

Questions from stakeholder hui 12 June 2024

By file sharing do you mean SharePoint links?

Yes, fake Microsoft SharePoint and OneDrive links are the sharing methods used to redirect you to malicious websites in the most recent Phishing attack. In general, file sharing can also include emailing attachments, drop boxes, cloud drives etc. Basically any technology we use to move information or data from one place to another.

I have been looking for an entity that could conduct an audit of our security systems. Is this something you recommend and/or can you recommend who to use? As non techies, we often do not know enough to assess our own systems.

An audit of your security systems would provide assurance that you are well protected, and have the required safeguards to meet your legal obligations under the Privacy Act and Health Information Privacy Code. Due to commercial sensitivities we're unable as an organisation to recommend specific suppliers, however when doing your research on who to use I would encourage you to check-in with your local Primary Health Organisation (PHO). I would also ask any potential provider if they were Health Information Security Framework (HISF) compliant themselves. It's also worth noting that while some of the checklists in HISF relate to "techie" areas, there's also a number that should be easy to follow and understand i.e; how your workplace is set up and protecting physical assets.

I would like to understand Health NZ's role when NGO/NFP is responding to a health record breach?

Health NZ retains accountability for the security of shared data and must be consulted and informed throughout the incident handling process. The private, NGO, or not-for-profit health organisation is primarily responsible for incident detection, initial response, containment, and communication with stakeholders. The Office of the Privacy Commissioner (OPC), as the privacy regulator, oversees compliance and may require notifications and public disclosures. Third-party security experts can provide consultation and support for containment, eradication, and root cause analysis. While NGOs and NFPs are responsible for having incident response plans in place to manage any potential data breaches, we have developed the "Strengthen your digital defence" Guide to Cyber Security Incident Response for NZ Primary Health Sector. <https://www.tewhātuora.govt.nz/assets/Our-health-system/Digital-health/Cyber-Security-Hub/Strengthen-Your-Digital-Defence-Digital-Booklet.pdf>. This resource can help you assess your readiness.

Is Te Aka Whai Ora open to physical exercise throughout the motu by helping our people improve their own health? If so, are there grants and funding available to business groups to guide them along their health options?

Hauora providers have flexibility to adapt to areas which are most needed for their whānau. The funding of specific programmes are part of our commissioning.

What are your Iwi Māori Partnership Board (IMPB) aspirations around cancer?

Te Tai Tokerau have the highest cancer rates across the country, with that in mind the IMPB aspirations for whānau with cancer:

- Eradication of those cancers we can eradicate
- Increased early detection for Māori with more effective screening programmes
- Equitable access to treatment and medicines – currently some treatment is only available in Auckland
- Availability and equitable access to new medicines that prolong the life and wellbeing of whānau diagnosed at Stage 4.

Is your IMPB interested in Social Investment Initiatives?

The IMPB is very interested in Social Investment Initiatives that sustainably improve the equity of access and outcomes for Māori in our rohe.

Is it possible to provide a list of contact details for each IMPB?

We do not have an available contact list of all IMPBs at this time.

Will there be more iwi Māori health boards in the near future?

The Government has been clear that community involvement in health-service planning remains essential. As part of this, Iwi Māori Partnership Boards have been empowered and geared up to input and drive positive change in their communities. IMPBs will have a greater role in planning and delivery of healthcare in your communities. Two IMPBs are in development which will take the total number to 17.

What is your current priority for your region, and do you talk to providers other than Māori, who may also be able to work with you?

There are some shared priorities across the region short to long term priorities for Te Tai Tokerau:

- He Whare Oranga, He Whare Māori – Warm, dry, secure, and affordable housing
- Te Āpōpōtanga – Māmā and Pēpi
- Oranga Hinengaro, Oranga Wairua – Living mentally well and free from addictions
- Kia Tika, Kia Kounga Hoki Ngā Ratonga Hauora – Timely access to quality Hauora services.

Then there are some local priorities for different parts of our region, i.e; methamphetamine, gang activities and recruitment, cost of living, wait times for GP services and others.

Cognisant that the majority of whānau Māori access their health services from non-Māori providers, our IMPB will work with any providers who share our aspirations for our whānau, hapū, and communities.

How will IMPB partner with urban Māori in Tamaki Makaurau and Te Tai Tokerau, especially kaumātua (from the Aged Care Commissioner team at HDC) ?

At a governance level, the IMPB endeavours to have representation from urban Māori and kaumātua. At an operations level, while the IMPB do have to consider how we engage greater with communities now Localities have been paused, IMPB are not a service provider so rely on providers or other groups to have those working and in depth relationships with urban Māori and kaumātua and the IMPB role is to advocate for greater resourcing for our aging population and to address the inequities of access and outcomes for Māori in Tāmaki and Te Tai Tokerau.

General practices are struggling to find GPs, 25 trained GPs per year in the upcoming budget? Will you be advocating to increase this number?

Our target continues to be to increase the number of GPEP trainees we take annually to 300 by our 2026 intake. Growth in medical school places will contribute to GP sustainability long-term, but we are committed to material growth faster than those new cohorts will start. Our GPEP intake in 2024 was the largest ever, with significant movement towards our target numbers in this cohort.

Are IMPB engaged with meso-level (PHO 2.0) planning?

Iwi Māori Partnership Boards (IMPBs) are part of the development process for the Meso-level work at a regional level. Their input will help inform the discussion document that's currently being developed.

When can the sector expect to receive feedback pertaining to the Meso-Level Organisation Design Project?

A discussion document is being developed. We expect this to be released for wider consultation in August 2024.

What's the status of Localities?

On 27 February, Minister Reti announced that the Localities approach would not be continued as it was originally intended. The stop work means that Health New Zealand | Te Whatu Ora has stopped work on defining further boundaries or assisting additional locality groups to become established. The twelve prototypes are fulfilling their contractual requirements, with most in the middle of coordinating local service delivery in response to community priorities that they have previously identified. Health NZ continues to support this work to its completion including documenting lessons learned to inform future direction.

Are Localities still on the table with changes happening. As a rural community we find this process very helpful.

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