

Mauhanga

Date: Wednesday 24 August 2022 | Time: 9.00am – 3.00pm | [Meeting link](#)

Name	Role	Attendance	Notes
Tipa Mahuta	Board Chair	Online	-
Sharon Shea	Board Member	Online	-
Dr Sue Crengle	Board Member	Online from 1.00pm	-
Dr Mataroria Lyndon	Board Member	Online	-
Fiona Pimm	Board Member	Online	-
Awerangi Tamihere	Board Member	Apologies	-
Riana Manuel	Attendee	Online	Item 5.1, Excused 11am-12pm
Juanita Te Kani	Attendee	Online	Item 6.1
Craig Owen	Attendee	Online	
Craig Green	Attendee	Online	Item 5.2
Mara Andrews	Attendee	Online	Item 4.1 – Item 4.3
Nigel Chee	Attendee	Online	Item 2.1
Tricia Keelan	Attendee	Online	Item 2.1

1 Whakahaerenga / Admin

Karakia / Meeting opening 9.15am

- noted one change to the Board agenda to allow for Board only time

1.2 Continuous Disclosure

- noted Sharon Shea has some amendments to be updated with Head of Secretariat outside of the meeting
- noted the updated schedule, with the amendment noted above to be made

1.3 Approved Mauhanga 27 July 2022

- noted minutes are focused on actions and decisions of the meeting– further clarity on public publishing required by next meeting
- noted corrections to be made to 27 July 2022 Board minutes
- approved the minutes with the amendments as noted above to be made

1.4 Action Register

- noted the organisation chart to be loaded for Board members with tier three and four included when available

2 Monitoring Wānanga

2.1 Discussion Monitoring framework

The Board welcomed Nigel Chee, Tricia Keelan, Lisa Toi and Terehia Biddle to the meeting to workshop the monitoring framework. Tricia presented a 'strawman' framework for the Board to discuss:

- noted there needs to be clear understanding of Te Tiriti and how it is upheld
- noted the dual accountability to Parliament and to Māori and discussed what reporting to Māori that might entail
- noted the potential to integrate our monitoring with social sector monitoring and requested more information about the role of Te Puni Kōkiri
- noted two work streams "Establish and operationalise baseline monitoring functions & responsibilities" and "Creating and Establishing Emerging Monitoring Framework"
- noted there is a need to simplify and reassess the monitoring roles of the various groups and to define what areas are being monitored and by whom and how those are prioritised
- noted the key components of Te Aka Whai Ora monitoring are monitoring for equity and te tiriti
- noted that monitoring in the past has been more about compliance than transformation

3 Whakaaturanga / Presentation

3.1 Health Sector Transformation

The Board welcomed Andrew Slater as the National transformation officer for Te Whatu Ora. His role involves working with both Te Whatu Ora and Te Aka Whai Ora Boards on what their future visions are for Aotearoa's Health System

- noted the role will identify what the portfolio needs are and possible directions and pathways e.g. Leadership, Digital, year one transformation initiatives

3.2 Te Tiriti o Waitangi Co-Governance and National Screening Unit Report

The Board welcomed Douglas Thorburn leads Ti Tiri National response for the National Screening Unit, Gabrielle Baker, independent consultant Stephanie Chapman, Acting Group Manager for Screening unit, Jane O'Hallahan, Public health clinical specialist

- noted the National Screening Unit are looking for some guidance on establishing a governance group which the Board have suggested the Chief Executives are better placed to assist with this
- noted Dr Sue Crengle has experience in this area and may be able to provide guidance

Tina / Lunch Break

2 Monitoring Wānanga tonu

2.1 Discussion Monitoring framework tonu

The Board continued the discussion from the morning session

- noted the presentation provided a collective view for current state and possible ways forwards.
- agreed next steps are to ensure all Board members feedback is included (i.e. Awerangi and Sue who were not at workshop) and to then report back to the Board

4 Āmine/ Approval

4.1 Co-Commissioning Framework

- approved the Co-Commissioning paper with the expectation that the following changes are made
 - item 2.4.1 to be explicit that the Chief Executive has the authority as per delegation required

- item 2.5 to be reworded to include commissioning of hospital and specialist services (e.g. from private specialist or hospitals) following discussions at the Joint Board meeting (18 August 2022). Te Aka Whai Ora to be included in these commissioning and funding discussions
- **agreed** Te Aka Whai Ora commissioning approach which is intentional in its direction toward collective impact:
 - Direct Commissioning is primarily with Hauora Māori partners and Te Aka Whai Ora has power to commission from non-Māori if it chooses across the eight funding categories described above.
 - Co-Commissioning - currently empowered by the Pae Ora Act with Te Whatu Ora. Includes intent to identify opportunities to shift resources to Te Aka Whai Ora where they are ineffective at achieving Hauora Māori outcomes.
 - Partnered Commissioning is an expression of Te Aka Whai Ora's function to "collaborate" with partners and other agencies to achieve Hauora Māori outcomes. Te Aka Whai Ora retains the power to partner with non-Māori if it chooses to.
- **agreed** that Te Whatu Ora and Te Aka Whai Ora Co-Commissioning Framework document be updated by both organisations according to direction and feedback from both Boards and presented the Executives in August; and both Boards on 21 and 23 August consecutively. The framework should be reviewed again once Hauora Māori Outcomes are defined and approved by the Board.
- **agreed** to replace the terminology of Te Aka Whai Ora with respect to its commissioning approach:
 - "Māori provider" or "Kaupapa Māori provider" with "Hauora Māori Partner" which may include Māori health and disability provider, Māori business, Māori NGOs, Māori commissioners and Iwi / Hapū entities. This would include entities 75% or more owned and 75% of more governed by Māori subject to the Chief Executive having discretion on governance composition on a case-by-case basis.
 - "Mainstream" provider with "generic" provider (eliminating use of 'universal' or 'mainstream').
 - "Kaupapa Māori services" changed to "Te Ao Māori Solutions" for Mātauranga Māori based solutions.
 - "Taurite" services and solutions are those where Māori tikanga, te reo and knowledge have been woven into a clinical or generic health and disability service or programme to enhance its appropriateness and accessibility for Māori.
- **agreed** that matters identified for further follow up identified in Appendix 1 (from 25 May 2022 Board meeting related to Co-Commissioning Framework) are actioned accordingly including changing approved terminology.

4.2 Te Aka Whai Ora: Commissioning for Hauora Māori Outcomes Framework

- **agreed** the Board have approved the Co-Commissioning paper with the appreciation that the following changes are made
 - Item 4.2.4 within the table section five (5) with the "...needs of whanau." We need to include the community as well
- **noted** the number of critical documents are "living" documents and are amendable as required and need to be state as such
- **noted** "he hua Maori, he hua Aotearoa"
- **agreed** Te Aka Whai Ora retains the power to commission. Iwi Māori Partnership Boards (IMPBs) provide advice to Te Aka Whai Ora but accountability for commissioning remains with Te Aka Whai Ora.
- **agreed** Te Aka Whai Ora commissions for Hauora Māori Outcomes and that work will continue with the Board to agree and define these outcomes.
- **agreed** Te Aka Whai Ora commissioning approach which is intentional in its direction toward collective impact:
 - Direct Commissioning is primarily with Hauora Māori partners and Te Aka Whai Ora has power to commission from non-Māori if it chooses across the eight funding categories described above.

- Co-Commissioning - currently empowered by the Pae Ora Act with Te Whatu Ora. Includes intent to identify opportunities to shift resources to Te Aka Whai Ora where they are ineffective at achieving Hauora Māori outcomes.
- Partnered Commissioning is an expression of Te Aka Whai Ora’s function to “collaborate” with partners and other agencies to achieve Hauora Māori outcomes. Te Aka Whai Ora retains the power to partner with non-Māori if it chooses to.
- agreed to replace the terminology of Te Aka Whai Ora with respect to its commissioning approach:
 - “Māori provider” or “Kaupapa Māori provider” with “Hauora Māori Partner” which may include Māori health and disability provider, Māori business, Māori Non-Government Organisations (NGOs), Māori commissioners and Iwi / Hapu entities. This would include entities 75% or more owned by Māori and 75% or more governed by Māori subject to the Chief Executive having discretion on governance composition on a case-by-case basis.
 - “Mainstream” provider with “generic” provider (eliminating use of ‘universal’ or ‘mainstream’).
 - “Kaupapa Māori services” changed to “Te Ao Māori Solutions” for Mātauranga Māori based solutions.
 - “Taurite” services and solutions are those where Māori tikanga, te reo and knowledge have been woven into a clinical or generic health and disability service or programme to enhance its appropriateness and accessibility for Māori.
- agreed that urgency be given to a communications strategy to support the commissioning plan to Hauora Māori partners and the sector, and that this is part of a broader communications strategy for Te Aka Whai Ora. The communications strategy should include socialising of terminologies agreed at Resolution No.
- agreed that there is a report back on the proposed 7% uplift to confirm:
 - Final amount (if changed since 30 June baseline figure).
 - Term of investment.
 - Confirmation of the narrative that Te Aka Whai Ora will use to confirm about why the 7% uplift is appropriate.
 - The communications approach.
 - The plan to clarify on and off-ramps in contracts, and by when.

4.3 Budget 2022 Investment Plan

- noted the budget for direct and partnered commissioning that is uncommitted and available for Te Aka Whai Ora (the Māori Health Authority) is \$95.530m in 2022/2023 and a cumulative figure of \$437.844m over four years inclusive of this sum. The \$95.530m comprises:

Hauora Maori commissioning funding	\$62.069m (65%)
Enabler funding	\$26.652m (28%)
CPI uplift appropriation	\$6.809m (7%)
TOTAL	\$95.530m (100%)

- agreed Te Aka Whai Ora eight commissioning categories:

INVESTMENTS IN TE AO MĀORI SOLUTIONS FOR WHĀNAU	INVESTMENTS IN SYSTEM ENABLERS
i. Mātauranga Māori Solutions includes Rongoā Māori Services	v. Hauora Maori Partner: Innovation and Sustainability
ii. Whānau Life Course solutions and services	vi. Data and Digital Innovation
iii. Population Health – Whānau Ora, Mauri Ora, Wai Ora	vii. Māori Workforce Development
iv. Innovation embedded	viii. Whānau Voice
	ix. Māori Innovation

- agreed to the investment plan:
 - Distribute 75% (\$71.648m in 2022/23) of funding and retain 25% (\$23.882m) for new opportunities
 - For the 75% of funding agreed to distribute

ITEM: WHĀNAU SERVICES INCLUDING ASSOCIATED ENABLER FUNDING	AMOUNT <i>(rounded)</i>
Increase the CPI uplift for Hauora Māori partners with fixed (e.g., non-PHO, Sn 88, capitation etc) contracts to 7% (increase on 3.2% uplift already paid by Te Whatu Ora) to address sustainability and historical under-funding	3.8% on \$341,667,347 ¹ total value (excludes PHO & Sn 88 funding): \$12,983m
Whānau Life Course solutions for NZ Health Plan / Te Pae Tata priorities (whānau services and enablers): <ul style="list-style-type: none"> • Kahu Taurima (maternal child – first 2,000 days) • Oranga Hinengaro (Mental Health and Addictions) • Māuiuitanga taumaha (Chronic health conditions) • Mate Pukupuku (Cancer) 	\$29,332m (50% of remaining funds)
Mātauranga Māori including Rongoā	\$8,799m (15% of remaining funds)
Population Health: Te Ao Māori solutions	\$8,799m (15% of remaining funds)
Balance for other services delivered by Hauora Māori partners outside of above areas (e.g., Kaumātua and Rangatahi specific services)	\$11,732m (20% of remaining funds)
TOTAL DISTRIBUTION	\$71.648m
25% retained by Te Aka Whai Ora for future opportunities in 2022/23	\$23.882m
TOTAL	\$95.530m

- Agreed to a report back on the proposed 7% uplift to confirm:
 - Final amount (if changed since 30 June baseline figure)
 - Term of investment
 - Confirmation of the narrative that Te Aka Whai Ora will use to confirm about why the 7% uplift is appropriate
 - The communications approach
 - The plan to clarify on and off-ramps in contracts, and by when

4.4 Communications & Engagement Plan

- noted the papers were loaded late to the Board pack and further feedback will be provided through the Chief Executive at a later time
- noted the two-page plan provided is a high-level strategy which will also be supported by a wider an internal and external plan
- noted recruitment into the Communications Team is a high priority and are seeking to have this completed by the end of calendar year 2022

4.5 Statement of Intent 2022-2026

- noted there was no further feedback from the Minister

- noted the Statement of Intent will be published online as is the practice for agencies and can be updated as required or at the request of the agency's relevant Ministers
- noted specific reference to Māori Women's Welfare League in the Draft document to be reviewed
- agreed updates to be made on appropriate language in Diversity and Inclusion section
- approved the final Statement of Intent for publication subject to amendments noted

4.6 Statement of Performance Expectations 2022-23

- noted there was no further feedback from the Minister
- requested that target dates be reviewed for achievability; and
- approved the final Statement of Performance Expectations for publication

5 Tuemo tū / Standing items

5.1 Chief Executive Update

- noted the Chief Executive report and discussed the need for more advice on implications of issues reported (the so what?)
- noted feedback on the Board's 90-day priorities to be provided to the head of Secretariat from members as appropriate
- agreed to an 'internal' risk assessment workshop for next Board agenda

5.2 Functions Transfer

- Noted that transfers from Manatū Hauora to Te Aka Whai Ora were not able to be implemented prior to 1 July due to the complexities of shifting across entities. A pragmatic compromise was agreed to shift staff to Te Whatu Ora from 1 July, with Te Whatu Ora to complete the transfer of Māori health functions to Te Aka Whai Ora as soon as practicable.
- noted the overall timeframe and sequence of activities needed to deliver Tranche 3 functions transfers from Te Whatu Ora to Te Aka Whai Ora.
- noted that Board agreement is sought to these transfers, and to delegation of steps required to affect these transfers, because they exceed your usual delegations to the Chief Executive.
- agreed that up to 40 FTE roles, either vacant or staffed and / or commensurate annual funding to maintain the same number of roles (representing roles which were previously Manatū Hauora roles) up to \$7.520m be transferred from Te Whatu Ora to Te Aka Whai Ora as part of this tranche of transfers.
- agreed that up to 110 FTE roles, either vacant or staffed, and / or commensurate annual funding to maintain the same number of roles (representing roles which were previously district health board roles) up to \$20.680m be transferred from Te Whatu Ora to Te Aka Whai Ora as part of this tranche of transfers.
- agreed that contracts and associated funding transfer from Manatū Hauora to Te Whatu Ora and / or Te Aka Whai Ora, and from Te Whatu Ora to Te Aka Whai Ora, as part of this tranche of transfer subject to a confirmation of final costs and obligations associated.
- agreed to delegate to the Chief Executive all actions required to give effect to these proposed transfers (including for the roles outlined at (d) and (e) above, and contracts and associated funding outlined at (f) above), including entering into agreements between Te Aka Whai Ora and Te Whatu Ora and / or Manatū Hauora for the purposes of:
 - effecting these transfers.
 - entering into agreements with the Ministers of Health and Finance under the Health Sector Transfers Act.
 - seeking agreement from the Ministers of Health and Finance to transfer associated funding through the October Baseline Update.
 - undertaking any ancillary actions required to give effect to the proposed transfers.
- noted that Te Whatu Ora and Te Aka Whai Ora's boards are receiving this paper in parallel.

5.2 Financial Update
<ul style="list-style-type: none">noted the monthly finance updateagreed the Accession Deed by which Te Aka Whai Ora becomes a party to the Treasury Services Agreement which allows its participation in the cash-offset and sweep
6 Mātai / Noting
6.1 9(2)(f)(iv)
<ul style="list-style-type: none">9(2)(f)(iv)
7 Mōhiohio/ For Information
7.1 Correspondence
<ul style="list-style-type: none">Agreed Te Aka Whai Ora to draft letters responding positively to Te Kawa Mataaho correspondence in relation to Code of Conduct for Board member and Integrity Standards for staffRefer Puoro Charitable correspondence to the Chief Executive office for further action
7.2 Engagements
<ul style="list-style-type: none">noted the Engagement report and discusses as appropriate
7.3 Regular Reporting
<ul style="list-style-type: none">noted the Regular Reporting and discusses as appropriate
Board only time

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982