came together to help with supplies and kai
Sustainable and equitable resourcing	Funding was allocated to promote equitable outcomes.



Profession	Total # workforce	% of Māori in workforce ¹⁰
Medical	18,308	4.4%
AHS&T	12,850	6.3%
Nursing	59,866	8%
Midwifery	3,283	11.27%
Dental & other oral health professions	4,280	5%
Corporate	17,225	10.8%

Growing and developing the Hauora Māori workforce

The proportion of Māori in the health workforce remains significantly lower than the proportion of Māori in the general population – which at June 2022 came to 17.4% of the national population.

Growing our Māori health workforce is integral to reindigenising our health system, to achieving mana motuhake, and to ensuring the health system is responsive to whānau, hapū and iwi Māori by integrating and promoting te ao Māori solutions.

This year we have begun work on how we train more people, grow our workforce, and build a workforce with the flexibility and interdisciplinary practice to thrive in our future health system. It is this interdisciplinary approach that will enable whānau to experience healthcare that looks like, feels like, and reflects te ao Māori.

Targeted workforce investments

For the 2022/23 year, Te Aka Whai Ora targeted specific areas to align with the workforce-related measures of our Statement of Performance Expectations. We invested \$15 million to these areas.

Developing and growing capability and capacity across the Māori workforce

With the intention of developing and growing capability and capacity through programmes that could support their local communities and regions, Te Aka Whai Ora commissioned \$5.8 million of services to support four workforce development initiatives. This saw 19 partners from across the motu deliver specialised workforce solutions focused on nursing and midwifery leadership, hauora Māori Tuakana Teina programmes, kaiāwhina workforce training and development programmes, and priority population (tāngata whaikaha, kaumātua, rangatahi) initiatives.

Investment Focus	\$
Developing and growing capability and capacity across the Māori workforce	\$5.8 million
Science, Technology, Engineering, Mathematics and Mātauranga (STEMM) programmes	\$6 million
Rongoā Māori practitioner training	\$1.2 million
Scholarships and grants	\$2 million

STEMM (Science, Technology, Engineering, Mathematics and Mātauranga) programmes

These programmes offer a bespoke health career pathway programme. Te Aka Whai Ora commissioned \$6 million in Māori Science Technology, Engineering, Mathematics and Mātauranga (STEMM) programmes to encourage young Māori to pursue careers in health and wellbeing. This allocation is also used to promote mātauranga Māori across the Māori health sector workforce.

Rongoā Māori practitioner training

As Te Aka Whai Ora commitment is to grow rongoā, \$1.2 million was allocated for training initiatives that will attract and retain more Māori into pursuing careers as rongoā practitioners.

Scholarships and Grants

Scholarships and grants targeted midwifery, nursing, allied health, science, technical, medical (including dentistry) and corporate (administration, management). Te Aka Whai Ora allocated \$2 million to grow the Māori workforce in mātauranga Māori and Māori scholarships. Te Pitomata (The Power of Potential) scholarship programme enables students to have equitable access to funding regardless of the health field in which they are studying. It focuses on a shared goal to increase Māori in the health and disability sector rather than individual scholarship. As at 30 June 2023, 726 grants from the scholarship were allocated to successful applicants to support them to realise their moemoeā and leverage their own potential.

¹⁰ Data sourced from Whakamaua 2020–2025: minhealthnz.shinyapps.io/WhakamauaDashboard/

The voice of a Te Pitomata Grant Recipient



Peti Waaka (Ngāti Toa, Ngāti Raukawa, Ngāti Whakauae, Ngāruahine, Ngāpuhi) is one of the first bright minds to receive a Te Pitomata grant. During her academic journey Peti learned the importance of different types of support, including mentoring and financial support, for achieving her goals:

I'm studying here at Massey University doing the post graduate diploma. To be honest, undergraduate was a struggle. My purpose is to be true to myself as an indigenous Māori wahine and then secondly to be of service to Māori. Along the way you just try and access as many resources as you can to bring yourself into that state of mauri ora.

Over time these grants will empower more whānau, like Peti, to undertake study and eventually to find their purpose 'so then it won't feel like work'.

Te Aka Whai Ora Health Workforce Plan

In the lead up to 30 June 2023, Te Aka Whai Ora worked alongside Te Whatu Ora, to develop the Health Workforce Plan 2023/24. It outlines the opportunities to address workforce issues currently facing the country. This joint plan identified the following priority areas:

- growing pathways for Māori in health
- growing pathways for Pacific peoples in health
- driving local-led innovation in training
- bolstering priority workforce groups
- supporting and retaining our valued workforce
- growing future leaders.

The plan focuses on growing pathways for Māori and Pasifika in health by:

- Streamlining pathways for tauira Māori into health careers – from secondary education to the Māori health sector. This also included investing in Māori retention, and growing programmes that support tauira Māori into health
- Strengthening hauora Māori workforce pathways by scaling earn-while-you-learn pathways for Māori into health roles

- Supporting kaimahi Māori to thrive in the workplace by expanding cultural and clinical support and coaching for our Māori workforce.

in the 2022/23 year. This uplift, as we will see in the case study below, enabled hauora Māori partners to invest in needed services for whānau.

Recognising rising costs

In October 2022, Te Aka Whai Ora recognised the difficulties faced by hauora Māori partners in operating due to rising cost pressures and historic underfunding of services leading to sustainability issues for them. The Board approved a three per cent uplift of funding levels. Te Whatu Ora also approved a standardised three per cent uplift across all their external provider service agreements

Impact of uplift to Maraeroa Marae Health Clinic services

Based in Waitangirua in Wellington, Maraeroa Marae Health Clinic provide hauora Māori services. The majority of whānau that attend Maraeroa are Māori and Pasifika. Maraeroa partners with local and regional primary and community partners to deliver kaupapa Māori primary health services. Maraeroa operates *Ngā Kete Aronui*, a primary mental health

Growing pathways for Māori in health	
Action	Achievements and next steps
1.1 Streamline pathways for tauira Māori into health careers	Te Aka Whai Ora is investing \$1.7M in the Pūhoro STEMM Academy to develop a bespoke Health Career pathway that supports rangatahi Māori into careers in STEMM – science, technology, engineering, mathematics and mātāuranga Māori.
1.2 Strengthen hauora Māori workforce pathways from whānau, hapu and iwi	<p>Extension and new developments in the Midwifery graduate support programme are in the final stages of being approved. The programme provides increased support for midwives as they transition into the workforce. The initial scope will see Māori Kahu Pokai (Māori midwives) being prioritised.</p> <p>Te Aka Whai Ora has invested \$2M for Mātāuranga Māori training, with a total of 5,530 training opportunities for 2023/2024. Priority for this training is given to Māori staff employed in both clinical and non-clinical roles in hauora Māori partner organisations, Māori staff employed in community-based organisations including Primary Health organisations and Māori working in secondary and tertiary care, along with Māori staff in Te Aka Whai Ora and Te Whatu Ora and contributors to decision making in iwi-Māori partnership boards.</p>
1.3 Support for kaimahi Māori to thrive in the workplace	Investment from Te Aka Whai Ora to develop more leaders within the nursing and midwifery workforce over the next year through Ngā Manukura, a marae-based aupapa Māori leadership development programme.

and addiction service for whānau. It is a six-week individual and group mātauranga Māori and western medicine programme, run by kaimahi who have lived experience of the justice system and mental health and addiction. Although open to all ages, it is rangatahi (18 to 25-year-olds) who represent approximately 40 per cent of those that use this service and, and who, as first-time drink driving offenders, have been referred to *Ngā Kete Aronui* by the courts and probation officers. Whānau who attend have group accountability interwoven throughout. By the end of the programme, individual whānau have been coached over the six weeks to plan and articulate how they will keep themselves safe and not reoffend.

In April 2023, alongside other hauora Māori partners, Maraeroa Marae Health Clinic received an inflation uplift from Te Aka Whai Ora to cover the increasing cost to deliver services, including paying kaimahi above minimum wage. According to Maraeroa, this was the first increase from health funders in the past 10 years. The uplift has enabled the clinic to appoint two new alcohol and addiction (AOD) practitioners. Without this support, whānau would have had to go on a waitlist, reach out to mainstream services, or go without services.

The money has given us the opportunity to expand our services and move away from the 'ambulance at the bottom of the hill' approach to a more pro-active approach / early detection and intervention approaches...we have capacity to see more people and do more creative

activities and interventions, we can deliver it in our way, using more tikanga and kaupapa Māori practices alongside western models of care.

Chief Executive, Maraeroa Marae Health Centre

The new AOD counsellors assist whānau within *Ngā Kete Aronui* to make positive choices, and be less reliant on any addictive products. Whānau who have been involved with *Ngā Kete Aronui* share their feedback, experience and what the service meant for them:

The experience (Ngā Kete Aronui service) was positive in every way, the counsellors were open, honest, positive, down to earth, and kept things simple.

I recognised that I have lots of alcohol and drug issues in my whānau, but it was good to connect back to my roots, it helped with my control of my habits.

Refreshing for me as I related to other people talking about their challenges.

It was an eye-opening session into how to handle future drug and alcohol triggers.

One whānau asked more about the weekly therapy session and asked if they could join this rōpū. This whānau comprised of three generations of wāhine, they wanted to change their lives. They saw joining Maraeroa wāhine toa rōpū as an opportunity for all of them, changing their lives and supporting one another through this journey.

Strategic Objectives	How was this done?
Mana motuhake	First time offenders are empowered to reduce their risk of reoffending through preventative intervention pathways that redirect them from criminal charges including losing their driver licences.
Reindigenising the health system	Tikanga and kaupapa Māori approaches are delivered alongside western models of care.
Accountability for health outcomes	Feedback from whānau, Courts and probation officers ensures the service is accountable for outcomes.
Collective impact	The service is integrated with other health and social organisations including other Māori partners and Justice.
Sustainable and equitable resourcing	The CPI uplift enabled the service to meet existing demand while also expanding their service to focus on prevention; thereby reducing future demand and increasing overall sustainability of the service.



Developing the Hauora Māori Strategy with our partners

In February and March 2023, Te Aka Whai Ora worked alongside Manatū Hauora to co-develop the new Hauora Māori Strategy. Four (two-day) pae ora wānanga were held around the motu, which over 550 attended. The purpose of each wānanga was to explore and inform strategies that Manatū Hauora and Te Aka Whai Ora are co-developing as part of reforming the health system through the Pae Ora (Healthy Futures) Act 2022.

Attendees included health service kaimahi (20%), hauora Māori partners (18%), iwi (12%), whānau (12%), government agencies (10%) and others (28%).

The key themes heard at these wānanga were:

- The health system must recognise tino rangatiratanga and support Māori to have control over their own wellbeing and the wellbeing of their whānau
- Māori health and wellbeing is interconnected with whānau (whānau ora) and environmental wellbeing (wai ora)
- The strategic direction for Māori health is sound, and some progress has been made with the reforms, but this has yet to flow through to real change for many whānau
- The health system needs to build on the gains of the COVID-19 example by turning learnings into action

(collaboration, iwi/hapū collective action, devolution of resources). This will help to achieve an emergency-ready and resilient health system

- Whānau want access to rongoā and tikanga practices, and culturally safe mainstream health services
- Accessibility and responsiveness of health services remain an urgent priority, especially for Māori living in rural areas. For many Māori, basic health needs are still not being met
- The way agencies commission services and supports can be a key lever for change; the approach needs to be relational, grounded in outcomes that matter to whānau, local needs, and evidence of what works
- Māori need to be well-supported locally to understand and determine community need and to develop and deliver local Māori solutions. There needs to be sustained investment in Māori providers (including rongoā) to increase their reach and performance
- Address racism in the health system
- Encourage, foster and grow diverse Māori leadership
- Enhance cross-sector collaboration based on outcomes that matter to whānau
- Monitoring and accountability are critical and should be based on outcomes that matter to whānau

- Attract, develop and protect an indigenous workforce
- Build cultural competency in the non-Māori workforce.

Te Aka Whai Ora is looking forward to the new Hauora Māori Strategy expected to be published in July 2023.

Our learnings for next year

Throughout the last 12 months, while we have been congratulated for having come to where we are now from where we started, we have also been told – by whānau, iwi, hauora Māori partners and the Hauora Māori Advisory Committee – that we can improve. We acknowledge that our first year has not been perfect. We started with our first employee, the chief executive, on 1 July, and ended the

year with 237 employees. As we were building our waka hourua, we were procuring and commissioning services, building iwi relationships, working with our partners on strategies, implementing strategies (Te Pae Tata, Whakamaua: the action plan for *He Korowai Oranga*), and reassuring whānau that needed services were available.

We captured feedback during our conversations with whānau and hauora Māori partners throughout the motu on how some of our first-year activities could improve. This is the summary of that feedback. We intend to use this feedback to help us better commission services next year.



What they told us	What we can improve on
More discretionary funding, so we can decide what's relevant for our community. Let us design the programmes, or co-design approaches with whānau.	Improve commissioning approaches.
Longer term contracts. One year is really tough, especially when wanting to encourage new kaimahi to join our team. Whānau need secure jobs.	Consider term of contracts.
Some of the reporting templates are just too complicated...and all the reports are due at similar timeframes, which is really hard to get everything in on time.	Review reporting timeframes and tools to support partner reports.
What was really hard, during Cyclone Gabrielle was that all the RFPs came out at once. Difficult to do a good job on each one.	Consider timing of release of Request for Proposal documents.
When all the RFPs came out, it created competition in our region. We were competing with partners we usually work alongside.	Consider the impact of new services in regions with more than one hauora Māori provider.
Create more training opportunities, and workforce development for rural communities. We can't afford to travel to the cities. Come to us.	Consider the location of hauora Māori partners and iwi in future procurement of workforce programmes.

Our organisational health and capability

Tikanga, skills and knowledge of Te Aka Whai Ora kaimahi are critical to operating effectively and efficiently to deliver the best outcomes for whānau, hapori, iwi Māori and key stakeholders. The way in which we work as an organisation is about kaitiakitanga, that is, looking after our kaimahi and their wellbeing to help the whole organisation to achieve our vision.

Kaimahi

Although we are a medium-sized organisation our workplace profile shows that we employ a diverse mix of kaimahi in terms of gender and ethnicity. Our staff turnover is low given that we are a relatively new organisation.

Starting with one employee on 1 July 2022, by 30 June 2023, we have 237 employees (kaimahi)¹¹. The breakdown of our kaimahi is as follows:

Employment Type	Gender	Ethnicity
Permanent 87.8%	Female 65%	Māori 81.2%
Fixed term 12.2%	Male 30%	European 12.2%
	Not specified 5%	Pacific 4.7%
		Not specified 1.9%

Age Group	Kaimahi (#)	%
Under 25 years	5	2.1%
25 – 34 years	36	15.2%
35 – 44 years	63	26.6%
45 – 54 years	77	32.5%
55 – 64 years	41	17.3%
65 years and over	15	6.3%
Total	237	100%

¹¹ The headcount of 237 does not include contractors and secondees from other organisations.

Diversity and Inclusion

Building an inclusive, diverse and healthy work environment where our kaimahi feel safe, valued, supported, respected and can flourish is the key goal for Te Aka Whai Ora. Te Aka Whai Ora is committed to the five priorities listed in *Papa Pounamu*¹² which sets the diversity and inclusion work programme for the wider Public Service. It covers five priority areas that focus on making the most positive impact across all diversity measures. Te Aka Whai Ora recognises that diversity and inclusion is about:

- celebrating the diverse people at Te Aka Whai Ora and the unique value they bring
- creating visibility for minorities and marginalised groups
- reflecting and valuing the communities we serve.

Being a Good Employer

Te Aka Whai Ora is committed to being a good employer and creating a safe and healthy work environment for all kaimahi. We recognise the need to look after our kaimahi and their wellbeing. We set this out in policies to demonstrate that their health and wellbeing is a priority. More importantly, we reinforce this in staff meetings and general discussions between peers and managers.

Equal Employment Opportunities

Te Aka Whai Ora values people and is committed to the principles of equal employment opportunity and equity for all employees and potential employees. In all cases, Te Aka Whai Ora will appoint the best-qualified person to any position for which it is recruiting without discrimination.

Remuneration

Te Aka Whai Ora seeks to attract and retain the best person for the job. Accordingly, Te Aka Whai Ora pays rates consistent with the market for all positions, and remuneration is (and will be) regularly reviewed.

Te reo Māori me ngā tikanga Māori – kia rere te reo

Te Aka Whai Ora is committed to enabling te reo Māori to freely flow within the workplace, between kaimahi and in interactions with external stakeholders. Te reo me ngā tikanga Māori capability remains a priority for us and we support all kaimahi to learn, use and hear te reo Māori on a daily basis. To this end we have appointed a Pou Tikanga, have weekly karakia, established online te reo Māori classes and encourage the use of karakia and pepeha in all our hui. All staff are encouraged to attend karakia and te reo Māori classes. We use te reo Māori in emails, kaimahi pānui, and translate key documents.

Bullying, Harassment and Discrimination

Te Aka Whai Ora has policies in place to prevent and address bullying, harassment and discrimination in the workplace and to promote a safe and healthy work environment.

Flexible working arrangements

Te Aka Whai Ora is committed to offering an agile working environment which is tailored to both the needs of kaimahi and Te Aka Whai Ora. Supporting flexible workplace practices enables kaimahi to fully contribute their talents while maintaining a healthy work-life balance.

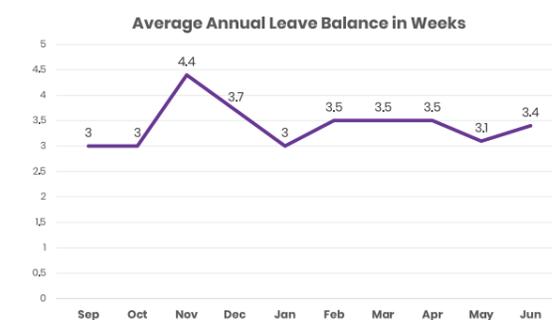
All our kaimahi are equipped and able to work from home, at a satellite location and from shared premises with other agencies. Flexible working locations means Te Aka Whai Ora is able to access kaimahi across Aotearoa to carry out its mahi. Approximately one-third of our kaimahi work at sites across the motu, while two-thirds work either in Tāmaki Makaurau or Te Whanganui-a-Tara.

Te Aka Whai Ora has kaimahi on secondment from other organisations, including Manatū Hauora and Te Whatu Ora. Te Aka Whai Ora has a total of 25 secondees.

Health, Safety & Wellbeing

Te Aka Whai Ora offers a range of wellbeing initiatives and services to support its kaimahi. These include recognising cultural leave, rongoā Māori offerings, other health

checks, flu vaccinations, e-learning modules, mental health services and Employee Assistance Programme. The appointment of a Senior Health and Safety Advisor during the year has helped the organisation to develop its health and safety plan that covers the risks that our kaimahi face in delivering their mahi. A health and safety incident reporting system is in place and any incidents are reported to the Executive Leadership Team monthly.



Annual Leave

People managers across Te Aka Whai Ora are committed to ensuring kaimahi are taking appropriate annual leave over the course of the year. The average annual leave balance of kaimahi is less than four weeks.

Pay gap action plan

Te Aka Whai Ora is committed to closing pay gaps through the development of a Māori, Pacific and other ethnicity Gender Pay Gap action plan. This will be published in the 2023/24 year. The plan will help Te Aka Whai Ora focus on how to eliminate bias in recruitment processes and improve pay gaps that may exist. Te Aka Whai Ora will publish its median pay difference between kaimahi data in 2023/24 to meet its pay gap reporting obligations.

¹² [Papa Pounamu Public Service work programme – Te Kawa Mataaho Public Service Commission](#)

Employee remuneration

	Actual 2023 Number
Total remuneration paid or payable that is or exceeds \$100,000:	
\$100,000 – \$109,999	5
\$110,000 – \$119,999	7
\$120,000 – \$129,999	6
\$140,000 – \$149,999	3
\$150,000 – \$159,999	4
\$160,000 – \$169,999	5
\$170,000 – \$179,999	1
\$180,000 – \$189,999	3
\$190,000 – \$199,999	2
\$200,000 – \$209,999	1
\$210,000 – \$219,999	1
\$240,000 – \$249,999	2
\$250,000 – \$259,999	1
\$320,000 – \$329,999	1
\$510,000 – \$519,999	1
Total employees	43

During the year ended 30 June 2023, no employees received compensation and other benefits in relation to cessation (2022: nil).

Giving effect to the Code of Consumer and Whānau Engagement

Under section 60 of the Pae Ora (Healthy Futures) Act 2022, as a health entity, Te Aka Whai Ora is required to act in accordance with the [Code for consumer and whānau engagement in the health sector](#) (the code) and report annually on how we have given effect to the code.

Working with whānau, iwi and hapū is central to the way we operate and is reflected in the review of our achievements across multiple strategic priorities. We have met the expectations for the code in the way in which we have designed priorities, processes and evaluation; used lived experience to inform improvements; collaborated with other agencies to reduce health inequities; removed barriers to engagement; resourced whānau and communities to engage meaningfully; and ensured newly established services have engagement at their heart.

Our highlights include 100 hui with whānau and communities discussing the health reform, working with hauora Māori partners on developing a code of expectations, working with the rangatahi Māori advisory group on improving youth health and wellbeing, and connecting with whānau at Te Matatini ki te Ao. These actions are in addition to our achievements already highlighted in this annual report, which consistently promote the voice of whānau.

Our Board

Sub-committees

The Board established four sub-committees to assist them to fulfil their responsibilities. These sub-committees meet every month prior to full monthly board meetings, with the committee chair reporting to the full board. For information on the remuneration and disclosures of our Board and Committee members, please refer to Board remuneration table in Section 5: Financial Statements.

Finance, Audit and Accountability Committee

The Finance, Accountability and Audit Committee assists the Board to ensure that Te Aka Whai Ora complies with their financial accountabilities and responsibilities. In carrying out its functions, the Committee will operate consistently with the Office of the Auditor-General's Good Practice Guide for Audit Committees in the Public Sector¹³.

Members:

- Steve McJorrow
- Fiona Pimm
- Sharon Shea
- Dr Sue Crengle

¹³ [Part 17: Good practice guide on audit committees in the public sector – Office of the Auditor-General New Zealand \(oag.parliament.nz\)](#)

People, Culture and Workforce Committee

The People, Culture and Workforce Committee undertakes a variety of duties in relation to people and culture and provide advice and recommendations to the Board relating to those activities. This may also include advice to the Board of Te Whatu Ora.

Members:

- **Tipa Mahuta**
- **Awerangi Tamihere**
- **Dr Mataroria Lyndon**

Policy Committee

The Policy Committee will undertake a variety of duties in relation to policy papers and policy issues and provide advice and recommendations to the Board relating to those activities. This may also include advice to the Board of Te Whatu Ora and Manatū Hauora.

Members:

- **Tipa Mahuta**
- **Awerangi Tamihere**
- **Dr Mataroria Lyndon**
- **Fiona Pimm**
- **Dr Sue Crengle**
- **Steven McJorow**

Monitoring Committee

The Monitoring Committee ensures that Te Aka Whai Ora performs its monitoring functions in accordance with their legislated monitoring role.

Members:

- **Fiona Pimm**
- **Steven McJorow**
- **Dr Mataroria Lyndon**
- **Kim Ngarimu**
- **Helmut Modlik**

Risk management

The Board oversees risk management, the effectiveness of internal controls, performance reporting and financial management. Risk is monitored and reported to the Board monthly. Commencing in 2023/24, the Board will have a risk enterprise management framework in place, which will ensure that risks are regularly identified, monitored and reported to the Board on a monthly basis.

Legislative compliance

The Board ensures that Te Aka Whai Ora complies with all legislation. The Board has delegated responsibility to our Te Aka Matua for the development and operation of a programme to identify compliance issues, and to ensure that kaimahi are aware of relevant legislative requirements and comply with them.

Conflicts of Interest

The Board manages conflicts of interest as they arise. Prior to the meeting, Board members are asked to advise the Board of any potential conflicts of interest. If a conflict of interest is identified, the Board member concerned is not involved in the decision-making process relating to that matter. A schedule of Board members' interests is reviewed at every Board meeting.

Board register of interests

Te Aka Whai Ora operates as an independent statutory entity at 'arms-length' from the government. Concurrently it also receives its funding from the Crown. Accordingly, it has responsibilities and accountabilities that extend beyond iwi, hapū, whānau, and Māori communities to include Parliament and the public at large, for the expenditure of public funds.

Given the extensive, wide-ranging relationships Te Aka Whai Ora has formed and will continue to form, the Board and management have in place processes to identify and manage conflicts of interest. This is necessary to reduce the risk of actual conflicts of interest occurring, to ensure transparency and the maintenance of high standards and expectations, and to avoid any perception that Te Aka Whai Ora has not acted in an appropriate and impartial way with expenditure and administration of publicly funded monies.

The Te Aka Whai Ora position is that affiliating to hapū and iwi does not in itself constitute a 'private interest', and as such there would be no presumption of bias on this basis alone. However, for the purpose of this policy, Board members, staff or contractors are not permitted to be members of iwi-Māori partnership boards or recipients of Te Aka Whai Ora commissioning funding. These are determined to be of such a fundamental part of Te Aka Whai Ora business that the conflict would be unmanageable.

Directions from the Minister

Other than a Letter of Expectation to inform our planning for the 2023/24 year, the Ministers did not issue directions to Te Aka Whai Ora during the 2022/23 year.

Permission to act despite being interested in a matter

No matters arose during the 2022/23 year.

Termination payments (s152d)

No termination payments were made during the 2022/23 year.

Wāhanga 4: Te Tauākī Haepapa Statement of Responsibility

The Board and management of Te Aka Whai Ora accept responsibility for the preparation of the financial statements and statement of performance, and for the judgments made in them.

The Board and management of Te Aka Whai Ora accept responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial reporting.

In the opinion of the Board and management of Te Aka Whai Ora, the financial statements and statement of performance for the twelve months from 1 July 2022 to 30 June 2023 fairly reflect the financial position and operations of Te Aka Whai Ora.

We are responsible for any end-of-year performance information provided by Te Aka Whai Ora under section 19A of the Public Finance Act 1989.

Signed:



Tipa Mahuta
Te Kaihautū
Waikato, Maniapoto, Ngāpuhi
31 October 2023

Signed:



Riana Manuel
Te Aka Matua
Ngāti Pūkenga, Ngāti Maru,
Ngāti Kahungunu
31 October 2023

Signed:



Steven McJorow
Board Member and Chair of Finance,
Accountability and Audit Committee
Ngāti Kahungunu, Ngāti Moe
31 October 2023

4.1 Our performance measures

Vote Health: Delivering hauora Māori services

Appropriations

An appropriation is a statutory authority from Parliament allowing the Crown or an Office of Parliament to incur expenses or capital expenditure. The Minister of Health is responsible for appropriations in the health sector. Each year, the Ministry of Health allocates the health sector appropriations through 'Vote Health' to Te Aka Whai Ora, who use this funding to plan, purchase and provide health services. An assessment of what has been achieved with the 2022/23 appropriations is detailed below. *Appropriations allocated and scope*

This appropriation is limited to developing, implementing and delivering hauora Māori services, supporting the development of hauora Māori providers, developing partnerships with iwi, commissioning kaupapa Māori services and other services developed for Māori, and other related services.

What is intended to be achieved with this appropriation?

This appropriation is intended to achieve services provided by Te Aka Whai Ora that align with Government priorities as outlined in section 3.3 including the interim Government Policy Statement on Health and Te Pae Tata (Interim New Zealand Health Plan 2022-2024).

How performance will be assessed and end-of-year reporting

Te Aka Whai Ora has a statutory responsibility to prepare:

- an Annual Plan for approval by the Minister of Health (Section 38 of the New Zealand Public Health and Disability Act 2000) – providing accountability to the Minister of Health
- a Statement of Performance Expectations (Section 149C of the Crown Entities Act 2004 as amended by the Crown Entities Amendment Act 2013) – providing financial accountability to Parliament and the public annually
- a Statement of Intent (Section 139 of the Crown Entities Act) – providing accountability to Parliament and the public at least triennially.

These documents are reflected in the Statement of Intent and Statement of Performance Expectations. The Statement of Performance Expectations provides specific measures/targets for the coming year.

Three Output Classes are used by to reflect the nature of services provided:

- System performance and outcomes
- Facilitating mana motuhake
- Te ao Māori, matauranga Māori and Rongoa commissioning (Hauora Māori)

Amount of appropriations

The appropriation revenue received by Te Aka Whai Ora equals the Government's actual expenses incurred in relation to the appropriation, which is a required disclosure from the Public Finance Act 1989. The table below summarises the revenue received.

	Actual 2023 \$000	Budget 2023 \$000
Original Appropriation	162,926	162,926
Supplementary Estimates	54,646	54,646
Total hauora Māori appropriation revenue	217,572	217,572

Other Crown Revenue

In addition to the hauora Māori appropriation which Te Aka Whai Ora has responsibility, other Crown Revenue is also received which is part of a larger appropriation administered by Te Whatu Ora. The table below shows the breakdown of all Crown Revenue received, including the Te Aka Whai Ora share of these other appropriations.

	Actual 2023 \$000	Lead Agency
Delivering hauora Māori Services	217,572	Te Aka Whai Ora
Delivering Primary, Community, Public and Population Health Services	350,454	Te Whatu Ora
Problem Gambling Services	5,621	Te Whatu Ora
Total Crown Revenue	573,647	



Output class 1: System performance & outcomes

Output class 1 includes system performance monitoring, reporting, planning, developing strategies, workforce capability and capacity, providing advice, performance, accountability and outcomes frameworks to ensure the system maximises collective impact to deliver on the agreed health outcomes for whānau, hapū, iwi and Māori that will eliminate inequities in health outcomes for Māori.

**Statement of Performance Expectation:
non-financial performance measures for output class 1**

What the output intended to achieve	Performance measures	Milestone timeframe	Results 2022/23
Laying the foundations for the ongoing success of the health system	Te Aka Whai Ora is clear about our own and other entities' roles and responsibilities, and we are delivering to these (as expressed in our key accountability documents).	June 2023	Achieved Our roles and responsibilities are outlined in our Statement of Intent for 2022–2026 and Statement of Performance Expectation for 2022/23.
Ensuring our financial sustainability	Actual expenditure is consistent with that budgeted and there is overall balance in both budgeted and actual revenue to expenditure ratios.	July 2022/23	Achieved The net surplus for the year was \$93.6 million, with 85% of revenue being spent, compared to a budgeted surplus of \$66.9 million, which equates to 88% of revenue being spent.

What the output intended to achieve	Performance measures	Milestone timeframe	Results 2022/23
Effective workforce development programmes are being developed	The Māori Workforce Action Plan is updated.	October 2022	Not Achieved The draft Māori Workforce Action Plan was completed in 2022/23 alongside Manatū Hauora, however the final version is not expected until November 2023.
	The workforce work programme for the next two years is being developed.	June 2023	Not Achieved The workforce work programme experienced delays due to our establishment phase requiring more time than initially planned. We have rescheduled the programme to be developed in 2023/24.
	Proportion of Māori and other under-represented groups in the regulated and unregulated health workforce, compared with the proportion of the total population.	Improvement on baseline by June 2023	<p>New Measure</p> <p>To establish the baseline to support this measure, we have relied upon data received from Te Whatu Ora (2022 & 2023)* in relation to our regulated workforce – those kaimahi whose professions are regulated under the Health Practitioners Competence Assurance Act 2003; and Census (2018)** data for those professions outside of this legislation – who are referred to as unregulated.</p> <p>Regulated Health Workforce:</p> <p>2022</p> <ul style="list-style-type: none"> • Māori: 7.9% • Pacific: 4.0% <p>2023</p> <ul style="list-style-type: none"> • Māori: 8.0% • Pacific: 4.1% <p>Unregulated Health Workforce (2018):</p> <ul style="list-style-type: none"> • Māori: 10.2% • Pacific: 7.3% • Non-Māori excluding Pacific 82.5%

What the output intended to achieve	Performance measures	Milestone timeframe	Results 2022/23
Developing the health workforce of the future	Proportion of Māori in leadership and governance roles across Manatū Hauora, Districts Hauora and other health sector Crown entities.	Improvement on baseline by June 2023	<p>Unable to Measure</p> <p>This is a new measure and in 2022/23 Te Aka Whai Ora is establishing its baseline for the proportion of Māori in leadership and governance roles.</p> <p>The latest baseline numbers for Governance roles in 2021/22 are listed below with a total of 553 Governance leadership roles broken down in the following manner:</p> <ul style="list-style-type: none"> • 329 European (61.7%) • 125 Māori (23.5%) • 43 Pacific (8.1%) • 44 Asian (8.3%) • 8 Middle Eastern, Latin American or African (1.5%) • 2 undedeclared (0.4%) <p>Te Whatu Ora is in the process of determining how leadership role data will be captured for the next annual report.</p> <p>The next update on governance role numbers by ethnic groups will be in February 2024.</p>

*Please note that not all professional groupings participate in the survey each year and in 2023 the below professional groupings were not included, in particular midwives and social workers who had the highest proportion of practitioners identifying as Māori in 2022. Dental Hygienists, Dental Technicians, Dentists, Midwives, Osteopaths, Paramedics, Psychotherapists, Social Workers (Health & Non-Health)

**2018 Census data on the unregulated Health Workforce was analysed as a joint project of the Social Wellbeing Agency and Health Workforce Directorate, Ministry of Health. A similar analysis, based on more recent data, was not available at the time of the report's publication.

Estimate of Appropriation non-financial performance measures for this output class

Performance measures	Budgeted Standard	Actual Result	Comment
Manatū Hauora The Ministry of Health's confidence in the entity to deliver Whakamaua He Oranga	Good	See Comment	Manatū Hauora has advised that it is satisfied that Te Aka Whai Ora is making progress against expectations in its delivery of Whakamaua He Oranga and that it recognises that as part of a multi-year plan, many of the outputs remain a work in progress.

The financial performance for output class 1

System performance & outcomes	Actual 2022/23 \$m	Budget 2022/23 \$m
Revenue	6,841	6.841
Expenditure	8,465	6.841
Net surplus/(deficit)	(1,624)	0.000

The higher spend was due to higher activity in establishing initial policies and programmes

Output class 2: Facilitating mana motuhake

This output class includes developing and sustaining mutual respect and shared understanding of different perspectives, roles, capacity, and capabilities within the system. Developing robust policy and actions which are informed by the voice of Māori enable Māori to manage their own affairs autonomously.

The mechanisms are working with the iwi-Māori partnership boards, engagement with hauora Māori partners, other government and national entities, iwi, hapū and other stakeholders. This means plans and strategies accurately reflect the vision of Te Aka Whai Ora and are co-designed with Te Whatu Ora, the iwi-Māori partnership boards and other key partners. We have engaged with the iwi-Māori partnership boards and supported their establishment.

Statement of Performance Expectation: non-financial performance measures for output class 2

What the output intended to achieve	Performance measures	Milestone timeframe	Actual Result and Comment
Scope and begin to prepare and determine the Pae Ora (Healthy Futures) Act 2022 listed strategies	There is an agreed work programme for scoping and drafting the suite of strategies	October 2022	Achieved The Manatū Hauora-led work programme to support the delivery of the six Pae Ora strategies was in place in the lead-up to October 2022, following which the strategies were approved by Cabinet and published and made available on the Manatū Hauora Ministry of Health website in July 2023.

What the output intended to achieve	Performance measures	Milestone timeframe	Actual Result and Comment
Initial (two year) plans developed with Te Whatu Ora and Manatū Hauora	Report on progress of planning, development and implementation of the following: <ul style="list-style-type: none"> Interim Te Pae Tata 2022–2024 and other two-year plans 	June 2023	Achieved We have provided progress reports on the interim Te Pae Tata 2022–2024 to the Minister of Health throughout the year. The progress on interim Te Pae Tata actions will be reported in the annual performance report against Te Pae Tata / the New Zealand Health Plan.
	<ul style="list-style-type: none"> New Zealand Health workforce strategy (with Manatū Hauora and Te Whatu Ora) 		Not Applicable The New Zealand Health workforce strategy deliverable was amended by Manatū Hauora whereby the workforce strategy themes were incorporated across five of the six Pae Ora strategies.
Iwi-Māori partnership boards are well supported	Feedback from the iwi-Māori partnership boards on how they are fulfilling their role and whether they are receiving the support they require.	Establish baseline by June 2023	Achieved Our survey of iwi-Māori partnership boards reflected their mixed experiences over this first year. While there were many positive responses and we learned a lot about their goals and aspirations, opportunities for Te Aka Whai Ora to improve its support for its IMPB partners were also identified in this feedback.
Whānau voice is heard and acted upon to advance the Māori health evidence base that contributes to improved Māori health and wellbeing	Systems and processes are being put in place in our policy advice and Pae Ora strategies so that iwi-Māori partnership boards and the Māori health sector are enabled to access insights, evidence and data, and to use kaupapa Māori insights and evidence to inform and influence decision-making processes	June 2023	Achieved Twelve locality prototypes were established which led to 11 locality plans being completed. Iwi-Māori partnership boards have captured insights from whānau and the community, which have formed their respective plans. The next 12 months will see the remainder of the country mapped into localities in engagement with iwi Māori.

Estimate of Appropriation non-financial performance measures for this output class

Performance measures	Budgeted Standard	Actual Result	Comment
A plan is in place to support the operations of iwi-Māori partnership boards	Achieved	Not Achieved	Operational plans will be in place in 2023/24 to enable iwi-Māori partnership boards to effectively operate and carry out their functions.

The financial performance for output class 2

	Actual 2022/23 \$m	Budget 2022/23 \$m
Facilitating mana motuhake		
Revenue	30,636	11.856
Expenditure	32,372	11.856
Net surplus/(deficit)	(1,736)	0.000

Expenditure was higher than budget due to additional funding allocated to support iwi-Māori partnership boards to establish their operations rapidly and robustly. There was also a higher allocation of staff transferred from District Health Boards to this output than originally estimated.



Output class 3: Te ao Māori, mātauranga Māori, and rongoā commissioning (hauora Māori)

This output class includes ensuring resourcing is equitable to achieve health outcomes and the wider aspirations of whānau, hapū, iwi and Māori. It includes workforce rongoā Māori, mātauranga Māori and te ao Māori for direct commissioning, co-commissioning and partnered commissioning to deliver on the aspiration of pae ora. This means our commissioning frameworks and processes are in place and operating to support equitable health outcomes, to improve access to and experience of the health system for Māori.

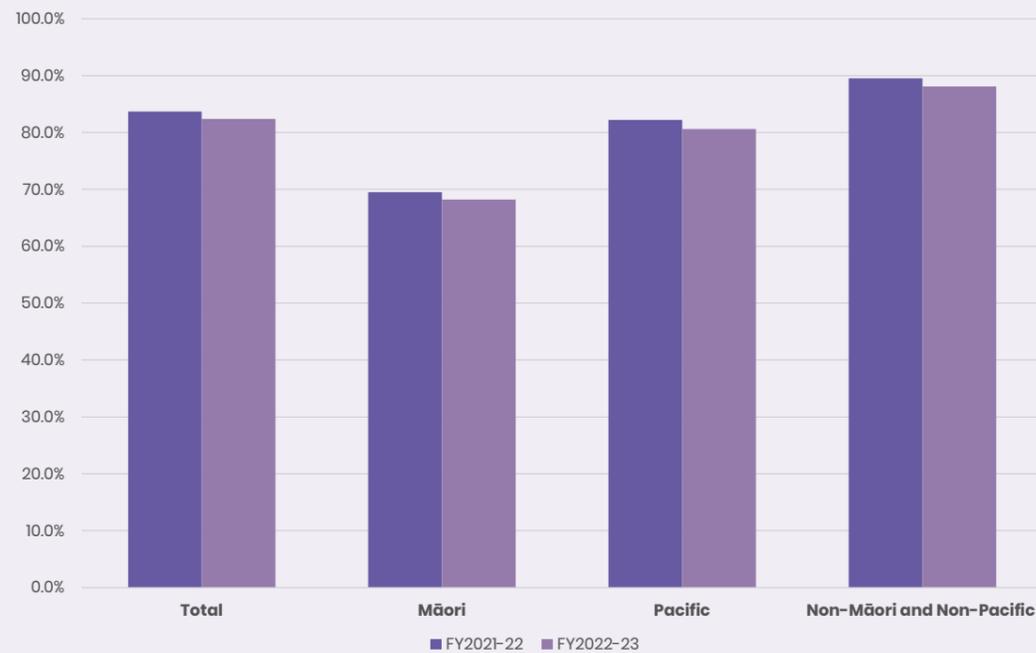
Statement of Performance Expectation: non-financial performance measures for output class 3

What the output intended to achieve	Performance measures	Milestone timeframe	Actual Result and Comment
Commissioning of public, primary and community health services to ensure meaningful options, cultural appropriateness, and choice of services that improve equitable access to and meet the needs of people and their whānau	Commissioning frameworks and work plans are approved by the Board for implementation via: <ul style="list-style-type: none"> • direct commissioning • co – commissioning • partnership commissioning 	June 2023	Achieved Our commissioning frameworks and priorities for 2022/23 were approved by our Board in late 2022.
	Better primary healthcare and improving wellbeing through prevention	Improvement on baseline by June 2023	Not Achieved Although we have made progress in the delivery of services that enable better primary healthcare and improved wellbeing through prevention, immunisation rates at 24 months have decreased in the 12 month period to 30 June 2023. (Figure 1). It is also evident that further improvements are possible, and we will continue to aim for a desire to see greater reductions in the rates of ambulatory sensitive hospitalisations (ASH) (Figures 2-3). To address the ASH rates, we are commissioning a number of public, primary and community health services to ensure meaningful options, cultural appropriateness, and choice of services that improve equitable access to and meet the needs of people and their whānau. We also look to take on learnings to continuously improve our services. Refer to the section below for more information on the performance of this measure.

**Our assessment of performance measure:
Better primary health care and improving well-being through prevention**

We determined that this measure is best reflected by the performance metrics of two high-level health system indicators, which are the immunisation rates for children at 24 months and ambulatory sensitive hospitalisations (ASH) for children aged 0-4 years and adults aged 45-64 years. Immunisation rates for children at 24 months reflects the percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old. Ambulatory sensitive hospitalisations (ASH) for children aged 0-4 years and adults aged 45-64 years are the rates of hospital admissions for children under five and for people aged 45-64 years (per 100,000 population for each group) for illnesses that might have been prevented or better managed in the community.

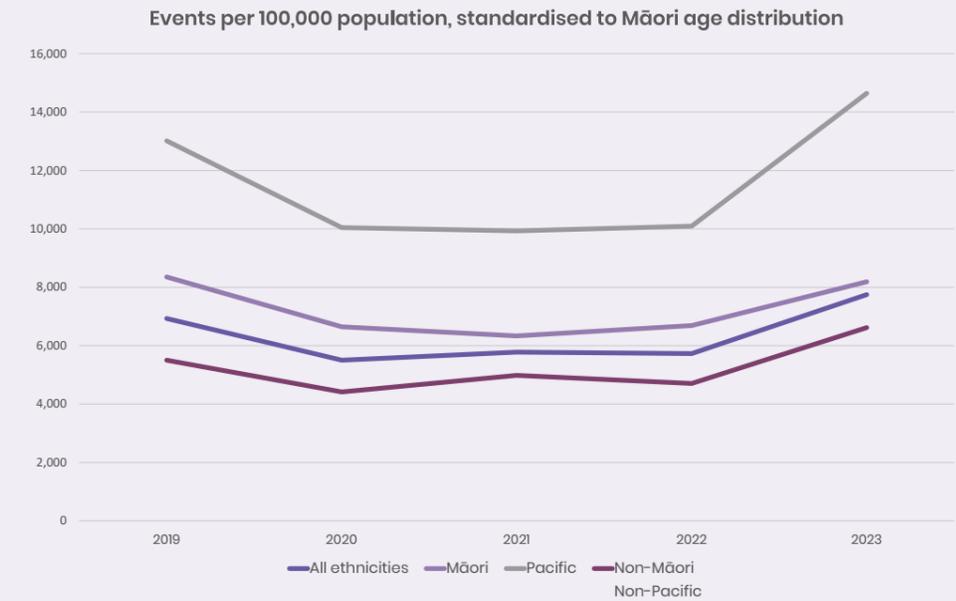
Both high-level indicators were selected because immunisation is considered effective primary preventative against illnesses and ASH are mostly acute admissions that are considered potentially reducible through interventions deliverable in a primary care setting. Furthermore, both high-level indicators are well-known, long-standing indicators as reflected in the Health System Indicators Framework¹.



▲ **Figure 1:** Immunisation Coverage at 24 months, by ethnicity between 2021-22 and 2022-23

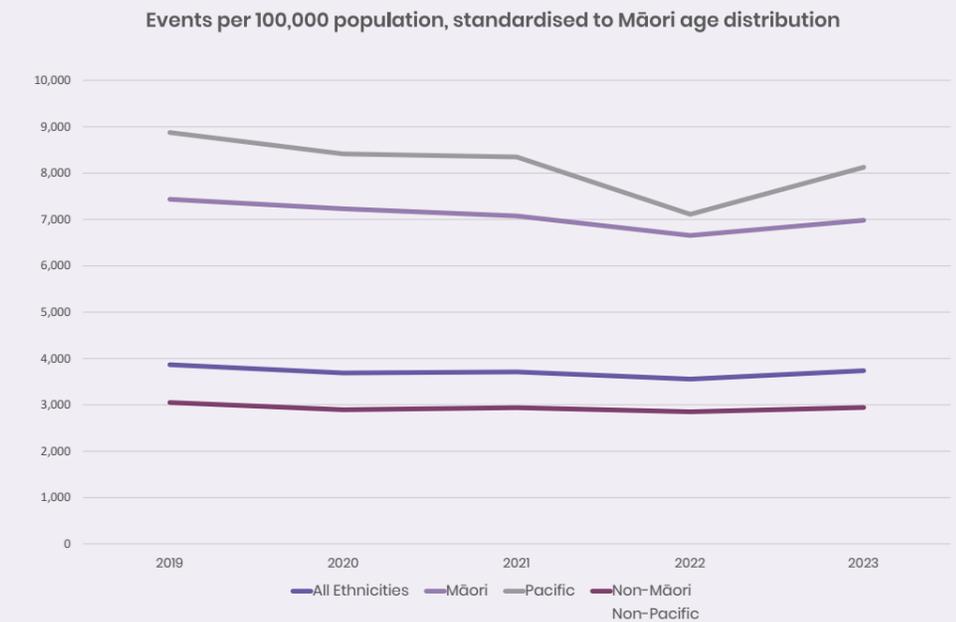
Our immunisation results demonstrate that nationally, rates of children fully immunised at 24 months for all ethnicities has decreased from its baseline in 2021-2022 of 83.7 percent to 82.4 percent. (Figure 1).

¹ Health System Indicators framework – Te Whatu Ora – Health New Zealand



▲ **Figure 2:** Ambulatory sensitive hospitalisations (ASH) for children aged 0-4 years, 12 months to June 2023.

There was an increase in child ASH rate per 100,000 population from June 2022 to June 2023, particularly in Pacific children. The overall total increased from the 5,729 baseline in 2022 to 7,752 in 2023 (Figure 2). A recent review has found that children aged over 4 years but less than 5 years with certain respiratory diagnoses (wheeze and lower respiratory infection) were formerly excluded from the ASH calculation for ages 0-4. Children with any other ASH condition between 4 and 5 years old were included. We estimate that the total number of ASH events for children aged 0-4 was formerly undercounted by between 1.9 and 3.1 percent annually over the five years 2019-2022



▲ **Figure 3:** Ambulatory sensitive hospitalisations (ASH) for adults aged 45-64 years, 12 months to June 2023.

There was an increase in the 45-64 year age group ASH rate per 100,000 population from June 2022 to June 2023. The overall total increased from the 3,556 in 2022 to 3,739 in 2023 (Figure 3).

What the output intended to achieve	Performance measures	Milestone timeframe	Actual Result and Comment
To ensure equitable access to supports and services	Improving mental wellbeing by providing better access to primary mental health and addiction services.	Improvement on baseline by June 2023	Not Measured This measure was included in our Statement of Performance Expectations 2022–2023 while a more granular and specific new measure was developed to replace it. The current measure is considered poor in its design as it cannot tell us what percentage of Māori who are affected by mental health and addiction issues are accessing appropriate mental health and addiction services to manage those issues. The new measure is included in our latest Statement of Performance Expectations 2023–2024 and will be reported in our next Annual Report 2023/24.
To ensure equitable access to supports and services	The Planned Care Taskforce, established by Te Whatu Ora and Te Aka Whai Ora, will develop a national plan by September 2022.	September 2022	Achieved The Planned Care Taskforce was established, accompanied by a plan published on our website in September 2022.
To ensure equitable access to supports and services	Deliver tailored population and public health programmes and whānau-based and mātauranga Māori – informed service models that enable choice and support whānau ora, mauri ora and wai ora	June 2023	Partially Achieved A large part of 2022/23 was focused on designing and commissioning whānau – centric tailored services/ programmes for our whānau. The programmes are now scheduled to be delivered in 2023/24.

What the output intended to achieve	Performance measures	Milestone timeframe	Actual Result and Comment
Geographical coverage and utilisation of rongoā Māori services	Rongoā consultation volumes delivered reported by rongoā providers to Te Aka Whai Ora (in a 12-month period)	June 2023	Not Measured There is a lag in the timing of data being made available by Manatū Hauora. This is due to Manatū Hauora requiring a certain amount of time to refine the data collected once a financial year ends. As a result, the data for 2022/23 will only be made available in February 2024. We will include the data from this measure in our Annual Report for 2023/24. The latest data available for use as a baseline was from 2021/22. In 2021/22 19,048 client contacts were made for rongoā Māori services.
Geographical coverage and utilisation of rongoā Māori services	Funding of rongoā providers (total amount) will be published as a sub-measure of this. Baseline: Whakamaua Dashboard.	June 2023	Achieved We funded rongoā partners a total of \$5.4 million.
Health entity spending on Māori health service providers	For identified Māori health providers, the total service funding received from health funding entities from Vote Health, as a percentage of Vote Health. Baseline: For a 12-month financial year, compared with the average of last five financial years.	June 2023	Not Measured From an overall total of \$27 billion within Vote Health, the funding allocated to Te Aka Whai Ora in 2022/23 was approximately 2.5% (\$0.5 billion) of the total Vote. Vote Health funding for hauora Māori partners will be reported once the monitoring unit within Te Aka Whai Ora is fully operational. The report will include the funding contributions of other agencies within Vote Health towards Māori health services.

Estimate of Appropriation non-financial performance measures for this output class

Performance measures	Budgeted Standard	Actual Result	Comment
A service commissioning and co-commissioning plan is in place by 30 June 2023	Achieved	Achieved	Our commissioning frameworks and priorities for 2022/23 were approved by our Board in late 2022.
Māori provider development and innovation programmes are delivered to agreed plans	Achieved	Achieved	Te Ao Auhatanga (Māori Health Innovations Fund) contracts have been delivered accordingly to plans in 2022/23 and renewed in June 2023 for delivery in 2023/24.

The financial performance for output class 3

Facilitating mana motuhake	Actual 2022/23 \$m	Budget 2022/23 \$m
Revenue	578,722	551,525
Expenditure	481,747	484,670
Net surplus/(deficit)	96,975	66,855

The surplus in this output reflects timing of procurement on new health contracts. This is forecast to be completed in 2023/24.

Summary

Output Summary	Actual \$000				Budget \$000			
	Output 1	Output 2	Output 3	Total	Output 1	Output 2	Output 3	Total
Revenue	6,841	30,636	578,722	616,199	6,841	11,856	551,525	570,222
Expenditure	8,465	32,372	481,747	522,584	6,841	11,856	484,670	503,367
Surplus/ (Deficit)	(1,624)	(1,736)	96,975	93,615	0	0	66,855	66,855

Wāhanga 5: Ngā Pūrongo Pūtea Financial statements



INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE FINANCIAL STATEMENTS AND PERFORMANCE INFORMATION OF TE AKA WHAI ORA - MĀORI HEALTH AUTHORITY FOR THE YEAR ENDED 30 JUNE 2023

I have audited the financial statements and the performance information, including the performance information for the appropriation, of Te Aka Whai Ora - Māori Health Authority (Te Aka Whai Ora) for the year ended 30 June 2023, using my staff and resources.

The financial statements on pages 107 to 125 comprise the statement of financial position, statement of commitments, and statement of contingent liabilities and contingent assets as at 30 June 2023, the statement of comprehensive revenue and expense, statement of changes in equity and statement of cash flows for the year ended on that date and the notes to the financial statements that include the statement of accounting policies and other explanatory information.

The performance information is contained on pages 41 to 74 and 84 to 100.

Opinion

In my opinion:

- the financial statements of Te Aka Whai Ora:
 - present fairly, in all material respects:
 - its financial position as at 30 June 2023; and
 - its financial performance and cash flows for the year then ended; and
 - comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Reporting Standards; and
- the performance information of Te Aka Whai Ora for the year ended 30 June 2023:
 - presents fairly, in all material respects, for each class of reportable outputs:
 - its standards of delivery performance achieved as compared with forecasts included in the statement of performance expectations for the financial year; and
 - its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year;
 - presents fairly, in all material respects, for the appropriation:
 - what has been achieved with the appropriation; and
 - the actual expenses or capital expenditure incurred as compared with the expenses or capital expenditure appropriated or forecast to be incurred; and
 - complies with generally accepted accounting practice in New Zealand.

My audit was completed on 31 October 2023. This is the date at which my opinion is expressed.

The basis for my opinion is explained below, and I draw attention to the source of the budget figures included in the financial statements for comparison with the historical financial statements. I outline the responsibilities of the Board for the financial statements and the performance information, and my responsibilities. I also comment on other information, and explain my independence.

Basis for my opinion

I carried out my audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. My responsibilities under those standards are further described in the Responsibilities of the auditor section of my report.

I have fulfilled my responsibilities in accordance with the Auditor-General's Auditing Standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Emphasis of matter – source of the budget figures in the financial statements

Without modifying my opinion, I draw attention to note 13 on page 123 which outlines that Te Aka Whai Ora has presented a comparison of the actual financial statements with the revised forecast financial statements contained in the amended statement of performance expectations (tabled in Parliament on 18 May 2023), rather than a comparison against the forecast financial statements prepared at the start of the year as required by the Crown Entities Act 2004.

Responsibilities of the Board for the financial statements and the performance information

The Board is responsible on behalf of Te Aka Whai Ora for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand. The Board is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and the performance information, the Board is responsible on behalf of Te Aka Whai Ora for assessing the ability of Te Aka Whai Ora to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to merge or to terminate the activities of Te Aka Whai Ora, or there is no realistic alternative but to do so.

The Board's responsibilities arise from the Pae Ora (Healthy Futures) Act 2022, the Crown Entities Act 2004 and the Public Finance Act 1989.

Responsibilities of the auditor for the audit of the financial statements and the performance information

My objectives are to obtain reasonable assurance about whether the financial statements and the performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers, taken on the basis of these financial statements and the performance information.

For the budget information reported in the financial statements and the performance information, my procedures were limited to checking that the information agreed to the statement of performance expectations of Te Aka Whai Ora tabled in Parliament on 18 May 2023.

I did not evaluate the security and controls over the electronic publication of the financial statements and the performance information.

As part of an audit in accordance with the Auditor-General's Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- I identify and assess the risks of material misstatement of the financial statements and the performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of Te Aka Whai Ora.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- I evaluate the appropriateness of the performance information which reports against the statement of performance expectations and the appropriation of Te Aka Whai Ora.
- I conclude on the appropriateness of the use of the going concern basis of accounting by the Board and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of Te Aka Whai Ora to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause Te Aka Whai Ora to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and the performance information represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

My responsibilities arise from the Public Audit Act 2001.

Other information

The Board is responsible for the other information. The other information comprises the information included on pages 3 to 39 and 75 to 83, but does not include the financial statements and the performance information, and my auditor's report thereon.

My opinion on the financial statements and the performance information does not cover the other information and I do not express any form of audit opinion or assurance conclusion thereon.

In connection with my audit of the financial statements and the performance information, my responsibility is to read the other information. In doing so, I consider whether the other information is materially inconsistent with the financial statements and the performance information or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on my work, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Independence

While carrying out this audit, my staff and I complied with the Auditor-General's independence requirements, which incorporate the independence requirements of Professional and Ethical Standard 1: *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand) (PES 1)* issued by the New Zealand Auditing and Assurance Standards Board.

My staff and I use publicly funded health services on the same basis as others. This has not impaired my staff's independence, or me in exercising my functions and powers under the Public Audit Act 2001 as the auditor of public entities.

Other than in exercising my functions and powers under the Public Audit Act 2001 as the auditor of public entities, I have no relationship with, or interests, in Te Aka Whai Ora.



John Ryan
Controller and Auditor-General | Tumuaki o te Mana Arotake
Wellington, New Zealand

Statement of Comprehensive Revenue And Expense for the Year Ended 30 June 2023

	Notes	Actual 2023 \$000	Budget 2023 \$000
Revenue			
Funding from the Crown	2	573,647	565,402
Interest Revenue	2	5,383	4,820
Other Revenue	2	37,169	
Total Revenue		616,199	570,222
Expenses			
Personnel Costs	3	19,083	35,920
Other Expenses	4	503,501	467,447
Total Expenses		522,584	503,367
Surplus/(Deficit) and Total Comprehensive Revenue and Expense		93,615	66,855

Statement of Financial Position as at 30 June 2023

	Notes	Actual 2023 \$000	Budget 2023 \$000
Assets			
Current Assets			
Cash and cash equivalents	5	130,813	73,355
Receivables	6	65,603	3,000
Total Current Assets		196,416	76,355
Liabilities			
Current Liabilities			
Payables	7	99,417	5,300
Employee Entitlements	8	3,384	4,200
Total Current Liabilities		102,801	9,500
Equity			
Taxpayers's Funds	9	93,615	66,855
Total Equity		93,615	66,855

The budget figures are as per the Statement of Performance Expectations (SPE) for 2022/23. Refer to Note 13.
The accompanying notes form part of these financial statements

Statement of Changes in Equity for the Year Ended 30 June 2023

Notes	Actual 2023 \$000	Budget 2023 \$000
Balance as at 1 July	-	-
Total comprehensive revenue and expense	93,615	66,855
Balance as at 30 June	93,615	66,855

Statement of Cash Flows for the Year Ended 30 June 2023

Notes	Actual 2023 \$000	Budget 2023 \$000
Cash flows from operating activities		
Receipts from Revenue Crown	568,023	565,402
Receipts from Interest Revenue	4,235	4,320
Receipts from other revenue	6,081	-
Payments to suppliers	(431,878)	(465,067)
Payments to employees	(14,626)	(32,300)
Goods and Services tax (net)	(1,022)	(1,000)
Net cash flows from operating activities	130,813	73,355
Net increase/(decrease) in cash and cash equivalents	130,813	73,355
Cash and cash equivalents at the beginning of the year	-	-
Cash and cash equivalents at the end of the year	130,813	73,355

The budget figures are as per the Statement of Performance Expectations (SPE) for 2022/23. Refer to Note 13. The accompanying notes form part of these financial statements

Reconciliation of net surplus to net cash flow from operating activities

	Actual 2023 \$000	Budget 2023 \$000
Net surplus	93,615	66,855
Add/(less) movements in statement of financial position items		
(Increase)/Decrease in receivables	(65,603)	(3,000)
Increase/(Decrease) in payables	99,417	5,300
Increase/(Decrease) in employee entitlements	3,384	4,200
Total net movement in statement of financial position items	37,198	6,500
Net cash flows from operating activities	130,813	73,355

Statement of Commitments as at 30 June 2023

Te Aka Whai Ora has no capital commitments or non-cancellable operating leases. Facilities and assets are provided by Te Whatu Ora under a Memorandum of Understanding as noted in the Related Parties disclosure at note 10.

Statement of Contingent Liabilities and Contingent Assets as at 30 June 2023

Unquantifiable contingent liabilities

There are two potential personal grievance claims which are unable to be quantified.

Quantifiable contingent liabilities

There are no quantifiable contingent liabilities.

Contingent assets

Te Aka Whai Ora has no contingent assets.

The budget figures are as per the Statement of Performance Expectations (SPE) for 2022/23. Refer to Note 13. The accompanying notes form part of these financial statements

Notes to the financial statements for the year ended 30 June 2023

Notes Index

1. Statement of accounting policies	111
2. Revenue	113
3. Personnel expenses	114
4. Other expenses	116
5. Cash and cash equivalents	117
6. Receivables	117
7. Payables	118
8. Employee entitlements	118
9. Equity	120
12. Events after balance date	123
13. Budget Figures	123
14. Explanation of major variances against budget	124
15. Establishment of Te Aka Whai Ora	125

Notes to the financial statements for the year ended 30 June 2023

1. Statement of accounting policies

Reporting entity

Te Aka Whai Ora is an independent statutory entity established by the Pae Ora (Healthy Futures Act) 2022. The relevant legislation governing the operations of Te Aka Whai Ora is the Pae Ora (Healthy Futures) Act 2022 and the Crown Entities Act 2004. Te Aka Whai Ora is domiciled in New Zealand. The ultimate parent for Te Aka Whai Ora is the New Zealand Crown.

Te Aka Whai Ora functions and responsibilities are set out in the Pae Ora (Healthy Futures) Act 2022. Te Aka Whai Ora is responsible for ensuring the New Zealand health system works well for Māori, in partnership with Te Whatu Ora through Te Pae Tata, in response to the interim Government Policy Statement. Te Aka Whai Ora does not operate to make a financial return.

Te Aka Whai Ora has designated itself as a public benefit entity (PBE) for the purposes of complying with generally accepted accounting practice (GAAP).

Te Aka Whai Ora commenced operations on 1 July 2022. The financial statements for Te Aka Whai Ora are for the year ended 30 June 2023, and were approved by the Board on 31 October 2023.

Basis of preparation

The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the year.

Health Sector Reforms

On 21 April 2021, the Minister of Health announced the health sector reforms in response to the Health and Disability System Review.

The reforms established Te Aka Whai Ora as a new independent statutory entity to work in partnership with a new Crown entity, Te Whatu Ora, and Manatū Hauora/Ministry of Health to ensure the health system works well for Māori. Te Aka Whai Ora will lead changes in the way the health system understands and responds to Māori, develop strategy and policy, commission kaupapa Māori services and monitor systems performance to reduce inequities for Māori. Legislation to establish the new entities came into effect on 1 July 2022.

Statement of compliance

The financial statements of Te Aka Whai Ora have been prepared in accordance with the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements have been prepared in accordance with and comply with PBE Accounting Standards.

Presentation currency and rounding

Te Aka Whai Ora is a Tier 1 entity and the financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars (\$000) unless otherwise stated.

Summary of significant accounting policies

Significant accounting policies are included in the notes to which they relate and are highlighted with a blue background. Significant accounting policies that do not relate to a specific note are outlined below.

Goods and services tax (GST)

All items in the financial statements are stated as exclusive of GST, except receivables and payables, which are stated as GST inclusive. Where GST is not recoverable as input tax, it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to the Inland Revenue Department is included as part of receivables or payables in the statement of financial position.

Commitments and contingencies are disclosed exclusive of GST.

Income Tax

Te Aka Whai Ora is a public authority in terms of the Income Tax Act 2004 and, consequently, is exempt from income tax. Accordingly no provision has been made for income tax.

Budget figures

The budget figures are derived from the amended statement of performance expectations as tabled in Parliament on 18 May 2023. The budget figures have been prepared in accordance with NZ GAAP, using accounting policies that are consistent with those adopted by the Board in preparing these financial statements.

Cost allocation

Te Aka Whai Ora has determined the cost of outputs using the cost allocation system outlined below.

Direct costs are costs directly attributed to an output. Indirect costs are costs that cannot be attributed to a specific output in an economically feasible manner.

Direct costs are charged directly to outputs. Indirect costs are charged to outputs based on cost drivers and related activity or usage information. Other indirect costs are assigned to outputs based on the proportion of direct expenditure for each output.

As this is the first year of operation, there have been no changes to the cost allocation methodology.

Comparatives

As a newly established organisation, there is no comparative information to report in the financial statements.

Critical accounting estimates and assumptions

In preparing these financial statements, Te Aka Whai Ora has made estimates and assumptions concerning the future. These estimates and assumptions might differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are:

- Commissioning expenditure accruals relating to health care provider contracts have been based on analysis of expected contract payments.

These significant estimates and assumptions are highlighted in the relevant note with an orange background.

Critical judgements in applying accounting policies

Management has exercised the following critical judgements in applying accounting policies:

- Revenue from funding transfers from Te Whatu Ora – refer to Note 2.

These judgements are highlighted in the relevant note with a lilac background.

Standards issued and not yet effective and not early adopted

There are no standards and amendments that have been issued but are not yet effective and that have not been early adopted that are relevant to Te Aka Whai Ora.

2. Revenue

Accounting policy

The specific accounting policies for significant revenue items are explained below:

Funding from the Crown

Te Aka Whai Ora is primarily funded from the Crown. This funding is restricted in its use for the purpose of Te Aka Whai Ora meeting the objectives specified in the Statement of Performance and the scope of the relevant appropriations of the funder. Te Aka Whai Ora considers there are no conditions attached to the funding and it is recognised as revenue at the point of entitlement. This is considered to be the start of the appropriation period to which the funding relates. The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

Funding Transfers

Funding transfers from Te Whatu Ora for specific initiatives have been recognised based on funding agreements.

Interest revenue

Interest revenue is recognised using the effective interest method.

Breakdown of other revenue and further information

	Actual 2023 \$000
Funding transfers from Te Whatu Ora	36,625
Other revenue	544
Total other revenue	37,169

3. Personnel expenses

Accounting policy

Salaries and wages

Salaries and wages are recognised as an expense as employees provide services.

Superannuation schemes

Defined contribution schemes

Employer contributions to KiwiSaver, the Government Superannuation Fund and the State Sector Retirement Savings Scheme are accounted for as defined contribution superannuation schemes and are expenses in the surplus or deficit as incurred.

Breakdown of personnel costs and further information

	Actual 2023 \$000
Salaries and wages	16,174
Defined contribution plan employer contributions	485
Increase/(decrease) in employee entitlements	2,424
Total personnel costs	19,083

During the year ended 30 June 2023, no employees received compensation and other benefits in relation to cessation.

Board member remuneration

The total value of remuneration paid or payable to each Board member during the year was:

	Actual 2023
Tipa Mahuta (Chair)	\$162,500
Sharon Shea	\$32,813
Dr Sue Crengle	\$70,000
Dr Mataroria Lyndon	\$70,000
Fiona Pimm	\$70,000
Awerangi Tamihere	\$66,500
Steve McJorow	\$44,625
Total Board member remuneration	\$516,438

Board Members are able to claim additional amounts above standard days if they have worked additional days. The Board has agreed to request additional fees of \$26,250 for Dr Mataroria Lyndon to reflect additional days worked. This request is with the Minister of Health for approval.

There have been no payments made to committee members appointed by the Board who are not Board members during the financial year.

Te Aka Whai Ora has provided a deed of indemnity to Board members for certain activities undertaken in the performance of Te Aka Whai Ora's functions.

Te Aka Whai Ora has taken out Directors' and Officers' Liability and Professional Indemnity insurance cover during the financial year in respect of the liability or costs of Board members and employees.

No Board members received compensation or other benefits in relation to cessation.

4. Other expenses

Accounting policy

Grant expenditure

Discretionary grants are those grants where Te Aka Whai Ora has no obligation to award the grant on receipt of the grant application. For discretionary grants without substantive conditions, the grant is expensed when paid.

Discretionary grants with substantive conditions are expensed at the earlier of the grant payment date or when the grant conditions have been satisfied. Conditions can include either:

- specification of how funding can be spent with a requirement to repay any unspent funds; or
- milestones that must be met to be eligible for funding.

Other expenses

Other expenses are recognised as goods and services are received.

	Actual 2023 \$000
Fees to Audit New Zealand for audit of financial statements	310
Board Member Fees (see note 3)	516
Travel costs	1,151
Consultancy	6,813
Contractors	15,867
Health Service Provider Contracts	478,060
Other expenses	784
Total other expenses	503,501

5. Cash and cash equivalents

Accounting policy

Cash and cash equivalents is a call account. This account is held through Te Whatu Ora which provides Te Aka Whai Ora with shared service commercial banking and treasury services.

6. Receivables

Accounting policy

Short-term receivables are recorded at the amount due, less an allowance for credit losses. Te Aka Whai Ora applies the simplified expected credit loss model of recognising lifetime expected credit losses for receivables.

In measuring expected credit losses, short-term receivables have been assessed on a collective basis as they possess shared credit risk characteristics. They have been grouped based on the days past due. All receivables are expected to be received in full, and no provision for credit losses has been made.

Short-term receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include the debtor being in liquidation or the receivable being more than one year overdue.

	Actual 2023 \$000
Receivables under exchange transactions	
Interest accrued	1,148
Receivables under non-exchange transactions	
Funding transfers receivable from other health agencies	57,812
Crown revenue receivable	5,624
GST receivable	1,019
Net receivables	65,603

7. Payables

Accounting policy

Short term payables are measured at the amount payable.

	Actual 2023 \$000
Payables under exchange transactions	
Creditors	508
Accrued expenses – other	4,332
Payables under non exchange transactions	
Accrued expenses – health service provider contracts	93,505
PAYE and other deductions	1,072
Total payables	99,417

8. Employee entitlements

Accounting policy

Short-term employee entitlements

Employee entitlements that are expected to be settled wholly before 12 months after the end of the reporting period in which the employees provide the related service are measured based on accrued entitlements at current rates of pay.

These include salaries and wages accrued up to balance date, annual leave earned to but not yet taken at balance date, and sick leave.

Presentation of employee entitlements

Sick leave, annual leave, vested long service leave, and non-vested long service leave and retirement gratuities expected to be settled within 12 months of balance date are classified as a current liability. All other employee entitlements are classified as a non-current liability.

	Actual 2023 \$000
Salary accrual	889
Leave accruals	2,424
Other	71
Total employee entitlements	3,384

9. Equity

Accounting policy

Equity is measured as the difference between total assets and total liabilities.

Capital Management

Capital for Te Aka Whai Ora is its equity, which is accumulated funds and is represented by net assets.

Te Aka Whai Ora:

- is subject to the financial management and accountability provisions of the Crown Entities Act 2004, which impose restrictions in relation to borrowings, acquisition of securities, issuing of guarantees and indemnities, and the use of derivatives
- has complied with the financial management requirements of the Crown Entities Act 2004 during the year
- manages its equity as a by-product of prudently managing revenues, expenses, assets, liabilities, investments, and general financial dealings to ensure that it effectively achieves its objectives and purpose, while remaining a going concern.

10. Related parties

Te Aka Whai Ora is controlled by the Crown. Related party disclosures have not been made for transactions with related parties that are:

- within a normal supplier or client/recipient relationship; and
- on terms and conditions no more or less favourable than those that it is reasonable to expect Te Aka Whai Ora would have adopted in dealing with the party at arm's length in the same circumstances.

Further, transactions with other government agencies (for example, government departments and Crown entities) are not disclosed as related party transactions when they are on normal terms and conditions consistent with the normal operating arrangements between government agencies.

Related party transactions required to be disclosed.

Te Aka Whai Ora is provided with services under a Memorandum of Understanding (MOU) for enabling services with Health New Zealand. The MOU provides for incremental costs to be charged if agreed in advance for these services. For 2022/23 there are no charges. Services include support in the following areas:

- Finance and procurement
- People and capability
- Audit and assurance
- ICT and digital
- Data
- Contract management
- Sector operations (contract payments for commissioning)
- Communications

Key management personnel compensation

Actual 2023

Board members	
Remuneration	\$516,000
Full-time equivalent members	1.21
Leadership team	
Remuneration	\$2,711,000
Full-time equivalent members	6.75
Total key management personnel remuneration	\$3,227,000
Total full-time equivalent personnel	7.96

- Information management
- Facilities.

The full-time equivalent for Board members has been determined based on the frequency and length of Board meetings and estimated time for Board members to prepare for meetings. An analysis of Board member remuneration is provided in Note 3.

11. Financial instruments

Te Aka Whai Ora is a party to financial instruments as part of its normal operations. These financial instruments

include a call account with Te Whatu Ora, accounts receivable, and accounts payable. All financial instruments are recognised in the statement of financial position and all revenue and expenses in relation to financial instruments are recognised in the statement of comprehensive revenue and expense.

The carrying amounts of financial assets and liabilities in each of the IPSAS 41 financial instrument categories are as follows, and carrying value is a reasonable approximation of fair value:

Actual 2023
\$000

Financial assets measured at amortised cost	
Cash and cash equivalents	130,813
Receivables (excluding taxes receivable)	64,584
Total financial assets measured at amortised cost	195,397
Financial liabilities measured at amortised cost	
Payables (excluding taxes payable)	98,345
Total financial liabilities measured at amortised cost	98,345

Financial instrument risks

The activities of Te Aka Whai Ora expose it to a variety of financial instrument risks, including market risk, credit risk, and liquidity risk. Te Aka Whai Ora has policies to manage these risks and seeks to minimise exposure from financial instruments. These policies do not allow transactions that are speculative in nature to be entered into.

Market risk

Price risk

Price risk is the risk that the value of a financial instrument will fluctuate as a result of changes in market prices. This risk is minimal as there are no financial instruments that are subject to market prices.

Fair value interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate due to changes in market interest rates. Exposure to fair value interest rate risk is limited to its bank deposits that are held at on call rates. Te Aka Whai Ora does not actively manage its exposure to fair value interest rate risk.

Cash flow interest rate risk

Cash flow interest rate risk is the risk that the cash flows from a financial instrument will fluctuate because of changes in market interest rates. Interest rates on the call account with Te Whatu Ora varies according to market conditions.

Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate due to changes in foreign exchange rates.

Te Aka Whai Ora makes purchases of goods and services overseas such as overseas travel that require it to enter into transactions denominated in foreign currencies. As a result of these activities, exposure to currency risk arises. These activities are not material, and no specific currency risk management is undertaken.

Credit risk

Credit risk is the risk that a third party will default on its obligation to Te Aka Whai Ora, causing it to incur a loss.

Te Aka Whai Ora is exposed to credit risk from Te Whatu Ora call account and receivables assets. For each of these, the maximum credit exposure is best represented by the carrying amount in the statement of financial position.

Risk management

The majority of receivables are with other Health government agencies and credit risk is minimal.

Impairment

Cash and cash equivalents (Note 5) and receivables (Note 6) are subject to the expected credit loss model. The notes for these items provide relevant information on impairment.

Liquidity risk

Liquidity risk is the risk that the organisation will encounter difficulty raising liquid funds to meet its commitments as they fall due. As part of meeting its liquidity requirements, Te Aka Whai Ora monitors its forecast cash requirements with expected revenue streams, and maintains a level of cash sufficient to meet liquidity requirements.

Maturity analysis – all payables are expected to be settled within 6 months of balance date.

12. Events after balance date

There have been no significant events after balance date.

13. Budget Figures

The budget figures are as per the amended Statement of Performance Expectations (SPE) for 2022/23. An initial SPE was published which only included a Statement of Comprehensive Revenue and Expense. An amended SPE as tabled in Parliament on 18 May 2023, was subsequently published which updated this and also included Statements of Financial Position, Changes in Equity and Cash Flow and these amended figures have been used in this annual report.

The table below shows the changes between the budget from the initial to amended SPE.

	Original Budget 2023 \$000	Revised Budget 2023 \$000	Comment
Revenue			
Funding from the Crown	535,325	565,402	Due to additional funding approved in Supplementary Estimates
Interest Revenue	-	4,820	Interest was originally not budgeted
Total Revenue	535,325	570,222	
Expenses			
Personnel Costs	41,280	35,920	Reflects reduced spend to date at the time of revision
Other Expenses	494,045	467,447	Reduced spend was forecast in new Health contracts due to time required to undertake procurement. The delayed procurements are forecast to be completed in the 2023/24 financial year.
Total Expenses	535,325	503,367	
Surplus/(Deficit) and Total Comprehensive Revenue and Expense	0	66,855	

14. Explanation of major variances against budget

Explanations for major variances from budgeted figures in the amended statement of performance expectations are as follows:

Statement of comprehensive revenue and expense

Funding from the Crown

Funding from the Crown was higher than budget due to additional funding for North Island Weather Events response and recovery \$2.6 million and Problem Gambling \$5.6 million.

Other revenue

Other revenue was higher than budgeted mainly due to additional funding transfers from Te Whatu Ora \$36.6 million.

Personnel Costs

Personnel costs were lower than budgeted due to the time required to stand up the organisation and recruit in a challenging employment market.

Other Expenses

Other expenses were higher than budgeted due to additional establishment funding to support iwi-Māori partnership boards to establish their operations rapidly (\$16.0 million) and spending on several initiatives which were co-commissioned with Te Whatu Ora (\$20.6 million).

Statement of financial position

Cash and cash equivalents

This was \$57.4 million higher than budgeted due to the surplus being \$26.7 million higher than budgeted and more of the spend being accrued rather than paid in cash at balance date (payables \$93.0 million higher) offset by \$62.8 million higher receivables as outlined below.

Receivables

This was \$65.6 million higher than budget due to funding from other health agencies \$57.8 million and Crown Revenue receivable \$5.6 million not received at balance date.

Payables

This is higher than budgeted due to more of the spend being accrued rather than paid in cash at balance date.

Equity

The higher equity reflects the higher than budgeted surplus.

Statement of cash flows

Payments to suppliers

This is lower than budgeted due to more of the spend being accrued rather than paid in cash at balance date.

Payments to employees

This is lower due to the time required to stand up the organisation and recruit in a challenging employment market.

15. Establishment of Te Aka Whai Ora

This is the first year of operation of Te Aka Whai Ora, which was established as part of health sector reforms and commenced operation on 1 July 2022. Refer to the statement of accounting policies, basis of preparation for further detail.

Te Aka Whai Ora were transferred on existing terms and conditions contracts with Health Care providers and employees from former District Health Boards and Manatū Hauora/ Ministry of Health.

The following financial transactions arose from these transfers:

- Manatū Hauora transferred \$6.6 million of contract liabilities and \$0.1 million of employee entitlements, along with \$6.7 million of cash.
- District Health Board contracts were transferred in phases commencing 1 July 2022. No liabilities were transferred relating to these contracts.
- District Health Board employees that transferred had leave entitlements of \$0.7 million. This was funded as part of an overall funding transfer to cover salaries and overheads.

There was no opening equity position established.

