

# Te Pūrongo o Te Aka Whai Ora Quarterly Report

Hōngongoi – Mahuru 2022  
July – September 2022





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# SNAPSHOT OF THE QUARTER

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

- Initiated our partnership to develop Hauora Māori Strategy, alongside the NZ Health Strategy, and Women's Health Strategy with Manatū Hauora.
- 149 providers have received Provider Innovation and Sustainability Fund funding (Budget 2021).
- 25 providers have received rongoā Māori funding (Budget 2021).
- 16 Iwi Māori Partnership Boards (IMPB) have received establishment funding and the first tranche of emerging IMPBs are now negotiating operating funding. We expect to have around 16 IMPBs in place. The establishment process has involved extensive engagement with iwi across Aotearoa.
- Budget 22 Investment Plan for \$95.5 million (75%) of available funding was approved, including COVID-19 Campaigns for Māori.
- Designing our initial operating model and organisational leadership structure.
- Progressed initial permanent appointments to our Executive Leadership team.
- 11 Te Aka Whai Ora permanent (full-time) staff as at 1 July 2022.
- 121 Te Aka Whai Ora staff as at 30 September 2022 (approximately 10 per cent are permanent employees).
- A further 149 FTE (96 staff) transferred on 17 October 2022. A further group of districts hauora Māori team positions (approximately 110 FTE) will transfer on 5 December 2022.
- As at September 2022, 63 per cent of our staff (who have responded) identify as Māori, 26 per cent identify as NZ European, and 11 per cent identify as Pasifika.
- As at September 2022, 84 per cent of our staff (who have responded) identify as female and 16 per cent identify as male.



# PROGRESS ON OUR ESTABLISHMENT

## INITIAL FOCUS AREAS

As a new organisation from 1 July our initial focus has been on establishing our Board and organisation with protocols, procedures and practices, as well as prioritising our key areas of focus, and developing our strategic intentions and performance expectations. We aim to publish these intentions and expectations in quarter two. This performance report explores our key priorities for our first 90 days and our establishment progress.

Our focus for the 2022/23 year (the transformation phase) is on designing, building, and delivering our core functions and organisational priorities. Our organisational structure will do to the Te Aka Whai Ora Board in the second quarter of 2022/23. We are establishing our permanent leadership team, with permanent appointments to six of the seven Deputy Chief Executive roles expected to be completed by the end of 2022.

The introduction of interim Regional Directors for Te Aka Whai Ora has begun to strengthen our profile and presence in the regions, partnering with regional counterparts in public health, commissioning and hospital and specialist services.

### Two organisations, one vision – Pae Ora

The waka hourua concept in a health context is not new. We acknowledge those other waka whose bows continue to cut through waves in these waters. The fundamental premise of the analogy is to bring together two groups and draw equally on the skills, talents, attributes and leadership of each to drive improved outcomes for our communities. 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 MECHANISMS

The development of the interim Government Policy Statement was completed by Manatū Hauora with the interim Māori Health Authority. Our focus for this first quarter has been on partnering with Te Whatu Ora to develop Te Pae Tata I Interim New Zealand Health Plan to set the multi-year strategic delivery plan for Te Whatu Ora and Te Aka Whai Ora. Since the close of this reporting period, Te Pae Tata has been published and will be reported on within our next quarterly report.

During this reporting period, Te Aka Whai Ora considered the feedback received from the Transition Unit and Manatū Hauora on the draft Statement of Intent (SOI) and Statement of Performance Expectations (SPE). The draft SOI and SPE documents were amended to realign with the changes to the interim Government Policy Statement (iGPS) performance measures. The SOI/SPE were then provided to the Minister for tabling in Parliament late October, in the same week as Te Whatu Ora.



### BUSINESS PRIORITIES

- Establishing our core functions to deliver our accountabilities as in Pae Ora Act 2022
- Improve communications and engagement, improve social media presence
- Organisation establishment - recruitment
- Ensure the cost of establishment stays below budget



### ADDED PRIORITIES

- Ta Pae Tata I Interim NZ Health Plan
- Te Mauri O Rongo I NZ Health Charter
- Developing our initial Strategic Intentions and Statement of Performance Expectations





## EMPLOYEE OPPORTUNITIES

- Tier 2 recruitment began
- Joint Taskforces – Workforce, Planned Care, Immunisation
- Mihi Whakatau to welcome and acknowledge transferring staff
- Weekly all staff karakia and hui whakahiko enable connectivity across all staff to start the week collectively
- Fortnightly internal pānui keep staff up to date with leadership team and Boards focus areas

## OPERATING MODEL

From 1 July 2022 the Pae Ora (Healthy Futures) Act replaced the New Zealand Public Health and Disability Act 2000 and formally established Te Aka Whai Ora. As we continue to work through the future operating model design work an interim Leadership Team was put in place with Interim Deputy Chief Executives and Chief Advisors.

Te Aka Whai Ora has been focused on transitioning and setting up platforms to deliver our core operations and enable transformation. Our organisational structure is designed along functional lines and our core functional building blocks as set out in the Pae Ora Act. Our 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.

When determining how we will operate internally and with our partners across the health and disability sector and with social agencies, our operating model design represents the health sector coming together as ‘one health system’ to achieve Pae Ora and equitable health outcomes.

Our approach to our first two years will see Te Aka Whai Ora travel through four stages of our change journey: the first 3 being - our transition: transferring hauora Māori functions and resourcing in, designing our future target operating model, engaging staff and our partners, then transformation: embedding our new ways of working and transformation, to be in a ‘steady state’ before June 2024.

## FUNCTIONS TRANSFERS

The focus for this quarter has been on setting our foundations through Functions Transfers (Stage One) from Te Whatu Ora, formerly District Health Boards (DHBs) and Manatū Hauora, to enable Te Aka Whai Ora to be resourced appropriately to deliver on our accountabilities. The transfers will take effect in October and December 2022.

Our Chief Executive often refers to the philosophy of a Pā Harakeke as we work through the function’s transfers programme - it is about strengthening the whānau at the centre. Pā Harakeke is about protection of our most vulnerable, whānau and collective strength, connection to the whenua and to Papatūānuku, our connection to whānau, hapū and iwi, and our connection to the past, the present and the future.

Pā Harakeke acknowledges the role and responsibilities of others in helping to strengthen the whānau—it is about developing community and cross-agency roles and support. It is about valuing our staff as a taonga and supporting leaders to be the best leader they can by keeping whānau as the focus. It is about growing strong, healthy and flourishing whānau. Pā Harakeke descends from a Te Ao Māori framework that allows health workers, managers and system leaders to utilise knowledge from their Te Ao Māori worldview.

Since 1 July 2022, some of the Māori health functions within former district health boards have been transferred from Te Whatu Ora to Te Aka Whai Ora. (On 1 July, all Māori health functions within entities transitioned to Te Whatu Ora as part of its

establishment.) The second tranche of these transfers took place on 1 July, to be followed by a third tranche on 17 October and a fourth tranche will be transferred in December 2022. Transferring these functions provides capacity for Te Aka Whai Ora to support commissioning and Māori health providers and progress the establishment of delivery models that are responsive to Māori health needs.

# KEY PRIORITIES

## STRATEGY & POLICY

The first quarter has seen significant progress on understanding and consolidating visibility of the various streams of activity that Te Aka Whai Ora has some level of involvement with and responsibility for, and early development of respective strategic roadmaps for our priority focus areas: Tier 1 – Primary & Community Care, Tier 2 – Hospital & Specialist Services, Public Health, and Workforce.

As the formal transition of accountabilities continues in October, December 2022 and March 2023) and directorates and teams are established further work is required to assign roles and responsibilities and keep them updated on a regular basis.

### Interim Govt Policy Statement Priorities progressed:



#### **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

A primary focus has been on developing the Hauora Māori strategy in partnership with Manatū Hauora, as required under section 42 of the Pae Ora (Healthy Futures) Act 2022. The Hauora Māori Strategy will guide health entities in the wider sector in achieving equitable health outcomes for Māori and guide the realisation of Te Tiriti o Waitangi commitments. It will involve a refresh and update of He Korowai Oranga and Whakamaua.

Following confirmation by Ministers on the approach to developing the Hauora Māori Strategy, Te Aka Whai Ora has been working jointly with Te Pou Hauora Māori to confirm our engagement approach and the project plan. We have also been working to ensure that outcomes from the engagement will inform the other four population-specific health strategies and the overall New Zealand Health Strategy. Engagement will be underway before the end of 2022 and will be completed in March 2023.

The outcomes of engagement will inform the Hauora Māori Strategy and Cabinet paper, which are on track to be completed by 30 June 2023. The engagement supports the localities approach, central to the Pae Ora Act, by being based in regions and working with Iwi and Iwi Māori Partnership Boards (IMPBs) (where established).

We have developed working relationships with Manatū Hauora and agreed approaches to developing the Pae Ora health strategies, with priority focus on developing a Hauora Māori Strategy, Women's Health Strategy, and providing insights and advice on the inclusion of Te Tiriti o Waitangi and the regulation of rongoā Māori in the Therapeutic Products Bill. This

is the first significant legislative issue Manatū Hauora is progressing in the context of the new health system.

Te Aka Whai Ora provided initial feedback on the proposals identifying several priority areas of focus regarding the proposals:

- How best to embed Te Tiriti in the Bill, including whether as a stand-alone statute or woven throughout the Bill.
- The potential implications of the current proposals for Te Aka Whai Ora, particularly regarding commissioning of rongoā Māori services.
- The location and functions of the Regulator.
- The role and authority of the rongoā voice, which would advise the Regulator.
- The implications for rongoā Māori practitioners, including whether they could be subject to regulation under the Bill.

Te Aka Whai Ora continues to support Manatū Hauora to consider approaches that will improve Māori mental health outcomes through the shaping of the repeal and replacement of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

As part of the departmental consultation process, feedback has been provided to Manatū Hauora on the draft Cabinet papers:

- Transforming mental health law: Foundations for new mental health legislation, and the
- Regulatory Impact Statement: Transforming Mental Health Law.

These papers are with relevant Ministers for consultation and intended to be considered by the Cabinet Social Wellbeing Committee on 7 December 2022.

Te Aka Whai Ora's advice is focused on how the new proposals might reduce or eliminate inequitable outcomes for Māori under the Act, given they are disproportionately represented in mental health statistics. Te Aka Whai Ora is working closely with Manatū Hauora to ensure the implications for Māori are carefully considered through the Transforming Mental Health Law programme, thereby influencing positive system change. Our next steps are to explore with Manatū Hauora our role throughout the policy and legislative process.

As the first major areas of policy advice, we have also used it to test and refine our processes and systems in anticipation of future proactive advice.



### 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

## SYSTEM MONITORING

The Board of Te Aka Whai Ora endorsed a proposed approach to Baseline Monitoring Framework and emerging future Monitoring Framework. Detailed project planning is underway with a resourcing plan being activated to establish two workstreams: one focused on delivery of baseline monitoring requirements and a second focused on emergence of the future Monitoring Framework.

Engagement with the Manatū Hauora Monitoring leads continues, and relationships are being established with Te Whatu Ora System, Accountability and Performance leads. Next Steps include engaging with Te Puni Kōkiri concerning the joint monitoring approach. The monitoring kaupapa will be socialised across Te Aka Whai Ora in October - November. This will be followed by external engagement.

## COMMISSIONING AND CO-COMMISSIONING

Our initial focus has been on designing and agreeing a commissioning and co-commissioning framework and then putting it in action. As such this quarter has seen:

### Direct commissioning of mātauranga Māori services

Te Aka Whai Ora commissioning functions have been established to directly fund and direct the provision of kaupapa Māori services, and to commission other services targeted at Māori communities, directly and with Te Whatu Ora.

Development of the Te Aka Whai Ora Commissioning for Hauora Māori Outcomes framework is well advanced and high-level elements were agreed by the Board in August 2022. Te Aka Whai Ora commissioning under Budget 2021 was:

- \$12.4 million in a Provider Innovation and Sustainability Fund
- \$2.3 million to expand Rongoā Māori services so they are available throughout Aotearoa
- \$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. The first reporting from Budget 2021 investments will be received over the next three months and will capture initial outcomes, with more substantial reporting in the first half of 2023.

A Budget 22 Investment Plan for \$95.5 million of available funding was approved by the Te Aka Whai Ora Board on 24 August 2022. Te Aka Whai Ora is now finalising procurement plans for commissioning 75 percent (\$71 million) of the \$95.5 million available for Budget 22. These include plans to distribute funding in the following areas:

- Uplift to seven percent for all Māori providers
- Mātauranga Māori / Rongoā funding



### 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



- Population health funding to support Mauri Ora (whānau wellbeing), Wai Ora (environmental wellbeing) and Whānau Ora (social determinant) work across all IMPB areas
- Provider and workforce development funds
- New Zealand Health Plan priority areas: Kahu Taurima, Oranga Hinengaro, cancers and long- term conditions.

The commissioning of these funds is expected begin within quarter two, on approval of the commissioning approach and engagement with providers.

### Co design and Co-commissioning with Te Whatu Ora

The Te Aka Whai Ora and Te Whatu Ora Boards have also been working together to confirm the two agencies' Co-Commissioning Framework. It is expected that the Co-Commissioning Framework will be announced in early 2023. Some early indicators of co-commissioning progress are:

- Jointly agreeing priorities and personnel for the Primary Care Early Wins programme.
- the Oranga Hinengaro discussions have led to an agreement to transfer the Suicide Prevention Office from Te Whatu Ora to Te Aka Whai Ora given the severe impact of suicide on Māori whānau and communities.
- An amount of \$14 million has been agreed for transfer to Te Aka Whai Ora for alternative models to acute care utilising a Te Ao Māori approach and the entity will be co-commissioning \$100 million of resource for other Mental Health programmes.
- Other Oranga Hinengaro programmes are being reviewed for potential transfer to Te Aka Whai Ora's leadership in commissioning in December.
- The Kahu Taurima (formerly early years) joint working teams have agreed a designated allocation of \$53 million over three years for Te Aka Whai Ora lead commissioning for Māori whānau in the maternal child health space.
- Te Aka Whai Ora's Workforce Development team have almost completed their Work Programme to include workforce programming and commissioning priorities for B22 onwards based on B22 allocation and co-commissioned resources with Te Whatu Ora. The work programme is extensive and includes many moving pieces.

### Partnered commissioning with other social agencies

Te Aka Whai Ora has initiated discussions with New Zealand Police on aligning mental health services information from the health sector with the 18 Pae Oranga panels of New Zealand Police. Much of this work is being resourced by New Zealand Police.

This work will increase referrals and access to health services including kaupapa Māori services, for whānau in front line contact with Police. Te Aka Whai Ora will continue to meet with New Zealand Police to further explore the operationalising of this work.

# 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

Te Aka Whai Ora is responsible for actively hosting and supporting IMPBs to influence priorities and services in regions and localities, and that has been supporting their establishment. This process is on track to meet the goal of having all IMPBs formally recognised and in place by 30 June 2023.

Once established, IMPBs will be the primary source of whānau voice in the health system working closely with localities. They will have decision-making roles at a local level, agreeing local priorities and delivery with Te Whatu Ora and will influence regional strategies through Te Aka Whai Ora. The first tranche of emerging IMPBs is being supported by Te Aka Whai Ora to set up corporate functions in preparation for their establishment.

### Submissions

At the close of our first quarter, a total of 17 IMPB submissions have been received. Te Aka Whai Ora is briefing the Board on IMPBs to ready them for approving 13 IMPB submissions (following the independent legal assessment).

For the remaining IMPB proposals have now been submitted for legal review, which is expected early October 2022. If there are no recommendations for follow up work, the proposals will then be submitted to the Te Aka Whai Ora Board for approval to recommend to the Minister, being:

1. Tai Tokerau IMPB
2. Bay of Plenty IMPB
3. Te Arawa IMPB
4. Tūwharetoa IMPB
5. Tairāwhiti IMPB
6. Takitimu IMPB
7. Ruahine o Tararua IMPB
8. Wairarapa IMPB
9. Te Tau Ihu IMPB
10. Ngāi Tahu IMPB
11. Āti Awa Toa IMPB
12. Whanganui IMPB
13. Taranaki IMPB

### Potential Emerging IMPBs

Te Aka Whai Ora will meet with the Iwi and Manatū Hauora in October to explore the Tūhoe aspirations and alternatives for increasing its voice in local health planning. The Iwi on Wharekauri / Chatham Islands is more interested in a co-governance model for its local health centre and to play a part in planning locally.

We met with the Iwi on Wharekauri on 5 and 13 September 2022 to explore its desired relationship with Te Aka Whai Ora under the reformed

system. Te Aka Whai Ora continues to work with Te Whatu Ora to develop a co-governance model for the health centre on Wharekauri and to review the planned capital investment for the region.

In October 2022, the Te Aka Whai Ora Board will consider whether the first tranche of emerging IMPBs met the criteria in the Pae Ora (Healthy Futures) Act 2022 and provide advice to the Minister of Health. The Minister of Health will consider this advice and is planning to discuss this with Cabinet colleagues in December 2022.

## LOCALITIES

An important objective of the locality approach is to improve outcomes for Māori by embedding approaches that uphold Te Tiriti o Waitangi principles in the new health system. In the development of the first localities, a key requirement was the inclusion of mana whenua, hapū and iwi leadership (in absence of IMPBs). The first locality areas were selected as they met at least one of the following criteria: high Māori population, high pacific population, rural, and quintile five (high need). Going forward, IMPBs will ensure that the voices of whānau and mātauranga Māori are represented in the health system by bringing these voices into service planning for their role.

Our key achievements with Te Whatu Ora collectively include:

- 12 localities developed
- Over 30 Iwi involved in locality leadership for the first 12 localities
- 67% Locality working arrangement (charter document) signed
- \$3.8m invested this quarter to support locality establishment

## WORKFORCE DEVELOPMENT

The development of Māori workforce is a significant lever for change. This quarter we have developed a deep understanding of the current challenges and where we want and aspire to be. The challenges being:

- The Māori Health workforce is not representative of the people or hāpori we serve (9% Māori public hospital workforce vs 17% population).
- Māori are under-represented in the health workforce perpetuates the marginalisation and invisibility in leadership positions, inhibits role modelling for Māori who desire health careers and restricts Māori perspectives in service problem solving and decision-making.
- Māori leadership development across the health and disability workforce is needed to develop the leadership capacity that underpins a high performing system.
- Data and insights – There are no central source of freely available information that informs and drives workforce information, planning and delivery embedded with Māori sovereignty principles, and we have longstanding inequity, institutionalised racism in the health system and worsening Māori health statistics.



### Priority 2

Embedding Te Tiriti o Waitangi across the health sector



### Priority 3

Keeping people well in their communities



### Priority 4

Developing the health workforce of the future

With this understanding Te Aka Whai Ora have developed a Māori health Workforces Development Strategic Roadmap that will be considered collectively by our Executive Leadership Team in October.

Our aspiration represented by our whakataukī is for the Māori workforce including tāngata whaikaha, to enable kaimahi to be well and successful and growing the number of Māori coming into health careers and in leadership positions. The autonomy of Māori to lead as Māori is strengthened recognising our important role as agents of systemic change and supporting the implementation of the health sector reforms in the pursuit of accelerating health outcomes for Māori whānau, hapū and iwi. From quarter two we will be able to report progress on achieving these aspirations and developing the health workforce of the future.

## ENGAGING OUR KEY STAKEHOLDERS

A Communications and Engagement Strategy (the Strategy) has been tabled with the Board and provides a direction for internal and external communications and engagement for the coming 12-months. The strategy is focused on 'Setting our platform' and ensuring that Te Aka Whai Ora has the systems, structures and processes in place.



### Priority 3

Keeping people well in their communities

It also outlines how the Entity intends on engaging with providers, and lifting the voice of whānau, hapū, and iwi, while telling its story. Te Aka Whai Ora acknowledges the need to provide progress updates on a regular basis to providers, the workforce, and whānau. This will ensure that it is demonstrating delivery, while it develops its systems and operations.

#### Weekly virtual hui – Māori Health providers

Provider engagement increased over the quarter with Riana Manuel (CE) hosting a weekly virtual hui with all Māori health providers, from 11 July. Key information from the hui, including responses to common questions, is sent out within a few days as part of the Ngā Karere sector newsletter. The whakaaro is to define collective interests and purpose, align resources and goals with the Māori health sector, connect on a regular basis to discuss regional interests/goals and to plan next moves with partners, provider community and iwi.

These hui attract attendees from approx. 56 providers from across the motu at each hui. At a time when our people were struggling with winter pressures Te Aka Whai Ora is committed to keeping the lines of communication open. Feedback received from the hui:

- Positive and appreciative that our CE is fronting
- Looking forward to future connections
- Keen to receive communications resources (Te Aka Whai Ora is providing regular updates on, and links to, what is available from health agencies and other agencies).

#### National Māori entity relationships

Te Aka Whai Ora has finalised funding for the national rongoā body which supports the 34+ rongoā service providers nationally. We have also initiated discussions with other national entities to ensure their inclusion in this work.

### COVID-19 Campaigns for Māori

Te Aka Whai Ora has begun working with Te Arawhiti and the Department of the Prime Minister and Cabinet's Unite against COVID-19 team on a recommended approach for government agencies who wish to develop and implement public information campaigns on COVID-19 or related matters that are aimed at Māori.

A key goal is to improve the visibility agencies have over each other's plans so campaigns and other significant communications and engagement activity add up to a more coherent (and more effective) narrative for Māori communities and stakeholders.

The Iwi Communications Collective, which comprises iwi communications practitioners working with, and for, their respective, iwi, hapū and whānau throughout Aotearoa, will be a key partner in this work, which also feeds into regular communications planning hui with Te Puni Kōkiri, Whaikaha, Te Whatu Ora, and Manatū Hauora.

We are drawing on lessons from earlier in the COVID-19 response, adapting them to a busier communications and information landscape where there is greater risk of confusion and duplication.

Next Steps include discussing initial ideas relating to the recommended approach for COVID-19 campaigns for Māori with the Iwi Communications Collective, and with colleagues at Te Whatu Ora, Manatū Hauora, Whaikaha, and Te Puni Kōkiri later this year. Their input will inform the next iteration of the approach.







# OUR PERFORMANCE

## OUR PERFORMANCE FRAMEWORK

We are focused on building our strategic performance capability and story. As a new entity we are making a making step changes and continuous improvements to how we manage and report Te Aka Whai Ora strategic performance. As such our reporting will evolve as follows:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Reporting Period</b>	July – September 2022	October – December 2022	January – March 2023	April – June 2023
<b>Reporting deliverable</b>	Quarterly report to Minister of Health	Quarterly report to Minister of Health	Quarterly report to Minister of Health	Annual Report to Public, tabled in Parliament by Minister of Health following Audit opinion
<b>Due date</b>	November 2022	February 2023	April 2023	September 2023
<b>Performance areas covered</b>  (Performance story evolution as our organisation matures)	Ministerial priorities  Board 90-day priorities  Progress on our Establishment Plan  Financial performance	Ministerial priorities  Statement of Performance Expectations performance  Our Te Pae Tata actions progress  Financial performance and estimates measures	Ministerial priorities  Statement of Performance Expectations performance  Our Te Pae Tata actions progress  Financial performance and estimate measures  With continuous improvements	Ministerial priorities  Strategic Intentions  Statement of Performance Expectations performance  Our Te Pae Tata actions progress  Early indicators of outcomes and benefits realisation  Financial performance

# STATEMENT OF INTENT: STRATEGIC PERFORMANCE

Our first year we have committed to delivering towards the following measures, as in our Statement of Intent for 2022/26. To manage and report on:

Strategic Objectives	How we will know we are successful	Comments
Mana motuhake	Whānau health indicators show improvement across all parameters of health and whānau social determinant indicators showing improvements for Māori.	We have developed an interim Strategic Outcomes Framework comprising of a tāngata whenua vision (Tino Rangatiratanga) and the Te Aka Whai Ora vision (whakahiko i te oranga whānau) and a suite of wellbeing outcomes (articulated as expressions of mana). The interim Framework begins to articulate the roles and responsibilities of the system outside of the usual health sector approach therefore beginning to push boundaries to achieve the vision.
	Our relationship with Te Whatu Ora and Te Manatū Hauora.	<p>In addition to the Waka Hourua agreed by our Boards, and in accordance with Cabinet decisions, Te Aka Whai Ora and Te Whatu Ora will collaborate nationally and through four regional divisions in the Te Whatu Ora organisation. Other mechanisms for collaboration include district funders, localities services and Iwi Māori Partnership Boards, which will ensure communities have access to primary and community care based on their aspirations and needs.</p> <p>Operationally we have quarterly joint Board meetings, and joint ELT hui. Our partnership with Manatū Hauora is around co-develop system monitoring frameworks, the pae ora health strategies, and policy advice.</p> <p>There are existing operational tripartite groups continuing - Our Te Aka Matua I Chief Executive represents us on the Joint Leadership (CE's) Group who are supported by a Joint/Tripartite Programme Management Office group led by Manatū Hauora Reforms PMO</p>
An indigenous health system	Having sovereignty and governing our own data and information	This work will be initiated in 2023 and under pinned by the Māori data and information approaches via the <i>Māori Sovereignty Framework: Health data, information, privacy and security</i> we have developed.
	Māori health providers including spiritual enhancement as part of their agenda.	As we transition Māori health providers and their contracts (last transfers expected in December) we will work with them to address this objective.

	The percentage of Māori leadership at every level in the health system increasing.	Current health system reforms will provide some opportunities to evolve leadership role under the key new structures. There has been positive progress made within both Te Whatu ora and Te Aka Whai Ora in developing our workforce
	Pay parity for Māori leadership roles in the health sector	This work will be initiated in 2023
<b>An accountable system</b>	The entire Māori health workforce being well immersed in Mātauranga Māori.	This work will be initiated in 2023
	Taurite (kaupapa Māori) funding increasing significantly.	Taurite services and solutions are where Māori tikanga, te reo and knowledge have been woven into generic health and disability services. As such Te Aka Whai Ora will monitoring for this increase through our system monitoring function.
	Pay parity for Māori health roles in the health sector	This work will be completed in quarter two – pay parity for nurses including māori and pacific
	Our ongoing relationship with the National Iwi Chairs Forum.	Whakawhanaunatanga and kōrero with iwi continues to discuss how we will formalise these relationships
<b>Collective impact</b>	Te Whatu Ora models of care are combined with hauora models and Māori health providers.	This work will be initiated in 2023. Integrated models of care will be part of localities and intended to be mandated once IMPBs are formally established.
	Our relationship with Te Puni Kōkiri.	Engaged with Te Puni Kōkiri on monitoring and several cross-agency matters
<b>Sustainable and equitable resourcing</b>	Our collaborative relationship with the Ministry for the Environment, Tupu NZ, and Te Tūāpapa Kura Kāinga - Ministry of Housing and Urban Development.	We have initiated a relationship by discussing the social determinants of health and will formalise these through 2023
	Ensuring Māori data requirements are met.	We have developed Māori data and information approaches via the 'Māori Sovereignty Framework: Health data, information, privacy and security' being adopted and operationalised now amongst both agencies' data and digital programmes

# 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. To manage and report on our performance we need to understand our baseline or starting point. From February 2023 we will report our performance on these in our Quarterly Report to the Minister of Health. Until data is available from the 2021/22 year we will use the most recent data published. In most instances this is from 2020/21. As more recent data becomes available we will update to current year.

Output class	Intended outcome in Year One	Year One measures (as in our SPE)	Freq of reporting	Target	Baseline score
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	Quarterly	TBD	Measure to be developed
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
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 during Q2
		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%)
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 during Q2
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	MOH are developing a survey
Rua	Whānau Voice is heard and acted upon to advance the Māori health evidence base that contributes to improved Māori health and wellbeing.	New measure to be developed	TBD	TBD	Measure to be developed
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 14.5% of Maori, 11.4% Pacific, 10.6% Asian & 10.6% European/other reported unmet need for GP due to cost in the past 12 months
Toru	Geographical coverage and utilisation of Rongoā Māori services.	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
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.
		GPS 3.3 Uptake of immunisations for key age groups, reported by ethnicity and geographic area	Quarterly	TBD	At 30 June 2022: Immunisation coverage for New Zealand children at 54 months (4.5yrs) of age is 64.9% Nationally: 47.7% Māori, 54.8%, Pacific, 77.1%, Asian 72.4%, European, 65.2% Other
		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	Quarterly	248,000 in Year 1	At 30 June 2022: 3.4% of total clients accessing mental health and addiction services, 5.6% Maori clients, 2.9% Pacific and 3% Other



# OUR VISION AND VALUES

The Government's vision is to build a healthcare system that achieves pae ora (healthy futures) for all New Zealanders. This would be an Aotearoa where people live longer in good health and have improved quality of life, and where there is equity in outcomes for Māori and all communities. In July 2022, the Te Aka Whai Ora Board confirmed what this means for us as an organisation and confirmed our organisation's vision and values.

Our vision of pae ora:

**WHAKAHIKO I TE ORANGA**

Our whakataukī:

**E KORE TĒNEI WHAKAORANGA E HURI KI TUA O AKU MOKOPUNA**

We are dedicated to ensuring our mokopuna inherit a better place than we inherited

Our values:



**Kotahitanga**

A governance culture of moving together with solidarity towards a common purpose



**Manaakitanga**

Derives from two words – 'mana' and 'aki.' Mana is a condition that holds everything in the highest regards. Aki means to uphold or support. Therefore, manaakitanga in this context means a governance culture that is respectful and supportive and does not confuse accountabilities



**Whanaungatanga**

Strong transparent governance relationships through respect, integrity, empathy, and commitment to the kaupapa



**Tū maia me  
mātātaki**

Brave, bold, capable, confident decision-makers. Unafraid of free and frank advice. Courageous in the face of challenge



**Tū waatea**

Inclusiveness through self-awareness. Open to others' views because we operate in good faith and are willing to be unencumbered by our own experiences

## RISK MANAGEMENT

An early priority for Te Aka Whai Ora is the adoption of Board policies, including the establishment of a Finance, Accountability and Audit Committee and requisite assurance processes. The Board has however agreed that Risk Management will be an all of Board accountability.

We will work with our Board to identify risks that we will manage at Board level. An operational risk framework sits as part of our monitoring and reporting functions and is under development. Te Aka Whai Ora is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Pending the finalisation of our risk framework, the following risks are being managed as operational priority



### Key issues/risks:

Capacity limitations during the establishment period.

Complexity – setting up a new organisation during the biggest health reforms in decades

The timing of engagement among other engagement activities.

Managing Māori, IMPBs, and public expectations.

Differences between Manatū Hauora and Te Aka Whai Ora on the development of the Hauora Māori Strategy.

IMPB unresolved boundary issues may be raised.

Some Iwi may feel that they were not adequately consulted by the emerging IMPB in their region

How to deliver on reporting requirements for monitoring within available resources and data sets

Quality of Māori health data and lack of data on measures important to Māori e.g., whānau wellbeing.

Management of Interests

### What is being done:

The Board recently considered the organisational structure, which will enable an increased focus on permanent recruitment.

Te Aka Whai Ora worked closely with Te Whatu Ora and the Transition Unit, as well as Manatū Hauora, during the pre-1 July 2022 establishment phase to support day 1 readiness as much as possible.

We are working with Te Whatu Ora and Manatū Hauora to develop a unified and coherent approach for engagement.

Developing key messages and a communications plan. Working with IMPBs, where these are established.

Developed a project plan that outlines the governance structure and principles as our way of working to address any potential differences.

Te Aka Whai Ora facilitated discussions with Māori including Iwi and provided the necessary information for them to make decisions and resolve boundary issues amongst themselves.

Where Iwi have contacted Te Aka Whai Ora, they have been provided relevant information about the emerging IMPB in their region and how to make contact.

Ensure appropriate enablement of the monitoring functions in alignment with the responsibilities under the Pae Ora (Healthy Futures) Act and Tino Rangatiratanga expectations.

Monitoring strategy: Work closely with co-monitors, monitees and experts to investigate solutions to improve data quality

Discussion on how we manage perceived or actual conflicts.

# FINANCIAL PERFORMANCE

Interim Govt Policy Statement  
Priorities progressed:



## Priority 5

Ensuring a financially sustainable  
health sector

## OUR FINANCES

**September Year to Date (YTD) surplus, \$35.771 million**

### Departmental Expenditure (DE)

\$3.6m YTD v budget \$6.3m, favourable variance \$2.6m

### Non-Departmental Expenditure (NDE)

\$94m YTD v budget \$127m, favourable variance \$33.1m

Establishment \$0 YTD v budget \$10.9m

Ministry of Health Commissioning \$1.3m YTD v budget \$9.4m,  
favourable variance \$8m

Budget Bids New Initiative \$0 YTD v budget \$14.1m

## Background

From 1 July 2022, the provision of enabling services functions is provided by Te Whatu Ora under a Memorandum of Understanding. Te Aka Whai Ora Finance are currently in “Stand Up” phase as the operations and processes transition from iMHA 1 July continue to be defined and systems operationalised. As a result, the financial processes and controls have been impacted, particularly Procurement and Commissioning.

The total budget excludes any in principle expense transfers from 2021/22 and the financial impact of the transfers of staff and contracts from Te Whatu Ora which will be updated in the October Baseline Updates and incorporated in our reporting from quarter two. The financial impact of the next tranche of transfers will not be finalised until the March 2023 baseline update.

### September YTD surplus, \$35.771m

- Overall DE is favourable to budget, \$2.6m YTD.
- Contractor and consulting costs include a YTD catch-up for invoices relating to prior months. This is part of the transition phase.
- Travel costs are actual costs that reflect the hybrid working model and managements need to travel between cities
- Personnel costs relate to FTE staff recruited. Board fees have now been fully provided for the 3 months to 30 September 2022.
- The \$6.3m DE budget figure is an estimate and represents 25% of the total budget.
- NDE variance of \$35.7m due to phasing of Commissioning spend
- A detailed budgeting process with DCEs and budget managers has commenced with the intention of presenting the Board a 2022/23 budget at the December Board meeting.

## Financial information, Quarter One 1 July – 30 September 2022

TE AKA WHAI ORA Financial Results as at 30 September 2022 \$000's	Month	Year To Date			Full Year
	Actual	Actual	Budget	Variance	Budget
<b>Revenue</b>					
Departmental	2,095	6,286	6,286	0	25,143
Non-Departmental	42,515	127,546	127,546	0	510,183
<b>Total Revenue</b>	<b>44,611</b>	<b>133,832</b>	<b>133,832</b>	<b>0</b>	<b>535,326</b>
<b>Departmental Expenditure</b>					
<b>Internal Personnel</b>					
Management & Admin Personnel	366	821	0	(821)	0
	<b>366</b>	<b>821</b>	<b>0</b>	<b>(821)</b>	<b>0</b>
<b>Contractors/Outsourced Personnel</b>					
Management & Admin Personnel	801	1,640	0	(1,640)	12,994
	<b>801</b>	<b>1,640</b>	<b>0</b>	<b>(1,640)</b>	<b>12,994</b>
<b>Other Operating Costs</b>					
Board Member Fees	106	110	0	(110)	440
Computer Services	15	45	0	(45)	180
Consultancy Costs	540	858	0	(858)	3,432
Travel	122	123	0	(123)	1,577
Other Operating Costs	24	48	0	(48)	6,520
<b>Total Operating Costs</b>	<b>807</b>	<b>1,183</b>	<b>0</b>	<b>(1,183)</b>	<b>12,149</b>
<b>Total Departmental Expenditure</b>	<b>1,974</b>	<b>3,644</b>	<b>6,286</b>	<b>2,642</b>	<b>25,143</b>
<b>Non-Departmental Expenditure</b>					
Establishment	0	0	10,907	10,907	43,626
Ministry of Health Commissioning – Health Workforce, Mental Health, Provider Development	1,317	1,317	9,405	8,088	37,619
Budget Bid 2022 (B22) New Initiatives	0	0	14,135	14,135	56,538
Primary and Community Commissioning	67,493	93,100	93,100	0	372,400
<b>Total Non-Departmental Expenditure</b>	<b>68,810</b>	<b>94,417</b>	<b>127,546</b>	<b>33,129</b>	<b>510,183</b>
<b>Total Expenditure</b>	<b>70,784</b>	<b>98,061</b>	<b>133,831</b>	<b>35,771</b>	<b>535,326</b>
<b>Net Surplus/(Deficit) from Operations</b>	<b>(26,173)</b>	<b>35,771</b>	<b>0</b>	<b>35,771</b>	<b>0</b>