

In Confidence

Office of the Minister of Health

Chair, Cabinet

INITIAL MENTAL HEALTH AND WELLBEING COMMISSION: TERMS OF REFERENCE AND POWER TO APPOINT

Proposal

1. This paper seeks agreement to:
 - 1.1. the Initial Mental Health and Wellbeing Commission's (the Initial Commission) purpose and functions
 - 1.2. the Minister of Health being given authority to finalise the Terms of Reference for the Initial Commission following consultation with the Chair, once appointed.
2. I intend to bring recommendations to the Cabinet Appointments and Honours Committee on 11 September 2019 regarding appointments of the Chair and members to the Initial Commission.

Executive Summary

3. Cabinet recently agreed to the functions, form and establishment process for a new independent Mental Health and Wellbeing Commission [CAB-19-MIN-0329.01 refers]. The Commission will be established by legislation as an autonomous Crown entity.
4. To maintain momentum of the system transformation currently underway, Cabinet also agreed to establish an Interim Commission (the Initial Commission), to undertake some of the functions of the permanent Commission, while legislation establishing the Crown entity progresses.
5. I intend to establish the Initial Commission as a Ministerial committee under section 11 of the New Zealand Public Health and Disability Act 2000. The Initial Commission will be in place from 1 November 2019 until February 2021. It will be superseded by the permanent Mental Health and Wellbeing Commission.
6. I propose that the Initial Commission should provide independent scrutiny of the Government's progress in improving mental health and wellbeing, promote collaboration between entities that contribute to mental health and wellbeing, and develop advice for the permanent Commission that will enable the permanent Commission to make swift progress once it has been established.

7. I seek Cabinet's authorisation to finalise the Terms of Reference following consultation with the proposed Chair. A draft Terms of Reference for the Initial Commission is attached (Appendix 1).
8. I intend to bring recommendations to the Cabinet Appointments and Honours Committee regarding appointments of the Chair and members to the Initial Commission following due diligence, confirmation of the candidates' acceptance of the nomination, and confirmation the members as a collective will bring the necessary skills and knowledge. The provisional shortlist of candidates is attached (Appendix 2). I may propose additional candidates when I make recommendations.

Background

9. Cabinet has agreed to establish an independent 'Mental Health and Wellbeing Commission' to enhance cross-agency oversight, monitoring and accountability of mental health and addiction [CAB-19-MIN-0182 refers].
10. The new Commission will provide enduring, independent oversight of mental health and wellbeing in New Zealand. It will provide system level oversight for improvements to mental health and wellbeing in New Zealand, hold the system and government accountable, and uphold and promote the principles of Te Tiriti o Waitangi. The Commission will build on the roles of existing organisations in the mental health and wellbeing system, looking right across the system challenging it to perform better.
11. Cabinet agreed to initially establish an Interim Commission (the Initial Commission) while legislation establishing the permanent Commission as an autonomous Crown entity progresses [CAB-19-MIN-0329.01 refers]. It is the Government's intention that legislation to establish the permanent Commission is passed as early as possible next year.

Establishment of the Initial Commission

12. I intend to establish the Initial Commission as a Ministerial committee under section 11 of the New Zealand Public Health and Disability Act 2000 until it is superseded by the permanent Commission. The Initial Commission will be in place from 1 November 2019 until February 2021, dependent on legislative timeframes. A draft Terms of Reference for the Initial Commission is attached (Appendix 1).

Purpose and functions of the Initial Commission

13. The proposed purpose of the Initial Commission is to provide independent scrutiny of the Government's progress in improving New Zealand's mental health and wellbeing, promote collaboration between entities that contribute to mental health and wellbeing, and develop advice for the permanent Mental Health and Wellbeing Commission that will enable the permanent Commission to make swift progress once it has been established.

14. The functions and deliverables that I propose for the Initial Commission are:
 - 14.1. monitoring progress of the Government's system transformation response to *He Ara Oranga* and providing advice on and reporting to the Minister of Health within one year of the Initial Commission's establishment
 - 14.2. developing a draft outcomes and monitoring framework for mental health and wellbeing that would be suitable for the permanent Commission to consider adopting
 - 14.3. identifying any gaps in information required to monitor performance under the draft framework and making recommendations to the Minister of Health on how these could be filled and by whom
 - 14.4. developing a draft work programme and potential operating model for consideration by the permanent Commission
 - 14.5. providing input on the establishment of the permanent Commission including its roles and powers
 - 14.6. developing and maintaining relationships with and between key government and non-government entities that contribute to mental health and wellbeing, including those monitoring or contributing information on aspects of system performance.
15. I do not expect the Initial Commission to monitor and report publicly on the state of New Zealand's mental health and wellbeing beyond progress with implementing the Government's response to *He Ara Oranga*. Similarly, I do not expect the Initial Commission to advocate for improvements to the mental health and wellbeing system beyond those that are being undertaken in response to *He Ara Oranga*. The Government has set a clear direction and the most appropriate focus, at this point in time, is on ensuring that direction is being translated into action. The permanent Commission will have an on-going role to comment on both the adequacy of the direction as well as its implementation of the improvements to the mental health and wellbeing system.
16. The Initial Commission will not investigate or advocate in relation to individual incidents or cases. If it becomes aware of such cases, it will refer them to the appropriate pathway for consideration, for instance the Health and Disability Commissioner.
17. In conducting its work, I expect the Initial Commission to engage with Māori, people with lived experience of mental health and addiction and their families, whānau and caregivers, disabled people, and other groups with disproportionately poorer mental health and wellbeing outcomes.

Expertise, skills and attributes sought for the Initial Commission

18. Cabinet has agreed the Initial Commission will consist of five members [CAB-19-MIN-0329.01 refers].
19. Collectively the intended members of the Initial Commission should possess the following expertise and attributes:
 - 19.1. in-depth understanding of mental health and addiction issues, services and support
 - 19.2. understanding, knowledge and experience in Te Ao Māori (Māori world) practices, protocols, values and beliefs and capability in te reo Māori
 - 19.3. lived experience of mental health and addiction issues
 - 19.4. experience in leading or influencing complex systems
 - 19.5. an understanding of wider contributors to mental health and wellbeing such as housing, education, justice and workplace relations and safety sectors, as well as social determinants of mental wellbeing, like whānau ora, housing, employment, poverty, social and physical isolation, racism, the impact of colonisation, the environment, social attitudes and more.
 - 19.6. gender, age and ethnicity balance.
20. In addition, the following are key attributes for the Chair of the Initial Commission:
 - 20.1. experience in a public-facing role
 - 20.2. governance experience
 - 20.3. familiarity with machinery of government and government processes.

Potential Chair and members of the Initial Commission

21. I have considered over 25 candidates as potential members of the Initial Commission. Biographies for my provisional shortlist of candidates are included in Appendix 2. Discussions with these shortlisted candidates and due diligence is currently underway. I am continuing to consider additional candidates.
22. I intend to bring recommendations for the appointment of members to the Cabinet Appointments and Honours Committee following due diligence, the candidates' acceptance and confirmation the members as a collective will bring the necessary skills and knowledge.
23. I request that Cabinet award Power to Act to the Cabinet Appointments and Honours Committee in relation to these appointments.

Next Steps

24. I intend to invite the Chair, once appointed, to provide advice on the draft Terms of Reference. The Chair may wish to consult with members and seek feedback from key stakeholders.
25. I seek Cabinet's authorisation to finalise the Terms of Reference ahead of the commencement of the Initial Commission, on 1 November 2019.

Consultation

26. Cross-party consultation is being carried out, in accordance with Coalition and Confidence and Supply agreements.
27. Mātanga Mauri Ora, the mental health advisory group to the Ministry of Health, was consulted on the draft Terms of Reference. Mātanga Mauri Ora considered that the proposed focus on mental health and wellbeing is too narrow and recommended a broader and more holistic wellbeing focus (oranga). This echoes the recommendation from *He Ara Oranga* that a clear locus of responsibility for social wellbeing should be established within central government to, among other things, oversee and coordinate cross-government responses to social wellbeing, including tackling social determinants that impact on multiple outcomes and that lead to inequities within society. *He Ara Oranga* recommended doing this in addition to establishing a Mental Health and Wellbeing Commission.
28. In our response to the Inquiry [CAB-19-MIN-0182], we did not support introducing a new specific locus of responsibility for social wellbeing at this stage, as improving wellbeing should underpin all Government activities and there are existing mechanisms to facilitate improved agency and ministerial collaboration.
29. I consider it appropriate for the Initial Commission to focus specifically on mental health and wellbeing. There are many perspectives on what mental health and wellbeing means and how to assess improvements in mental health and wellbeing. The Initial Commission's work to develop a draft outcomes and monitoring framework for mental health and wellbeing is expected to elicit these perspectives.
30. Mātanga Mauri Ora also considered that strong Māori leadership is critical to the success of the Initial Commission and recommended that the majority of members should be Māori.
31. The following agencies have been consulted on the draft Terms of Reference: State Services Commission, Ministry of Pacific Peoples, Ministry of Justice, Te Puni Kōkiri, Department of Prime Minister and Cabinet (Child Wellbeing Unit), Ministry for Primary Industries, Ministry of Education, Ministry of Justice, Ministry of Social Development, New Zealand Police, Oranga Tamariki, Accident Compensation Corporation, Social Investment Agency, Department of Corrections, The Treasury, Health Promotion Agency, Health Quality and Safety Commission, Human Rights Commission, Office of the Children's Commissioner, Office of the Health and Disability Commissioner, Office of the Ombudsman, WorkSafe New Zealand and the Office of the Privacy Commissioner.

32. Targeted stakeholder feedback may be sought ahead of finalising the Terms of Reference.

Financial Implications

33. Annual funding of \$2 million for the Mental Health and Wellbeing Commission was included in the Vote Health Budget 2019 package. This funding will be used to meet the costs associated with establishing and operating the Initial Commission.

Human Rights

34. There are no human rights implications associated with this paper.

Gender Implications

35. There are gender differences in mental health and addiction outcomes and the experience of mental health and addiction issues. A Commission will have a strong focus on supporting equitable outcomes, including in relation to gender equity.

Disability Perspective

36. Disabled people have a strong interest in mental health and wellbeing issues, and the Initial Commission will work closely with disabled people.
37. The proposals in this paper will improve accountability for the government's progress improving mental health and wellbeing outcomes for people in New Zealand. They are consistent with the *New Zealand Disability Strategy 2016–2026* and international obligations, such as the United Nations Convention on the Rights of Persons with Disabilities.

Publicity

38. A press statement will be issued once appointments have been made and notified, in addition to the publication of a Notice to the House.

Proactive Release

39. I propose this Cabinet paper is released as soon as practicable after the appointment announcements, subject to redactions under the Official Information Act 1982, such as to protect the privacy of natural persons.

Recommendations

The Minister of Health recommends the Committee:

1. **note** that Cabinet has agreed to establish an independent 'Mental Health and Wellbeing Commission' to enhance cross-agency oversight, monitoring and accountability of mental health and addiction [CAB-19-MIN-0182 refers]
2. **note** that in July 2019 Cabinet agreed to initially establish an Interim Mental Health and Wellbeing Commission (the Initial Mental Health and Wellbeing Commission)

while legislation establishing the permanent Mental Health and Commission as an autonomous Crown entity progresses [CAB-19-MIN-0329.01 refers]

3. **note** the Initial Mental Health and Wellbeing Commission will be established under section 11 of the New Zealand Public Health and Disability Act 2000 to provide advice to the Minister of Health on the mental health and wellbeing of New Zealanders
4. **agree** the purpose of the Initial Mental Health and Wellbeing Commission is to:
 - 4.1. provide independent scrutiny of the Government's progress in improving New Zealand's mental health and wellbeing
 - 4.2. promote collaboration between entities that contribute to mental health and wellbeing
 - 4.3. develop advice for the permanent Mental Health and Wellbeing Commission to enable the permanent Mental Health and Wellbeing Commission to make swift progress once it has been established
5. **agree** the Initial Mental Health and Wellbeing Commission will have the following functions and deliverables:
 - 5.1. monitor progress of the Government's system transformation response to *He Ara Oranga* and provide advice on and report to the Minister of Health within one year of the Initial Mental Health and Wellbeing Commission's establishment
 - 5.2. develop a draft outcomes and monitoring framework for mental health and wellbeing that would be suitable for the permanent Mental Health and Wellbeing Commission to consider adopting
 - 5.3. identify any gaps in information required to monitor performance under the draft framework and make recommendations to the Minister of Health on how these could be filled and by whom
 - 5.4. develop a draft work programme and potential operating model for consideration by the permanent Mental Health and Wellbeing Commission
 - 5.5. provide input on the establishment of the permanent Mental Health and Wellbeing Commission including its roles and powers
 - 5.6. develop and maintain relationships with and between key government and non-government entities that contribute to mental health and wellbeing, including those monitoring or contributing information on aspects of system performance.
6. **authorise** the Minister of Health to finalise the Terms of Reference for the Initial Mental Health and Wellbeing Commission
7. **note** that the Minister of Health will consult the Chair, once appointed, on the draft Terms of Reference

8. **note** the provisional shortlist of candidates for Chair and member positions on the Initial Mental Health and Wellbeing Commission
9. **note** that I will bring a paper to the Appointments and Honours Committee on 11 September 2019 for appointment of the Chair and members to the Initial Mental Health and Wellbeing Commission
10. **award** Power to Act to the Appointments and Honours Committee in relation to appointment decisions on the Chair and members to the Initial Mental Health and Wellbeing Commission.

Authorised for lodgement

Hon Dr David Clark

Minister of Health

Appendix One: Draft Terms of Reference for the Initial Mental Health and Wellbeing Commission

Context

1. The Government has committed to establishing an independent Mental Health and Wellbeing Commission as part of its response to *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction (He Ara Oranga)*.
2. This is an important time for mental health and wellbeing in New Zealand and a pivotal opportunity for a Commission to influence better and more equitable mental health and wellbeing outcomes.
3. The new Commission will provide enduring, independent oversight of mental health and wellbeing in New Zealand. The Commission's focus spans all government and non-government contributors to mental health and wellbeing. This includes, but is not limited to, the health and disability, social welfare, housing, education, justice and workplace relations and safety sectors. It encompasses the social determinants of health like whānau ora, housing, employment, poverty, social and physical isolation, racism, the impact of colonisation, the environment, social attitudes and more.
4. The Commission will oversee the performance of the whole mental health and wellbeing system and challenge it to perform better. It will not, however, investigate the performance of specific services or investigate individual complaints.
5. To ensure its independence, the Commission will be established through the legislative process as a Crown entity. While legislation is being progressed, an Initial Mental Health and Wellbeing Commission (the Initial Commission) will undertake some, but not all, of the functions of the permanent Commission. The Initial Commission will be established under section 11 of the New Zealand Public Health and Disability Act 2000 to provide advice to the Minister of Health on the mental health and wellbeing of New Zealanders.
6. This document is a Terms of Reference approved by Cabinet. It sets out the purpose, functions and operations for the Initial Mental Health and Wellbeing Commission.

Purpose

7. The purpose of the Initial Commission is to provide independent scrutiny of the Government's progress in improving New Zealand's mental health and wellbeing, promote collaboration between entities that contribute to mental health and wellbeing, and develop advice for the permanent Mental Health and Wellbeing Commission (the permanent Commission) to enable the permanent Commission to make swift progress once it has been established.

Key functions and deliverables

8. The Initial Commission will:
 - a) monitor progress of the Government's system transformation response to *He Ara Oranga* and provide advice on and report to the Minister of Health within one year of the Initial Commission's establishment
 - b) develop a draft outcomes and monitoring framework for mental health and wellbeing that would be suitable for the permanent Commission to consider adopting

- c) identify any gaps in information required to monitor performance under the draft framework and make recommendations to the Minister of Health on how these could be filled and by whom
 - d) develop a draft work programme and potential operating model for consideration by the permanent Commission
 - e) provide input on the establishment of the permanent Commission including its roles and powers
 - f) develop and maintain relationships with and between key government and non-government entities that contribute to mental health and wellbeing, including those monitoring or contributing information on aspects of system performance.
9. The Initial Commission is not required to perform some functions that the permanent Commission will undertake, namely:
- a) monitoring and reporting publicly on the state of New Zealand's mental health and wellbeing and emerging issues beyond progress with implementing Government's response to *He Ara Oranga*
 - b) advocating for improvements to the mental health and wellbeing system beyond those that are being undertaken in response to *He Ara Oranga*.
10. The Initial Commission will not be required to investigate or advocate on individual incidents or cases. If it becomes aware of such cases requiring consideration, it will refer these to the appropriate agencies, for example, the Health and Disability Commissioner or other relevant authorities.

Approach

11. In carrying out its functions, the Initial Commission will:
- a) undertake its tasks in a manner consistent with Te Tiriti O Waitangi including by having a direct relationship with iwi, and working directly with whānau and community
 - b) ensure a wide range of perspectives inform the draft mental health and wellbeing outcomes and monitoring framework including:
 - whānau Māori
 - people with lived-experience of mental health and addiction and their families, whānau and caregivers
 - disabled people
 - Pacific peoples
 - rainbow communities
 - other groups with disproportionately poorer mental health and wellbeing outcomes.
 - c) engage with agencies that undertake oversight and monitoring functions covering aspects of mental health and wellbeing to draw on existing thinking, align outcomes and monitoring frameworks, and facilitate efficient information sharing as much as possible

- d) engage with government agencies that may need to provide data and other information to the permanent Commission to understand what is readily available and what may require future investment
 - e) coordinate with, but not duplicate, other entities with similar roles, including but not limited to the Ministry of Health, the Health and Disability Commissioner, the Office of the Ombudsman, the Office of the Privacy Commissioner, the Human Rights Commission and the Office of the Children's Commissioner
 - f) work in a way that is consistent with New Zealand's commitments under the Convention on the Rights of Persons with Disabilities, including the principle that disabled people should have full and effective participation and inclusion in society.
12. The Government expects that government departments and Crown entities will collaborate with the Initial Commission, as far as they can while upholding their legal and ethical responsibilities. They are expected to supply the information in a useful format and timely manner to the Initial Commission so the Initial Commission can carry out its functions. This includes quarterly reports from the Ministry of Health to the Initial Commission on progress in delivering its contribution to the Government's response to *He Ara Oranga*.

Independent advice and comment

- 13. The Initial Commission will provide independent advice to the Minister of Health.
- 14. The Initial Commission is expected to meet with the Minister of Health before starting its work to discuss these Terms of Reference, its intended work programme and deliverables.
- 15. The Minister of Health may request advice from the Initial Commission on specific matters and direct the Initial Commission to have regard to specific policies relating to mental health and wellbeing. The Initial Commission may also propose matters for its work programme.
- 16. The Initial Commission is expected to meet with the Minister of Health monthly (or as agreed between the Minister and Chair) to provide information as its work progresses, and act in accordance with a "no surprises" approach.
- 17. The Minister may forward information from the Initial Commission to relevant portfolio Ministers.
- 18. The reporting timeframe for the Initial Commission's report on the Government's response to *He Ara Oranga* can be extended if the Minister of Health agrees.
- 19. The Initial Commission is accountable to the Minister of Health and is expected to act consistently with the objectives and functions set out in these Terms of Reference, and, perform the functions efficiently and effectively, and consistently with the spirit of service to the public, and in collaboration with other entities where practicable.

Membership

- 20. The Initial Commission will consist of a Chairperson (the Chair) and up to four members appointed by Cabinet and accountable to the Minister of Health.
- 21. Members are required to possess the appropriate knowledge, skills, and experience to carry out their role. Members are required to be widely respected as subject matter experts or authorities in mental health and wellbeing, and have the necessary personal expertise and

ability to provide independent, strategic assessments of mental health and wellbeing issues. They will not act as advocates or representatives of a particular interest or sector group.

22. Collectively the intended members of the Initial Commission should possess the following expertise and attributes:
 - a) in-depth understanding of mental health and addiction issues, services and support
 - b) understanding, knowledge and experience in Te Ao Māori (Māori world) practices, protocols, values and beliefs and capability in te reo Māori
 - c) lived experience of mental health and addiction issues
 - d) experience in leading or influencing complex systems
 - e) an understanding of wider contributors to mental health and wellbeing such as housing, education, justice and workplace relations and safety sectors, as well as social determinants like whānau ora, housing, employment, poverty, the environment, social and physical isolation, racism, the impact of colonisation, social attitudes and more
 - f) gender, age and ethnicity balance.
23. In addition, the following are key attributes for the Chair of the Initial Commission:
 - a) experience in a public-facing role
 - b) governance experience
 - c) familiarity with machinery of government and government processes.
24. Members are responsible for declaring any real or potential conflict of interest to the Initial Commission, as soon as the conflict arises.
25. Members must ensure that they do not let advocacy of particular interests override or undermine their responsibilities or duties as members of the Initial Commission.
26. The Initial Commission is expected to work closely with the Mental Health Commissioner.

Operations

27. The Initial Commission is expected to meet regularly to carry out its functions. The scheduling of these processes will be determined by the Chair and Members subject to budgetary constraints.
28. The Initial Commission will operate on the basis of consensus and, where it is not possible to achieve a consensus, on the basis of majority vote with the Chair having the final casting vote.
29. The Chair will determine the meeting processes. Members who are unable to attend a meeting of the Initial Commission cannot be represented by a substitute or proxy.
30. The Initial Commission will be supported by a dedicated Secretariat. The role of the Secretariat is to prepare a range of resources and materials at the direction of the Initial Commission to support its work.

31. As a Ministerial Committee the Initial Commission cannot be an employer or enter into contracts. The Ministry of Health will be the managing agency for the Initial Commission and will be responsible for employing the Secretariat and contracting for work on behalf of the Initial Commission.
32. The Head of Secretariat will be appointed by the Director-General of Health in consultation with the Chair of the Initial Commission. The Head of Secretariat is accountable to the Chair of the Initial Commission for delivery of the Initial Commission's work programme and to the Director-General of Health for employment and budget matters.
33. Secretariat staff may include subject matter specialists seconded from the Ministry of Health and other relevant agencies. Secretariat staff will report to the Head of Secretariat.
34. The Director-General of Health and the Chair of the Initial Commission will meet regularly to ensure that the Initial Commission's work programme is well supported and to keep each other well informed of relevant work and issues.

Public statements

35. Only the Chair is authorised to comment publicly on matters connected with the Initial Commission, and where appropriate, the Chair will advise the Minister of Health in advance. The Chair may delegate comment to other members.

General Confidentiality Requirements

36. In order for the Initial Commission to operate effectively, members must maintain the confidence of the Initial Commission, including maintaining confidentiality of matters discussed at meetings, and any information or documents (not otherwise publicly available) provided to it.
37. Disclosure of Initial Commission business to anyone outside the Initial Commission must be on the decision of the Initial Commission or at the discretion of the Chair when the Initial Commission is unable to meet. 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

38. Members of the Initial Commission are appointed by the Minister of Health. Letters of appointment will detail the remuneration and reimbursement arrangements for the Chair and members. Fees will be paid in accordance with the Cabinet Office Fees Framework.
39. Unless a person sooner vacates their office, every appointed member of the Initial Commission will continue in office until their successor comes into office.
40. Any member of the Initial Commission may at any time resign as a member by advising the Minister of Health in writing.
41. Any serious breach of any of these terms of reference may result in the Minister of Health removing a member at the Minister's sole discretion. Serious breaches of the Terms of Reference include, but are not limited to, a breach of confidentiality, unauthorised communication with media about the Initial Commission, or a failure to declare, or appropriately manage, a conflict of interest.

42. The Minister of Health may from time to time alter or reconstitute the Initial Commission, or discharge any member or appoint new members for the purpose of decreasing or increasing the membership or filling any vacancies.

Duration of the Initial Commission

43. The Initial Commission will remain in place until 7 February 2021, unless otherwise disestablished or extended by the Minister of Health.
44. The Minister of Health may extend the duration of the Initial Commission.

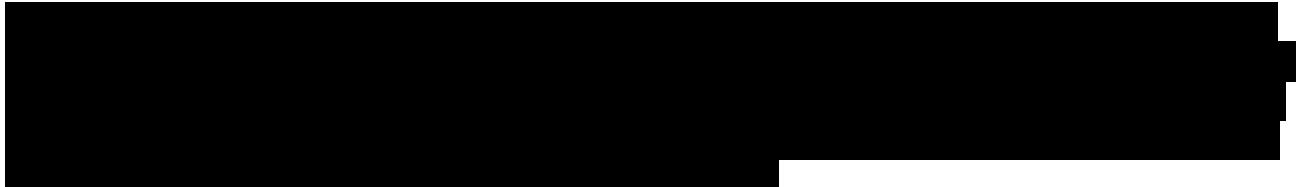
Appendix Two: Biographies for Potential Chair and Members of the Initial Mental Health and Wellbeing Commission

Mr Hayden Wano (potential Chair)

Mr Wano is of Te Atiawa, Taranaki and Ngāti Awa descent and has over 25 years' experience in senior health management. He is currently Chief Executive of Tui Ora Limited (a Māori development organisation and provider of health services).

Mr Wano has worked in the health sector for over 40 years and has experience in mental health, community and medical services, including being Director of Clinical Services with Taranaki Healthcare Limited. Mr Wano has held a wide range of governance positions, including Interim Chair of National Health Board, Chair of Taranaki District Health Board and Chair of Health Sponsorship Council. He is a Director of TSB and the Taranaki Chamber of Commerce, and recently retired from the role of Chair of TSB Community Trust. Mr Wano has a Master of Business Administration from Auckland University of Technology and participated in a Senior Executive Programme at Columbia University. In 2017, he received the Taranaki Mayoral Award for Business Excellence.

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Mr Kevin Hague

Mr Hague has been the Chief Executive of Forest & Bird, an independent New Zealand conservation organisation, since October 2016. He is also a former New Zealand Member of Parliament representing the Green Party who was first elected to parliament in 2008.

Mr Hague has held various leadership roles in business, and in the Government and community sectors. He was previously was previously Executive Director of the New Zealand AIDS Foundation and Chief Executive of the West Coast District Health Board. He has represented New Zealand at United Nations, UNESCO and Commonwealth conferences on apartheid and on AIDS.

Dr Julie Wharewera-Mika

Dr Wharewera-Mika is a Clinical Psychologist and Lead co-researcher at Manu Ārahi ~ The Flying Doctors. She has more than 20 years mental health experience, employed in various roles within the mental health sector, primarily as a clinical psychologist. She has been employed within district health board inpatient services, adult, and child and adolescent community mental health services. Her broader areas of research interest are focused on improving Māori mental health and wellbeing, mental health service delivery, support services for survivors of sexual violence and Māori mental health workforce development.

Dr Wharewera-Mika has extensive governance experience, she is the current Bicultural Director on the NZ Psychological Society Board, and a member of the National Standing Committee for Bicultural Issues.

Dr Wharewera-Mika has a Bachelor of Arts, Psychology and Māori Studies, and a Doctorate in Clinical Psychology all from the University of Auckland.

Kendall Flutey

Miss Flutey is the Co-Founder and Chief Executive Officer of Banqr, a programme that teaches children concepts around income, interest on savings, tax, property investment and insurance. Banqr is now used by more than 300 primary and intermediate classrooms nationwide.

Previous to Banqr Miss Flutey held various positions including; Co-Founder and Web Developer at Crashcam, Technical Consultant at Abletech and Residential Assistant at University of Otago. This year she won the title of Young Māori Business Leader of the Year (sponsored by Ngāi Tahu Holdings).

Miss Flutey holds a Bachelor of Commerce, majoring in accounting and economics from the University of Otago.

s 9(2)(a)

