

Information Request

Additional information on funding allocation: WOCA and closed ROI process

| | | | |
|--------------------------------|--|------------------------|----------|
| Date due | 18 December 2023 | Priority | Urgent |
| Security classification | IN CONFIDENCE | Tracking number | MHA34880 |
| To | Hon Dr Shane Reti, Minister of Health | | |
| Copy to | N/A | | |
| Request | <ul style="list-style-type: none"> • Talking points re. funding for the Whānau Ora Commissioning Agency (WOCA) • FAQs to support the talking points and ensuring the funding will be allocated across the WOCA provider network to lift immunisation rates | | |

Background

1. The Minister of Health's office has requested talking points and FAQs to support information in MHA34391 and HNZ34338 relating to an initiative to boost immunisation rates among tamariki Māori.

Talking points

- It is important that this initiative is community-led and builds on previous experience.
- We saw with COVID-19 that when vaccination programmes are run at a local level using hauora Māori partners, who understand the unique needs of their communities and the whānau they serve, it results in much higher rates of vaccination against COVID-19 among Māori.
- There is also a need to prioritise rapid delivery of vaccinations, using systems and providers that already exist and can quickly scale up services to achieve meaningful outcomes within the first year.
- For these reasons, funding for the first year of this initiative will be allocated to both the Whānau Ora Commissioning Agency (WOCA) and via a closed Registration of Interest (RoI) process for hauora Māori partners not associated with WOCA.
- This approach will leverage existing systems through WOCA, which were established following COVID-19, to rapidly deliver large numbers of vaccinations and provide a holistic approach to health and social services.
- It will also allow for the remaining funding to be allocated to hauora Māori partners that are already known by health agencies to have the capacity and capability to deliver significant numbers of additional vaccinations.
- This approach to funding allocation is designed to support providers across all geographic areas of Aotearoa | New Zealand, contribute significantly in areas of low vaccination rate for Māori populations, and help build trust following the impact of COVID-19 on vaccine hesitancy.

Supporting Q&As

How and where is the funding being allocated?

- In the first year, it is intended that \$15 million is allocated to the Whānau Ora Commissioning Agency (WOCA) to leverage its existing systems (post COVID-19) to rapidly deliver large numbers of vaccinations. A further \$10 million is being allocated through the closed registration of interest process being managed by Te Aka Whai Ora | Māori Health Authority, with \$5 million for North Island hauora Māori partners, and \$5 million for South Island hauora Māori partners.
- Te Aka Whai Ora is working with WOCA on an investment plan and with hauora Māori partners submissions as part of a closed tender process to develop immunisation services for their communities.
- The hauora Māori partner's capability (that is, ability to directly immunise), capacity, COVID-19 funding underspend and geographical location are all factors that will be considered in the funding allocation process. Birth rates and immunisation rates, along with existing immunisation funding based on geographical area, will also be considered. There will be a focus on areas with the lowest coverage, where there is the greatest potential for significant improvement to immunisation rates.

Why is this approach being taken to funding allocation?

- This approach is designed:
 - to support providers across all geographic areas of Aotearoa
 - contribute significantly in areas of low vaccination rate for Māori populations
 - help build trust following the impact of COVID-19 on vaccine hesitancy.
 - It will also leverage existing systems through WOCA (which were established following COVID-19) to rapidly deliver large numbers of vaccinations and provide a holistic approach to health and social services
 - to allow for the remaining funding to be allocated to hauora Māori partners that are already known by health agencies to have the capacity and capability to deliver significant numbers of additional vaccinations.

Has the funding allocation been confirmed?

- Funding to WOCA has been confirmed.
- How WOCA will allocate the funding is still being confirmed, with an update expected early in 2024.
- Te Aka Whai Ora is developing a full investment plan, which will outline the providers who are being funded via WOCA and those who are being funded via the closed RoI processes for the South and North Islands.
- The plan for WOCA, North Island closed RoI, and South Island closed RoI funding are at various stages of development, but all are all progressing well.

What stage is the contract with WOCA at?

- WOCA signed a contract with Te Aka Whai Ora on 28 November 2023, providing for funding of \$15 million in 2023/24.
- WOCA is currently undertaking a review to determine the specific allocation of funding across the WOCA provider network in the North Island for the first year (ending 30 June 2024). This review will inform an investment plan, due no later than 31 March

2024, which will identify how these funds are to be distributed through WOCA to providers. The plan will set out the rationale for the specific allocation to different providers, the expected number of services to be provided with this funding and include information around the specific number of vaccinations expected to be delivered, who they are expected to be delivered to, and the unit cost of providing those vaccinations.

- Governance arrangements for this contract have been established, including a steering group comprising of the chief executives of WOCA, Te Aka Whai Ora and Te Whatu Ora.

When was the funding approved?

- Funding was initially considered (and approved in principle) by the Board of Te Aka Whai Ora at their meeting on 19 July 2023, subject to further detail about the services being provided.
- A further proposal was then presented to the Board on 16 August 2023 and funding was approved based on this proposal.

How will funding be allocated through the closed RoI process?

- The hauora Māori partner's capability (i.e., able to directly immunise), capacity, COVID-19 funding underspend and geographical location are factors that will be considered in the RoI process. Birth rates and immunisation rates, along with existing immunisation funding based on geographical area, will also be considered.
- There will be a focus on areas with the lowest coverage, where there is the greatest potential for significant improvement to immunisation rates. The target groups are:
 - tamariki Māori
 - hapū māmā
 - rangatahi Māori aged 15 to 29 who have not yet received two doses of the MMR vaccine
 - koroua,
 - kuia and other whānau with underlying health conditions.

How will funding be allocated in year two (2024/25) of the initiative?

- This is yet to be determined. However, depending on the success of the closed RoI, this same approach (of funding allocated to both WOCA and via a closed RoI process for hauora Māori partners not associated with them) may be continued into year two.

What is the timeline for allocating funding and services starting?

- We expect the funding allocation decisions to be made in early 2024 and providers to begin their immunisation services shortly thereafter.

Te Aka Whai Ora
Māori Health Authority

Weekly Report to the Minister of Health

19 December 2023

MHA34681



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Future arrangements

Iwi-Māori partnership board recognition process and readiness, and commissioning

You will receive an aide-mémoire and supporting appendices from Te Aka Whai Ora | Māori Health Authority addressing a request for information following your 12 December 2023 deep dive with our agency, on iwi-Māori partnership boards (recognition and readiness), commissioning for outcomes, and hauora Māori commissioning [MHA34915]. You will also receive a briefing from the Ministry of Health on options for Māori health structures.

Next steps

We welcome meeting with you in the new year to discuss the content and any next steps.

Key operational matters

Oranga hinengaro: review of suicide prevention and postvention services

Earlier in 2023, Te Aka Whai Ora sought a comprehensive and independent review of:

- The current delivery of suicide prevention and postvention services (as many had not been reviewed or changed in over ten years)
- The extent to which services meet the needs, priorities and aspirations of Māori, including the use of approaches consistent with mātauranga Māori
- The extent to which services in their current form and function support the delivery of the goals and aspirations of Every Life Matters – He Tapu te Oranga o ia Tangata, Suicide Prevention Action Plan 2019–2024 and Te Pae Tata | Interim New Zealand Health Plan.

The review is now complete and a briefing on the release of the review report and findings is being considered by Te Aka Whai Ora Executive Leadership Team (ELT).

Next steps

Pending approval by ELT, we will invite the Minister for Mental Health to support the release of the review report and findings early in the new year. We expect to provide the review report to the Minister for Mental Health in February 2024.

Note: This update is also being provided to the Minister for Mental Health.

Whakahohoro Te Hau (Waitaha Alternative Māori Crisis Pathway)

The Minister for Mental Health asked for more details about Whakahohoro Te Hau (Waitaha Alternative Māori Crisis Pathway) (Whakahohoro).

Whakahohoro was developed in October 2022 to address the number of Māori whānau presenting to crisis and ED services in acute mental distress. The service is recognised as an early intervention alternative to whole-of-population hospital-based crisis services, which continue to be overwhelmed nationally with high access thresholds and unresponsive services – particularly for Māori whānau.

This is a collaborative co-commissioning project working in partnership with the two hauora Māori partners, and Te Whatu Ora | Health New Zealand Commissioning and Hospital and Specialist Services.

The project forms part of the broader Waitaha Collaborative Design project, which seeks to improve existing clinical and therapeutic pathways to ensure Māori whānau have a broader range of service options that reduce escalating distress and presentations to acute crisis services.

Learnings from the pilot are intended to be used for a wider expansion of alternative Māori crisis services to reduce the numbers of Māori whānau presenting to ED and secondary care crisis services where earlier intervention would have likely resulted in reduced acute presentations, faster access to supports that whānau need and improved health and wellbeing outcomes.

Note: This update is also being provided to the Minister for Mental Health.

Hauora Māori Internship Fund

Te Aka Whai Ora, in partnership with Te Rau Ora, has launched the 2024 Hauora Māori Internship Fund¹ (the internship).

The internship is aligned to the Health Workforce Plan 2023/24 priority 'to extend opportunities for rangatahi and tairira Māori to have paid work experience opportunities in the health system that are within their own rohe with primary and community hauora Māori partners'.

The internship provides a fixed rate of \$10,000 per internship for tairira Māori completing health or health related studies. An investment of up to \$4.20 million has been allocated for this initiative. The internships have been split into two delivery timeframes.

The data below is reflective of the summer 2023/24 internship offering. As of 15 December 2023:

- 55 hauora Māori partners are actively engaged in the application process
- 23 hauora Māori partners have submitted their applications, with a total request for \$1.05 million to support 105 internships

¹ terauora.com/funding.

- 19 hauora Māori partners have draft applications, with an estimated total value of between \$0.55 million and \$0.95 million to support a further 55 to 95 internships.

The applications so far are largely from partners who operate in provincial, rural, or remote locations, with most services being from primary and community health services.

Applications for the 2024 internships are now open and will close on 31 January 2024. We will report back to you in the new year on the progress of the 2024 internships.

Immunisation: winter preparedness

Per our aide-mémoire to you dated 15 December 2023 [MHA34301], Te Aka Whai Ora is seeking providers to deliver immunisation services in the North and South Island as a part of the winter preparedness initiative.

Te Aka Whai Ora is now undertaking commissioning of \$10.00 million through a closed Registration of Interest (RoI) and has commenced interviews with eligible providers in the week of 18 December 2023. We also expect to inform the successful hauora Māori providers during the same week.

Next steps

Te Aka Whai Ora expects contracts under the initiative to commence in February 2024.

Youth and vaping

Analysis of recent data from the 2023 Action on Smoking Health (ASH) New Zealand Year 10 report² indicates regular vaping has significantly decreased for the second consecutive year (18.2 percent in 2022 to 16.4 percent in 2023). However, there was no significant change in daily vaping prevalence for students who have never smoked (4.6 percent in 2023).

There is a growing concern regarding youth vaping. Te Aka Whai Ora and the Ministry of Health are working together to support the vaping review in January 2024.

Protect Your Breath campaign

With the decrease in regular vaping there is still a need to support youth, whānau and school environments to educate and change behaviour to reduce the uptake of vaping by youth.

Te Aka Whai Ora has an ongoing partnership with the National Public Health Service (NPHS), and the agencies are collaborating on a project to implement a youth vaping harm campaign "Protect Your Breath" (PYB). This is a comprehensive initiative focused on addressing the increasing use of vaping among young people.

The youth-centric PYB is designed and supported by the rangatahi driven Hā Collective and focuses on engaging youth in a meaningful way and culturally relevant manner.

² [Ash.org.nz/ash_year_10](https://www.ash.org.nz/ash_year_10).

Multi-year funding of \$1.00 million has been secured to ensure the sustainability and long-term impact of initiatives to reduce the uptake of vaping by youth. The current contract for PYB is set to expire on 30 June 2024.

Te Aka Whai Ora has expressed to NPHS the importance of continuing this campaign past the expiry date to ensure there are benefits to young people from the campaign.

Proactively Released

Appendix

Upcoming key external meetings/visits and events/announcements

| Date | Event/Publication/Announcement | Attendee/Minister |
|------|--------------------------------|-------------------|
| - | - | - |

Agency Official Information Act requests

| Date due to requester | Requester | Request summary |
|-----------------------|-----------------|--|
| 24 January 2024 | Organisation | Any correspondence regarding National Māori Action Day, the Māori Party / Te Pāti Māori, and/or the associated protests |
| 25 January 2024 | Individual | Information on the services Te Aka Whai Ora owns and operates in Whanganui |
| 29 January 2024 | Political party | <ul style="list-style-type: none">• A list of all words, terms, and phrases that the Minister or any member of their Office has directed officials to not use in briefings, letters, emails, memos, aides-memoire or any other documents, or in meetings.• A list of all directions to officials regarding the length, style or make up of all briefings, letters, emails, memos, aides-memoire or any other documents.• A copy of any style guide given to officials by the Minister's Office.• What directions, if any, has the Minister or their Office given to officials regarding the use of the word "equity" / "fairness" / "wellbeing" |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none">• What directions, if any, has the Minister or their Office given to officials regarding the use of Te Reo?• What directions, if any, has the Minister or their Office given to officials regarding the use of pronouns? |
|--|--|---|

Parliamentary questions

| Date due to MP | MP | Question |
|----------------|----|----------|
| - | - | - |

Ministerial correspondence

| Date due to Minister's office | Correspondent | Correspondence summary |
|-------------------------------|---------------|------------------------|
| - | - | - |

Upcoming briefings

| Title | Date due to Minister |
|-------|----------------------|
| - | - |

Upcoming Cabinet papers

| Title | Date due to Minister |
|-------|----------------------|
| - | - |

Aide-Mémoire

Iwi-Māori Partnership Board Recognition Process and Readiness, and Commissioning

| | | | |
|--------------------------------|---------------------------------------|------------------------|----------|
| Date due | 19 December 2023 | Priority | Urgent |
| To | Hon Dr Shane Reti, Minister of Health | | |
| Copy to | N/A | | |
| Security classification | IN CONFIDENCE | Tracking number | MHA34915 |

| Contact for discussion (if required) | | | |
|---|--------------------------------|--------------|-------------------------------|
| Name | Position | Phone | 1st contact |
| Juanita Te Kani | DCE System Strategy and Policy | s 9(2)(a) | |
| Craig Owen | DCE Governance and Advisory | s 9(2)(a) | X |

| The following departments/agencies have been consulted |
|--|
| Transition oversight teams in Te Whatu Ora Health New Zealand and Ministry of Health |

| Attachments |
|--|
| Appendix One: Iwi-Māori partnership boards: update Appendix Two: Commissioning for outcomes 2024/25 Appendix Three: Hauora Māori commissioning |

Purpose

- The purpose of this aide-mémoire is to respond to your request for the following information:
 - a summary of the process for the recognition of the remaining two iwi-Māori partnership boards (IMPBs), including their readiness as discussed at the Te Aka Whai Ora | Māori Health Authority deep dive on 12 December 2023 (**Appendix One**)
 - advice on a shift to outcome-based contracts (**Appendix Two**)
 - a breakdown of hauora Māori core services (**Appendix Three**).
- This advice should be read in conjunction with the Ministry of Health advice on Options for Māori Health Structures H2023034256, which responds to your request for advice on options to enhance the scope and functions of IMPBs and the Hauora Māori Advisory Committee
- The content in this aide-mémoire has been provided by the responsible DCEs, Kingi Kiriona (IMPBs) and Selah Hart (commissioning and hauora Māori services).

Iwi-Māori partnership boards

Background

4. IMPBs are a key feature in the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act). There are 15 recognised IMPBs listed in Schedule 4 of the Pae Ora Act. They support and enable decision making closer to home by:
 - supporting whānau by engaging with them to ensure community voices are heard and local health services reflect those who need and use them
 - communicating the results and insights of that engagement to Te Whatu Ora | Health New Zealand.
5. Under the Pae Ora Act, Te Aka Whai Ora is currently responsible for assessing whether an emerging IMPB meets the recognition criteria set out in section 31(1) of the Pae Ora Act.

Process for recognising IMPBs under the Pae Ora Act

6. Part 2, subpart 4 of the Pae Ora Act sets out the purpose (section 29), functions (section 30) and criteria for recognition of IMPBs (section 31).
7. The criteria for recognition of an organisation as an IMPB, as set out in section 31(1) of the Pae Ora Act, are:
 - (a) the boundaries of the area covered by the organisation (the *area*) do not overlap with the boundaries of any area covered by any iwi-Māori partnership board; and
 - (b) the organisation has taken reasonable steps to engage with Māori communities and groups that—
 - (i) are present in the area; or
 - (ii) have interests in the area; and
 - (c) the organisation's constitutional and governance arrangements demonstrate that—
 - (i) the organisation has the capacity and capability to perform its functions as an iwi-Māori partnership board; and
 - (ii) the organisation will engage with, and represent the views of, Māori within the area; and
 - (iii) Māori communities and groups in the area can hold the organisation accountable for the performance of its functions in relation to the area; and
 - (d) the area is consistent with the effective functioning of iwi-Māori partnership boards as a whole.
8. An internal due diligence and assessment process is completed, including review by the Ministry of Health and Te Aka Whai Ora Legal team, before advice on emerging IMPBs is provided to Te Aka Whai Ora Board for approval.
9. As per section 31(4) of the Pae Ora Act, we must advise you if we are satisfied that an emerging IMPB has met the criteria in section 31(1), and you must then recommend the making of an Order in Council to list the emerging IMPB as a recognised IMPB in Schedule 4 of the Pae Ora Act.

10. **Appendix One** sets out the IMPB recognition process, capability, and development roadmap.

Shift to commissioning for outcomes

11. Delivering better health outcomes for whānau means adopting a 'commissioning for outcomes' approach. This approach will provide a more strategic, collaborative and innovative process in assessing the needs of whānau and designing and investing in solutions to deliver the best health outcomes for communities.
12. **Appendix Two** maps out the outcomes roadmap taken by Te Aka Whai Ora and hauora Māori partners to build this shift.

Hauora Māori commissioning analysis

13. As requested, a summary of the hauora Maori commissioning analysis is attached at **Appendix Three**. The focus of the analysis includes:
- Kahu Taurima (joint programme with Te Whatu Ora) (a specific immunisation profile is included at the end) - integration of maternity and early years services for a child's first 2,000 days, from conception to five years old, across Aotearoa | New Zealand
 - Primary care – creating seamless pathways for whānau for diabetes, cardiovascular diseases, respiratory conditions, stroke and gout. Support for hauora Māori partners to work with whānau to encourage self-management of their conditions
 - Public and population health – includes targeted approaches with hauora Māori partners for breast, cervical and bowel screening
 - Mental health – expanding te ao Māori mental health service solutions, including primary mental health and wellbeing, access and choice
 - Addiction (not Budget 2022)
 - Workforce development – for example, scholarships through Te Pitomata programme, Science, Technology, Engineering, Mathematics, and Mātauranga Māori programmes
 - Mātauranga Māori – IMPBs, te ao Māori solutions (wellbeing and access to te ao Maori knowledge), rongoā and data and digital initiatives.

Next steps

14. We recommend you meet with officials to discuss the information provided in this aide-mémoire and related briefing from the Ministry of Health.

Te Aka Whai Ora
Māori Health Authority

Appendix One: Iwi-Māori Partnership Boards - Update

Te Aka Whai Ora

Māori Health Authority

- Te Taumata Hauora o Te Kahu o Taonui
- Nga Pou Hauora oo Tamaki Makaurau
- Te Tīratū
- Te Moana a Toi
- Te Taura Ora o Waiariki
- Tuwharetoa
- Tairawhiti Toitū Te Ora
- Tihei Tākitimu
- Te Mātuku
- Te Punanga Ora
- Te Pae Oranga o Ruahine o Tararua
- Āti Awa Toa
- Te Karu o Te Ika
- Te Kahui Hauora o Te Tau Ihu
- Te Taurakī
- Chatham Islands (engagement)
- Mataatua (engagement)



IMPBs

| Regions | IMPB |
|----------------|---|
| Te Taitokerau | <ul style="list-style-type: none"> • Te Taumata Hauora o Te Kahu o Taonui • Ngaa Pou Hauora oo Tamaki Makaurau |
| Te Manawa Taki | <ul style="list-style-type: none"> • Te Tīratū • Te Moana a Toi • Te Taura Ora o Waiariki • Tuwharetoa • Mataatua (Te Manawa o Te Ika) • Tairawhiti Toitū Te Ora • Te Punanga Ora |
| Te Ikarooa | <ul style="list-style-type: none"> • Te Mātuku • Tihei Takitimu • Te Pae Oranga o Ruahine o Tararua • Āti Awa Toa • Te Karu o Te Ika |
| Te Waipounamu | <ul style="list-style-type: none"> • Te Kahui Hauora o Te Tau Ihu • Te Taurakī • Chatham Islands (Wharekauri) |

Two IMPBs yet to complete recognition process

Te Manawa o Te Ika and Wharekauri

| | Process Description | Responsible | Timeline to complete | Current state of IMPBs |
|-----|--|--|--|---|
| 1. | Establishment process and requirements briefing to emerging iwi-Māori partnership boards (IMPBs) | Te Aka Whai Ora | Determined by the IMPB | Te Manawa o Te Ika – completed Wharekauri – completed |
| 2. | Final documentation provided to satisfy section 31 assessment criteria | Te Aka Whai Ora | Determined by the IMPB | Te Manawa o Te Ika – final stages Wharekauri – early stage |
| 3. | Internal assessment of documentation, including legal | Te Aka Whai Ora | Estimation of one week | N/A |
| 4. | Te Aka Whai Ora Board review and decision | Te Aka Whai Ora | Estimation of three weeks | N/A |
| 5. | Te Aka Whai Ora Board advises Minister of decision and recommends the Minister progress to an Order in Council | Te Aka Whai Ora | One week | N/A |
| 6. | Minister issues instructions to draft the Order in Council | Minister and Parliamentary Counsel Office | Estimation of three months to complete this process – dependency on Ministerial priorities, Cabinet priorities and Parliamentary Counsel Office Capacity | N/A |
| 7. | Drafting of Order in Council and draft paper for Cabinet Legislation Committee | Parliamentary Counsel Office and Te Aka Whai Ora | | N/A |
| 8. | Ministerial and agency consultation of draft Cabinet paper and Order in Council | Te Aka Whai Ora | | N/A |
| 9. | Order in Council is considered by Cabinet Legislation Committee | Minister | | N/A |
| 10. | Executive Council Governor-General approves Order in Council to list IMPBs in Schedule 4 of the Act | Minister | | N/A |

IMPB readiness: an assessment and timeframes

| Readiness measure | Commentary | Timeline for readiness | Regions | IMPB |
|--|--|------------------------|----------------|---|
| Governance ready to enact current statutory functions and key operations personnel in place | <ul style="list-style-type: none"> Priorities for improving hauora Māori have been determined IMPBs affirm support for expanded functions Whānau voice collection near completion | 1 March 2024 | Te Taitokerau | <ul style="list-style-type: none"> Te Taumata Hauora o Te Kahu o Taonui Ngaa Pou Hauora oo Tamaki Makaurau |
| Governance ready to enact current statutory functions however require additional capacity to be onboarded to operate effectively | <ul style="list-style-type: none"> Priorities for improving hauora Māori in progress Whānau voice collection in progress | 1 May 2024 | Te Manawa Taki | <ul style="list-style-type: none"> Te Tiratū Te Moana a Toi Te Taura Ora o Waiariki Tuwharetoa Te Manawa o Te Ika Tairawhiti Toitū Te Ora Te Punanga Ora |
| Governance members in place with limited operations personnel on board | <ul style="list-style-type: none"> Legal entity status in progress | 1 July 2024 | Te Ikaroa | <ul style="list-style-type: none"> Te Mātuku Tihei Takitimu Te Pae Oranga o Ruahine o Tararua Āti Awa Toa Te Karu o Te Ika |
| Emerging IMPBs | <ul style="list-style-type: none"> Require formal recognition | 1 July 2024 | Te Waipounamu | <ul style="list-style-type: none"> Te Kahui Hauora o Te Tau Ihu Te Tauraki Wharekauri |

IMPB capability build by areas of focus

Capability needed to enact current statutory functions (informed by establishment and onboarding engagement):

- Planning and implementation expertise to design Board priorities, frameworks and policy to guide work of the IMPBs and their monitoring function
- Data access and analyses to determine priorities for regional/local profiles, to inform monitoring function and current and/or future investments
- Whānau and hapū communications and engagement system and support to:
 - *systematically gather and analyse perspectives to influence regional and national decision-making*
 - *feed back to whānau and hapū on a regular basis about progress*
 - *gather whānau perspectives about the effectiveness as part of their monitoring role*
- Access to clinical support and advice regionally and to the national clinical Māori network (Te Whiri Kaha)
- Infrastructure support such as:
 - *digital and ICT capacity to store and protect information and knowledge (including digital platform)*
 - *people to undertake roles in a tight regional labour market.*

IMPBs' capability build translated by function

| Function | Design/Model | Tools | Data & Insight | Operational |
|--|---|--|---|---|
| Whānau voice | <ul style="list-style-type: none"> Systems for engagement Relationships | <ul style="list-style-type: none"> Methodology Data capture Whānau Voice ethics | <ul style="list-style-type: none"> Setting kaitiaki standards Analytical and presentation | <ul style="list-style-type: none"> Relationship leads Support for engagement Policy and data analysis |
| State of hauora | <ul style="list-style-type: none"> Local/regional hauora & wellbeing framework | | <ul style="list-style-type: none"> Wellbeing data/insight Hauora data/insight | <ul style="list-style-type: none"> Data presentation Report writing |
| Local/regional planning | <ul style="list-style-type: none"> System framework Points of influence | <ul style="list-style-type: none"> Public sector planning Prioritisation tools | <ul style="list-style-type: none"> Clinical advice Access and use Hauora Partner views | |
| Monitoring | <ul style="list-style-type: none"> Monitoring guide | <ul style="list-style-type: none"> Action research | <ul style="list-style-type: none"> Quantitative and qualitative insight | |
| Investment and Innovation | <ul style="list-style-type: none"> Investing for outcomes/impact | <ul style="list-style-type: none"> Māori wellness tools Innovation models | <ul style="list-style-type: none"> Outcome and impact data | |
| Report to Māori | <ul style="list-style-type: none"> Māori report Māori narratives | <ul style="list-style-type: none"> Māori storytelling Intervention logic | | |
| Governance and operational resource | <ul style="list-style-type: none"> Strategy and policy Operating model design Accountability framework | <ul style="list-style-type: none"> Planning & reporting Governance policies | <ul style="list-style-type: none"> Impact reporting | <ul style="list-style-type: none"> Governance arrangement Operations infrastructure Learning and training Risk management |

Roadmap for IMPB development

| | Jan 24 | Feb - Mar 24 Build Phase | Apr – Jun 24 Test Phase |
|-----------------------|---|---|---|
| IMBP | Individual IMPB plans | <ul style="list-style-type: none"> Organise cross IMPB development programme and commence implementation | <ul style="list-style-type: none"> Assess readiness for 1 July and recalibrate programme |
| Governance | Identify governance programmes | <ul style="list-style-type: none"> Collaborate with Ministry of Health and the Public Service Commission to leverage existing governance tools | <ul style="list-style-type: none"> Implement any required micro-credentialing Apply learnings across the tranches Action-research evaluation methods to be applied ongoing |
| Workforce | Refine workforce against priorities / model | <ul style="list-style-type: none"> Support IMPBs to finalise operating models Assist IMPBs with the necessary support/recruitment identified in the operating models | |
| Data | Respond to phase one report | <ul style="list-style-type: none"> Gauge current capacity and capability (readiness) to collect qualitative (whānau voice), quantitative (including funding, investment and evaluation/research data) and furnish insights Source the relevant micro-credentialing | |
| Commissioning | Clarify model and IMPB role | | |
| Monitoring | Share Te Aka Whai Ora model with IMPBs | | |
| Infrastructure | | <ul style="list-style-type: none"> Provide support/facilitate external support mechanisms Confirm readiness requirements: <ul style="list-style-type: none"> Premises, hardware, software Such as legal, finance People | |

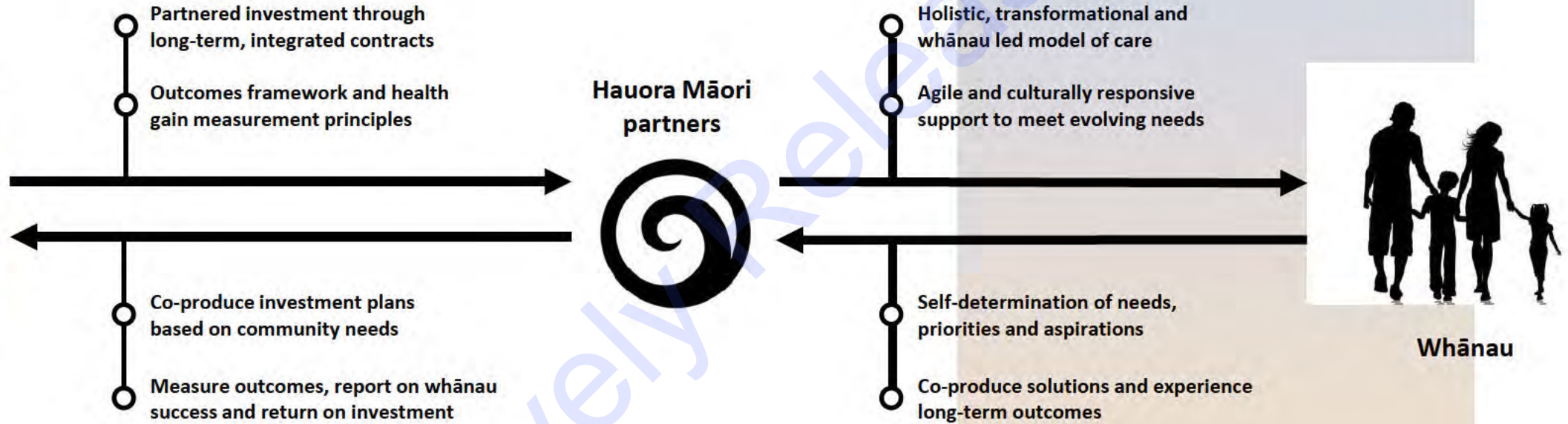
Te Aka Whai Ora
Māori Health Authority

Appendix Two: Commissioning For Outcomes 2024/25

Delivering better health outcomes ...

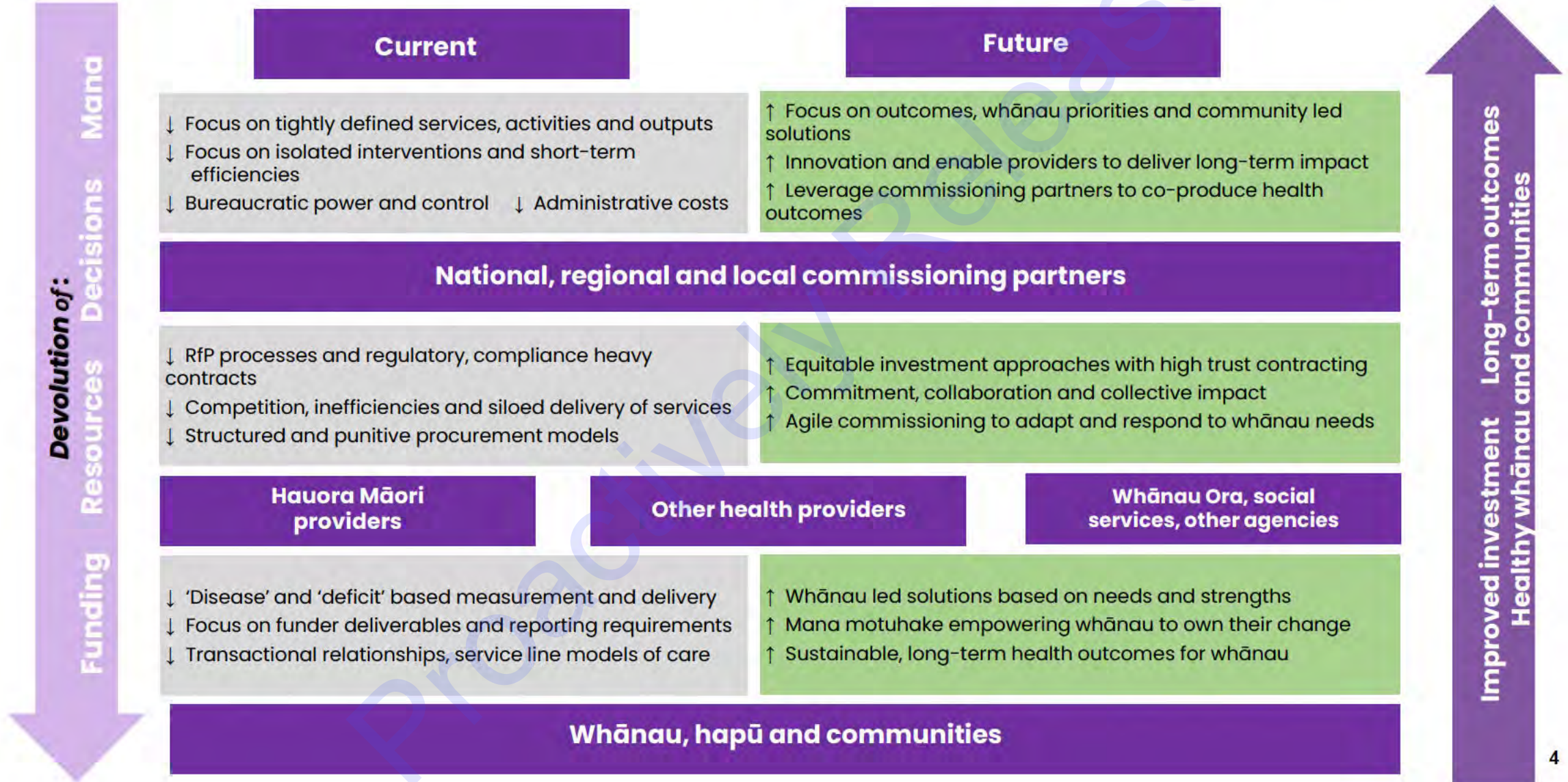
- Te Aka Whai Ora to drive significant change in the health system and deliver better health outcomes for whānau by adopting a 'commissioning for outcomes' approach. This approach will provide a more strategic, collaborative and innovative process in assessing the needs of whānau and designing and investing in solutions to achieve equity and deliver the best health outcomes for communities.
- Te Aka Whai Ora will enhance its interim Oranga Whānau Outcomes Framework and develop an outcomes roadmap that will serve as the operational document outlining a set of practical steps to successfully implement a commissioning for outcomes approach.
- The outcomes roadmap will focus on actions that can be taken by Te Aka Whai Ora and hauora Māori partners and will consider outcomes measurement, data collection and evaluation processes to ensure the following conditions can be met:
 - Prove that our investment is having the intended impact on the Government's health priorities
 - Improve access to and delivery of high-quality services to communities
 - Increase value for money through long-term investment focusing on prevention and early intervention
 - Achieve better health outcomes for whānau.

Confirming commissioning for outcomes model



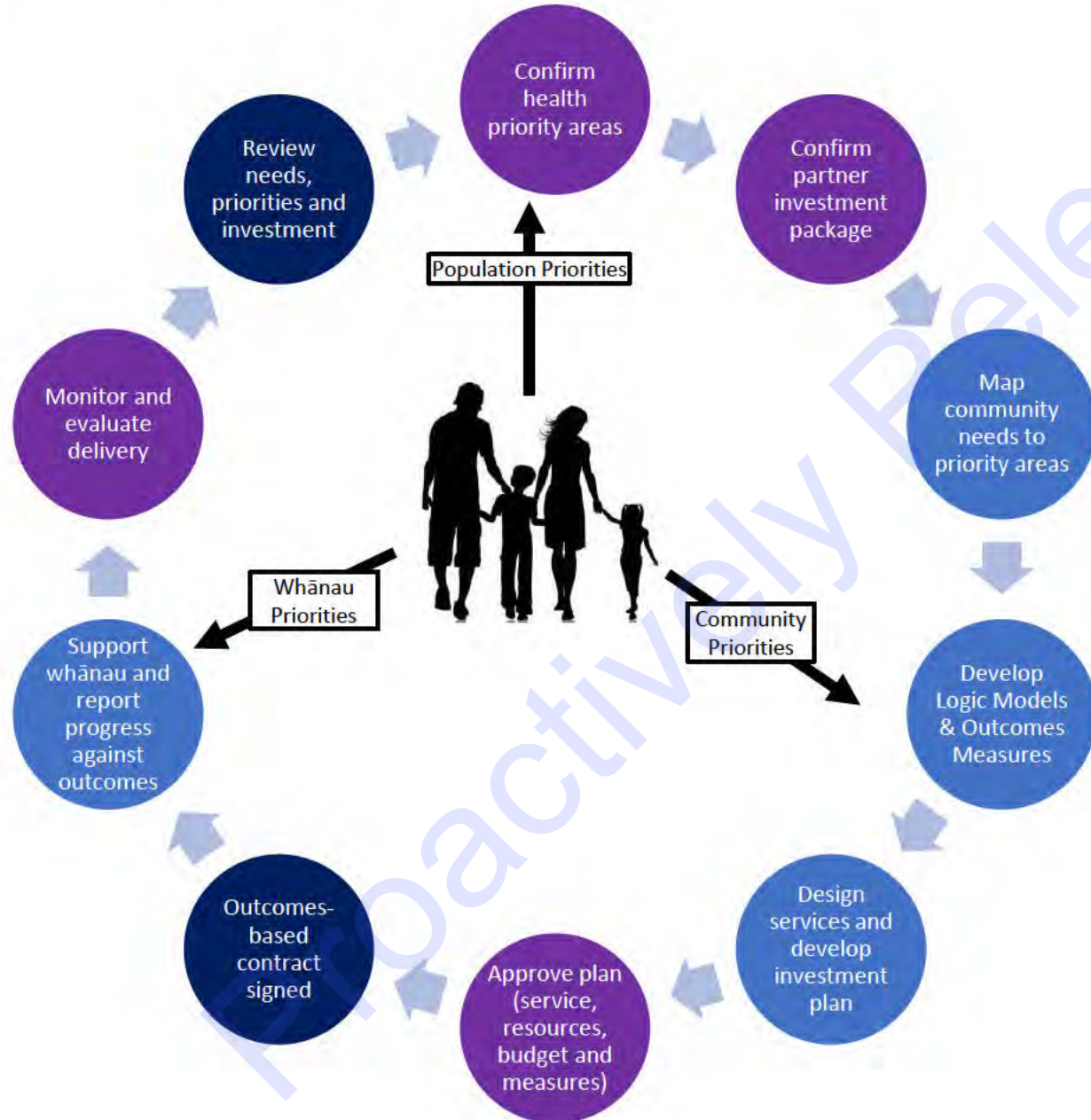
Proactively released

Impact of commissioning for outcomes model



Commissioning in action

Appendix Two



Role of iwi-Māori partnership boards to be factored into process

Colour key



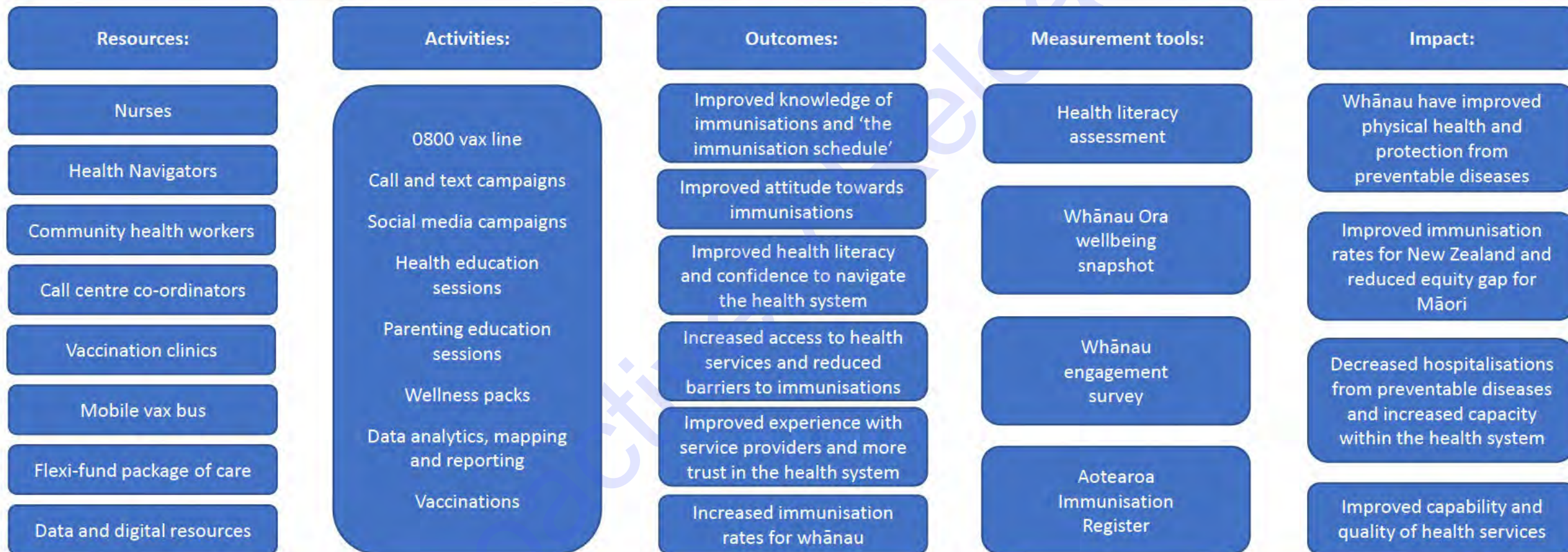
Logic modelling and outcomes measurement

Appendix Two

An example: improved immunisation uptake

Solution:

An immunisation programme delivered within a whānau model of care with services including a dedicated call centre; clinic, community and mobile vaccination sites; health education and wraparound support; health and wellbeing packs; data and digital campaigns to target whānau and ensure constant deployment of resources in the best areas.



Accountability:

Social return on investment principles can be used to measure the effectiveness and impact of our investment. One example of a financial proxy could be the cost of a measles outbreak. It was estimated earlier this year that seven measles cases cost Te Whatu Ora \$250,000, relating to direct costs (salaries) in the public health unit. This equated to almost \$36,000 per individual. The 2019 outbreak infected more than 2,000 people with a cost of approximately \$20 million (\$10,000 per individual). These amounts could be applied in the valuation process for the outcome relating to increased immunisation rates for whānau.

Impact for purchase unit codes (currently used)

Taking an outcomes and community-based focus to the identification of potential parent purchase unit codes (PUCs), we identified the potential for **14 parent PUCs** that reflect the range of whānau, and services currently supported by Te Aka Whai Ora. Each potential parent PUC fits into life course *, population level **, or service areas and aligns to an Oranga Whānau Outcomes Framework.

| Total service lines | Total contracts | Total PUCs | Total hauora Māori partners |
|---------------------|-----------------|------------|-----------------------------|
| 3,490 | 1,280 | 318 | 362 |

| Service themes | Draft parent PUCs | Proportion of PUCs themed** | Proportion of service lines themed** |
|----------------|-------------------|-----------------------------|--------------------------------------|
| 27 | 14 | 92% | 88% |

TO

Life course

1. Hapūtanga
2. Pēpi
3. Taiohi
4. Rangatahi
5. Pākeke
6. Koroua / Kuia
7. Kaumātua

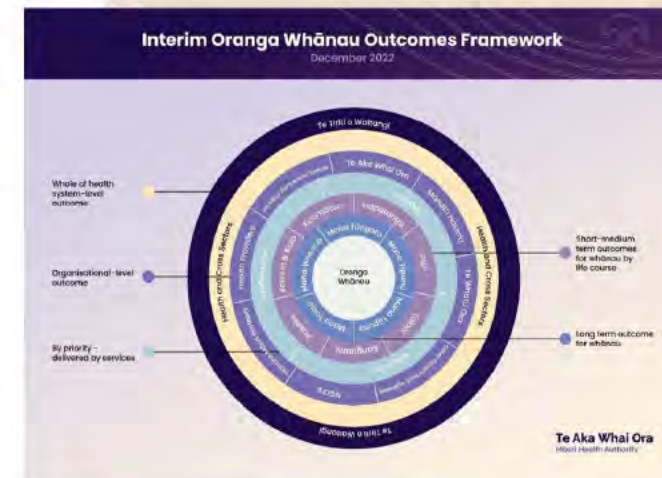
Population level

8. Mana Atua
9. Mana Whenua
10. Mana Tūpuna
11. Mana Tāngata

Service areas

12. Physical health
13. Oranga hinengaro
14. Provider development

**Note this is the first analysis phase. Our quality assessment shows our analysis has accounted for 99.9% percent of all service lines and 99.1 percent of all PUCs



Roadmap and detailed timeline

| Target Date | Key Deliverable |
|-------------|---|
| 2023 | |
| Mon 18 Dec | Commissioning model and timeline approved |
| Thu 21 Dec | Formal notification to hauora Māori partners regarding one year rollover and transition to commissioning for outcomes model |
| 2024 | |
| Fri 19 Jan | Draft outcomes roadmap developed |
| | Draft commissioning investment plan template developed |
| Fri 26 Jan | Final outcomes roadmap, commissioning investment plan template and roadshow collateral developed |
| Mon 29 Jan | Provider roadshows commence |
| | Co-production of commissioning investment plans commences |
| Fri 16 Feb | Provider roadshows completed |
| Fri 29 Mar | Commissioning investment plans received from hauora Māori partners |
| Mon 22 Apr | Commissioning investment plans approved |
| | Integrated contract template approved |
| Fri 17 May | Contracts sent to hauora Māori partners |
| Fri 31 May | Contracts signed |

Risks

| Risks | Risk Mitigation |
|--|---|
| Hauora Māori partners do not want to change to outcomes commissioning | Partner roadshows to engage and discuss the proposed commissioning for outcome approach. Open and transparent engagement, together with communications explaining the approach (FAQs) |
| Hauora Māori partners are not capable to undertake outcomes commissioning | 30 per cent (90) of hauora Māori partners are already commissioning for outcomes under the Whānau Ora Commissioning Agency and will easily transition into this outcomes commissioning model. It is estimated that at least another 40 percent will be able to commission with Te Aka Whai Ora support leading up to 1 July 2024. The remaining partners will require more intensive support and will look to transition part way through 2024/25, or by 30 June 2025 at the latest |
| Hauora Māori partners' workforce will struggle with an increased amount of outcome data collection and reporting | Training on outcomes measurement, collection and reporting will become a key practice of Te Aka Whai Ora. Measuring impact is a critical component of outcomes commissioning and demonstrating impact |
| Data quality will be compromised | <ul style="list-style-type: none"> ▪ Systems and data regularly reviewed to identify and reduce the likelihood of this occurring ▪ Regular training and follow-up ensure systems are used to record data ▪ Provider payments could be withheld or placed on hold if data requirements consistently fall below required standards ▪ Ensure that data collection is aligned to outcomes framework |
| Reputational risks with change to outcomes commissioning | Maintain open communication with key stakeholders, issue FAQs on commissioning activities and encourage discussion with partners, communities and whānau |

Te Aka Whai Ora
Māori Health Authority

Appendix Three: Hauora Māori Commissioning

Hauora Māori commissioning funding

The services contracted by Te Aka Whai Ora include:

- Kahu Taurima (a specific immunisation profile is included at the end) - integration of maternity and early years services for a child's first 2,000 days, from conception to five years old, across Aotearoa. Kahu Taurima focuses on our pēpi, tamariki and support for strong, healthy, empowered whānau. It will ensure whānau are well informed about their options and the standard of care they can expect to receive
- Primary care – creating seamless pathways for whanau for diabetes, cardiovascular diseases, respiratory conditions, stroke and gout. Support for hauora Māori partners to work with whanau to encourage self-management of their conditions
- Public and population health – includes targeted approaches with hauora Māori partners for breast, cervical and bowel screening
- Mental health – expanding Te Ao Māori mental health service solutions, including primary mental health and wellbeing, access and choice
- Addictions (not Budget 2022)
- Workforce development – for example, scholarships through Te Pitomata programme, STEMM programmes
- Mātauranga Māori – iwi-Māori partnership boards, Te Ao Maori solutions (wellbeing and access to Te Ao Maori knowledge), rongoā and data and digital initiatives

The Budget 2022 figures in the service summaries include funding transferred from 2022/23 to 2023/24 given that there was a short timeframe for services between contract execution and 30 June 2023

Service area: Kahu Taurima

Service Area

Kahu Taurima

Service Group

All

Interim Te Pae Tata Prior...

All

Contract Type

All

| Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Te Waipounamu | 11 | \$9,955,026 | \$76 | \$190 |
| Te Manawa Taki | 33 | \$32,007,799 | \$118 | \$164 |
| Te Ikaroa | 18 | \$16,706,068 | \$90 | \$144 |
| Northern | 22 | \$21,062,266 | \$75 | \$122 |
| National | 2 | \$0 | | |
| Total | 83 | \$79,731,158 | \$92 | \$149 |

Source ● B22 ● Legacy District ● Legacy MOH

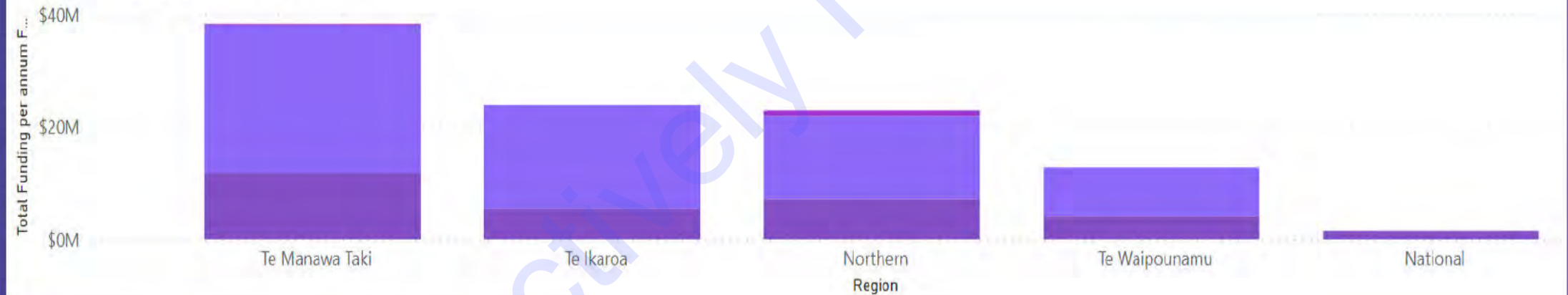


| Region | B22 | Legacy District | Legacy MOH |
|----------------|--------------|-----------------|------------|
| Te Manawa Taki | \$20,310,000 | \$11,435,299 | \$262,500 |
| Northern | \$10,697,500 | \$10,364,766 | |
| Te Ikaroa | \$7,257,500 | \$9,197,618 | \$250,950 |
| Te Waipounamu | \$5,925,000 | \$3,768,786 | \$261,240 |
| National | \$0 | | |

Service area: primary care

| Service Area | Service Group | Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|--------------|---------------|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Primary Care | All | Te Waipounamu | 29 | \$12,822,575 | \$98 | \$245 |
| | | Te Ikaroa | 38 | \$23,959,028 | \$129 | \$207 |
| | | Te Manawa Taki | 56 | \$38,411,251 | \$142 | \$197 |
| | | Northern | 35 | \$22,996,539 | \$82 | \$133 |
| | | National | 10 | \$1,500,000 | | |
| | | Total | 164 | \$99,689,392 | \$115 | \$186 |

Source ● B22 ● Legacy District ● Legacy MOH

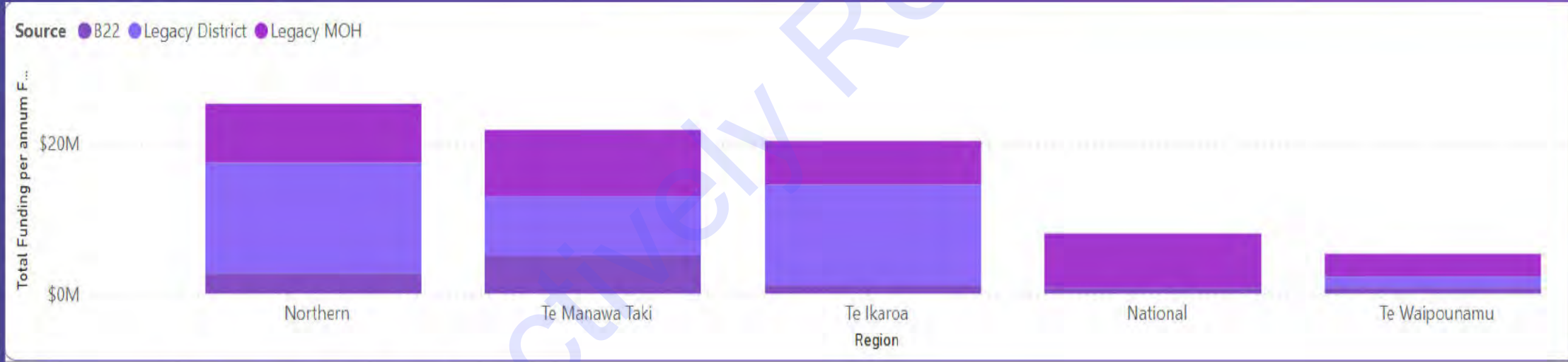


| Region | B22 | Legacy District | Legacy MOH |
|----------------|--------------|-----------------|------------|
| Te Manawa Taki | \$11,882,549 | \$26,292,452 | \$236,250 |
| Te Ikaroa | \$5,398,098 | \$18,560,930 | |
| Northern | \$7,209,534 | \$14,806,830 | \$980,175 |
| Te Waipounamu | \$4,145,162 | \$8,677,413 | |
| National | \$1,500,000 | | |

Service area: public and population health

Service Area: Public and Population H...
 Service Group: All
 Interim Te Pae Tata Prior...: All
 Contract Type: All

| Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Te Ikaroa | 34 | \$20,244,438 | \$109 | \$175 |
| Northern | 31 | \$25,170,647 | \$89 | \$146 |
| Te Manawa Taki | 51 | \$21,700,203 | \$80 | \$112 |
| Te Waipounamu | 9 | \$5,282,243 | \$40 | \$101 |
| National | 6 | \$7,984,218 | | |
| Total | 127 | \$80,381,748 | \$92 | \$150 |



| Region | B22 | Legacy District | Legacy MOH |
|----------------|-------------|-----------------|-------------|
| Northern | \$2,698,414 | \$14,658,178 | \$7,814,055 |
| Te Manawa Taki | \$5,034,183 | \$7,879,199 | \$8,786,821 |
| Te Ikaroa | \$1,136,919 | \$13,314,682 | \$5,792,836 |
| National | \$760,000 | \$7,224,218 | \$0 |
| Te Waipounamu | \$826,332 | \$1,444,160 | \$3,011,751 |

Service area: mental health

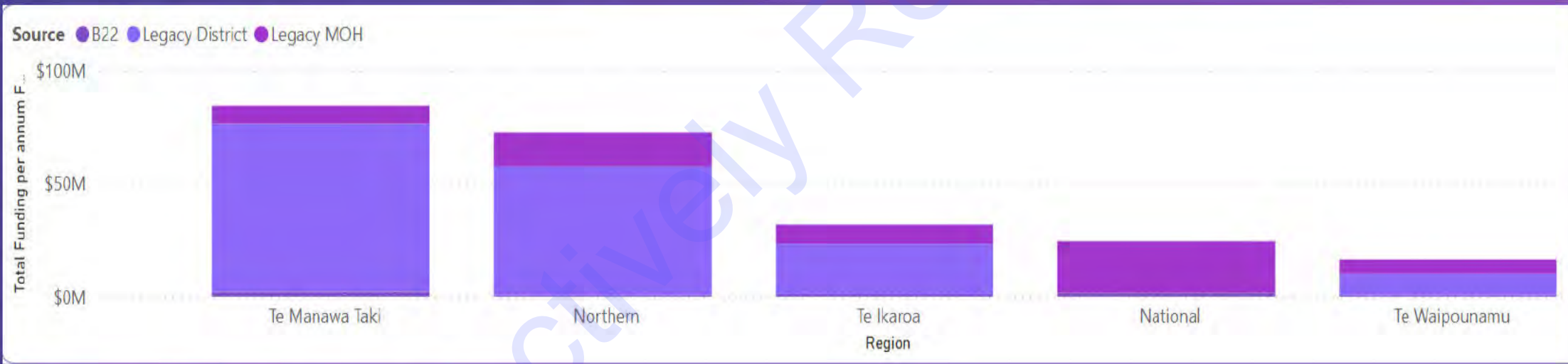
Service Area: Mental Health

Service Group: All

Interim Te Pae Tata Prior...: All

Contract Type: All

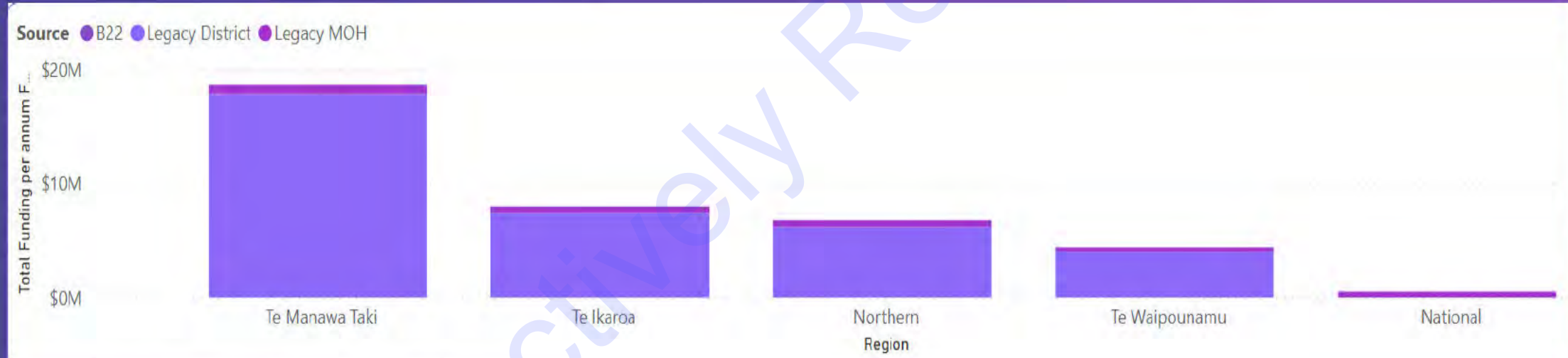
| Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Te Manawa Taki | 48 | \$84,549,776 | \$312 | \$435 |
| Northern | 32 | \$72,657,232 | \$258 | \$420 |
| Te Waipounamu | 17 | \$16,461,179 | \$125 | \$314 |
| Te Ikaroa | 32 | \$31,913,142 | \$172 | \$276 |
| National | 11 | \$24,596,663 | | |
| Total | 135 | \$230,177,991 | \$265 | \$430 |



| Region | B22 | Legacy District | Legacy MOH |
|----------------|-------------|-----------------|--------------|
| Te Manawa Taki | \$2,123,247 | \$74,454,590 | \$7,971,939 |
| Northern | \$613,613 | \$57,032,928 | \$15,010,690 |
| Te Ikaroa | \$977,710 | \$22,445,939 | \$8,489,492 |
| National | \$1,750,000 | | \$22,846,663 |
| Te Waipounamu | \$675,401 | \$9,522,005 | \$6,263,773 |

Service area: addiction

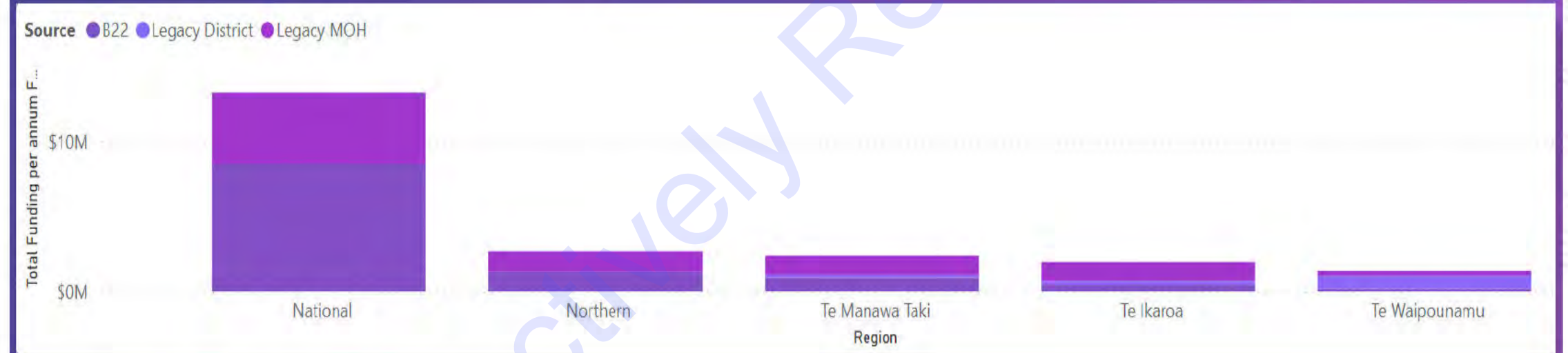
| Service Area | Service Group | Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|--------------|---------------|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Addictions | All | Te Manawa Taki | 27 | \$18,683,316 | \$69 | \$96 |
| | | Te Waipounamu | 6 | \$4,396,320 | \$33 | \$84 |
| | | Te Ikaroa | 13 | \$7,989,426 | \$43 | \$69 |
| | | Northern | 12 | \$6,793,334 | \$24 | \$39 |
| | | National | 1 | \$525,000 | | |
| | | Total | 57 | \$38,387,396 | \$44 | \$72 |



| Region | B22 | Legacy District | Legacy MOH |
|----------------|--------------|-----------------|------------|
| Te Manawa Taki | \$17,888,759 | \$794,556 | \$794,556 |
| Te Ikaroa | \$7,435,369 | \$554,057 | \$554,057 |
| Northern | \$6,176,881 | \$616,453 | \$616,453 |
| Te Waipounamu | \$4,006,980 | \$389,340 | \$389,340 |
| National | \$0 | \$525,000 | \$525,000 |

Service area: workforce development

| Service Area | Service Group | Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|-----------------------|---------------|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Workforce Development | All | Te Waipounamu | 8 | \$1,367,981 | \$10 | \$26 |
| | | Te Ikaroa | 10 | \$1,955,974 | \$11 | \$17 |
| | | Northern | 10 | \$2,671,341 | \$9 | \$15 |
| | | Te Manawa Taki | 11 | \$2,379,121 | \$9 | \$12 |
| | | National | 19 | \$13,257,086 | | |
| | | Total | 57 | \$21,631,504 | \$25 | \$40 |



| Region | B22 | Legacy District | Legacy MOH |
|----------------|-------------|-----------------|--------------|
| National | \$8,489,226 | \$4,767,860 | \$13,257,086 |
| Northern | \$1,309,374 | \$1,361,967 | \$2,671,341 |
| Te Manawa Taki | \$910,400 | \$1,287,901 | \$2,379,121 |
| Te Ikaroa | \$424,000 | \$1,253,479 | \$1,955,974 |
| Te Waipounamu | \$168,000 | \$865,200 | \$1,367,981 |

Service area: mātauranga Māori

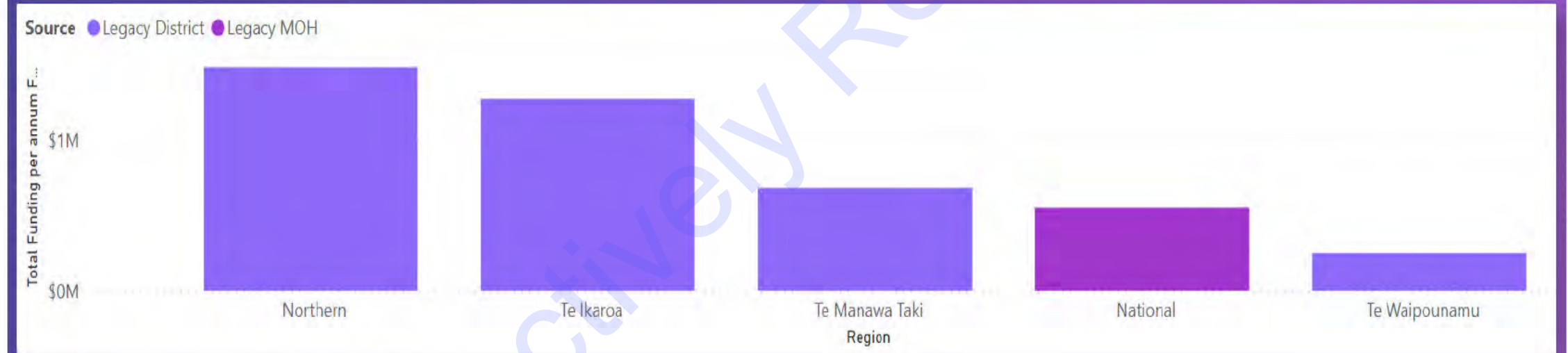
| Service Area | Service Group | Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|------------------|---------------|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| Mātauranga Māori | All | Te Waipounamu | 22 | \$4,056,673 | \$31 | \$77 |
| | | Te Ikaroa | 32 | \$6,552,268 | \$35 | \$57 |
| | | Northern | 36 | \$8,173,515 | \$29 | \$47 |
| | | Te Manawa Taki | 37 | \$8,600,456 | \$32 | \$44 |
| | | National | 5 | \$1,742,740 | | |
| | | Total | 131 | \$29,125,651 | \$33 | \$54 |



| Region | B22 | Legacy District | Legacy MOH |
|----------------|-------------|-----------------|-------------|
| Te Manawa Taki | \$6,807,518 | \$50,813 | \$1,742,125 |
| Northern | \$5,940,457 | \$281,807 | \$1,951,251 |
| Te Ikaroa | \$4,878,043 | \$775,600 | \$898,625 |
| Te Waipounamu | \$2,894,674 | \$1,161,999 | |
| National | \$1,481,000 | | \$261,740 |

Immunisation regional comparison

| Service Area | Service Group | Region | No. of Service Providers | Total Funding per annum FY23-24 | Service Funding per Capita | Service Funding per Capita MDP Q4-Q5 |
|--------------|---------------|----------------|--------------------------|---------------------------------|----------------------------|--------------------------------------|
| All | Immunisation | Te Ikaroa | 7 | \$1,271,128 | \$7 | \$11 |
| | | Northern | 7 | \$1,479,868 | \$5 | \$9 |
| | | Te Waipounamu | 3 | \$249,698 | \$2 | \$5 |
| | | Te Manawa Taki | 6 | \$681,460 | \$3 | \$4 |
| | | National | 1 | \$550,862 | | |
| | | Total | 24 | \$4,233,016 | \$5 | \$8 |



| Region | Legacy District | Legacy MOH |
|----------------|-----------------|------------|
| Northern | \$1,479,868 | |
| Te Ikaroa | \$1,271,128 | |
| Te Manawa Taki | \$681,460 | |
| National | | \$550,862 |
| Te Waipounamu | \$249,698 | |

Aide-Mémoire

Disestablishment of Te Aka Whai Ora: Progress Update

| | | | |
|--------------------------------|---------------------------------------|------------------------|----------|
| Date due | 19 December 2023 | Priority | Urgent |
| To | Hon Dr Shane Reti, Minister of Health | | |
| Copy to | N/A | | |
| Security classification | IN CONFIDENCE | Tracking number | MHA34710 |

| Contact for discussion (if required) | | | |
|---|---------------------------------------|--------------|-------------------------------|
| Name | Position | Phone | 1st contact |
| Juanita Te Kani | DCE, System Strategy and Policy | s 9(2)(a) | X |
| Craig Owen | DCE, Governance and Advisory Services | s 9(2)(a) | |

| The following departments/agencies have been consulted |
|--|
| Transition oversight teams in Te Whatu Ora Health New Zealand and Ministry of Health |

| Attachments |
|---|
| Appendix One: Post disestablishment of Te Aka Whai Ora options Appendix Two: Communications schedule and key messages Appendix Three: High-level roadmap and timeline |

Purpose

1. This paper provides you with information to support discussion at the Cabinet Business Committee (CBC) meeting on 20 December 2023.

Key points

2. Health Report H202303404 from the Ministry of Health provides key talking points to support you at CBC. Please find attached the following appendices actioning items you referred to on 11 December 2023 with officials and at the 'deep dive' hui on 12 December 2023, which will also aid your CBC discussions:
 - a. **Appendix One:** future state following the disestablishment of Te Aka Whai Ora | Māori Health Authority – there are two proposed options for your consideration
 - b. **Appendix Two:** draft communications schedule with key messages
 - c. **Appendix Three:** updated high-level roadmap and timeline, now incorporating workstreams for the Hauora Māori Advisory Committee (HMAC) and commissioning, supporting your direction following the deep dive session on 12 December 2023. This document also sets out how the entities are working together to support the 100 Day Action Plan.

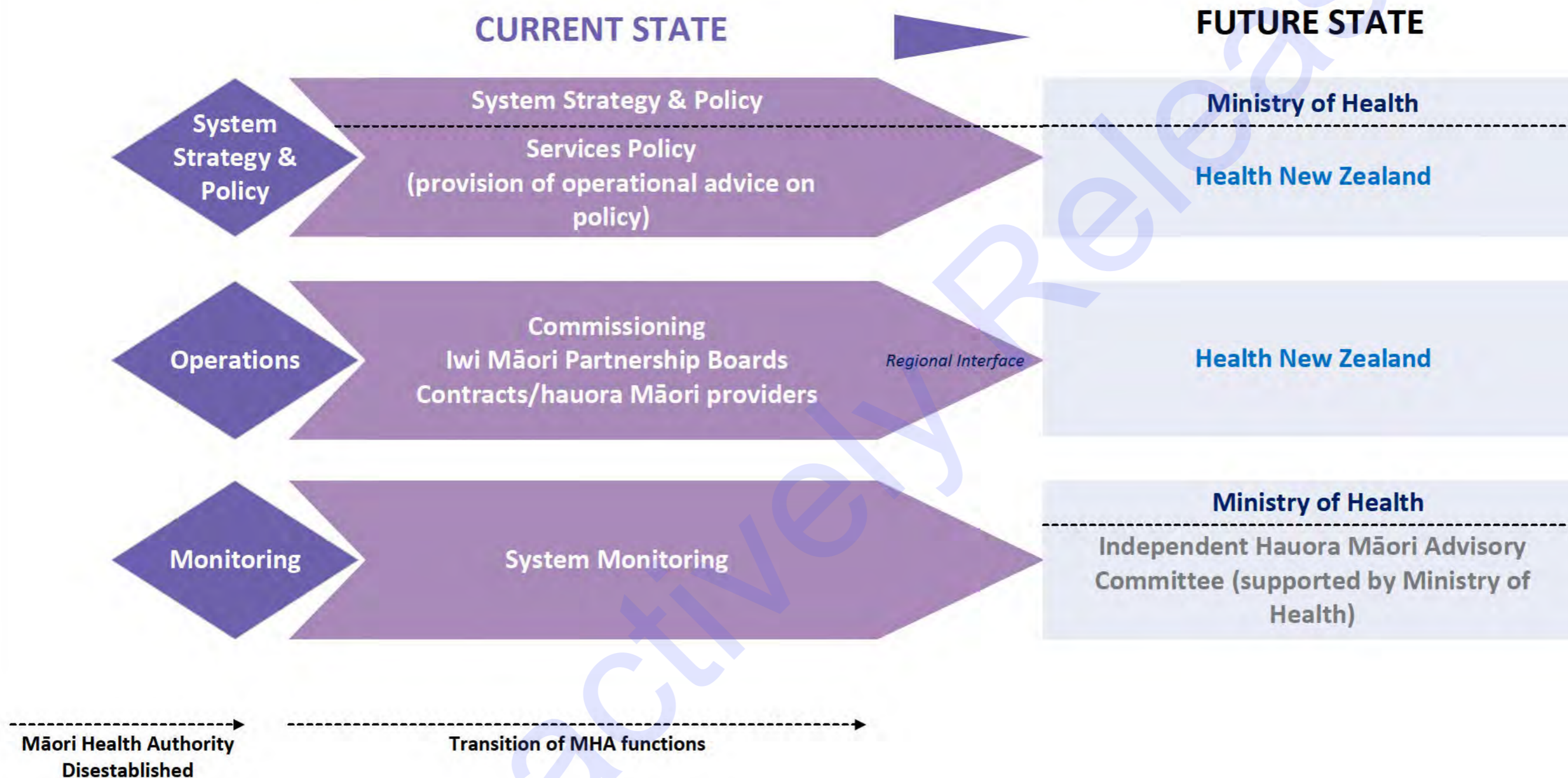
3. As discussed with you, Te Aka Whai Ora Board is overseeing the disestablishment of the agency and the transition of functions and staff into respective entities.
4. The transition oversight team, comprising of officials from across the three health agencies, continue to work together to support this work.

Next steps

5. On 19 December 2023, you will receive the following briefings from the oversight transition team:
 - a. Legislative changes to Pae Ora (Healthy Futures) Act 2022
 - b. A development pathway for powering up iwi-Māori partnership boards (IMPBs)
 - c. Strengthening the role of HMA as the premier monitor of Māori health within the health system
 - d. Shifting to outcome-based contracts for hauora Māori commissioning will enable services to quickly pivot to align with government priorities
 - e. Communication to IMPBs and hauora Māori providers to be released before the holiday period.

Appendix One: Post disestablishment of Te Aka Whai Ora options

Work in progress: disestablishing the Māori Health Authority



Work in progress: disestablishing the Māori Health Authority

HEALTH CARE

Timely, Access and Quality

Decision-making closer to home

Health Settings

FUNCTIONS TO SUPPORT

Commissioning for Services
Mātauranga Māori
Population Health
Service Development
Services Policy

IMPBs,
Contracts, Providers

System Strategy & Policy

System monitoring of improved
Hauora Māori outcomes

FUTURE FORM

Health New Zealand to operationalise all services with the additional capability in the Maori health services directorate

Health New Zealand will support IMPBs to develop their commissioning capability and bring decision-making on services closer to home

Ministry of Health strengthening capacity as the system stewards

Hauora Māori Advisory Committee independent advice to the Minister as the premier monitor of hauora Māori outcomes

Appendix Two: Communications schedule and key messages

Run sheet

| Date | Event | Lead | Key messages |
|-----------------------|------------------------------------|--|--------------------------------|
| 18 December 2023 | Meeting with Te Aka Whai Ora Board | Minister of Health Minister for Māori Development (attending) | Refer to MHA33757 |
| 20 December 2023 | Cabinet Business Committee | Minister of Health | Refer to H2023034014 |
| 20 December 2023 (pm) | All of Te Aka Whai Ora staff | Chief Executive, Te Aka Whai Ora | Refer below |
| 21 December 2023 | Hauora providers | Chief Executive, Te Aka Whai Ora | Refer below |
| 23 January 2024 | IMPB meeting | Board Chair, Te Aka Whai Ora | To be provided in the new year |

Key messages to Te Aka Whai Ora staff

- We have been advised that in early in the new year Cabinet will discuss and agree to disestablish Te Aka Whai Ora
- Working to a timeframe for Te Aka Whai Ora being disestablished by 30 June 2024
- Te Aka Whai Ora Board is overseeing the disestablishment and transition process
- The priority is looking after our kaimahi and supporting transfers into either Te Whatu Ora or the Ministry of Health
- The change process will be underway from January 2023
- Legacy (former district health board and Ministry of Health) providers and contracts are secure, with contracts rolled over for a year as we move to integrated and outcome-based contracts. This will be done in tranches with those that are ready moving earlier
- The focus is on a smooth transition and looking after our kaimahi in a mana enhancing way respecting our tikanga
- It will take some time for IMBPs to be powered up and the focus initially will be to build their capacity and capability to deliver on their functions as set out in the Pae Ora (Healthy Futures) Act 2022
- We are proud of our collective achievements over the past two years
- Support offered to kaimahi includes EAP and rongoā

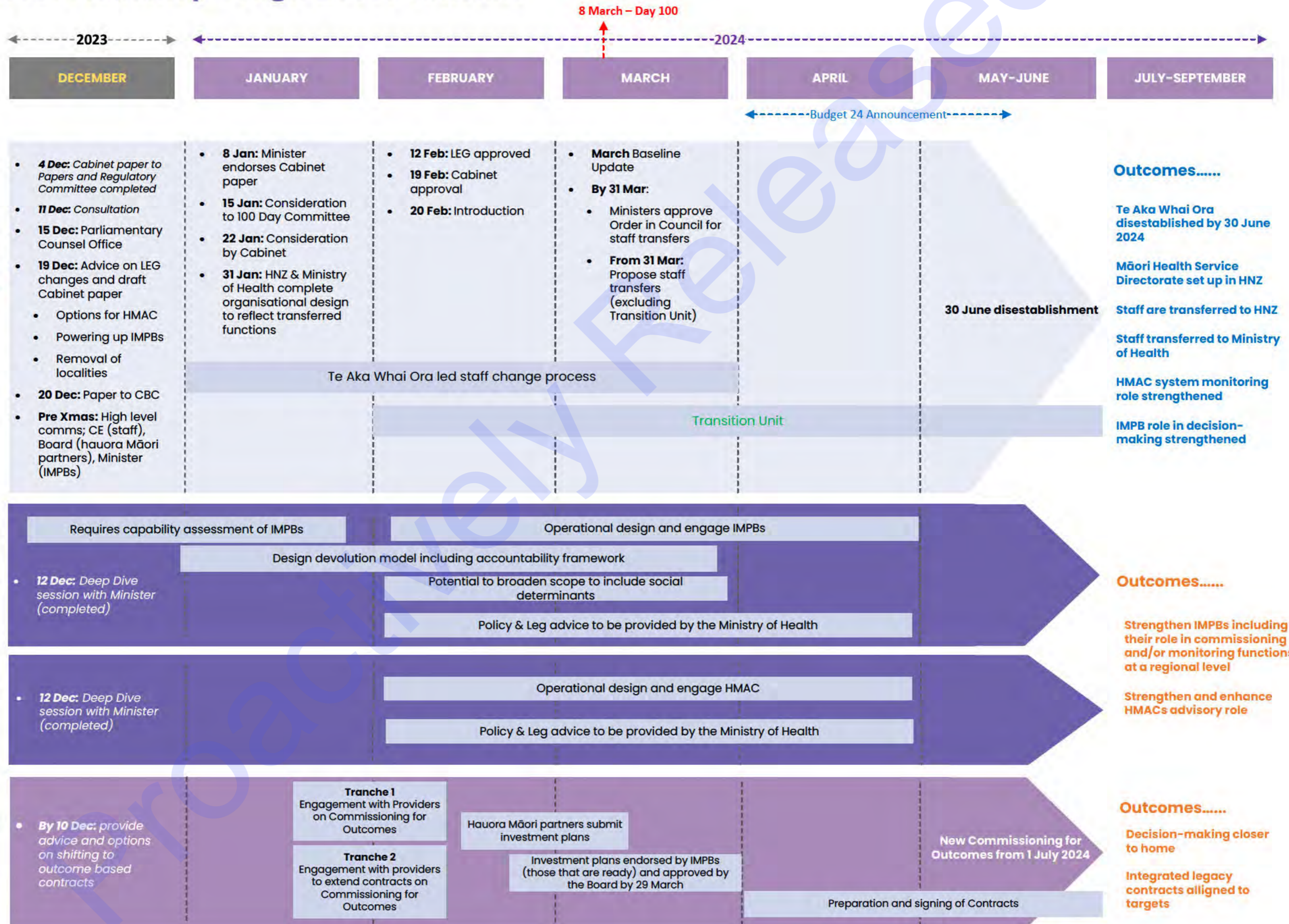
Key messages to hauora providers

- We have been advised that in early in the new year Cabinet will discuss and agree to disestablish Te Aka Whai Ora
- We are working to a timeline of Te Aka Whai Ora being disestablished by 30 June 2024
- Regardless of the changes ahead, existing legacy (former district health board and Ministry of Health) contracts and commitments will continue as we move forward to integrated and outcome-based commissioning

- We wanted to give you certainty before the holiday period, and we appreciate your patience and understanding as we navigate through this process.

Proactively Released

Appendix Three: Roadmap - High Level Timeline



Te Aka Whai Ora
Māori Health Authority

Weekly Report to the Minister of Health

w/c 15 January 2024

Prepared on 11 January 2024

MHA34895

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Proactively Released

Key operational matters

2024 Hauora Māori Internship Fund update

Response to queries from Minister of Health

In the Weekly Report to you dated 19 December 2023, Te Aka Whai Ora provided an item on the launch of the 2024 Hauora Māori Internship Fund (the Hauora Māori Fund). You have requested information on the outcomes measures that will be applied to the Hauora Māori Fund, an outline of how progress will be tracked, and information on the selection criteria for the interns. In response to your request, we are also providing information on the 2023 Summer Internship Fund (Summer Internship Fund), which has a similar purpose to the Hauora Māori Fund.

The key outcome sought from both Funds is to increase opportunities for paid work experience for rangatahi and taura Māori in the health system. This aligns with priorities identified in the Health Workforce Plan 2023/24, and is intended to encourage more Māori to choose to work in healthcare. Ultimately, this will support equity by increasing the proportion of health workers who are Māori, addressing historic underrepresentation, as well as more generally increasing the overall number of healthcare workers in New Zealand.

Progress is tracked through reporting from individual hauora Māori partners (HMPs) and other health providers who are the employers of interns. This includes a monthly quantitative report, as well as quarterly narrative reports.

Requirements for host providers and interns

The selection criteria for individual interns is a decision for each participating organisation. To be eligible for funding, organisations must show that they are recruiting rangatahi or taura Māori who are actively pursuing a career in health (for example, they are studying towards a formal qualification related to health).

The specification for a host provider includes:

- Recruit taura Māori who are studying health or health related studies, who are committed to completing 200 hours of paid work experience
- The provision of supervision, pastoral care and support and cultural supervision throughout an intern's employment.

Host providers must also indicate which of the following learning outcomes will be provided through an internship:

- Support the design, development, or delivery of hauora Māori services
- Establish quality relationships between Māori clients, their whānau and a range of stakeholders
- Perform person-centred tasks and functions in a health or wellbeing setting, providing culturally safe support
- Work within the responsibilities and boundaries of own role in a health and wellbeing setting

- Recognise and report health or wellbeing risks and changes in a person or their whānau and/or family
- Provide administrative and general office services using business technologies to support everyday operational activities
- Process data, produce information, and perform financial calculations for business purposes
- Work cooperatively within a team and contribute to the achievement of shared goals or objectives
- Describe concepts and approaches that are required to understand health and well-being from a Māori cultural context
- Identify health promotion activities for Māori communities consistent with Māori models of wellness.

It is possible for partners to apply to fund interns from both Funds, up to a maximum of ten internships per host provider for the panel to consider. As each Fund covers different timeframes for delivery, a partner could offer the two different internships to the same applicant (for example, a student may be an intern over the summer break, then again during their semester 2 holiday break, providing continuity of experience).

Status of application process for Funds

Hauora Māori Fund – (\$2.95 million)

The Hauora Māori Fund launched on 18 December 2023. To date, 20 providers have started applications for the Fund, with \$490,000 total funding requested at this stage. The Hauora Māori Fund closes on 29 January 2024.

Summer Internship Fund – (\$1.25 million)

The Summer Internship Fund has now closed. The assessment panel has recommended funding for 31 providers that are collectively supporting 107 internships. An offer of funding has been sent to each provider. The assessment panel also recommended follow-up conversations with a further four providers who are proposing support for 18 internships. Each of these providers has now had follow-up conversations and an opportunity to submit additional information for the assessment panel to consider.

In total, Te Aka Whai Ora is seeking to invest \$1.25 million to support 125 internships across 35 providers.

Next steps

If you are interested in visiting HMPs to learn more about these initiatives, Te Aka Whai Ora can work with your office and the HMPs to arrange a visit. Examples of two HMPs participating in these Funds include:

- Whaioranga Trust – established in 1983, it was the first marae-based Māori health provider in Tauranga Moana. Its services include whānau support, rongoā, mirimiri, counselling, mental health, disabilities and the Kaumatua Programme. The Trust has been approved for two interns, with the model for its internship programme focussing on foundational skills for programme delivery, clinical and cultural assessments, case management and client management systems.

- Te Whare Ora o Te Hiku o Te Ika Limited – established in 1995 by Tangata Whenua o Muriwhenua to serve the health needs of whānau, hapū, Iwi and communities in the Far North. This is a community-based health and wellbeing service, delivering a range of health-related services. The organisation is building a Hauora Academy with a programme called KIT (Kaitiaki in Training). This is a pathway for young school leavers contemplating a career in health to work as employees over the Christmas break. Interns will work with frontline kaimahi across a range of services.

Winter preparedness

Update one

You have requested regular updates on the progress of the initiative to boost immunisation rates among tamariki Māori. HMPs using a whānau-centric approach are better resourced and supported through the investment package to reach into their communities and vaccinate where whānau live, work, and play.

An indicative, initial summary of completed vaccination events to date, based on both Māori health provider facilities as recorded in the Aotearoa Immunisation Register (AIR) (currently 171 facilities) and those recorded via Patient Management Systems, is in Table One on page 7 below.

Table One highlights positive results across COVID-19, MMR, Influenza, and D-Tap for the December 2023 period. We expect that numbers will increase across all vaccinations. It is also predicted that data and information in AIR will improve as more HMPs begin to use this technology to record vaccinations.

Whānau Ora Commissioning Agency update

Whānau Ora Commissioning Agency is working on an implementation plan that will set out its intended investment for the year one funding, and set a timeframe and target milestones to ensure the key activities are met. We will update you on the implementation plan in the week commencing 15 January 2024.

Registration of Interest – North Island

Te Aka Whai Ora | Māori Health Authority received 31 responses from 40 North Island HMPs from the closed Registration of Interest (RoI) process to commission and develop community-led immunisation services.

These contracts with HMPs will support tailored and targeted approaches in areas of Aotearoa that have some of the lowest vaccination coverage rates for tamariki, rangatahi, hapū māmā, kaumātua, and whānau Māori.

Te Aka Whai Ora will work closely with regional teams, iwi-Māori partnership boards and HMPs throughout the contracts' life cycle to monitor immunisation rates as our commitment to reaching the 95 per cent target.

The evaluation panel (the panel), consisting of six members, scored and moderated the responses based on four evaluation criteria: relationships, proposed approach, organisation capability, and geographical spread.

The panel recommended 16 HMPs progress to the interview stage in early January 2024, based on their responses and sustainability and viability to undertake an immunisation programme. The table below provides a breakdown of responses by region in the North Island:

| | Northern | Te Manawa Taki | Te Ikaroa |
|---|----------|----------------|-----------|
| Number of responses received | 7 | 14 | 10 |
| Number of responses recommended for interviews | 4 | 7 | 5 |

The panel will make its final recommendations after the interviews conclude. We intend that contracts are in place by the first week of February 2024.

Funding - South Island

In the aide-mémoire Winter Preparedness: Immunising our Tamariki (MHA34301), which your office received in December 2023, Te Aka Whai Ora stated that there would be a RoI process run for both the North and South Islands. Since then, a new approach has been agreed by the boards of Te Whatu Ora | Health New Zealand and Te Aka Whai Ora for the South Island funding allocation for winter preparedness.

Te Whatu Ora and Te Aka Whai Ora have pooled different funding allocations (including COVID-19 underspend) to enable a joined up, comprehensive immunisation investment strategy for the South Island. This will include all clinical, immunising and COVID-19 response HMPs in the South Island (28) receiving allocations in this investment strategy.

Although this differs from the RoI process occurring in the North Island, where there is a higher concentration of HMPs, this approach provides greater coverage for a geographically vast region and ensures no groups or areas are missed.

Table One: December 2023 completed vaccination events

| Sum of COUNT(*) | EVENT_STATUS_DESC | ANTIGEN_GROUP_DESC | EVENT_DATE | | | | | | | | | | | | Grand Total | | |
|-----------------|-------------------|--------------------|------------|-----------|-----------|-----------|-----------|------------|------------|------------|------------|------------|------------|------------|-------------|-----|------------|
| | | | 4/12/2023 | 5/12/2023 | 6/12/2023 | 7/12/2023 | 8/12/2023 | 11/12/2023 | 12/12/2023 | 13/12/2023 | 14/12/2023 | 15/12/2023 | 18/12/2023 | 19/12/2023 | | | 20/12/2023 |
| Completed | | 23PPV | 1 | | | | | | | | | | | | | 1 | 0% |
| | | COVID-19 | 29 | 3 | | 20 | 4 | 5 | 8 | | 3 | 2 | 17 | 7 | 4 | 102 | 12% |
| | | DTaP-IPV | 2 | 1 | 7 | 2 | | 1 | 3 | 3 | 3 | 2 | 4 | 2 | 1 | 31 | 4% |
| | | DTaP-IPV-HepB | | | | | | | | | | | | | 1 | 1 | 0% |
| | | DTaP-IPV-HepB/Hib | 5 | 13 | 16 | 8 | 6 | 5 | 6 | 10 | 2 | 12 | 8 | 20 | 9 | 120 | 14% |
| | | Hep B | 1 | | 1 | 1 | | | | | | 1 | 2 | | | 6 | 1% |
| | | Hib-PRP-T | | 3 | 4 | 2 | | | 3 | 4 | | 1 | 1 | 5 | 5 | 32 | 4% |
| | | HPV2 | | | | | | | | | | | 1 | | | 1 | 0% |
| | | HPV9 | | 2 | 4 | 1 | | | 1 | | 1 | 2 | 1 | | | 12 | 1% |
| | | Influenza | 2 | 1 | 1 | | | 3 | 1 | 1 | | | | | | 9 | 1% |
| | | MenB | 8 | 17 | 19 | 16 | 4 | 7 | 21 | 10 | 11 | 14 | 18 | 24 | 12 | 181 | 21% |
| | | MenMCV4P | 2 | | | | 1 | | | | | | | | | 3 | 0% |
| | | MMR | 3 | 12 | 14 | 7 | 2 | 5 | 8 | 2 | 2 | 3 | 9 | 6 | 8 | 81 | 10% |
| | | PCV10 | 2 | 8 | 5 | 1 | 2 | 2 | 1 | 3 | | 4 | 3 | 1 | | 32 | 4% |
| | | PCV13 | 3 | 5 | 11 | 5 | 2 | 1 | 10 | 6 | 2 | 7 | 3 | 11 | 4 | 70 | 8% |
| | | RV | 2 | 4 | 10 | 6 | 3 | 4 | 2 | 5 | 1 | 7 | 7 | 14 | 6 | 71 | 8% |
| | | rZV | 1 | | 2 | 1 | | 1 | 1 | | | 1 | 2 | 1 | | 10 | 1% |
| | | Td | | | | 1 | | | | | | | | | 1 | 2 | 0% |
| | | Tdap | 2 | 3 | 4 | 6 | 2 | 2 | 2 | 3 | 2 | 4 | 5 | 2 | 1 | 38 | 5% |
| | | VV | | 6 | 7 | 2 | 1 | 4 | 4 | | | 2 | 5 | 3 | 5 | 39 | 5% |
| Grand Total | | | 63 | 78 | 105 | 79 | 27 | 43 | 72 | 43 | 28 | 63 | 89 | 96 | 56 | 842 | 100% |

Note: There are small numbers of data quality issues as facilities and systems work through the AIR implementation and set up processes.

Appendix

Upcoming key external meetings/visits and events/announcements

| Date | Event/Publication/Announcement | Attendee / Minister |
|------|--------------------------------|---------------------|
| - | - | - |

Agency Official Information Act requests

| Date due to requester | Requester | Request summary |
|-----------------------|--------------|---|
| 24 January 2024 | Organisation | Any correspondence regarding National Māori Action Day, the Māori Party / Te Pāti Māori, and/or the associated protests |
| 25 January 2024 | Individual | Information on the services Te Aka Whai Ora owns and operates in Whanganui |
| 9 February 2024 | Organisation | Information relating to: <ul style="list-style-type: none">• Introducing legislation to disestablish Te Aka Whai Ora• Repealing amendments to the Smokefree Environments and Regulated Products Act 1990 and regulations• Allowing the sale of cold medication containing pseudoephedrine• Working to repeal the Therapeutic Products Act 2023• Working on delivering better public services and strengthening democracy• Lodging a reservation against adopting amendments to WHO health regulations to allow the government to consider these against a "national interest test" |

| | | |
|--|--|---|
| | | <ul style="list-style-type: none">• Examining the Māori and Pacific Admission Scheme and Otago equivalent to determine if they are delivering desired outcomes• Any other Act, policy, practice or decision which relates to Māori health and related Te Tiriti o Waitangi issues. |
|--|--|---|

Parliamentary questions

| Date due to MP | MP | Question |
|----------------|----|----------|
| - | - | - |

Ministerial correspondence

| Date due to Minister's office | Correspondent | Correspondence summary |
|-------------------------------|---------------|------------------------|
| - | - | - |

Upcoming briefings

| Title | Date due to Minister |
|--|----------------------|
| Performance Monitoring Review of Te Whatu Ora Quarterly Performance Report | By 17 January 2024 |

Upcoming Cabinet papers

| Title | Date due to Minister |
|-------|----------------------|
| - | - |

~~IN CONFIDENCE~~

Te Aka Whai Ora

Māori Health Authority

Briefing

Information on Te Aka Whai Ora budget, staff, and functions

| | | | |
|--------------------------------|---------------------------------------|------------------------|----------|
| Date due | 12 January 2024 | Priority | Urgent |
| Security classification | IN CONFIDENCE | Tracking number | MHA35530 |
| To | Hon Dr Shane Reti, Minister of Health | | |
| Copy to | N/A | | |

| Action sought | | |
|---------------------------------------|--|--------------------|
| Minister | Action sought | Action required by |
| Hon Dr Shane Reti, Minister of Health | Agree that Te Aka Whai Ora Māori Health Authority Board put in place processes to ensure that contractors are only engaged where absolutely necessary | 19 January 2024 |
| | Agree that Te Aka Whai Ora, with the Ministry of Health Manatū Hauora and Te Whatu Ora Health New Zealand provide advice to you on an assessment of iwi-Māori partnership boards' capability and capacity, including options to build that capability and capacity | 19 January 2024 |

| Contact for discussion (if required) | | | |
|--------------------------------------|---|-----------|-------------------------|
| Name | Position | Phone | 1 st contact |
| Riana Manuel | Chief Executive Te Aka Matua | s 9(2)(a) | X |
| Craig Owen | Deputy Chief Executive, Governance and Advisory Maiaka Tōakiaki | | |

| The following departments/agencies have been consulted |
|---|
| None. The Ministry of Health and Te Whatu Ora were provided with a copy of the briefing through the Interagency Transition Working Group leads. |

Briefing


Information on Te Aka Whai Ora budget, staff, and functions

Purpose

1. On 8 January 2024 at a meeting with the Chief Executive of Te Aka Whai Ora | Māori Health Authority you requested information to support future decisions on the disestablishment of Te Aka Whai Ora. This briefing responds to that request and provides further information on transition planning.

Recommended actions

1. Te Aka Whai Ora recommends that you:
 - a) **Note** that there will be a requirement to engage some contract or fixed term staff to carry out core and critical work through to the disestablishment of Te Aka Whai Ora Noted
 - b) **Agree** that Te Aka Whai Ora Board put in place processes to ensure that contractors and fixed term staff are only engaged where absolutely necessary Yes/No
 - c) **Agree** that Te Aka Whai Ora, with the Ministry of Health | Manatū Hauora and Health New Zealand | Te Whatu Ora provide advice to you on an assessment of iwi-Māori partnership boards' capability and capacity, including options to build that capability and capacity. Yes/No


Hon Dr Shane Reti
Minister of Health

Date: 15/1/2024



Riana Manuel
Chief Executive | Te Aka
Matua
Te Aka Whai Ora

Date: 12 January 2024

Summary

1. A transition plan is being developed by Te Aka Whai Ora | Māori Health Authority, Health New Zealand | Te Whatu Ora and the Ministry of Health | Manatū Hauora. That plan assumes that all staff will transfer to Te Whatu Ora or the Ministry of Health by or on 31 March 2024 with formal disestablishment of Te Aka Whai Ora on 30 June 2024.
2. Further feedback from you following Cabinet consideration of your paper proposing amendments to the Pae Ora (Healthy Futures) Act 2022 (Pae Ora Act) to disestablish Te Aka Whai Ora will ensure that the transition plan can deliver on your expectations in the most effective and efficient manner.
3. It is likely that there will be some savings for reallocation in outyears once the cost of salaries for transferred staff plus a component for overheads are transferred to Te Whatu Ora and the Ministry of Health and residual wind-down costs are accounted for.

Background

4. You have requested information in relation to the components of the appropriation for Te Aka Whai Ora from establishment to the current day, and the associated staffing numbers.
5. In addition, you have requested advice in relation to savings from disestablishing Te Aka Whai Ora. Our advice is, therefore, in relation to the operating budget for Te Aka Whai Ora and excludes any consideration of savings from funding provided to hauora Māori providers and iwi-Māori partnership boards (IMPBs).

Budget

What was the breakdown of the original budget for Te Aka Whai Ora, over the two years?

6. In 2022/23 funding for Te Aka Whai Ora was derived from two separate appropriations. The Estimates of Appropriations for 2022/23 show an initial appropriation of \$162.926 million for Delivering Hauora Māori Services. **Table 1** details the components of that appropriation.
7. In addition, \$372.4 million was transferred to Te Aka Whai Ora under the appropriation Delivering, Primary Community, Public and Population Health Services; administered by Te Whatu Ora. This funding is predominantly comprised of the 'legacy' contracts from former district health boards (DHBs). **Table 1** also shows the detail of the source of the transfers.
8. **Table 1** also details the \$79.938 million of new funding Te Aka Whai Ora received during 2022/23, which included \$29.209 million to address historical cost pressures for hauora Māori providers.
9. By the end of 2022/23, the appropriated funding under Te Aka Whai Ora had increased to \$535.326 million, predominately due to the transfers. For this reason, Te Aka Whai Ora was required under the Crown Entities Act 2004 to update its 2022/23 Statement of Performance Expectations (SPE) to more accurately reflect its total funding for Parliamentary scrutiny.
10. In 2023/24 a further \$178.915 million has been, or is planned, to be transferred to Te Aka Whai Ora in either the October 2022 or March 2023 baseline updates. This will increase the total appropriation to \$714.241 million. The details are set out in the 'New Initiatives' section of **Table 1**.

Te Aka Whai Ora

Māori Health Authority

- Amongst other transfers, this includes initiatives co-commissioned with Te Whatu Ora, where the funding is transferred to Te Aka Whai Ora to manage the initiative. The appropriation for Hauora Māori Services in 2023/24 Estimates of Appropriations is \$615.540 million. This preceded the October Baseline changes identified in **Table 1** and the transfer of funding from the appropriation Delivering, Primary Community, Public and Population Health Service to the Hauora Māori Services appropriation.

Table 1: Te Aka Whai Ora appropriation breakdown

| Te Aka Whai Ora | Original budget 2023-24 | | MBU + OBU Changes | | | Appropriation 2024 | | |
|--|----------------------------------|--|----------------------------------|--|---------------------------|----------------------------------|--|---------------------------|
| | Delivering hauora Māori services | Delivering Primary, Community, Public and Population Health Services | Delivering hauora Māori services | Delivering Primary, Community, Public and Population Health Services | Problem gambling services | Delivering hauora Māori services | Delivering Primary, Community, Public and Population Health Services | Problem gambling services |
| Health and Disability Support Services - Auckland DHB | | 30,443 | | | | | | 30,443 |
| Health and Disability Support Services - Bay of Plenty DHB | | 21,062 | | | | | | 21,062 |
| Health and Disability Support Services - Canterbury DHB | | 36,989 | | | | | | 36,989 |
| Health and Disability Support Services - Capital and Coast DHB | | 19,575 | | | | | | 19,575 |
| Health and Disability Support Services - Counties-Manukau DHB | | 38,968 | | | | | | 38,968 |
| Health and Disability Support Services - Hawkes Bay DHB | | 13,914 | | | | | | 13,914 |
| Health and Disability Support Services - Hutt DHB | | 10,524 | | | | | | 10,524 |
| Health and Disability Support Services - Lakes DHB | | 9,185 | | | | | | 9,185 |
| Health and Disability Support Services - MidCentral DHB | | 14,095 | | | | | | 14,095 |
| Health and Disability Support Services - Nelson-Marlborough DHB | | 12,181 | | | | | | 12,181 |
| Health and Disability Support Services - Northland DHB | | 17,125 | | | | | | 17,125 |
| Health and Disability Support Services - South Canterbury DHB | | 4,729 | | | | | | 4,729 |
| Health and Disability Support Services - Southern DHB | | 23,878 | | | | | | 23,878 |
| Health and Disability Support Services - Tairāwhiti DHB | | 4,563 | | | | | | 4,563 |
| Health and Disability Support Services - Taranaki DHB | | 9,141 | | | | | | 9,141 |
| Health and Disability Support Services - Waikato DHB | | 32,068 | | | | | | 32,068 |
| Health and Disability Support Services - Waitematā DHB | | 3,972 | | | | | | 3,972 |
| Health and Disability Support Services - Waikanae DHB | | 36,683 | | | | | | 36,683 |
| Health and Disability Support Services - West Coast DHB | | 3,052 | | | | | | 3,052 |
| Health and Disability Support Services - Whangarei DHB | | 5,853 | | | | | | 5,853 |
| Health and Disability Support Services - (consolidated funding for above) | | | 15,205 | 15,255 | | 15,205.00 | | 15,255 |
| Health and Disability System Reform | 61,521 | | | | | 61,521 | | |
| Health Workforce Training and Development | 2,821 | | | | | 2,821 | | |
| National Māori Health Services | 5,625 | | | | | 5,625 | | |
| National Mental Health Services | 5,925 | | | | | 5,925 | | |
| Provider Development | 22,259 | | | | | 22,259 | | |
| Public Health Service Purchasing | 808 | | | | | 808 | | |
| Section Planning and Performance | 7,248 | | | | | 7,248 | | |
| Grand Total - initiatives | 126,385 | 350,000 | 15,205 | 15,255 | | 121,556.00 | 365,256 | 0 |
| New Initiatives | | | | | | | | |
| 12657 Māori Peer Support Boards | | 1,660 | | 6,621 | | 10,287 | | |
| 12658 Māori Māori Commissioning | | 33,069 | | | | 33,069 | | |
| 12659 Health Workforce Development | | 7,800 | | | | 7,800 | | |
| 12675 Māori Primary and Community Care Provider Development- Securing Future Capacity and Shifting into New Models of Care | | 6,600 | | | | 6,600 | | |
| 12591 Addressing Historical and Future Māori Health Cost Pressures (2022/23) | | 6,609 | 22,400 | | | 6,609 | 22,400 | |
| MBU - Operational spend | | | | 46,079 | | 46,079 | | |
| MBU - Cylene Gabrielle | | | | 5,656 | | 5,656 | | |
| MBU - Emergency Housing (rent and utilities) | | | | 400 | | 400 | | |
| MBU - Comprehensive Primary care programme - Māori Kahia roles | | | | 12,879 | | 12,879 | | |
| MBU - Asepepe Māori specialist mental health services | | | | 1,654 | | 1,654 | | |
| MBU - Kahia Taurea - commissioning Te Ao Models of care | | | | 17,250 | | 17,250 | | |
| MBU - Kahia Taurea enhanced support pilots | | | | 3,150 | | 3,150 | | |
| MBU - Improving pay relatives for funded sector health workers | | | | 6,614 | | 6,614 | | |
| MBU - Māori primary health organisations to participate in locality provider network design | | | | 789 | | 789 | | |
| MBU - Kawhiāna workforce development | | | | 2,000 | | 2,000 | | |
| MBU - Alcohol Levy | | | | 2,000 | | 2,000 | | |
| MBU - NZ future psychiatric and addiction capacity | | | | 787 | | 787 | | |
| MBU - Extend pay equity settlement for social workers in community and voluntary organisations | | | | 215 | | 215 | | |
| MBU - Implementation of pay equity settlement for social workers | | | | 4,166 | | 4,166 | | |
| MBU - Addressing future health system cost pressure contingency | | | | 18,715 | | 18,715 | | |
| MBU - Problem Gambling | | | | | 6,008 | | | 6,008 |
| Grand Total - New initiatives | 56,538 | 72,400 | 147,444 | 0 | 6,008 | 188,502 | 22,400 | 6,008 |
| Total per appropriation | 182,923 | 372,400 | 157,649 | 15,255 | 6,008 | 320,578.00 | 387,656 | 6,008 |
| Total Te Aka Whai Ora appropriation by year | 535,326 | | | | | 714,241 | | |

What was appropriated versus what was signaled?

- The original intent for the Hauora Māori Services appropriation was to fund:
 - Monitoring roles to monitor the health system's performance for Māori, and to monitor Te Whatu Ora performance against the Māori Health Plan (in Te Pae Tata | interim New Zealand Health Plan)
 - Direct commissioning of kaupapa Māori services and other services targeted at Māori

- Co-commissioning health services accessed by Māori at a national and regional level
 - Strengthen Māori workforce
 - Work with IMPBs at the local level to support improvements in primary and community services for Māori, and to ensure that their voice and those of whānau and hapū influence Te Aka Whai Ora functions.
13. Staff and commissioning contracts with third parties were initially transferred from other agencies and the Ministry of Health to establish Te Aka Whai Ora.
14. The subsequent transfer of ex-DHB contracts with hauora Māori providers and associated staffing is the primary change from that model. As Te Aka Whai Ora receives additional funding to administer, that additional activity also attracts funding for further staff; hence the gradual growth in our establishment numbers.

FTEs

How many FTEs were expected at full establishment?

15. Our current establishment chart shows a total count of 411 positions. We have 293 staff accounting for 283.8 FTEs (some staff are part-time). Te Aka Whai Ora is, however, not fully funded for 411 positions and therefore has always operated at a lower head count, with FTE savings targets in place.

How many FTEs are going to Te Whatu Ora (273.8 FTE) and the Ministry of Health (ten)?

16. You have indicated that any transfer of staff to the Ministry of Health should be no more than ten people. On that basis we have assumed all other staff will transfer to Te Whatu Ora.
17. The process to enable a 31 March 2024 transfer requires a 'lift and shift' of existing staff using the provisions of the Health Sector Transfers Act. While the process may identify some duplication of services or positions, that will be managed within Te Whatu Ora subsequent to the transfer.
18. There is still work to be done to consider how any residual closedown functions for Te Aka Whai Ora will be managed, for example the 2023/24 Annual Report and audit. The options are to maintain a small residual unit or for Te Whatu Ora or the Ministry of Health to undertake these functions. Further advice will be provided to you on this.

How many FTEs came over to Te Aka Whai Ora originally from Te Whatu Ora and the Ministry of Health, and how many of these are going back?

19. Transfers from the Ministry of Health and Te Whatu Ora to Te Aka Whai Ora were in tranches:
- 17 October 2022: 40 funded vacancies from the Ministry of Health
 - 17 October 2022: 120.3 FTEs - ex-DHB staff; plus funding for 19.2 positions
 - 5 December 2022: 70 FTEs - ex-DHB staff; plus funding for 10.3 positions

20. In total 190.3 FTE transferred from both Te Whatu Ora and the Ministry of Health, including funding for a further 74.9 FTE vacancies.¹
21. The transfers process provided for both existing staff to transfer and for the funding from vacant positions in the Ministry and Te Whatu Ora to transfer. It is likely that given the number of vacant positions in Te Aka Whai Ora that a similar approach will be required for the disestablishment; i.e., transfer additional funding to Te Whatu Ora from vacancy savings. This will ensure that Te Whatu Ora is able to stand up a Māori Health Service.

Table 2: Transfers to Te Aka Whai Ora

| | Te Whatu Ora | Ministry of Health |
|-----------------|--------------|--------------------|
| FTE transferred | 190.3 | - |
| FTE vacancies | 34.9 | 40 |

Employee breakdown

A quarter-by-quarter breakdown from establishment through to now of the number of FTE, and forecast to the end of June 2024

22. At establishment on 1 July 2022 Te Aka Whai Ora had only one employee, the Chief Executive. Some contract staff from the Health and Disability Review Transition Unit, combined with secondees (primarily from the Ministry of Health) provided the initial set up resources.
23. The work on designing an organisational structure was not concluded until late in 2022, with Te Aka Whai Ora Board formally approving the organisational chart on 7 December 2022. The structure has undergone several changes as the organisation has grown, particularly through transfers of ex-DHB staff.
24. We do not maintain a quarter-by-quarter breakdown. This would take some time to reconstruct from previous ELT and Board papers.
25. We currently have 283.8 FTEs. As there has been no recruitment since the 2023 General Election and we are continuing to receive resignations we can expect this number to reduce each month until transfers are made to the Ministry and Te Whatu Ora.

Table 3: FTEs transferring to Te Whatu Ora by tier

| Tier | Total FTE |
|--------------|--------------|
| 1 | 1.0 |
| 2 | 7.0 |
| 3 | 36.0 |
| 4 | 98.9 |
| 5 | 123.7 |
| 6 | 7.3 |
| Total | 273.8 |

¹ As indicated in question for written response no. 18105, published on 19 June 2023: www.parliament.nz/en/pb/order-paper-questions/written-questions/document/WQ_18105_2023/18105-2023-dr-shane-reti-to-the-associate-minister-of

Table 4: FTEs transferring to the Ministry of Health by tier

| Tier | Total FTE |
|--------------|-----------|
| 2 | 1 |
| 3 | 3 |
| 4 | 1 |
| 5 | 5 |
| Total | 10 |

Consultants and contractors and forecast to the end of June 2024

26. We have previously advised you that Te Aka Whai Ora had 47 contractors engaged at the end of November 2023.
27. As of 31 December 2023, that number has reduced to 33 as we had indicated to you would happen with contracts not being extended in other than core and critical work. Those remaining 33 contracts end as follows:
 - January – 6
 - February – 4
 - March – 7
 - April – 3
 - May – 0
 - June - 13
28. Of these remaining contracts, five of those ending at 30 June 2024 are Communications and Engagement staff and three are core Finance staff. Both teams were recruiting at the time the Board stopped recruitment when the 2023 General Election result was known.
29. Of the other eight contracts through to 30 June 2024:
 - Two are to provide specialist support for IMPBs; in particular data profiles and capability building
 - One is leading our outcomes commissioning work
 - One is providing General Manager cover in public and population health as we were unable to recruit to a vacancy
 - One is to support Te Aka Whai Ora Board and Executive Leadership Team (ELT) to meet their organisational accountabilities
 - One is for monitoring Te Whatu Ora quarterly
 - One is a Senior Solicitor to provide additional resource and skills to support the workload of the legal team
 - One is to provide expert employment relations and change management advice and provide support to people and capability.

30. All contractors have a one-month termination clause and an earlier transfer date or cessation of functions will bring these contracts to an earlier end.
31. Te Aka Whai Ora has current contracts with the following consultancy firms:
 - Te Aka Whai Ora engaged PricewaterhouseCoopers (PwC) to provide technical support in our work for Budget 2024 and deliver data and digital capabilities for IMPBs. These contracts ended on 31 December 2023. A current contract with PwC is to provide service development and relations programme management support for FY24. This contract will end on 31 January 2024.
 - Good Digital Ltd is another consultancy firm currently engaged by Te Aka Whai Ora for IMPB website design and implementation. ELT is due to consider a request to extend this contract (\$188,000) to 31 May 2024.

Functions

Summary of the functions that are going where

32. Under the Health Sector Transfers Act 1993 you can (with joint approval of the Minister of Finance) approve the movement of 'people and funding' between health agencies where the work that they do is also transferring. The transfer of functions would require amendments to the Pae Ora Act.
33. In the most part Te Whatu Ora and the Ministry of Health already have equivalent functions for the people and funding that are to be transferred. The exception may be IMPBs, which are currently the responsibility of Te Aka Whai Ora under the Pae Ora Act.
34. At a high level then the staff of the operational directorates – Service Delivery, Public and Population Health and Mātauranga Māori would transfer to Te Whatu Ora. Some of the System Strategy and Policy and Monitoring staff would transfer to the Ministry of Health (monitoring to support the Hauora Māori Advisory Committee). The remaining policy staff are likely to transfer to Te Whatu Ora in operational policy roles with the Governance and Finance staff also initially transferring to Te Whatu Ora as part of the Māori Health Service.
35. A transition plan is being prepared, which will include details about the process and timing for transfers.
36. Te Aka Whai Ora is working with Te Whatu Ora and the Ministry of Health to design the Māori Health Service in Te Whatu Ora and the positions in the Ministry of Health that Te Aka Whai Ora staff will transfer to and the funding required to carry out the transferred functions.

Confirmation that there are not duplicated roles

37. The enabling services functions (policy, governance, finance) will initially transfer to Te Whatu Ora as part of the transfers. The design of the Māori Health Service in Te Whatu Ora will determine whether these roles stay with the Māori Health Service or transfer to Te Whatu Ora enabling services functions.
38. The process supporting the transfers will identify whether there is any potential duplication, which will be managed within Te Whatu Ora post transfer. Given the number of vacancies in Te Aka Whai Ora enabling services this is likely to impact on very few staff.

Te Aka Whai Ora

Māori Health Authority

39. Options such as redundancy for staff that are not identified as suitable for transfer will be considered as part of the transfer process. Given the Health Sector Transfers Act 1993 'lift and shift' approach this is considered unlikely. The cost of any redundancies will need to be met by Te Aka Whai Ora.

What is happening to the senior roles that are more about organisational leadership / enabling functions than delivery (e.g., what happens to the Tier 2 and Tier 3 roles)?

40. Te Aka Whai Ora ELT consists of the Chief Executive, seven Deputy Chief Executives and a Chief of Staff.
41. The Chief Executive, Riana Manuel is employed on a five-year (three plus two) fixed-term agreement expiring on 30 June 2027.

s 9(2)(a) Deputy Chief Executives are on two-year fixed term employment agreements that expire in October and November 2024 s 9(2)(a). The remaining s 9(2)(a) Deputy Chief Executives were all employed on permanent individual employment agreements. s 9(2)(a) is also on a fixed term employment agreement.

43. In total there are 29 staff on fixed term employment agreements at Te Aka Whai Ora. Of these 15 (14.75 FTE) are due to expire before 30 June 2024. If they were not renewed, we estimate a saving of s 9(2)(f)(iv). However, for those in core and critical roles extending those agreements would be more cost effective than backfilling with contractors.

Future arrangements for IMPBs

44. While not part of your information request, the focus on reducing contractors and consultants does have implications for the development of IMPBs. Two of our current contracts (PWC and Good Digital Ltd) are directly supporting building IMPB capability, which is considered core and critical work.
45. Under the Pae Ora Act, IMPBs were established as governance rather than operational entities. Their primary functions are to provide insights from whānau voice to Te Whatu Ora and Te Aka Whai Ora and to monitor the performance of the health sector at a local level.
46. IMPBs are currently unable to deliver on those core functions and our focus has been in providing infrastructure and support to enable their success in those functions.
47. Subject to your agreement we propose to work with Te Whatu Ora and the Ministry of Health on a joint approach to building the capacity and capability of IMPBs. Potentially, this would result in a package of capability building initiatives for IMPBs.
48. Any such proposal would be predicated on an independent review of IMPB capacity and capability needs (i.e., to deliver on their legislative functions) and of current maturity for each IMPB.

Savings

What savings will there be from disestablishing Te Aka Whai Ora?

49. The savings identified in the information provided to you in December 2023 (based on October forecast) amounted to s 9(2)(f)(iv). This forecast surplus was a combination of interest income and unallocated establishment funding.

Table 5: Forecast savings

| | 2022/23 Actual SM | 2023/24 Forecast SM | 2 Year Overall SM |
|------------------------------|-------------------------|---------------------------|----------------------|
| Revenue | | | |
| Operations | 65.5 | 73.0 | 138.5 |
| Commissioning | 545.3 | 646.2 | 1191.5 |
| Interest Income | 5.4 | 8.0 | 13.4 |
| Total Revenue | 616.2 | 727.2 | 1343.4 |
| Expenditure | | | |
| Operations | s 9(2)(f)(iv) | | |
| Commissioning | | | |
| Total Expenditure | | | |
| Net Surplus/(Deficit) | | | |
| Result breakdown | | | |
| Operations | | | |
| Commissioning | | | |
| Interest Income | | | |
| Net Surplus/(Deficit) | | | |

50. The surplus has now been revised s 9(2)(f)(iv) this is a one-off savings amount and not an annual savings amount. Under the Crown Entities Act 2004, any surplus reported by a Crown entity is retained by that entity for future spending intentions.
51. With the reduction in contractors and consultants and further resignations the forecast surplus has increased from s 9(2)(f)(iv)
52. It is assumed that all residual Te Aka Whai Ora funding will transfer to Te Whatu Ora as the primary recipient of Te Aka Whai Ora staffing and contracts. When staff transferred to Te Aka Whai Ora, a 20 percent overhead was included to provide for associated costs (such as accommodation, ICT). We have included the same overhead in our estimation for future transfers. Te Aka Whai Ora also received funding from vacancies which enable new positions to be created.
53. On current staffing levels and remuneration, the staff and funding to transfer to the Ministry of Health and Te Whatu Ora is estimated at:

Table 6: Estimated funding transfers

| | Number of staff | Annualised Salaries | 20 percent overhead | Total |
|--------------------|-----------------|---------------------|---------------------|-------|
| Ministry of Health | 10 | s 9(2)(f)(iv) | | |
| Te Whatu Ora | 273.8 | | | |

54. The annual Crown revenue for operating expenditure for 2023/24 is \$72.952 million; leaving the equivalent c s 9(2)(f)(iv) on an annual basis for allocation post disestablishment. Included in those savings are the cost for Board fees s 9(2)(f)(iv) per annum. Potentially s 9(2)(f)(iv) in savings from governance costs are achievable taking into account Board members travel and support costs.

55. It is likely that Te Whatu Ora will expect this funding to transfer to them as it is largely derived from vacancies. This will enable Te Whatu Ora to establish the Māori Health Service on a sustainable basis.

Next steps

56. The transition plan will be finalised and approved by the Boards of Te Aka Whai Ora and Te Whatu Ora; and the Director-General of Health (for Ministry of Health transfers). The high-level timeline is as follows:
- Cabinet confirmation of timeframes for disestablishment: 23 January 2024
 - Te Whatu Ora and Ministry of Health roles identified for the transfer of Te Aka Whai Ora staff by 31 January 2024 (i.e., establishment charts developed)
 - Te Aka Whai Ora staff mapped to new roles in Te Whatu Ora or the Ministry of Health and advised on intent to transfer by 28 February 2024
 - Transfer process completed by 31 March 2024.

Minister's comments

Table 1: Te Aka Whai Ora appropriation breakdown

| Te Aka Whai Ora Initiative | Original budget 22/23 000s | | MBU + OBU Changes 000s | | | Appropriation 23/24 000s | | |
|---|-------------------------------------|--|--|--|---------------------------------|--|--|---------------------------------|
| | Delivering hauora Māori services | Delivering Primary, Community, Public and Population Health Services | Delivering hauora Māori services | Delivering Primary, Community, Public and Population Health Services | Problem gambling services | Delivering hauora Māori services | Delivering Primary, Community, Public and Population Health Services | Problem gambling services |
| Health and Disability Support Services - Auckland DHB | | 30,443 | | | | - | 30,443 | |
| Health and Disability Support Services - Bay of Plenty DHB | | 21,062 | | | | - | 21,062 | |
| Health and Disability Support Services - Canterbury DHB | | 36,989 | | | | - | 36,989 | |
| Health and Disability Support Services - Capital and Coast DHB | | 19,575 | | | | - | 19,575 | |
| Health and Disability Support Services - Counties-Manukau DHB | | 38,986 | | | | - | 38,986 | |
| Health and Disability Support Services - Hawkes Bay DHB | | 13,914 | | | | - | 13,914 | |
| Health and Disability Support Services - Hutt DHB | | 10,524 | | | | - | 10,524 | |
| Health and Disability Support Services - Lakes DHB | | 9,185 | | | | - | 9,185 | |
| Health and Disability Support Services - MidCentral DHB | | 14,066 | | | | - | 14,066 | |
| Health and Disability Support Services - Nelson-Marlborough DHB | | 12,181 | | | | - | 12,181 | |
| Health and Disability Support Services - Northland DHB | | 17,125 | | | | - | 17,125 | |
| Health and Disability Support Services - South Canterbury DHB | | 4,729 | | | | - | 4,729 | |
| Health and Disability Support Services - Southern DHB | | 23,878 | | | | - | 23,878 | |
| Health and Disability Support Services - Tairāwhiti DHB | | 4,563 | | | | - | 4,563 | |
| Health and Disability Support Services - Taranaki DHB | | 9,141 | | | | - | 9,141 | |
| Health and Disability Support Services - Waikato DHB | | 32,068 | | | | - | 32,068 | |
| Health and Disability Support Services - Wairarapa DHB | | 3,972 | | | | - | 3,972 | |
| Health and Disability Support Services - Waitematā DHB | | 38,683 | | | | - | 38,683 | |
| Health and Disability Support Services - West Coast DHB | | 3,052 | | | | - | 3,052 | |
| Health and Disability Support Services - Whanganui DHB | | 5,863 | | | | - | 5,863 | |
| Health and Disability Support Services - (consolidated funding for above) | | | 15,208 | 15,255 | | 15,208.00 | 15,255 | |
| Health and Disability System Reform | 61,521 | | | | | 61,521 | | |
| Health Workforce Training and Development | 2,821 | | | | | 2,821 | | |
| National Māori Health Services | 5,828 | | | | | 5,828 | | |
| National Mental Health Services | 5,925 | | | | | 5,925 | | |
| Provider Development | 22,239 | | | | | 22,239 | | |
| Public Health Service Purchasing | 806 | | | | | 806 | | |
| Sector Planning and Performance | 7,248 | | | | | 7,248 | | |
| Grand Total - Initiatives | 106,388 | 350,000 | 15,208 | 15,255 | | 121,596.00 | 365,255 | 0 |
| New Initiatives | | | | | | | | |
| 13857 Iwi-Māori Partnership Boards | 3,660 | | 6,627 | | | 10,287 | | |
| 13860 Hauora Māori Commissioning | 33,069 | | | | | 33,069 | | |
| 13863 Health Workforce Development | 7,000 | | | | | 7,000 | | |
| 13875 Māori Primary and Community Care Provider Development - Securing Future Capability and Shifting into New Models of Care | 6,000 | | | | | 6,000 | | |
| 13981 Addressing Historical and Future Vote Health Cost Pressures (2022/23) | 6,809 | 22,400 | | | | 6,809 | 22,400 | |
| MBU - Operational spend | | | 46,225 | | | 46,225 | | |
| MBU - Cylone Gabrielle | | | 5,656 | | | 5,656 | | |
| OBU - Emergency Housing reset and redesign | | | 400 | | | 400 | | |
| OBU - Comprehensive Primary care programme - Maori Kaiawhina roles | | | 12,879 | | | 12,879 | | |
| OBU - Kaupapa Māori specialist mental health services | | | 1,650 | | | 1,650 | | |
| OBU - Kahu Taurima - commissioning Te Ao Models of care | | | 17,250 | | | 17,250 | | |
| OBU - Kahu Taurima enhanced support pilots | | | 3,190 | | | 3,190 | | |
| OBU - Improving pay relativities for funded sector health workers | | | 9,914 | | | 9,914 | | |
| OBU - Maori primary health organisations to participate in locality provider network design | | | 760 | | | 760 | | |
| OBU - Kiawhina workforce development | | | 2,000 | | | 2,000 | | |
| OBU - Alcohol levy | | | 2,000 | | | 2,000 | | |
| OBU - NZ future quarantine and isolation capability | | | 787 | | | 787 | | |
| OBU - Extend pay equity settlement for social workers in community and iwi organisations | | | 215 | | | 215 | | |
| OBU - Implementation of pay equity settlement for social workers | | | 4,186 | | | 4,186 | | |
| OBU - Addressing future health system cost pressure contingency | | | 28,705 | | | 28,705 | | |
| OBU - Problem Gambling | | | | | 6,008 | | | 6,008 |
| Grand Total - New initiatives | 56,538 | 22,400 | 142,444 | 0 | 6,008 | 198,982 | 22,400 | 6,008 |
| Total per appropriation | 162,926 | 372,400 | 157,652 | 15,255 | 6,008 | 320,578.00 | 387,655 | 6,008 |
| Total Te Aka Whai Ora appropriation by year | 535,326 | | | | | 714,241 | | |

Te Aka Whai Ora
Māori Health Authority

Weekly Report to the Minister of Health

w/c 22 January 2024

Prepared on 18 January 2024

MHA35892

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Proactively Released

Key operational matters

Kahu Taurima | Maternity and Early Years bereavement care initiative: Supporting whānau experiencing pēpi loss

As part of Kahu Taurima | Maternity and Early Years, Te Aka Whai Ora | Māori Health Authority is leading an initiative with Manaaki Mats Limited for the provision of a culturally responsive bereavement care resource (cooling mats) to support bereaved whānau experiencing pēpi loss.

The cooling mats are non-toxic and filled with dry ice polymer that expand and activate in warm water, keeping the body cool and slowing down the natural changes that occur after death. It is intended that the mats will enable whānau extended time with their pēpi to create memories which, evidence suggests, can assist with the grief process.

Currently, manaaki mats are available at Gisborne, Middlemore, Wellington, Hutt Valley, and Rotorua hospitals. The mats come with specialised guidance, training, and support for whānau, and kaiāwhina or support roles working in this space.

Te Aka Whai Ora has a contract for \$550,000 (from Budget 2022) with Manaaki Mats Limited to support the extension of this initiative across the country. Making the Manaaki Mats system available to more whānau, supporting them to grieve and celebrate the life they have lost in the environment most suited to their needs.

The initiative will enable up to six mats, material covers for the mats, and a portable freezer to store the mats, to be delivered to whānau within 24 hours of their loss via national distribution for use at their location of choice (for example, in their home).¹ The length of time each whānau have with their pēpi is unique as it will depend on a range of factors. The mats are single-use, however the freezers will be returned once they are no longer needed.

Next steps

An evaluation of the manaaki mats system for its effectiveness and the impact and benefits it has on whānau has been accounted for within the funding and will be carried out as part of this initiative. The insights from the evaluation will contribute to, and inform, the development of the national Bereavement Care Pathway, which is being led by Te Whatu Ora for whānau experiencing pregnancy loss, still birth and other deaths, including pēpi loss.

If you are interested, there is an opportunity for you to attend the launch of manaaki mats, which is scheduled to take place in the second half of February 2024. A formal invitation will be provided to your office shortly.

¹ The initiative is funded for nation-wide distribution of 9,000 mats, 500 material covers, 80 freezers, training and an evaluation of the bereavement care resource.

Oranga Hinengaro: Hāpaitia

Specialist mental health services have a critical role in the continuum of care for whānau. There are 604 adult acute beds, 308 forensic inpatient beds, and around 180,000 individuals access services annually (3.7 percent of the population). Māori make up around a third of this population, with an estimated 50,000 Māori annually engaged in care.

There are many challenges within specialist mental health services for Māori, such as higher rates of community and inpatient mental health treatment orders, higher rates of seclusion within mental health inpatient services, more seclusion events (at a rate per 100,000 population) and longer periods of seclusion on average. Whānau/lived experience voice is not consistently heard and recognised. This results in limited opportunities to lead, inform, and contribute to system design and delivery at local, regional, and national levels.

Addressing these challenges has the potential to make a substantial impact on any targets that may be set for access to specialist mental health services. For example, by reducing the number of community treatment orders or the length of inpatient stays, while ensuring clinical and whaiora (service users') safety.

In response to these challenges, Te Aka Whai Ora developed Hāpaitia: a programme of engagement with specialist mental health services across the country, including acute inpatient units, forensic units and those with lived experience and whānau. The output will be a comprehensive report to identify existing Māori models of care, exemplar models of mātauranga Māori practice that can be built on, and gaps within specialist services.

The recommendations will be developed alongside subject matter experts, including people with lived experience, and will aim to support and strengthen existing services (where needed) and to build or develop equity and capacity.

To date, a total of 20 adult and forensic units (Northern – six, Te Manawa Taki – four, Central – six, and Te Waipounamu – four) have been visited with engagement with those with lived experience, whānau, clinicians, and tāngata whaiora. Initial feedback has been positive and that both those with lived experience and clinicians valued the opportunity to engage and have their voice heard.

Next steps

A draft synopsis of the unit visits has been circulated seeking participant review. Following this a draft report will be collated with findings and recommendations. The draft report is expected by the end of March 2024.

Te Aka Whai Ora will work with Te Whatu Ora | Health New Zealand and the Ministry of Health | Manatū Hauora to ensure that the findings are fed into work to increase and improve access to specialist mental health services.

Note: This update is also being provided to the Minister for Mental Health.

Winter preparedness

Whānau Ora Commissioning Agency update

As we noted in our 15 January 2024 Weekly Report update to you, an implementation plan is being developed for Te Aka Whai Ora by the Whānau Ora Commissioning Agency (WOCA), but has been delayed due to data sharing issues that inform the placement of resources to meet the population need.

The required data relates to the “under 16-year-old contacts” that was not previously available via data sharing agreements. Te Aka Whai Ora is working with Te Whatu Ora (National Public Health Service) to ensure this data is made available quickly. The data will help to target immunisation activity and ensure that hauora Māori partners (HMPs) and workforce are well resourced to deliver based on local need.

We expect that the data sharing will begin in the week commencing 22 January 2024, followed shortly after by the implementation plan.

Part of the implementation plan will focus on increasing workforce capacity. WOCA is actively working with immigration services to access visas for international nurses to join the WOCA clinical network with a potential start date of the end of January 2024.

Registration of Interest – North Island

Te Aka Whai Ora continues to undertake procurement activities for the North Island winter preparedness Registration of Interest (RoI).

During the week commencing 8 January 2024, the evaluation panel completed interviews with 16 respondents to gain further clarification regarding their RoI responses. The evaluation panel is working to confirm its final recommendations. It is expected that contracts will be in place in early February 2024.

Once successful HMPs have been confirmed, Te Aka Whai Ora will develop a national implementation plan based on approaches agreed to by the successful HMPs. The implementation plan will capture the innovation, collaboration, and actions required to progress immunisation, and show how this investment will improve immunisation rates across all vaccine preventable illnesses and mortality. The implementation plan will require HMPs to use the Aotearoa Immunisation Register (AIR) data management system, to ensure we have a centralised repository for immunisation data.

South Island funding allocation

Consultation with South Island-based vaccination capable HMPs is complete. Of the 28 HMPs that were consulted, 26 have been identified as ready for contracting. When the 26 HMPs have been approved by appropriate Te Aka Whai Ora staff, we will engage with those HMPs to finalise reporting requirements and contracts.

Data, targets and Aotearoa Immunisation Register usage

Using AIR to provide real time and accurate immunisation data will enable Te Whatu Ora and Te Aka Whai Ora to mobilise partners and outreach services to proactively target priority groups/populations with the view of achieving total population immunisation targets. The most recent data on vaccinations completed by HMPs is available in **Table One** on page 7.

Table One shows that 89 HMPs on AIR completed 6,937 vaccinations between 4 December 2023 and 13 January 2024. As you will note, there has been an increase in vaccinations completed since the data provided in the 15 January 2024 Weekly Report, which is likely due to more HMPs onboarding to AIR and recording their data. We expect the number of vaccinations completed to increase as more HMPs are onboarded to AIR and begin submitting their data.

Te Aka Whai Ora is working with all immunising HMPs to confirm that they are either on track to use AIR or a Patient Management System (PMS) that feeds into vaccination data, or have plans to do so as soon as possible.

Te Aka Whai Ora is closely monitoring the data being recorded in AIR from HMPs to understand the impact of the investment in tamariki immunisations and its effect on improving the immunisation rates across the lifespan of vaccine recipients. We are providing input to the Public Health Agency's work on setting immunisation targets and understand that the Agency is working with your office on the format and date this information is due to you.

Table One: Number of vaccines completed by hauora Māori partners

| Antigen Group | Dec-23 | | | | | | | | | | | | | | | | | | | Jan-24 | | | | | | | | | | | | | Total | Percentage of total vaccines | | | |
|-------------------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|------------|------------|-----------|-----------|------------|------------|------------|------------|------------|-----------|-----------|-----------|-----------|------------|------------|----------|----------|------------|------------|------------|------------|------------|-----------|--------------|------------------------------|----|----|----|
| | 4/12/23 | 5/12/23 | 6/12/23 | 7/12/23 | 8/12/23 | 9/12/23 | 11/12/23 | 12/12/23 | 13/12/23 | 14/12/23 | 15/12/23 | 16/12/23 | 17/12/23 | 18/12/23 | 19/12/23 | 20/12/23 | 21/12/23 | 22/12/23 | 27/12/23 | 28/12/23 | 29/12/23 | 3/01/24 | 4/01/24 | 5/01/24 | 6/01/24 | 7/01/24 | 8/01/24 | 9/01/24 | 10/01/24 | 11/01/24 | 12/01/24 | 13/01/24 | | | | | |
| 23PPV | 1 | | | 1 | | | 1 | 1 | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | 5 | 0% |
| COVID-19 | 161 | 72 | 95 | 108 | 69 | 54 | 80 | 71 | 100 | 149 | 94 | 11 | 22 | 178 | 262 | 159 | 205 | 82 | 21 | 27 | 47 | 29 | 45 | 46 | | | 89 | 46 | 85 | 97 | 84 | 11 | 2,599 | 37% | | | |
| DTaP | | | | | | | | | | | | | | 1 | | | | | | | | | | 1 | | | | | | | | | | | 3 | 0% | |
| DTaP-IPV | 10 | 5 | 10 | 4 | 10 | 1 | 12 | 13 | 10 | 14 | 9 | 1 | | 9 | 6 | 4 | 3 | 3 | 1 | 2 | 1 | 1 | 1 | 5 | | 4 | 8 | 4 | 7 | 6 | 1 | 165 | 2% | | | | |
| DTaP-IPV-HepB | | | | | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | 1 | 0% | | |
| DTaP-IPV-HepB/Hib | 26 | 27 | 37 | 25 | 34 | 1 | 30 | 29 | 45 | 26 | 27 | 2 | | 33 | 36 | 35 | 18 | 10 | 12 | 12 | 8 | 14 | 9 | 11 | 1 | 32 | 24 | 32 | 28 | 16 | 2 | 642 | 9% | | | | |
| Hep A | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 0% | | |
| Hep B | 1 | | 1 | 2 | | | | | | | 1 | | | 2 | 1 | | 1 | | | | 1 | | | | | | | | | | | 1 | 13 | 0% | | | |
| Hib | 7 | 10 | 14 | 10 | 11 | 1 | 8 | 10 | 5 | 13 | 5 | 2 | | 14 | 14 | 8 | 9 | | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 10 | 13 | 9 | 10 | 7 | 1 | 202 | 3% | | | | |
| HPV2 | | | | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | 1 | 0% | | |
| HPV4 | | | | | 1 | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | 1 | 3 | 0% | | |
| HPV9 | 3 | 5 | 7 | 2 | 1 | 2 | 5 | 3 | | 1 | 6 | | | 6 | 1 | 2 | 6 | 3 | 1 | 1 | 1 | | | | | | | | | | | | | 81 | 1% | | |
| Influenza | 6 | 1 | 3 | 10 | 1 | | 3 | 3 | 3 | 3 | 3 | | 2 | 1 | 3 | 4 | 6 | | | | | | | 2 | | | | | | | | | | 58 | 1% | | |
| IPV | | | | | | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 | 0% | | |
| MenB | 54 | 51 | 59 | 45 | 59 | 8 | 44 | 57 | 49 | 58 | 45 | 2 | 1 | 58 | 52 | 52 | 30 | 11 | 15 | 9 | 9 | 13 | 7 | 14 | | 44 | 43 | 53 | 54 | 20 | 6 | 1,022 | 15% | | | | |
| MenMCV4P | 2 | 1 | | | 1 | | | | | 1 | 1 | | 1 | | | | | | | | | | | | | | | | | | | 2 | 9 | 0% | | | |
| MMR | 22 | 32 | 35 | 25 | 29 | 10 | 25 | 32 | 15 | 31 | 19 | 4 | | 31 | 21 | 19 | 19 | 8 | 9 | 5 | 6 | 3 | 7 | 4 | 1 | 22 | 24 | 21 | 23 | 22 | 5 | 529 | 8% | | | | |
| PCV10 | 9 | 12 | 10 | 8 | 5 | | 6 | 4 | 12 | 7 | 8 | 2 | | 5 | 5 | 6 | 8 | 5 | 5 | 9 | 3 | 4 | 3 | 8 | | 9 | 9 | 6 | 6 | 9 | | 183 | 3% | | | | |
| PCV13 | 22 | 17 | 28 | 16 | 28 | 2 | 16 | 28 | 27 | 29 | 23 | | | 23 | 21 | 19 | 13 | 6 | 4 | 5 | 5 | 7 | 8 | 3 | | 21 | 21 | 19 | 18 | 12 | 2 | 443 | 6% | | | | |
| RV | 11 | 10 | 21 | 13 | 15 | 1 | 17 | 15 | 18 | 12 | 15 | | | 20 | 22 | 19 | 8 | 6 | 8 | 10 | 3 | 7 | 5 | 10 | | 18 | 15 | 19 | 15 | 7 | 1 | 341 | 5% | | | | |
| rZV | 6 | 2 | 5 | 6 | 1 | | 7 | 7 | 1 | 1 | 3 | | | 3 | 3 | 1 | 3 | | | | | 3 | 4 | 2 | | 2 | 3 | 3 | 3 | 4 | | 73 | 1% | | | | |
| Td | 2 | | 1 | 4 | 1 | | 2 | | 5 | 1 | 2 | | | 2 | | 1 | 1 | | | 1 | 2 | 1 | | | | 2 | 2 | 1 | 1 | 1 | | 39 | 1% | | | | |
| Tdap | 13 | 7 | 11 | 22 | 10 | 3 | 13 | 10 | 9 | 8 | 12 | | 1 | 18 | 15 | 5 | 15 | 8 | 8 | 3 | 1 | 6 | 11 | 4 | 1 | 1 | 5 | 12 | 16 | 14 | 6 | | 268 | 4% | | | |
| Tdap-IPV | | | | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | 3 | 0% | | | |
| VV | 9 | 16 | 15 | 11 | 13 | 1 | 17 | 14 | 6 | 11 | 9 | 2 | | 17 | 13 | 9 | 12 | | | 2 | 1 | 3 | 2 | 2 | 2 | | 16 | 16 | 9 | 11 | 8 | 2 | 249 | 4% | | | |
| | 365 | 268 | 352 | 315 | 289 | 85 | 287 | 296 | 308 | 365 | 283 | 27 | 26 | 421 | 475 | 344 | 358 | 142 | 89 | 88 | 91 | 91 | 110 | 121 | 4 | 1 | 274 | 240 | 284 | 299 | 208 | 31 | 6,937 | | | | |

Note: This table only captures vaccine data submitted by HMPs that are currently on the AIR.

Appendix

Upcoming key external meetings/visits and events/announcements

| Date | Event/Publication/Announcement | Attendee / Minister |
|------|--------------------------------|---------------------|
| - | - | - |

Agency Official Information Act requests

| Date due to requester | Requester | Request summary | Notification/consultation |
|-----------------------|-------------------------------|---|--|
| 24 January 2024 | Organisation (pressure group) | Any correspondence regarding National Māori Action Day, the Māori Party / Te Pāti Māori, and/or the associated protests | Minister's office will be notified of decision |
| 2 February 2024 | Individual | Information on the services Te Aka Whai Ora owns and operates in Whanganui | Minister's office will not be notified/consulted |
| 9 February 2024 | Organisation (law firm) | Information relating to: <ul style="list-style-type: none">• Introducing legislation to disestablish Te Aka Whai Ora• Repealing amendments to the Smokefree Environments and Regulated Products Act 1990 and regulations• Allowing the sale of cold medication containing pseudoephedrine• Working to repeal the Therapeutic Products Act 2023 | Minister's office will be consulted on proposed response |

| | | | |
|------------------|---------------------|---|-----|
| | | <ul style="list-style-type: none">• Working on delivering better public services and strengthening democracy• Lodging a reservation against adopting amendments to WHO health regulations to allow the government to consider these against a “national interest test”• Examining the Māori and Pacific Admission Scheme and Otago equivalent to determine if they are delivering desired outcomes• Any other Act, policy, practice or decision which relates to Māori health and related Te Tiriti o Waitangi issues. | |
| 13 February 2024 | Organisation (IMPB) | <ul style="list-style-type: none">• Information prepared by Te Aka Whai Ora, Te Whatu Ora and any other government agencies relating to the decision to allocate “\$30 million to Whānau Ora providers, \$10 million to North Island Partners and \$10 million to South Island Partners”. This includes analysis, options considered and recommendations provided to Ministers’ offices, Ministers and Cabinet on:<ul style="list-style-type: none">• How this funding should be allocated – who to and via what processes• Engagement with iwi-Māori partnership boards | TBC |

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none">• Consistency with current legislative, policy and operational settings• The definition of “Māori Health Providers”, “Whānau Ora Providers”, “North Island Partners” and “South Island Partners”• Please confirm the process for distributing this funding to Whānau Ora providers• Will the \$30 million be allocated to the three Whānau Ora commissioning agencies who will then make decisions about its distribution to Whānau Ora providers? Or will Te Aka Whai Ora run an RoI process whereby Whānau Ora providers can apply to receive this funding directly?• Do you have to be formally recognised as a Whānau Ora provider to be eligible for the funding? | |
|--|--|--|--|

Parliamentary questions

| Date due to MP | MP | Question |
|----------------|----|----------|
| - | - | - |

Ministerial correspondence

| Date due to Minister's office | Correspondent | Correspondence summary |
|-------------------------------|--|--|
| 24 January 2024 | Iwi-Māori partnership board collective | Setting out their history, purpose, role, and functions and seeking a time to meet with the Minister of Health |

Upcoming briefings

| Title | Date due to Minister |
|-------|----------------------|
| - | - |

Upcoming Cabinet papers

| Title | Date due to Minister |
|-------|----------------------|
| - | - |