

- When analysed in August 2024, 164,000 pakeke Māori (25% of all pakeke Māori, 30% of enrolled pakeke Māori) were enrolled with a Māori practice<sup>19</sup>.
- Pakeke Māori are also more likely to experience barriers to get access to a General Practice and the average visits Māori make to a GP over 12 months is decreasing year on year.
- Pakeke Māori are more likely to be hospitalised for cardiovascular disease, diabetes-related limb amputations and diabetes-related renal failure compared to non-Māori non-Pacific adults.

### *Relevant work programmes underway*

**The priority 7: system actions and delivery reporting A3** highlights the current work underway in the primary health care system, with a specific focus on diabetes and cardiovascular disease-related services.

The Ministry of Health will be providing advice to the Government on changes needed to achieve comprehensive and accessible care to better prevent ill health and support the wellbeing of people in New Zealand. This work includes advice on the future operating models for primary and community healthcare.<sup>20</sup> This refresh will be guided by the Māori Health Strategy priority areas:

- Enabling whānau, hapū, iwi and Māori community leadership, decision-making and governance at all levels
- Strengthening whole-of-government commitment to Māori health
- Growing the Māori health workforce and sector to match community needs
- Enabling culturally safe, whānau-centred, and preventative health care

Additionally, Te Whatu Ora are reviewing the operational aspects of primary care. **The priority 7: system actions and delivery reporting A3** provides details on the actions in Te Pae Tata, the draft New Zealand Health Plan and Whakamaua that focus on primary care as well as programmes that target diabetes and CVD. There has been a particular focus on the use of digital enablement, particularly telehealth services.

<sup>19</sup> Either a Māori General Practice, or a General Practice under a Māori PHO as defined in the Māori health provider funding report: <https://www.health.govt.nz/publications/funding-to-maori-health-providers-201819-to-202223>

<sup>20</sup> <https://www.health.govt.nz/our-work/primary-and-community-healthcare>

## What are the key areas to investigate within this priority?

**The priority 7: key insights A3** explores some of the key drivers for the inequities in this priority area. The questions below aim to guide kōrero for this priority and are aligned with the five priorities of the GPS:

Priority area	Guiding questions
<b>Access:</b>	<p>Why are Māori less likely to be enrolled with a GP?</p> <p>What are the types of barriers that Māori experiencing that is resulting in the decreased use of GPs?</p>
<b>Timeliness:</b>	<p>Are appropriate options available to ensure Māori can access the services they need when they need them?</p>
<b>Quality:</b>	<p>Are Māori having positive experiences with their access to general practitioners?</p> <p>Are Māori getting the care they need when accessing General practices?</p>
<b>Workforce:</b>	<p>What is the distribution of Māori general practitioners?</p> <p>How are the graduate pathways working to improve the proportion of Māori in the medical workforce?</p>
<b>Infrastructure</b>	<p>How many Māori are enrolled with Māori general practices?</p> <p>Will the digital solutions being implemented to improve access to quality services work for Māori?</p> <p>What primary and community care services are being funded outside of General Practices to support whānau-led services?</p>

## Appendix 1: References for the Priority 1 Key Insights A3

Data	Source
Flu immunisations – 2024	Te Whatu Ora. 2024. Aotearoa Immunisation Register database (accessed 13 August 2024).
Percentage of Māori and non-Māori non-Pacific peoples fully immunised (%) over time – 2019-2024	<p>Te Whatu Ora. 2024. National Immunisation Register (NIR). Immunisation coverage data – 12-month reporting period. URL: <a href="https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/">https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/</a></p> <p>Te Whatu Ora. 2024. Aotearoa Immunisation Register (AIR). Immunisation coverage data – 12-month reporting period. URL: <a href="https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/">https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/</a></p>
Coverage of fully immunised Māori for April 2023-March 2024	<p>Te Whatu Ora. 2024. National Immunisation Register (NIR). Immunisation coverage data – 12-month reporting period. URL: <a href="https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/">https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/</a></p> <p>Te Whatu Ora. 2024. Aotearoa Immunisation Register (AIR). Immunisation coverage data – 12-month reporting period. URL: <a href="https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/">https://www.tewhatauora.govt.nz/health-services-and-programmes/vaccine-information/immunisation-coverage/</a></p>
Funding – 2022/23	<p>Ministry of Health. 2024. Funding to Māori health providers, 2022/23. Custom data. Māori provider as defined in <a href="https://www.health.govt.nz/system/files/documents/publications/funding-report-2023-fi.pdf">https://www.health.govt.nz/system/files/documents/publications/funding-report-2023-fi.pdf</a></p>
Workforce – 2019-2024	Immunisation Advisory Centre (IMAC) (accessed through Qlik 19 August 2024).
MMR coverage – 5-year-olds – 2022-2023	Te Whatu Ora. 2024. Aotearoa Immunisation Register database (accessed 8 August 2024).
Where are Māori getting vaccinated – 2019-2023	Te Whatu Ora. 2023. National Immunisation Register database (accessed 31 October 2023).

## Appendix 2: References for the Priority 2 Key Insights A3

Data	Source
What measures and why	<p><sup>1</sup> Ministry of Health. 2021. Well Child Tamariki Ora Review Report (accessed November 2020).</p> <p><sup>2</sup> Population Priority 2: <i>Māori are protected from communicable diseases across the life-course</i>. Included in phase one reporting.</p> <p>Population Priority 3: <i>Early prevention of long-term illnesses for Tamariki</i>. Included in a later phase for reporting.</p>
Māori births	Stats NZ. 2023. Custom Birth projections (2018-base) 2024-2043. Unpublished.
Maternal mortality	Perinatal and Maternal Mortality Review Committee. 2022. Fifteenth Annual Report. URL: <a href="https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/15thPMMRC-report-final.pdf">https://www.hqsc.govt.nz/assets/Our-work/Mortality-review-committee/PMMRC/Publications-resources/15thPMMRC-report-final.pdf</a>
Enrolled with a LMC in first trimester	Te Whatu Ora. 2024. National Maternity Collection (MAT) (accessed through Qlik, August 2024).
Pēpi enrolment with GP	Ministry of Health. 2023. Health and Independence Report 2022 - supplementary data tables. URL: <a href="https://github.com/minhealthnz/health-and-independence-report/tree/main/2022-report">https://github.com/minhealthnz/health-and-independence-report/tree/main/2022-report</a> .
Referrals to Well Child Tamariki Ora	Te Whatu Ora. 2024. Well Child Tamariki Ora Qlik App (accessed August 2024).
Maternal smoking	Te Whatu Ora. 2024. National Maternity Collection (MAT) (accessed through Qlik, August 2024).
Midwives' workforce	Te Whatu Ora. Maternity council register 2019-2023.
Proportion of GPs with closed books	Ministry of Health. 2024. Monitoring of self-reported GP closed book status. Unpublished.
Funding to Māori providers	Ministry of Health. 2024. Funding to Māori health providers, 2022/23. Custom data. Māori provider as defined in <a href="https://www.health.govt.nz/system/files/documents/publications/funding-report-2023-fi.pdf">https://www.health.govt.nz/system/files/documents/publications/funding-report-2023-fi.pdf</a>

## Appendix 3: References for the Priority 7 Key Insights A3

Data	Source
Primary care enrolment	Te Whatu Ora. National Enrolment Service, 2019-2024. (accessed July 2024). Ministry of Health. List of Māori providers, August 2024.
Barriers to accessing primary care	Ministry of Health. 2023. New Zealand Health Survey 2022/23. URL: <a href="https://www.health.govt.nz/publication/annual-update-key-results-2022-23-new-zealand-health-survey">https://www.health.govt.nz/publication/annual-update-key-results-2022-23-new-zealand-health-survey</a>
Primary care experience	Health Quality & Safety Commission   Te Tāhū Hauora. Adult primary care patient explorer. URL: <a href="https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results/">https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results/</a> (accessed August 2024).
Average GP and Nurses visits	Ministry of Health, 2023. New Zealand Health Survey 2022/23. URL: <a href="https://www.health.govt.nz/publication/annual-update-key-results-2022-23-new-zealand-health-survey">https://www.health.govt.nz/publication/annual-update-key-results-2022-23-new-zealand-health-survey</a>
CVD deaths and hospitalisations	Ministry of Health. 2024. Tatau Kahukura 2024 - Unpublished.
Diabetes complications	Ministry of Health. 2024. Whakamaua quantitative dashboard. URL: <a href="https://minhealthnz.shinyapps.io/WhakamauaDashboard/">https://minhealthnz.shinyapps.io/WhakamauaDashboard/</a> (accessed August 2024).
Māori hypoglycaemic medication	Health Quality & Safety Commission   Te Tāhū Hauora. Atlas of healthcare variation   Diabetes. URL: <a href="https://public.tableau.com/app/profile/hqi2803/viz/DiabetesAtlas2022nearfinal/AtlasofHealthcareVariationDiabetes?publish=yes">https://public.tableau.com/app/profile/hqi2803/viz/DiabetesAtlas2022nearfinal/AtlasofHealthcareVariationDiabetes?publish=yes</a> (accessed August 2024).
Number of Māori adults with diabetes	Te Whatu Ora. 2024. Virtual diabetes register. URL: <a href="https://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/virtual-diabetes-tool/">https://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/virtual-diabetes-tool/</a>

# Hauora Māori Advisory Committee

29 January 2025

Hon Simeon Brown  
Minister of Health  
Simeon.brown@parliament.govt.nz

E te Minita, tēnā rawa atu koe,

## Briefing to the Incoming Minister of Health

As the Chairperson of the Hauora Māori Advisory Committee, I welcome your appointment on behalf of the Committee.

The Hauora Māori Advisory Committee (the Committee) is committed and focused on improving Māori health outcomes and ensuring a health system that works for all New Zealanders. As your independent advisor on Māori health, we look forward to supporting you to drive results and delivering on your five Government health targets.

As a Committee, we have been working hard to provide independent, tangible and actionable advice on Māori health issues. We have also stepped into our role assisting with monitoring the whole of the health system, services and functions that impact on Māori health outcomes.

The attached briefing will provide you with initial information regarding the role and work of the Committee and areas for future discussion.

Together, I believe we are well-placed to help drive measurable improvements to the health system, ensuring that better outcomes for Māori, whānau, hapū and iwi are achieved sooner.

The Committee requests to meet with you at your earliest convenience to brief you directly on our work, to understand your priorities and alignment with improving Māori health outcomes. I can be contacted via email at [hmac@govt.nz](mailto:hmac@govt.nz) or s 9(2)(a) [REDACTED] [REDACTED] [REDACTED]

We look forward to working with you.



Parekawhia McLean  
Chairperson  
**Hauora Māori Advisory Committee**

# Briefing to the Incoming Minister of Health

## Hauora Māori Advisory Committee

January 2025

Hon Simeon Brown

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## Purpose of briefing

This briefing provides you with information about the Hauora Māori Advisory Committee (the Committee), including a summary of the role and functions of the Committee and its aims and goals. It also signals key work, decisions and opportunities that the Committee would like to discuss with you as the incoming Minister of Health.

## Recommendations

We recommend you:

- a) **Note** the contents of this brief.
- b) **Note** the establishment and role of the Hauora Māori Advisory Committee under section 89 of the amended Pae Ora Act.
- c) **Note** the role that the Hauora Māori Advisory Committee have played providing the Minister of Health with independent advice regarding Māori health.
- d) **Note** the current work of the Committee.
- e) **Note** the Committee's immediate priorities, key upcoming actions in supporting the government and areas for future discussion.

## Committee statutory role and functions

### Role and function of the Committee

The Pae Ora (Healthy Futures) Act 2022 (the Act) requires the Minister of Health to establish a Hauora Māori Advisory Committee to advise the Minister on any matter relating to Māori health.

The primary function of the Committee is to provide advice to the Minister on any matter considered significant to Māori health. Other key functions include:

- monitoring the whole of the health system including, but not limited to, both the Ministry of Health and Health New Zealand, and those services and functions that impact on Māori health outcomes
- providing free and frank Māori health advice on the wider system, alongside intelligence and feedback from iwi, hapū, hāpori and whānau
- providing advice for Māori health as it relates to policy and legislation, including appointments to Health NZ Board and other key bodies
- providing advice to the Minister on Māori health as it relates to the Pae Ora Act and its legislative changes.

In summary, the Committee provide Māori governance leadership and experience across the whole health system.

## **How the Committee work**

### **Committee Members**

The Committee consists of eight members appointed by the Minister of Health, after consulting with the Minister for Māori Development. The Committee members are:

1. Parekawhia McLean (Chair)
2. Margareth Broodkoorn;
3. Dr Matire Harwood;
4. Amohaere Houkamau;
5. Dr Jim Mather;
6. Rahui Papa;
7. Tā Mark Solomon; and
8. Lisa Tumahai.

A full list of members including short profiles are included as Appendix 1 below.

### **How the Committee work and Terms of Reference**

The Committee have a Terms of Reference which sets out the purpose, function and operational detail for how the Committee operates. The Committee Terms of Reference is attached as Appendix 2 for your information.

The Committee members meet regularly both in-person and online. They have previously met with the Minister of Health on an as-required basis to provide advice as necessary and in a timely manner. The Committee can also provide advice to you directly on matters they deem relevant to Māori health.

As your advisors, the Committee are open to your preferred ways of working to ensure you are well-connected and your work together can move at pace and achieve the desired results.

### **The role of the Ministry of Health**

The Ministry of Health provide administrative and secretariat support to the Committee, including meeting and any travel arrangements. This includes the preparation or collation of appropriate information to support the Committee in its work.

### **Aim of the Committee**

As set out in the Committee's Terms of Reference, the Committee represent an important part of the system ensuring that a Māori perspective is involved in the exercise of Ministerial powers and decision-making. In providing this perspective and in their relationship with the

Minister, the Committee aim to focus their efforts on areas providing the greatest gains for Māori health.

The Committee members also adhere to the aspirational aim that - "Our people will be healthy, well, and able to live full and rewarding lives, grounded in a Māori worldview".

## **Update on current work**

### **1. Monitoring reports**

In April 2024 the Committee was directed by the Minister of Health to identify a suite of population priorities with the intention of maintaining oversight of health system performance for Māori. These population priorities would form an overarching monitoring framework, with the aim to focus monitoring efforts on areas that are of the most significance to Māori health and that will have the most impact on reducing health inequities for Māori.

In June 2024 the Committee delivered a set of nine population priorities alongside lead system measures. The list of population priorities and measures is provided for your information as Appendix 3. The Committee's population priorities also align with the strategic direction set for the health system through the Government Policy Statement on Health 2024-2027.

The Committee's first round of monitoring reporting is complete and has been published. 'The Population Priorities for Māori Health: Monitoring Report One' covers the Committee's priorities relating to communicable diseases across the life-course, māmā and pēpī, and pakeke access to primary and community care with a focus on diabetes and cardiovascular disease.

The Committee's next round of monitoring reporting will cover the rangatahi mental health and cancer priorities – with a focus on whether identification and treatment pathways are fast, timely, comprehensive, and effective. The Committee expects the next report will be complete in March 2025, for publication in April.

In regard to the priority relating to Iwi-Māori Partnership Boards (IMPBs), and ensuring they are well supported to deliver on their roles and respond to hapori (community) and whānau wellbeing needs. The Committee have decided to temporarily pause work on monitoring this priority. This is to ensure IMPBs can focus their energies on delivering and implementing their community health plans and standing up their key functions. Therefore, current monitoring work and forthcoming reports will focus on the other eight clinical priorities.

## 2. Input and endorsement of the new Hauora Māori Strategy

The Committee provided feedback on an early draft of the new Hauora Māori Strategy. Following this, the Committee were satisfied that their feedback was addressed and the Chair wrote to the Minister of Health in December confirming their official endorsement of the draft strategy. The Committee believes the strategy is strong overall and that its priorities reflect the aspirations of Māori across Aotearoa. The Committee encourages continued engagement with Māori leadership and communities in the next phase of developing and finalising the strategy.

## 3. Stakeholder framework and engagements

The Committee are focused on building and maintaining relationships across the system to ensure they are well-connected and able to provide high-level, compelling and relevant advice and guidance to you (the Minister).

The Committee, with assistance from the Ministry, have developed a stakeholder engagement framework. A key stakeholder for the Committee is Health New Zealand Commissioner Dr Lester Levy. The Committee have had initial conversations with Dr Levy which were positive. The commissioner agreed to meet regularly with the Committee however a date for the next meeting is yet to be confirmed. The Committee had some follow-up questions relating to their monitoring areas, and intend to continue engagement with Dr Levy to ensure that Health New Zealand maintains focus on improving Māori health and reducing the health inequities Māori currently face.

Other key relationships for the Committee include; the Chief Executive of Health New Zealand, the Iwi-Māori Partnership Boards, Pharmac, the Health Quality and Safety Commission, the Mental Health and Wellbeing Commission, and Māori health professional bodies.

### Committee highlights

The Committee's contribution to date has involved providing a range of advice to Ministers in line with statutory responsibilities. A high-level overview of some of the Committee's key work from the last year is outlined in the table below.

When	Contribution	Our role
July 2024 - January 2025	'The Population Priorities for Māori Health: Monitoring Report One' completed	The Committee worked alongside the Māori Health Directorate to develop the first draft monitoring report which the Committee then presented to the Minister.
December 2024	Endorsement of the draft Hauora Māori Strategy	The Committee provided feedback on an early draft of the strategy and met with officials in the Māori Health Directorate to offer guidance. The

		Committee wrote to the Minister to officially endorse the strategy.
November 2024	Advised Minister on Pharmac disestablishment of Māori Advisory Group	The Committee provided governance advice to the Minister following the disestablishment of Pharmac's Māori Advisory Group.
June 2024	Confirmed the Committee's nine population priorities	The Committee proposed final list of nine population priorities to inform their monitoring role, corresponding with lead measures.
April 2024	Received request to develop population priorities	The Committee were engaged by the Minister to develop a suite of population priorities to inform their monitoring role, in areas that would make the most significant difference for Māori Health.
March 2024	Committee Terms of Reference confirmed	The Committee was retained following the legislative change process and the disestablishment of Te Aka Whai Ora (Pae Ora (Healthy Futures) Amendment Bill 2024). The Committee's Terms of Reference were refocused and confirmed.

## Key upcoming actions

In the next 3 months, the Committee would like to action the following:

- Meet with you to brief you on work to date and priorities, and to discuss the publication of 'The Population Priorities for Māori Health: Monitoring Report One'.
- Meet with you to discuss your government health targets and how the Committee can support, considering alignment with the Committee's priorities and ongoing monitoring work.
- Brief you on the second round of monitoring reporting for your sign-off.
- Meet with Commissioner Dr Lester Levy to discuss Health New Zealand direction and ensure focus is maintained on improving Māori health outcomes.

## Areas for future discussions

The Committee have identified the following matters for future discussion:

- The Pae Ora Act and how the mechanisms can be maintained and/or repurposed in line with the health policies and priorities of the government.
- The committee's monitoring role and next steps following on from the publication of Monitoring reports on population priorities.

## Key Contacts

Hauora Māori Advisory Committee Support (administered by Secretariat, Ministry of Health)

Email: [hmac@health.govt.nz](mailto:hmac@health.govt.nz)

Parekawhia McLean, Chair.

Email: s 9(2)(a)

s 9(2)(a)

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## Appendix 1: Hauora Māori Advisory Committee Member Profiles

 <p>Parekawhia McLean, Chair</p>	<p>Parekawhia McLean (Ngāti Mahanga-Hourua, Waikato, Ngāti Maniapoto) was appointed late last year as the Chief Executive for Te Kāhui Tātari Ture / Criminal Cases Review Commission. Prior to that, Ms McLean held the role of the Director of Strategy and Infrastructure at Counties Manukau District Health Board.</p> <p>Her previous roles include Chief Executive of Waikato-Tainui and Central North Island Regional Director for the New Zealand Transport Agency, and she has considerable experience in establishing governance arrangements, including with Māori Television. Ms Mclean is also the Chair of Te Whakakitenga o Waikato, the overarching tribal governance body for Waikato-Tainui.</p>
 <p>Margareth Broodkoorn</p>	<p>Margareth Broodkoorn (Ngāpuhi, Dutch) is a registered nurse, with ten years solid nursing experience before moving into various health management positions, including with Hauora Hokianga from 2008 to 2010, and Director of Nursing and Midwifery with Northland District Health Board to 2019.</p> <p>She is currently Chief Executive of the Hokianga Health Community Trust and was previously Chief Nursing Officer of New Zealand with the Ministry of Health.</p>
 <p>Dr Matire Harwood</p>	<p>Dr Matire Harwood (Ngāpuhi, Ngāti Rangi, Te Mahurehure, Ngāti Hine) is Associate Professor in the Department of General Practice and Primary Care, University of Auckland. She is also a GP at the Papakura Marae Health Clinic. Ms Harwood is Editor of the Māori Health Research Review and Co-Chair for the Antimicrobial Resistance Science Group, for the Office of the Prime Minister's Chief Science Advisor.</p> <p>Previous health governance roles include board member for the Waitemātā District Health Board and board member of the Health Research Council.</p>
 <p>Amohaere Houkamau</p>	<p>Amohaere Houkamau (Ngāti Porou, with affiliations to Rongowhakaata, Ngāti Kahungunu and Ngāti Mutunga ki Taranaki) is currently the Director for Rau Tipu Rau Ora – Tuara (Secretariat for the Tairāwhiti regional leadership group) and leads education and health initiatives under the auspices of Toitu Tairāwhiti (Tairāwhiti Iwi Forum). Her governance experience includes serving on a number of Lotteries Committees, Charities Commission, Tairāwhiti Development Partnership, Māori Television Board, Whānau Ora Commissioning Agency Board and the Risk and Assurance Committee for the Department of Conservation.</p> <p>Ms Houkamau was a Senior Ministerial Advisor to the former Minister of Finance and Deputy Prime Minister and has been a member of Housing and Local Government Ministerial Advisory Committees. Ms Houkamau was previously CEO, Te Rūnanga o Ngāti Porou and General Manager, Rongowhakaata Iwi Trust.</p>

	<p>Dr Jim Mather is of Ngāti Awa, Ngāi Tūhoe and English descent, growing up in the communities of Te Teko, Ōtara and Māngere. Dr Mather holds a Masters of Business Administration from the Henley Business School in England and a Bachelor of Business Studies (Accounting). He also completed a PhD in Māori economic development through AUT in 2014.</p> <p>He was Chief Executive of Te Wānanga o Aotearoa (New Zealand's second largest tertiary institution) following a 9-year tenure as Chief Executive of Māori Television. Dr Mather is also a former officer in the New Zealand Army.</p>
<p>Dr Jim Mather</p>	<p>Rahui Papa (Ngāti Korokī-Kahukura, Waikato-Tainui) is an orator, spokesperson, and recognised authority on Waikato reo and tikanga. Mr Papa has a background in broadcasting and education and has served on the Waikato-Tainui Governance Group since its inception.</p> <p>He is the negotiator for Waikato-Tainui's outstanding Treaty claims, having previously chaired the Waikato Tainui Executive, Te Arataura, and served as a director and member of various holdings companies, ministerial committees, and national and local boards. Mr Papa is also on the Iwi Leaders' Forum, providing advice to Ministers and Crown officials.</p>
	<p>Tā Mark Solomon (Ngāi Tahu, Ngāti Kuri) is the Chair of Te Pūtahitanga o Te Waipounamu, the Whānau Ora commissioning agency for the South Island. Tā Mark was the elected Kaiwhakahaere (Chair) of Te Rūnanga o Ngāi Tahu from 1998 to December 2016 and represented his local Papatipu Rūnanga, Te Rūnanga o Kaikōura from 1995 to December 2016.</p> <p>In 2013, he was recognised as Knight Companion of the New Zealand Order of Merit for services to Māori and Business. He was previously deputy Chair of Canterbury District Health Board and is also founding Chairman of the Māori Carbon Collective.</p>
<p>Tā Mark Solomon</p>	<p>Lisa Tumahai (Ngāi Tahu, Ngāti Waewae, Makaawhio) is Kaiwhakahaere (Chair) of Te Rūnanga o Ngāi Tahu and Te Rūnanga o Ngāi Tahu representative for Ngāti Waewae Rūnanga.</p> <p>She has been a member of the Te Rūnanga board since 2001 and has held the position of Kaiwhakahaere since April 2016. She is also a Director of Te Ara Pounamu Limited and has been Deputy Chair of the Climate Change Commission since 2019.</p>
	<p>Lisa Tumahai</p>

## Appendix 2: Hauora Māori Advisory Committee Terms of Reference

### HAUORA MĀORI ADVISORY COMMITTEE TERMS OF REFERENCE

#### Context

1. This document sets out the purpose, functions, and operations for the Hauora Māori Advisory Committee.
2. The Pae Ora (Healthy Futures) Act 2022 (the Act) requires the Minister of Health to establish a Hauora Māori Advisory Committee (the Committee) to advise the Minister on any matter relating to Māori health that the Minister requests. The Committee is an important element of ensuring a Māori voice and perspective is involved in the exercise of Ministerial powers and decision-making.
3. The Minister will be able to request advice from the Committee on any issue. The Committee may also proffer advice on a range of subjects relating to Māori health where they see necessary.
4. The interim committee was appointed by the Minister for a period of two years to advise on use of Ministerial powers. Initially the intention was for nominations to be provided by Iwi Māori Partnership Boards and nominating Māori organisations. The future direction is that the Committee will be appointed by the Minister consistent with section 87 of the Act.

#### Purpose

5. The purpose of the Hauora Māori Advisory Committee is to provide advice to the Minister of Health and ensure a Māori voice and perspective is involved in the consideration of a range of Ministerial powers and decision-making by the Minister.
6. The Committee is a key element in providing Māori a voice at the highest level of decision-making in the health system. [This includes the knowledge that all Māori may also require care or services through the mainstream health system, available to all of Aotearoa.]
7. [For the purpose of the Committee, 'Māori' is inclusive of iwi, hapū, and whānau.]

#### Key functions

8. The primary function of the Committee is to provide advice to the Minister on any matter considered significant to hauora Māori by the Minister.
9. Other key functions also include:
  - 9.1. monitoring the whole of the health system including, but not limited to, both Manatū Hauora and Health New Zealand, and those services and functions that impact on hauora Māori outcomes
  - 9.2. providing free and frank hauora Māori advice on the wider system, alongside intelligence and feedback from iwi, hapū, hāpori and whānau
  - 9.3. providing advice for hauora Māori as it relates to policy and legislation, including appointments to Health NZ Board and other key bodies
  - 9.4. providing advice to the Minister on hauora Māori as it relates to the Pae Ora Act and its legislative changes.

#### Independent advice and comment

10. The Committee will meet on an as-required basis in order to provide advice to the Minister as necessary and is expected to provide its advice in a timely manner. In doing so, the

Committee may meet with the Minister of Health from time to time, as agreed between the Minister and Chair, to provide this advice.

11. The Committee is expected to act consistently with the purpose and functions set out in these Terms of Reference and perform the functions efficiently and effectively.

### Membership

12. The Committee will consist of eight members appointed by the Minister of Health, after consulting with the Minister for Māori Development.
13. Committee members appointed by the Minister are expected to have the appropriate knowledge, skills, and experience to carry out their role.
14. Members will be recognised and respected in Te Ao Māori as leaders in their own right and be experienced in advocating for the needs and aspirations of Māori whānau and communities, including hapū and iwi.
15. They will ideally have particular knowledge and experience in advancing hauora and oranga Māori.
16. They will be familiar with the background and need for health system reform as it relates to improving Māori health outcomes and the importance of embedding equity for Māori in the health system.
17. They will also have the necessary personal expertise and ability to provide independent, strategic assessments of hauora and oranga Māori issues.
18. Collectively, Committee members should possess the following expertise and attributes.
  - 18.1. A clear understanding of the system operating model, including the respective roles, powers, and functions of Te Whatu Ora and Manatū Hauora.
  - 18.2. In-depth understanding of equity as it relates to hauora and oranga Māori issues, services and support.
  - 18.3. Understanding, knowledge and experience in Te Ao Māori and mātauranga Māori practices, protocols, values and beliefs and capability in te reo Māori.
  - 18.4. Experience in providing leadership and advocacy for the needs and aspirations of Māori whānau, hāpori (communities), hapū and iwi – with particular reference to hauora and oranga (health and wellbeing).
  - 18.5. Experience in health sector governance, management or service delivery.
  - 18.6. Experience in governance, and in leading or influencing complex systems.
  - 18.7. An understanding of wider social determinants of health as contributors to hauora and oranga, such as housing, education, justice and workplace relations and safety sectors, including social factors such as whānau ora, 3 housing, employment, poverty, the environment, social and physical isolation, racism, the impact of colonisation, social attitudes and more.
19. In addition, the following are key attributes for the Chair of the Committee.
  - 19.1. Experience in a public-facing role.
  - 19.2. Governance experience.
  - 19.3. Familiarity with machinery of government and government processes.
20. Members are responsible for declaring any real or potential conflict of interest to the Committee as soon as the conflict arises.
21. The Chair will ensure appropriate mitigation and management of real or potential conflicts.

22. Members must ensure that they do not let advocacy of particular interests override or undermine their responsibilities or duties as members of the Committee.

#### **Operations**

23. The Committee will meet as required to carry out its functions in a timely manner. The scheduling of these meetings will be determined by the Chair and Members, who will also determine the meeting procedure and processes. Members who are unable to attend a meeting of the Committee cannot be represented by a substitute or proxy.
24. The Committee will be provided with administrative and secretariat support from the Ministry of Health, including meeting and any travel arrangements. This includes the preparation or collation of appropriate information to support the Committee in its work.
25. A quorum is required of one half of the membership plus one before meetings can proceed.

#### **Public statements**

26. Queries about the Committee and its advice will be directed to the Chair. The Chair will discuss any response with the Director-General of Health and the Minister or the Minister's office before making public comment or media statements.
27. The Chair is the sole member authorised to comment publicly on matters connected with the Committee. General confidentiality requirements
28. For the Committee to operate effectively, members must maintain the confidence of the Committee, including maintaining confidentiality of matters discussed at meetings, and any information or documents (not otherwise publicly available) provided to it.
29. Disclosure of Committee advice to anyone outside the Committee, Manatū Hauora or the Minister of Health or their office requires the agreement of the Chair and Minister. The release or withholding of information is subject to the provisions of the Official Information Act 1982 and the Privacy Act 1993.

#### **Terms and conditions of appointment**

30. Members of the Committee are appointed by the Minister of Health. Letters of appointment will detail the remuneration and reimbursement arrangements for members, and the appointed Chair. Fees will be paid in accordance with the Cabinet Office Fees Framework.
31. Committee members will comprise those appointed by the Minister of Health after consulting with the Minister for Māori Development. This will be for a term of two years with an ability to extend for a further two years upon agreement. The Minister will appoint a Chair on the recommendation of the Committee. If no recommendation is made the Minister will appoint the Chair.
32. Any member of the Committee may resign by advising the Minister of Health in writing.
33. The Minister may, by written notice, remove a member from the Committee. This may be for a serious breach of any of these terms of reference or other reason. Serious breaches of the Terms of Reference include, but are not limited to, a breach of confidentiality, unauthorised communication with media about the Committee, or a failure to declare, or appropriately manage, a conflict of interest.

## Appendix 3: Hauora Māori Advisory Committee Population Priorities

#	Population Priority	Lead measures
1	Māori are protected from communicable diseases across the life-course	<ul style="list-style-type: none"> <li>Percentage of children to be fully immunised at 24 months of age</li> <li>Percentage of rangatahi (15 to 24 years) immunised against MMR</li> <li>Percentage of kaumatua (65 years and above) immunised against influenza</li> </ul>
2	Māmā and pēpi receive consistent, quality care during pregnancy and into the early years	<ul style="list-style-type: none"> <li>Enrolment with a primary maternity care provider in the first trimester of pregnancy</li> <li>Pēpi referred to Well Child Tamariki Ora</li> <li>Pēpi referred to and enrolled with a general practice</li> </ul>
3	Early prevention of long-term illnesses for tamariki and rangatahi	<ul style="list-style-type: none"> <li>Mean number of decayed, missing and filled teeth due to dental caries in children aged five</li> <li>Ambulatory Sensitive Hospitalisations with a specific focus on those relating to respiratory diseases (0-5 years)</li> </ul>
4	Rangatahi experience stronger mental health and resilience	<ul style="list-style-type: none"> <li>Timely access to mental health and addiction services</li> <li>Hospitalisations due to attempted suicide or self-harm</li> </ul>
5	Rangatahi are engaging in healthy behaviours and are surrounded by protective social factors	<ul style="list-style-type: none"> <li>Smoking prevalence</li> <li>Vaping prevalence</li> <li>Rate of alcohol use</li> </ul>
6	Identification and treatment pathways for cancers are faster, timely, comprehensive and effective	<ul style="list-style-type: none"> <li>Bowel screening rates of adults aged 60-74 years</li> <li>Percentage of patients receiving cancer management within 31 days of the decision to treat</li> <li>Cancer registrations (incidence)</li> </ul>
7	Pakeke are accessing primary and community healthcare early, with positive outcomes and experiences relating to diabetes and cardiovascular disease <sup>7</sup>	<ul style="list-style-type: none"> <li>Pakeke have trust and confidence in their health care professional</li> <li>Cardiovascular disease-related hospitalisations</li> <li>People with diabetes regularly receiving any hypoglycaemic medication in the relevant year</li> </ul>
8	Kaumātua are supported to live well through managing complex co-morbidities	<ul style="list-style-type: none"> <li>Kaumātua have a shared treatment or care plan agreed with a health care professional to manage their condition(s)</li> </ul>

		<ul style="list-style-type: none"> <li>• Rate of polypharmacy aged 65+ (multiple medications)</li> <li>• Prevalence of dementia/mate wareware</li> </ul>
<p><b>9</b></p>	<p>IMPBs are well supported to deliver on their roles and respond to hapori and whānau wellbeing needs.</p>	<ul style="list-style-type: none"> <li>• This priority will align with monitoring reported regularly to the Minister on IMPB readiness</li> <li>• Measures for this are still under development but will generally cover:</li> <li>• Resourcing (funding, access to data, access to specialist support)</li> <li>• Capability/capacity</li> </ul>

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## Key Notes and Decisions

IN CONFIDENCE

### Meeting of the Hauora Māori Advisory Committee

**Date:** 17 February 2025

**Time:** 5:00pm - 7:00pm

**Venue:** Microsoft Teams

**Members:** Parekawhia McLean (Chair), Amohaere Houkamau, Dr Jim Mather, Lisa Tumahai, Margaret Broodkoorn, Rahui Papa, Tā Mark Solomon

**In attendance:** John Whaanga, Tamati Olsen, Cheree Nuku-Shortland, Geoffrey Thompson, Lisa Ramanui (Manatū Hauora)

Selah Hart and Michelle Hippolite (Health New Zealand)

Chris Wikaira (Specialist advisor to the Komiti)

**Apologies:** Dr Matire Harwood

	Topic	Key notes and decisions
1.	Karakia 5.00pm	Tamati opened the hui.
2.	Chair update / Committee only time	John Whaanga and Chris Wikaira invited to attend. All other officials asked to rejoin the hui later. Apologies from Matire Harwood and Toni Moncur Farrell.
3.	Health New Zealand	<p>Selah Hart and Michelle Hippolite joined the hui, as well as Cheree, Geoffrey, Tamati and Lisa.</p> <p>Whakawhanaungatanga (for Selah and Tamati).</p> <p>General discussion.</p> <p>Chair – insights on the changes in leadership, and how are staff feeling, and commitments about ring fencing funding for Māori health services.</p> <p>Selah – interim until 30 June. The role will continue as part of the Executive team. Adaptions since Dale has taken over (re-established the Funding Board for oversight across the organisations). Selah role to ensure protected and serviced appropriately, other business units will support / fund Māori health. Another innovation – Equitable outcomes group (to be renamed and revitalised). Two critical changes and strengthening with a focus on Māori health outcomes, and includes a clear role for Regional Commissioners. Clear indications from the interim CE.</p>

Change process. Appreciate noting for kaimahi in the series of changes that continue to occur. Working quickly to review consultation document in collaboration with Pacific and public health areas. Strong feedback from IMPBs on clarity about role / expectations and lack of support. Key head line – Māori Health Services will not be reduced through this process. Retaining kaimahi (capacity within Māori Health Services remit). Next focus will be looking at Māori staff in hospitals (outside MHS). Current staff level at 240 compared to 290 in Te Aka Whai Ora. Generally stable kaimahi and their commitment to the kaupapa.

Amohaere posed question about what are you hearing about IMPBs and their concerns with how the model is progressing?

Selah – nothing has changed, going to each IMPB to find out what is working / not working? Ability to reset. Service agreements with each IMPB till 2026.

Michelle – contingency planning for future scenario. Noted that tier 2 briefing to Minister Brown on stabilising all IMPBs, nothing major but trending issues to offer support.

Mentioned Community health plans (4 or 5 need strengthening), but all reflect whānau voice strongly. MHS will be working to imbed in service areas.

Amohaere – reassuring that message is business as usual and looking to add support.

Michelle – in the interest of regionalisation, having roles that deliver for MHS but also focus on the bulk of delivery outside Māori health remit. 70% on the big stuff, 30% on being excellent.

Margareth not aware of the proposition before end of last year. Can you summarise please?

Selah – do an exercise keeping people where they work was based and geographically. But this did need a re-distribution of resources across all four regions, for example Northland/Tamaki and Manawa Taki are where the higher needs sat compared to South Island.

Noted – management led but clinically informed. This needs to be replicated at regional levels, not only national / system level.

Health NZ ELT – meeting with the Minister on Weds for the first time.

Selah – noted the work of the Komiti the first monitoring reports. Happy to pick up offline, immunisation, diabetes and Kahu Taurima. Pragmatic responses to those areas and get the team. Selah noted that both Lester and Dale are on flights after Monday meetings with the Minister, consideration of how we can get both to attend but Monday nights may be an issue.

Actions:

- Will send invite to Selah, Michelle and Dale as well as Lester to the next in-person hui.

Selah and Michelle left the meeting at 6.22pm.

4.	<b>Manatū Hauora update</b>	<p>Discussion turned to John.</p> <p>Who will be acting? Public Service Commission will lead this process and make an announcement about interim person. Likely to for 3 – 6 months until a recruitment process is undertaken.</p> <p>Amohaere – stated that was the clearest presentation of the functions of Health New Zealand in all the time officials have been attending the Komiti.</p> <p>Pare – noted she had a pre-meeting with Selah.</p> <p>John – encouraged the Komiti to ask the question of Lester “what are the plans for Māori health appropriation. There may be discussions underway to find additional savings.</p>
5.	<b>Chair – summarised discussion</b>	<p>Parekawhia thanked Jim and Rahui (who had to leave the hui early) for their contributions to the work of the Komiti. Still waiting to advocate for the important. Clear messaging about members leaving and the work still to continue. Request to include a mihi / poroporoaki in the future if possible.</p> <p>Te Manawa Taki – hui on Friday in their region for IMPBs. Pare will attend and gather insights.</p> <p>Noted – looking forward to receiving next monitoring report at March hui. Question if this could be brought up for the next monitoring report? Could this help in terms of future proofing IMPBs?</p>
6.	<b>Whakamutunga</b>	Jim Mather (6.45pm hui ended)

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## Key Notes and Decisions

### Hauora Māori Advisory Committee

**Date:** 4 March 2025

**Time:** 10.30am-11.15am

**Venue:** Manatū Hauora, 133 Molesworth St, Wellington

**Members:** Parekawhia McLean (Chair), Amohaere Houkamau, Rāhui Papa  
 Margareth Broodkoorn, Lisa Tumahai, Dr Jim Mather, Tā Mark Solomon, Dr Matire Harwood

**Attendees:** John Whaanga, Tāmati Olsen, Toni Moncur Farrell (Manatū Hauora)

Key Notes and Decisions		
1.	<b>Karakia</b>	Tāmati Olsen
2.	<b>Apologies</b>	Parekawhia McLean, Rāhui Papa, Margareth Broodkoorn and Matire Harwood
3.	<b>Karakia</b>	Tāmati Olsen
4.	<b>The Ministers hui overview</b>	<p>Members of the Hauora Māori Advisory Committee (HMAC) met with John Whaanga and Tāmati Olsen to update the Māori Health Directorate on their engagement with Minister Brown.</p> <p>HMAC members confirmed Minister Brown was open and affirmed the role of HMAC, acknowledging the depth and breadth of experience and knowledge across the membership and support of the work of the HMAC conveyed to him by his predecessor, Hon Shane Reti and Associate Ministers of Health</p> <p>Minister Brown's current health priorities are immunisation, reducing wait lists regional infrastructure and further development of community-based care.</p> <p>The HMAC raised with Hon Brown, his thoughts on IMPB's particularly what he believed that should be focussing on. In response Hon Brown asked HMAC to provide their thoughts on the IMPB HMAC stated that they supported the ongoing role and function of IMPB's particularly their role in leading whanau/ community</p>

	<p>level planning, oversight of the implementation of their Community Health Plans and local level monitoring. HMAC acknowledged the varying capacity and capability of IMPB's and advocated for investment in building IMPB capacity and capability. They also emphasised the need for IMPB's to focus on their core business/ functions.</p> <p>The HMAC advised that they were thinking about convening a hui with IMPB's to reiterate their primary purpose, roles and functions, to discuss capacity and capability building requirements and update them on our meeting with the Hon Brown. John Whaanga discussed a proposal for an IMPB governance wānanga, to be held in four locations across the country, to address IMPB capabilities and to clarify roles and responsibilities.</p> <p>HMAC asked Minister Brown on his thoughts on the Draft Hauora Maori Strategy and its current status. Minister Brown asked HMAc on their involvement with the development of The Māori Health Strategy and general overview of the summary. HMAc confirmed their input and approval of the draft strategy, albeit they were keen to see the latest version and provide him with their views</p> <p>The HMAc advised Hon Brown of the value of regular face to face meetings and Hon Brown stated his office would be in touch to set up a schedule of meetings. Post the meeting and in response to the letter from the HMAc Chair, Minister Brown's office has confirmed that the Minister would like to meet with HMAc, four times this year to discuss how we progress Māori Health outcomes, including oversight of the health systems responsiveness, actions and progress.</p> <p>HMAc advised that Parekawhia had informed the Minister of Jim Mather's resignation from the HMAc</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"><li>➤ Discuss and plan with Manatū Hauora how and when HMAc will engage with IMPB groups.</li><li>➤ HMAc requested a current draft of The Māori Health Strategy (to be supplied once Minister/Cabinet has signed off)</li><li>➤ The secretariat will work with the Ministers Office to set meeting dates for the year.</li><li>➤ HMAc would like to receive a copy of the Ministers feedback on the Māori Health Strategy.</li></ul>
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# Hauora Māori Advisory Committee

5 March 2025

Hon Simeon Brown  
Minister of Health  
Parliament Buildings  
Wellington

Tēnā koe e te Minita

On behalf of the Hauora Māori Advisory committee, thank you again for meeting with us on Tuesday 4 March. We appreciated the opportunity to meet with you in person, to share our respective professional backgrounds and lived experience, and engage on matters of mutual interest. We were pleased to hear of your positive endorsement for the committee and the important work we undertake as an independent advisor to the Minister of Health. We remain committed to serving you as we have with your predecessors.

Regarding the Hauora Māori strategy, we look forward to receiving the penultimate draft. While we have provided feedback through the development of the strategy, we will provide any final comments to you, as necessary.

In terms of Iwi Māori Partnership boards, we've reflected further on the discussion held and consider there is value in the Hauora Māori Advisory committee convening a hui of Chairs and Chief Executives to canvass issues relating to role clarity and expectations, capability building, commissioning, and rationalisation. We will report back to you on the outcome of the hui.

Finally, I wanted to inform you that Dr Jim Mather has resigned in writing from the Hauora Māori Advisory committee. The Terms of Reference provides for up to eight members to be appointed by the Minister of Health, after consulting with the Minister for Māori Development. While the vacancy creates an opportunity for you to fill it, in my opinion, there will be no detrimental impact to having a committee of seven given the extensive experience and expertise of members. I would like the opportunity to discuss this with you further.

# Hauora Māori Advisory Committee

Meantime, we look forward to meeting with you again in the near future.

No reira, nāku noa, nā



Parekawhia McLean

Chair

Hauora Māori Advisory Committee

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## Key Notes and Decisions

### Hauora Māori Advisory Committee

**Date:** 21 March 2025

**Time:** 9.00 – 3.00pm

**Venue:** Jet Park Conference Centre (Pukeko Room), Auckland

**Members:** Parekawhia McLean (Chair), Margareth Broodkoorn, Tā Mark Solomon, Lisa Tumahai

**Attendees:** John Whaanga (online), Cheree Shortland-Nuku, Geoffrey Thompson, Lisa Ramanui (Manatū Hauora). Kevin Hague, Jason Gurney, Clair Mills Public Health Advisory Committee ( Public Health Advisory Committee), and Commissioner Lester Levy (Health New Zealand).

Key Notes and Decisions		
1.	<b>Karakia</b>	John Whaanga
2.	<b>Apologies</b>	Dr Matire Harwood. Dr Dale Bramley.
3.	<b>Opening comments</b>	Noting our condolences for Matire's recent bereavement. Rahui is still to submit his formal resignation, Jim has formally resigned.  <b>Action:</b> ➤ Parekawhia will follow up with Rahui.
4	<b>Treaty principles Revisions Review</b>	John Whaanga spoke to the paper submitted to the Komiti.  The Treaty Principles Revision Review has been discussed with Minister Brown, it was noted no further changes required for Pae Ora and Smokefree legislation. Mental Health legislation is due for a review next year. Minister Brown was clear that we need to work with Ministry of Justice and not looking to make any exemptions.

		<p>Cheree Shortland Nuku updated that there has been a meeting with the Mental Health Commission staff discussing the assessment framework. Ministry of Justice will indicate when this work begins / is unpaused.</p> <p>The Chair and her CE (in her substantive role) meet with Marcus Akuhata-Brown and Caroline Greaney. The feedback was that an assessment framework has yet to be landed with Ministers. It seems that there is still a bit more work to be done.</p> <p>John noted the concept of engaging on all 30 pieces of legislation with the public is not likely to get the results intended, and would be a significant task for officials. Pare agreed that it was unlikely to be achievable.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>- John offered the consolidated list of all legislation within the scope. With initial analysis undertaken by Manatū Hauora.</li> </ul>
5.	<b>Māori Health Strategy update</b>	<p>John Whaanga and Cheree Shortland-Nuku presented on the Māori Health Strategy.</p> <p>John recapped that the strategy was at a penultimate stage with the previous Minister. Initial meetings with Minister Brown raised questions as to whether strategies lead to actions. Minister is very focused on need, noted that Māori have higher needs than non-Māori based on evidence provided. Minister Brown is focused on solutions and measuring results. Minister Brown is still considering next steps (going to Cabinet in April).</p> <p>Circulated slides as a summary (rather than on screen). Noted what is the same / changed:</p> <ul style="list-style-type: none"> <li>- Vision remains the same (as articulated by previous minister)</li> <li>- Outcomes remain the same</li> <li>- Priorities remain the same (but in a different order).</li> <li>- strengthen Te Tiriti section</li> <li>- Population data / insights and evidence slightly sharpened.</li> </ul> <p>General approach was- does this speak to need, health targets, and Minister's priorities.</p> <p>Priority areas – A3 of the evidence behind all those areas (not circulated prior). A3 highlights the data that underpins priorities 1 – 3.</p> <p>Members noted</p>

		<ul style="list-style-type: none"> <li>• the first page is very powerful regarding Māori and their experiences.</li> <li>• back pocket information that should always be there.</li> <li>• gives a basis for advocating in everyday work.</li> <li>• purpose – address the gaps in life expectancy. Mark questions about regional variations (eg in Te Wai Pounamu)? It would be different rurality, GCS how would this all work in funding formulas, service provision.</li> </ul> <p>Parekawhia – action for the Komiti to let Minister know their views and advise on the strategy. John – noting strong alignment between the strategy and the Komiti’s priorities.</p> <p>Margareth – 3.3 clinical and culturally. Oliver Popperwell and Eddy Somers (review of health workforce) –Te Pou Hauora Māori was asked if they have been involved. Cheree noted – not that specific paper, but Te Pou Hauora Māori is engaged with the Minister’s workforce page. Similar concerns were shared by Cheree, she has agreed to follow up.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ Geoffrey to provide A3 to Komiti for further consideration</li> <li>➤ Shifts and impacts framework to be circulated (Cheree)</li> <li>➤ Secretariat to draft letter to Minister (letter to note that Komiti have seen the draft, is robust, is ready to be finalised and launched as soon as possible. Is there anything Komiti can assist with to ensure the Strategy progresses quickly (context of the back page for the letter). Letter to refer to HNZ delivery plan and A3, need to connect/refer to lack after discussion with HNZ.</li> </ul>
<p>6.</p>	<p><b>Monitoring reports: 4 &amp; 6</b></p>	<p>Geoffrey Thompson from Manatū Hauora presented on the two priorities.</p> <p>Rangatahi experience stronger mental health and resilience (summary of key points). Noted access seems to be at similar levels, but significant inequities in the outcomes. At the acute end of the system, more pronounced for Māori.</p> <p>Priority 6 – Identification and treatment pathways for cancers are faster, timely, comprehensive, and effective.</p> <p>Notable points – lung and breast cancers significant rates. Lifestyle factors still contributing. Falling smoking rates and related cancers (balanced by increase in vaping). Geoffrey noted significant activity for various programmes, and a focus on health targets (31 day waiting times). Brief discussion on bowel cancer screening advice given to Ministers.</p>

		<p>Parekawhia – thanked the team for the reports, noted the quality and usefulness of reports.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ Secretariat to circulate released Bowel Cancer screening reports</li> <li>➤ Komiti to provide any comments in next week</li> <li>➤ Subject to any comments, reports will be finalised, Secretariat to prepare for publication</li> <li>➤ Draft letters for both Minister and HNZ for Komiti consideration at the next meeting.</li> </ul>
7.	<p><b>Public Health Advisory Committee (PHAC)</b></p>	<p>Kevin Hague, Jason Gurney, Clair Mills attended. Mihi / greetings for all present. Kevin also outlined members of the group not present, the history behind this group, as well as directions given by previous Ministers.</p> <p>Kevin outlined key work programme areas and some challenges PHAC has faced:</p> <ul style="list-style-type: none"> <li>• Food security was Minister Verrall priority for this group. Minister Reti did not see this as a priority.</li> <li>• Equity and Te Tiriti position statement (published despite some ministerial concerns). There was an issue of permission to publish, legislation requires ministerial sign off to any publications.</li> <li>• Determinants of public health (building on previous work done by earlier Public Health Committee). Seeking any feedback, advice or support from the Komiti on this framework.</li> <li>• Investment in public health – Minister Reti was seeking this information. This is proving to be a difficult task as fundamental issues of comparability (public health is defined differently in each country / system). HNZ cannot provide data / information due to system reform, not yet able to access numbers based on investment. Provided a report on phase one to the Minister but this is not a priority for HNZ. The Minister has yet to approve for publication.</li> <li>• Needs based circular – to provide advice to the Minister on this approach, has not yet received approval to publish.</li> <li>• Touched on broader issues for potential areas – primary care and health of people in contact with justice / correction system. Outlined relationship between two committees is pivotal, and still waiting for first meeting with Minister. Looking to explore options with Commissioner Lester Levy (Health New Zealand) and options for joint work in the future.</li> </ul> <p>Officials asked to leave the meeting to allow for a free and frank discussion between the two committees.</p> <p><b>Action:</b></p>

		<ul style="list-style-type: none"> <li>➤ Agreed to maintain relationship between the two committees. Secretariat to share upcoming meeting dates and find opportunities to collaborate.</li> </ul>
8.	<b>Health New Zealand</b>	<p>Commissioner Lester Levy attended for a Committee only discussion.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ See earlier action with additional content for letter to Minister (lack of equity, Maori health etc in HNZ delivery plan)</li> <li>➤ Sapere capitation report (being revisited) after discussion with Commissioner Levy to be circulated (Geoffrey)</li> <li>➤ Deloitte financial control report to be circulated (Geoffrey)</li> <li>➤ HNZ Board appointments, Secretariat to provide any information on the process and confirm plans for HMAC involvement (with Stasha). Current members made provisional decision to volunteer Amohaere (Pare, Margareth, Lisa and Mark may be unavailable).</li> </ul>
9.	<b>Komiti time</b>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ Next meeting is scheduled for 14 April (online)</li> <li>➤ IMPB meeting in May (TBC). Request for Komiti to review the schedule of meetings with IMPBs and indicate which available to attend (noting there are four across the region)</li> <li>➤ Secretariat to circulate updated Priority 6 report (tabled at the hui).</li> </ul>
10.	<b>Whakamutunga</b>	

## Key Notes and Decisions

### Hauora Māori Advisory Committee – Urgent hui

**Date:** 9 March 2025

**Time:** 5pm- 6.00pm

**Venue:** Online Teams

**Members:** Parekawhia McLean (Chair), Amohaere Houkamau, Tā Mark Solomon, Margareth Broodkoorn, Lisa Tumahai, Tā Mark Solomon, Dr Matire Harwood

**Attendees:** Toni Moncur Farrell (Manatū Hauora)

Key Notes and Decisions		
1.	<b>Karakia</b>	Tā Mark Solomon
2.	<b>Apologies</b>	Parekawhia McLean, Dr Matire Harwood
3.	<b>Chairs update/ komiti only time</b>	Tā Mark Solomon has been asked to stand in for Parekawhia McLean as Chair due to a conflict of interest. Tā Mark will oversee the HNZ board nomination process for HMAC.
4.	<b>Health New Zealand (HNZ) Board Appointments</b>	<p>Margareth Broodkoorn explained to the wider hui that Parekawhia was interested in nomination. The members unanimously decided to nominate and endorse Parekawhia for The HNZ board.</p> <p>Three members described potential nominees were not interested when approached. Amohaere has three potential last-minute nominees that she will approach tomorrow and confirm if they are interested. She will gather profiles and circulate for HMAC members agreement. Parekawhia will be forwarded as a nomination and endorsed by the HMAC members. Any additional nominations will be forwarded as “recommended” by HMAC on agreement.</p>

		<p>A request was made for a second letter to be prepared for the Minister to request HMAC representation on the HNZ board selection panel. Members agreed to Tā Mark Solomon representing HMAC on the HNZ board selection panel.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ Write a letter to Minister Brown endorsing Parekawhia for HNZ board nomination Add in any last-minute recommendations.</li> <li>➤ Write a letter requesting HMAC to be represented on the panel for HNZ board selection.</li> </ul>
	<b>Further business</b>	<p>Amohaere requested prioritising IMPB engagement with an HMAC and IMPB national hui. A focus of relationship building and remaining ahead of potential issues. With roles and responsibilities, information sharing, future proofing as topics of interest. Amohaere will contact Parekawhia to consider this as an agenda item at the next HMAC online hui 14-04-25.</p> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>➤ Agenda this as an item for the next HMAC hui 14-04-25 on Parekawhia's approval</li> </ul>
<b>8.</b>	<b>Whakamutunga</b>	

Released under the Official Information Act 1982

Hon Simeon Brown  
Minister of Health  
Parliament Buildings  
Wellington

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Tēnā koe e te Minita

### **Appointment to the Health New Zealand board selection panel**

In response to your letter 31 March 2025 regarding the nominations of a Chair, deputy Chair, and members for the Health New Zealand board, we are requesting a member of the Hauora Māori Advisory Committee (Committee) be appointed to the selection panel.

The Committee has significant governance and leadership expertise across the private sector and government, including in the health sector. The Committee also has deep expertise in iwi and Māori settings.

As a committee we have the privilege of offering advice for Māori health as it relates to policy, legislation, and monitoring of system effectiveness. In the past this has included appointments to the Health New Zealand board and other health boards.

We suggest the best way to fulfil our role of advising on appointments would be to appoint Tā Mark Solomon to the selection panel for the Health New Zealand board appointments.

Tā Mark Solomon (Ngāi Tahu, Ngāti Kurī) has served on the Committee since it was established under the Pae Ora (Healthy Futures) Act 2022. He is Chair of Te Pūtahitanga o Te Waipounamu, and the Whānau Ora commissioning agency for the South Island.

Tā Mark was the elected Kaiwhakahaere (Chair) of Te Rūnanga o Ngāi Tahu from 1998 to December 2016 and represented his local Papatipu Rūnanga, Te Rūnanga o Kaikōura from 1995 to December 2016.

In 2013, he was recognised as Knight Companion of the New Zealand Order of Merit for services to Māori and Business. He was previously deputy Chair of Canterbury District Health board and is also founding Chairman of the Māori Carbon Collective.

I am available to meet with you to discuss the Heath New Zealand board recruitment panel.

No reira, nāku noa, nā



Parekawhia McLean

Chair of the Hauora Māori Advisory Committee

Released under the Official Information Act 1982

19 May 2025

Hon Simeon Brown

Minister of Health

Parliament Buildings

Wellington

Tēnā koe e te Minita

During the recent meeting with the Hauora Māori Advisory Committee (the Committee) on 13 May 2025 we agreed to provide a response to your letter of expectation.

The Committee remains committed and focused on improving Māori health outcomes and ensuring a health system that works for all New Zealanders, including Māori. As your independent advisor on Māori health, we look forward to supporting you to drive results and delivering on your priorities and key focus areas.

Together with our nine population priority areas, we believe we are well-placed to help drive measurable improvements to the health system, ensuring better outcomes for Māori, whānau, hapū and iwi are achieved sooner.

We are comfortable with the expectations set out in your letter, dated 14 April 2025, and look forward to continuing our work together.

No reira, nāku noa, nā



Parekawhia McLean

Chair

Hauora Māori Advisory Committee