

# Te Pūrongo o Te Aka Whai Ora Quarter Two Report

Whiringa-ā-nuku – Hakihea 2022  
October – December 2022





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# SNAPSHOT OF THE QUARTER

Te Aka Whai Ora highlights and key statistics for quarter two include:

- Ministerial launch event for Te Pae Tata – 28 October 22
- Formal recognition of the first group of eleven Iwi-Māori Partnership Boards (IMPB)
- Allocated \$7.199m for Te Ao Māori Population Health solutions which is being commissioned with IMPB advice to support localities implementation
- Establishment of a programme of work to help whānau and Māori to understand the impacts of the Therapeutic Products Bills on rongoā Māori and empower them to determine the protection and support needed for rongoā to flourish.
- Hauora Māori strategy project plan and engagement plan approved in partnership with Te Pou Hauora Māori, Manatū Hauora
- More than half of the localities have had their charters endorsed by Te Whatu Ora and Te Aka Whai Ora, documenting the working relationships and values that support the locality implementation in each area.
- Completed key appointments to Executive and Senior Leadership Teams
- Tabling in Parliament and publishing our Statement of Strategic Intentions, and Statement of Performance Expectations, early November 22
- Final groups (under the Health Sector Transfers Act) of staff transferred from Te Whatu Ora on 17 October and 5 December 2022 consisting of:
- 1,684 māori provider agreements (contracts)
- 190.3 full time equivalent positions, with 142.4 full time equivalent staff.
- At 31 December 2022 we have 163 Te Aka Whai Ora kaimahi, of the staff who responded:
  - 76 percent of our staff identify as Māori, 26 percent as NZ European, and 11 percent identify as Pasifika,
  - 84 percent of our staff identify as female and 16 percent identify male, and
  - A ratio of 2.4:1 FTE of staff to contractors/consultants

# PROGRESS ON OUR ESTABLISHMENT

## INITIAL FOCUS AREAS AND PRIORITIES



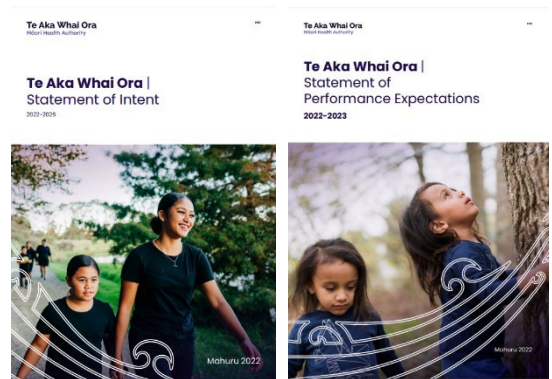
As highlighted in our Q1 report, the initial focus for Te Aka Whai Ora in the first 90 days has been the establishment of key organisational bodies (board, senior leadership), the transfer and continued support of programmes and activities, developing essential policies and procedures, plus key strategic performance documentation and processes. Q2 has seen a continuation of these vital tasks with a focus on continuity and creating certainty both internally and externally.

On 31 October Te Aka Whai Ora finalised both its 2022-26 Statement of Intent (SOI) and 2022/23 Statement of Performance Expectation (SPE). The SOI highlighted our focus on six key priority areas of the interim Government Policy Statement on health (iGPS), against a strategic context of five key features:

- Mana Motuhake
- Indigenising the health system
- Accountability for health outcomes
- Collective impact
- Equitable resourcing

Our SPE is structured by three output classes:

- System performance and outcomes
- Facilitating mana Motuhake
- Te Ao Māori, Mātauranga Māori, and Rongoā commissioning (hauora Māori)



As part of the establishment process both our SOI and SPE cover essential and on-going organisational and hauora Māori priorities and key focus areas. These will adapt as the organisation settles and identifies new challenges and requirements going forward.

### Two organisations, one vision – Pae Ora

The waka hourua continues with its journey forward. In acknowledging those other wakas whose bows continue to cut through waves in these waters, Te Aka Whai Ora has continued to work closely with te Manatū Hauora and Te Whatu Ora to support, assist, guide, and achieve better health outcomes both generally, and for Māori specifically. Considerable work is continuing behind the scenes to set up and establish effective ways of working together, but all waka remain focussed on the journey ahead, together. Our waka hourua seeks to drive transformational change for Aotearoa - New Zealand's health system to support better outcomes and wellbeing for all our people - whakahiko i te oranga whānau



## ACCOUNTABILITY AND PERFORMANCE

As noted in our Q1 report, both the SOI and SPE were amended following feedback, to include essential aspects of the iGPS, and ensure both performance mechanisms aligned with the government's objectives for health overall. In conjunction with the development and confirmation of our first SOI and SPE, Te Aka Whai Ora has continued to work on and implement where possible other key strategic statements and plans as they apply to Hauora Māori.

Together with Te Whatu Ora, the interim NZ health plan (Te Pae Tata) was confirmed and launched on the 28<sup>th</sup> of October. Te Aka Whai Ora has also worked with Manatū Hauora on the Hauora Māori strategy – looking to update the Māori health plan to reflect changes in the structure and delivery of health services as expressed in the Te Pae Ora (Healthy Futures) Act.

Te Aka Whai Ora is currently contributing to, or will contribute to, other key health strategies such as:

- Women’s health strategy (current)
- Pacific health strategy
- Rural health strategy
- Health of Disabled People strategy



## OPERATIONS

Work continued in Q2 on confirming operations for the permanent Te Aka Whai Ora board, plus the appointment of senior managers and key leaders across the organisation.

Te Aka Whai Ora’s structure is organised into six directorates, depicted by a sixteen-point wind compass. This organisational structure supports the analogy of a waka hourua on a journey to Pae Tawhiti using the traditional compass to help navigate. This provides us with clear direction and purpose.

Key appointments in our senior leadership team were confirmed in Q2 looking at a start date of early Q3 (start of 2023), with the objective of having a nearly full executive team in place. This in turn would allow each of the business groups within the organisation to focus on their areas of responsibility, appoint staff, put in place policies and procedures as needed.

## TRANSFERS

Following the foundational work done in Q1, Te Aka Whai Ora has been going through the process of formally transferring staff, providers, contracts, and service from Manatū Hauora and Te Whatu Ora. As at 31 December 2022 completed transfers include:

- 1,684 māori provider agreements (contracts)
- 190.3 full time equivalent positions, with 142.4 full time equivalent staff.

A further 24 Māori provider agreements (contracts) are in progress to be transferred on 6 March 2023. This will then complete the transfers to Te Aka Whai Ora under the Health Sector Transfers Act.

While the transfer of contracts, services, and providers has been proceeding mostly as envisaged, some contracts have retained their former management arrangements until such a time that the necessary resources and people are in place in Te Aka Whai Ora (commissioning and management teams are working as quickly as possible to put the necessary staff in place). We are expecting to complete a hand over of contract management from Te Whatu Ora by 31 March 2023.

# KEY PRIORITIES

## STRATEGY & POLICY

Building on initial work in Q1 with a focus on priority areas (Tier 1 – Primary & Community Care, Tier 2 – Hospital & Specialist Services, Public Health, and Workforce), Te Aka Whai Ora has continued with development and consultation work both with established policies (shared with Manatū Hauora and Te Whatu Ora), as well as new policy requirements.

### Interim Govt Policy Statement Priorities progressed:

#### **Priority 2**

Embedding Te Tiriti o Waitangi across the health sector

One of the first key pieces of policy work is the Hauora Māori strategy led by Te Pou Hauora Māori (Māori Health Directorate, Manatū Hauora) in partnership with us. Work continued through October – December focussing on the development of an interim strategy for completion by July of 2023, with a full new strategy to be developed by July 2024.

#### **Priority 4**

Developing the health workforce of the future

Part of the reason for the proposed two stage process above is that the direction for Māori health and priorities needs to be developed alongside iwi and Iwi Māori Partnerships Boards (with those arrangements also going through an establishment process as well). As part of the consultation process a series of wānanga are planned for February 2023.

#### **Priority 6**

Laying the foundations for the ongoing success of the health sector

### Other policies

In addition to the policy work underway on the Hauora Māori strategy, Te Aka Whai Ora has also been involved in on-going policy consultations on a variety of proposed strategies, bills, and amendments, working closely with Manatū Hauora, Te Whatu Ora, as well as other agencies.

Te Aka Whai Ora either partnered with agencies or provided substantial feedback on the following pieces of work over the course of Q2 – most of which continues into 2023. This includes:

- Mental Health Act replacement
- Therapeutics Products bill and Rongoā Māori
- New Zealand Income Insurance Scheme
- Māori Health Workforce Action Plan
- Women's Health Strategy
- National Strategy on Rare Disorders
- Online Gambling
- Independent Review of the 2022 Health Sector Covid Response

The advice provided by Te Aka Whai Ora generally continues to focus on how new proposals might reduce or eliminate inequitable outcomes for Māori, given Māori are disproportionately represented in general health statistics. Te Aka Whai Ora is working closely with Manatū Hauora to ensure the implications for Māori are carefully considered in all programmes and amendments, thereby influencing positive system change. We are working closely with Manatū Hauora to explore our role throughout the policy and legislative process.



# SYSTEM MONITORING

## Priority 1

Achieving equity in health outcomes

## Priority 2

Embedding Te Tiriti o Waitangi across the health sector

## Priority 6

Laying the foundations for the ongoing success of the health sector

Significant progress was made in October and November towards developing and establishing monitoring outcomes, expectations, and processes.

This included:

- Development of baseline measures and key indicators,
- Wānanga with responsible agencies regarding the monitoring process,
- Development of guidance for Te Whatu Ora on monitoring expectations,
- Developing essential relationships with health system entities (monitees) and exploring information and data streams requirements.

Another key activity was the drafting of documentation to guide and manage the end-to-end process including an overall monitoring strategy, operating mode, and 2-year transition plan. A briefing to the Board is expected in Q3 to provide an update on progress and next steps.

Current activities are aimed at ensuring Te Aka Whai Ora can meet the first baseline monitoring output due in April 2023.

# COMMISSIONING

## Priority 1

Achieving equity in health outcomes

## Priority 2

Embedding Te Tiriti o Waitangi across the health sector

## Priority 3

Keeping people well in their communities

## Priority 6

Laying the foundations for the ongoing success of the health sector

Commissioning work in Q2 has focussed on solidifying the commissioning approach developed in Q1, along with the process of transferring providers contract and funding into Te Aka Whai Ora. A key priority with this work as ensuring continuity of service and delivery for programmes already underway.

The commissioning framework is based on a three-tier approach;

- Direct Commissioning of Mātauranga Māori services – which is primarily with hauora Māori partners,
- Co Commissioning with Te Whatu Ora – as described in the Te Pae Ora (Healthy Futures) Act 2022,
- Partnered Commissioning – collaborating with partners and other agencies to achieve hauora Māori outcomes.

The development of the commissioning framework reflected new thinking and ways of working in the delivery of hauora Māori outcomes and partnering with the sector. The new approach was first considered in March 2022, and key decisions agreed by the Te Aka Whai Ora board in August of 2022.

In conjunction with the development of a new commissioning framework, work continued to confirm and then transfer provider contracts to Te Aka Whai Ora. On 17 October a tranche of provider contacts was transferred from Manatū Hauora and the former district health boards (419 contracts comprising 216 providers from across Aotearoa). This included hauora Māori partners, and mainstream service providers with Māori specific services.

## **Budget 21 investments, Budget 22 commissioning**

Early in 2022 the interim board of the Māori Health Authority approved \$18.692 million of budget 21 to be commissioned in FY 21/22. In alignment with health reforms, the funding was allocated across the following areas:

- \$12.4 million in a Provider Innovation and Sustainability Fund (149 providers)
- \$2.3 million to expand Rongoā Māori services so they are available throughout Aotearoa (30 existing providers plus 4 new providers)
- \$3.192 million to establish Iwi Māori Partnership Boards (IMPBs)
- \$800,000 to fund exemplar projects to learn from the COVID-19 experience and contribute advice to the development of localities (3 projects regarding lessons learned were funded).

In late December Te Aka Whai Ora began receiving reporting on provider activity from that commissioning. Eighty-five per cent (85%) of providers had allocated some funding toward enhance communications and engagement with whānau and communities (social media, websites, etc), while seventy five per cent (75%) had also taken the opportunity to improve internal systems and processes for managing clients (records management, data and reporting capabilities), plus the retention and training of staff.

In August of 2022 the Board of Te Aka Whai Ora approved a budget 22 investment plan for \$95.5 million split 75/25 towards whānau services and new initiatives. The 75% of funding was allocated against:

- \$12.9 million as a 7 percent uplift to all Hauora Māori partners with a fixed contract
- \$29.3 million towards Whānau Life course solutions for Te Pae Tata priorities
- \$8.8 million towards Mātauranga Māori including Rongoā
- \$8.8 million towards Te Ao Māori population health solutions
- \$11.7 million as the balance towards service delivered by partners outside the above areas (kaumātua and rangatahi specific services)

For the remaining 25% of the investment plan, in December the board approved \$23.8 million of investment as follows:

- \$2.9 million for data and digital services
- \$10 million for Māori workforce development
- \$10 million for innovation projects

The budget activities were commissioned across the following budget 22 categories:

- Hauora Māori CPI uplift
- Te Pae Tata health priorities
  - Kahu Taurima (maternal child)
  - Oranga Hinengaro (mental health and addiction)
  - Mauiuitanga taumaha (chronic health)
  - Mate pukupuku (cancer)
- Māori health workforce
- Mātauranga Māori
- Population health
- Data and digital solutions
- Provider innovation



# IWI-MĀORI PARTNERSHIP BOARDS

## **Priority 1**

Achieving equity in health outcomes

## **Priority 2**

Embedding Te Tiriti o Waitangi across the health sector

## **Priority 3**

Keeping people well in their communities

## **Priority 6**

Laying the foundations for the ongoing success of the health sector

This quarter has seen substantial work on the establishment and formal recognition of the first 11 Iwi-Māori Partnership Boards (IMPB) who will represent the perspectives of whānau in the design and delivery of healthcare in a significant step toward a new era in Māori health. The establishment work for the Iwi-Māori partnership boards followed a six-stage process;

- Receipt of terms of reference and supporting documentation from organisations seeking formal recognition as an IMPB under the Te Pae Ora (Healthy Futures) Act 2022
- Te Aka Whai Ora assessment of the terms of reference, against the Act criteria
- Independent legal assessment of terms of reference against the Act criteria
- Consulting with the oversight group regarding the setup of IMPBs
- Board consideration of the terms of reference against the Act criteria
- Advising the Minister that the Te Aka Whai Ora Board is satisfied that the organisations have met the criteria in the Act, subsequently the Minister must recommend the making of an Order in Council
- Order in Council is drafted with Manatū Hauora and the Parliamentary Counsel Office

The process of engaging with Iwi on the requirements and process of recognising and establishing a partnership board has seen a great deal of work done, as well as the realisation of some unique challenges. One of the common issues to resolve as each Iwi group has been brought onboard, are proposed IMPB boundaries that overlap with other IMPB boundaries.

We acknowledge all those who have worked tirelessly to support and advance this crucial kaupapa. The IMPBs are central to embedding Te Tiriti in the new health system, lifting the voice of whānau and communities and supporting them to have tino rangatiratanga and mana motuhake over their own health and wellbeing.

Eleven IMPBs so far have been recognised under the Pae Ora (Healthy Futures) Act 2022:

- Te Taumata Hauora Te Kahu o Taonui IMPB, Tai Tokerau & Tāmaki
- Te Moana a Toi IMPB, Mataatua
- Tairāwhiti Toitū Te Ora IMPB, Tairāwhiti
- Te Taura Ora o Waiariki IMPB, Te Arawa
- Tūwharetoa IMPB, Tūwharetoa
- Te Punanga Ora IMPB, Taranaki
- Te Mātuku IMPB, Whanganui
- Tihei Tākitimu IMPB, Takitimu Hawkes Bay
- Te Pae Oranga o Ruahine o Tararua IMPB, Manawatū
- Te Karu o te Ika Poari Hauora IMPB, Wairarapa
- Āti Awa Toa IMPB, Greater Wellington/Hutt

Further potential IMPBs are working their way through the expression of interest process. A series of regional IMPB hui is planned over March and April, culminating in a national hui in May 2023. This national hui will bring together

recognised IMPBs, emerging IMPBs, Ministers, the Board of Te Aka Whai Ora, Manatū Hauora, Te Whatu Ora, and officials from other agencies.

## **Priority 2**

Embedding Te Tiriti o Waitangi across the health sector

## **Priority 3**

Keeping people well in their communities

# LOCALITIES

There has been a concerted effort in the first 12 localities. More than half of the localities have had their charters endorsed by Te Whatu Ora and Te Aka Whai Ora, documenting the working relationships and values that support the locality implementation in each area. The locality charters demonstrate the commitment and shared responsibility towards ensuring the success of the approach for the betterment of the wellbeing of their communities. Each locality partnership has been required to have mana whenua representation, and many of the localities are iwi-led, with participation from over 30 iwi in the first 12 localities.

The next phase for the localities is to gather whānau and community voice to inform the local priorities for the locality plan. Several of the localities have submitted their first draft plans, however the locality leads have also indicated that further community engagement is required. They wish to uplift the voices that have been historically undervalued or misrepresented, maintain the integrity of the whānau voice they are collecting, and demonstrate to their communities the meaningful change that localities could mean for the people who live there.

The following table provides indicators to measure the progress being made in the first localities:

Success factor	Number of locality prototypes achieved (out of 12)
Charter outlining working arrangements has been endorsed by Te Whatu Ora and Te Aka Whai Ora	7 (58%)
Begun whānau and community engagement to inform locality priorities	9 (75%)
Submitted first draft locality plan	7 (58%)

# WORKFORCE DEVELOPMENT

## **Priority 4**

Developing the health workforce of the future

The Māori Health Workforce Action Plan was formally transferred to Te Aka Whai Ora as part of the health reforms, and work in Q2 focused on a review of the plan to better align with changes to Te Pae Tata | NZ Health Plan.

Te Aka Whai Ora participated in a workforce dialogue hui held in Wellington in November, convened at the request of the Associate Minister of Health, Hon Peeni Henare. The hui confirmed key priorities of the workforce strategy and acknowledged workforce shortages across the sector were not meeting current demands and requirements. Work on the Māori Health Workforce Action Plan is also happening alongside the Manatū Hauora proposed Health Workforce Strategic Framework (the Strategic Framework) proposed in December 2022

Workforce working groups – focused on each of our key professional groups – are planning and developing medium - and long-term initiatives to improve workforce sustainability. These include options to expand student support,

increase training numbers and improve the ease of access to pathways into health roles, particularly for Māori and Pacific students.

### **Priority 3**

Keeping people well in their communities

## **ENGAGING OUR KEY STAKEHOLDERS**

This quarter we continue to engage and collaborate with stakeholders. This section shares some of our new or significant engagements in this reporting period.

### **Pay parity**

Pay parity for kaimahi working for Māori providers is vital to the sustainability of our health system - Te Aka Whai Ora has been working closely with Te Whatu Ora and Manatū Hauora on this important mahi.

In November we completed the next stage of pay parity, recognised when Minister Little announced ongoing funding of up to \$200million to increase pay rates for community-based nurses and lower paid healthcare workers. This funding is an important step in achieving equitable outcomes for our workforce and will make an important difference to many Māori kaimahi, the Māori providers who employ them, and the communities they awhi and care for. At the time of the announcement and since, we met with many of our Māori providers, as well as the wider provider sector, to answer any questions from this announcement and to gather feedback.

### **COVID-19 outbreak response – summer campaign**

In December 2022, as part of a public campaign encouraging whānau to have a safe-as summer, in partnership with Te Puni Kōkiri and Te Whatu Ora, supported by Iwi Communications Collective and Manatū Hauora, we've created social media tiles and 2 videos which we posted over the summer weeks across our social media channels - Facebook and Instagram. These assets are available on the Karawhuia website.

Assets for the wider campaign - social media tiles, printable posters and other visuals can be accessed from the Unite Against COVID-19 website.

### **Ngā Wānanga Pae Ora - two-day wānanga**

As part of developing our Hauora Māori Strategy in partnership with Manatū Hauora - Ministry of Health, this quarter we have planned, prepared and engaged with the sector and public on what will be two-day wānanga - Ngā Wānanga Pae Ora. These sessions will be held across the motu from February to March 2023. The purpose of these wānanga is to reaffirm the hauora aspirations and whakaaro Māori may have shared with us before and hear any additional hauora Māori priorities, opportunities or issues to achieve pae ora, healthy futures for all New Zealanders.

### **Health agencies working together to harness full potential of clinical trials**

In response to the 'Enhancing Aotearoa New Zealand Clinical Trials' report in December 2022, Manatū Hauora, Te Whatu Ora - Health New Zealand and Te Aka Whai Ora are establishing a senior cross-agency working group to consider how the recommendations can be integrated within the health system, with each agency appointing a lead for the work.

We welcome the opportunity to work collaboratively with Manatū Hauora and Te Whatu Ora to ensure our vision of pae ora – good health – for our whānau and our communities is achieved. A key priority of our mahi is building a sustainable

health system that better serves our communities. Clinical trials are an important part of the health system as it provides the evidence to enable us to understand the needs of whānau and focus resources to deliver.

**The Health Information Security Framework (HISF) is being updated**

The updated Framework is designed to support health organisations and practitioners holding health information to manage the security of that information. During this quarter we sought expressions of interest from Māori health providers in providing feedback on the draft HISO 10029:2022.2 - HISF Guidance for the Primary & Community Health Care segment - micro to small organisations.

Their feedback will help us ensure that the final version we release is fit for purpose for this health segment, easy to understand, and user-friendly. Providers will be able to refer to the refreshed HISF to ensure that their organisations and the health information that they manage is kept secure.

Workshops are being planned to be held between mid-January and February 2023.

**Te Mauri O Rongo**

Te Mauri o Rongo | the NZ Health Charter seeks to provide common values, principles and behaviours through four pou that will guide health entities and kaimahi, enabling a cultural transformation of the health sector.

The Health Charter working group are preparing for kaimahi engagements to further develop the Health Charter. It is an important piece of work for the entire health sector which includes health sector communities. Kaimahi Māori participation is vital to ensuring Māori voices are heard. We value partnering with Māori leads across the districts for these engagements.





# RISK MANAGEMENT

This quarter has seen the progressive development of our organisation risk framework. The Board has considered our strategic risks to be as in the table that follows:.

## Strategic risks:

If we are not **collecting and analysing appropriate data**, we may not be able to measure improvements in equitable health outcomes

If there are **cyber or other security attacks**, key services by Māori Health Providers and IMPBs may be compromised

If there is **fake news/information** being promulgated in communities, Māori health outcomes may not improve

If we do not have adequate systems to **ensure whānau voice** in the system, we may not achieve more equitable health outcomes

If we do not have **effective monitoring systems** in place, we may not be able to improve Māori health outcomes

If there is not sufficient **investment in Infrastructure for IMPBs**, they may not be able to effectively carry out their functions

If we do not appropriately **manage and partner with external parties**, our performance as an organisation may not be adequate

If the **political interface is not well managed**, we may not be able to achieve improved Hauora Māori outcomes

If the focus on the **health reforms implementation** abates too early, we may not collectively realise the intended benefits and expected outcomes.

## What is being done:

Develop an action plan on how to improve collection of data by 31 March 2023

Engaging Te Whatu Ora under shared services agreement to explore options by 31 March 2023

Proactively communicating our narrative and sharing our work programme. A work plan for this is in development

Recruiting a dedicated whānau voice team, and now with DCE Mātauranga Māori on board, starting to develop a work programme for this area

Recruiting a DCE Monitoring to support the establishment of our monitoring function. Finalisation of draft monitoring with MOH and TPK in progress

Clarifying role and function, conduct a resource needs assessment, and recruit as appropriate

ELT develop a strategic relationship management plan

Weekly reports and meetings with the Minister and semi-regular deep dives are scheduled

Development of a benefits realisation framework (tripartite approach) is in progress

# OUR PERFORMANCE

## DELIVERING TE PAE TATA

Te Pae Tata | Interim New Zealand Health Plan was published this quarter, and outlines the actions required over the next two years to build the foundations of a sustainable, affordable, and unified health system to better serve whānau. The approach will be different than before – it will support and encourage greater growth in our healthcare workforce, address current inequities and most importantly, improve health outcomes for Māori and their wider communities.

Over the next two years you will see a focus on:

- Pae ora | Better health in our communities.
- Kahu Taurima | Maternity and early years.
- Mate pukupuku | People with cancer.
- Māuiuitanga taumaha | People living with chronic health conditions.
- Oranga hinengaro | People living with mental distress, illness and addictions.

Te Aka Whai Ora are committed to:

- working with our partner Te Whatu Ora | Health New Zealand to design and deliver services to improve Māori health
- working with Manatū Hauora - Ministry of Health and Te Puni Kōkiri | Ministry for Māori Development, to monitor outcomes for Māori
- supporting Iwi Māori Partnership Boards to strengthen the voice of whānau
- commissioning te ao Māori solutions and services developed by Māori for Māori
- improving service delivery and outcomes for Māori
- promoting public health and commission public health programmes.

Te Pae Tata supports the implementation of the interim Government Policy Statement (iGPS), which sets the Government's expectations for what the health sector will deliver over the next two years.

As an interim, two-year plan, Te Pae Tata is focused on ensuring the health system continues provide care to New Zealanders, while we start to implement the improvements in the way services are delivered and work toward the first full New Zealand Health Plan. Our development, with Te Whatu Ora, of the first full plan, New Zealand Health Plan for 2024-2027, begins shortly. This will be comprehensive and widely consulted with whānau, as well as wider communities.

### Implementing changes that will make things better for people, whānau, communities, our workforce and our providers

There are a total of 268 actions in Te Pae Tata – 187 published actions and 81 unpublished actions.

Actions set out in Te Pae Tata are led and supported by different functions depending on their focus, from across Te Whatu Ora and Te Aka Whai Ora. Figure 1 shows the number of actions each function has primary accountability, while Figure 2 shows the number of actions each function is supporting (as identified by Te Whatu Ora). These totals include published and unpublished actions.

Te Whatu Ora Commissioning is leading, and is accountable for, the largest number of Te Pae Tata actions (102 actions). Meanwhile, Te Aka Whai Ora is supporting the largest number of Te Pae Tata actions (88 actions).



Figure 1: Number of Te Pae Tata actions by leading function



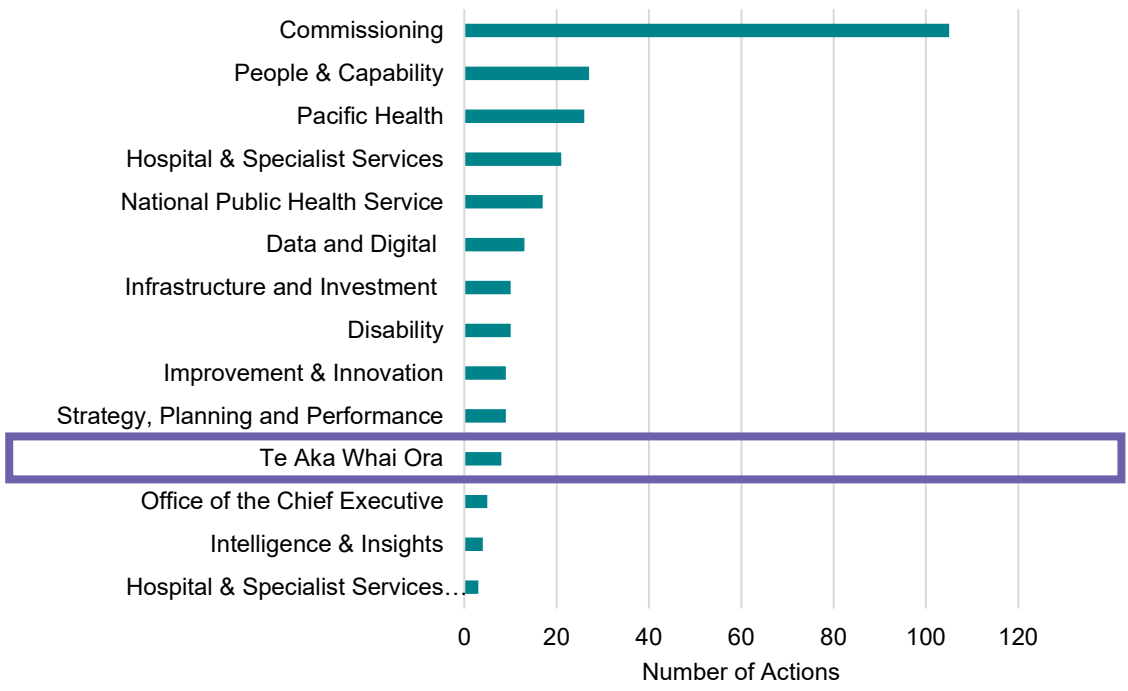
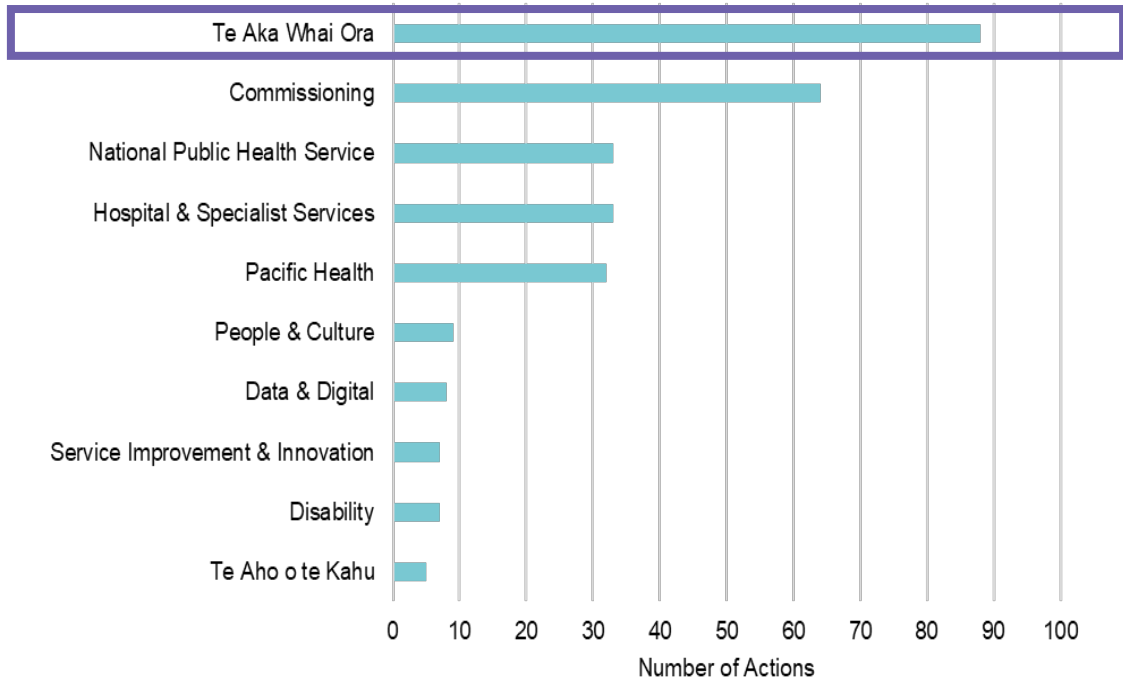


Figure 2: Number of Te Pae Tata actions by supporting function



The process of transforming the hauora system is a significant undertaking, and for many actions it will require an extended period of delivery before they are assessed as complete or making a difference. Quarter two has been focusing on some initial progress on our actions, with them all being on track to plans.

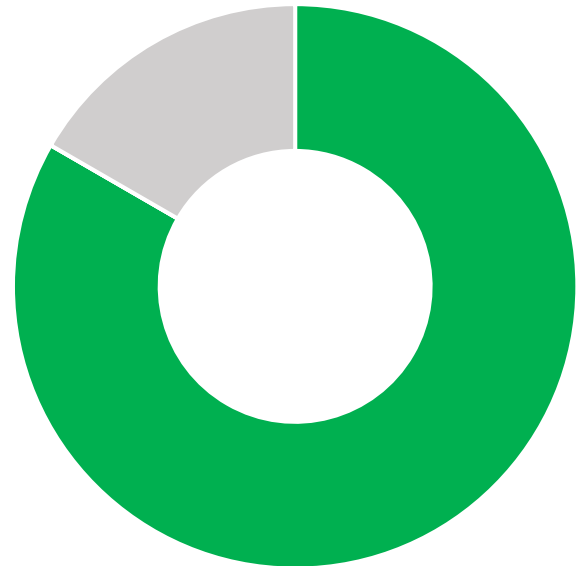
#### ON TRACK

- Action 2.5.2 Design and expand Te Ao Māori and Pacific mental health service solutions, including primary mental health and wellbeing, access and choice services.
- Action 3.1.6b Develop sustainable and integrated funding arrangements for existing and new Iwi and Māori organisations and Pacific providers reaching 25 percent of eligible providers in the first year and 50 percent in year two.
- Action 4.1.10d Assess and improve the cultural safety of healthcare organisations.
- Action 4.1.6a Iwi Māori Partnership Boards are in place and engaged locally, regionally and nationally.
- 4.1.11c Embed Māori sovereignty frameworks and practice for governance of data and information, privacy and security. Ensure appropriate data and protection standards are in place.

#### NO KEY MILESTONE THIS QUARTER

- Action 4.1.1b Work with the Public Health Agency to develop and implement evidence-based public health and legislative interventions that reduce harm from alcohol and other drugs.

Te Aka Whai Ora  
Te Pae Tata Actions



- On track
- Off track
- Completed
- No key milestone this quarter

## STATEMENT OF PERFORMANCE EXPECTATIONS: YEAR ONE PERFORMANCE MEASURES

In our first year we are committed to delivering towards the following measures, as in our Statement of Performance Expectations for 2022/23. In this quarter we have been collaborating with Manatū Hauora and Te Whatu Ora to understand our baseline or starting point further. As we rely on both organisations to provide our data building these relationships and processes is important. Until data is available from the 2022/23 year we will use the most recent data published.

#### OUTPUT CLASS TAHI – SYSTEM PERFORMANCE AND OUTCOMES

Output class	Intended outcome in Year One	Year One measures (as in our SPE)	Freq of reporting	Target	Baseline score	Latest data
Tahi	Laying the foundations for the ongoing success of the health system.	GPS 6.1 (Measure to be developed) Health entities are clear about their own and other entities' roles and responsibilities, and are delivering to these		TBD	Measure to be developed	Measure to be developed by Manatū Hauora
Tahi	Ensuring our financial sustainability.	GPS 5.1 Actual expenditure is consistent with budgeted and there is overall balance in both budgeted and actual revenue to expenditure ratios	Quarterly	TBD	26.7% surplus at 30 Sept 22	17% surplus at 31 Dec 22
Tahi	Effective workforce development programmes are being developed.	GPS 4.2 Proportion of Māori and other under-represented groups in the regulated and unregulated health workforce, compared with the proportion of the total population	Annual	Improvement on baseline	TBD	Annual measure
		Whakamaua 2.3 Percentage of Māori in the regulated workforce compared with the percentage of Māori in the population	Quarterly	Improvement on baseline	In 2020/21: 4,600 Māori nurses (7.8%), 360 Māori midwives (11%) and 740 Māori doctors (4.5%)	In 2020/21: 4,600 Māori nurses (7.8%), 360 Māori midwives (11%) and 740 Māori doctors (4.5%)
Tahi	Developing the health workforce of the future.	GPS4.4 Proportion of Māori and Pacific peoples in leadership and governance roles across the Ministry of Health and health entities	Quarterly	Improvement on baseline	TBD	TBD

#### OUTPUT CLASS RUA – FACILITATING MANA MOTUHAKE

Output class	Intended outcome in Year One	Year One measures (as in our SPE)	Freq of reporting	Target	Baseline score	Latest data
Rua	Iwi Māori Partnership Boards are well supported	GPS 2.4 Feedback from the iwi-Māori partnership boards on how they are fulfilling their role and whether they are receiving the support they require	Annual	TBD	Manatū Hauora advise they are developing a survey	Annual measure
Rua	Whānau Voice is heard and acted upon to advance the Māori	New measure to be developed	Annual	TBD	Measure to be developed	Annual measure

health evidence base that contributes to improved Māori health and wellbeing.						
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## OUTPUT CLASS TORU - TE AO MĀORI, MĀTAURANGA MĀORI, AND RONGOĀ COMMISSIONING (HAUORA MĀORI)

Output class	Intended outcome in Year One	Year One measures (as in our SPE)	Freq of reporting	Target	Baseline score	Latest data
Toru	Commissioning of public, primary and community health services to ensure meaningful options, cultural appropriateness, and choice of services that improve equitable access to and meet the needs of people and their whānau.	GPS 3.1/Whakamaua 1.3 Proportion of people reporting unmet need for primary health care, reported by ethnicity and geographic area (including a comparison between Māori and non-Māori/non-Pacific)	Annual	Improvement on baseline	In 2021/22 <b>14.5% of Māori</b> , 11.4% Pacific, 10.6% Asian & 10.6% European/other reported unmet need for GP due to cost in the past 12 months	Next Annual NZ Health Survey report will be available in November 2023
Toru	Geographical coverage and utilisation of Rongoā Māori services. <sup>1</sup>	GPS 2.3/Whakamaua 1.2 Geographical coverage and utilisation of rongoā Māori services	Quarterly	TBD	In 2020/21: 20 funded rongoā providers, 14,000 client contacts, and \$1.86 million in funding to rongoā providers	Utilisation (June – 2021): Māori (0-14) 882 Māori (15-29) 1,050 Māori (30-44) 1,674 Māori (45-59) 1,985 Māori (60+) 4,092  Geographical coverage – refer to image below
Toru	To ensure equitable access to supports and services	GPS 3.2 Proportion of people waiting for planned specialist care who receive it within four months, reported by ethnicity and geographic area	Annual	TBD	At 30 June 2022: 37,239 (25.5%) patients nationally. Not available by ethnicity in this quarter.	Annual measure
		GPS 3.3 Uptake of immunisation for key age groups, reported by ethnicity and geographic area <sup>2</sup>	Quarterly	TBD	At 30 June 2022: Immunisation coverage for New Zealand children at 54 months (4.5yrs) of age is 64.9% Nationally: <b>47.7% Māori</b> , 54.8%, Pacific, 77.1%, Asian 72.4%, European, 65.2% Other	For the 3 months ending 31 Dec 2022: Immunisation coverage for New Zealand children at 54 months (4.5yrs) of age is 64.9% Nationally: <b>49.1% Māori</b> , 52.4% Pacific, 77.1% Asian, 72.2%, European, 61.9% Other
		GPS 3.5 Complete roll-out of the Access and	Quarterly	220,000 in Year 1	At 30 June 2022: 3.4% of total	At October 2022 <sup>3</sup> : 49,600 people seen

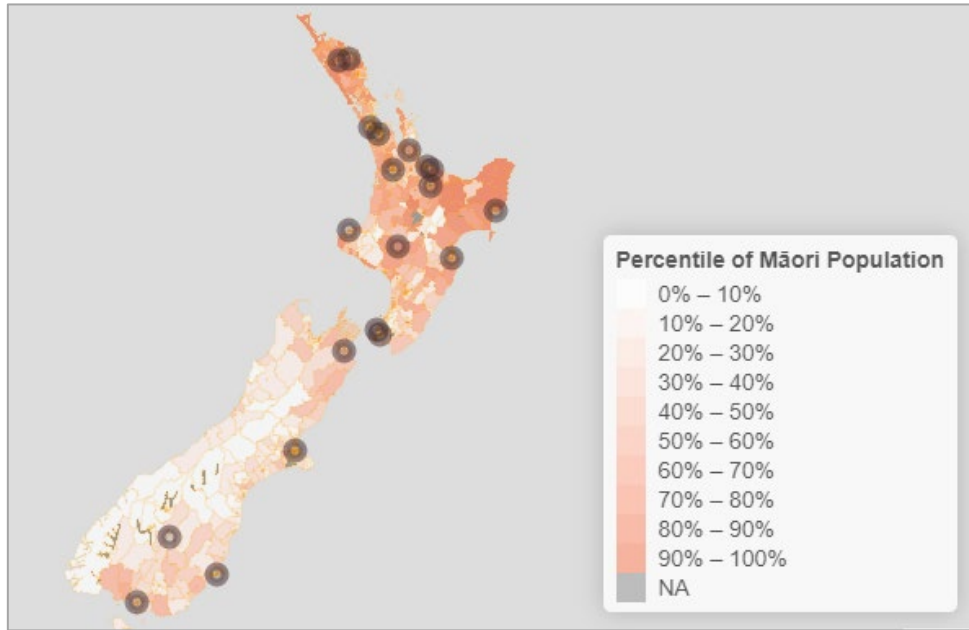
<sup>1</sup> Annual data only. Latest data is for year ending 30 June 2021.

<sup>2</sup> <https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage/national-and-regional-immunisation-data>

<sup>3</sup> Budget 19 mental wellbeing package: Overview for 10 November 2022 meeting

		Choice programme for primary mental health and addiction support services so that access is available for 325,000 people per year by the end of June 2024			clients accessing mental health and addiction services, <b>5.6% Māori clients</b> , 2.9% Pacific and 3% Other	YTD; <b>26% Māori</b> , 11% Pacific, and 21% those are aged 12-25
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Geographical coverage and utilisation of rongoā māori services<sup>2</sup>:



## VOTE: HEALTH ESTIMATES OF APPROPRIATIONS PERFORMANCE MEASURES FOR 2022/23

We are required to report on performance measures outlined in the 2022/23 Estimates of Appropriation under Vote Health under “Delivering hauora Māori services” at the end of the fiscal year. The mahi under “Delivering hauora

<sup>2</sup> Annual data only. Latest data is for year ending 30 June 2021.

Māori services” is to secure the development. Implementation and delivery of hauora Māori services, development of hauora Māori providers, development of partnerships with iwi, commissioning of kaupapa Māori services and other services developed for Māori, and other related services.

#### DEPARTMENTAL EXPENDITURE MEASURES

Output class	Output performance measure for 2022/23	Freq of reporting	Budget Standard	Quarter 1 Result	Quarter 2 Result
Te ao Māori, mātauranga Māori and rongoā commissioning (hauora Māori)	A service commissioning and co-commissioning plan is in place by 30 June 2023	Annual	Achieved	Not measured	In progress
Facilitating mana motuhake	A plan is in place to support the operations of Iwi-Māori Partnership Boards	Annual	Achieved	Not measured	Draft plan developed
System performance and outcomes	Māori provider development and innovation programmes are delivered to agreed plans	Annual	Achieved	Not measured	In progress
	Ministry of Health confidence in entity delivery of Whakamaui He Korowai Oranga	Annual	Good	TBD	TBD



# FINANCIAL PERFORMANCE

Interim Govt Policy Statement  
Priorities progressed:

## OUR FINANCES



### Priority 5

Ensuring a financially sustainable health sector

**December Year-to-Date (YTD)** surplus is \$82.807m v budget \$70.663m shows a favourable variance \$12.144 million

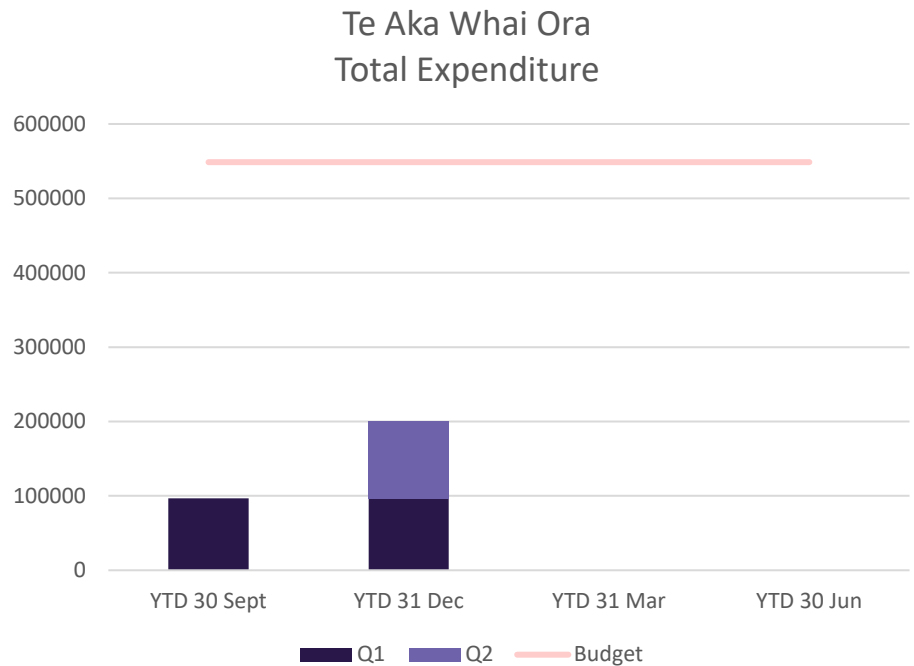
#### Departmental Expenditure (DE)

\$13.1m YTD v budget \$10.8m, shows an unfavourable variance \$(2.3)m

#### Non-Departmental Expenditure (NDE)

\$187.5m YTD v budget \$186m, unfavourable variance \$1.3m

Appendix One provides our financial performance tables.



### Commentary

Te Aka Whai Ora Finance continues to embed the fundamentals of the function. This is a continuation of the maturity journey from the “Stand Up” phase as at the transition from iMHA at 1 July.

#### December YTD variance, favourable \$12.144 million

- YTD revenue reflects In Principle Expense Transfer (IPET) funding received ahead of budget, \$14m and unbudgeted interest received to December.
- Overall Departmental Expenditure (DE) is unfavourable to budget, \$(2.3) m YTD, driven by the transition of unbudgeted October transfers recognised in December and contractor costs engaged to cover vacancies to date.
- Non-Departmental expenditure is showing an unfavourable variance of \$1.3m, due to the Budget Bid 2022 workstream commencing ahead of schedule.

## APPENDIX ONE: Financial information, Quarter Two 1 October – 31 December 2022

### TE AKA WHAI ORA

Financial Results as at 31  
December 2022

\$000's	Quarterly				Year to Date		
	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	YTD Spend	YTD Budget	YTD Variance
<b>Revenue</b>							
Departmental	6,286	6,286	0	0	12,572	12,572	0
Non-Departmental	127,546	127,546	0	0	255,092	255,092	0
IPET Funding		14,057	0	0	14,057	0	14,057
Other Revenue		1,630	0	0	1,630	15	1,615
<b>Total Revenue</b>	<b>133,832</b>	<b>149,519</b>			<b>283,350</b>	<b>267,678</b>	<b>15,672</b>
<b>Departmental Expenditure</b>							
Internal Personnel - Management & Admin Personnel	821	2,963	0	0	3,784	2,276	(1,508)
Outsourced - Management & Admin Personnel*	1,640	4,715	0	0	6,355	5,379	(976)
<b>Total Personnel Costs</b>	<b>2,461</b>	<b>7,678</b>	<b>0</b>	<b>0</b>	<b>10,138</b>	<b>7,654</b>	<b>(2,484)</b>
<b>Other Operating Costs</b>							
Audit Fees		0	0	0	0	63	63
Board Member Fees	110	110	0	0	220	229	9
Computer Services	45	48	0	0	93	95	2
Consultancy Costs	858	1,260	0	0	2,118	2,006	(112)
Travel	123	234	0	0	357	476	119
Outsourced Corporate Services		0	0	0	0	163	163
Other Operating Costs**	48	90	0	0	138	100	(38)
<b>Total Operating Costs</b>	<b>1,184</b>	<b>1,742</b>	<b>0</b>	<b>0</b>	<b>2,926</b>	<b>3,132</b>	<b>206</b>
<b>Total Departmental Expenditure</b>	<b>3,645</b>	<b>9,420</b>	<b>0</b>	<b>0</b>	<b>13,064</b>	<b>10,786</b>	<b>(2,278)</b>
<b>Non-Departmental Expenditure</b>							
Establishment	0	0	0	0	0	0	0
Ministry of Health Commissioning – Health Workforce, Mental Health, Provider Development Budget Bid 2022 (B22) New Initiatives	1,317	0	0	0	0	0	0
Primary and Community Commissioning	0	1,279	0	0	1,279	0	(1,279)
	93,100	93,100	0	0	186,200	186,229	29
<b>Total Non-Departmental Expenditure</b>	<b>93,100</b>	<b>94,379</b>	<b>0</b>	<b>0</b>	<b>187,479</b>	<b>186,229</b>	<b>(1,250)</b>
<b>Total Expenditure</b>	<b>96,745</b>	<b>103,799</b>	<b>0</b>	<b>0</b>	<b>200,543</b>	<b>197,015</b>	<b>(3,528)</b>
<b>Net Surplus/(Deficit) from Operations</b>	<b>37,087</b>	<b>45,720</b>	<b>0</b>	<b>0</b>	<b>82,807</b>	<b>70,663</b>	<b>12,144</b>