Section A: Overview and context / Tirohanga whānui me te horopaki

1 Background / He whakamārama

Terms of reference

The Health and Disability System Review's terms of reference encompass the overall health and disability system as set out in legislation.

The terms of reference require the Review, by March 2020, to deliver final recommendations to the Government on a future health and disability system that is sustainable, is well placed to respond to future needs of all New Zealanders, and shifts the balance from treatment of illness towards health and wellbeing.

The Panel will recommend how the system could be designed to:

- achieve better health and wellbeing outcomes for all
- ensure improvements in health outcomes of Māori
- ensure improvements in health outcomes of other population groups
- reduce barriers to access to health and disability services to achieve equitable outcomes for all parts of the population
- improve the quality, effectiveness, and efficiency of the health and disability system, including institutional, funding, and governance arrangements

Outside the scope of the Review are:

- the Accident Compensation Scheme (although the relationship between the health and disability system and the compensation scheme is in scope)
- the Pharmaceutical Management Agency (PHARMAC) (although the relationship between the health and disability system and PHARMAC is in scope)
- private health insurance (although its interaction with demographic drivers of health care need is in scope)
- the MidCentral Prototype (for disability service delivery) that is under way (although lessons from this work will be considered when the Review's recommendations are developed).

The full terms of reference are in Appendix A.

Expert review panel and advisory group

The Minister of Health appointed Heather Simpson to chair the Review and lead an Expert Panel to identify opportunities to improve the performance, structure and sustainability of the health and disability system with a goal of achieving equity of outcomes and contributing to wellness for all, particularly Māori and Pacific peoples.

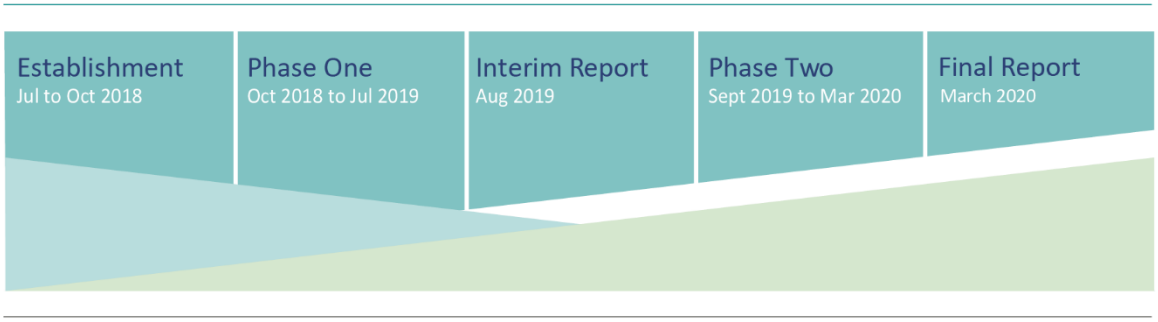
Expert review panel	
▸ Heather Simpson (Chair)	▸ Dr Lloyd McCann
▸ Dr Winfield Bennett	▸ Sir Brian Roche
▸ Shelley Campbell	▸ Dr Margaret Southwick
▸ Professor Peter Crampton	

The Panel appointed a Māori expert advisory group (MEAG)to support the Review and to help ensure that the advice it provides appropriately incorporates te Ao Māori, including hauora (health and wellbeing) and mātauranga Māori (knowledge) in order to improve Māori health outcomes, equity, and wellbeing. The MEAG and Review were supported by a kaumautua, Rangi McLean.

Māori expert advisory group	
▸ Sharon Shea (Chair)	▸ Associate Professor Sue Crengle
▸ Dr Dale Bramley	▸ Takutai Moana Natasha Kemp
▸ Associate Professor Terryann Clark	▸ Linda Ngata

Developing our final recommendations: Phase Two and the Final Report

The Review was conducted in two phases.



Phase One enabled the Review to establish a clear view of current arrangements and inform its thinking about potential system-level changes.

The Interim Report, published in August 2019, signalled the culmination of Phase One and reflected what the Review heard regarding successes and challenges within the current health and disability system and provided an analysis of some of the issues and the Review's thinking on the direction of changes required.

Phase Two continued the stakeholder engagement and focused on developing recommendations for the key changes that can best move the health and disability system towards more sustainable and equitable performance. Accordingly, the analysis and recommendations have not focused on specific initiatives, but rather on changes that have the potential to leverage the strengths of the current system to learn and evolve over the next ten years.

The recommendations set out in this Report, including the implementation pathway, are now the remit of Government to determine what happens next.

Reading the Final Report

The Final Report is intended to be read as a standalone document. However, there is additional detail in the Interim Report that has not been repeated here. The structure of both reports is the same to facilitate reading both as companion documents.

Given the breadth of the Review, it is challenging to bring this together in a succinct document. The Executive Summary provides a high-level view of how the health and disability system should operate in the future and the key recommendations for Government to consider. More detail on the challenges, analysis and recommendations for change are presented in each of the sections outlined below.

2 People and communities / Ngā tāngata me ngā hapori

The next 20 years will bring sizeable shifts to New Zealand's population in terms of age, ethnicity, and geographic spread. Environmental, social, technological, and cultural changes also will provide both opportunities and pressures on the sustainability and efficiency of the health and disability system.

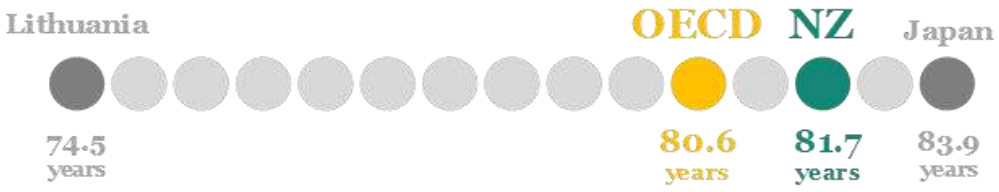
New Zealanders told the Review that their health and wellbeing is important and needs to be prioritised and protected[1]. Many wanted the system to be more accountable and transparent, and to be heard, seen, listened to, and treated fairly.

Consideration of changes to the health and disability system to effectively address inequities and improve health outcomes requires us to have a good understanding of population characteristics both now and in the future.

As a whole, New Zealanders are living longer and healthier lives, with high levels of self-rated health and wellbeing and good access to acute and emergency care.

A dedicated health and disability workforce delivers services each day to thousands of individuals and their whānau across an extensive hospital, community and home-based network. Compared with the OECD, New Zealand's expenditure on health as a proportion of gross domestic product is in the mid-range, but key outcomes, such as life expectancy at birth, are above average.

Figure 2.1: Life expectancy at birth



Source: OECD/World Health Organization 2018

However, the health and disability system is under pressure and does not cater well for all. Despite progress, outcomes are not equitable across populations and life course, particularly for Māori, Pacific peoples, disabled people and people experiencing poverty. Rural New Zealanders also need sustainable and equitable access to health and disability services.

Focusing on what New Zealanders value to improve their health and wellbeing remains critical including the quality, diversity, transparency and the timeliness of the health and disability system.

The people of Aotearoa New Zealand

The statistics and background information set out in the Interim Report remain valid and are not repeated here in full. Rather, some tables have been included to describe the population and communities context in which the Review's final recommendations are set.

Diverse populations

Aotearoa New Zealand is a diverse society. It has a large indigenous Māori population and other cultures, including significant Pacific and Asian populations, with the majority New Zealand European/Pākehā.

The characteristics of New Zealand's ethnic populations vary significantly (refer Table 2.1).

- As the indigenous population, Māori are highly connected through whakapapa and the wellbeing of individuals is strongly associated with the wellbeing of whānau. Their ability to access and participate in te Ao Māori (Māori world view) and their familial and cultural connections provide a strong and enduring sense of identity and are prerequisites to good health.[2]
- Pacific peoples are a young and diverse population made up of cultures from the many different Pacific Islands. There are more than 40 Pacific ethnic groups in New Zealand, with the eight largest populations being Samoan, Cook Island Māori, Tongan, Niuean, Fijian, Tokelauan, Tuvaluan and Kiribati.[3] Pacific peoples share cultural values such as the central place of family, collectivism and communitarianism, the importance of spirituality, reciprocity and respect.
- The Asian population is very broad, comprising ethnic groups from Afghanistan to Japan. Despite this diversity, Asian New Zealanders share common values, such as those based on family, education, and community ties.[4] They also share the experience of negotiating between traditional values and those of the dominant Pākehā culture.[5]
- New Zealand Europeans/Pākehā are people of European ethnicity. The median age for New Zealand Europeans is 40.5 years, almost 20 years older than Pacific peoples. The New Zealand European population aged over 85 years is four to eight times higher than other population groups.

Table 2.1: Distribution of New Zealand's population, 2018

	NZ European	Māori	Asian	Pacific	MELAA
Population	3,489,100	765,900	749,900	389,700	77,500
Median Age	40.5	24.3	30.6	22.3	28.5
Percent of population					
Total population	72%	16%	15%	8%	2%
Under 25 years	32%	51%	34%	53%	41%
Over 85 years	2.3%	0.4%	0.5%	0.3%	0.4%
Identified as disabled	25%	26%	13%	19%	28%
Living in high socioeconomic deprivation	13%	40%	18%	54%	23%
Living in rural areas	15%	15%	2%	2%	4%

Source: Stats NZ, population projections, disability survey 2013, Census 2013.
Note: MELAA = Middle Eastern, Latin American and African.

In addition:

- A quarter of New Zealanders live with one or more disabilities. Māori have significantly higher rates of disability over all age groups. Eleven percent of children are living with disabilities (14% of Māori children), 21% of young and working age people (32% of Māori young and working age), and 59% of seniors (62% of Māori seniors). The number of New Zealanders living with disability is increasing. The range of impairments is diverse, and the impacts on people can vary substantially.
- New Zealand is becoming more religiously diverse. Other than Christian groups, other religious groups include Hindu, Buddhist, Muslim, Sikh and Jewish. Non-Christian religious groups have increased from 4% of the population in 2001 to around 6% (2013). Around 40% of the Asian population affiliate with a religion other than Christianity.
- New Zealand's mental health challenges and suicide rates remain high, recognised by the Government's recent acceptance of many recommendations from the Government Inquiry into Mental Health and Addiction.[6] Suicide rates remain higher for males than females, for Māori than non-Māori, and for people in rural areas than in urban areas.[7] Patterns of use for both inpatient and community mental health specialist services show higher rates for Māori, Pacific peoples, recently released prisoners, young people (13–24 years), and people who identify as LGBTQIA+.[8]

If New Zealand is to address the inequities that currently exist in health outcomes, the health and disability system needs to recognise, design and deliver services to meet the differing cultural beliefs and world views of its diverse populations.

Changes to population and communities

New Zealand's population is projected to grow by 1 million people over the next 20 years.

Table 2.2: Distribution of New Zealand's population, 2038

	2018		2038		Change	
NZ European	3,489,100	72%	3,781,400	66%	292,300	8%
Māori	765,900	16%	1,059,400	18%	293,500	38%
Asian	749,900	15%	1,272,200	22%	522,300	70%
Pacific	389,700	8%	590,200	10%	200,500	51%
MELAA	77,500	2%	171,400	3%	93,900	121%
0-24	1,613,100	33%	1,669,500	29%	56,400	3%
25-44	1,284,600	26%	1,467,400	25%	182,800	14%
45-64	1,219,200	25%	1,329,300	23%	110,100	9%
65-84	661,000	14%	1,089,300	19%	428,300	65%
85+	86,800	2%	214,100	4%	127,300	147%
Total	4,864,700		5,769,600		904,900	19%

Source: Stats NZ, population projections.
Note: MELAA = Middle Eastern, Latin American, and African

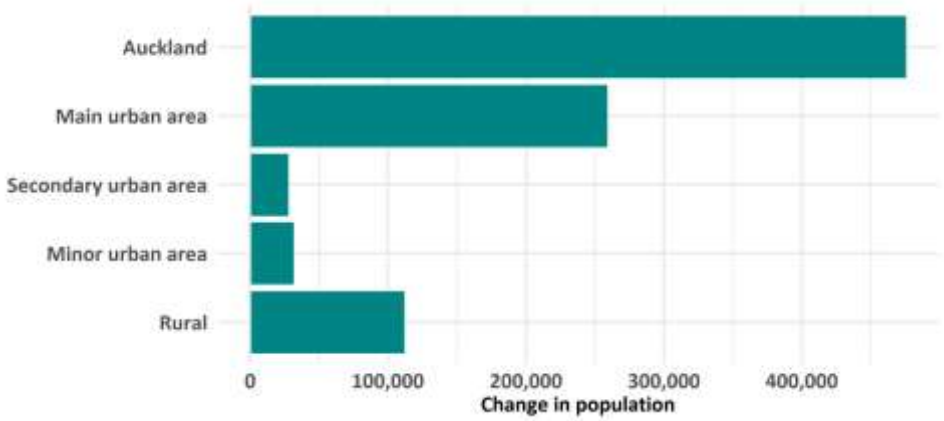
Over half of this population increase will identify with Asian ethnicities. The median age of all ethnicities will increase with the number of people aged over 85 more than doubling.

This changing age profile will mean that:

- there will be a significant increase in the 'working age dependency ratio', from 55 dependents to 100 people of working age in 2018, to 65 dependents to 100 people of working age in 2038. However, projections from Stats NZ assume more people will stay in paid work past the age of 65, making the increase in the dependency ratio smaller
- there will be increasing demand for health and disability services as use and complexity increases with age, and increasing prevalence of impairments and comorbidities.

Changes are also forecast in the distribution of where people live and work. Although around half of the population increase over the next 20 years will be in Auckland (increasing Auckland's population by 23%), rural areas are projected to grow slightly faster than main urban areas at 14% (an increase of 100,000).

Figure 2.2: Projected increase in population by area, 2018 to 2038



Source: Stats NZ, population projections.

Demographic growth and ageing will contribute to an increase in demand for health and disability services throughout the country. This will be felt most acutely in Auckland where the forecast population growth over the next 20 years is larger than the current population of 16 of the 20 DHBs.

Socioeconomic deprivation and geographic differences

By population size, New Zealand Europeans are the largest ethnic group (around 454,000 people) living in the highest quintile of socioeconomic deprivation. Some population groups are significantly more likely to live in high deprivation areas. This includes:

- 40% of Māori (around 306,000 people)
- More than half of the Pacific population (around 210,000 people)

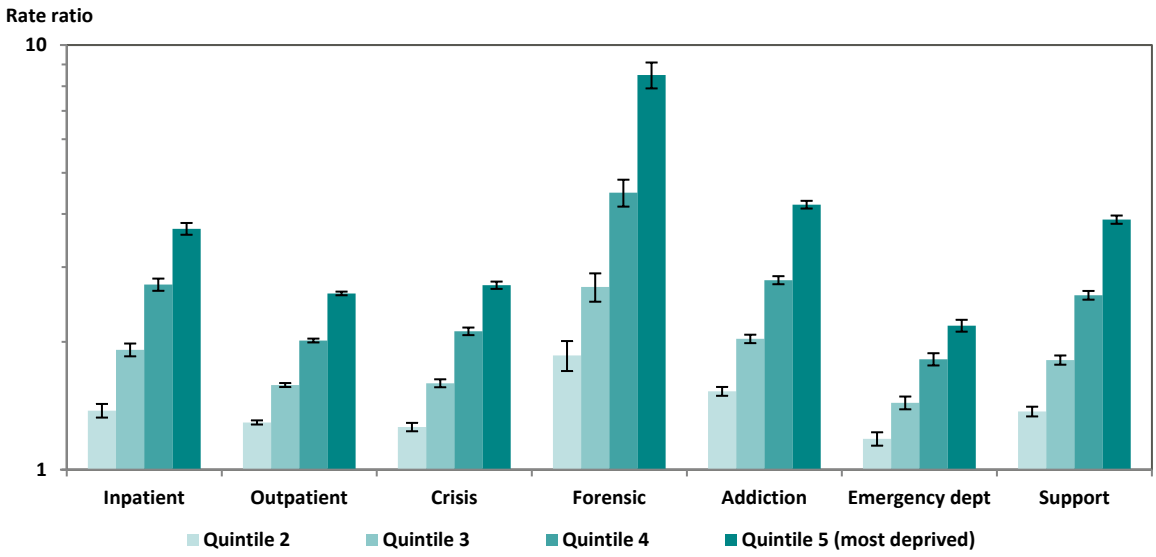
The North Island and some regions in particular have significantly higher rates of socioeconomic deprivation than others. Over a third of the population in Northland and nearly half of the population in Tairāwhiti live in the highest quintile of socioeconomic deprivation.

There are also large numbers of people living in socioeconomic deprivation in Auckland, including:

- Almost all of south Auckland is in the two highest quintiles with large areas in the highest quintile.
- Significant parts of west Auckland also have high socioeconomic deprivation, and there are small pockets of high deprivation in central Auckland and the North Shore.

The compounding effects of socioeconomic deprivation on health outcomes are well researched.[9] For example, people living in more socioeconomically deprived areas are 2.5 times more likely to experience psychological distress than those in less deprived areas (adjusting for age, sex and ethnicity).[10] The rates of mental health service use are also significantly higher among those from high socioeconomic deprivation quintiles.[11] Interactions between ethnicity, socioeconomic deprivation, age, disability, and geographic location exacerbate inequitable outcomes and access to healthcare.

Figure 2.3: Rate ratio for mental health service use by deprivation quintile, 2018

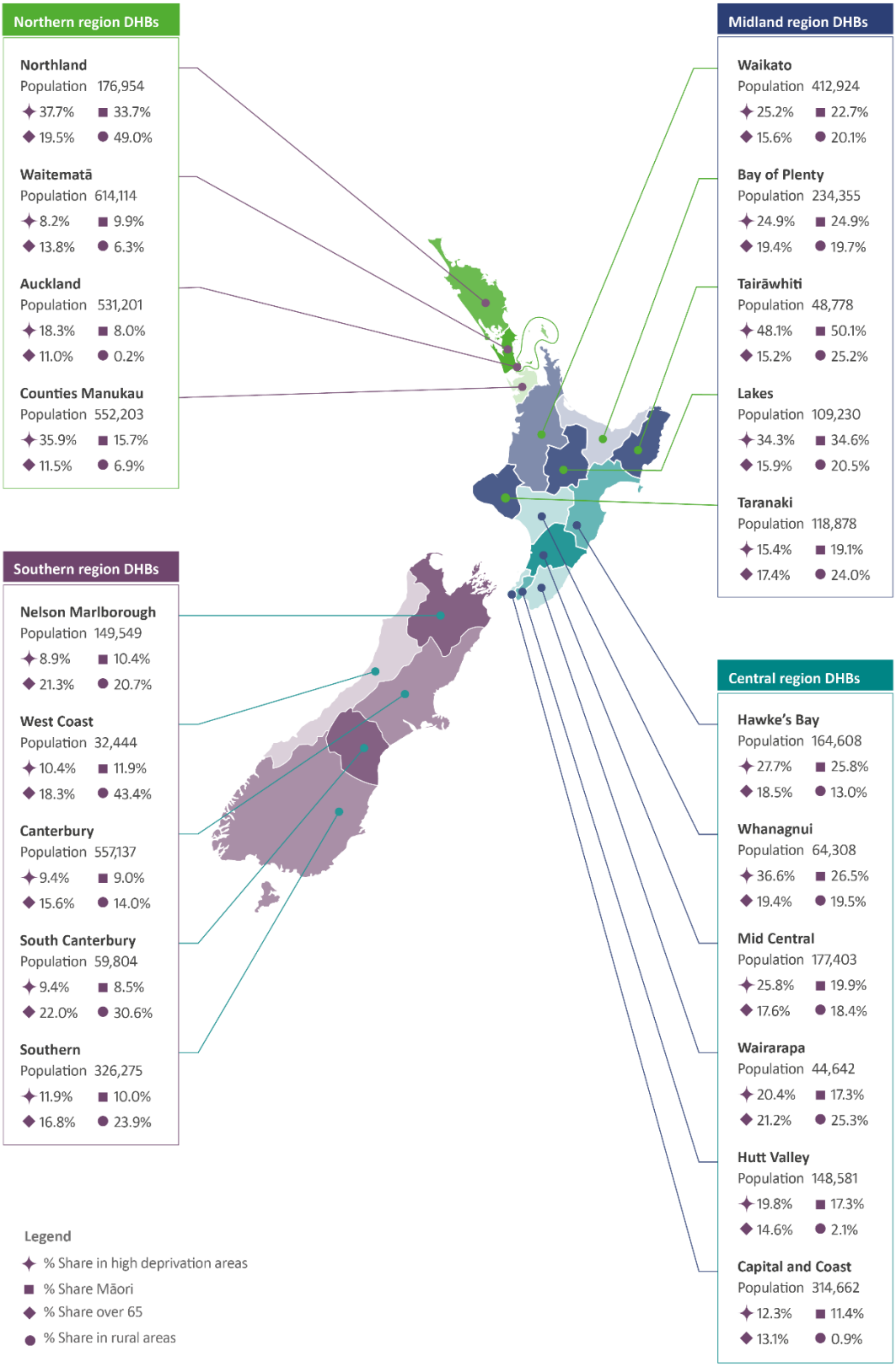


Source: S Gibb and R Cunningham. 2018. Mental Health and Addiction in Aotearoa New Zealand: Recent trends in service use, unmet need, and information gaps. Mental Health and Addiction Inquiry. https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/Otago-mental-health.pdf

DHB populations vary significantly

The characteristics of DHB populations vary significantly by scale, density of population, ethnicity, age profile and deprivation, as outlined in Figure 2.4. Across DHBs, there is a correlation between deprivation and poor health status.

Figure 2.4: Deprivation and geographic differences



Health loss and health outcomes

A comparison of life expectancy, mortality and risk factors by ethnicity are set out in Table 2.3 below.

Table 2.3: Comparison of life expectancy, mortality, and risk factors by ethnicity

Notes	Category	Date	Māori	Pacific	Non-Māori non-Pacific	New Zealand
	Life expectancy					
	Life expectancy	2015–17	75.6	76.5	82.8	81.7
	Life expectancy gap	2015–17	7.2	6.3	-	-
	Gap attributable to potentially avoidable causes of death (male)	2013–15	5.0	3.4	-	-
	Gap attributable to potentially avoidable causes of death (female)	2013–15	4.4	3.3	-	-
	Mortality					
1, 3	Mortality rate per 100,000 population	2017	631.3	619.5	339.3	378.6
3	% of deaths potentially avoidable	2013–15	53.0%	47.3%	23.2%	27.3%
1, 3	Amenable mortality rate per 100,000 population*	2015	188.8	179.9	74.7	90.8
1, 3	Cardiovascular disease mortality rate per 100,000 population*	2015	200.8	185.6	99.5	111.1
1, 3	Cancer mortality rate per 100,000 population*	2015	200.9	168.5	113.9	123.5
1, 2	Infant mortality rate per 1,000 live births*	2018	4.7	-	3.3	3.7
1, 3	Suicide rate per 100,000 population*	2013–15	15.9	7.9	9.8	10.9
	Hospitalisations					
1	Ambulatory sensitive hospitalisations (0–4 years) per 100,000 population*	2018	8,503	12,658	5,519	6,948
1	Ambulatory sensitive hospitalisations (45–64 years) per 100,000 population*	2018	7,794	8,966	3,101	3,916
1	Acute hospital bed days per 1,000 population*	2018	574.1	700.5	341.8	385
	Risk factors					
4	% adults who are daily smokers	2017/18	31.2%	20.0%	11.7%	13.1%
5	% adults who are current smokers	2017/18	33.5%	22.9%	13.5%	14.9%
6	% adults obese	2017/18	47.5%	65.0%	30.7%	32.2%
7	% children obese	2017/18	16.9%	30.0%	9.8%	12.4%

Notes

1 Rate age standardised except for ambulatory sensitive hospitalisations and infant mortality.
2 Non-Māori non-Pacific includes Pacific in this instance.
3 Mortality rates use year death registered.
4 Non-Māori non-Pacific (excludes Asian) – Asian is 6.5%.
5 Non-Māori non-Pacific (excludes Asian) - Asian is 7.8%.
6 Non-Māori non-Pacific (excludes Asian) – Asian is 15.1%.
7 Non-Māori non-Pacific (excludes Asian) – Asian is 7.0%.

Source: New Zealand Mortality Collection; M Walsh and Grey, C. 2019. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand: A decomposition analysis. *New Zealand Medical Journal* 132(1,492): 46–60; Statistics NZ (Infoshare); Ministry of Health (National Minimum Dataset and New Zealand Health Survey).

The six leading health risk factors in 2016 that contributed to mortality and health loss were tobacco use, dietary risks, high body mass index, high blood pressure, high fasting glucose, and alcohol use.[12] As has been signalled in recent reviews and inquiries, New Zealanders' mental health outcomes are also of particular concern.[13]

Māori health outcomes

Clear disparities in health outcomes exist for Māori. Life expectancy remains one key indicator. On average, Māori live seven years less than non-Māori non-Pacific people, of which 4.4 years for females and 5.0 years for males was potentially avoidable (see Table 2.3).

For Māori, inequities of health span the life course.[14] Health equity for Māori is substantially influenced by the unequal distribution of the socioeconomic determinants of health. However, healthcare services do have a significant role to play. For Māori, there is evidence that inadequate access to services, poorer quality of care, and a failure of health services to improve outcomes for Māori can and do lead to inequities in health outcomes.

Pacific health outcomes

There are long-standing inequities in health outcomes between Pacific and non-Māori non-Pacific people in New Zealand.[15, 16, 17] Inequities include shorter life expectancy, a higher amenable mortality rate, multimorbidity, and a higher rate of death from cancer compared with non-Māori non-Pacific people.[18] Pacific peoples are disproportionately affected by intergenerational poverty, and are more likely to reside in high deprivation areas, live in crowded households, be unemployed, and have a lower median income than non-Māori non Pacific people.

Table 2.3 shows that Pacific peoples live six years less than non-Māori non Pacific people, of which 3.3 years for females and 3.4 years for males was potentially avoidable.

Health outcomes for disabled people

Disabled New Zealanders report lower life satisfaction on average, being more likely to live in low-income households, and having poorer outcomes across health, economic and social indicators.[19] Disabled people aged 15-64 years are half as likely to be employed compared to non-disabled people of the same age.[20] Disabled children are more likely to be in households that have low incomes and that report having just enough or not enough money.[21]

Rural health outcomes

While data is limited, indications are that people living in rural towns can have poorer health outcomes, including lower life expectancy, than people living in cities or surrounding rural areas, an effect that is accentuated for rural Māori and disabled people.[22] Mental health challenges and access to health and support services in rural areas remain a priority.

Addressing the equity challenge

The Interim Report noted that the urgency for making improvements to outcomes for Māori, Pacific peoples, and low-income and rural households requires:[23]

- ensuring the principles of te Tiriti o Waitangi are incorporated and mātauranga Māori is embedded throughout. Priority should be given to designing services for these communities, rather than simply making system-wide changes in the hope that the benefits trickle down.
- focusing on child and maternal wellbeing to ensure more equitable outcomes for the next generation of Māori and Pacific children. The first 1,000 days of a child's life is a critical time for development and sets the stage for physical and mental wellbeing throughout life
- the long talked about move to give more emphasis to preventive care and the promotion of wellness needs to become a reality. This would require more multidisciplinary services and a reduced dependence on models that focus on throughput.

Change is also required to ensure:

- disability is no longer treated as an exception or managed separately. The increasing number of disabled people have the right to expect equitable outcomes from the system and the system should ensure services strive to achieve that
- services are designed to be effective for frail older people and the increasing number of people living with complex long-term conditions.

Service delivery will also need to change:

- Health services need to be planned more strategically, with more meaningful engagement with communities and better connections to other agencies with responsibilities that impact the socioeconomic and cultural determinants of health.
- Workforce strategies need to be strengthened to ensure the future workforce better reflects the community it serves and has the skills necessary to operate effectively under different models of care.

3 Hauora Māori / Māori Health

Hāpaitia te ara tika pūmau ai te rangatiratanga mo ngā uri whakatupu.

Foster the pathway of knowledge to strength, independence, and growth for future generations.

Improving equity and wellbeing for Māori requires immediate improvements in the way the system delivers for Māori, a growth in the range and distribution of kaupapa Māori services and providers, and enhancements to rangatiratanga and mana motuhake. The most visible sign of the latter will be the establishment of a Māori Health Authority with direct accountability to the Minister of Health for all advice, monitoring and reporting with respect to Māori health.

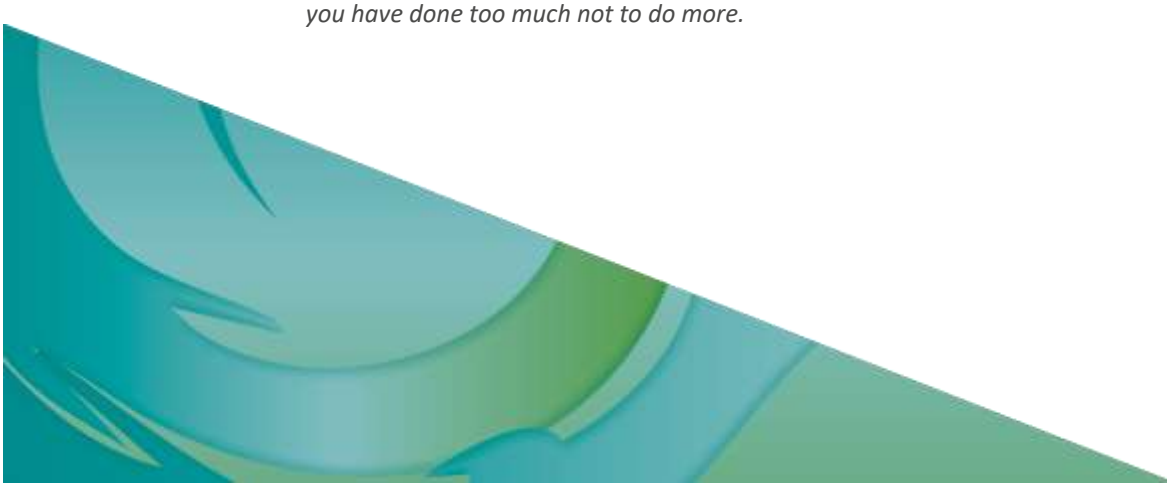
All recommendations proposed by the review are designed to improve the effectiveness and the equity of outcomes for Māori, but this chapter has focused on the structural and cultural shifts necessary.

The Interim Report examined in detail the evidence of the inequities and poor outcomes for hauora Māori, the causes contributing to these inequities and noted several directions for change.

To transform hauora Māori from one of our country's greatest health risks to one of our greatest achievements, the future health and disability system needs to look, act and work differently to make a positive difference in the lives of iwi, hapū and Māori whānau in Aotearoa New Zealand. As Ta Himi Henare (Sir James Henare), Ngati Hine stated:

Kua tawhiti kē to haerenga mai, kia kore e haere tonu.
He nui rawa o mahi, kia kore e mahi tonu.

You have come too far not to go further,
you have done too much not to do more.



The Review agrees that the future integrated health and disability system for Aotearoa New Zealand requires progressive thinking to realise Māori success. It has identified areas of urgent concern and changes that are critical. The Review recommends:

- incorporating te Tiriti o Waitangi principles across the system and updating legislation accordingly
- establishing a Māori Health Authority (provisional name only)
- reflecting te Tiriti partnership in governance structures
- investing in kaupapa Māori services
- embedding Māori knowledge and worldview perspectives across the system.

The Review also recommends an increased emphasis on health equity and quality improvement performance for hauora Māori. This requires updating the equity clauses in legislation; addressing racism and discrimination, inclusive of improving cultural safety and competence; growing and investing in the future Māori health workforce and providers and increasing Māori-specific funding.

The Review believes that Māori equity will be enhanced through accountability of the entire health and disability system to address equity issues at all levels. The Review recognises that systemic inequity cannot be addressed through piecemeal initiatives alone. This entire report is aimed at addressing inequity and it will be important that the issues are addressed from all angles.

Te Hauora Māori ki Tua / Future of hauora Māori

> ***He rangi tā matawhāiti, he rangi tā matawhānui.***
>
> *A person with a narrow vision has a restricted horizon, a person with wide vision has plentiful opportunities.*

Pae ora: healthy futures is the Government's vision for Māori health. It provides a platform for Māori to live with good health and wellbeing in an environment that supports a good quality of life.[24]

The Review heard from the Māori Expert Advisory Group (MEAG), wānanga participants and other stakeholders that iwi, hapū, and whānau want a system that is more aspirational and inspirational.

The Review was urged to propose a system that saw beyond 'just equity'.

MEAG's advice on Māori aspiration (see Appendix B for the full statement).

- Whānau are living healthy and thriving lives, as Māori and as valued citizens of New Zealand. Māori enjoy equity of access, quality of care and outcomes. This is the norm for New Zealand.
- All health services will be viewed by whānau as agile, barrierless, and an easy pathway to improved health and greater wellbeing.
- New Zealand's health workforce is envied globally for its inclusive and partnered delivery culture. New Zealand has a system that is free of racism and is dominated by culturally safe and competent delivery practices.
- The system has strong and interconnected partnerships with others that are engaged in addressing the social determinants of health.

As a first step, the Review believes the health and disability system must create opportunities for Māori to exercise their rangatiratanga, mana motuhake, and whānau rangatiratanga.

Pae ora encourages everyone in the health and disability sector to work collaboratively, to think beyond narrow definitions of health, and to provide high-quality and effective services. The health and disability system envisaged by the Review would help achieve Pae ora, and by ensuring the principles of te Tiriti are upheld, that there is respectful application of te Ao Māori leadership and knowledge (inclusive of mātauranga Māori and kaupapa Māori) and a whole-of-system commitment to and ownership of achieving Māori health equity and wellbeing.

Te Tiriti o Waitangi / Treaty of Waitangi

> ***Mā pango mā whero, ka oti te mahi.***
>
> *With black and with red the work is completed*

Developing an effective Tiriti / Treaty based partnership within health that delivers a health and disability system that works for Māori

- Te Tiriti o Waitangi / the Treaty of Waitangi must be fully incorporated to provide a framework for meaningful and substantive relationships between iwi, Māori and the Crown. This will provide a positive flow on effect linked to leadership, governance and decision making, and assist in strengthening Māori provider, workforce and service development. | Interim Report, page 6

For hauora Māori, the Review was guided by a vision of creating a more effective health and disability system that produces equitable health outcomes for whānau, hapū and iwi. For Māori, this requires that rangatiratanga and mana motuhake is demonstrated throughout the system.

Te Whakahou i te wāhi ki te Tiriti o Waitangi i roto te pūnaha / Updating Te Tiriti o Waitangi in the system

The Review considered recommendations of *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry* (*Hauora report*)[25] (Wai 2575) regarding primary health care, as to how health and disability system legislation should be updated. While it is not the responsibility of the Review to respond to the *Hauora report*, the findings of the report were a valuable contribution to our analysis.

The *Hauora report* recommends amending sections of the New Zealand Public Health and Disability Act 2000 to ensure the whole health and disability system complies with te Tiriti principles. The report also recommends updating te Tiriti principles used in the health and disability system. The Review agrees that te Tiriti section in the overarching legislation should be updated to ensure it reflects more recent interpretations of te Tiriti and is consistent with any new Public Service legislation provisions.
While the detailed wording of such provisions is beyond the Review, appropriately updating the principal legislation for health would support te Tiriti principles being applied through the entire system.

Te tautoko i ngā huarahi e whai wāhi ai te rangatiratanga me te mana motuhake / Supporting opportunities for rangatiratanga and mana motuhake

The Review recommendations regarding how best to achieve rangatiratanga in the health and disability system have been guided by several factors.

- A recognition that the principles of te Tiriti must be fully incorporated in how the health and disability system works if it is ever to serve Māori well.
- A recognition that the current system has failed Māori. To remedy this failure, there will be significant changes in the way the health and disability system is designed, and services are delivered.
- An acceptance that remedying decades of under-performance by the health and disability system will require changes so that Māori expertise and more effective services can be designed and embedded into the system.

The Review's recommendations aim to enhance rangatiratanga and mana motuhake opportunities within the health and disability system. Achieving this includes the formation and operation of an independent Māori Health Authority, changes to governance arrangements, and ensuring that equitable funding allocations and expenditure properly reflect the higher needs of Māori communities.

Tirohanga Whānui ki te Mana Hauora Māori / Overview of the Māori Health Authority

The Review is recommending that a Māori Health Authority be established as an independent departmental agency with direct accountability to the Minister of Health. The Māori Health Authority would sit alongside the Ministry of Health (the Ministry) and have a similar range of functions relating to Māori health as the Ministry does for the overall system.

The Māori Health Authority would be a partner to the Ministry. It would also develop working relationships with Health NZ, DHBs, Māori health providers and consumers, and other key stakeholders such as the Health Quality & Safety Commission, the new Mental Health and Wellbeing Commission, and the Cancer Control Agency.

The Māori Health Authority would act as the kaiarataki (steward) of Hauora Māori across the health and disability system.

Its key functions would include policy, growing and supporting hauora Māori models of care, growing kaupapa Māori services, and developing the Māori health workforce and Māori health providers. It would also monitor and report on the health and disability's performance in achieving equity and improving health outcomes for Māori.

While the Māori Health Authority would assume all the current functions of the Māori Health Directorate within the Ministry, this would not absolve the rest of the system from ensuring they act in accordance with the principles of te Tiriti, and for achieving equity (access, experience and outcomes) and wellbeing for Māori.

Ngā Mahi a te Mana Hauora Māori / Functions of the Māori Health Authority

The Māori Health Authority would be responsible for the following functions.

Te Tohutohu i te Minita mō ngā āhuatanga katoa o ngā kaupapa here hauora Māori / Advising the Minister on all aspects of Māori health policy

The Māori Health Authority would:

- be the principal advisor to the Minister on Māori health. It would be responsible for developing, updating and monitoring He Korowai Oranga – the Māori Health Strategy[26] and implementing the Māori Health Action Plan across the system.
- lead, support and advise on intersectoral activities to improve Māori health aspirations such as the Child Wellbeing Strategy, the Whānau Ora programme with Te Puni Kōkiri (Ministry for Māori Development) and Māori–Crown relationships with Te Arawhiti (the Office for Māori Crown Relations) and engage with other sector stakeholders such as the new Mental Health and Addictions Commission and the Health Quality & Safety Commission.
- provide advice on the appointment of Māori members on Health NZ and DHB boards

The health and disability system will see coordinated efforts on Māori health between the Māori Health Authority, the Ministry and Health NZ. The clinical, cultural, system and service-level intelligence provided by the Māori Health Authority will be used by the Ministry to draft policy, by Health NZ to produce accurate health needs assessments and by DHBs to produce accurate locality plans, and to commission and deliver network health services.

Te whakahoa me ngā wāhanga katoa o te pūnaha / Partnering with all other parts of the system

The Māori Health Authority would partner with:

- the Ministry to develop expectations in the long-term services plan for improved service delivery to Māori communities and whānau. It would also partner with the Ministry to ensure all health strategies prioritise; achieving equity for Māori, Māori workforce and provider development, and incorporating the role of mātauranga Māori and kaupapa Māori in the health and disability system and services.
- Health NZ to develop the principles and rules for health service commissioning as it relates to Māori equity and wellbeing. This includes commissioning related to kaupapa Māori services, the respectful use of mātauranga Māori and in particular, effective commissioning of local Tier 1 networks. This also includes the Māori Health Authority developing outcomes measures for Māori health and system-wide adoption and implementation.
- DHBs in undertaking Māori health needs assessments and locality plans within Māori communities. In localities where there is a DHB and iwi partnership, the Māori Health Authority will actively support these relationships and there will be an opportunity to co-govern and co-develop services within the rohe (see the Tier 1 chapter).

Te aroturuki me te pūrongo ki ngā huanga hauora Māori me te whiwhinga ōrite / Monitoring and reporting on Māori health outcomes and equity

The Māori Health Authority would provide Māori health leadership and intelligence for the health and disability system, alongside Māori intelligence within the Ministry, Health NZ and DHBs. The Māori Health Authority will monitor and report to the Minister on the performance of the health and disability system with respect to Māori health equity and wellbeing.

It would provide advice on Māori health priorities at a population level, driven by population data. It would be equally important to use kaupapa Māori and mātauranga Māori methodologies and input from whānau rangatiratanga in any Māori health needs assessment and analytical work.

Māori equity-focused insights and analytics would be required for all outputs from Health NZ (as the lead advisor on DHB performance) along with the Ministry (as the monitor of system performance). The Ministry, Health NZ and DHBs would be using Māori health and disability data routinely in their policy advice, strategy, ongoing systems design and service delivery.

Te haumi ki ngā ratonga me ngā kaituku hauora Kaupapa Māori / Investing in kaupapa Māori health Services and providers

As well as ensuring Māori services and the Māori workforce grows, it will be important to develop and implement policy to grow the number and range of kaupapa Māori service providers. The vision is for kaupapa Māori services being equitably available to Māori communities across the country and across Tier 1 services, based on life course needs (pēpi to kaumātua): from child wellbeing to mental health to older persons and palliative care. This will require a deliberate and sustained effort for change, alongside dedicated investment that should be led and commissioned by the Māori Health Authority (see also more detail in the mātauranga Māori section in this chapter).

Te whakawhanake me te arataki i te whakatinanatanga o te rautaki ohumahi hauora Māori / Developing and leading the implementation of the Māori health workforce strategy

The Māori Health Authority would be responsible for developing and implementing a Māori health workforce strategy. This includes leading and supporting Māori workforce development and engagement, for example, through supporting the Māori workforce, and identifying and developing emerging Māori health leaders as part of a succession planning approach. This would include responsibility for the national Māori workforce development fund, system-wide target setting and monitoring.

The Māori Health Authority would partner with the Ministry to ensure other health workforce strategies also recognise the need for building the Māori health workforce and growing the cultural safety and cultural competence of the non-Māori workforce (see also the Workforce chapter).

Other governance arrangements of rangatiratanga and mana motuhake would also be enhanced by increasing the Māori-Crown partnership across the health and disability system.

The Review recommends ensuring equal representation of 50:50 Māori and Crown membership is adopted for the Health NZ board. It is also recommended DHB boards, independent commissions, and other boards across the health and disability system reflect te Tiriti partnership.

Mātauranga Māori / Māori knowledge systems

> ***Ma te mātauranga Māori ka ora ai te whānau, te hapū, te iwi.***
>
> *Through Māori knowledge, the family, the sub tribe and the tribe prosper*

The Interim Report noted the importance of mātauranga Māori as a vehicle to provide cultural constructs for improving Māori health and wellbeing and the delivery of health care and services in Māori communities. It was also acknowledged that the last four decades has seen a positive era in which mātauranga Māori is starting to be incorporated into health care. There has also been an increase in Māori health services offering kaupapa Māori services or mātauranga approaches as alternative or complementary care options in the health and disability system.[27]

Māori leadership and control over using and applying mātauranga in contemporary health settings is critical to ensure the appropriate protections and processes are in place to protect the integrity of mātauranga in health. Mātauranga Māori is led by Māori and should be at the centre of any service delivered to Māori.[28]

The Review supports mātauranga Māori being embedded in the health and disability system and that it should recognise the holistic approach to mātauranga Māori towards health and wellness as being more than just a cultural option; it should be an integral part of the system.

In order to both embed mātauranga Māori practices and to safeguard and protect their cultural integrity, there are several considerations that would need to be addressed.

Te whakauru i te mātauranga Māori ki te pūnaha / Incorporating mātauranga Māori across the health and disability system

In order for mātauranga Māori and kaupapa Māori solutions to be incorporated into the health and disability system, there would need to be ongoing and enhanced integration of mātauranga Māori in health services, appropriate levels of funding and strong organisational leadership. Finally, given previous challenges to effectively monitor and report on the impact and effectiveness of mātauranga Māori in improving health care, there is a need for culturally relevant evaluations and assessment mechanisms to complement existing measurement tools.[29] [30.]

Investing in mātauranga Māori ways of working and embedding these into health services could provide additional options and choice for Māori health consumers and their whānau (whānau rangatiratanga). In practice, this means that tikanga Māori should be applied as a norm in delivering health services for Māori whānau and communities. For example, tikanga guidelines for hospitals and apps. Further, given that tikanga can, and often does, differ between different iwi rohe, the role of mana whenua in developing guidelines and processes so there is an appropriate application of tikanga for their rohe will be crucial.

In order to embed mātauranga Māori practices across the health and disability system and safeguard and protect their integrity, there are other considerations that will need to be addressed.

Table 3.1: Embed mātauranga Māori practices

Tikanga / ritenga	Kaitiakitanga	Ngā rautaki haumi	Whakawhanake ngā kaimahi	Arotakengia
Maintaining cultural integrity, quality and clinical safety and standards	Nurturing and protecting cultural practices, respect for traditional ownership of healing concepts and properties, and protecting against the commercialisation and commodification of traditional practices	Funding and support for the implementation of mātauranga Māori approaches in health	Support for and development of mātauranga Māori practitioners, and developing the competence and confidence of non-Māori health workers	Assessing intervention integrity, measurement of effectiveness and monitoring and accountability

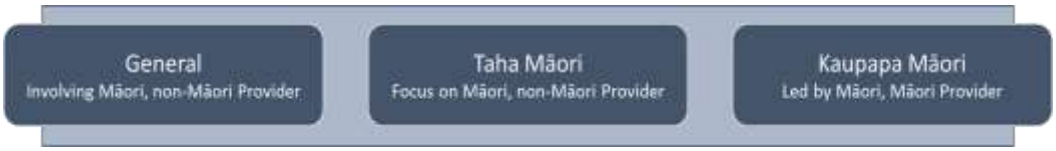
The Māori Health Authority would be responsible for ensuring policy is developed and will oversee the effective implementation of these policies through its relationships and accountability settings with the Ministry, Health NZ and DHBs.

Te whakahaumi ki ngā ratonga hauora kaupapa Māori / Investing in kaupapa Māori health services

Health services are delivered for Māori in a number of settings and can be characterised as:

- **General services:** Services delivered under the principles of universality and consistency for all populations, they are not specifically designed with Māori in mind, and are based on non-Māori models. For example, GP services.
- **Taha Māori services:** deliver Māori services in parallel to or alongside general services. These services often employ Māori staff, are underpinned by either tikanga Māori or bicultural principles and values and may arise from a focus on Māori health equity.[31] For example, the Mason Clinic.
- **Kaupapa Māori services:** led, owned and governed by iwi, pan-tribal, or Māori organisations that are specifically designed with Māori in mind. For example, Ora Toa or Ngāti Porou Hauora.

Figure 3.1: Health and disability services delivered for Māori



SOURCE: Te Puni Kōkiri

International Research Institute for Māori and Indigenous Education. 2002. *'Iwi and Māori Provider Success: A Research Report of Interviews with Successful Iwi and Māori Providers and Government Agencies'.* Wellington: Te Puni Kōkiri

To achieve equity for Māori there is a need to invest in kaupapa Māori services. Kaupapa Māori services are synonymously linked to mātauranga Māori and underpinned by: Te Tiriti o Waitangi; self-determination; cultural validity; culturally preferred teaching; socioeconomic mediation of Māori disadvantage; whānau connections; collective aspirations; and respectful relationships underpinned by equality and reciprocity.[32]

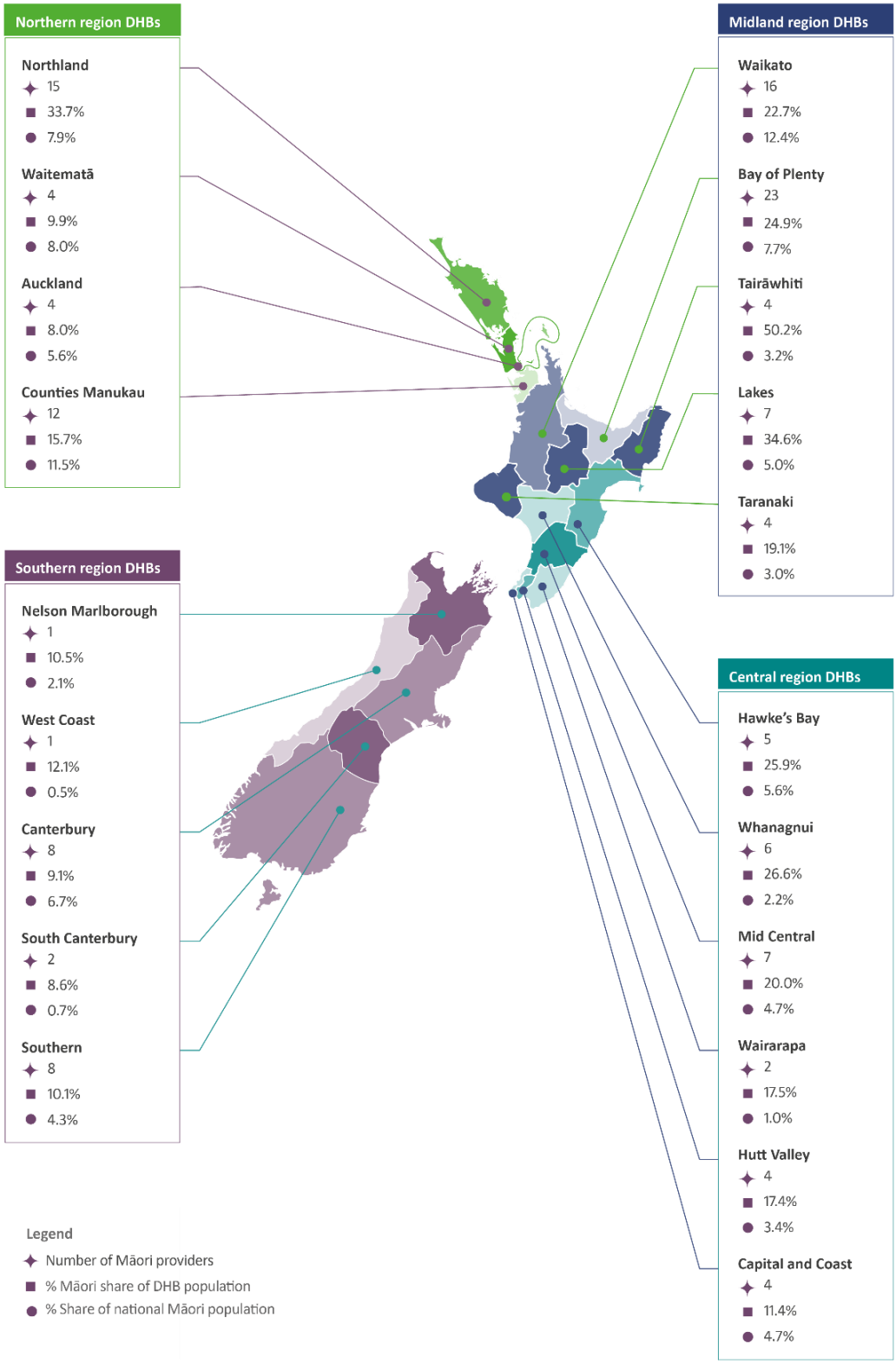
Kaupapa Māori services should have clinical proficiencies that will respond to the clinical and health needs of the person and their whānau. Knowledge of te reo Māori and tikanga Māori underpins both contexts, as does clinical capability and competence.[33]

Investing in kaupapa Māori health services provides additional options and choice for Māori consumers. Based on Māori consumer experiences, the most frequently recommended actions to improve Māori experiences of health care included integrating tikanga into all health services and increasing Māori workforce capacity and involvement in developing health services

In particular, Māori consumers wanted to see an expanded use of tikanga and culturally safe and competent practice in health services. This requires:

- capacity building to support Māori participation in the health workforce and in developing health services
- Māori access to responsive clinical services based on Māori consumer needs and expectations
- health and disability system-level strategies including appropriate and equitable funding to develop kaupapa Māori health services
- developing culturally relevant interventions for whānau rather than individual-centred care.[34]
  Investing in kaupapa Māori health services would improve Māori experiences of health care. To ensure services are available throughout the country, DHBs should be required to include kaupapa Māori health services in all locality planning (refer to Tier 1 chapter).

Figure 3.2: Estimated Māori Providers by DHB and type



Te whiwhinga ōrite mō ngāi Māori / Health equity for Māori

> ***Mā Me orite te raranga ai nga pumanawa.***
>
> *Weaving the realisation of potential together.*

The Ministry of Health acknowledges that the New Zealand population has differences in health that are not only avoidable but unfair and unjust and defines equity as recognising 'different people with different levels of advantage require different approaches and resources to get equitable health outcomes'.[35]
Interim Report

Inequitable access to health services, the social and economic determinants of health and inequitable health outcomes for Māori are well documented in health literature and in the Interim report.

Recent health equity research suggests that fragmented approaches have limited success and will continue to be ineffective in establishing long-lasting system-wide change to address equity. To be successful, efforts to achieve equity must be sustained, systematic and multileveled.[36]

The Review sees that the improvements in Māori health outcomes will come from better primary and community care services being provided in ways that are more accessible and appropriate for Māori communities. This will require a much greater focus on understanding the health needs of Māori communities, addressing these needs in a more connected way, and expanding outreach and home-based care, and addressing the social and cultural determinants of health. The proposed solutions are discussed in detail in the Tier 1 chapter.

Te mātua whakarite he ratonga tika, whaihua, haumaru hoki ki ngā whānau Māori, ngā hapū me ngā iwi /
Delivering culturally safe, competent and effective services to Māori whānau, hapū and iwi

Māori access non-Māori provider services across the health and disability system. Future investment is required to build the capability and capacity of the non-Māori workforce and providers. All health services in Aotearoa New Zealand must have the capacity to engage with Māori in ways that endorse Māori cultural identity and the relevance of Māori values and approaches to addressing health and wellness.

Providers should be required to build a workforce that can deliver high-quality care and equity for Māori. In addition to a general expectation that workforce and service delivery is culturally safe, competent and clinically effective for Māori there needs to be specific investment strategies to increase understanding. These could range from non-Māori workforce and organisational development through to equity-based standards, regulations, performance monitoring and management tools and frameworks.

The Māori Health Authority would lead some of this work and it is anticipated that the Ministry, Health NZ, DHBs and others would lead other components within a pro-equity system.

Te whakahou i ngā wāhanga whiwhinga ōrite o roto i te ture / Updating the equity clauses in legislation

The Review recognises that as legislation is developed to incorporate the changes in the health and disability system, updating equity clauses would also be necessary and performance against equity objectives monitored across the system.

Te whakatau i te whakatoihara iwi me ērā atu momo whakahāwea / Addressing institutional racism and other forms of discrimination

The Interim Report outlined evidence about the impacts of racism on Māori health. Submissions from phase one of the Review identified the following approaches to addressing racism including:

- a commitment throughout the health and disability system to address institutional racism
- developing a diverse health workforce that is representative of New Zealand's population groups
- co-designing health equity research with Māori to inform all health policy development
- developing a national action plan to eliminate racism, as well as measures to develop a culturally safe and competent workforce
- increasing Māori participation and decision-making powers in consultation processes for redesigning services
- increasing support and capacity building to enable Māori to fulfil leadership and governance roles
- developing robust evaluation and quality improvement processes to monitor and evaluate the performance of the system in eliminating institutional racism
- recognising and responding appropriately to Māori health needs and ensuring Māori world views and mātauranga Māori are embedded throughout the health and disability system.
- The Review is aware that the latest draft of the Māori Health Action Plan by the Ministry includes a programme of work to address racism and discrimination in the health and disability system. The Māori Health Authority will continue a dedicated approach to this work and work collaboratively with others to ensure system-wide ownership and delivery against this programme.

Te whakatipu i te ohumahi hauora / Growing the Māori health workforce

The Interim Report highlighted that a diverse and representative health workforce that understands the importance of achieving health equity is critical to delivering equitable health services to Māori. The Interim Report identified the continued under-representation of Māori in the health workforce as a gap that requires urgent action.

Developing the Māori health and disability workforce is a key enabler for improving equity and achieving better health outcomes for Māori. Ideally, the ethnic distribution of each health workforce in New Zealand would match the ethnic population distribution they are serving. No profession has reflected the expected ethnic population distribution, and this has not changed over time.[37]

The Review also acknowledges some progress is being made to grow the Māori workforce. For example, DHB targets to increase Māori workforce participation and other efforts. See the following case study from Waikato DHB.

It is proposed that the Māori Health Authority leads the development and implementation of a Māori health workforce plan and equitable investment strategies (see also the Workforce chapter).

Case study: Puna Waiora

Puna Waiora is a new kaupapa Māori support system offered by Waikato DHB, empowering and supporting rangatahi/young Māori to pursue a career in health. The programme was launched on 1 February 2019. This programme is led by young Māori who are passionate about growing young Māori to pursue health careers.

- Puna Waiora recognised a need for a Māori-specific health workforce service and this was evident with the introduction of the Te Tomokanga programme (Māori Gateway) where the Puna Waiora team increased the number of Māori in gateway students from 15 to more than 90 in its first year. This meant that the Waikato DHB gateway programme had more than 59% Māori students in 2019 and this had never been done before. In the first year of operation Puna Waiora supported five Māori medium kura to receive additional funding they were eligible for but never accessed. On top of that, one school has received funding for a full-time careers advisor. The Puna Waiora team are all fluent te reo Māori speakers therefore enabling them to effortlessly present their mahi in both mainstream kura and whare kura when and how they need it.
- The programme was launched with a science expo attended by hundreds of rangatahi where they were offered hands-on exposure to real careers in health with a variety of health care, science and technology experts at Turangawaewae Marae, Ngaruawahia.
- The programme is a positive outcome formed from the relationship between Iwi Māori Council and Waikato DHB. The Puna Waiora team (rangatahi led) aims to inspire rangatahi to be the future of our health and disability system by supporting them with goal setting, hands-on experience and pastoral care. Puna Waiora offers support services to students from year 9 through to successful employment.

Ngā pūtea ake mō te hauora Māori / Māori health-specific funds

In addition to the recommendations outlined in the funding section (see the Governance and funding chapter), such as amending funding formulas to account for ethnicity and deprivation to improve equitable funding – there is a need for specific initiatives aimed at increasing the size and expertise of the Māori workforce, the growth of kaupapa Māori providers, and innovation for Māori population health and other initiatives.

There will be a growing need for Māori workforce, kaupapa Māori and other health services that meet community preferences and needs. The Māori population will grow over the next few decades: it is estimated that Māori children will make up 30.3% of all New Zealand children (aged 0–14 years) in 2038, compared with 25.6% in 2013, and that Māori adults aged over 65 will make up 11.9% of Māori in 2038, compared with 5.3% in 2013.[38] This future population growth, population demographics and the number of Māori living longer with disabling health effects[39] means the future design of the health and disability system needs to anticipate, now, what will be needed for Māori.

To accommodate the growing demand, there will be requirements to broaden the scope of the Māori workforce and Māori health providers. The Māori Health Authority should be responsible for developing Māori health provider and workforce development strategies to ensure the system has the appropriate Māori workforce (both clinical and non-clinical roles) and the services available to meet the health needs of Māori whānau and communities.

The Māori Health Authority would take over accountability for three Māori development funds: the Māori Provider Development Scheme (MPDS); the National Māori Workforce Development Fund (MWD); and Te Ao Auahatanga Hauora Māori: the Māori Health Innovation Fund (Te Ao Auahatanga). These funds are intended to support Māori health providers to grow and innovate and support development of the future Māori health workforce. These funds have been operating for several years and have played a significant role by increasing the number of Māori health providers and the number of Māori participating in the health and disability workforce.

In line with the Review's overall emphasis on ensuring population health drives all service development, the Review proposes that these three funds: MPDS, MWD and Te Ao Auahatanga be increased to provide a broader range and scale of innovations across more priority areas. Increasing Māori provider innovation funding has been identified in the Ministry's draft Māori Health Action Plan. These funds could, for example, be used to establish and develop Māori-specific population health initiatives such as screening, primary prevention and health promotion programmes.

More generally, it should be a priority for the Māori Health Authority to review the terms of reference of each of these funds to update both the scope and the size of these funds, and to advise the Minister on funding priorities in relation to workforce and kaupapa Māori provider development.

Te waihanga i te āpōpō / Building the future

The Review proposes the following changes

Te whakauru i te Tiriti o Waitangi ki te pūnaha / Incorporating Treaty of Waitangi into the system

- Te Tiriti o Waitangi sections in health legislation should be updated to ensure they reflect recent interpretations of te Tiriti principles.
- An independent Māori Health Authority should be established, as kaiarataki for hauora Māori, reporting directly to the Minister with the following functions:
  - advising the Minister on all aspects of Māori health policy
  - partnering with all other parts of the system to ensure mātauranga Māori and other Māori health issues are appropriately incorporated into all aspects of the system
  - monitoring and reporting to the Minister on the performance of the health and disability system with respect to Māori health outcomes and equity
  - investing in kaupapa Māori health services and providers
  - developing and leading the implementation of the Māori health workforce strategy
  - developing or supporting innovative Māori-specific population health initiatives.
- Reflecting the Te Tiriti partnership in the system through 50:50 Māori–Crown representation on the Health NZ board and ensuring DHBs and other boards also reflect the te Tiriti partnership.

Te whakararau i te mātauranga Māori ki te pūnaha / Embedding Māori knowledge systems in the system

- The Māori Health Authority should develop and implement policy on mātauranga Māori.
- Mātauranga Māori should be embedded into all health and disability services. Additional investment should be made in kaupapa Māori health services and providers, and DHBs should be required to ensure kaupapa Māori services are provided for in all locality planning.

Te whakawhanake i te ohumahi hauora / Developing the Māori health workforce

- The Māori Health Authority should work with Health NZ to ensure that the whole workforce, organisations and services deliver culturally safe, competent and effective services to Māori.
- Equity clauses in health legislation should be updated.
- The Māori Health Authority should:
  - work with other parts of the system to ensure the programme to combat institutional racism is delivered effectively
  - develop the Māori health workforce by ensuring it has a detailed Māori health workforce plan and invests in its implementation
  - develop Māori health provider development strategies to ensure there is an appropriate Māori workforce and the range of services to meet the health and disability needs of Māori whānau and communities
  - ensure funding provided for increasing innovation of Māori providers, supports the development of more specific population health initiatives for Māori
  - review the terms of reference of the Māori Provider Development Scheme, the National Māori Workforce Development Fund and Te Ao Auahatanga Māori Health Innovation Fund, and update both the scope and the size of these funds.

Kuputaka / Glossary

Māori	English
Arotakengia	Evaluation, development of scientific understandings
Hapū	Sub-tribe
Hauora Māori	Māori health, holistic health and wellbeing
Iwi	Tribe
Kaiarataki	Steward
Kaitiakitanga	Guardianship
Kaumātua	Elderly Māori
Kaupapa Māori	Synonymously linked to mātauranga Māori and underpinned by: Te Tiriti o Waitangi; self-determination; cultural validity; culturally preferred teaching; socioeconomic mediation of Māori disadvantage; whānau connections; collective aspirations; and respectful relationships underpinned by equality and reciprocity
Kaupapa Māori services	Led, owned and governed by iwi, pan-tribal, or Māori organisations that are specifically designed with Māori in mind
Kaupapa Māori health providers	Iwi, pan-tribal, or Māori-led organisations
Kaupapa Māori methodologies	By Māori, for Māori, with Māori developed methodologies
Mana motuhake	Self-determination, autonomy
Mana whenua	Customary authority exercised by an iwi or hapū in an identified area
Mātauranga Māori	Māori knowledge systems: reflecting indigenous ways of thinking, relating, and discovering; links indigenous peoples with their environments and is often inspired by environmental encounters; and is conveyed within the distinctiveness of indigenous languages and cultural practices.
Ngā rautaki haumi	Investment strategies
Pēpi	Baby
Rangatiratanga	Authority, ownership, leadership
Rohe	Territory or boundaries of iwi (tribes)
Rūnanga	Iwi authority
Tangata whenua	In relation to a particular area, means the iwi or hapū, that holds mana whenua over that area
Te Ao Māori	Māori world view
Tikanga Māori	Protocols and customs. Approaches and protocols embedded in Māori customary values and practices
Tikanga / ritenga	The correct way to do things
Whakawhanake ngā kaimahi	Developing the workforce
Whānau	Family, extended family
Whānau ora	Healthy Families
Whānau rangatiratanga	Whānau decision-making, participation and voice