**Ātiawa Toa Hauora Partnership Board**

**Expression of Interest**

**Information Pack**

**January 2022**

**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 Maori 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

On 20 December the Transition Unit announced the appointment of Riana Manuel, currently Chief Executive of Hauraki Primary Health Organisation and iwi-based not-for-profit Te Korowai Hauora o Hauraki as the Chief Executive of the interim Māori Health Authority.

**IWI-MĀORI 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 whānau to be direction-setters not just service users”. Sharon Shea, Co-Chair of the interim Māori Health Authority Board.*

**ĀTIAWA TOA HAUORA PARTNERSHIP BOARD**

The two iwi, Te Ātiawa and Ngāti Toa Rangatira have established their Iwi-Māori Partnership Board as Ātiawa Toa Hauora Partnership Board.

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

The core function of the Atiawa 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 a community member and kaumatua.

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 hapori Māori and whānau
* 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**

Ātiawa Toa Hauora Partnership Board are looking to recruit two members who will represent the community and health sector to join with the three iwi representatives and kaumatua on the Board.

Interested applicants are required to submit an Application Form, covering letter and CV to:

Lyn Harrison at **atahaia@actrix.co.nz**

Applications close on **Friday 25 February 2022.**

A shortlisting process is planned for 28 February - 4 March; interviews for 7 - 11 March and appointments confirmed by end of March early April.

Applicants will be advised of progress via email.