

# Te Whatu Ora

Health New Zealand

## PARTNERS IN PRIMARY AND COMMUNITY PĀNUI

Tēnā koutou katoa

We are now half-way through Te Pae Tata, the interim New Zealand Health Plan on our journey towards Pae Ora. To say I am proud of the achievements we have collectively made over the first year would be an understatement.



### *People at the heart of health*

We have begun to see the system shift to make room for the voices of whānau and communities through the gathering of health priorities by our localities prototypes. Over the coming weeks we expect announcements on the locality boundaries that have been put forward by the Iwi-Maori Partnership Boards and local councils.

Our workforces are benefiting from the nursing pay disparity funding which is reducing pay gaps between community and hospital-based nurses and kaiāwhina across the sector. The recently launched Health Workforce Plan 2023/24 acknowledges further opportunity to tackle the underlying drivers of workforce challenges. Work is already underway on programmes such as the international Mental Health and Addictions and GP recruitment campaigns, while programmes such as comprehensive primary and community care teams, are supporting new ways of working.

### *Transition to a unified, smarter, sustainable, and equity-led health system*

We are already seeing benefits from our local, regional, and national approach to service planning and delivery. The Winter Preparedness Plan and system pressures work, for example, has enabled us to design nationally consistent initiatives to implement in locally-identified hotspots. This will proactively reduce service demand through greater investment in preventative front-line care.

The introduction of national health pathways such as the pathway for Hepatitis C, demonstrates how we can organise people's care across clinicians and settings, taking account of how local services are arranged and drawing on the best available evidence for clinical practice.

We will soon be seeking expressions of interest for the Strategic Design Networks. These national networks will include a range of sector leaders, clinicians, providers, people with lived experience, diverse voices and community members and their whanau. The networks will form time-limited groups that will inform the development of long-term road maps of use for both Manatū Hauora's policy-settings and for Te Whatu Ora's funding and service design decisions.

Last week I was able to share the final decision document explaining the Te Whatu Ora Commissioning operating model and structure. I look forward to talking this through with you further on the 7 August webinar. The Regional Wayfinders and I are also keen to introduce you to our newest colleagues in the executive team. With these roles in place, we will be able to move

quickly through the process of redeployment and recruitment into the new structure. Work on the process of transition is still underway, so I encourage you to continue to reach out to your contacts for more information in your usual way.

One year into Te Pae Tata, and I'm feeling optimistic. While there is much work to do and our journey has only just begun, we are holding strong to the aspirations of the legislation. Together we strive for Pae Ora for our whānau and communities.

Ngā mihi,

**Abbe Anderson** (she/her)

**National Director Commissioning**

Register now:

**Webinar: Simplify to unify – Commissioning, Te Whatu Ora**

Date: Monday 7 August

Time: 5pm-6pm

Registration: <https://events.teams.microsoft.com/event/7c1eb974-809c-4e03-aa78-1bb378cc170c@23cec724-6d20-4bd1-9fe9-dc4447edd1fa>

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#### Localities:

##### Celebrating one year of the Localities approach

It has been an exhilarating journey since the announcement of localities, an innovative initiative aimed at revolutionising healthcare in Aotearoa, New Zealand.

Localities have empowered communities and whānau, giving them a powerful voice in shaping the healthcare services that matter most to them. We have witnessed first-hand the remarkable growth of this movement, with communities stepping up to actively participate in the design, funding, and delivery of health care services.

At a national level we have:

- Worked with local stakeholders and mana whenua to establish twelve Locality Partnership Groups in twelve geographic regions

- Provided resources and data to Locality Partnership Groups to enable the development of draft locality plans that identify health and wellbeing priorities for each region
- Enabled a national Learning and Insights programme to run alongside the establishment of the first localities in order to learn and iterate our approach for the national rollout
- Received all twelve locality hauroa priorities. These priorities reflect whānau voice and will inform future investment of services in each region
- Engaged with other national and local government agencies to direct investments toward locality priorities
- Partnered with Iwi Māori Partnership Boards and engaged with local government to determine geographic areas for the next tranche of localities.

At a local level we have:

- Heard from voices that we have not heard from before, due to localised and appropriate community engagement driven by the locality
- Worked hard to rebuild relationships and gain trust with iwi and whānau Māori through localities as a vehicle to exercise tino rangatiratanga
- Supported local public and private care services to work more collaboratively to respond to local priorities with innovative initiatives being seen in oral health, mental health and elderly care, amongst others.

Our goal is ambitious yet attainable: by July 2024, we envision every person in Aotearoa belonging to a locality, where their healthcare needs are addressed with equity, compassion, and respect.

[LINK: Localities – Te Whatu Ora – Health New Zealand](#)

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## **Te Pae Tata:**

### **System pressures initiatives in place to support Winter 2023**

Aotearoa New Zealand has a comprehensive plan in place to ease winter pressure on the health system.

The initiatives in the Winter Plan span the health system and all providers across the system are working together with their communities to ease winter pressures.

This year's winter planning has a strong emphasis on telehealth, primary and community care so that more people can get treatment closer to where they live, alleviating pressure on hospitals.

In some parts of the country, additional clinical telehealth services are being fully funded for priority groups of patients that are unable to access a general practice. This is in addition to the Whakarongorau (national telehealth service provider) seasonal pressure service.

There have been over 20,000 calls diverted to the Seasonal Pressures Clinical Telehealth Service since December 2022, by eligible practices for overflow and after-hours support.

Thanks to the clinical telehealth service for ambulance staff, around 1000 patients nationally (with the exception of Wellington) have been able to be treated in the community and avoid a trip to the emergency department since the start of the year.

The Minor Health Conditions Service (previously the Minor Ailments Service) has been established in eight regions with over 700 pharmacies now providing the service. Over 30,000 consults have taken place since the service started.

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### **Te Whatu Ora and Te Aka Whai Ora partner to improve equity in access to primary care with \$21.25m funding boost**

Te Whatu Ora and Te Aka Whai Ora are partnering to improve equity in access to primary care with a \$21.25m funding boost for the expansion of primary options for acute and planned care (POAC). This programme is aimed at improving equitable access for people in the community requiring care and easing system pressures within our hospitals and communities.

POAC funding enables primary care providers to provide health care for people who may have otherwise attended hospital and specialist services or required additional primary care for conditions that can be proactively managed.

The first phase has seen \$5.32m allocated to the immediate expansion of current packages of POAC. This was aimed at preparing for winter and reducing system pressures and has been focussed on the eight priority hospitals and their surrounding regions of Whangarei, Middlemore, Auckland, Tauranga, Palmerston North, Wellington, Christchurch, and Invercargill. From October, a further \$15.9m will expand these funded packages of care across the rest of the country, continuing our focus on equity and improving national consistency.

Te Whatu Ora National Director Commissioning, Abbe Anderson, says that this is Te Pae Tata (the Interim New Zealand Health Plan) in action, shifting acute and planned care so that it can be safely provided in the community and away from its current provision in the hospital setting. It will enable providers to be more proactive, react to acute illnesses and minimise unnecessary demand on hospitals by providing more planned care in the community.

“The immediate injection of funding is so the primary and community care sector can do more of what they’re doing well, with additional flexibility,” says Abbe.

“Further investment after winter will focus on long-term, strategic investment to create more capacity in general practice, so that we support more patients and whānau in the community.”

The extension of POAC will focus on improving outcomes for Māori, Pacific, and community service card holders through expanding proactive care for people and whānau that are at the highest risk, and who would otherwise present at hospitals. Examples of services that could be increased within the community include more tests being available at primary care providers, intravenous treatments, support for abnormal uterine bleeding and interventions for a patient with exacerbation of a chronic illness.

Jade Sewell, Maiaka Tau Piringa, Deputy Chief Executive – Service Development for Te Aka Whai Ora says this is an important step towards achieving health equity in Aotearoa and reducing variations across the country.

“We need to ensure that all New Zealanders have access to high-quality healthcare, regardless of their location or background and by standardising the POAC mechanisms across the country, we can enable increased access and consistency for our priority populations,” says Jade.

“It will make a significant difference in reducing the burden of disease and reducing the demand for more costly and intensive specialist care.”

Implementation of phase one has commenced with regional partners and current POAC providers.

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### **Big step forward for primary care analytics**

Te Whatu Ora has the green light and is pushing forward with a data solution that brings together primary care data for analysis purposes. This will serve health providers, communities and commissioners, assisting them to plan, fund and evaluate health services.

It’s an exciting step forward and has been informed by a co-design approach with primary care stakeholders from PHOs, GenPro, Royal College of GPs, Digital Health Association and the government agencies to define requirements and approach. To support the health system to plan, commission and evaluate health services effectively, access to nationally consolidated, population level primary health data is critical. Access to this data also has considerable value to local health providers and entities.

We are establishing access to nationally consolidated population level primary health data, to support decision-making and population health planning at national, regional, and local levels.

This data will eventually be held on a new nationwide data platform.

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### **Workforce:**

#### **Benefits of pay disparity funding to be reported**

Healthcare providers that received additional funding from the nursing pay disparity initiative for the initial April to June 2023 period have been asked to report on how it has boosted wages for nurses and kaiāwhina.

“It’s important that we demonstrate the positive outcomes of this funding and accurately report its impacts on sectors to Government stakeholders,” Community Health System Improvement and Innovation Group Manager Mark Powell said.

Aged residential care, hospices, home and community support services, kaupapa Māori and Pacific healthcare providers were the first priority sectors to receive interim payments to enable them to lift pay rates for nurses and eligible kaiāwhina from 1 April 2023.

The \$200 million per annum initiative in 23/24 and beyond is aimed at alleviating some workforce pressures and service impacts by reducing the flow of community-employed nurses and kaiāwhina to higher-paid hospital roles.

Each provider who accepted an offer of funding in the April-June 2023 period was sent an online reporting form on 11th July to complete by 31<sup>st</sup> July.

Meanwhile, a fourth workforce data collection was sent out on Wednesday, 19 July to about 8% of general practices that were yet to complete the required FTE data.

“This information is required for Te Whatu Ora to calculate the amount of additional funding to offer general practices under this pay disparity initiative,” Mark Powell said. “We want to ensure all eligible nurses and kaiāwhina are able to benefit from this initiative.”

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## **Mental Health and Addiction:**

### **Healthy Families NZ releases fourth annual impact report on reducing harm from alcohol**

The fourth annual national impact report from Healthy Families NZ highlights the collective approach taken by the organisation to address the harm caused by alcohol in the lives and health of New Zealanders.

The first story, from Healthy Families Rotorua is reproduced below. You can read the whole report here: [Healthy Families National Impact Report 2023](#)

Healthy Families Rotorua have embarked on a journey to explore the use of tikanga Māori to reduce alcohol related harm and encourage safer, healthier environments for whānau. The term 'Rūrū Parirau' refers to birds shaking the wet morning dew off their wings so that they can fly unimpeded by excess weight.

*Picture: Filming underway for one of six digital stories.*

The Healthy Families Rotorua team adopted the term Rūrū Parirau to describe the concept of 'shaking off negative stereotypes and behaviours' for their work in reducing alcohol harm. The team have prototyped initiatives and campaigns with the aim of shifting the narrative and enabling well known marae champions to lead a conversation about alcohol.



Rūrū Parirau is about Māori voices being in control of the Māori narrative and telling our own stories. When it comes to alcohol, many marae are at the forefront of managing alcohol in ways that utilise collective responsibility.

Six digital stories were created and feature marae discussing the value of tikanga in helping shape the future, underpinned by safe behaviours when it comes to alcohol, including the normalisation of alcohol-free spaces in the community.

The videos feature three Māori men as they share their stories of the negative impact alcohol has had on their lives. However, they will also highlight pivotal moments when they changed the narrative and are now leading positive lives and become champions of the kaupapa.

Healthy Families Rotorua Manager, Jenny Kaka-Scott says, "We are interested in talking to people who have used tikanga Māori in environments such as marae, sports clubs and workplaces to shake off the impacts of negative stereotyping and harmful behaviours and who are shaping new narratives including normalising alcohol-free spaces for whānau.

"We have identified marae who are using tikanga-based solutions when managing the use of alcohol and we want to understand what that journey is like, both the barriers and the enablers - and how sharing our experiences might help others who are also wanting to make a change.

Next, Rūrū Parirau will reconnect with alcohol system leaders to better understand the current momentum and seek spheres of influence to support destabilising the negative stereotypes of Māori and alcohol.

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## **Heads-up: Free cervical screening for priority groups**

Te Whatu Ora has announced \$7.3 million in funding to provide free cervical screening services for priority groups as part of the move to the new HPV test for cervical cancer prevention. Both the availability of the funding and the launch of the new test will now take place on 12 September, replacing the previously-announced date of 26 July.

Those who will be eligible for free cervical screening include women and people with a cervix who are:

- 30 and over and never had a test, and 30 and over and not had a test in past 5 years;
- require follow-up;
- Māori and, Pacific peoples;
- and anyone who is a community service card holder.

This includes those populations that are at a higher risk of cervical cancer.

The new HPV test means that people will have three options for having a cervical screening test:

- you can choose to collect your own sample, via a simple self-test vaginal swab
- you can ask your healthcare provider to collect your vaginal swab sample, or

- you can choose to have your healthcare provider take a sample from your cervix; what used to be called a smear test. (If HPV is found, this option also allows for your sample to then be checked for any cell changes).

The new launch date of 12 September will enable the health system time to prepare to offer the free screening for those who are eligible, as well as further test the new information technology systems that will support the screening programme.

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### Healthline awareness campaign underway



A range of adverts currently on the radio are telling people about the services Healthline provides. Each advert introduces listeners to a trained Healthline responder or a Healthline caller in a warm and friendly way.

By providing information on the ways Healthline can help, it is hoped that people will use their services to get advice early, resulting in fewer visits to emergency departments and urgent care this winter.

Hear from: nurse Catherine, dad and grandpa Sione, mum of four tamariki, Ranui and more.

All adverts can be heard [here](#)

For more information and flyers you can use, click the links below:

[Information for the public](#)

[Information for community pharmacy](#)

[Digital Assets: Go well | COVID-19 Resource Toolkit](#)

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### Stick it to Hep C!

It was World Hepatitis Day on Friday, July 28 and “we’re not waiting” to stick it to the virus, with plenty of events around the country.





We're Not Waiting was the international theme this year, a call to action to accelerate elimination of viral hepatitis and help people understand the urgent need for testing and treatment.

There are about 500 new cases of hepatitis C each year in New Zealand, and about 30,000 people living with the virus.

Each year the day is an opportunity to promote the recently completed National Hepatitis C HealthPathway, which has been jointly developed to support general practice and other community-based nurses taking a consistent approach at the point of care.

Professor Ed Gane, Chair of the National Hepatitis C Oversight Group, says treatment for hepatitis C is easy, safe and can cure every New Zealander living with it.

"A number of innovative programmes have been launched as part of our National Plan to make it easier to get tested and treated in the community, the most successful being the point of care finger-prick testing. Already, 15,000 Kiwis have had the test and treatment numbers are finally starting to rise.

**LINKS:** [Download and print "Stick it to Hep C" resources](#)  
[Campaign webpage](#)

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## Missed it?

- **Launch of the Health Workforce Plan:** On Monday 4 July, Te Aka Whai Ora and Te Whatu Ora launched the first national Health Workforce Plan with six action areas to support and grow our health workforce. Read the information here: [Health Workforce Plan 2023/2024](#)
- **Three new Board appointments for Te Aka Whai Ora:** On 11 July, Associate Minister of Health, Hon Peeni Henare announced that Kim Ngarimu (Te Aitanga ā Mate, Ngāti Porou), Ben Dalton (Ngāpuhi, Ngāti Porou) and Helmut Modlik (Ngāti Toa Rangatira) would be joining the Te Aka Whai Ora Board. Find out more: [Te Aka Whai Ora Board announcement](#)

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## LINKS:

[Ngā Karere – Te Aka Whai Ora Pānui](#)  
[Ruruku](#)  
[July Stakeholder Hui](#)

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*[This newsletter has been produced by the Communications and Engagement team at Te Whatu Ora. If you would like to recommend content, topics or have any questions about the newsletter, please reach out to Natasha Hoskins, Strategic Lead – Commissioning, Communications and Engagement: \[Natasha.Hoskins@health.govt.nz\]\(mailto:Natasha.Hoskins@health.govt.nz\)](#)*