



20 May 2022

Anna Goodwin  
fyi-request-19380-926b5f82@requests.fyi.org.nz

Ref: OIA-2021/22-1350

Dear Anna Goodwin

**Official Information Act request relating to the legislation and advice the Māori Health Authority (MHA) is based on**

Thank you for your Official Information Act 1982 (the Act) request received on 17 May 2022. You requested:

*Please provide the legal authority and advice upon which this ill fated construct was considered and any minutes of meetings with the Confederation of United Tribes and the Hereditary Chiefs in which their consent was obtained. It would seem that the government has embarked upon spending \$20 billion on a Maori Health Authority without meaningful consultation with key Maori stakeholders in the Confederation of United Tribes."*

**Information publicly available**

Information related to Cabinet decisions on the Māori Health Authority is publicly available at the following link <https://www.futureofhealth.govt.nz/publications/information-releases/>

There is a list on that link of key stakeholders we have engaged with during the early part of the health reform process.

We are declining your request under section 18 (d) of the Act, on the basis that advice to Ministers and Cabinet which underpins the Pae Ora (Healthy Futures) Bill is publicly available here <https://www.futureofhealth.govt.nz/publications/information-releases/>; and under section 18e of the Act as the information you have requested in relation to the Confederation of United Tribes and Hereditary Chiefs does not exist.

It may be useful if I provide some information about the health reforms and the establishment of a new Māori Health Authority. The development of a Māori Health Authority was recommended by the Health and Disability System Review, and the Authority's design and role in the health system were designed in extensive consultation with Māori. This process indicated strong support for the establishment of a Māori Health Authority which is a leader in our reformed health system.

The Government's reforms to the health system do not create a separate health system for Māori. New Zealand has and will continue to have one health system. Transforming the health system will create a more equitable, accessible, cohesive and people-centred system that will improve the health and wellbeing of all New Zealanders.

Our health and disability system has underperformed for Māori for too long – life expectancy is seven years less than for Pākehā and twice as many Māori deaths as Pākehā are potentially avoidable.

The reforms are designed to enhance Māori rangatiratanga over hauora Māori and to ensure greater influence through the health system. This is not only because it is central to Te Tiriti o Waitangi, but also to ensure everyone has the same access to good health outcomes.

The new, autonomous Māori Health Authority will be responsible for ensuring the health system is performing for Māori by:

- partnering with the Ministry to advise Ministers on hauora Māori
- directly funding innovative health services targeted at Māori (including kaupapa Māori services)
- working with Health New Zealand to plan and monitor the delivery of all health services.

It will do this by working in partnership with Health NZ, jointly developing national health plans, and working together to design and commission healthcare. The Māori Health Authority's role will be to work collaboratively with Health NZ to ensure every New Zealander has access to equitable care. If you would like to know more about how the Māori Health Authority will work, I invite you to have a look at the resources at <https://www.futureofhealth.govt.nz/maori-health-authority/>

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

We do not intend to publish this response on the Department of the Prime Minister and Cabinet's website.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'S. McKernan', with a horizontal line extending to the right.

Stephen McKernan QSO  
**Director, Health and Disability Review Transition Unit**