

Briefing

Request for funding to support the Māori health COVID-19 response

Date due to MO: 1 September 2021 **Action required by:** 3 September 2021

Security level: IN CONFIDENCE **Health Report number:** HR 20211954

To: Hon Grant Robertson, Minister of Finance
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Andrew Little, Minister of Health
Hon Peeni Henare, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
John Whaanga	Deputy Director-General, Māori Health	s 9(2)(a)
Vida Ji	Manager, Office of the Deputy Director-General, Māori Health	s 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Request for funding to support the Māori health COVID-19 response

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To: Hon Grant Robertson, Minister of Finance
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Andrew Little, Minister of Health
Hon Peeni Henare, Associate Minister of Health

Purpose

1. This paper seeks your agreement to reprioritise \$36 million of underspends from within the National Response to COVID-19 Across the Health Sector multi-class appropriation (MCA) towards the COVID-19 Māori health response. This is to support the Māori health and disability sector to respond to the current outbreak of the COVID-19 Delta variant, including ensuring equity for Māori in the COVID-19 Vaccine and Immunisation Programme.

Summary

2. The COVID-19 response to date has reinforced why a targeted Māori health response that upholds our Te Tiriti o Waitangi obligations is needed. To date, the Māori rate of COVID-19 infections has been less than other population groups. The current Delta outbreak however threatens the gains that have been made, due to both the disproportionate risk of morbidity and mortality for Māori and the ongoing impacts of lockdown.
3. In response to the current outbreak, the Māori health and disability sector have once again quickly mobilised to respond to whānau need. This has involved increasing services to respond to community need, such as COVID-19 testing and wrap-around support, while maintaining business-as-usual services and delivering the COVID-19 Vaccine and Immunisation Programme.
4. This briefing proposes four priority initiatives for urgent investment to support Māori providers to respond to the current COVID-19 outbreak. These initiatives focus on support for Māori providers as well as specific support for whānau Māori to access essential health services, including psychosocial support.
5. This additional investment will respond to the urgent pressures of the current COVID-19 response and contributes to achieving equity for Māori, including in the COVID-19 Vaccine and Immunisation Programme. It will also leave a legacy to support providers to prepare for and respond to the ongoing threat of COVID-19 outbreaks.
6. Additional detail on the four priority initiatives, including the funding required, intended outcomes, and the potential challenges and methods for dispersing funding, can be found in **Appendix One**.

Recommendations

We recommend you:

- a) **Note** that Māori communities face a disproportionate risk by the current outbreak of the COVID-19 Delta variant, given that Māori bear a disproportionate burden of health and social risk-factors that make them more susceptible to COVID-19.
- b) **Note** that Māori providers have mobilised to respond to the current outbreak and have been put under considerable pressure to respond to increased need while maintaining business-as-usual.
- c) **Agree** to reprioritise \$36 million in 2021/22 only from underspends in funding appropriated to Vote Health baselines for the Māori health COVID-19 response to support Māori providers to respond to COVID-19 whilst maintaining essential health services, through four priority initiatives:
- Support Māori providers to adapt their services, as part of their role in the COVID-19 response - \$17 million.
 - Support whānau to access essential health services where they have been impacted by the COVID-19 outbreak - \$14 million.
 - Strengthening the Māori health psychosocial response - \$3 million.
 - Ensuring providers are prepared to support the long tail in the recovery from this outbreak - \$2 million.
- d) **Note** that most of this funding will go direct to Māori health and disability providers via the Ministry of Health, and this will be underpinned by transparent and streamlined accountability arrangements.
- e) **Invite** the Associate Minister of Health (Māori Health) to report back to the COVID-9 Ministerial Group by 10 December 2021 on the outcomes achieved through this investment.

☒ Yes

☐ No

Minister of Finance: Yes

☒ Yes

☐ No

The Minister of Finance also asks that the December report back has specifics on which groups have been funded and what services have been purchased from them



John Whaanga
Deputy Director-General

Māori Health

Date: 07/09/2021



Hon Grant Robertson

Minister of Finance

Date: 14/09/2021



Hon Chris Hipkins

Minister for COVID-19 Response

Date: 16/9/21



Hon Andrew Little

Minister of Health

Date: 17/09/2021



Hon Peeni Henare

Associate Minister of Health

Date: 09/09/2021

Request for funding to support the Māori health COVID-19 response

Background

Māori communities face disproportionate risk by the current outbreak

7. As of 31 August, 36 out of 612 active COVID-19 cases are Māori. While this rate is relatively low, we know that Māori could still be disproportionately impacted if the outbreak were to spread further into Māori communities. This risk is heightened by the Delta variant, which is more transmissible than previous variants and is more likely to result in hospitalisation for those who are infected.
8. The Delta variant poses elevated risk to Māori communities compared to other population groups, given that Māori bear a disproportionate burden of health and social risk-factors that make them more susceptible to COVID-19. Māori generally have higher rates of chronic conditions and comorbidities and, following international trends, are likely to have increased vulnerability to COVID-19 infections.

The current lockdown is having a sharper impact on Māori communities

9. The current Alert Level 4 lockdown is putting significant pressure on whānau Māori who were already struggling. While the cumulative impacts of the current lockdown are yet to be fully understood, we are hearing from Māori health providers and Whānau Ora partners that the current lockdown is having a sharper impact on Māori – many whānau, for example, whose primary income has been cut due to lockdown measures and are having to self-isolate at home.
10. Increasing services and capacity is particularly important in Tāmaki Makaurau, where providers have indicated they are meeting unprecedented demand for holistic services, including vaccinations, testing, and welfare.
11. Māori providers have reported that there is an increased need to support whānau to meet basic needs. This has a compounding impact on the mental and physical wellbeing of whānau. Many whānau appear to carry a combination of challenges, including needing support with:
 - a. access to essential health services and medications including through transport costs
 - b. whānau isolating in accommodation
 - c. distribution of wellbeing/welfare packs directly to whānau
 - d. vaccination and testing uptake, as well as attendance at other health appointments.
12. In addition, the stress isolation places on whānau, compounded with income or job insecurity, can corrode mental wellbeing. Lockdown can also place strain on and inhibit key relationships between whānau members which may ordinarily be a source of wellbeing support.

Building on the gains of a strong COVID-19 Māori health response

13. Released in July 2020 with the latest review in July 2021, the Updated COVID-19 Māori Health Response Plan continues to guide the COVID-19 response to ensure the protection of Māori health and wellbeing during the COVID-19 pandemic. This plan is supported by Whakamaua: Māori Health Action Plan 2020-2025 which outlines a suite of outcomes, objectives, and priority areas for action that contribute to upholding our obligations under Te Tiriti o Waitangi. These plans help to ensure Māori health equity is achieved across the COVID-19 response.
14. A range of investment to date has supported a strong COVID-19 Māori health response. This investment included the following:
 - a. In March 2020, Cabinet agreed to appropriate \$40 million for the COVID-19 Māori Health Response package. This included \$30 million for targeted Māori health initiatives and \$10 million transferred to Te Puni Kōkiri for Whānau Ora agencies (CAB-20-MIN-0130 refers). This funding helped providers to operate under the increased pressure of the initial outbreak and enabled easier access to critical health and social services for whānau.
 - b. In October 2020, \$17 million was provided to the Northern Region district health boards for a targeted Māori COVID-19 response to ensure frontline health services could meet the needs of communities (CAB-20-Min-0460 refers). This funding enabled a range of initiatives focusing on leadership and oversight, engagement and communications, data, insights and intelligence, protecting whānau and communities and wellbeing and connectedness.
 - c. \$39 million was invested into the COVID-19 Vaccine and Immunisation Programme through Budget 2021 to ensure a strong equity and Te Tiriti o Waitangi based approach to providing vaccination services for Māori. Of this \$39 million, \$11 million was directed straight to providers with existing vaccinator capability, to establish crucial infrastructure for the roll-out of the vaccine. The remainder of the funding supported various initiatives including localised communications, workforce development, and building FTE within providers and DHBs to assist whānau with navigating health and vaccination services.
15. These investments have ensured the COVID-19 response to date has been a collective effort involving Māori health and disability providers, iwi, hapū, Māori communities, and the wider health and disability network alongside the broader government. Working together to 'go hard and go early' has helped to lessen the impact of COVID-19 on Māori. These are the gains of a strong COVID-19 Māori health response that we must build on.

Lessons from the COVID-19 Māori response that should guide future investment

16. A recent internal review of the COVID-19 Māori response outlines some important lessons:
 - a. More permissive contracting arrangements, including multi-year contracts and guaranteed funding for providers that enables them to plan and focus on what they need to do to support whānau through COVID-19.

- b. Readily available funding for localised communication approaches and leveraging existing networks between district health boards (DHBs), providers, iwi and community organisations means important information has faster reach, is trusted, and encourages community ownership over a kaupapa.
 - c. Simple application and approval processes mean that resources providers need to support their communities can be readily delivered with minimal delay. Contracts that support mobilisation and outreach encourage co-planning with iwi and communities, and provides choice in how services are accessed, greatly increasing uptake.
- 17. These lessons have been incorporated into the design of initiatives proposed in this briefing.

Māori health providers have quickly mobilised to respond to the current outbreak

- 18. In response to the current outbreak, the Māori health and disability sector have once again quickly mobilised to protect the health and wellbeing of whānau Māori. This has involved increasing services to respond to community need, including COVID-19 testing and wrap-around support, while maintaining business-as-usual services and delivering the COVID-19 Vaccine and Immunisation Programme.

Māori providers are under a lot of pressure to respond to whānau need

- 19. Māori providers have been placed under immense pressure to respond to this current outbreak, with increased demands on their workload to support testing, tracing, case management, and vaccinations. This has placed significant strain on the Māori workforce to deliver on multiple priorities concurrently.
- 20. Providers have reported:
 - a. increased need to mobilise their essential services, where safe to do so, to support vulnerable whānau to get the urgent care they need
 - b. the need to build the Māori workforce capacity, capability and sustain the workforce, to support efforts across COVID-19-specific and essential non-COVID-19-specific activities as required
 - c. the need to re-establish testing sites and support lines.
- 21. Lessons from the Māori Influenza Vaccination Programme show that offering multiple access points, going to where whānau gather or live, and transporting them to clinics supports service uptake. Additional support is required to ensure providers can meet the needs of the COVID-19 response and maintain essential health services to their communities to prevent inequities from worsening.

Maintaining provider resiliency is key to the longer-term COVID-19 response and wellbeing of whānau

- 22. One of the key lessons learned during the 2020 COVID-19 response was that quick and simplified access to funds supports providers to pivot activity to where it is needed most. This may mean upscaling COVID-19-specific response activities (e.g., testing, tracing), or addressing wider health and wellbeing needs.

23. The situation is often unique for different providers, depending on the community and the impact COVID-19 is having on them at that point in time. The Ministry of Health (the Ministry) heard from providers that there is a need to:
- a. respond to emergencies while also building longer-term resilience (including preparing for the risk of future outbreaks)
 - b. increase collaboration across social and health service systems, ensuring the holistic needs of whānau are being met
 - c. re-arrange current system settings (e.g., workforce) to support providers to focus on vaccination and testing centres.
24. It is anticipated that given the large number of contacts identified in this outbreak (over 34,000), and the number of cases being notified, this outbreak and the response needed to stamp it out is likely to have a long tail. Ensuring immediate access to funding and resources supports providers to stand-up and sustain the necessary health services that are required throughout different stages of the response.

Priority initiatives for sustaining the Māori health COVID-19 response

25. The Ministry recommends that \$36 million is reprioritised from underspends in the National Response to COVID-19 Across the Health Sector multi-class appropriation (MCA) towards the COVID-19 Māori health response to the current COVID-19 Delta variant outbreak.
26. This funding would be split across four priority initiatives:
- a. Support Māori providers to adapt their services, including equipment and staff support as required as part of their role in the COVID-19 response, whilst also maintaining other essential health services - \$17 million.
 - b. Support whānau to access essential health services where they have been impacted by the COVID-19 outbreak (including travel and delivery services as needed) and essential hygiene products to mitigate against the impact of the current COVID-19 outbreak - \$14 million.
 - c. strengthening the Māori health psychosocial response - \$3 million.
 - d. ensuring providers are prepared to support the long tail in the recovery from this outbreak as well as leaving a legacy so they are better prepared for future outbreaks and can more easily stand-up and sustain the necessary COVID response health services - \$2 million.
27. This funding would enable providers to deliver an equitable and Te Tiriti o Waitangi based response to this outbreak by supporting Māori providers, iwi, hapū, and whānau through localised community initiatives through the lockdown, post-lockdown recovery and alongside the COVID-19 vaccination rollout. The impact of this lockdown is expected to have a long tail until at least the end of 2021.
28. Additional detail on the proposed priority initiatives, including the funding required, intended outcomes, and the potential challenges and methods for dispersing funding, can be found in **Appendix One**.

The Ministry will take a coordinated approach across the COVID-19 response and broader government

29. Initiatives will take a holistic approach where possible to act in partnership with the wider government response, focusing on the Māori health responsibilities to complement, but not duplicate, efforts. Government funders of social services are taking a shared approach to provider funding at Alert Levels 3 & 4, including a commitment to support non-government organisations to be more flexible to the differing needs of communities.
30. In particular, these initiatives will be managed to ensure there is no duplication with the on-going response by the Northern Region district health boards as part of the remaining implementation of their COVID-19 response package (\$17 million, CAB-20-Min-0460 refers).

Financial implications

31. The Ministry recently provided advice to the Ministers of Health, COVID-19 Response and Finance on COVID-19 funding in Vote Health baselines [HR 20211774 refers], and noted that after reprioritising \$53 million for known pressures, there was an underspend of \$97 million remaining for the continued health system response to COVID-19 and potential future impacts.
32. It is proposed that \$36 million of underspends from within the National Response to COVID-19 Across the Health Sector multi-class appropriation (MCA) is reprioritised towards the COVID-19 Māori health response.
33. s 9(2)(g)(i)

Implementation of this investment will be supported through streamlined contractual arrangements, accountability requirements and monitoring

34. Recognising the time pressures of the current COVID-19 outbreak, it is expected most of the funding will be distributed by the Ministry through streamlined application processes and contractual arrangements, whilst meeting all of government procurement rules.
35. Priority will be given to providers in the Auckland region to recognise the higher COVID-19 Alert Level compared to other regions. Priority will also be given to Māori providers who have current contracts and demonstrated their contributions to the COVID-19 outbreak response to ensure funding is provided as quickly as possible to them as they deliver services to whānau.
36. Following approval of this funding package, the Ministry expects to reach agreement for funding with priority providers in Auckland within 1-2 weeks, and priority providers in other regions within 3-4 weeks.
37. A streamlined contestable process will then be taken to disperse the remaining funding and the Ministry expects to reach agreement with providers for funding in 4-8 weeks,

following Ministerial approval. Every effort will be taken to ensure contract documentation and payments are processed as soon as possible, recognising time is required for providers to respond as well as there being a peak level of demand for urgent contract paperwork at this time.

38. Due to the current pressures on Māori providers, the Ministry will ensure accountability requirements and monitoring over this investment is streamlined as much as possible to minimise the burden of reporting and administration on Māori providers.
39. Transparent and streamlined accountability requirements across this investment will enable Māori providers to work in partnership with the Ministry and wider health and disability sector to respond effectively to the needs of whānau.

Equity

40. Equity is one of five principles outlined in the Wai 2575 Hauora Report and is included in the Ministry's Te Tiriti o Waitangi Framework which requires the Crown to commit to achieving equitable health outcomes for Māori. Supporting Māori-specific investment into the COVID-19 response will help to ensure iwi, hapū, providers, and Māori communities are equitably resourced to respond to and recover from COVID-19. This is critical for ensuring equitable outcomes for Māori across the COVID-19 response.

Next steps

41. The Ministry will provide further advice and analysis as required to inform the Māori health COVID-19 response to the August 2021 outbreak.

ENDS.

Appendix One: Proposed COVID-19 Māori health response priority initiatives for the August 2021 outbreak

Summary of principles and assumptions underpinning the development of the proposed initiatives

1. Given the time pressures to respond to the needs of whānau impacted by the COVID-19 outbreak, the Ministry of Health (the Ministry) will take the fastest approach (in terms of the application processes and contractual arrangements) to get the funding dispersed to providers and services to whānau, whilst meeting all of government procurement rules.
2. Based on confirmed COVID-19 case numbers to date, the health impact of this lockdown is expected to have a long tail and go beyond the period of the lockdown until at least the end of 2021.
3. Initiatives proposed give practical effect to the Crown's responsibilities under Te Tiriti o Waitangi.
4. Where possible, initiatives leave a legacy for Māori health and the Māori health sector to ensure a strengthened system that can respond to future outbreaks and the ongoing COVID-19 response.

Category	Initiatives	Funding required	Intended high-level outcomes	How funding will be dispersed and estimated timeframes	Potential challenges
Provider support \$17m: Additional resources and support for Māori providers to reprioritise and redirect efforts towards COVID-19 response whilst maintaining essential health services	Supporting Māori providers to: <ul style="list-style-type: none"> - adapt their services to support COVID-19 testing and vaccination services (including extra equipment to help with mobilisation of services such as vans, tents, barriers, fridges, PPE etc.) - maintain their essential business as usual services during the COVID-19 response - fund and provide support to essential workers working extended hours - respond to other costs as deemed necessary to ensure services respond to whānau need. (This initiative builds on the previous support provided to Māori providers during the first COVID-19 lockdown of \$5m.)	\$7m \$2m \$6m \$2m	<p>This funding will ensure providers can continue to divert resources to respond to increasing testing and vaccination demands in the current outbreak. Additionally, this funding will support Māori providers to sustain their BAU services, to ensure inequities in Māori health are not furthered.</p> <p>This funding will also resource additional staffing requirements and offer any additional staff wellbeing support to sustain the workforce needed.</p> <p>At the end of this outbreak response, this funding, combined with funding over the longer-term response and legacy \$2m, will ensure Māori providers are better placed to deliver equity-based outreach models of care for whānau.</p>	<p>It is expected most of this funding will be provided directly to providers, supported through streamlined contractual and accountability reporting arrangements.</p> <p>To ensure both timeliness and equity, a dual approach will be taken.</p> <p>First, a share of this provider support funding will be allocated to known providers with existing contracts based on information about their coverage of relevant health services and contributions to the COVID-19 Māori health response, particularly during Alert Levels 4 and 3. This allocation will also consider the spread of the Māori population as well as other relevant information.</p> <p>The Ministry will also prioritise regions which are at higher Alert Levels. Estimated timeframes for this approach to reach agreement with providers for funding is 1-2 weeks for providers in the Auckland region, and 3-4 weeks for other regions.</p> <p>Then to ensure equity, the remaining funding will be dispersed following a contestable application process will enable ALL providers to apply for further funding. Estimated timeframes for this approach to reach agreement with providers for funding is 4-8 weeks following Ministerial approval.</p>	s 9(2)(g)(i)
Whānau Support \$14m: Increase whānau access to health and other services to mitigate the	Supporting whānau Māori to: <ul style="list-style-type: none"> - access essential health services and medications when they have been impacted by the effects of COVID-19 outbreak 	\$7m \$2m	<p>To ensure whānau can access essential health services and medications when they need it to mitigate the impacts of the COVID-19 outbreak.</p> <p>To provide greater reach of vaccination and testing as well as other health services as appropriate into communities where services</p>	<p>This funding will be directed at health and Iwi providers, pharmacies providing support (e.g., health services and medications) to whānau impacted by COVID-19. Additionally, safe travel support and delivery funding will be provided to relevant providers who provide</p>	

impact of the current COVID-19 outbreak	<ul style="list-style-type: none"> remove other barriers such as travel costs or delivery costs to enable them to access health services, including through providing various service delivery approaches practice good public health practices through hygiene kits and masks where they would otherwise be unable to obtain these support whānau with other health related needs, taking a holistic approach in response to COVID-19 outbreak <p>(This initiative builds on the previous support provided to Māori whānau to provide wrap around support during the first COVID-19 lockdown of \$8m)</p>	<p>\$3m</p> <p>\$2m</p>	do not presently have sufficient reach and ensuring whānau can be given holistic care, as needed.	<p>these services (including shuttle service providers linked to health services).</p> <p>Funding will be dispersed following a contestable application process. Estimated timeframes for this approach to reach agreement with providers for funding is 4-8 weeks following Ministerial approval.</p> <p>Funding for hygiene kits and masks for whānau as required will be dispersed through Whānau Ora network of providers and it is estimated this funding will be transferred to Te Puni Kōkiri within 2 weeks of Ministerial approval.</p>	s 9(2)(g)(i)
Psychosocial support \$3m:	<p>Supporting whānau Māori to ensure mental health and wellbeing through:</p> <ul style="list-style-type: none"> a multi-media campaign with Māori media personalities to deliver psychosocial messages and self-care help to cope with the impact of the COVID-19 outbreak regional and local mental health and wellbeing programmes to address the needs of Māori communities 	\$3m	<p>To ensure whānau have access to mental health and wellbeing services through a range of mediums and programmes that are tailored to needs of the regional and local communities.</p> <p>Establishing connections between whānau and mental health and addiction services during a lockdown period is crucial to the longer-term recovery of whānau Māori.</p>	<p>An appropriate procurement approach will be taken, including a streamlined application process. This recognises the urgency of the current COVID-19 outbreak.</p> <p>Priority will be given to Māori health and Iwi providers who have demonstrated their contributions to the COVID-19 Māori health response in previous lockdowns.</p> <p>Funding will be dispersed following a contestable application process. Estimated timeframes for this approach to reach agreement with providers for funding is 4-8 weeks following Ministerial approval.</p>	
Longer term response and legacy \$2m:	<p>Ensuring long-term capacity for Māori health providers to respond to COVID-19 through:</p> <ul style="list-style-type: none"> Supporting Māori providers to prepare for future outbreaks Front-footing funding to ensure providers have sufficient resourcing for future responses Recognising and mitigating the historic underfunding of Māori providers to ensure they can continue to support whānau through the ongoing COVID-19 response. Furthering the implementation of the Iwi Affiliation Data Project to strengthen Iwi connections and improve the Māori health information infrastructure to advance the COVID-19 Māori health response. 	\$2m	<p>Previous investments in the COVID-19 Māori health response were fit for purpose at the time, however need has sustained and increased.</p> <p>Insights from the current outbreak show that the current scale, intensity, and complexity of need has made providing multiple services and caring for whānau a more pressing challenge for providers.</p> <p>This initiative will ensure providers have sufficient funding to manage the long tail of this response, sustain their efforts, and help them to prepare for future possible outbreaks. The funding will enable providers to plan for various outbreak scenarios, including integrating their responses with other providers and their respective DHB.</p>	<p>An appropriate procurement approach will be taken, including a streamlined application process. This recognises the urgency of the current COVID-19 outbreak.</p> <p>Priority will be given to Māori providers who have demonstrated their contributions to the COVID-19 Māori health response in previous lockdowns.</p> <p>Funding will be dispersed following a contestable application process (through a simple online survey). Estimated timeframes for this approach to reach agreement with providers for funding is 6-9 weeks following Ministerial approval.</p>	
TOTAL		\$36m			