

**Te Aka Whai Ora**  
Māori Health Authority

# Briefing to the Incoming Minister

**1 February 2023**



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## Our Vision

*E kore tēnei whakaoranga e huri ki tua o aku mokopuna  
Our mokopuna shall inherit a better place than I inherited*

## Welcome to the Health portfolio and to Te Aka Whai Ora.

### Message from the Chair of the Board and the Chief Executive

E te Minita, nei raa te mihi ki a koe i ngaa tini aahuatanga o te waa. Nau mai, piri mai ki teenei aka e whai ana i te hauora o ngaa iwi o te motu nei. Maa taatou eenei mahi whakahirahira e kawea ngaatahi atu, kei konei maatou o Te Aka Whai Ora e tautoko ana i te kaupapa, otiraa i a koe me ngaa mahi kei mua i a taatou. Tihei mauri ora!

Welcome, Minister, to your new portfolio and congratulations on your appointment to this critical role. On behalf of Te Aka Whai Ora, we look forward to working with you to address Māori inequity in the health system and achieve pae ora for our whānau and communities.

Te Aka Whai Ora was established on 1 July 2022, along with Te Whatu Ora, when the Pae Ora (Healthy Futures) Act 2022 came into effect. We are an equal partner at the heart of Aotearoa's new health system, alongside our partners Te Whatu Ora and Manatū Hauora.

Our role is to lead transformational change in the way the entire health system understands and responds to the health and wellbeing needs of whānau Māori. Our mandate exists to clearly show the aspirations, objectives and imperatives of whānau, hapū and iwi alongside those expressed by the Crown.

We are committed to upholding and honouring Te Tiriti and giving expression and practical effect to all four articles. Embedding Te Tiriti o Waitangi in the health system as its foundation is a key priority, and we support Manatū Hauora and Te Whatu Ora to do the same.

We will also ensure that iwi, hapū and whānau exercise tino rangatiratanga in their decision-making authority over hauora matters of importance to them.

We provide expert, evidence-based Māori health advice to the Government to support the wellbeing of whānau, hapū and iwi Māori by preventing, reducing and delaying the onset of māuiuitanga (ill health). We also monitor the delivery of hauora Māori services by Te Whatu Ora and monitor, in co-operation with the Ministry and Te Puni Kōkiri, the performance of the publicly funded health sector in relation to hauora Māori.

The foundations of Aotearoa's new health system are outlined in the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act):

- Embedding a Tiriti-dynamic health system
- Health equity matters for everyone
- Implementing a population health approach
- Ensuring a sustainable health service delivery system

This briefing should be read in conjunction with those from Manatū Hauora and Te Whatu Ora. You will also be provided with additional briefings covering specific focus areas of your new portfolio as required.

This briefing provides an overview of who we are and how we work, including our role in partnership with Manatū Hauora and Te Whatu Ora and appropriations.

It also includes the following key people you will work with.

We look forward to working with you and discussing the most effective ways we can support you, your priorities, and your responsibilities.

## Section A. Who we are and how we work

### Part 1. Our role in partnership with Manatū Hauora and Te Whatu Ora

For a fuller overview of the system and the goals of the health sector reforms, please see the Briefing to the Incoming Minister by Manatū Hauora.

**Te Aka Whai Ora's way of working is characterised by an equity focus, partnering with others, and ensuring accountability to Māori.**

Te Aka Whai Ora works alongside Te Whatu Ora, Manatū Hauora as the steward of the health system and health policy lead, and other parties to ensure the entire health system understands and responds to the health and wellbeing needs of whānau Māori.

#### *How we work together*

The Boards of Te Aka Whai Ora and Te Whatu Ora, which work closely together, describe their mutual Te Tiriti-based relationship as a 'Waka Hourua': Te Aka Whai Ora and Te Whatu Ora being the waka that represent two knowledge systems and worldviews, moving together in a common direction. The interwoven sails represent the information, evidence, advice, and voice of whānau that inform one another's decisions.

Te Aka Whai Ora drives a focus on hauora Māori, prioritising the voice of whānau Māori and ensuring health services deliver equitable outcomes to Māori. Te Aka Whai Ora works in partnership with Te Whatu Ora to plan and commission all health services jointly at a national, regional and local level, commissions hauora Māori services directly, and monitors the system-wide outcomes for Māori.

Embedding Te Tiriti o Waitangi in the health system as its foundation is a key priority, and we support Manatū Hauora and Te Whatu Ora to do the same.

#### **A new way of thinking**

Achieving Pae Ora requires us to think beyond narrow definitions of health to improve hauora Māori outcomes and make a difference. Hauora is a holistic view of health and wellbeing and includes four dimensions:

- taha tinana (physical wellbeing – medical health)
- taha hinengaro (mental and emotional wellbeing)
- taha whānau (social wellbeing)
- taha wairua (spiritual wellbeing).

The new health system is intended to achieve the three holistic elements of Pae Ora so that all the dimensions of hauora are provided for and result in positive health outcomes for Māori:

- **Mauri ora – healthy individuals:** Enabling individuals to have good health and that the health system works to ensure that the way it delivers services, from prevention to treatment, is appropriate for Māori at all ages
- **Whānau ora – healthy families:** Enabling whānau to be self-managing, living healthy lifestyles and confidently participating in te Ao Māori and in society

- **Wai ora – healthy environments:** Enabling Māori to have appropriate access to quality housing, safe drinking water and air, and healthy food, and are prepared for emergency events and the impacts of climate change.

Taking a Pae Ora approach requires health entities to put whānau at the centre of decision-making about the purchase, allocation and provision of health services and infrastructure. This approach upholds Te Tiriti and will contribute towards improving the social determinants of health that include housing and the environment; early childhood development and education; income and social protection; employment and work life conditions; food security; social inclusion and non-discrimination; and access to affordable, quality health services.

Te Aka Whai Ora is a major resource for you and your Ministerial colleagues in driving forward the Government’s health reform programme for Māori through our key functions: policy advice, funding and monitoring. An important aspect of our role is to assist you by providing quality policy advice in relation to Māori and ensuring effective implementation of initiatives for which we are responsible.

Direct and indirect mechanisms to help you in your Ministerial role are:

- a. Strategy setting
- b. Funding (Te Aka Whai Ora and Te Whatu Ora commissioning decisions)
- c. Monitoring.

## Part 2. Opportunities for change, high priorities and key deliverables

Budgetary, planning, and strategy processes, which are critical to the success of the health and disability reforms for iwi / Māori and require decisions by you over coming months, are now underway.

Manatū Hauora is leading the development of a suite of seven strategies - six of which are specified under the Pae Ora Act - to be delivered by 1 July 2023. The strategy programme includes the New Zealand Health Strategy (whole population) and strategies for Pacific health, the health of disabled people, women’s health, rural health and the health workforce.

Te Aka Whai Ora is working in partnership with Manatū Hauora to deliver the *Hauora Māori Strategy*, as well as collaborating with Manatū Hauora and Te Whatu Ora across the other strategies and plans. We are also co-leading, with Te Whatu Ora, on *Te Pae Tata - 2024 NZ Health Plan (Te Pae Tata)*, which is expected to be developed by November 2023 and published in June 2024.<sup>1</sup>

The *interim Government Policy Statement (iGPS)* and interim *Te Pae Tata* (published in July 2022) cover the initial period of setting the design of system structures, functions and accountability as the foundation for future reform. The following table sets out the strategy and planning programme:

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<sup>1</sup> The New Zealand Health Strategy provides the framework for the Government’s overall direction of the health sector and guides health entities in protecting, promoting, and improving people’s health and wellbeing.

STRATEGY AND PLANNING PROGRAMME
<p>All strategies are led by Manatū Hauora with the exception of the Hauora Māori Strategy for which Te Aka Whai Ora and Manatū Hauora are co-leads.<sup>2</sup></p>
<ul style="list-style-type: none"> <li>• Hauora Māori Strategy (July 2023)</li> <li>• NZ Health Strategy (July 2023)</li> <li>• Health of Disabled People Strategy (August 2023)</li> <li>• Women's Health Strategy (August 2023)</li> <li>• Rural Health Strategy (August 2023)</li> <li>• Pacific Health Strategy (August 2023)</li> </ul>
<p>The <b>Health Workforce Strategy</b> (Manatū Hauora) – not a statutory requirement but a necessary input to achieving system change. <i>Strategic Framework Completion date April 2023, Workforce Strategy Completion date July 2023.</i></p>
<p><b>Health System Outcomes Framework</b> –led by Manatū Hauora (July 2023) – <i>a system level framework to provide enduring direction for the health system, and guide the strategies, and system monitoring and reporting.</i></p>
<p><b>Government Policy Statement</b> – (replaces the iGPS) led by Manatū Hauora, outlines the Government's delivery expectations of the health system, funding support, and monitoring requirements. The GPS will direct how Vote Health will be used to plan, fund and deliver health services and lift the whole of system performance. <i>First draft due 1 July 2023. Completion date July 2024.</i></p>
<p><b>Te Pae Tata – the NZ Health Plan (replaces the interim NZ Health Plan)</b> – a three-year costed plan for the delivery of publicly funded services by Te Whatu Ora and Te Aka Whai Ora. The plan must give effect to the GPS. Te Whatu Ora and Te Aka Whai Ora (joint leads). <i>Expected to be developed by November 2023 and published in June 2024.</i></p>
<p><b>Te Mauri o Rongo - The New Zealand Health Charter</b> – working in partnership with Te Whatu Ora. The Charter is a statement of the values, principles and behaviours that health entities and workers throughout the health sector are expected to demonstrate, collectively at an organisational level and individually. The Act does not specify when the Charter must be made by, but we recommend that it be completed by July 2023. Te Whatu Ora and Te Aka Whai Ora will provide you with a briefing in February 2023 on progress with the Charter and proposed next steps.</p>

<sup>2</sup> These strategies must contain an assessment of the current state of health outcomes and health sector performance; medium and long-term trends and risks that will affect health outcomes and health sector performance in the next five to ten years; and opportunities and priorities for improving the health sector over at least the next five to ten years, including workforce development.



Te Whatu Ora and Te Aka Whai Ora are currently focused on ensuring that the actions set out in the interim *Te Pae Tata* result in tangible outcomes, while simultaneously developing the next iteration of the plan. Public expectation on how the two agencies are making a difference requires us to mitigate the risk of non-delivery, balancing quick wins with laying the foundations for longer-term gains.

### Key opportunities and decisions

The following five early policy issues and decisions that require your consideration within the next five months, to 31 July 2023, are set out below:

#### 1. Interim Hauora Māori Strategy: 1 July 2023 (Manatū Hauora and Te Aka Whai Ora co-leads)

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Opportunity: The Hauora Māori Strategy sets the direction of the new health system for improving Māori health and wellbeing. The interim strategy will positively influence the direction of the health system reforms for Māori at an early stage.

Decision required: From 1 July 2023 you are required to determine a Hauora Māori Strategy to guide health entities in improving Māori health outcomes.<sup>3</sup>

The purpose of the *Hauora Māori Strategy* is to provide a framework to guide health entities in improving Māori health outcomes. The strategy must:

- a. contain an assessment of the current state of Māori health outcomes and the performance of the health sector in relation to Māori
- b. contain an assessment of medium to long-term trends that will affect hauora Māori and health sector performance
- c. set out priorities for services and health sector improvements relating to hauora Māori, including workforce development.

Manatū Hauora and Te Aka Whai Ora are developing the *Hauora Māori Strategy* in partnership. As a first step, *He Korowai Oranga: Māori Health Strategy* and *Whakamaui: Māori Health Action Plan 2020-2025* are being reviewed to ensure they are still fit for purpose. Once updated, these will become an interim *Hauora Māori Strategy*, which will guide government in advancing Māori health outcomes until 2025. Manatū Hauora and Te Aka Whai Ora are meeting with iwi, hapū, whānau and the Māori health sector throughout Aotearoa during February to March 2023 regarding the development of the *Hauora Māori Strategy*.

A more detailed review and comprehensive iwi / Māori engagement process will start in 2024, at which point the foundations of the reformed system will be in place.

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<sup>3</sup> Manatū Hauora will provide details of the anticipated advice and timing to support these decisions in their BIM.



## **2. Te Pae Tata 2024 – the NZ Health Plan (replaces the interim NZ Health Plan 2022) - Te Aka Whai Ora and Te Whatu Ora co-leads**

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Opportunity: *Te Pae Tata 2022* outlines the first steps to becoming a health service delivery system that better serves all New Zealand's people and communities, particularly Māori. Te Aka Whai is co-lead on this work with Te Whatu Ora.

Decision required: Te Aka Whai Ora / Te Whatu Ora will advise you of the immediate decision-points in the near future.

*Te Pae Tata 2022* replaces 20 different district annual plans and covers a period of reset while the foundations of our health system change. This interim plan is designed to begin system transformation while a full-scale New Zealand Health Plan is being worked on. *Te Pae Tata* is expected to be developed by November 2023 and published in June 2024.

The core sets of actions in *Te Pae Tata* will ultimately deliver the following key shifts in health service delivery:

1. Place whānau at the heart of the system to improve equity and outcomes
2. Embed Te Tiriti o Waitangi across the health sector
3. Develop an inclusive health workforce
4. Keep people well in their communities
5. Develop greater use of digital services to provide more care in homes and communities
6. Establish Te Whatu Ora and Te Aka Whai Ora to support a financially sustainable system

## **3. Development of a multi-year funding model: February/March 2023**

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Opportunity: A multi-year funding approach (led by Manatū Hauora) is a major evolution for the health system and a significant opportunity to support system change for Māori. It will create stronger links between policy, planning and funding, and encourage a long-term approach to system planning and achieving long-term outcomes.

Decision required: The Minister of Health and the Minister of Finance will jointly receive advice in a series of checkpoints over 2023 to monitor progress with the development of the new system architecture and support future decisions on multi-year funding. The next of these is planned for end March 2023.

In October 2021, Cabinet agreed to establish a multi-year funding arrangement for Vote Health from Budget 2024 onwards. The arrangement will comprise:

- three-years of fixed funding to cover all cost pressures and new investments in the health system
- an indicative funding commitment from year four to six to support long-term sector planning and investment prioritisation.

A multi-year funding approach moves away from the historic fixed nominal baselines and an annual Budget process towards an approach that incentivises strategic decision-making on health expenditure and sustainable management of cost growth.

Decisions on multi-year budgets for health are intended to align with the three-yearly direction setting and planning documents in the reformed system, primarily the *GPS* and *Te Pae Tata*. Te Whatu Ora and Te Aka Whai Ora are joint leads in the development of a three-year costed plan for the delivery of publicly funded services.

Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora will develop the model and undertake the initial work to meet the conditions in two phases:

- *Phase 1 – February 2023*: Agency teams are working on the draft joint health funding model, based partly on work done previously during Budget 2022.
- *Phase 2 – March to July 2023*: Final refinements to the model, including assessment and development (if relevant) of specific parameters for different appropriations. This will feed into the final parameters for Te Pae Tata.

Work on capital investment in the new health system is on a separate track from operating funding. A set of health capital delegations was agreed by Cabinet in April 2022 with a further report back on capital settings due to Cabinet in July 2023. This report will include advice on the extent to which capital settings should align with multi-year operating funding.

#### **4. Rongoā (Māori healing practices)**

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Opportunity: To nurture and preserve Māori tino rangatiratanga over rongoā and increase the availability of mātauranga-Māori based services.

Decision required: We will report to you in March 2023 to provide an overview of the issues raised through our engagement with the rongoā sector, our analysis of those issues and proposed next steps. We may seek Ministerial decisions at this stage.

An early priority for Te Aka Whai Ora, given the limited number of publicly funded rongoā services, is to increase access to rongoā. To this end, an investment of \$17.6 million in mātauranga Māori services, te ao Māori solutions and population health (including rongoā Māori) is being made.

In addition, Te Aka Whai Ora has established a broader rongoā work programme for the future protection and sustainability of rongoā. Te Aka Whai Ora has commenced engagement with the rongoā sector to inform this work programme.

This work programme is connected to the Therapeutic Products Bill (the Bill). While the draft Bill does not make any specific references to rongoā, rongoā rākau and elements of rongoā practice would be regulated by the provisions that apply to natural health products. Whether rongoā will be regulated in the final version of the Bill has not yet been decided. Manatū Hauora is currently undertaking work to determine how rongoā might be scheduled in legislation. The Bill is currently before the Health Committee and Te Aka Whai Ora is likely to make a submission on the Bill, informed by our recent engagement.

The rūpū we have met with to date largely oppose the inclusion of rongoā in the Bill and consider the proposed regulation of Rongoā by the Crown may breach Te Tiriti.

## 5. Recognition of Iwi-Māori Partnership Boards through Orders in Council

Opportunity: Ensuring services are being designed to meet local context in each locality and recognising the unique mana whenua aspirations in each rohe.

Decision required: If, by June 2023, we are satisfied that further organisations have met the IMPB criteria in the Pae Ora Act we will report to you seeking agreement to commence the Order in Council process, which will require a Cabinet paper.

IMPBs are a key feature in the new health reforms, with decision making roles at a local level, and jointly agreed local priorities and delivery with Te Whatu Ora.

The purpose of IMPBs is to ensure iwi / Māori are well represented and that the voice of Māori, at the local level, is heard throughout the health system. The advice of IMPBs on how services are designed and delivered and how the sector is performing overall for Māori is critical to system success. Te Aka Whai Ora works with Māori communities, whānau, hapū and iwi to establish the IMPBs. We are currently in discussions with four emerging IMPBs who are based in the Waikato and Waipounamu rohe, as well as more recent engagement with interested parties from the rohe of Wharekauri, Tāmaki Makaurau and Tūhoe.

The Act sets out that Te Aka Whai Ora must, if satisfied that an organisation has met the statutory criteria, advise you, as the Minister, accordingly. The Minister is then responsible for recommending to the Governor-General that she makes an Order in Council to recognise an organisation as an IMPB.

## Part 3. Funding - appropriation and commissioning approach

### Our appropriation and funding responsibilities

Te Aka Whai Ora's funding appropriation, *Delivering hauora Māori services (M36) (A21)*, is part of Vote Health.

**Total Crown funding allocated to deliver Te Aka Whai Ora's activities is \$563.438 million in 2022/23 and \$575.442 million in 2023/24.**

This is for the development, implementation and delivery of solutions, hauora Māori services, development of hauora Māori providers, development of partnerships with iwi, commissioning of taurite (kaupapa Māori) services and other services developed for Māori, and other related services.

### Commissioning approach

Te Aka Whai Ora and Te Whatu Ora invest in services grounded in te ao Māori. When new services are commissioned or existing services are reviewed, Te Aka Whai Ora will partner with Te Whatu Ora to ensure service design and priorities reflect the diverse needs of the community, particularly for Māori.

When services are not performing for Māori, Te Aka Whai Ora will apply the principles of its Monitoring Framework. Our monitoring framework comprises four elements: System Monitoring, Service Monitoring, Health Outcomes Monitoring and Hauora monitoring for the wider determinants of health. If a service provider is not performing for Māori this will become apparent in our service monitoring rates (e.g. screening rates) or outputs (e.g. volumes of Māori using a service are not comparative per capita to non-Māori) or outcomes (e.g. health outcomes for Māori are inequitable compared to non-Māori). Much of this situation exists now – but we cannot do everything at once.

Our approach working with Te Whatu Ora is to drive service and system improvement through targeting priority areas first and reviewing the data that shows these inequities – for instance in:

- Kahu Taurima – maternal and early child development service performance for Māori
- Oranga Hinengaro – mental health and addiction service performance for Māori
- Cancer services – service performance for Māori
- Long Term Conditions – preventive, treatment and rehabilitation service performance for Māori.

We have already committed to invest in these four priority areas and to specifically monitor their outcomes, as these areas have been identified by Public Health specialists as having the greatest impacts on the health of Māori.

**Table of Te Aka Whai Ora funding areas as at 31 December 2022**

<b>Funding area: services and other support commissioned by Te Aka Whai Ora</b>
Te Ao Māori integration maternity & child health services across continuum of Conception/Pregnancy, Birthing, Post-Natal, Wellchild Care, Child Development.
Increasing existing Kia Piki te Ora Suicide prevention services and starting new Kia Piki services in areas without existing services.
Cancer Support Services (support for Māori to navigate treatment processes).
Long-term conditions - funding for national organisations.
Health services for priority populations (Whānau Voice): Rangatahi (youth) services, Kaumatua (elder care) services, Tangata Whaikaha Maori services.
Mātauranga Māori Solutions: Rongoā and other mātauranga Māori solutions across all communities in NZ.
Te Ao Māori Population Health across all communities in NZ (Mauri Ora – healthy lifestyles, Wai Ora – healthy environments and Whānau Ora – healthy families incl. social determinants).
Māori Workforce Development (e.g. training and development - Enrolled Nursing, home care, community support workers, EMTs, dental care, health promotion – scholarships, expansion of Puhoro STEMM programme for Maori students in sciences.
Innovation: te ao Māori solutions that positively impact Hauora Māori.
Data & digital te ao Māori solutions e.g. telehealth.

## **Part 4. Monitoring the overall performance of the health system to improve hauora Māori**

We are responsible for monitoring the overall performance of the health system to improve hauora Māori, reduce health inequities for Māori, embed Te Tiriti principles and enable tino rangatiratanga.

- **Entity performance:** Te Aka Whai Ora, in partnership with Manatū Hauora, monitors the delivery of hauora Māori services by Te Whatu Ora.
- **System and service performance:** Te Aka Whai Ora monitors, in co-operation with Manatū Hauora and Te Puni Kōkiri, the performance of the publicly funded health sector in relation to hauora Māori.

We are working with our partner monitoring entities, Manatū Hauora and Te Puni Kōkiri, to design an indigenous approach to monitoring and accountability. As the IMPBs develop their role and priorities, we will seek their input into monitoring hauora outcomes. IMPBs will monitor the performance of the health sector in relevant localities.

## Appendix 1. Key people you will work with

### Ministerial Advisory Committee for Health Reform Implementation

The Minister of Health established the Committee under section 87 of the Pae Ora Act to provide him with independent advice on the progress of the reforms, the delivery benefits and any associated risks over the first two years of the new system. The Committee is chaired by Sue Suckling and hosted by Manatū Hauora. It will provide independent advice to the Minister on:

- progress of Te Whatu Ora, Te Aka Whai Ora and Manatū Hauora towards embedding functions and systems, realising the reform objectives, including working as one system
- emerging risks, issues and mitigation strategies
- requirements to achieve successful implementation of the reform agenda, in the intended vision, benefits and outcomes
- prioritisation of resources and effort across the system on reform related activities.

### Our Board

Te Aka Whai Ora's Board works towards a new, transformed hauora system.

Board members are appointed by the Governor-General on the recommendation of the Minister of Health after seeking and considering the advice of the Hauora Māori Advisory Committee.

The Board can have up to eight members but no fewer than five. The Minister must appoint a chairperson or two co-chairpersons. The Chairs is also a member of the Te Whatu Ora Board. If co-chairpersons are appointed, the Minister must nominate a co-chairperson to be a member of the board of Te Whatu Ora.



**Tipa Mahuta (Chair)**  
**Waikato, Maniapoto, Ngāpuhi**

Tipa Mahuta has a background in facilitation, research, policy and community development complemented by over 20 years in Iwi governance experience.

Mrs Mahuta is the Chair of the Taumata Arowai Māori Advisory Group, a councillor with the Waikato Regional Council, co-chair of the Waikato River Authority and board member with the Te Kotahi Research Centre.



Mrs Mahuta has served on a wide range of iwi and community boards including Iwi Māori Council at Waikato DHB and Tainui Group Holdings. She also has experience in environmental governance, serving on the Waikato Conservancy.



**Dr Sue Crengle**  
**Ngāi Tahu, Ngāti Mamoe, Waitaha**

Dr Sue Crengle specialises in general practice and public health medicine and has been working as a researcher for over 25 years. She is a Professor, Hauora Māori, at Otago Medical School.

Dr Crengle has extensive knowledge, and experience of the health system, primary care and public health in both a Kaupapa Māori and mainstream setting, significant experience working with Māori communities and organisations and an understanding of Te Tiriti o Waitangi based principles and frameworks as they apply to health.

Dr Crengle is a foundation member of Te Ora and sits on the Taumata of senior clinicians.



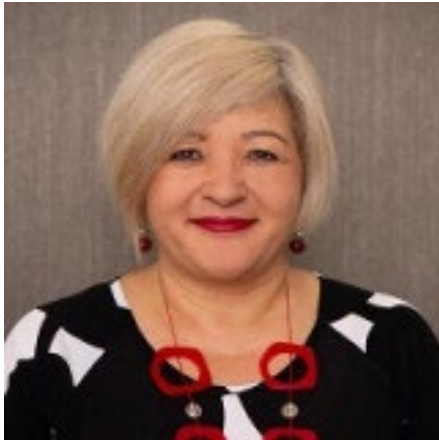
**Dr Mataroria Lyndon**  
**Ngāti Hine, Ngāpuhi, Ngāti Whātua, Ngāti Wai, Waikato**

Dr Lyndon is a Senior Lecturer in Medical Education at the University of Auckland and co-founder and Clinical Director of Tend Health. He also co-hosts the TVNZ medical series The Check Up and was previously Equity Lead at Mahitahi Hauora PHO and a medical lead for Māori health at Counties Manukau DHB.

Dr Lyndon has held governance roles spanning health, academia, and sport. He is a Board member of Pūhahi Manawa Centre of Research Excellence, Aktive Sport and Recreation, and was previously



Deputy Chair of Te Hiringa Hauora Health Promotion Agency, and Board member of the Northland DHB.



**Fiona Pimm**  
**Ngāi Tahu, Kāti Māmoe, Waitaha**

Fiona Pimm is an executive leader with extensive experience in governance roles in the health sector, government agencies, community NGO, local iwi and runanga. She currently holds governance roles on health, education and workforce training organisations as well as the Te Runanga o Ngai Tahu Board and the NZ Parole Board. She lives in Christchurch.

Ms Pimm worked at the frontline in health, starting as a Medical Radiation Technologist and then moved into health service management with DHBs, He Oranga Pounamu and Pegasus Medical Group.

Ms Pimm has extensive health sector networks across Aotearoa, especially in the Primary Care and Māori Health sector.



**Awerangi Tamihere**  
**Ngāti Kauwhata, Rangitane, Ngāti Porou, Rongowhakaata, Kai Tahu**

Awerangi Tamihere has senior leadership experience across central government, regional crown entities, the private sector, and in working with her iwi.

Since 2019, Ms Tamihere has been the Chief Operating Officer for Te Whānau o Waipareira Trust, a service provider for whānau across the West Auckland community, offering a one stop service for

health, social, justice and education. Ms Tamihere is also the Chief Operating Officer for the Whānau Ora Commissioning Agency.

Ms Tamihere entered the health sector as a speech language therapist and went on to work in the Ministry of Health to develop performance measures for the newly established Area Health Boards. She worked in DPMC to support the transition of Area Health Boards to Crown Health Enterprises and worked with the Northern Regional Health Authority to support the implementation of the reforms.



**Steven McJorrow**  
**Ngāti Kahungunu, Ngāti Moe**

Steven McJorrow is an experienced finance executive. He is currently the Chief Financial Officer of Pāmu Farms of New Zealand (Landcorp Farming Ltd), where he is responsible for the Finance, Technology, Procurement and Transformation Office functions. He is a director of Wharewaka East Ltd a land development joint venture, FarmIQ a Farm Management Software company and a past director of animal genetics company Focus Genetics.

Mr McJorrow's previous roles have included CFO of a private investment company in Melbourne, Group Financial Controller for the Australian Wheat Board, Head of Decision Support for a retail bank, and time spent in strategy consulting.

Mr McJorrow is also Chairman of the Scots College Board of Governors and a Co-Founder of Cornish College, an independent school in Melbourne.

## Our leadership

Te Aka Whai Ora's organisational structure has been designed along functional lines and the five core functional building blocks. It has been organised into six directorates, depicted by a sixteen-point wind compass.

The organisational structure supports the analogy of a waka hourua on a journey to Pae Tawhiti using a traditional compass to help navigate. The design of Te Aka Whai Ora on the traditional compass provides clear direction and purpose.

### **Riana Manuel**

**Ngāti Pukenga, Ngāti Maru, Ngāti Kahungunu**  
**Tumu Whakarae Chief Executive**

Providing instrumental, visionary leadership over her career in Māori and health sector organisations, Riana is the first Chief Executive of Te Aka Whai Ora. Previously she has led a number of Kaupapa Māori organisations including Hauraki Primary Health Organisation and Te Korowai Hauora o Hauraki.

### **Juanita Te Kani**

**Ngāti Raukawa ki te Tonga**  
**Maiaka Whakamua e Tukanga Deputy Chief Executive, Systems Strategy and Policy**

Juanita joined Te Aka Whai Ora from the Ministry of Social Development where she led the Ministry of Youth Development. She championed the voice of young people in the shaping of government policies supporting young people to participate confidently in their communities.

Juanita has over 20-years' experience working in the public service in a range of different sectors including Ministry of Social Development, Justice including the Waitangi Tribunal and the Māori Land Court, Housing, and the State Services Commission.

### **Merewaakana Kingi**

**Ngāti Awa, Ngāitai**  
**Maiaka Tahua Deputy Chief Executive, Finance & Support Services**

Merewaakana joined Te Aka Whai Ora from Ngāti Awa Group Holdings Limited where she was Group Chief Financial Officer (Commercial & Iwi).

Merewaakana has extensive global experience in the Corporate, Financial Services and Māori sectors, working for large organisations including Deloitte, Morgan Stanley, Air NZ and Iwi. She was recently appointed to the Board of ASB Bank as a Future Director.

Merewaakana's financial and governance expertise is underpinned by a cultural identity steeped in tikanga and te reo Māori. She is also a former NZ Black Fern and Touch player, and Te Aka Whai Ora benefits from the focus, determination and courage she has exhibited, on and off the field."

### **Jade Sewell**

**Ngāti Maru, Te Arawa, Ngāti Ranginui, Ngāti Ruanui, Ngāti Porou**  
**Maiaka Tu Piringa, Deputy Chief Executive, Service Development and Relations**

Jade joined Te Aka Whai Ora from the former Waikato District Health Board where, as an operations director, she led a range of hospital and specialist services to deliver acute, planned and preventative health services to support better outcomes for communities. Over the last two years this included support of district leadership for COVID-19 response.

**Craig Owen**

**Maiaka Aka Tōiakiaki, Deputy Chief Executive, Governance and Advisory Services**

Craig is an experienced public sector consultant and contractor. He has held leadership roles in corporate areas including Finance, Human Resources, ICT, Information Management, Communications, Strategic Planning, Risk and Assurance, Internal Audit, Legal, Evaluation.

**Kingi Kiriona (Ngāti Ruanui, Ngāti Kahungunu, Ngāti Apa)**

**Maiaka Mātauranga, Deputy Chief Executive, Mātauranga Māori**

Kingi brings more than 15 years' experience in the development of te ao Māori focussed programmes and in senior leadership and governance roles across the public and private sector. He has extensive experience in te ao Māori, his leadership is vital to ensuring our approach to mātauranga Māori is robust.

**Nigel Chee**

**Waikato, Te Ati Haunui a Paparangi**

**Interim Deputy Chief Executive, Monitoring**

Nigel has extensive experience in health management and management consultancy. He has previously worked for the Ministry of Health, District Health Boards and PHOs, was Director and Chief Executive of a number of PHOs, and General Manager at Auckland and Waitemata District Health Boards. He has also held various strategic planning and policy roles at the Ministry of Health and Te Puni Kōkiri.

**Maiaka Hōtaka Deputy Chief Executive, Public and Population Health**

To be confirmed.

***Chief Advisor***

**Interim Chief Medical Officer** - Dr Rawiri Jansen, previous clinical director of the National Hauora Coalition

***Our regional directors***

**Northern** - Tracee Te Huia

**Te Manawa Taki** - Riki Nia Nia

**Central** - Patrick Le Geyt

**Te Waipounamu** - Mata Cherrington

***Our staff level is 227 FTEs***

Te Aka Whai Ora is funded for 227 FTE positions out of Vote Health from Budget 2022.