

14 August 2023

Ref Number: MHA27862

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protect  
privacy

Tēnā koe withheld to protect privacy

### **Official information request for iwi-Māori partnership Board notifications**

I refer to your Official Information Act 1986 (the Act) request dated 9 August 2023 for the information related to iwi-Māori partnership boards. You requested the following information:

1. *A copy of a gazette notice confirming the persons appointed on the Iwi-Māori Partnership Boards as set out in Pae Ora (Iwi-Māori Partnership Boards) Order 2022.*
2. *Any advertisements, notices or publicly released information which relates to the Iwi-Maori Partnership Boards made by your office.*
3. *All relevant correspondence regarding the process undertaken by Te Aka Whai Ora in the electing of the members on the Iwi-Māori Partnership Boards.*
4. *All relevant correspondence regarding the process undertaken by Te Whatu Ora in the electing of the members on the Iwi-Maori Partnership Boards between your office and Te Whatu Ora.*
5. *All relevant correspondence with any other agency and your office, in relation to the process in electing the members of the Iwi-Maori Partnership Boards.*
6. *A copy of all certificates provided to the elected members of the Iwi-Māori Partnership Boards.*

As notified, items 1 and 6 above were transferred from Te Whatu Ora to Te Aka Whai Ora on 11 August 2023 for response. Te Aka Whai Ora will also respond to the following item also transferred from Te Whatu Ora on 11 August 2023:

*All relevant correspondence regarding the process undertaken by Te Aka Whai Ora in the electing of the members on the Iwi-Māori Partnership Boards between your office and Te Aka Whai Ora.*

A response to your request is set out below.

#### **Item 1: A copy of a gazette notice confirming the persons appointed on the Iwi-Māori Partnership Boards as set out in Pae Ora (Iwi-Māori Partnership Boards) Order 2022**

To provide further context for this item, iwi-Māori partnership boards (IMPBs) are recognised by an Order in Council. The Pae Ora (Iwi-Māori Partnership Boards) Order 2022 (the Order) is publicly available at the following web location:

- [www.legislation.govt.nz/regulation/public/2022/0334/8.0/whole.html#LMS792371](http://www.legislation.govt.nz/regulation/public/2022/0334/8.0/whole.html#LMS792371)

The Order only details an IMPB's areas, it does not detail appointments to the IMPBs. There is no requirement under the Pae Ora (Healthy Futures) Act 2022 to publicly notify "persons appointed to iwi-Māori partnership boards", therefore appointments are not gazetted or set out in the Order.

Your request for this information is therefore refused under section 18(e) – the document alleged to contain the information requested does not exist.

***Item 2: Any advertisements, notices or publicly released information which relates to the Iwi-Maori Partnership Boards made by your office***

I note IMPBs are operationally independent of Te Aka Whai Ora. We have not been involved in advertising or notices about or on behalf of IMPBs. Te Aka Whai Ora issued the following media releases about the recognition of IMPBs. These are publicly available on our website at the following locations:

- [www.teakawhaiora.nz/news/te-aka-whai-ora-welcomes-formal-recognition-of-first-11-iwi-maori-partnership-boards/](http://www.teakawhaiora.nz/news/te-aka-whai-ora-welcomes-formal-recognition-of-first-11-iwi-maori-partnership-boards/)
- [www.teakawhaiora.nz/news/te-aka-whai-ora-welcomes-formal-recognition-of-four-iwi-maori-partnership-boards/](http://www.teakawhaiora.nz/news/te-aka-whai-ora-welcomes-formal-recognition-of-four-iwi-maori-partnership-boards/)

Te Aka Whai Ora has also proactively released, on behalf of the Minister of Health, the Cabinet papers relating to the recognition of IMPBs. These can be found on our website at the following location:

- [www.teakawhaiora.nz/about-us/corporate-documents/cabinet-papers/](http://www.teakawhaiora.nz/about-us/corporate-documents/cabinet-papers/)

***Item 3: All relevant correspondence regarding the process undertaken by Te Aka Whai Ora in the electing of the members on the Iwi-Māori Partnership Boards***

Te Aka Whai Ora has no role in electing or appointing members onto IMPBs. Section 31(2)(a) of the Pae Ora (Healthy Futures) 2022 Act clearly states that membership of an IMPB is determined by the IMPBs. While Te Aka Whai Ora does ensure that IMPBs have a proper process for appointing or replacing members as part of the criteria under section 31(1)(c)(i), we do not play any a role in electing members.

I note Te Aka Whai Ora has clearly communicated to IMPBs on the election / appointment their board members. This is evidenced in the previously provided 'Updated Information about emerging Iwi Māori Partnership Boards' and 'Frequently Asked Questions: Information about Iwi-Māori Partnership Boards', refer:

- Who appoints members to Iwi Māori Partnership Boards?
- Can an Iwi / Māori representative sit on more than one IMPB?
- Can an iwi / Māori nominee be a person who currently lives elsewhere in the country?
- Can an Iwi / Māori nominee for the specialist hauora advice and skills be one of the Iwi or mātāwaka members?
- Are there conditions or limitations on who can be appointed as IMPB Members?

This information has been previously provided to [withheld to protect privacy] in Te Aka Whai Ora response of 12 April 2023. I have provided these documents for ease of reference.

***Item 4: All relevant correspondence regarding the process undertaken by Te Whatu Ora in the electing of the members on the Iwi-Maori Partnership Boards between your office and Te Whatu Ora; and all relevant correspondence regarding the process undertaken by Te Aka Whai Ora in the electing of the members on the Iwi-Māori Partnership Boards between your office and Te Aka Whai Ora***

As above, neither Te Aka Whai Ora nor Te Whatu Ora have a role in electing members onto an IMPB.

Your request for this information is therefore refused under section 18(e) – the document alleged to contain the information requested does not exist.

***Item 5: All relevant correspondence with any other agency and your office, in relation to the process in electing the members of the Iwi-Māori Partnership Boards***

As above, membership of an IMPB is for the IMPBs. I refer you to the information shared publicly and provided in our response to you of 12 April 2023, these being the documents 'Updated Information about emerging Iwi Māori Partnership Boards' and 'Frequently Asked Questions: Information about Iwi-Māori Partnership Boards'.

***Item 6: A copy of all certificates provided to the elected members of the Iwi-Māori Partnership Boards***

Te Aka Whai Ora does not issue certificates to elected IMPB members. Your request for this information is therefore refused under section 18(e) – the document alleged to contain the information requested does not exist.

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

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

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

Nāku noa, nā



Kingi Kiriona  
Maiaka Mātauranga | Deputy Chief Executive Mātauranga Māori  
**Te Aka Whai Ora**

**Appendix 1: Document Schedule**

No.	Document Type	Document Title	Status
1	FAQ	Updated Information about emerging Iwi Māori Partnership Boards	Released in full
2	FAQ	Frequently Asked Questions: Information about Iwi Māori Partnership Boards	Released in full

Proactively Released

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## UPDATED INFORMATION ABOUT EMERGING IWI MĀORI PARTNERSHIP BOARDS

Tēnā koutou, tēnā koutou, tēnā koutou katoa. Nga mihi nui ki a koutou katoa.

This update provides further information on the establishment of Iwi Māori Partnership Boards (IMPBs) as you continue to work towards establishing your IMPB to commence on 1 July 2022.

**Q: What is the purpose of Iwi Māori Partnership Boards (IMPBs) in the new system from 1 July 2022?**

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A: The Government expects that Iwi Māori Partnership Boards (IMPBs) will:

- exercise tino rangatiratanga as the tangata whenua partner in planning around health priorities and services at the locality level, within their rohe or coverage area;
- ensure the voices of whānau Māori are elevated and made visible within the health system; and
- embed mātauranga Māori within locality plans, which then influences and informs regional and national planning.

The Government has noted that the fundamental purpose of IMPBs is to create a local Tiriti o Waitangi partnership between Health NZ (which will replace DHBs from 1 July) and the Māori Health Authority commissioners - and Iwi and hāpori Māori. This relationship is to ensure that Māori aspirations and needs are reflected in locality planning – alongside the aspirations and needs of the wider community.

The Government has directed that IMPBs will have a critical role in the process for settling locality plans for community and whānau-centred comprehensive primary and community care (and rural hospital care if there is a rural hospital in the locality). The approach is about positioning Iwi Māori Partnership Boards to play a greater role in shaping local planning for hauora Māori within their rohe and being part of regional and national planning and commissioning by HNZ and the MHA.

As the bulk of locality health planning and budget investments is held by Health NZ, the IMPB will play a key role of influencing Health NZ's locality responsibilities, with the MHA supporting the process.

**Q: Who appoints members to Iwi Māori Partnership Boards (IMPBs)?**

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A. Government has directed that Iwi Māori Partnership Boards must give all recognised iwi / mana whenua groups within its geographic boundary the opportunity to nominate members to the IMPB (noting that an Iwi may choose not to participate in an IMPB).

Government has further directed that each Iwi Māori Partnership Board must include or invite representation for hāpori Māori including māta waka and appropriate hauora Māori expertise, in

a form appropriate for each IMPB. The members should be sufficiently senior to be able to advocate effectively for the community and will have broad experience and understanding of the health system and local health needs.

Iwi appoint members to IMPBs based on selecting those persons they deem appropriate and who will bring the right expertise to the table to contribute to and lead locality planning and monitoring from a Hauora Māori perspective. Terms of service for the appointment and processes for removal or replacement, are decided by Iwi, and will need to be included in each IMPB Terms of Reference.

The agreed Terms of Reference will identify the total number of members made up of Iwi appointed members and hāpori Māori delegates, and where relevant, number of other specialised experts at the table, and decision-making (voting) processes. Iwi may decide to appoint persons based on skills and competencies rather than individual representatives from each Iwi. This choice is up to the Iwi who establish the IMPB.

Some Iwi may choose to draw on some or all members from current DHB Māori Relationship Boards if they feel those members meet the skills and competency requirements of IMPBs in the new system. That is completely up to the Iwi.

Some Iwi may choose to consolidate to a single IMPB where - in the current system - they may be one Iwi operating in separate DHB districts. This is strongly encouraged to strengthen the voice of Iwi and to unify that voice.

All Iwi are advised to consider their selections based on ensuring the right skills and competencies are present with which to conduct the new IMPB roles.

**Q: When does the IMPB become recognised?**

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A: Iwi Māori Partnership Boards (IMPBs) are a key partner in the system with Health NZ (HNZ) and with the Māori Health Authority (MHA) however – like the IMPBs, the Health NZ and MHA do not formally come into effect until **1 July 2022** (provided the Pae Ora Bill passes into legislation). Therefore, the IMPB, like HNZ and the MHA, are aimed to be recognised from 1 July 2022.

IMPBs must complete their Terms of Reference which contains all relevant information:

- Name
- Boundary area
- Iwi / mana whenua involved
- Names and contact details for appointees to the IMPB
- Term of Office
- Rules for appointment and replacement
- Dispute resolution processes

A template is available from your MHA/MOH relationship manager and there should be formal evidence that Iwi leadership have endorsed the completed Terms of Reference (i.e. a resolution at a meeting involving the Iwi leadership or a signed letter from Iwi leaders for instance). Once completed, this document will be used by the MHA to recommend to Government that the IMPB be listed in the legislation. Once listed in the legislation, the powers outlined in the Pae Ora Bill are conferred on the IMPB. Any IMPB not listed in the legislation – cannot exercise the legal powers in the legislation or assert themselves into HNZ or MHA processes. So it is VITAL that the IMPBs are able to meet the criteria to be listed.

The IMPB does not have a formal role before then – but members might choose to undertake training on the health system (current and new) and begin to think about how they will engage whānau, what information they have now which can contribute to local hauora Māori priorities (e.g. Iwi Profiles, Iwi Strategic Plans, community engagement reports) and the members may wish to start thinking about how they will engage with Kaupapa Māori providers as a continuing function. The interim MHA and Ministry of Health plan to support the learning / training process with emerging IMPBs to help involve members in the design of processes as the two new entities (MHA and HNZ) come into fruition.

The legal process for recognition of IMPBs is outlined in the Pae Ora Bill (Clause 88) which describes that the Māori Health Authority must ensure the criteria for IMPBs are satisfied and then recommend to the Minister to list the IMPB in Schedule 3 of the legislation as a recognised IMPB.

**Q: What is the relationship between the IMPB and the Māori Health Authority?**

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A: While the individual IMPBs boards (Iwi appointed) and the Māori Health Authority (Crown appointed) will be independent, they will co-exist and be expected to form enduring partnerships to drive health equity for Māori across the system. Their relationship should be two-way:

- The Māori Health Authority will provide overall system leadership and support to the IMPBs to enable them to carry out their role locally and to build their capability. This is expected to include providing data analytics, policy advice, mātauranga Māori strategic analysis, other health intelligence support (through a unique Māori lens), and research and insight into exemplar models of best practice for kaupapa Māori services from elsewhere in the country, for instance
- The Māori Health Authority, alongside Health New Zealand, will put in place strong relationship management processes with the IMPBs at national and regional levels, for example by establishing forums or networks to bring together representation from boards at those levels. This would allow the IMPBs to elevate their local intelligence and analysis of Māori voices to the MHA and HNZ, to inform those entities' functions and activities.

**Q: What are the specific functions of IMPB under the draft legislation?**

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A. IMPBs are essentially governance level strategic commissioners on behalf of their Māori communities to influence priorities, outcomes, and allocation of the overall locality budget into priority areas – but are not expected to be involved in operational functions such as procuring specific individual provider contracts. The strategic commissioning role includes:

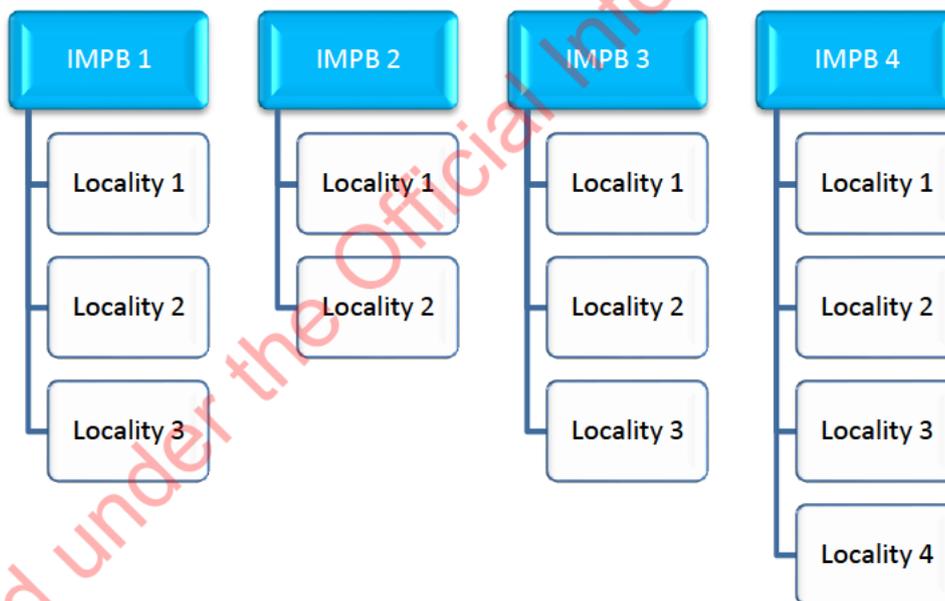
- engaging with whānau and hapū, and sharing the resulting insights and perspectives
- assessing and evaluating the current state of hauora Māori in their locality or localities; and to identify local priorities for improving hauora Māori
- working with Health NZ and the Māori Health Authority commissioners to negotiate strategic Māori health outcomes and priorities, service-level priorities, unique or significant local issues, and broader observations on wellbeing and social determinants of health in the locality
- monitoring the performance of the health system in their locality or localities, including against the locality plan

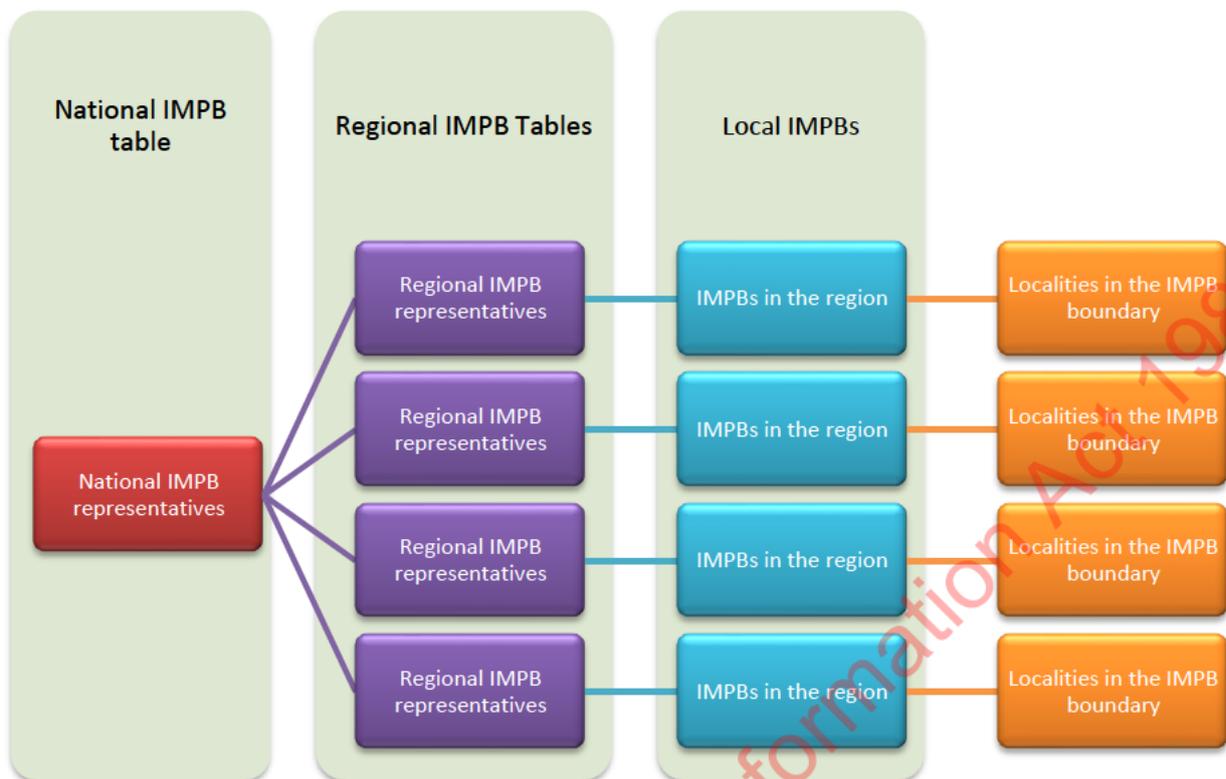
- engaging with the MHA to support its national stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation, to support a 'ground up' approach to oversight and investment decisions by the MHA; and
- reporting on the IMPBs activities to whānau and hāpori Māori, and other relevant partners as a measure of accountability of the IMPBs to Māori in each locality.

Subject to the passing of the Pae Ora Bill, it is anticipated that IMPBs will partner:

- With HNZ & MHA at a local level – IMPBs work with HNZ locality commissioners to identify local Hauora Māori priorities, outcomes, and investments, and they co-monitor the effectiveness of service delivery for whānau in the localities within the coverage area of the IMPB. An IMPB may have multiple localities within its coverage area so would agree multiple locality plans.
- With HNZ & MHA at regional level – Providing advice to Regional leaders on regional services by participating in regional commissioning tables which include HNZ's Regional Hospital & Specialist and Primary & Community Care leaders, and MHA leaders
- With HNZ & MHA at national level– Providing advice to national leaders on national services, frameworks and standards by participating in national commissioning tables with HNZ's Hospital & Specialist and Primary & Community Care leaders, and the MHA's leaders
- With Others IMPBs may choose to work collaboratively with other IMPBs to share insights and information across all localities and regions. This is up to the IMPBs.

Shown visually – an example might be:





**Q: Who supports the Iwi Māori Partnership Boards to operate?**

A: Government had determined that Iwi Māori Partnership Boards (IMPBs) will be provided with technical support from the Māori Health Authority to enable them to perform their functions including provision of secretarial, administration, policy, writing, data, and technical data analytic capacity. The MHA staff will have teams dedicated to supporting the IMPBs to perform these roles as outlined in the Pae Ora Bill.

The MHA has a core responsibility to support and enhance IMPBs to provide the greatest levels of input and advice to the health system with a focus on that being at a local level in the first instance. This may include extracting data or information from national databases, from Health NZ or from other information sources that the IMPB needs. Specifically - the support may include:

- Secretarial services for meetings
- Local planning information
- Strategic advice for the IMPB members
- Data analytics, research, and intelligence (including regional and national data and information)
- Writing and reporting support
- Mātauranga Māori policy advice
- Māori clinical advice
- Best practice evidence from local, regional, national, and international sources on indigenous models of care and successful interventions

**Meeting Fees:** Supports will be in place for the MHA to process and pay IMPB Chair and member meeting fees according to a nationally developed fee schedule (in development by the Ministry of Health) so that all IMPB members across the country are remunerated consistently and in comparison to other like Committees with statutory powers. Currently under the DHB

model, the Māori Relationship Board fees are determined by each DHB so are highly variable across the country. By ensuring there is a national fee schedule, all IMPB members will be paid the same to ensure equality and consistency.

Even though some IMPBs might feel they are “ready” before 1 July, they are not officially recognised until 1 July when the Pae Ora Bill is passed, so these nationally agreed meeting fees will not be payable before 1 July. It is expected that meeting costs for those forming the IMPB and for any interim IMPB members who might be meeting or planning or training – will come from the one-off IMPB Establishment Funds.

It is noted that in some areas, DHBs are also contributing the IMPB Establishment budgets to help Iwi to form their IMPBs, while also maintaining meetings with their current Māori Relationship Boards.

**Q: Can an Iwi / Māori representative sit on more than one IMPB?**

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A. Yes. It is up to the appointing Iwi to decide who they want to appoint to represent them which means it does not preclude this. It may be for instance that the rohe of an Iwi is partially in another IMPB boundary so it is completely acceptable if the parties agree that an Iwi representative might sit on two IMPBs. However - the boundary itself can ONLY sit in one IMPB (i.e. IMPBs geographic boundaries must be mutually exclusive – no two IMPBs may have the same area within their boundary). If some IMPBs are still considering this, it is up to the mana whenua themselves to discuss and decide which areas sit within which IMPBs.

**Q. Can an Iwi /Māori nominee be a person who currently lives elsewhere in the country?**

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A. Yes if the group wishes to. It is acknowledged that sometimes, the people that Iwi want to appoint might have the skills they desire but might reside outside their rohe.

**Q. Can an Iwi /Māori nominee for the specialist hauora advice and skills be one of the Iwi or mātāwaka members?**

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A. Yes

**Q. Are there conditions or limitations on who can be appointed as IMPB members?**

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A. The Pae Ora Bill Clause 88(7) states that IMPBs determine their own procedures and that includes who can qualify or not qualify to be an IMPB member. For instance, most Board appointments typically have a requirement that the person cannot have been bankrupt OR that they cannot have had a criminal conviction. The Pae Ora Bill does not require these conditions of IMPBs and procedures and criteria for who can be selected is left to IMPBs to develop and document in their procedures. Of course these kinds of conditions will apply to Health NZ and Māori Health Authority Board members – but they do not apply to IMPBs.

Clause (88)(3)(b) of the Bill also states that the MHA must be satisfied that the IMPB meets criteria before it can recommend their listing in the legislation. The MHA will not be dictating the IMPB's own procedures but wishes to **highly recommend** that to manage potential future risk, each IMPB describes in their Terms of Reference what their criteria are for potential candidates to qualify for membership on the IMPB (for instance whether the IMPB criteria allows selection of people with criminal convictions or bankruptcy, etc or not). This will help to manage any concerns or complaints from the community, whānau hapu or any government agency that an IMPB has a member with a criminal conviction or a history of bankruptcy.

We would also recommend that the IMPB undertake police checks for all candidates just to ensure they have that information on hand if ever questioned by hapu or Iwi members. If IMPBs agree in their criteria that people with criminal convictions or a history of bankruptcy **ARE** eligible to apply - the process of undertaking checks will provide sufficient evidence for the Iwi appointing to make informed decisions.

This is our advice only for all IMPBs and we recognise the decisions for procedures such as who can qualify to be on IMPBs, are the mandate of the IMPBs.

**Q. When does the IMPB start performing its functions of working with Health NZ to undertake Locality Planning?**

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A. **From 1 July** Health NZ will come into effect, and it is expected Locality Commissioners will be identified and appointed by then. One of their first tasks will be to connect with the IMPB(s) in their areas to begin planning how they will work together to start the locality planning process. IMPBs can begin thinking about what THEY want to contribute to the locality planning process so they can come to the table informed and prepared to advocate for their interests. This will also include working together to determine what locality boundaries should be, as these have not been decided (outside of the locality prototype process).

A template has been developed called “Hauora Wellness Priorities” if any IMPB wishes to begin this kind of thinking before 1 July.

**Q. What is the relationship between the “locality prototypes” and IMPBs?**

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A. Locality “prototypes” are being implemented now – these are the first group of “localities” to be identified and implemented in preparation for the new system – however IMPBs do not come into effect until 1 July. Therefore the “prototype” areas must involve local Iwi / mana whenua related to the locality. That means that Iwi / mana whenua in these prototype locations have two roles (1) to work to establish their IMPB and also to participate (if they wish) in a locality prototype development. Some Iwi / mana whenua may decide that they need more time to participate in locality discussions especially if relationships with general practice or PHOs, DHB services and other community providers are not well-developed. In such cases, the Iwi may decide to wait for the 2<sup>nd</sup> group of localities to commence from July, to provide more time for developing relationships with other health stakeholders in the community.

Under the government’s direction, it is expected that all of NZ will be organised by localities within 2 years (by 2024). Groups of localities will continue to be identified with Iwi / mana whenua each year until all of NZ has been organised in locality planning areas. Outside of the prototype areas, the other localities in NZ have not been defined yet – so Iwi / mana whenua have an opportunity to think about appropriate locality boundaries and to discuss these with HNZ and the MHA in the future.

Currently some DHBs operate by “localities” and some do not. Health NZ will need to carry out engagement to determine what the localities should be for those Districts where “localities” do not currently exist. Typically, we expect that one IMPB will likely have multiple localities within the IMPB coverage area.

**Q. What happens to current DHB Māori Relationship Boards?**

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A. Current Māori Relationship Boards (MRBs) are a product of the current DHB health system structures, developed in alignment with DHB boundaries. Current DHB Māori Relationship Boards

are expected to continue their work with their DHB according to their current work programme and to prioritise what they want to continue and complete in 2021 – 2022. It is acknowledged that all Māori Relationship Boards will be carrying on with their “business as usual” with their local DHB – who still have a function to perform.

Any budget used by DHBs to cover costs of their current Māori Relationship Boards will be transferred to the Māori Health Authority to remain as an IMPB budget after 1 July.

Any Terms of Reference, MOU or Agreement between a Māori Relationship Board and a DHB will end when DHBs are dissolved on 30 June 2022. IMPBs who wish to negotiate a new MOU with Health NZ and / or the Māori Health Authority will be able to do so – however is not a requirement.

It is acknowledged that some Iwi / mana whenua may decide to appoint members of current MRBs to their Iwi Māori Partnership Board if they feel those members meet the competencies and skills they require. This is completely up to the Iwi concerned. Consideration is strongly recommended to run a transparent process however to allow others to have an opportunity to consider standing for the IMPB roles who may also possess the skills that the IMPB needs.

Iwi have the remainder of the current year to get the establishment work done so should take the time to consider the arrangements, selections for the IMPB and continuing to consolidate relationships with other Iwi where appropriate.

Contact re: Establishment Planning enquiries:

withheld to protect privacy

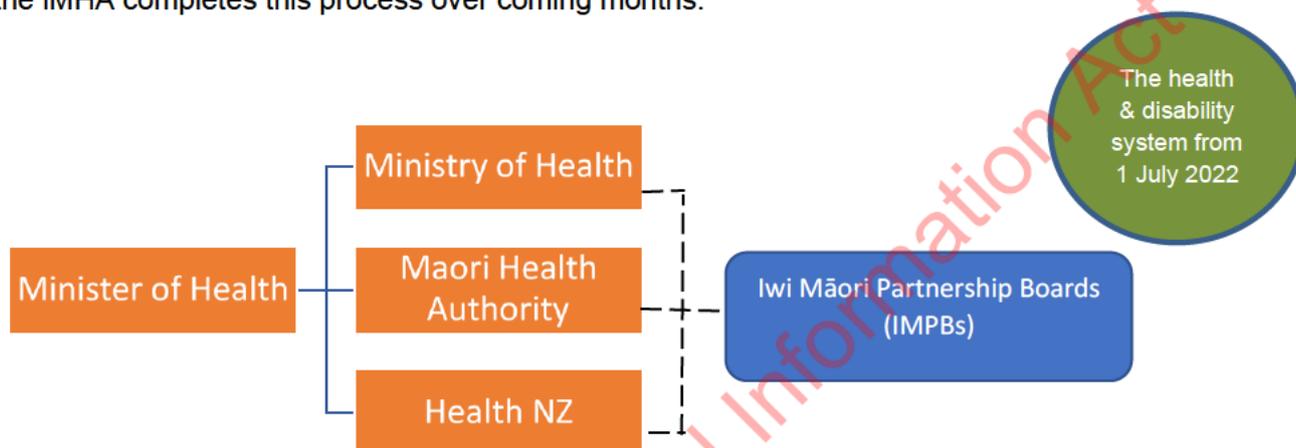
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nformation Act 1982

## Frequently Asked Questions

### INFORMATION ABOUT IWI MĀORI PARTNERSHIP BOARDS

DISCLAIMER: Government has recently directed that the interim Māori Health Authority lead a process for finalising the detailed powers and functions of the IMPBs. The iMHA will then report back to Government on this. All advice in this paper referring to roles and functions is therefore preliminary until the iMHA completes this process over coming months.



#### What is Health NZ under the health reforms starting 1 July 2022 and what happens to DHBs?

A: The 20 District Health Boards (DHBs) will be merged into one national organisation called **Health NZ**. That means District boundaries will not exist. Health NZ will have 4 regions (yet to be officially defined)

Like the Māori Health Authority, Health NZ will have a Board and one CEO. There will be regional leaders for each of the 4 regions of the HNZ. Each Regional leader will have local commissioners across the region, who manage the local budget and are responsible for ensuring health services for communities are commissioned according to national frameworks including IMPB advice on Hauora Māori priorities.

Health NZ will have two main departments:

1. Tier 1: Community and Primary Care Services – co-commissioned by HNZ and MHA
2. Tier 2: Hospital & Specialist Services (HSS) – provider arm

Health NZ reports to the Minister of Health.

#### What is the role of the Māori Health Authority (MHA)?

A: The Māori Health Authority (MHA) is a new entity and will focus on leadership of Hauora Māori across the entire system and its core functions are:

- development of strategic and policy advice
- system and service planning

- direct commissioning. The MHA will have a budget of its own so it can directly commission Kaupapa Māori / Te Ao Māori services from providers, and to commission other activity such as provider and workforce development, research etc
- co-commissioning with the HNZ all community and whānau-centred services. The MHA will work with HNZ to ensure that their budget is spent in ways that improve the health and well-being of Māori with particular emphasis on equity
- monitoring Māori health performance across the system
- working with Health NZ on data and digital development across the sector
- working with the Public Health Agency and NZ Public Health Service to protect the public health interests of Māori
- working with other agencies across the sector (e.g. Pharmac) to improve performance for Māori, and with other sectors

As with HNZ, the MHA has one Board and a CEO. It also operates in the 4 regions so will have 4 Regional leaders. The Māori Health Authority Board reports to the Minister of Health, and also to Māori through their reporting and accountability system.

### **Does the Ministry of Health role change?**

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A: Yes. The Ministry of Health remains the steward of the overall system, provide strategic advice and is a key policy advisor to the Minister of Health, monitoring the performance of the system on her/ his behalf.

All commissioning functions however, that are currently undertaken by the Ministry of Health (e.g., Mental health funds, MPDS funds) – will transfer to HNZ and the MHA. Details are yet to be finalised.

### **What is the purpose of Iwi Māori Partnership Boards (IMPBs) in the new system?**

---

A: The Government expects that Iwi Māori Partnership Boards (IMPBs) will:

- exercise tino rangatiratanga as the tangata whenua partner in planning around health priorities and services at the locality level, within their rohe or coverage area;
- ensure the voices of whānau Māori are elevated and made visible within the health system; and
- embed mātauranga Māori within locality plans, which then influences and informs regional and national planning.

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### **Who appoints members to Iwi Māori Partnership Boards (IMPBs)?**

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A. Government has directed that Iwi Māori Partnership Boards must give all recognised iwi groups within its geographic boundary the opportunity to nominate members to the IMPB (noting that an Iwi may choose not to participate in an IMPB).

Government has further directed that each Iwi Māori Partnership Board must include or invite representation for hāpori Māori including mātā waka and appropriate hauora Māori expertise, in a form appropriate for each IMPB. The members should be sufficiently senior to be able to advocate effectively for the community and will have broad experience and understanding of the health system and local health needs.

Iwi appoint members to IMPBs based on selecting those persons they deem appropriate and who will bring the right expertise to the table to contribute to and lead locality planning and monitoring from a Hauora Māori perspective. Terms of service for the appointment and processes for removal or replacement, are decided by Iwi, and will need to be included in each IMPB Terms of Reference.

The agreed Terms of Reference will also identify numbers of Iwi appointed members and hāpori Māori delegates, and where relevant, number of other specialised experts at the table, and decision-making (voting) processes. Iwi may decide to appoint persons based on skills and competencies rather than individual representatives from each Iwi. This choice is up to the Iwi who establish the IMPB.

Some Iwi may choose to draw on some or all members from current DHB Māori Relationship Boards if they feel those members meet the skills and competency requirements of IMPBs in the new system.

Some Iwi may choose to consolidate to a single IMPB where - in the current system - they may be one Iwi operating in separate DHB districts.

All Iwi are advised to consider their selections based on ensuring the right skills and competencies are present with which to conduct the new IMPB roles.

### **In the reformed health system starting 1 July 2022 – what are the functions of Iwi Māori Partnership Boards (IMPBs)?**

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A: Iwi Māori Partnership Boards (IMPBs) are a key partner in the system with HNZ and with the interim MHA, will lead a process that determines final IMPB roles and functions.

The Government has directed that IMPBs will have a critical role in the process for settling locality plans for community and whānau-centred (comprehensive primary) care to ensure the plans reflect local needs and priorities. Central to the Government's approach are the establishment of the Māori Health Authority and positioning Iwi Māori Partnership Boards to play a greater role in shaping national, regional and local planning for hauora Māori.

While the individual boards and the Māori Health Authority will be separate entities, they will co-exist and be expected to form enduring partnerships to drive health equity for Māori across the system. Their relationship should be two-way:

- The Māori Health Authority will provide system leadership and support to the IMPBs to enable them to carry out their role locally and to build their capability. This might include providing data analytics, policy advice, mātauranga Māori strategic analysis, other health intelligence support (through a unique Māori lens), and research and insight into exemplar models of best practice for kaupapa Māori services from elsewhere in the country, for instance.
- The Māori Health Authority, alongside Health New Zealand, will put in place strong relationship management processes with the IMPBs at national and regional levels, for

example by establishing forums or networks to bring together representation from boards at those levels. This would allow the IMPBs to elevate their local intelligence and analysis of Māori voices to the MHA and HNZ, to inform those entities' functions and activities.

## Strategic Functions

Subject to the process to be led by the iMHA in the coming months, it is anticipated that IMPB functions will likely include partnering:

- With HNZ & MHA at a local level – IMPBs work with HNZ locality commissioners to identify local Hauora Māori priorities, outcomes, and investments, and they co-monitor the effectiveness of service delivery for whānau in the localities within the coverage area of the IMPB. An IMPB may have multiple localities within its coverage area so would agree multiple locality plans. HNZ and MHA will undertake the procurement task of contracting with providers based on the locality plans agreed between HNZ, MHA and IMPBs
- With HNZ & MHA at regional level – Providing advice to Regional leaders on regional services
- With HNZ & MHA at national level– Providing advice to national leaders on national services, frameworks and standards
- With Others IMPBs may choose to work collaboratively with other IMPBs to share insights and information across all localities and regions. This is up to the IMPBs.

IMPBs are involved at a strategic commissioning level in influencing priorities, outcomes, and allocation of the overall locality budget into priority areas – but are not expected to be involved in operational functions such as procuring specific individual provider contracts. In summary, the strategic commissioning role could include:

- engaging with whānau and hapū, and sharing the resulting insights and perspectives
- assessing and evaluating the current state of hauora Māori in their locality or localities; and to identify local priorities for improving hauora Māori
- working with Health NZ and the Māori Health Authority commissioners to negotiate strategic Māori health outcomes and priorities, service-level priorities, unique or significant local issues, and broader observations on wellbeing and social determinants of health in the locality
- monitoring the performance of the health system in their locality or localities, including against the locality plan
- engaging with the MHA to support its national stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation, to support a 'ground up' approach to oversight and investment decisions by the MHA; and
- reporting on the IMPBs activities to whānau and hāpori Māori, and other relevant partners as a measure of accountability of the IMPBs to Māori in each locality.

Any such role in the commissioning process will be assessed and decided through the MHA-led process on final IMPB roles and functions.

## Who supports the Iwi Māori Partnership Boards to operate?

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A: Iwi Māori Partnership Boards (IMPBs) are expected to be provided with technical support to enable them to perform their functions including provision of secretarial, administration, policy, writing, data, and technical capacity to enable each IMPB to carry out its functions. The final determination of this support will be carried out once the MHA-led process of engaging Iwi on IMPB roles and functions is completed, and Government has made decisions on the final set of functions. That will ultimately determine what specific support IMPBs will need.

The MHA has a core responsibility to support and enhance IMPBs to provide the greatest levels of input and advice to the health system with a focus on that being at a local level in the first instance. The exact nature of this support has yet to be determined but for illustrative purposes, this might include, for example, the MHA working with HNZ to provide the following:

- Local planning, strategic advice
- Data analytics, research, and intelligence (including regional and national data and information)
- Writing and reporting support
- Mātauranga Māori policy advice
- Māori clinical advice
- Best practice evidence from local, regional, national, and international sources on indigenous models of care and successful interventions
- Māori research and innovation advice

Supports will be in place to process and pay meeting fees according to a nationally developed fee schedule (still in development by the Ministry of Health) so that all IMPB members across the country are remunerated consistently.

## Are the IMPBs staying with the same areas as they are now?

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A: Current Māori Relationship Boards (MRBs) are a product of the current DHB health system structures, developed in alignment with DHB boundaries. Many Iwi over the years have seen this as a source of frustration where they have had to divide representation across multiple DHB boundaries. Since the start of the current health system, many DHB Māori Relationship Boards are now organised by the Iwi they represent and have multiple Iwi reflected on the MRB that reflects the voice of the Iwi within the DHB boundary.

There is now an opportunity for Iwi to align the new IMPBs with traditional Iwi rohe, with a number of Iwi working together in alignment with traditional alliances and to maintain critical mass. IMPBs are encouraged to maintain these important alliances. Overall, IMPBs themselves should be configured in a way that works best for Iwi and hāpori Māori.

The main caveat to this is that IMPBs geographic boundaries must be mutually exclusive – no two IMPBs may have the same area within their boundary.

## Can an Iwi / Māori representative on an IMPB also be leading a provider that has services funded by the MHA / HNZ?

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A: It is up to the Iwi Māori members as to who and how they want to appoint members and how they deal with conflicts of interest around that.

IMPBs will not be involved in the operations tasks of procurement / contracting with providers as this will be carried out by locality commissioners with support of the MHA.

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**Can an Iwi / Māori representative sit on more than one IMPB?**

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- A. It is up to the appointing Iwi to decide who they want to appoint to represent them which means it does not preclude this.

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**Can an Iwi /Māori nominee be a person who currently lives elsewhere in the country?**

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- A. Yes

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**Can an Iwi /Māori nominee for the specialist hauora advice and skills be an Iwi member who currently lives elsewhere in the country?**

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- A. Yes

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**How many IMPBs will there be?**

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- A. It is acknowledged that many Iwi alliances have been sustained over the past 21 years as Iwi representatives have sat at the table together in Māori Relationship Boards with DHBs. These collective Iwi tables and the ability to work together to utilise the collective voice of Iwi, has undoubtedly been of significant benefit to Iwi. These joint working relationships that Iwi have established should continue to be a strong feature of the new system wherever possible, so that the united voice of multiple Iwi remains strong.

Iwi Authority decisions will ultimately determine the final number of IMPBs once they appoint members to establish their IMPBs and determine their coverage area(s). Iwi may decide to establish an IMPB which consolidates previously separate boards across their coverage area (such as one large Iwi with multiple DHB districts within its rohe). Using the collective strength of coming together is seen as positive strategy while making room for better Iwi alignment of the IMPB for locally based decision-making.

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**How many “localities” will there be and what are they?**

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- A. This has not been decided yet. Currently some DHBs operate by “localities” and some do not. Health NZ will need to carry out work and engagement to determine what the localities should be for those Districts where “localities” do not currently exist. This may mean that it could take 1-2 years before HNZ has the final localities determined, and we know the number for the whole of NZ.

It is acknowledged that all Crown agencies organise themselves differently and have variations in regions and local offices – including the health system – and that this often frustrates Iwi. Therefore, we encourage IMPBs to organise themselves and to describe their communities based on what makes sense for them in terms of hapu or hāpori Māori areas. IMPBs should define their own communities based on what makes sense and feels right for the IMPB.

Once HNZ determines its health localities with advice from the MHA, the IMPB communities can be described within relevant locality plans. Typically, we will see that one IMPB will likely have multiple HNZ localities within the IMPB coverage area.

## **What happens to current Māori Health Strategies developed by the DHB with the current Māori Relationship Board?**

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- A. As will be the case for other DHB strategies such as child health and mental health, these will initially be carried over to the new Health NZ and will evolve as the HNZ, MHA and IMPBs work out Locality plans and priorities. The priorities and expected outcomes from locality plans will be a key feature of reporting on the NZ Health Plan in the future.

## **What happens to current Māori Relationship Boards work they are doing with their DHB?**

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- A. Current DHB Māori Relationship Boards are expected to continue their work with their DHB according to their current work programme and to prioritise what they want to continue and complete in 2021 – 2022. It is acknowledged that all Māori Relationship Boards will be carrying on with their “business as usual” with their local DHB – who still have a function to perform up until 30 June 2022.

If local Iwi Authorities have determined that they wish to appoint some or all of the current DHB Māori Relationship Board members to join the new IMPB starting on 1 July – the members will need to attend to preparation work for the IMPB alongside completing their obligations under their DHB Māori Relationship Board responsibilities.

Transition resources are available from the Transition Unit and Ministry of Health to support the costs of transition work. Iwi are responsible for establishing the new IMPB and having it ready to function from 1 July, even if they have opted to appoint any current MRB members to their new IMPB.

## **Our region currently has a regional collective of Māori Relationship Boards in our area. Will they remain?**

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- A. There would be advantages in HNZ and MHA engaging with IMPBs at regional levels, through an appropriate forum, and this is advice being provided to the interim entities to consider. It is expected that IMPBs will provide advice at regional and national levels. The mechanism has not been determined yet.

## **What assistance exists to help Iwi to prepare their IMPB for the new system which comes into effect on 1 July 2022?**

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- A. The Ministry of Health and the Transition Unit have resources available now for Iwi to support the formation of IMPBs:

The Iwi need to complete a Letter of Intent for initial funding to pay for resource people to prepare a Establishment Plan which will then be used to access further funds. Only one Establishment Plan and resource request can be made in each area i.e., two different groups in the same area cannot apply for the funds to create competing IMPBs. (Template Establishment Plan is available from the contact persons below). The Transition Unit and the Ministry will fund contracted support if Iwi need help to complete their documents, and then fund separately the implementation of the Establishment Plan as required. Establishment Plans include:

- Development of a new Terms of Reference outlining the constitution and membership and who mandates from local Iwi Authorities. This should also reflect how hāpori Māori voice is reflected and other specialised expertise that has been included
- How the appointees reflect the required skills and competencies [see Skills and Capability Guideline]
- Terms of Reference outlining rules for appointment, terms, removal, and replacement, voting rights etc (final IMPB roles for the Terms of Reference will be determined after the MHA-led engagement process)
- Whether the new IMPB intends to register as a legal entity or remain an informal group (either is permitted)
- Whether any preparatory work is planned to be done in 2021-2022 such as whānau and hāpori Māori engagement, or undertaking training sessions with the local DHB to gain a better understanding of the operating system; DHB operating model, etc – to help understand the local health system

Iwi have the remainder of the current year to get the establishment work done so should take the time to consider the arrangements, selections for the IMPB and continuing to consolidate relationships with other Iwi where appropriate.

Contacts re: Establishment Planning enquiries:

withheld to protect privacy

withheld to protect privacy

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