

10 February 2022

s 9(2)(a)

By email: s 9(2)(a)  
Ref: H202117514

Tēnā koe s 9(2)(a)

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act), transferred from the Department of the Prime Minister and Cabinet to the Ministry of Health on 6 December 2021, for information regarding the Iwi Māori Partnership Boards. You specifically requested:

*Please advise how these groups were identified to be invited onto these Boards? Surely a policy paper exists that rationalises this?*

The process to identify Board members has yet to be defined. Each Board will work with Iwi, hāpori Māori, and Māori health experts to identify potential Board members. The process will be outlined in the Board establishment plan that is being developed by each of the current Boards and Iwi entities. A policy paper has been written which outlines that Iwi Māori Partnership Boards have been established in the new system intended to:

- a) exercise tino rangatiratanga as the tangata whenua partner in planning around health priorities and services at the locality level, within their rohe or coverage area;
- b) ensure the voices of whānau Māori are elevated and made visible within the health system; and
- c) embed mātauranga Māori within locality plans, which then influence national planning.

The paper also sets out the extent of their roles in localities, how their functions are supported and resourced, and their composition and constitution.

*Tamaki Makaurau (Super City District) and Te Taitokerau cover off 4 of the present DHB's. Why is Counties Manukau not included? Provide the decision paper on this and any other supporting material?*

The initial engagement regarding how the groupings should be identified suggested that we start by using the current Māori Relationship Board arrangements, alongside of Iwi and hapori Māori key stakeholders to determine the initial Iwi Māori Partnership Board groupings. In those discussions, it was identified that Counties Manukau should be separate from the rest of Tāmaki Makaurau, Te Tai Tokerau and Waikato. In our following engagements, this has been confirmed by Iwi in the Counties Manukau area and will be confirmed when legislation related to the Iwi Māori Partnership Board areas is confirmed.

Please refer to Appendix 1 of this letter for an overview of the documents identified within scope of this part of your request.

I trust this information fulfils your request.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'John Whaanga', with a stylized flourish at the end.

John Whaanga  
**Deputy Director-General**  
**Māori Health**

## Appendix 1: List of documents for release

#	Date	Document title	Decision on release
1	4 October 2021	FAQ: Funding and Resource Information for Iwi Māori Partnership Boards in the new health reforms	Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons
2	4 October 2021	Guidelines & Tools For Iwi To Establish Iwi Māori Partnership Boards (IMPBs)	

## Questions and Answers

### Funding and Resource Information for Iwi Māori Partnership Boards in the new health reforms

#### **What is the total amount of funding available to support the development and implementation of Transition and Establishment Plans until 1 July 2022?**

The Ministry of Health has an initial funding package of \$1.59 million to support the Iwi to establish new IMPBs from 1 July 2022

Additional funding may be made available by the Māori Health Authority once they are ready to make those decisions (the Board was just announced on 23 September) however at this stage we are not in a position to make any commitments.

This funding covers the period September 2021 to 30 June 2022. Our intention is to release the funds quickly and equitably, while staying within the allocated funds for this work.

#### **How do we access funds to progress our Establishment Plans?**

The MOH will fund contracted support if IMPB's need help to develop and submit their Establishment Plan. To get funding to you as quickly as possible funding will be released in two phases. Funding is available for:

- Phase 1: development of the Establishment Plan (e.g, hiring a project manager or writer) and
- Phase 2: funding for the implementation of the plan.

#### **Phase 1- \$20,000 for the development of the Establishment plan - information to release these funds is due to MOH by 15 October 2021**

The MOH will fund up to a maximum of \$20,000 for each group to complete and submit an Establishment Plan. A current DHB Māori Relationship Board cannot access funding – it must be paid through the Iwi Authority(s) who are establishing the new IMPB.

The funding provides support to contract services or someone in your organisation to complete your plan. It is your decision how you utilise the funds to develop your plan. Guidance and a planning template is available.

The MOH will send a Letter of Intent (LOI) to you requesting the following details:

- the name of the person you have nominated/hired to complete the Establishment Plan **OR** the intended recruitment process you will undertake (ie secondment, hire a contractor)

- the name of the legal entity funds will be paid to

The LOI needs to be signed by a mandated person/s who will be leading your Establishment planning process i.e. one or more of the mandated Iwi authority(s).

The MOH will release \$20k to you immediately on receipt of the completed LOI document. Once you have completed these details please send your LOI to s 9(2)(a) at the MOH by **15 October 2021**.

### **Phase 2: Establishment plan implementation – plans due by 26 November 2021**

Once we receive your Establishment Plan this will trigger the next tranche of funding which will cover your implementation costs. Those costs may include a contractor to help review or develop the Terms of Reference; engagement / hui costs with Iwi and hāpori Māori organisation members; costs for recruiting new IMPB members etc.

There is a fixed amount of funding for this financial year and we are currently in the process of working out what an equitable funding allocation model will be. We will let you know the funding formula and amount available as soon as this has been finalised.

The Establishment Plan should outline the key activities you will undertake and when these will happen. At this stage your plan does not have to contain a lot of detail although it should outline sufficient high level activities and dates that will guide your implementation process, recognising that your Establishment Plan may evolve, as the system is still being designed and some decisions are yet to be finalised. Please refer to the guidelines and templates for what each plan should contain.

Your Establishment Plan must be signed by the mandated Iwi Chair(s) within your intended IMPB boundary. Alternatively, you may have a “peak” body arrangement in place across your rohe, if this is the case it would be appropriate for those mandated people to sign the plan.

Please send your completed Plan to s 9(2)(a) at the MOH by **26 November 2021**.

**If you think you will have an issue meeting any of the due dates above please let Rawinia Mariner know.**

### **Funding after 1 July 2022**

Funding for ongoing IMPB operational costs after 1 July 2022 will be provided by the Māori Health Authority (MHA). Until the MHA Chief Executive is appointed we are unable to tell you what this figure will be, however we have budgeted for an overall budget allocation for all IMPBs from 1 July. This will include payment of fees for IMPB members according to a national schedule, and the budget for a technical team to support IMPBs (Secretariat, data analysis, policy analysis / writing, engagement).

## **OTHER QUESTIONS & ANSWERS**

### **What support can we expect from current District Health Boards (DHBs) to help us develop our IMPBs?**

While DHBs will continue to support their current DHB Māori Partnership Boards with their existing work programmes, some DHBs are providing resourcing to support the establishment process. For example, DHBs could provide data analytics to inform this work and to help prospective IMPB members to begin understanding and interpreting this type of data. Some DHBs are offering to provide training to the new IMPB members to help them understand the system better. A lot of learning can be gained from current DHB Māori health, data analytics, quality improvement and funding & planning staff about how services currently operate in your localities. Access to their knowledge through DHB presentations to the group can be beneficial. These arrangements should be negotiated at the local DHB level, possibly via the DHB's General Manager of Māori Health.

### **How do we access Training and Development for existing or planned new IMPBs?**

Once you have completed your plan and identified training and development needs, these should be documented in your Establishment Plan with a set of actions and associated costs.

Once we understand training and development needs we can identify where existing programmes or resources can be directed to support IMPB members and or where additional support can be provided for IMPB members to source your own training arrangements locally.

### **Given there will be a number of Establishment processes being undertaken by Iwi across the country at the same time, will there be an opportunity to learn from each other?**

As soon as you identify the persons/s responsible for writing your Establishment Plan the MOH and TU will start regular online forums. These will be used to provide advice and guidance, share learnings, resources, templates and tools.

As membership of this group grows, in addition to a national online forum, you may choose to establish other forums that would be useful to you. For example, you may want to share learnings across neighbouring boundaries because you experience similar challenges, or you may want to talk to others who are at similar stages of development.

This is a new process for us all so maintaining regular engagement with each other will strengthen our approach and ensure IMPBs are well positioned in the new system.

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### **Can we receive funding if we are not a Legal entity?**

Yes. But you must nominate a legal entity who will hold the funding for the Iwi as they develop their IMPB membership. The legal entity for funding cannot be an individual person and will be responsible for making payment to the persons or organisation responsible for the writing of the Establishment Plan.

It is expected that this entity will take responsibility for contractual arrangements and subsequent approval of invoices to release the funding to your chosen person/s and organisation/s writing the Establishment Plan.

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Health Transition Unit



# GUIDELINES & TOOLS FOR IWI TO ESTABLISH IWI MĀORI PARTNERSHIP BOARDs (IMPBs)

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OFFICIAL INFORMATION ACT 1982

4 October 2021

## Guidelines for Iwi establishing new Iwi Māori Partnership Boards

The following tools are designed for Iwi once the Iwi has made early decisions on the establishment of its new IMPB to operate from 1 July 2022 alongside Health NZ and the Māori Health Authority.

It is acknowledged that Iwi may choose to draw on all or some of the members of current DHB Māori Relationship Boards to appoint them to the new Iwi Māori Partnership Board.

### **Tool 1: Establishment Plan**

This plan needs to be completed to help the Iwi identify the tasks they need to perform to form their new IMPB. Ideally the Iwi will form their Board by April 2022 latest so that work can be done to recognise the Board within legislation from 1 July 2022.

The Establishment Plan, when submitted to the Ministry of Health, will also form the basis of funding to be provided to support the Iwi to carry out the tasks in their plan.

### **Tool 2: Skills and Competencies Guideline for selecting members to IMPBs**

The tools are aimed at helping to guide Iwi to discuss and select the most appropriate members of the IMPB that will function at a high-level once these Boards are established and functioning on 1 July 2022. Iwi Māori Partnership Boards (IMPB) will play an influential role in the system. With this role comes an increased workload and responsibility that will require expertise in a number of areas. This tool was developed to identify the key areas where IMPBs will need to have high expertise in the reformed health system.

## Iwi Māori Partnership Boards (IMPBs) in the future

### **Characteristics of IMPBs**

Government has already agreed to the fundamental characteristics of Iwi Māori Partnership Boards:

- (1) they will be independent, without government character. They do not report to the Crown – they are accountable to Iwi and hāpori Māori within their respective coverage areas
- (2) they will operate predominantly at the locality level of the health system but will also have a role at the regional and national level. The locality layer of the system is where tino rangatiratanga and mana motuhake are most emphasised.
- (3) they will be closely involved in locality commissioning from assessing needs of whānau, identifying priorities and monitoring service provision

### **Purposes of IMPBs**

- (1) exercise tino rangatiratanga as the tangata whenua partner with HNZ and MHA, in planning around health priorities and services at the locality level, within their rohe or coverage area.

- (2) ensure the voices of whānau Māori are elevated and made visible within the health system
- (3) embed mātauranga Māori within locality plans, which then influences regional and national planning.

**Core Functions of IMPBs** (subject to further engagement led by the Maori Health Authority and report back to Government – see IMPB FAQs)

IMPBs are involved at a strategic commissioning level in influencing priorities, outcomes, and allocation of the overall locality budget into priority areas – but are not expected to be involved in operational functions such as procuring specific individual provider contracts. In summary, the strategic commissioning role could include:

- engaging with whānau and hapū, and sharing the resulting insights and perspectives
- assessing and evaluating the current state of hauora Māori in their locality or localities; and to identify local priorities for improving hauora Māori
- working with Health NZ and the Māori Health Authority commissioners to negotiate strategic Māori health outcomes and priorities, service-level priorities, unique or significant local issues, and broader observations on wellbeing and social determinants of health in the locality
- monitoring the performance of the health system in their locality or localities, including against the locality plan
- engaging with the MHA to support its national stewardship of hauora Māori and its priorities for kaupapa Māori investment and innovation, to support a ‘ground up’ approach to oversight and investment decisions by the MHA; and
- reporting on the IMPBs activities to whānau and hāpori Māori, and other relevant partners as a measure of accountability of the IMPBs to Māori in each locality.

Legislation is expected to permit further roles for IMPBs without defining them. These would be negotiated with HNZ or MHA on an individualised basis by IMPB, as maturity and capability develop.

### **Support for IMPBs to carry out core functions from 1 July 2022**

- (1) To deliver on the above roles, it is acknowledged that Iwi-Māori Partnership Boards will need a measure of resourcing and support in addition to the membership of the board. This support includes secretariat functions, the provision of data analysis, writers and policy advice, as well as support for engagement activities to influence locality planning
- (2) The Māori Health Authority and HNZ will provide this support as well as Matauranga Māori, research, best practice or other Māori subject-matter support including support with policy advice and drafting in locality planning, if the IMPB desires it. The nature of the support will be decided once the final MHA-led engagement on IMPB roles and functions is completed and decisions made by Government.

## Ongoing engagement and support

The Transition Unit also plans to convene further rounds of engagement with Iwi and to check in on progress with implementation of Establishment Plans. This will also help us to understand any challenges or issues faced by the Iwi that need to be resolved by the Transition Unit, interim HNZ or interim MHA and Ministry of Health.

Over the next 9 months, functions of the Transition Unit may be transferred to the interim HNZ and MHA, and it is possible that support for IMPB development may be assumed by these entities from the Transition Unit. This should not affect the level of support being available to Iwi

Any question on this Guideline please contact:

s 9(2)(a) [REDACTED]

OR s 9(2)(a) [REDACTED]

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**TOOL 1: ESTABLISHMENT PLAN TEMPLATE**

Delete the italics when you complete and before you send your Establishment Plan. We anticipate that this plan should be no longer than 4-6 pages

AREA COVERED BY YOUR GROUPING: \_\_\_\_\_

<b>FOCUS AREA</b>	<b>ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021</b>	<b>ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022</b>	<b>ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022</b>
<p><b>Current Iwi partners in DHB partnerships</b></p> <p><i>Identify your approach to communications / engagement with the current Māori Relationship Board in your area working with the DHB (so that they are clear that their role will conclude by June 2022, and what process you have for creating your new Board)</i></p>	<p><i>Write in these sections the tasks you will carry out to address the issues you have considered and in which quarter you will do them, to be ready by 30 June 2022</i></p>	<p><i>What process to exit and thank those existing IMPB members who have been working with the DHB over the years?</i></p>	<p><i>What process to exit and thank those existing IMPB members who have been working with the DHB over the years?</i></p>
<p><b>Composition / constitution of IMPB</b></p> <p><i>Utilising the Skills and Competency tool (Tool 2 in this pack) identify your process you will undertake to identify</i></p>	<p><i>What process/tasks to bring on new members for the IMPB?</i></p>		

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>suitable candidates for your new IMPBs</i></p> <p><i>Acknowledging the core functions of IMPBs, will the IMPB have the right skill mix and competencies? ENSURE mandate from the Iwi Māori Authorities in the area to ensure the members on the IMPB have authority to act on their behalf in the new system.</i></p>			
<p><b>Reflecting Iwi and Hāpori Māori</b></p> <p><i>Does the composition of the IMPB include Iwi and representation of your local Hāpori Māori? What process is used to appoint and replace members? Iwi may choose to select people based on skills and expertise rather than an Iwi delegate from the Iwi Authority. This is their choice to do so</i></p>			

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><b>IMPB Terms of Reference</b></p> <p><i>Plan to develop a TOR so that the new IMPB rules are set out and ready for operating alongside HNZ and the MHA. What is the name of the new IMPB?</i></p> <p><i>Define the boundaries (map appended is fine). TOR needs to cover name, membership (who, how appointed, replaced), mandates, numbers, roles, meeting protocols, Chairing meeting, frequency of meetings, conflict resolution, method of reporting back to Iwi / hapu etc.</i></p> <p><i>NB: Final roles and functions to be determined after MHA-led engagement process and government decisions.</i></p>			
<p><b>Training and development</b></p> <p><i>Identify training needs desired by Iwi for themselves or for the</i></p>			

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>new IMPB members to prepare for new environment. What knowledge, information, training might the DHB provide to support new IMPB members to learn more about the system in the meantime?</i></p> <p><i>What information would help any members feel confident they understand the system and the transformational changes before they formally take up the role?</i></p>			
<p><b>Preparing to undertake Core Functions</b></p> <p><i>What work does the Iwi or new IMPB want to do over the 9-month period (and beyond) on the core functions (1) and (2) in order to inform &amp; develop the Hauora Māori Wellness Priorities? This is not ESSENTIAL to do any of this work before 1 July – some IMPBs have stated that they</i></p>			

FOCUS AREA	ACTIVITY TO BE CARRIED OUT BY 31 DEC 2021	ACTIVITY TO BE CARRIED OUT BY 31 MARCH 2022	ACTIVITY TO BE CARRIED OUT BY 30 JUNE 2022
<p><i>MAY start this work in 2021-2022. If you choose NOT to do this – leave this section blank</i></p> <ul style="list-style-type: none"> <li>- <i>Whānau Engagement and Locality Assessment</i></li> <li>- <i>Determining Locality priorities. Are there locations the Iwi / IMPB needs to study further? Are there areas where whānau voice hasn't been gathered? Are there communities with significant issues?</i></li> <li>- <i>Does the Iwi need to request and review data from the DHB and other sources to help inform their new IMPB members?</i></li> </ul>			
<p><u>Other Possible Functions</u></p> <p>The Māori Health Authority has been asked to provide further advice to Government on roles and functions of IMPBs for consideration. Please discuss and comment here on:</p> <ol style="list-style-type: none"> <li>a) Your views on the current planned functions for IMPBs – are they clear? Sufficient?</li> <li>b) Your views on <u>other</u> potential functions that IMPBs would be interested in. This will help to shape further advice to Government.</li> </ol>			

Submitted by the Iwi working group for the new \_\_\_\_\_ IMPB who has delegated the person named below the authority to submit this Establishment Plan to request funds to implement this plan.

Signed: \_\_\_\_\_

Name(s) who signed: \_\_\_\_\_

Nominated Legal Entity for payment: *Name, address, phone and contact person*

Email this completed document to:

s 9(2)(a) \_\_\_\_\_ and s 9(2)(a) \_\_\_\_\_

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## TOOL 2: SKILLS AND COMPETENCY GUIDELINE FOR IWI TO SELECT DELEGATES TO THEIR NEW IMPB

*May be further defined following MHA-led engagement on final roles and functions for IMPBs*

Capacity elements	Desired skills and capability on the IMPB
<b>1. Tikanga and Te Ao Māori</b>	
1.1: Understanding of basic tikanga Māori	The Board as a whole will have a strong level of understanding and capability in tikanga Māori, and how it applies across the Iwi / mana whenua within the coverage area.
1.2: Lived experience of te ao Māori	The Board will have a comprehensive understanding of the lived experience of Māori; the Board confidently represents the views and experiences of whānau and Māori.
<b>2. Iwi Māori Partnership Board foundations</b>	
2.1: Clear overall understanding of roles and responsibilities in relation to Health NZ and the Māori Health Authority in the future system	The Board has a comprehensive understanding of its role in the reformed health system and to its community; Board understands how it will use its powers and levers to develop meaningful outcomes for whānau and communities.
2.2: Documented roles and protocols	Members understand their roles and protocols and how to perform them; they have a Terms of Reference that clarifies all roles and protocols of the Board; they possess a Conflicts of Interest policy
2.3 Board has strong experience and capability in governance and partnering with Government and others	Members have a comprehensive understanding of its role of requirements of good governance, and understanding of its potential accountabilities as a governing body
<b>3. Ability to lead or contribute to current state assessment of whānau &amp; hāpori Māori needs and aspirations across the coverage area of the IMPB</b>	
3.1 Community and whānau engagement strategy	Members are competent in leading processes established for regular engagement with the community (and has ability to do this work regularly each year over a long period of time).
3.2 Presence in local community(s) in the coverage area	Members and the Board will be widely known amongst the community and perceived as actively engaged and highly responsive to the needs of the community
3.3 Gather and consolidate Iwi Māori aspirations to reflect Iwi Māori priorities within the rohe	The member's links with local Iwi are highly developed and strongly linked. The Board is fully aware of and understands Iwi aspirations for Pae Ora, and their expectations of the Board as an advocate for Iwi aspirations in health

Capacity elements	Desired skills and capability on the IMPB
3.4 Ability to access and review quantitative data and identify trends and opportunities (data from DHB/HNZ, MOH, Public Health etc)	The Board as a whole has well developed and strong capability or experience in being able to receive, review and consider a range of quantitative data / statistics to determine issues and opportunities for hāpori Māori & whānau
3.5 Ability and experience in reviewing qualitative data and reports and to identify trends and opportunities (e.g. Māori research reports, Iwi reports)	The Board as a whole is highly experienced and capable at being able to receive, review and consider a range of qualitative data / research reports / literature on Māori health in its coverage area, to determine issues and opportunities for hāpori Māori & whānau
3.6 Board has developed strong relationships with providers (Māori and mainstream) in the coverage area, to gather information from them about whānau needs and aspirations that they see, experience and respond to	The Board will have strong and well-developed relationships and visibility among Kaupapa Māori and non-Māori service providers in the coverage area – where it can source information on whānau health needs and aspirations. These relationships are sustained through regular forums, engagement and/or communications.
3.7 Have developed or established partnerships or relationships with other sectors, agencies and local authorities to receive information about whānau needs, aspirations, state of environmental wellbeing & opportunities	The Board as a whole has very strong established relationships and visibility among other sectors / agencies within the coverage area – where it can source information on whānau health needs and aspirations and seek joint opportunities for collaboration to address whānau needs and environmental wellbeing. There are several examples of joint initiatives and collaborations.
3.8 Capability to consolidate all of the above information into a cohesive documented assessment of whānau, hapu, Iwi and hāpori Māori needs across the coverage area	The Board will produce local needs assessment reports from an Iwi-Māori perspective, that identifies whānau, hapu, Iwi and hāpori Maori needs and aspirations across the coverage area
<b>4. Financial management and accountabilities</b> In the future, IMPBs will need to review financial budgets and information within Locality Plans to assess appropriateness of budget allocations to priorities	
4.1 Financial acumen	Strong confidence in financial decision-making and reviewing financial analyses and budgets
<b>5. Communications and Information Technology</b> IMPB meetings may be frequently online, with paperless meetings. IMPB members need to be able to communicate effectively online. This may include liaising with other IMPBs nationally	
5.1 Information technology	All members of the Board can confidently use technology; technology is often used in day-to-day activity.

Capacity elements	Desired skills and capability on the IMPB
5.2 Communications technology (capability for virtual / online meetings locally, regionally, nationally)	All members of the Board can confidently use communications technology.
<b>6. Understanding the anticipated Health New Zealand relationship</b>	
7.1 Clear understanding of the anticipated future relationship with Health NZ	Members have ability to develop an understanding of what its working relationship with the future Health NZ might look like from an IMPB perspective.
<b>7. Understanding the anticipated Māori Health Authority relationship</b>	
8.1: Clear understanding of the anticipated future relationship with the Māori Health Authority	The members will have a clear understanding of what its working relationship with the future Māori Health Authority might look like from an IMPB perspective.

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