



Āti Awa Toa Hauora Partnership Board
Expression of Interest
Information Pack

Date 8 December 2021

BACKGROUND

In 2018 the New Zealand Government commissioned the Health and Disability System Review to identify how to strengthen the health system to ensure every New Zealander can access the right care at the right time.

A comprehensive process of consultation and engagement with a diverse group of communities and stakeholders occurred throughout New Zealand and the final report was passed to government in March 2020.

In summary, the review confirmed the following:

- The needs of Māori have not been served well and Māori continue to have persistently poorer health outcomes
- Pasifika and a number of priority populations have also been underserved
- Consumer preferences of where and how services should be delivered has consistently not been met
- The system is very fragmented, overly complicated and
- Is facing significant financial pressures that are impacting its sustainability.

In response to the reviews findings, in April 2021 the government confirmed its decision to embark on a once in a generational health and disability system reform.

HEALTH AND DISABILITY SYSTEM REFORM

At a whole of system level there are four major changes that will help manage the reform agenda. This also includes the creation of new organisations to ensure the new system provides consistent, high- quality health services for everyone, particularly for Māori and groups who have been traditionally underserved and have poorer health outcomes than other New Zealanders.

The four major changes are as follows:

MINISTRY OF HEALTH

The Ministry of Health will be responsible for advising the Government and monitoring the performance of the public health and disability system. It will set the strategic direction and develop national policy and it will be responsible for regulation and ensuring financial stability. It will monitor overall system performance, hold organisations to account for delivery, and support the Minister to intervene where necessary. However, it will no longer directly fund and commission health services.

HEALTH NEW ZEALAND

The role of commissioning community and primary care services as well as the delivery of hospital and specialist health services will be the responsibility of a new Crown entity, Health New Zealand. It will replace the existing 20 district health boards.

Whilst nationally governed and led, Health New Zealand will operate on the basis of four regions and will also have district offices throughout the country. Each of the four regional divisions of Health New Zealand will be responsible for overseeing and managing a network of hospitals as well as commissioning primary and community care services in their region.

MĀORI HEALTH AUTHORITY

To ensure equitable health outcomes for Māori are achieved a new organisation, the Māori Health Authority will be established and take its place alongside Health New Zealand and the Ministry of Health.

As well as monitoring the state of Māori health and helping develop health policy, particularly hauora Māori policy, the Māori Health Authority will have the power to directly commission or co-commission health services for Māori and to partner with Health New Zealand in other key aspects of the health and disability system.

PUBLIC HEALTH

A new Public Health Agency will be formed and located inside the Ministry of Health and will lead public health strategy, policy, analysis and monitoring.

There will also be a new national public health service within Health New Zealand, comprising the 12 public health services across the country. The national public health service will commission public health programmes and will provide services that protect and improve the health of the population, particularly in communities with the greatest health needs

THE MĀORI HEALTH AUTHORITY & HEALTH NEW ZEALAND

The Māori Health Authority & Health New Zealand are proposed to eventually be established as standalone government organisations governed by Boards.

The Pae Ora (Healthy Futures) Bill sets the context for the new system and will enable the two entities to become permanent once the reformed health system comes into effect on 1 July 2022.

The Bill also recognises the important role of Iwi-Māori Partnership Boards and Māori exercising tino rangatiratanga and mana motuhake when it comes to planning and decision-making for health services at a local level.

THE MĀORI HEALTH AUTHORITY

On the 23 September 2021 the Minister of Health announced the membership of the interim Māori Health Authority as:

- Sharon Shea (Co-Chair)
- Tipa Mahuta (Co-Chair)
- Dr Sue Crengle
- Dr Mataroria Lyndon
- Lady Tureiti Moxon
- Fiona Pimm

- Awerangi Tamihere
- Dr Chris Tooley

IWI MAORI PARTNERSHIP BOARDS

“The Māori Health Authority and Iwi Māori Partnership Boards represent a new way of working to shape the future health system. Our collective challenge is to influence the new system in a way that sustains change, achieves equity of outcomes, and elevates the voice of whanau to be direction-setters not just service users”. Sharon Shea, Co-Chair of the interim Māori Health Authority Board.

ĀTI AWA TOA HAUORA PARTNERSHIP BOARD

The Āti Awa Toa Hauora Partnership Board is inclusive of Te Upoko o te Ika which extends from the Kapiti Coast, Porirua, the Hutt Valley to Wellington.

The core function of the Āti Awa Toa Hauora Partnership Board is to work at a strategic commissioning level to influence priorities, outcomes, and allocation of the overall locality budget into priority areas.

The composition of the board is primarily skill based and will include three representatives from the iwi, a specialist in hauora Māori and a community member.

Eligible criteria include:

- Understanding of Tikanga and lived experience of Te Ao Māori
- Understanding of governance and the role of the Iwi Māori Partnership Boards in the new health system
- Experience in community engagement, widely known and active in the community, strong links with iwi, Māori health providers and wider sectors
- Experience in reviewing qualitative data, reports to identify trends and opportunities for hāpori Māori and whanau
- Strong financial acumen and decision making
- All members can confidently use technology (including communication technology)

- Clear understanding of the working relationship required with MHA and HNZ.

EXPRESSIONS OF INTEREST

The Āti Awa Toa Hauora Partnership Board are calling for nominations from Iwi members to form the Atiawa Toa Hauora Partnership Board. The formation of the Board is a two staged process with nominations for community and hauora expertise being advertised in the New Year.

Interested applicants are required to submit an Expression of Interest Application Form along with a covering letter and CV to:

To submit an expression of interest for:

Please check the Job Description and Application below, For an electronic copy of the documentation please email admin@teatiawakikapiti.co.nz. We have paper copies available at the Trust office 10 Parata Street Waikanae, please send your CV and covering letter to admin@teatiawakikapiti.co.nz

Applications close on 17 January 2022 for Iwi members

A shortlisting process is planned for 17 - 21 January 2022; interviews for 25-28 January and appointments confirmed by 24 February

Applicants will be advised of progress via email.

Appendix A



Job Description - Āti Awa Toa Hauora Partnership Board

Position Title:	Board Member
Location:	Te Upoko o te Ika
Accountable to:	Iwi and Māori communities within the Te Upoko o te Ika Rohe

Background

On the 23 September 2021 the Minister of Health announced the membership of the interim Māori Health Authority and Health New Zealand as part of the Labour government's health sector reform agenda.

The Pae Ora (Healthy Futures) Bill sets the context for a system that works for everyone, no matter who they are or where they live. The Bill will enable the two entities to become permanent once the reformed health system comes into effect on 1 July 2022.

The Bill also recognises the important role of Iwi-Māori Partnership Boards and Māori exercising tino rangatiratanga and mana motuhake when it comes to planning and decision-making for health services at a local level.

"The Māori Health Authority and Iwi Māori Partnership Boards represent a new way of working to shape the future health system. Our collective challenge is to influence the new system in a way that sustains change, achieves equity of outcomes, and elevates the voice of whanau to be direction-setters not just service users". Sharon Shea, Co-Chair of the interim Māori Health Authority Board.

Characteristics of the Iwi Māori Partnership Boards

- They do not report to the Crown – they are accountable to Iwi and hapori Māori within their respective coverage areas. The Āti Awa Toa Hauora Partnership Board is inclusive of Te Upoko o te Ika which extends from the Kapiti Coast, Porirua, the Hutt Valley to Wellington.
- they will operate predominantly at the locality level of the health system but will also have a role at the regional and national level. The locality layer of the system is where tino rangatiratanga and mana motuhake are most emphasized.
- they will be closely involved in locality commissioning from assessing needs of whānau, identifying priorities and monitoring service provision.

Purpose

The core function of the Āti Awa Toa Hauora Partnership Board is to work at a strategic commissioning level to influence priorities, outcomes, and allocation of the overall locality budget into priority areas. The strategic commissioning role includes:

- engaging with whanau and hapu, and sharing the resulting insights and perspectives with the Māori Health Authority, Health NZ and the wider health system
- assessing and evaluating the current state of hauora Māori in their locality or localities, and determine priorities for improving hauora Māori
- agreeing on locality priorities and plans with the Māori Health Authority and Health NZ
- embedding matauranga Māori within locality plans, which then influences regional and national planning
- monitoring the performance of the health system in their locality or localities, including against the locality plan
- reporting on their own activities to whanau and hapori Maori, and other relevant partners.

Board Members are also required to

- Follow the policies and Board resolutions

- Sign an annual conflict of interest disclosure and update it during the year if necessary and disclose potential conflicts before meetings and actual conflicts during meetings
- Maintain confidentiality about all matters concerning Board matters.

Competencies and Attributes

- Understanding of Tikanga and lived experience of Te Ao Māori
- Understanding of governance and the role of the Iwi Māori Partnership Boards in the new health system
- Experience in community engagement, widely known and active in the community, strong links with iwi, Maori health providers and wider sectors
- Experience in reviewing qualitative data, reports to identify trends and opportunities for hapori Māori and whanau
- Strong financial acumen and decision making
- All members can confidently use technology (including communication technology)
- Clear understanding of the working relationship required with MHA and HNZ.

Time Commitment and Term

Āti Awa Toa Hauora Partnership Board members will serve a term of 12 months to be eligible for re-appointment for. Initially Board meetings will be held fortnightly and will require a time commitment of one day which includes preparing for the meeting and the meeting time. This time commitment will be reviewed after six months.

Remuneration

Board members will be remunerated and will be confirmed by Jan 2022

Administrative Support

The Āti Awa Toa Hauora Partnership Board will be supported by a Board secretariat to manage the administrative activities of the Board.