

# Te Pūrongo o Te Aka Whai Ora Quarter Three Report

Kohitātea - Poutū-te-rangi 2023  
January - March 2023



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# He Kupu whakataki | Introduction

This report provides an update at the end of Quarter 3 (1 January 2023 – 31 March 2023), toward Pae Tawhiti | Destination (our vision), using our Ngā tohu o te pō | nighttime guides (strategic direction, and objectives) as set out in our Statement of Intent 2022–26 (SOI) and Statement of Performance Expectations 2022–23 (SPE).



In this report we outline what we have done in meeting our obligations and functions under Pae Ora (Healthy Futures) Act 2022, Te Pae Tata | Interim NZ Health Plan 2022–24 and Ministerial priorities.

The report also reflects the mahi undertaken to support whānau, hapū and iwi during the adverse weather events Northland/Auckland in January 2023 and the subsequent events of Cyclone Gabrielle. Our Functions, action plans and priorities, including responding to adverse weather events, saw us working alongside our partner health and social agencies, as well as educational agencies, hapū, iwi and marae.

While reading this report we have used the following icons to demonstrate how our work aligns with various health priorities:

## Document key

The following icons are used throughout the document to demonstrate our delivery alignment with various priorities:



Te Pae Mahutoka – The Minister’s Priorities for this quarter



Waka Hauora – Our Te Pae Tata Initiatives



iGPS Priority one – Achieving equity in health outcomes



iGPS Priority two – Embedding Te Tiriti o Waitangi across the Health Sector



iGPS Priority three – Keeping people well in their communities



iGPS Priority four – Developing the health workforce of the future



iGPS Priority Five – Ensuring a financially sustainable health sector



iGPS Priority six – Laying the foundations for the ongoing success of the health sector

# He Kapohanga O Te Wāhanga I

## A snapshot of the quarter

Our highlights for the quarter include:

### Te Pae Tata actions

- Finalised recognition requirements for four Iwi Māori Partnership Boards (IMPBs) which will see fifteen boards gazetted by end of June 2023.
- Working with both Manatū Hauora and Te Whatu Ora on winter preparedness (**Ministerial Priority**) including ongoing response to covid 19 requirements, a revised long term immunisation strategy and the report of the Te Whatu Ora led immunisation taskforce
- Commissioning for Planned care initiatives to reduce waiting lists (**Ministerial Priority**) such as the Bariatric pathway along with social support services initiative

### Adverse weather response

- Provided a total of \$1.38m to hauora Māori partners in Tai Tokerau (\$460k) and Tamaki Makaurau (\$920k) to assist with supporting whānau and communities affected by the severe weather event
- Allocated \$8.5m to hauora Māori partners for Cyclone Gabrielle response in February/ March in affected areas.

### Delivering Hauora Māori

- Contributed to the Therapeutics Products Bill by engaging with hauora Māori partners and Iwi on a Rongoā Māori policy
- Oranga Whānau Outcomes Framework has been developed and takes a long-term view at the wellbeing from a whole of Aotearoa NZ level perspective and a shorter-term view from a whānau by life course approach.
- Working on Hauora Māori Workforce development strategy and implementation plan (**Ministerial Priority**). Current investment includes Te Pitomata, the refreshed scholarship programme

### Establishment activities

- Developed consultation document on our proposed agency structure
- Commenced work on an Organisation Culture strategy
- Our key people statistics include:
  - A total of 274 kaimahi (staff) with 120 vacancies
  - There were 14 new permanent starters in March
  - 29% of our people are affiliated with an Iwi
  - Gender ratio remained the same since December 2022 (65% female, 27% male, 7% unknown or prefer not to say). Work is underway to consider whaikaha and other gender identities.
  - The percentage of contractors and consultants has decreased to 18% compared to 44% in October. This is largely driven by the increase in permanent staff, rather than any decrease in the number of contractors.

# Te Whakatutuki i Te Pae Tata | Delivering Interim NZ Health Plan

Of the 187 Te Pae Tata published actions, we lead the delivery of 11 actions across 2022 to 2024. We also are partnering with Te Whatu Ora to deliver an additional 50 of the published actions.

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 3 has seen us focusing on initiating our actions; much of this has been maintaining and enhancing work previously started in the health system that aligned to delivering our actions. As such we will be taking the opportunity in Quarter 4 to reset our delivery plans for 2023/24.

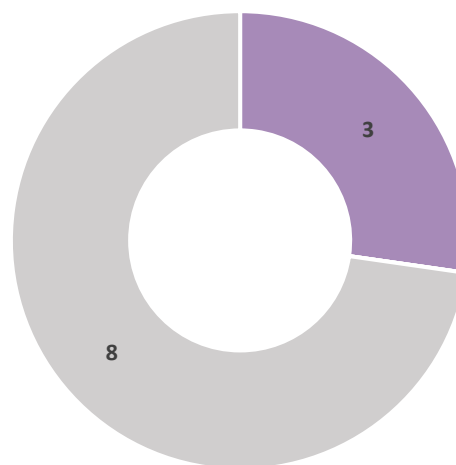
This section covers the initial progress, plans and challenges on delivering our actions within Te Pae Tata.

### Overview of Te Pae Tata delivery status:

- Three actions are on track and delivering to plan.
- Eight actions need monitoring of which *two actions* are managing risk due to capacity constraints however we expect they will achieve their planned milestones by June 2023. *Five actions* require close monitoring as they have critical dependencies in other work to be met. E.g. the four IMPBs to be formally recognised to enable locality plans to be determined. The delivery of the actions is anticipated over a period of two calendar years, with completion expected in June 2024.

The table below (page 4) highlights areas of increased monitoring and our plans to ensure they are met in the two-year timeframe:

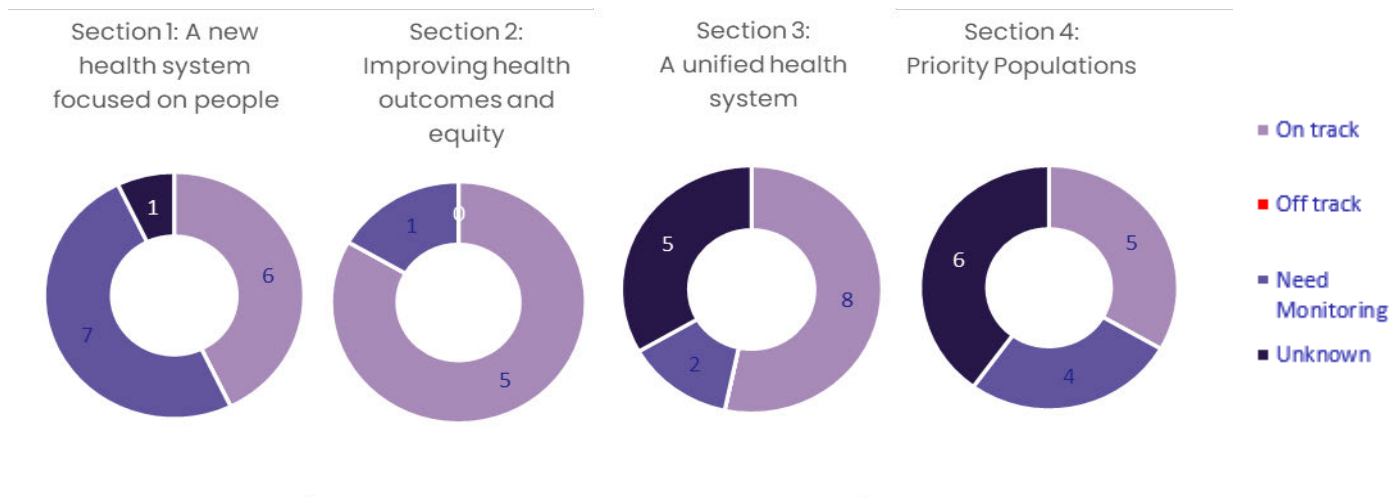
Te Pae Tata Actions led by Te Aka Whai Ora



■ On track ■ Off track ■ Unknown ■ Need Monitoring

Action Number	Action Description	Milestones Q3 (22/23)	Q3 RAG (Status)	Green plan /End of Year forecast	Expected Year 1 Outcomes
4.1.1a	Partner with Iwi Māori Partnership Boards to develop interventions that are tailored for Māori, build community capability and ultimately work for Māori.	Identify priorities for Māori and local communities.	<b>Needs Monitoring</b>	Engaging with the community to identify locality wellbeing priorities by end of June and locality plans will be followed with Te Whatu Ora. <b>EOFY forecast: Needs Monitoring</b>	Locality wellbeing priorities identified. Year 2 delivery plan developed.
4.1.4a	Provide wrap-around support for wāhine hapū antenatal and birthing care, including identifying ways to provide longer-term intervention and prevention services.	Develop and implement pathways required for improved access to services.	<b>Needs Monitoring</b>	Procurement activities are expected to be completed in May, with contracts being finalised and implementation of new models of care set to commence in June. <b>EOFY forecast: On Track</b>	Complete stakeholder engagement events for the Kahu Taurima system design. Commissioning and implementation plan endorsed.
4.1.4b	Design immunisation and Well Child Tamariki Ora services that work for Māori and build off a strongly integrated maternity service.	Develop and implement a new Child Growth and Development service delivery model.			
4.1.4c	Develop whānau-orientated interventions that provide intensive support for maternity and the early years.				
3.1.6b	Develop sustainable and integrated funding arrangements for existing and new Iwi and Māori organisations and Pacific providers	Complete engagement and identify first 25% of eligible providers.	<b>Needs Monitoring</b>	Partnership engagement is planned to commence in June with the newly recruited regional relationship leads. <b>EOFY forecast: Need Monitoring</b>	Renewed contracts Commence co-design engagement for integrated contracts.
4.1.10d	Assess and improve the cultural safety of healthcare organisations.	Establish national guidance on content and approaches working with districts & Te Aka Whai Ora.	<b>Needs Monitoring</b>	Due to constraints with resourcing capacity, a review of our delivery plan is being undertaken. <b>EOFY forecast: On Track</b>	Year 2 delivery plan developed and an incumbent to be in place by June 2023.
4.1.6a	Iwi-Māori Partnership Boards are in place and engaged locally, regionally and nationally.	Engage IMPBs on draft operating model and make changes.	<b>Needs Monitoring</b>	Three of the five IMPB regional hui have been completed and the remaining two hui scheduled in June. <b>EOFY forecast: On Track</b>	Four emerging IMPBs are expected to be formally recognised in the Pae Ora legislation by end of July 2023.
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.	Adapt paper based on Board directions.	<b>Needs Monitoring</b>	Due to constraints with resourcing capacity, a review of our delivery plan is being undertaken. <b>EOFY forecast: On Track</b>	Year 2 delivery plan developed

The following chart provides indicators to measure the progress being made in the Te Pae Tata actions **delivered** by Te Whatu Ora and Te Aka Whai Ora **in partnership**:



**Māori health improvement**

Te Pae Tata Act on 4.1.6a Māori Partnership Boards are in place and engaged locally, regionally and nationally.

**Māori health improvement**

Te Pae Tata Act on 4.1.1a Partnership with Māori Partnership Boards to develop interventions.

## Ngā Poari Mahi Tahī Ki Te Iwi Māori | Iwi Māori Partnership Boards

As at the end of March 2023, 11 IMPBs were gazetted and a further four are anticipated to be gazetted bringing the total to 15 by the end of the financial year.

For this quarter, with the 11 IMPBs that are gazetted, we have been working with Manatū Hauora to develop an approach as to how best to bring Iwi into the process of reworking (refreshing) the Hauora Māori Strategy and iGPS.

We have also focused on forming the basis of ongoing engagement and hui between agencies and the 11 IMPBs. This ongoing engagement includes:

- regular online meetings between the chair and IMPB chairs
- a series of four regional hui with IMPBs to work on the refresh of the Māori health action plan (Whakamaua and He Korowai Oranga Strategy)
- meetings between the IMPBs and the Associate Minister
- planning for an inaugural national hui to bring all IMPBs together – scheduled for mid-2023.

**Priority 1**

Achieving equity in health outcomes

**Priority 2**

Embedding Te Tiriti o Waitangi across

**Priority 3**

Keeping people well in their communities

**Priority 6**

Laying the foundations for the ongoing success of the health sector

The four IMPBs to still complete the formalisation process to be gazetted are:

- Ngaa Pou Hauora o Tamaki Makarau (South Auckland)
- Te Tiratu (Waikato – Tainui)
- Te Kahui Hauora o Te Tau Ihu (Nelson – Marlborough)
- Te Tauraki (Ngai Tahu)

We wish to acknowledge the work and commitment of those Iwi in helping set up 15 IMPBs.

**Priority 2**

Embedding Te Tiriti o Waitangi across the health sector

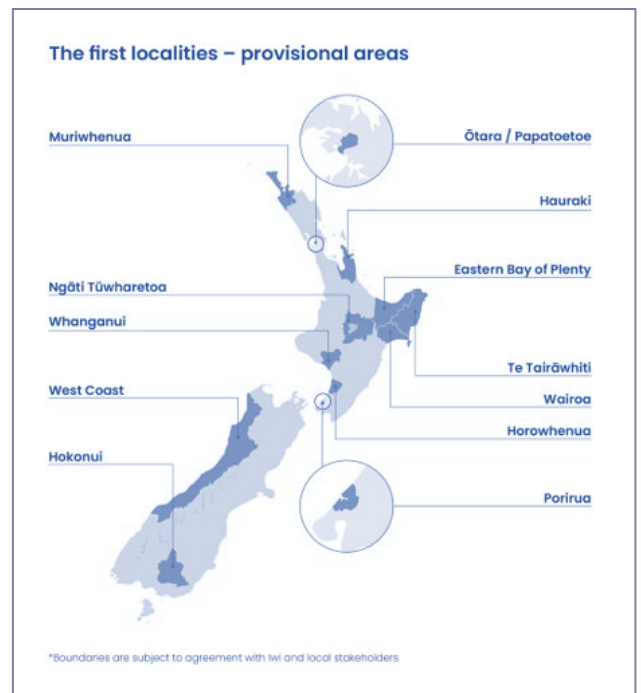
**Priority 3**

Keeping people well in their communities

## Ngā Rohenga Motuhake | Localities

A critical component of the health reforms and improving the performance of health services is the focus on community delivery (localities), and the inclusion of whānau and Māori voice in the way health services are designed, managed, and provided.

The roll out of a localities approach is well underway and our focus for this quarter has been confirming the partnership arrangement in the initial prototype localities. This involves continuing to work with IMPBs and local authorities to define boundaries and coverage. It is envisaged that by July 2023, 50% of the population will be covered by provisional boundaries and 100% coverage by July of 2024.



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	9 (75%)
Begun whānau and community engagement to inform locality priorities	12 (100%)
Submitted first draft locality plan	8 (66%)





**Māori health improvement**

Te Pae Tata Act on 3.1.6b  
 Develop sustainable and integrated funding arrangements for existing and new wānanga and Māori organisations

## Ngā Tiringa | Commissioning

In Quarter 2, \$95.5m was allocated for commissioning activities. In this quarter we have:

- \$25m in finalised contracts
- \$43m service provider proposals going through the evaluation and negotiation process
- \$0.2m proposals in the market waiting service provider response
- \$0.4m proposals ready for market
- \$24.75m is still in the commissioning planning phase.

We forecast that the total \$95.5m will be fully committed to contracts by end of June 2023.

The table below illustrates the progress we are making with our commissioning work year to date 31 March 2023:

Initiative Title	Plan	Ready for market	In Market	Evaluating	Negotiating terms	Contracts Agreed	Total by Initiative
<b>Kahu Taurima – Maternal child / early years</b>	\$2.50m			\$10.50m			<b>\$13.00m</b>
<b>Mate Pukupuku – Cancers</b>					\$3.13m		<b>\$3.13m</b>
<b>Māuiuitanga Taumaha – Long Term Conditions</b>	\$0.65m				\$0.93m	\$4.97m	<b>\$6.55m</b>
<b>Oranga Hinengaro – Mental Wellbeing &amp; Addictions</b>		\$0.40m		\$2.61m	\$1.24m		<b>\$4.45m</b>
<b>Mātauranga Māori solutions</b>				\$7.30m		\$0.30m	<b>\$7.60m</b>
<b>Te Ao Māori Population Health</b>	\$7.20m						<b>\$7.2m</b>
<b>Priority Populations</b>				\$8.82m			<b>\$8.82m</b>
<b>Data &amp; Digital Solutions</b>					\$2.88m		<b>\$2.88m</b>
<b>Māori Workforce Development</b>	\$4.40m			\$5.80m	\$1.20m	\$5.60m	<b>\$17.00m</b>
<b>Innovation (Sector Wide Impact)</b>	\$6.00m						<b>\$6.00m</b>
<b>Innovation (IMPB informed)</b>	\$4.00m						<b>\$4.00m</b>
<b>CPI Uplift to 7%</b>						\$14.90m	<b>\$14.90m</b>
<b>Total by phase</b>	<b>\$24.75m</b>	<b>\$0.40m</b>	<b>\$0.2m</b>	<b>\$35.02m</b>	<b>\$9.38m</b>	<b>\$25.77</b>	<b>\$95.52m</b>

 **Māori health improvement**

Te Pae Tata Act on 4.1.4a support for wāh ne hapū antenata and birth ng care

 **Māori health improvement**

Te Pae Tata Act on 4.1.4b Design immun sat on and We Ch d Tamar k Ora serv ces

 **Māori health improvement**

Te Pae Tata Act on 4.1.4c Deve op whānau or entated ntervent ons

**Commissioning case study**

Listed below is a case study of one of our commission initiatives that was progressed in Quarter 3. This initiative covers the Maternity and Early years and shows the specific areas we are seeking proposals for.

RFPs were issued to hauora Māori partners in the following areas:

- Integrated Service Delivery including
  - First 2000 days model of care and service delivery,
  - Health education
  - Taiohi reproduction and agency education programme
  - Maternal mental health assessment tool and pathways
  - Maternity campaign refresh
- Data and digital solutions
  - Telehealth pathways
  - Connectivity solutions
  - System engagement and incentive programme
- Māori health workforce development
  - Maternity and early years workforce scoping
  - Rongoā in maternity and early years support and training
  - Māori midwifery growth and development workforce support

## Ngā Rārangi Tatari | Waitlists

Our commissioning initiatives also have an impact on reducing waiting list times for Māori, by providing access to hauora Māori health care before health conditions become acute.

Some of our planned care commissioning initiatives to reduce waiting lists are outlined below:

- implementation of national equity framework for the prioritisation of Māori and Pacific within planned care (ESP2 & ESP5) environments – national roll out of tool to assist this. Commencing in Northern region initially.
- Data quality improvement – we are partnering with Te Whatu Ora moving to a national data set for planned care that will allow breakdown by ethnicity and greater oversight / accuracy of Māori on waitlist.
- Addressing Māori long waiters nationally- reached an agreement of focus of all Māori long waiters (>365 days) within all regions and districts nationally.
- Bariatric pathway (gastric bypass) along with social support services - bariatric surgery focus for Māori. Initiative also develops a different way of developing pre and post operative care, focused on what can be more appropriately delivered within a community context.

 **Minister's Priorities: Waitlists**

- Increasing access to acute care - Working with Te Manawa Taki, focus on whānau being able to receive planned care as well as acute from Whakatane hospital if that better able to be accessed post cyclone. This is specific to whānau living north of Te Puia. This will be a test case for other regions where boundaries and access need to change for whānau to more appropriately access H&SS services.

## Te Takatū Ki Te Hōtoke | Winter Preparedness

The likelihood of a measles and flu outbreak in Aotearoa is high due to lower levels of immunity. We are working with both Manatū Hauora and Te Whatu Ora to develop a system wide winter preparedness plan. This builds on the 2022 preparedness plan as to how best to prepare and coordinate responses, and make sure that vulnerable and/ or remote groups are clearly identified, engaged, and supported.

Some of our winter preparedness initiatives revolved around three key requirements outlined below:

- Working with agencies on a combined Immunisation strategy to respond to both urgent and long-term vaccination requirements
- Planning for a measles outbreak case during the year has allowed us to respond with Te Whatu Ora to the current measles cases that are occurring in Auckland
- Confirming and implementing the updated response to covid 19 in 2023.
- Working with Te Whatu Ora and Manatū Hauora in preparing to receive the National Quarantine Capability programme and 4.0 FTE from Ministry of Business, Innovation and Employment from 1 July 2023.



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[www.immunise.health.nz](http://www.immunise.health.nz)

**Te Aka Whai Ora**  
Māori Health Authority

**Te Whatu Ora**  
Health New Zealand

### Māori health improvement

Te Pae Tata Act on 4.14b  
Design immunisation and We  
Child Tamariki Ora services

### Minister's Priorities: Winter Preparedness

# Te Urupare ki ngā Huarere Taikaha | Severe Weather event response

One of the most significant events for us in this quarter was our involvement in the response and recovery work associated with flooding in Auckland in January, followed by the arrival of Cyclone Gabrielle in February. We responded to the immediate impact in Northland and Auckland, then Coromandel and the East Coast, and now on-going follow up and support work.

## Auckland and Northland Adverse Weather Event Response

In Auckland and Northland, we stood up a small national response team on 27 January to respond to the severe weather event. Our regional directors and kaimahi worked with seven main hauora Māori partners in Northland and 25 providers in Auckland to ensure whānau and communities had access to medicines, safe sleep devices, warm clothing, bedding, and kai. We allocated \$460,000 and \$920,000 for Northland and Auckland respectively to cover the cost of our response and their recovery from the January adverse weather event.

## Cyclone Gabrielle Response

For the Cyclone Gabrielle weather event, we originally organised a smaller response team that evolved into a full time 24x7 incident management team. The emphasis of the team was to work with Te Whatu Ora, Manatū Hauora, regional civil defence team and the National Emergency Management Agency (NEMA) regarding the overall response.

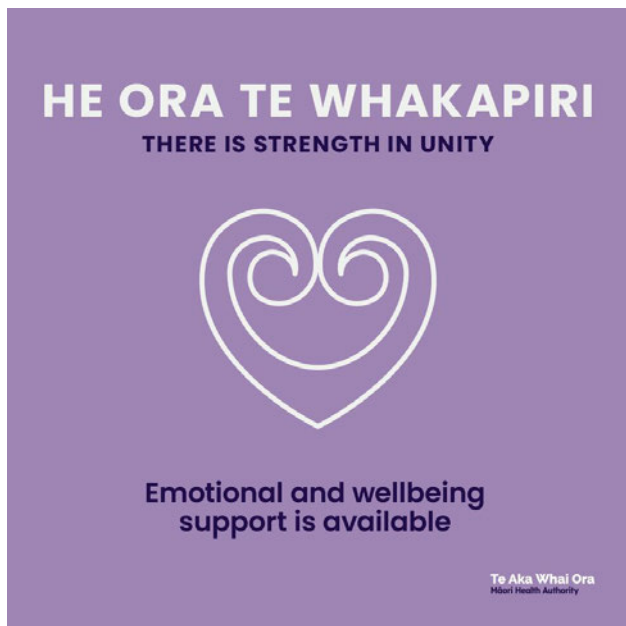


Chief Advisor Ed Nkora helping out Maureen Mua at PukeMok mok Marae

The focus of the response was on gaining access to food, clean water, first aid, medicine, medical services, disease prevention, clothing and accommodation. Our regional directors also advocated for whānau and communities to help them access support from other agencies. We distributed (spent) a total of \$2 million for our response to Cyclone Gabrielle in this reporting period.

## Emerging issues, mental health

Mental issues started to emerge after the cyclone which required us, along with our health partners, to initiate and prepare for longer term mental health support for whānau and communities.



A mental well-being plan was prepared in February identifying the most urgent requirements, and how we could respond. The plan included increased:

- access to support services (kaimahi, peer, community, cultural),
- coordination with Iwi and Marae,
- provision of direct and virtual counselling services,
- support for whānau in long term care services,
- support to Māori first responders and frontline workers.

By March, the need for mental health services was significant, given the stress faced by whānau,

communities, and workforce as they began the long process of recovery and rebuilding.

In response we engaged the services of a hauora Māori provider who specialised in providing a targeted te ao Māori psychosocial response. The provider delivered mental health services both online and kanohi ki te kanohi which included psychiatry, psychology, social work services, together with tohungatanga and support staff.

## Te Whakatutuki I a Hauora Māori | Delivering Hauora Māori

In this section we are reporting on how our, strategy and policy, system and monitoring functions performed during the quarter. This section also covers our Workforce Commissioning activities in the quarter.

### Ngā Rautaki me ngā Kaupapahere | Strategy & Policy

There were several policy areas further developed during the quarter, including major work invested in the completion of feedback and consultation regarding Rongoā Māori under the proposed Therapeutic Products bill, and the refresh of the interim Hauora Māori Strategy.

#### Rongoā Māori

We consulted with Māori throughout January to March regarding provisions in the bill and their impact particularly on Rongoā Māori partners. We met with Rongoā practitioners at hui in Te Tai Tokerau, Kirikiriroa, Tauranga, Te Puke,



#### Priority 6

Laying the foundations for the ongoing success of the health sector

and Rotorua and supported Manatū Hauora at a hui at Parawhenua Marae in Ohaeawa.

Their feedback included:

- General concerns about the regulation of Rongoā Māori, and the power of the regulator
- Rongoā was a taonga that needed support and protection
- More effort was needed from the Crown to preserve, protect, and support Rongoā Māori
- More equitable investment was also needed
- Protection for Rongoā kaupapa was needed from inexperienced practitioners.

We were invited to be part of a forum discussion at Waitangi, to discuss the bill.

Following consultation with Rongoā practitioners and IMBPs, and other agencies, we drafted a submission which we shared with the consulted Rongoā practitioners and IMPBs. The final submission which included their feedback, was provided to the health select committee on 3 March, with a verbal briefing to the committee scheduled for the end of the March. The committee's report is due to the House on 14 June 2023

### Interim Hauora Māori Strategy

Work on the Hauora Māori Strategy has continued in Quarter 3. This is led by Te Pou Hauora Māori | Māori Health Directorate, Manatū Hauora in partnership with us.

We are working to incorporate Iwi and whānau voice into the strategy. A series of four regional hui were held in Whangarei, Kirikiriroa, Te Whanganui a Tara, and Otepoti.

Each hui was arranged over a two-day period with the first day spent on the interim Hauora Māori Strategy, while the second day looked at Women's health, health of disabled people, and rural health.

The hui attracted around 100 people per event, with participants coming from Iwi/hapū/Marae, health providers, social agencies and support groups.

Similar themes were expressed throughout the wananga including:

- Increased levels of optimism for the reforms and their focus on Māori,
- A need to increase the pace of change so that whānau can see and experience meaningful change.

All four wananga were completed as planned in February and March with results and feedback still in the process of being collated and assessed (with finding and next steps due to be reported in April).

#### Priority 2

Embedding Te Tiriti o Waitangi across the health sector

#### Priority 4

Developing the health workforce of the future

 **Priority 6**

Laying the foundations for the ongoing success of the health sector

**Other policies**

In addition to the two major pieces of work above, feedback on the following pieces of work was also provided:

- The drafting of a new bill Mental Health Act replacement by the end of 2023
- The review of the alcohol levy to ensure it is allocated across priority areas as per the Pae Ora act and health strategies
- The COVID-19 response strategy
- The Immunisation strategy and report

## Te Aroturuki i te Pūnaha System Monitoring

We continue to develop our thinking on the health system monitoring framework along with Te Whatu Ora and Manatū Hauora to ensure we agree on the monitoring priorities.

This quarter we have:

- Set up a Board Monitoring Sub-committee. Terms of Reference and the membership has been confirmed by the Board
- Drafted the initial monitoring insight reports
- Drafted a first baseline monitoring report (for end of April 2023)
- Drafted the monitoring frameworks for service monitoring
- Worked on our programme and monitoring priorities
- Refined a proposed resourcing and recruitment plan
- Identified the need to work with other agencies (including IMPBs) also tasked with monitoring functions to ensure our monitoring function complement each other.

## Te Rautaki Ohumahi Hauora Māori | Hauora Māori Workforce Strategy

The Māori Health Workforce Action Plan was formally transferred to us as part of the health reforms in 2022, and work in Quarter 2 focused on a review of the Hauora Māori Workforce plan to better align with changes to Te Pae Tata.

Our total investment in the Māori workforce commissioning initiatives is \$17m, of which \$6.8m is in agreed contracts and \$10.2m is either being planned or going through an evaluation process.

We focused on the continued roll out of programmes and initiatives approved as part of Workforce plan. This includes \$17m allocated to commissioning workforce development initiative at the end of Quarter 2 (December 2022). Some of the programmes in the process of being rolled out include:

- Whānau Life course

 **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

 **Māori health improvement**

Te Pae Tata Act on 4.1.1c Embed Māori sovereign frameworks and practice for governance of data and information, privacy and security.

 **Minister's Priorities: Workforce**

 **Priority 4**

Developing the health workforce of the future

- Mātauranga Māori/ Rongoā
- Te ao Māori population health (kaiawhina focus)
- Priority populations (Whaikaha, kaumatua, rangatahi)
- Mātauranga Māori training for the Māori workforce
- Māori workforce pipelines focusing on recruitment and retention
- Rural Work Advisory Group to provide a rural lens and advise or workforce related matters.

**Priority 4**

Developing the health workforce of the future

**Ngā Karahipi | Scholarships**

Funding has been increased by \$2m to total of \$3.27m for Hauora Māori Scholarship. The scholarship programme is designed to be less administrative, easier to access, and incorporates a te ao Māori approach to supporting candidates.

726 scholarship places available. Applications for these places close 28 April 2023 and successful applicants will be notified by the end of June 2023.

**Ngā Ara Mahi | Career Pathways**

We are looking at career pathways from secondary education through to the Māori health sector. Discussions with Kura Kaupapa to identify how to promote STEMM (science, technology, engineering, mathematics, mātauranga Māori) to promoting Hauora Māori and the health sector as a career pathway.

**This quarter we have been able to set our baseline to improve from with this key fact: Domestic Students completing Health Studies qualification in 2021**

Source: Ministry of Education



**585**  
 Māori graduates in Nursing & Midwifery (a-levels), equivalent to **13%** of total NZ graduates

**140**  
 Māori graduates in Medical Studies (a-levels), equivalent to **14%** of total NZ graduates



**Minister's Priorities:  
Workforce****Priority 4**

Developing the health workforce of the future

## Te Whakawhanake i te Ohumahi Kaiāwhina | Kaiawhina Workforce development

The Kaiawhina workforce are the non-regulated roles in the health and disability sector which include:

- community, disability, mental health and addiction support workforce
- primary care and health assistance,
- hospital orderlies and associated health roles.

In this quarter, a Request for Proposals for training pathways was issued to address the need for more Māori health workers. These proposals include:

- Micro-credentialling
- Training pathways for tangata whaikaha workforce
- Training pathways for tangata whaiora kaimahi
- Training and pathways for at home whānau care
- Rongoā, hauora mātauranga and maramataka wānanga for patients and whānau.

The Request for Proposals closed in March, with a decision on providers and partners expected in April/May.



# Ngā Whai Wāhitanga Matua | Key Engagements

This section shares some of our significant engagements in this reporting period:

## Priority 2

Embedding Te Tiriti o Waitangi across the health sector

### Strategic rongoā kaupapa

This kaupapa aims to empower Māori to determine the protection and support needed for rongoā to flourish. During Quarter 3 we engaged with around 500 whānau, at the request of iwi leaders, mātanga rongoā and Hauora Māori partners. We now have a clearer understanding of key themes and Māori priorities for rongoā and some initial ideas for a plan of action.

A thriving and well supported rongoā Māori sector and system of healing and hauora, will be a key enabler of oranga whānau and equitable health outcomes for Māori. Increased support for rongoā Māori will enable us to deliver on priorities for improving health outcomes under the interim health plan (Te Pae Tata), including around Pae Ora (better health in our communities), Kahu Taurima (maternity and early years), mate pukupuku (cancer), māuiuitanga taumaha (chronic conditions) and oranga hinengaro (mental health).

## Priority 3

Keeping people well in their communities

### Te Matatini

The single most important event on the kapa haka calendar, Te Matatini, gathers the best kapa haka teams from across the motu. Hosted this year in Tāmaki Makaurau, the competition kicked off on Wednesday 22 February, with finals day on Saturday 25 February.



In partnership with Te Whatu Ora, we were proudly a strategic partner at this year's festival. A dedicated hauora village (within the Marketplace area at the venue - Ngā Ana Wai - Eden Park) was set-up by the festival national organisers, Te Matatini Society, which hosted hauora providers from across the motu.

We had a team, made up of kaimahi from across our organisation, who

were there to awahi the mahi of hauora providers, as well as kōrero with whānau over the four days.

**Priority 3**

Keeping people well in their communities

**Access and Choice new website**

We partnered with Te Whatu Ora to link a new website that better connects people to free wellbeing services. This gives people and their whānau an easier pathway to find free support for mild and moderate mental health and addictions issues. This wellbeing support website provides a home for the Access and Choice primary mental health and addiction services all in one place. It gives those interested in accessing support a search tool to find their nearest providers.

**Kahu Taurima te ao Māori advisory group**

We have convened the Kahu Taurima Māori advisory group. This is bringing together up to twelve tangata whenua members as part of their te ao Māori Advisory Group to drive transformation of the maternity and early years system and services. The group, which includes some of Māoridom’s most well-known clinicians across multiple disciplines, has an ambitious mandate.

As we start to design and commission new integrated, culturally tailored service delivery models, we will be working closely with this group of experts to provide advice on te ao Māori solutions and champion the inclusion of clinical, cultural, lived experience, whānau voice and mātauranga Māori across the early years and maternity system. This is about enabling evidence-informed decision making to ensure high standards of quality, safety, relevance, and learning.

**HACK Aotearoa 2023 – Driving digital and data to transform our health system**

Digital health and data science is a key enabler for transformations within health systems, organisations and models of care. This year’s HACK Aotearoa conference provided further opportunities to learn collaboratively through a datathon.

**Māori health improvement**

Te Pae Tata Act on 4.1.11c Embed Māori sovereign frameworks and practice for governance of data and information, privacy and security



Showcasing Māori and Pacific data and digital innovation, our Chief Advisor of Data & Digital demonstrated how leveraging technologies will positively transform the status of health for Māori. Our Chief Executive, Riana Manuel was also a guest speaker at the conference.

# He Kapohanga O Te Wāhanga | Establishment Progress

## Ngā Whai Wāhitanga Matua | Building our people capacity and capability

### Angitu Tonu | Setting Up for Success

#### Priority 6

Laying the foundations for the ongoing success of the health sector

We continue with our efforts to ensure our kaimahi are set up for success. The last of the 119 Te Whatu Ora kaimahi were transferred into our payroll system in March.

The final migration to complete the people transfer process is the migration of former DHB and Manatū Hauora staff onto Te Aka Whai Ora email and IT systems. Kaimahi currently use two logins to ensure they maintain access to all systems, process and services that enable them to do their job.

We are working with Te Whatu Ora on this to determine a completion date, however, is unlikely to be completed in this financial year.

After the completion of the people transfers, we finalised our Organisational Structure Consultation pack. The structure for the organisation included position descriptions and reporting lines. The pack is scheduled for distribution in early April and feedback to be received in May. The organisational structure is designed to meet the operational requirements of our agency.

We continue to make progress with our people policies, with our Remuneration and Management of Interest policies scheduled to be approved in April. We have recruited an HR specialist to develop our HR processes including how we onboard and exit kaimahi from our organisation, and systems.

### To tatau ahurea | Our Culture

Work has commenced in this area with endorsement by Executive Leadership Team of an Organisation Culture strategy with several initiatives to support, including; leadership expectations; building kaimahi engagement opportunities and a review of our office environments and our HR processes.

### Kaimahi | Our People

At the close of Quarter 3 (31 March 2023) we have our organisation design completed and anticipate Te Aka Whai Ora at full capacity may reach 385 positions. Currently we have a total of 274 kaimahi (staff) and carry 120 vacancies. There were 14 new permanent starters in March. 29% of our people are affiliated with an Iwi. Gender ratio remained the same since December 2022 (65% female, 27% male, 7% unknown or prefer not to say). The percentage

of contractors and consultants has decreased to 18% compared to 44% in October. This is largely driven by the increase in permanent staff, rather than any decrease in the number of contractors.



Off c a we come our DCEs and GMs to the Te Aka Wha Ora whānau at the Wharewaka Funct on Centre January 2023

## Te Whakapakari i ngā mahi Rangatōpū | Building our Corporate function

We have initiated work on our core policies and procedures for all aspects of the agency operations. Areas of focus for us including:

- Health and Safety
- Information management
- Legal services, including privacy
- Risk and compliance
- Audits
- Business continuity planning

At the end of the year, we intend to have all policies and procedures finalised, approved and implemented.

For our shared services we work will with Te Whatu Ora to refine their level of support required to meet our operational needs in respect of: Payroll, Information technology, accommodation, finance and procurement.

## Te Whakahaere Tūraru | Risk Management

We are undertaking a comprehensive review of our risks, mitigations and residual risk management approach. A Board hui is schedule in Quarter 4 where our Executive Leadership team and Board members will discuss and agree on our risk management approach for the agency.

In our future quarterly reports, we will provide a list of our important strategic risks, why they have arisen and how we intend to reduce or manage them.

**✓ Priority 6**  
Laying the foundations for the ongoing success of the health sector

 **Priority 1**

Achieving equity in health outcomes

 **Priority 6**

Laying the foundations for the ongoing success of the health sector

# Te Hanga i ngā Angamahi Tuku Pūrongo | Building our Reporting Frameworks

## Accountability/ performance measures

In this quarter, the current 2022/23 current Statement of Performance Expectations (SPE) was updated to include a full set of our financial position statements. We expect the 2022/23 SPE to be tabled in May 2023. We also started work on the 2023/24 SPE which is scheduled to be presented to the Minister of Health in May 2023. We plan to have the 2023/24 SPE ready for presentation to Parliament in June 2023.

We are also undertaking an internal review of our finance system to identify areas where we can make improvements in, especially in our tracking of our commission finance and performances. This is part of instilling a continuous improvement approach to managing our strategic performance and embedding our ways or working.

Business planning also started in this quarter, this process will help management to identify what resources will be needed early to deliver on Te Pae Tata and Ministerial priorities for the remainder of this and next year.

# Ngā Eke nga Ahumoni-Kore | Non-Financial Performance

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.

The following 6 performance measures are those we report quarterly. The 10 annual measures will be reported on in our annual report.

## OUTPUT CLASS TAHI – SYSTEM PERFORMANCE AND OUTCOMES

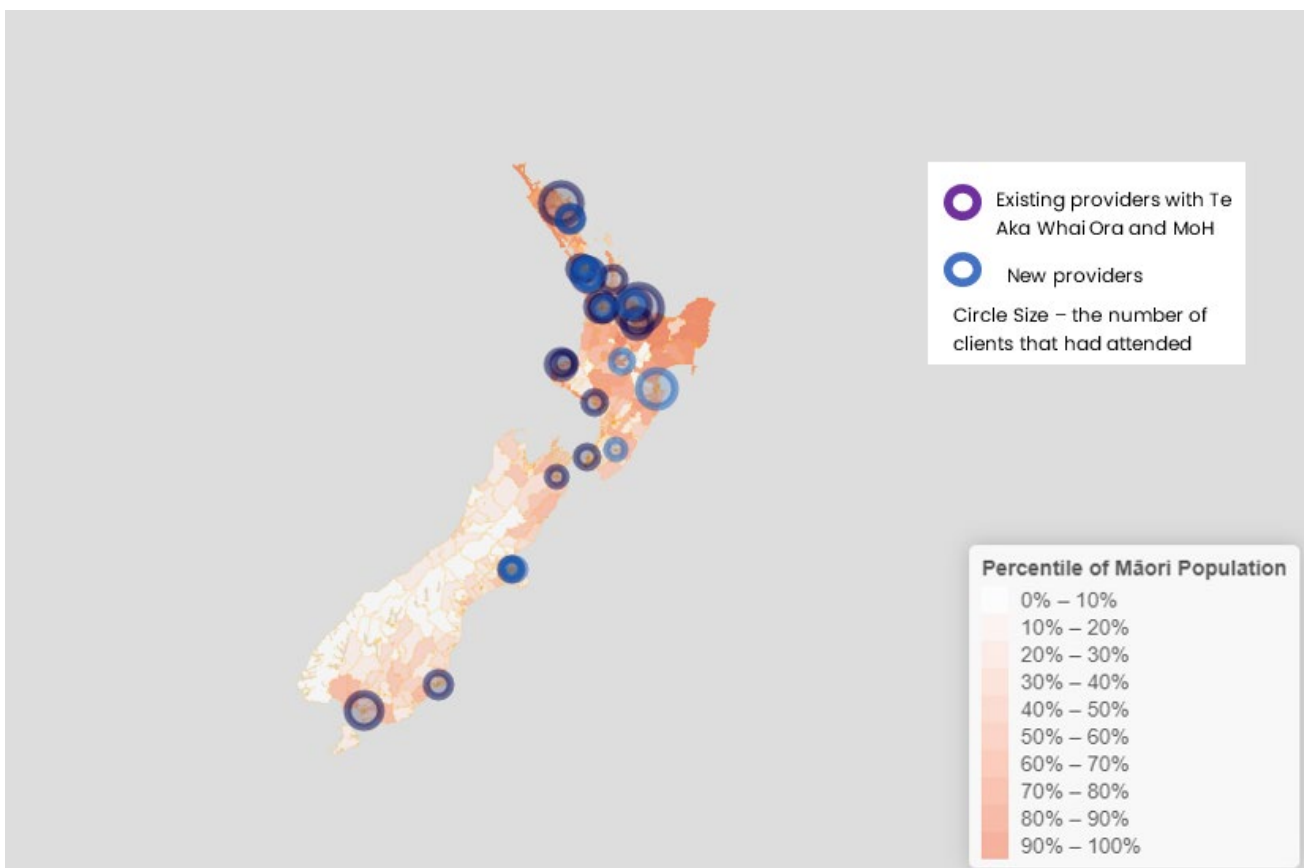
Year One measures (as in our SPE)	Target	Baseline score	Q2	Q3
<b>Ensuring our financial sustainability.</b>				
Actual expenditure is consistent with budgeted and there is overall balance in both budgeted and actual revenue to expenditure ratios (iGPS 5.1)	TBD	26.7% surplus at 30 Sept 22	17% surplus at 31 Dec 22	26.5% surplus at 31 March 23
<b>Developing the health workforce of the future.</b>				
Percentage of Māori in the regulated workforce compared with the percentage of Māori in the population (Whakamaua 2.3)	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%)	In 2021/22: 4,782 Māori nurses (7.8%), 366 Māori midwives (12%) and 823 Māori doctors (4.7%)
Proportion of Māori and Pacific peoples in leadership and governance roles across the Ministry of Health and health entities (GPS4.4)	Improvement on baseline	At Dec 2022: 533 Statutory appointees: 329 European (61.7%) <b>125 Māori (23.5%)</b> 43 Pacific (8.1%)	New measure not collected	Baseline determined during Q3 as it is the first time this data collected.

<sup>1</sup> March figures include MBU fund ng transfers resulting in the variation in the surplus between Q2 and Q3.

**OUTPUT CLASS TORU – TE AO MĀORI, MĀTAURANGA MĀORI, AND RONGOĀ COMMISSIONING (HAUORA MĀORI)**

Year One measures (as in our SPE)	Target	Baseline score	Q2	Q3
<b>Geographical coverage and utilisation of Rongoā Māori services.<sup>2</sup></b>				
Geographical coverage and utilisation of rongoā Māori services (iGPS 2.3/Whakamaua 1.2)	Improvement on baseline	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	Utilisation (2021/22): Māori (0-14) 543 Māori (15-29) 2,550 Māori (30-44) 4,346 Māori (45-59) 5,266 Māori (60+) 6,343

This map shows the national coverage and utilization of Rongoā Māori services across Aotearoa.



<sup>2</sup> Annual data on y. Latest data s for year end ng 30 June 2021.

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

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



Year One measures (as in our SPE)	Target	Baseline score	Q2	Q3
<b>To ensure equitable access to supports and services</b>				
<p>Uptake of immunisation for key age groups, reported by ethnicity and geographic area<sup>2</sup> (iGPS 3.3)</p> <p>Reporting percentage of New Zealand children at 54 months (4.5yrs) of age immunised by ethnicity.</p>	Improvement on baseline	<p>At 30 June 2022: 64.9% Nationally: <b>47.7% Māori</b>, 54.8%, Pacific, 77.1%, Asian 72.4%, European, 65.2% Other</p>	<p>At 31 Dec 2022: 64.9% Nationally: <b>49.1% Māori</b>, 52.4% Pacific, 77.1% Asian, 72.2%, European, 61.9% Other</p>	MOH website has not been updated at time of reporting.
<p>GPS 3.5 Complete roll-out of the Access and 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</p>	220,000 in Year 1	<p>At 30 June 2022: 114,410 people seen YTD. Of the total clients accessing mental health and addiction services, <b>close to 6,400 Māori clients</b> and 3,300 Pacific clients</p>	<p>At October 2022<sup>3</sup>: 49,600 people seen YTD; <b>12,900 Māori clients</b>, 5,500 Pacific, and 10,400 those are aged 12-25</p>	<p>At 31 Dec 2022<sup>3</sup>: 162,600 people seen YTD; <b>42,300 Māori clients</b>, 17,900 Pacific, and 32,500 those are aged 12-25<sup>3</sup></p>

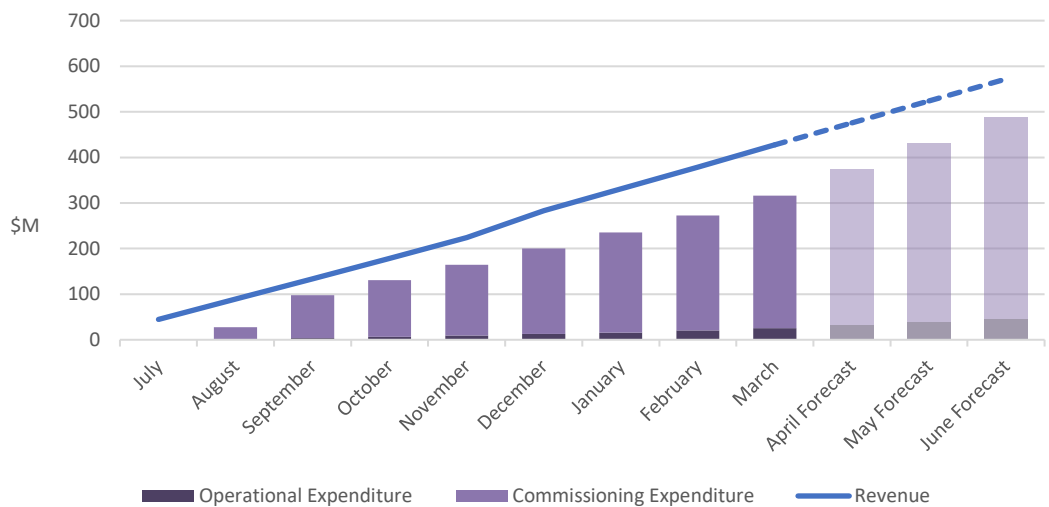
The data provided is the most up to date information available at the time of the report.

# Ngā Ekenā ā-Ahumoni | Financial Performance

**Priority 5**  
Ensuring a financially sustainable health sector

Te Aka Whai Ora is currently running a surplus, reflecting the time required to establish the organisation and commission new programmes. It is forecast that although the commissioning spend will largely be committed by year end, majority of the actual expenditure will flow into next financial year. This is considered to be a timing difference.

Te Aka Whai Ora Financial Results



**March YTD variance, favourable \$37.7 million**

- March YTD net surplus is \$111.3m, \$37.7m favourable to budget.
- Total revenue YTD \$17.6m favourable to budget reflects transfers from prior years at the March Baseline Update (MBU) which weren't reflected when the budget was set. The variance also includes \$3.5m of interest income due to surpluses and \$1.5m billed direct to Te Whatu Ora for commissioning work.
- Total personnel costs \$5.6m unfavourable to budget due to staff transfers from DHBs and the Ministry of Health, for which funding has transferred at MBU (net nil impact)
- Commissioning expenditure \$22.9m favourable to budget primarily due to timing of new initiatives.

**Full year forecast, \$79.2 million favourable to budget**

- Full year forecast net surplus is \$82.8m, \$79.1m favourable to budget. This reflects the year-to-date trends and is driven primarily by underspending on commissioning and time to establish the new organisation, plan and initiate programmes.

## Appendix One: Financial Information

	Year To Date \$M			Full Year \$M		
	Actual	Budget	Variance	Forecast	Budget	Variance
Revenue	427.6	410.0	17.6	571.9	552.3	19.6
Operational Expenditure	(25.3)	(22.5)	(2.8)	(44.7)	(38.3)	(6.4)
Commissioning Expenditure	(291.0)	(313.9)	22.9	(444.4)	(510.4)	66.0
<b>Surplus/(Deficit)</b>	<b>111.3</b>	<b>73.6</b>	<b>37.7</b>	<b>82.8</b>	<b>3.6</b>	<b>79.2</b>

END.