

**KI TE AO MARAMA – THE PROMISE OF AOTEAROA
NEW ZEALAND’S MĀORI HEALTH AUTHORITY
SHARON SHEA AND TIPA MAHUTA
21 MARCH 7 pm**

>>RINGA HĀPAI: (Te reo Māori). This is a different presentation to the one originally advertised, and it is one of the 10-day Te Tiriti Based Futures programme which includes an incredible line-up of speakers, discussing topics including institutional racism, decolonisation, building a Te Tiriti based future, and transforming our constitution. These are not topics for the faint-hearted and nor are they freely discussed in our society. But they are around some of your kitchen tables I'm sure.

I want to acknowledge the organisers of this forum have created this space for us to share and to learn from each other in a respectful way, so I'd like to draw your attention to the code of conduct that's been promoted for these forums. A code of conduct that I believe is really applicable in any forum, so please feel free to take it with you.

Before I introduce our speakers, I'd like to invite you to submit questions under the Q&A button which will ask our guests to respond to later in the wānanga. So they're really keen to have a kōrero with us so we're going to have some time together with a short presentation and an opportunity to have a kōrero via Zoom. So if you wish to give feedback or share your thoughts then please use the chat function as well.

So in keeping with having courageous conversations let's talk about the New Zealand Health and Disability system and the decades of disparities for Māori, the decades of avoidable morbidity and mortality for whānau and the decades of Crown agencies and institutions' inability to give effect to Te Tiriti o Waitangi. Not until the Wai 2575 Hauora claim has there been a stake in the whenua which has said "enough". The desire for self-determination over our health system has been loud and clear in the national Health and Disability system review where both processes clearly seek transformation of the Health and Disability sector for Māori.

The establishment of the Māori Health Authority is in response to the cumulative failures of the system and to finally being heard. This will be the first time in our history we will have an opportunity to implement this level of transformational change which I hope will be a catalyst across other Crown agencies.

There have been many health reforms before, so many of us will be interested in what will be different. Equally, I'm sure there will be a role for us as tangata Tiriti and

tangata whenua to play. No reira, nāku te hōnore whānau. It is my pleasure to introduce our speakers this evening. We're very lucky to have the two co-chairs, wāhine Māori, a good sign in terms of how we start the new journey for the health system, and it's my pleasure to introduce Sharon Shea who's Ngāti Ranginui, Ngāti Hauā, Ngāti Hine and Ngāti Hako, so I just want to acknowledge the Hauraki part of her whakapapa there who is the co-chair for the Māori Health Authority, and is also the representative for the Māori Health Authority on the Health New Zealand board. I think that's a really important kind of point to make.

Sharon has a conjoint degree, a Bachelor of Arts and Law and a Masters in Social Policy. So a good preparation for what she's been doing today, which has also contributed to her governance and leadership experience across the Health and Disability sectors. She's been a board member, not for much longer though, of the Auckland DHB and Northland DHB and she's been a board member of several other primary health community and other sector organisations.

I also wanted to acknowledge Sharon for her role as chair of the Māori Expert Advisory Group on the Health and Disability sector review, where she and other members of the group went all around the motu talking to Māori, talking to Māori providers to make sure that their voice was heard. So I just want to acknowledge her for that, which culminated in the Health and Disability systems review under the, I guess, the -- also the leadership of Heather Simpson.

I also want to welcome Tipa Mahuta from Waikato Maniapoto and Ngāpuhi who's the co-chair, also the co-chair for the Māori Health Authority. Tipa has a background in facilitation, research policy and community development. It's been complemented with over 20 years in iwi governance experience and she still lives in her village, another good sign in terms of being connected to where you come from.

She's currently the Deputy Chair on the Counties Manukau District Health Board, not for much longer, and the Taumata Arowai Māori Advisory Group, a counsellor with the Waikato Regional Council and co-chair for the Waikato River Authority. So, good to have the expertise that brings the taiao into the conversation as well.

So it is my great pleasure to introduce our two board members from the Māori Health Authority. Before I hand over the rākau to them I just want to also acknowledge that they're supported by a very talented board, I want to acknowledge the rest of the board members on the Māori Health Authority who I think are also there to help make sure that we are creative, that we continue to make better change and also to pick really good CEOs,

so I want to commend you for doing that too, so more Māori Pacific women running the health sector, I think that's a good start. So over to our presenters for this evening, I'll hand over to you first Sharon -- Tipa.

>>MS MAHUTA: (Te reo Māori). I just wanted to return the mihi to you, Taima, and to everybody that's facilitated us being here. I see we're on a long list of illustrious speakers (te reo Māori).

>>MS SHEA: Tēnā koutou katoa. Ngā mihi nui, ngā mihi aroha ki a koutou. Tēnā koe Taima mō tō awahi, tēnā koutou, tēnā koutou, tēnā koutou katoa. Thank you, Taima, and all who are and have been involved in this, leading up to this kōrero. I must double down on Tipa's mihi to all of the presenters who have a very, very impressive line-up, in fact I said to Tipa aue, we better have something of value to say, so hopefully we won't let any of you down, but looking forward to the kōrero koutou. I'm just going to share our slides and I think we will get cracking.

>>MS MAHUTA: Nō reira we just wanted to start by going backwards a little bit, we don't want to list all the many names, but every iwi and every profession that looks after hauora has many people that have gone before us and have done the work basically for generations which is why we've survived pandemics and influenza and got here today. But not only that, they've built, I guess, the promise of what we can do for ourselves in the sector. More recently it was the panel led by Ta Mason that formed an advisory to give effect to, I guess, the recommendations in our appointment as the Māori Health Authority.

So again, want to honour the contributions of everybody. All of you have someone in your takiwā that you know, they were the person that led this kōrero for you, not only the claimants but all the many practitioners and people that have given service over these difficult years as well, so just ngā mihi nui ki a koutou te tīmatanga and to all of those that have gone before us. Kapa.

So we just wanted to have a short background conversation with you so that we can probably dive deeper with you about the more important conversation as where to next. But for those of you that have been watching with the reforms intently, we are lucky because Sharon was part of the review process itself, so been in the conversation for a long time with that perspective. So we've got from May 2018 to April last year, and the steps taken by the government to give effect to, I guess, the findings of the -- commissioning the report, the findings and then planning a way forward that, yes, does mean -- this was all lined up prior to the pandemic, and really Covid, if anything, over the last couple of years

has given more impetus again to your introduction, Taima, to the inequities that people have faced over this last couple of years, so just really built on the reasons why we're doing what we're doing. Tēnā koe Sharon.

But essentially these are the main findings, main drivers of the review. Nothing new there for everybody that's on this call, but just calling out a few, I guess. How not giving effect to the Treaty looks across the system in every space you can see that just basically undermines opportunities at each step. Not only that, opportunities aren't identified or followed through on, or are under-invested in. So again, we don't need too many more levers as to why the 10-year gap in life expectancy is probably all a condition of all these various, again, systemic intricacies at play. But I don't have to talk to the converted about that. We all know to some degree of what's happening there.

The sector, the disability review itself found that the system was indeed a bit clunky and chunky in places and we were still getting lost in it. No-one could identify, I guess, where the inequities started and ended, so it's systemic, there is no one cause.

The system leadership and accountability mechanisms didn't lead to change or fundamental change in those places that would have seen improved Māori health. planning and commissioning in the 20 DHB way was not leveraged to support Māori health outcomes and again we're in the position where every DHB is scratching its assets very hard to find sustainable gains.

So again, just pointing out where all the different gaps are, but each one is an opportunity to lose more Māori confidence in the system. Not only Māori confidence but there is probably our tangata whaikaha, there's a whole lot of groups in the equation, not only Māori, Pacific Island, disabled and the rural communities where not only socio-economic determinants but access, quality and inequity all play out to some degree in Aotearoa New Zealand today, which again, none of us will have a bar of, so that's why we're all about this conversation tonight and changing it. Kei a koe Sharon.

>>MS SHEA: Sorry, see we've practised, pass the rākau, here it comes. Yeah, so kia ora everyone. Look a couple of things. So just leveraging of what Tīpa had said and of course with the Simpson Report, which sets the shifts in motion, and then the transition unit was set up headed by Stephen McKernan, and then we have had our very competent Chad Paraone in there holding the fort for all of us. And as part of the mahi and leading into the announcements leading from April to September, which is when the interim Māori Health Authority board was announced, there was the launch of these five system shifts. And as you can see, the first one is the health system will reinforce Te Tiriti principles and

obligations. So that's the first system shift that has been signalled as part of this transition -- part of this process from transition to transformation.

Then the other system shifts, which are really important for us to, one, be aware of, but two, hold on to, because the system shifts signalled are actually part of our levers for change, and Tipa and I are going to talk about that in a moment.

But the second one is certainly about access, so equitable access as a concept is certainly in play here, but this is also about a comprehensive range of supports. So you'll be familiar with the kōrero around localities and how localities are important concepts moving forward, so localities are geographic areas and then associated with those geographic areas will be comprehensive networks of services which would be not just specific to health but also intersectoral and we can talk a little bit about that if you want to.

The third one is access to hospital and specialist care, emergency and specialist care. Again, some of the early kōrero, and it won't be new to all of you, is about ensuring that we don't have unwarranted variation in access and the clinical quality of services and things like that. So that's certainly something we've got our eye on.

The fourth one is digital services. So everyone's a software developer now, so we're all pulling out our software engineers. But digital services are an important part of a modern transformational health service or health system, I should say, or oranga system actually we should say, we're going to talk a little bit that moving forward. But certainly it's part of the new way of delivering, notwithstanding that we're of the clear view that mobile services, kanohi ki te kanohi, all of those things are critically important, if not more important, and we've seen that through the mahi delivered in the Covid scenario with the more permissive settings and the ability for our Māori providers and others to shine in terms of how they've delivered services to Māori and New Zealanders.

Then the fifth system shift is about our workforce, valuing our workforce and also getting ready in terms of the future and what a transformational system might look like. And for those of you and us who are working, but in particular for our valued frontline workers, it's been hard and it just seems like it's getting harder. So we just acknowledge you, mihi to you and we can talk a little bit about our plans in that space as well. So these five system shifts are what is driving the overarching reform.

This is our awesome board and Taima, you acknowledged our full board. So we are an interim authority from the 1st of July post the passing of the Pae Ora legislation, well, the Māori Health Authority will become a formal legal entity at the moment, we're a section 11 committee for those of you who love to dabble in the policy in Wellington, the

policy speak. However, we do have a role, scope and function, and we do have direct commissioning and there was announcement the other day, many of you would have seen Tipa announcing with the Minister the 22 million, which is one of several announcements actually, everyone, which will be coming, so watch this space.

And of course part of a big push for this kōrero is linked to racism. I just want to chuck up a couple of definitions, and we're still forming and storming. So we got appointed in September last year, Taima alluded to our illustrious CEO who we -- I don't know what the most appropriate word is, but we lovingly welcomed her into the Māori Health Authority from Hauraki. And I just notice one of the questions, so Riana Manual is a nurse by profession, so I notice one of the questions around the lack of nursing voice, but well, there you go, we've purposely appointed a Māori nurse as the CEO, so hopefully to the person who asked that question you'll give us a pass on that one.

But certainly we are very aware, acutely aware of Māori workforce voice across all professions, so we're working hard to incorporate professional voice and other voice, and again, we'll talk about that in a moment.

But just thinking about these definitions and they're just initial ones for us, we haven't formally adopted these as a board because we're still forming our approach. But certainly we've got a zero tolerance for bias, discrimination and racism. And I love the work that was recently done by Smith et al that was last year regarding every-day experiences of racism by Māori whānau. So this was across the board and very powerful research which talked about anything from, you know, kai to employment and all those types of things, it's a very good piece of research.

And they defined racism there as, and we've just adapted it slightly, but an attack on Tiriti embedded rights and the principle of tino rangatiratanga, which includes maintaining colonial power structures which systematically disadvantage Māori. What I liked about that definition was that it really contextualised racism within the context of Aotearoa and indigenous issues. So I just wanted to leverage off that as part of our discussion moving forward.

And then of course we've got a lot of work to do in terms of institutional or systemic racism and how that manifests itself in practice from monocultural thinking right through to every day processes and the way that services are delivered and approaches are delivered, including clinical pathways and things like that.

Having said all that, we do know that there are pockets of excellence threaded throughout the health system, and we also know that we do have very powerful non-Māori

allies. So we'd like to have a discussion about how we might be able to join forces and create this transformational system that we've all worked so hard to get here, now we want to move forward.

So I'm just going to pull up another slide, if I can get my thing -- Tipa and I are going to talk about this together, but part of the work that was done in transition unit and part of the mahi that we continue to do, as Tipa said, leveraging off all -- we stand on the shoulders of many others including yourselves.

We've just noted here 24 levers for change which the Māori Health Authority and Health New Zealand will be utilising. And I'm just going to run through the first 13 just very quickly and then Tipa will do the 14 to 24. But really, the opportunity for us is to socialise what these are and then have a conversation with you hopefully about other exams, other levers, other opportunities. Of course there are multiple things embedded within each of these headings, so you'll excuse me if we don't get into too much detail, the in-depth stuff. But first of all, legislation is a critical lever for us, so the Pae Ora bill is going through, it's going to come into force on 1 July.

There is a Tiriti clause in there and actually there are blingen tonnes of reform going on and tonnes of kōrero about what a Tiriti clause looks like, but we can tell you that we've worked hard to ensure we can get the strongest one we possibly can. But I just wanted to say, that legislation is one of several levers, so we're really looking to maximise the value of what levers we can pull to create change.

But part of that is putting into place the different bodies like the Māori Health Authority, Health New Zealand and also the Iwi Māori Partnership boards, which we'll touch on very briefly, policy. So the Māori Health Authority has a policy shop. We've never had a national policy shop like the one that we're going to have in the Māori Health Authority. We have had wonderful people working on policy in Government agencies, but us a know, there's never been a national Māori Health Authority before, so we have a policy shop and we intend to make sure that that's very strong and we leverage that to the max in terms of how we might be able to influence not just health policy but also intersectoral policy associated with determinants, including commercial determinants as well, so I didn't want to miss that one off or else Sue and Matua(?) will say to me why didn't you say commercial determinants.

Partnership. So our partnership with Health New Zealand, Tipa and I and the full board have worked really hard to make sure that we have established a credible working relationship, and I can say to you now that we have. We have a very close working

relationship with Rob Campbell who's the Chair and also board to board. So, for example, we have joint working groups at board level operating right now looking at finance, looking at strategy, looking at planning looking at capital, looking at commissioning, looking at systems. So we're working really hard to make sure that the joint boards shape what the system looks like and also shapes mahi associated with those five system shifts.

In terms of also external partnerships, so we'll be working on external partnerships as well, not just partnerships within the health system. That includes talking about what Tipa said, building partnerships with our valued hunga hauā community and others. Whānau Voice and agency is really important to us, so we are really pushing the kōrero that we want whānau to be direction setters not passive recipients of care, as some would perceive them to be. So obviously we'll continue to carry on the great work created by all of you around building whānau capability. Certainly that's a strong approach for us. But also recognising that whānau are their own experts, whānau are agents of change in their own right and the health system needs to respect that and support that and enable and everything else we can do.

Waka hourua and Te Tiriti framing really just speaks for itself, but we are adopting a waka hourua framing but what we want to do is we want to actually make that a living, breathing waka that creates the opportunity for both HNZ, Māori Health Authority and all our other partners who are in the fleet heading towards the same destination. So we're using that as part of our approach.

We have strategy arms, so we get to not only look at policy, but also strategies. So we're working hard in terms of the New Zealand Health Plan, for example, and to frame that within Te Tiriti, but also understanding how we might be able to effect change, not just within a Māori health context or an oranga context, but across the whole system.

So planning, we'll have a planning arm. We are focusing on life course outcomes, not just inputs and outputs, so any of you who I've had the pleasure of working with, you know that I love outcomes and data, and so do heaps of other people so that's awesome, but life course outcomes are a really important part of our view and also where we're going to invest.

So thinking about investing, co-commissioning and direct commissioning. So we have a direct commissioning role, so we have our own budget, and we will commission services and solutions associated with that and Tipa, with the ministers and Riana and Rob, announced the first of that the other day.

So as part of that, and I'm going to jump to number 12, we are talking about investing quite significantly in Te Ao Māori solutions and services. So rongoā is a really good example, but it's not just rongoā, so we will be talking about a real steeped matauranga, Te Ao Māori; it's a given that those wonderful -- that matauranga, that Te Ao Māori solutions, it's a given that they are not only valued but completely necessary. So one of our core roles, which we've never had before, is to invest and grow and expand and scale Te Ao Māori solutions. So we're really thrilled about that and looking forward to supporting those who deliver those the best, and those services to be scaled

We also have a co-commissioning role, so that basically means we work with Health New Zealand and potentially with others whom we are yet to build relationships with, but let me just talk about Health New Zealand. So people say to me "what's your budget Sharon, what's your budget?" I say unapologetically \$20 billion, because our role is not just to directly commission the mahi with the pūtea we have, our role is to influence a whole of system change associated with oranga. So we are unapologetic about our role in terms of co-commissioning with Health New Zealand as our partner and we potentially have others which we are yet to develop.

I'll just speed up a bit. Iwi Māori Partnership boards are based in localities, they are leveraging off the best of existing partnership relationship boards with district health boards, but the team has been working hard to understand how we might be able to accelerate those in terms of their own capacity, you know, the resources that they need to thrive in terms of local decision-making, how they work in terms of influencing local commissioning and they bring that expertise and that voice to the table.

So those are being established as we speak, and then performance of other services is really important for us. So we have a whole system performance management role, and we also seek to influence the performance of non-Māori services for Māori. And if any of you heard Ta Mason the other day, he was talking about the importance of the Māori Health Authority having an overview of the whole system and lifting, seeking to support the lifting of the system.

But just before I hand over to Tipa, I just wanted to say the success of the transformed system is not the sole accountability of the Māori Health Authority, it is the accountability of everyone in the health system, including our valued partners, Health New Zealand and other partners as well. So I just wanted to leave that little line and I'll hand over to my co-Chair Tipa to talk about the other levers, kia ora Tipa.

>>MS MAHUTA: Kia ora Sharon. I totally support the first 13 and if anything this is just doubling down on that, totally support Sharon that we expect to comment on the whole of the system's budget, the decisions made around that and we'll be part of the decision-making, we'll have ownership of that. We want to work with our providers and develop what they've been asking for forever and a day, is more investment in their success, so that's something we want to see through. As well as working on the generational workforce plans that need to occur to have, again, stabilise the Māori workforce and their own well-being. Not only the workforce, but IMPBs, everybody that should have taken a role in health by now, we want to fast track that opportunity, whether clinicians and/or administration decision-making governance, including shadowing opportunities and things like that.

Again, 18 and 19 are where the health sector system is going in every country in the world. Know what we know, perform better, and keep the data flowing around that. But not only that, all the digital opportunities that exist to extend the reach of our oranga planning.

There's a huge change management process that no doubt if you're in the system or outside of the system as big as health would wonder what magic wand do they have to do this. But in terms of one of the changes that we must see come through, is the removal of systemic racism within the system, and how we might do that is some of tonight's conversation.

Some of changing the narrative of mindset shifts, is both sides of the table. Māori as consumers have to believe in the products, have to, again, rebuild their trust and confidence in the health system, so those are the types of relationships we need, in our Māori households but also in the system itself.

We'll need capital investments, again how do we do that in a smart community way, whether it's in a rural community or in town, how do we build resources that the community can truly rally around.

Sharon talked to all the different people (inaudible) with, but there's been a lot of talk about our -- for example, health is a -- one of the conversations we must have, but it's after housing, employment, and other conversations (inaudible) together in a consolidated (inaudible) --

>>RINGA HĀPAI: Kia ora Tipa, I think something's happened with your mic, it's sounding a little distant, like you're a long way away, I'm not sure what happened there.

>>MS MAHUTA: Okay, sorry, I'll try and get closer to mic. Any better Taima?

>>RINGA HĀPAI: Kāo.

>>MS MAHUTA: I'll just change my setting.

>>RINGA HĀPAI: Okay, and I think -- you've got your headset on so I'm wondering if something happened there.

>>MS MAHUTA: I think it's just not used to being on at this time of night. Is that better?

>>RINGA HĀPAI: That's good, that's it.

>>MS MAHUTA: Aroha mai, I'm not sure how much you missed, I don't want to re-hash it, we can answer those in the Q&As, okay? Kei a koe Sharon.

>>MS SHEA: Kia ora Tipa. So look I see there's heaps of Q&A, so I really would like to engage in some of that. But really that was just the end of the kōrero everybody. I mean it's a light touch, there's tonnes of stuff, as I said, underneath each of those headings.

Can I just say, I was trying to scroll through the Q&A for the research pātai, that's definitely huge for us, I'm actually on a couple of research boards actually. The translational aspect of that is the thing that we need to get better at, because we've got -- we're like a te wheke, we've got all these arms everywhere, so I'm hoping that through our policy, our strategy, our planning, our investment, all that kind of stuff, we're actually going to utilise research and make it translational really quickly, especially with some of the wonderful stuff that's being done at the moment, which I'm fortunate to get to know of because I'm on a couple of boards, so yeah, just wanted to quickly say that.

>>RINGA HĀPAI: Sounds like research and evaluation is number 25.

>>MS SHEA: It wasn't in order.

>>RINGA HĀPAI: Not last bit.

>>MS SHEA: Yeah, it's under intelligence actually, but I get it, yeah.

>>RINGA HĀPAI: I agree with you, there's a lot of questions in there and I can see some common themes. I was listening to Donna Awatere's presentation the other night and she talked about how -- she gave examples of how the master allowed Māori some space and then strangled innovation through policies and funding, and so we got so far and then we stopped. And I think she used the Kōhanga Reo, Kura Kaupapa and our wananga development, but I think Māori providers are the same.

I guess there's a question that aligns also with the fact that what can be done can be undone. Can you talk to me a little bit about what if National or some other politician gets in and says "no, we're going to pull that back, we're going to tighten that up" or "we're going to stop it altogether", what's the provisions in place to keep this going over a period of time, because it's going to take years to get this right?

>>MS SHEA: Do you want to go Tipa then I'll support you.

>>MS MAHUTA: Okay, so the comments have been made and people are worried about the survival of the authority, so there's a defensive play as well. But I guess I'd have to trust and believe that the Aotearoa New Zealand that we live in isn't about smoothing the pillow anymore and that we'd be far too, again, not righteous in our rights, but we're there already, Treaty settlements, Kōhanga and Kura, the institutions that you'd -- given a good -- in their first decade they have results in their first generation, they change Māoridom, and that's why we can have today's conversation.

So yes, political will could change this. Do we have enough strength and fortitude in our -- in, I guess, Māori political consciousness? I think we do. I think there's general agreement that there has to be a new tool in town. People may quibble about whether it's an authority with limited rights or extra rights, because we're still Crown adjacent, so we're not all the way over there in the mana motuhake lane.

So I think that's the next step out, but so we'll have an act of parliament, people can do what they do to unravel that. We could be victims of our own success and underfunded in the future, under-funded without all the outcomes being reached would not be the goal.

My indicator is that other than one very pre-campaign comment by the new leader of National, every other party's been silent about it, they're waiting for us, I guess, to be the proof in the pudding. And we're a long couple of political years away from the next election. Will we become the clickbait at the next election? Only if we get things wrong, so incumbent on us to do things 150% better.

But I guess if I was to express one frustration it's we're likely to save fresh water for the whole of Aotearoa New Zealand, Māori, through our goals and kaitiakitanga. We're likely to do that for health too, but no-one will thank us for it on the way through.

>>MS SHEA: I love that kōrero, Tipa. Look I've been through several cycles, eh Taima, we've been through four or five health restructures, and look, there's -- and through all of those, through all of those, doesn't matter what party's been in, we've continued to create avenues of success, because that's who we are. We can't be reliant on left or right or middle, we just go for it and we create opportunities and avenues for success, and that's our opportunity as well. But, you know, we're up to building relationships, so there's no problem there, and we will continue to do so.

>>RINGA HĀPAI: Kapai. I think we have to remember other initiatives like Whanau Ora got the same level of critique and that's not going anywhere either. There's quite a few questions around the legislation and the focus really around does the legislation embed the Treaty

principles or Te Tiriti articles, and I just want you to comment a little bit about I guess where the Pae Ora bill's going to be going, but also how that translates into the New Zealand health plans and all those other documents that also drive the behaviour and the system change.

>>MS MAHUTA: So we landed as the Pae Ora legislation was on its final way through the House, so we gave some advice around that, wanting to be very clear with Crown Law that the Treaty and its principles was our preferred, I guess, starting off point so that, you know, space wouldn't get lost in between.

We've had, again, they're still working out the detail of how that might sound in its final essence. And I don't doubt it's going to fall short of where we need it to be, but given that the whole edge will get reviewed in the next three to five, that's where we get to sharpen the sword. But it starts with Treaty, with an understanding that the principles that the Wai claimants are talking about and the specificity around that was included in that understanding. But I'll hand it over to you, Sharon, I think I got that one right.

>>MS SHEA: No, that's right, yeah. And if you look at Whakamaua, for example, where they've articulated the articles and then -- the articles and the principles, you know, that's a legacy and living document that we'll certainly be picking up as well.

I guess the other issue is, it's about how smart we are in terms of the articulation of articles and principles, isn't it, and then what that looks like in practice. So don't you worry, we're working on that and have we got some awesome surprises for you.

>>RINGA HĀPAI: On a similar note is there any other legislation that also needs to change to give effect to all the work that's going to change in terms of system change? So I think the ACC legislation came up, and there probably are some other Acts. I'm just wondering how we start here and how it moves across other pieces of legislation as well.

>>MS MAHUTA: We've had that initial kōrero as an authority and thought, well, you've got to put all the well-being Acts all alongside each other to see how we can be good agents, work that agency across all the well-beings, whether it's housing, education, you name it. So that's, again that's the long game.

In the meantime we are providing advice to this government's well-being committee so that it can be seen alongside all the other advice that might come up. Again, the silo system has never helped us, but we're trying to cause as much integrated kōrero and oranga while being kōrero as we can just to anchor that on. But kei a koe Sharon.

>>MS SHEA: Yeah, that's right, and I think also with our policy shop, our strategy shop, you know, a phenomenal team who gives us the type of insights and intelligence that we've

never seen before in a timely way that we can influence others, all of those are practical demonstrations of Te Tiriti.

The other thing is that we are in different places and spaces, as are all of you, so, you know, it's our obligation, it's our mutual obligation really to be ensuring that wherever we are we can seek to influence. So for example, I'm doing some work in the unemployment insurance space, and there's some legislation coming out for that.

>>RINGA HĀPAI: Kapai. There's some other questions really about how will hapū and iwi really have voice in terms of getting their needs, you know, identifying what their needs are and how that will happen, and I guess maybe that's what the role, you know, what's the role really around the iwi partnership boards and the localities in terms of meeting those needs, I just wonder if you could comment on that.

>>MS MAHUTA: Okay, I'll start from the -- so Whānau Voice is what's leveraged in the system, and Whānau Voice wherever it sits. So again, we have that mātāwaka that live in our rohe that we look after, their voice is as important as the mana whenua that live at home or live away for home. So how do we leverage all those voices in for maximum impact. And that's the growth in leadership that we want to, I guess, see in our communities, how to have those long life course and life-changing conversations and sponsor families through to their success, so that's a key -- that's something that the Iwi Māori Partnerships have to facilitate, that kind of robust conversation and feed through into their planning; and then they leverage off some of the, I guess, the ways we can implement that voice into the system. But I'll pass that on to Sharon, how Iwi Māori Partnership boards and localities will work together for that.

>>MS SHEA: Thanks Tipa. Can I just go back to the statement around Whānau Voice as direction setters not as, you know, perceived -- passive recipients of care. We're really serious about that, so we're looking for every opportunity we can to lever Whānau Voice within the health system and beyond actually. So just wanted to reiterate that.

In terms of the Iwi Māori Partnership boards, so they are leveraging off existing relationships, so we know that, you know, across the motu there are existing relationships, with DHBs certainly, and obviously they won't be around post 30 June. But one of the things that we are really mindful of is that in DHB land, not in every case, but there was a, in some relationships, maybe majority, we'll have to speak to the iwi who are in those relationships now, but there was -- we did observe and have observed over time some quite sort of paternalistic approaches where, you know, the boards were starved of information and resources really, and in some cases were quite actively managed in terms of what they

could see and what they couldn't and decisions that they could participate in and couldn't. That wasn't consistent across, but certainly there were those traits. So our objective is to have zero tolerance for that actually, and to respect the integrity, not only of the relationship between the Iwi Māori Partnership boards at a locality level, but also to create the space for them to grow and to have a greater say.

So whilst their primary focus will be at locality, they will be influencing at a regional level as well, and plus via relationships with us, we can also elevate that national voice. So again, the strength of that mechanism we will -- we haven't seen before. And one of the roles of the Māori Health Authority is to manaaki and support the Iwi Māori Partnership boards, so they've got everything they need to be the decisive decision-makers that they should be.

>>RINGA HĀPAI: Aue, and we've got more questions coming but it would be remiss of me not to ask a question around, I guess, the plans or the thoughts about Māori workforce and provider development. I'm assuming that's high on the list, is there -- we heard a little bit about basically the MPDS funding just being repackaged and sent out. What can we expect in the next wee while in terms of being able to support our workforce?

>>MS SHEA: I'll start and Tipa can follow. One of the issues -- we all know it, so there's pipeline issues, there's getting our whānau in the workforce, supporting our whānau in the workforce or in training, building opportunities, moving forward, then there's retention, recruitment, career development, all those types of things, leadership roles, governance roles etc, etc. I'm really excited about -- so we're au fait with all of that, it's all important and we want to make a difference.

I am really a fan of, for example, utilising opportunities to enable a new work force to come through, and let's take the lay vaccinators in the Covid space, lay swabbers and stuff like that, subject to quality parameters and if they're taking on roles that our valued nurses, you know, need to free up or other allied health, for example, it's not just in the nursing space, then we should go for it. Because whilst we want to grow our valued clinical workforce at every level and to the max, we know that we can also grow another workforce which supports the delivery of the mahi in a way that we've never seen before, and I think that creates a window for us to really escalate that.

So we know we've got immunisation challenges coming up in terms of flu and MMR and all that kind of stuff; again, subject to quality parameters, we should really utilise this permissive opportunity to really double down in that space, and do more.

Just in the provider side of things, we want to scale, we want to invest, we want to create, we want to nurture innovation, all those types of things and now we've finally got the opportunity to say yes, because we've got our own pūtea and we're going to influence across the system. So is the time for us to actually maximise the opportunities for a scale and a size of Māori provider and service development that we've never seen before. Yeah, okay, thanks Claire, yeah. I'll just hand over to Tipa.

>>MS MAHUTA: So creating more opportunities for workforce and provider development, including looking at how to partner with, I guess, our leaders in the sector, creating centres for excellence so we get there quickly, we don't have to wait a generation to take people through their leadership journey, or for people to survive any system to get there, we want to actually, as Sharon was saying, provide the pathway to those things.

One of the centres of excellence that's been proposed is talking about the promotion of equity and other things. And again, that might not be just in our field. So there's a whole lot of work that we must do together with other experts in the oranga space so that we're all talking the same way, because we have the same client, vulnerable whānau, so kia ora.

>>RINGA HĀPAI: Kia ora, I'll just get some guidance from my moderator, I think we're coming to the end of our time, but we just want to keep on going, I can tell, and there's so many more questions that that are coming through.

I guess what will happen is the questions will be collated and sent through, and I know that you are interested in sort of seeing what they are. And so that will be kind of useful to share. I think it's also useful to know, and maybe its a communication for the Authority just to let people know how else they can contribute to anything that's happening in the future. So, you know, what we know is that there's a lot of work to be done around the business as usual stuff that has to be done as well as what we're doing in the future. So if you think there's some opportunities for how people might be able to participate, I think that would be good for our crew to know.

But I think it's -- I'm just waiting for our moderator to say do I need to wrap up now or can we ask one more question.

>>MS MAHUTA: While you're figuring that out m I'll just say we're getting our comms crowd on board this week, so we expect that we'll have to run a lot more webinars and online forums because again, there's a lot of us in the workforce, a lot of us with interests, there's a lot of us that have particular needs within health that need somewhere to talk about it. So we'll be creating those online forums.

We've done one round of 16 Iwi Māori Partnership boards so far, that's without going to all the different workforce groups and Māori providers. So again, everyone wants first generation outcomes in the first 5 minutes. We're asking for just 5 minutes to get it set up right whānau. And this time next year you can all say jump higher, not enough. But if we get the knitting right and we get all the data stock that Sharon's talking about in an efficient way, I think that's the best help we can be to Māori providers in the first instance, because then we're all dealing from this -- adding to this knowledge base that actually progresses Māoridom. And I mean it not like in a big waffly five year's time thing, I think just if we invest in that as a first step, then we know what we're talking about in real meaningful ways and we don't have to prove it to anyone else but ourselves.

So note that everyone that said it's a once in a lifetime opportunity, get it right, that's our goal. Anyway, Taima, have we given you enough time to figure out what we're doing now?

>>RINGA HĀPAI: We're allowed to go over time a little bit, but I think that what it's really good to hear is there'll be more opportunity and more forums for everyone to participate, because I think that's really what people are really keen to hear. And it's not just Māori, it's non-Māori, you know, our allies here are wanting to know how they can contribute and how they can support the kaupapa as well.

I was reading a lot of the Pae Ora submissions for my sins, and I looked through a lot of the professional associations and medical associations, very supportive of change. So I think we're all agreed that we need to make some change, but it's figuring out now the details around it. So I just wanted to acknowledge both of you and the board that you're representing, I guess the change that you are bringing, the fresh ideas, the approach and the authenticity to actually engaging, you know, more authentically and at this level with whānau. So I think it's -- I'm hopeful for the future.

I guess really having been in the sector for a wee while I've seen some changes that I sort of think that was never going to work, so I wouldn't say that about anything else but I am hopeful about this kaupapa. And I'd like to acknowledge the leadership you have in place.

There was one last question, and I wondered about it myself, from 1 July all the DHB staff go over to the Health New Zealand. Who have you got coming into the Māori Health Authority to support this kaupapa?

>>MS MAHUTA: Sharon?

>>MS SHEA: Yeah, so quite a few people actually, we haven't got 80,000 know, we're a bit short on the 80,000 mark because that's people that work in the system.

So just a couple of things, Taima, if you don't mind, I'm just going to circle back to just reinforce that equity is not our destination, it's just a stepping stone. It's a stepping stone towards oranga. So I just wanted to say that, because sometimes it often gets confused as the end point and we're really clear that's not our end point, it's just, you know, part of it, it's one of our stars in our destination, so just say that.

So where Riana is starting to formalise the organisational model, so we're in the process of that. And we have got staff transferring from the Ministry of Health, so we've got a portion of staff there, and then we've got staff coming to us from the district health boards and we're just finalising that as we speak.

But in terms of we want the most grunniest, amazing operational team that we can get our hands on. So anybody who has got a CV, chuck it our way please, because this is our -- you don't have -- it's whoever's got the commitment, the understanding and the passion, we want to work with you to make a difference. So we've got our own team and then, of course, we're working across HNZ and we've got a unique relationship there. But I'm not going to say anything about that now because Riana and Margie are negotiating what that might look like, but that's also very exciting.

>>RINGA HĀPAI: Kapai, that sounds like a nice place to leave things, it's a recruitment plug at the end. Kapai. All right, and so nāku te hōnore kōrua, it's been great to have this opportunity with you and we look forward to, I guess, having more kōrero in the future.

So before we wrap up, I just want to acknowledge all the team that have brought this kaupapa, not just tonight, we've got our moderators and our tech support in the background, but all the other people and volunteers that have been part of the Tiriti-Based Futures programme over the last wee while. We've still got another week full of programmes, so if you haven't had a chance to look at what else is available, do go and have a look, it's beautiful kōrero. Some great stories, some really sad stuff, but also a great opportunity for us to remember and reflect about why we are all here and what we're trying to achieve.

And then at the end of it there's a great big sort of marathon of talking going on at the very end on the weekend, which I think we can share the detail about that. But we will be -- this recording will be available sometime shortly on the YouTube and Facebook page. Please go to the Facebook page for Te Tiriti Based Futures and like. I've sent that to lots of my friends and that's why I think they kind of got here, because I think it's a great forum for

sharing, and then really just want to close to kind of whakakapi tēnei wāhanga, (te reo Māori). Pō mārie koutou.