

Aide-Mémoire

Meeting with PHO Chairs and CEOs

Date due to MO: 27 May 2024

Action required by: N/A

Security level: IN CONFIDENCE

Health Report number: H2024041388

To: Hon Dr Shane Reti, Minister of Health

Consulted: Health New Zealand: Māori Health Authority:

Contact for telephone discussion

Name	Position	Telephone
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Joe Bourne	Chief Medical Officer	s 9(2)(a)

Aide-Mémoire

Meeting with PHO Chairs and CEOs

Date due: 27 May 2024

To: Hon Dr Shane Reti, Minister of Health

Security level: IN CONFIDENCE **Health Report number:** H2024041388

Details of meeting: 31 May 2024
10:45 – 11:15am, virtual meeting

Official Representatives: Dr Joe Bourne, Chief Medical Officer Ministry of Health

Purpose of meeting/proposal: This Aide-Mémoire provides you with background information and discussion points for your meeting with the Chairs and CEOs of primary health organisations (PHOs) on 31 May 2024. This meeting is being coordinated by General Practice NZ (GPNZ). GPNZ wish to discuss the future role of PHOs in relation to the work programmes being developed by Ministry of Health | Manatū Hauora (the Ministry) and Health New Zealand | Te Whatu Ora (HNZ).

Comment: **Meeting with PHO Chairs and CEOs**

- This Aide-Mémoire provides you with:
 - background information and talking points. This includes information on the Ministry's and HNZ primary and community healthcare work programmes
 - Background and talking points on Budget 2024 and the impact on immunisation
 - Question and answers (Q&As) on policy work programmes, budget 2024 and the role of IMPBs (**see appendices one to three**)
 - A list of Chair and CEOs names and details for each PHO (**Appendix four**).
- This meeting will be chaired online by Dr Brian Betty, Chair of General Practice New Zealand.

- GPNZ has extended this meeting invitation to:
 - all PHO CEOs and their board Chairs, several GPNZ executive members, including two nurse leads, Ngā Matapihi o te Wairua co-chairs and the chair of Practice Managers and Administrators Association of New Zealand (PMAANZ).
 - Janice Hull (EA to CEO at GPNZ) and Marie Simpson (Head of Communications and Engagement at GPNZ)
 - Dr Joe Bourne (Ministry of Health - Chief Medical Officer) will be present at the meeting to support in your discussion if needed.
- 29 individuals have confirmed their attendance, with expected attendance sitting around 30-35 people.



Emma Prestidge

**Group Manager Family &
Community Health Policy**

Strategy, Policy and Legislation

Background information and talking points

General Practice New Zealand

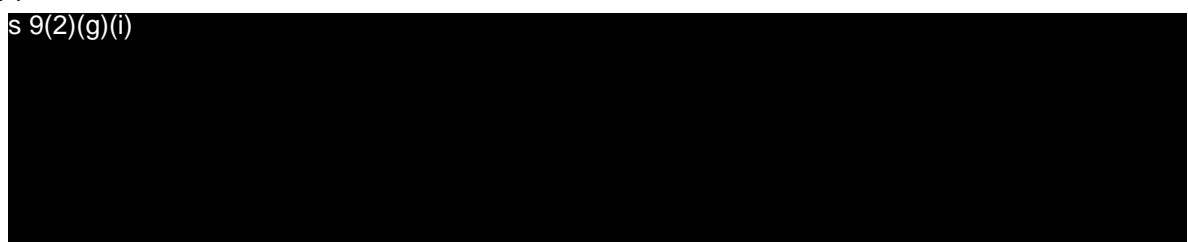
1. GPNZ was formed in 2010 to represent the voice of primary health organisations (PHOs). It represents 24 out of 30 PHOs and more than 85% of the enrolled population including 80% of the current enrolled Māori population.
2. GPNZ will soon become Primary Care New Zealand. The aim is to grow and support a wider range of health and care professionals providing comprehensive primary and community care services.
3. The Director-General of Health, Diana Sarfati met with GPNZ on 10 May 2024 where she welcomed GPNZ to provide the Ministry with information to support its strategic policy work programme.
4. On 9 May 2024 you met with the General Practice Leaders' Forum (GPLF), which represents GPNZ and other primary care organisations, to discuss [HNZ00045091 refers]:
 - a. pressures being experienced by the primary care sector including funding, systems changes, workforce pressures and the growing burden of care
 - b. mitigations to the pressures which are being worked on
 - c. the approach to Budget 2024.

Key focus of discussion – future of PHOs

5. GPNZ has advised that PHO Chairs and CEs would like to talk about the future of PHOs, with an understanding of the direction you are giving the Ministry and HNZ.
6. The Ministry is undertaking a strategic policy work programme on the fundamental changes to achieve the vision of ensuring people can access comprehensive and accessible care in their communities (also see paragraphs 9 to 10). This will include advice on an operating model to ensure sustainability of the system, which may have implications for the future role of PHOs.
7. HNZ is undertaking a primary care development programme looking at funding and service delivery arrangements, within current system settings. HNZ has partnered with GPNZ to undertake work on the **future functions of meso-level organisations**. This work aims to provide stability for the PHO sector for now, but also preparatory work for potential change in the future.
8. A range of sector workshops have been undertaken to provide insights to inform a discussion document on the future functions of meso-level organisations. The document is due by 30 June 2024, after which wider sector feedback will be sought.

Talking points on the future role of PHOs

s 9(2)(g)(i)



s 9(2)(g)(i)

Ministry of Health's Primary and Community Healthcare Work Programme

9. You recently agreed to set long, and medium-term outcomes of what people should expect from the primary and community healthcare system (H2024036573).
10. In the coming weeks you will be receiving advice on the future structure and funding settings for primary and community healthcare. You will be provided options to help define your approach on how we address changes within the system operating model (such as the balance between national consistency and local flexibility) and primary and community healthcare funding (scope and scale of options).

Talking points on the primary and community healthcare work programme

s 9(2)(g)(i)

Development of future options for re-weighting of the capitation model

11. As part of its primary care development programme HNZ is looking at future options for re-weighting the capitation model for primary care services, such as achieving better outcomes for Māori, greater equity, and more sustainable service provision. It will explore new workforce mixes, consider the addition and/or alteration of weighting factors, the inclusion of other funding lines into capitation, and the impact on co-payments.

Talking points for re-weighting of capitation model:

- s 9(2)(g)(i)

PHO Services Agreement Amendment Protocol group reconvened

12. The PHO Services Agreement Amendment Protocol (PSAAP) sets out how HNZ, PHOs and contracted providers of primary care come together to agree amendments to the PHO Services Agreement (PHOSA). The PHOSA sets the contractual foundation that enables the provision of primary health care services to enrolled populations and other eligible persons.
13. The PSAAP process had been in abeyance for 18 months, but the parties have now reconvened and met twice under a revised protocol. The two meetings have focused on ensuring all the procedural aspects of the updated protocol are in place and to begin discussions on potential variations to the PHO services agreement.
14. The priority areas for discussion include the annual uplift in funding for primary care services, updating the system level measures to align with the Government's health targets specifically immunisation, and strengthening the approach to data and digital security.
15. The next meeting of the PSAAP group will be held in early June.

Talking points on the PHO Services Agreement Amendment Protocol group

16. s 9(2)(g)(i)

Budget 2024

17. In December 2023, you announced a two-year \$50 million package to lift immunisation rates. Of this, \$30 million is going to Whānau Ora providers to work with those most at risk. An additional \$10 million is going to Māori health providers in the North Island and \$10 million to Māori health providers in the South Island.
18. Health agencies have also enabled pharmacies to offer childhood immunisations, to increase opportunities for whānau to access free immunisations in their communities. These changes are particularly important for those who are not enrolled with a general practice or who have struggled to get appointments.
19. As part of budget 2024, the sector may have been expecting additional immunisation funding.

20. The Government Policy Statement on Health 2024-27, due to be published in June, will outline objectives and expectations for the primary and community health care sector over the next three years.

Budget 2024 talking points addressing immunisation

21. s 9(2)(g)(i)



Appendix One: Ministry of Health Primary and Community Healthcare Work Programme Q&A

How will the work programme impact the function of PHOs?

- As previously addressed, my expectation is to ensure stability for the sector, by responding to the current challenges in a way that also ensures the realisation of the long-term vision.
- The policy programme being developed by the Ministry will be providing me advice that considers the future role of PHOs, as part of their broader advice on the future system operating model and funding and investment.
- I also expect that the Ministry and HNZ align their work programmes. This will ensure that outputs and information from the “future functions of meso-level organisations” work they are progressing on is incorporated into the strategic policy work.
- I would like to acknowledge the current challenges within the sector and ensure you all that this work is being undertaken with consideration for the improved health outcomes of all new Zealanders, as well as the focus on workforce and health system pressures.
- I will greatly appreciate your contribution to this work programme if the opportunity arises.

Appendix Two: Budget 2024 Q&A on Immunisation

s 9(2)(g)(i)





PROACTIVELY RELEASED

Appendix Three: Role of IMPBs

What do you see the future role of Iwi-Māori Partnership Boards being in primary and community healthcare?

- Current data shows that Māori are experiencing worse outcomes compared to non-Māori in many areas. There is an opportunity, particularly in primary and community healthcare to address these outcomes.
- My vision for Māori health is outcomes-driven and will be achieved by shifting decision-making around resources closer to homes and communities, enabling local leadership, collaboration, and innovation to meet needs. This follows the Māori health strategic direction in Pae Tū: Hauora Māori Strategy and Whakamaua: Māori Health Action Plan. I see IMPBs as a key mechanism for this
- IMPBs currently have legislative functions to whānau and communities to understand need, which will be used by IMPBs to develop priorities. IMPBs also have a function to monitor local health services.
- There are currently 15 established IMPBs across the country, each at varying stages of development.
- I have expressed that I see IMPBs also acting as strategic commissioners in the health system by early 2025, ensuring community voice is central to commissioning decisions to ensure services are locally tailored to community need.
- Ministry of Health and Health New Zealand officials have been working with each IMPB to assess their readiness and resources required to grow their capability and capacity.
- Early thinking on this model is that IMPBs can act as strategic commissioners in critical steps of the commissioning cycle within their current legislative functions. It is important to note that we are not expecting IMPBs to have operational responsibilities such as procurement, contract management or budget holding.
- Ministry of Health officials are working alongside Health New Zealand and IMPBs to develop advice on what this could look like.

How do you see PHO's working with Iwi-Māori Partnership Boards in the future?

- I am aware that some PHOs already have relationships with IMPBs and some do not.
- The biggest priority I have is that IMPBs are working well with Health New Zealand to commission services. However, I am wanting PHOs, Health New Zealand and IMPBs to work together along with health service providers to improve health outcomes for Māori, through both hauora Māori and mainstream services.

Appendix Four: the names and details of the Chair and CEOs for each PHO

Organisation	CEO Names	Board Chair
Auckland district		
National Hauora Coalition	Rachel Brown	Wayne McLean
ProCare	Bindi Norwell	Tevita Funaki
Auckland PHO	Barbara Stevens	Donna Tamaariki
East Health	Loretta Hansen	Dr Brett Hyland
The Cause Collective	Rachel Enosa	Mr Uluomato'otua Saulaulu Aiono
Total Healthcare	Mark Vella	Dr. H. Duante Duckett
Bay of Plenty district		
Eastern Bay of Plenty Health Alliance	Greig Dean	Hamiora Bowkett
Ngā Mataapuna Oranga	Janice Kuka	Janice Kuka
Western Bay of Plenty PHO	Lindsey Webber	Graeme Elvin and Dr Dan McIntosh (co-chair)
Canterbury district		
Christchurch PHO	Chris Lee	Dr Jason Pryke.
Pegasus Health	Kim Sinclair-Morris	Ben Hudson
Waitaha PHO	Bill Eschenbach	Dr Lorna Martin
Capital and Coast district		
Tū Ora Compass Health	Justine Thorpe	Debbie Chin
Ora Toa	Helmut Modlik	Michael Rongo
Cosine Primary Care Network	Fiona McConnon (general manager)	Peter Dunne
Te Awakairangi Health	Bridget Allan	Muhammad Naseem (Joe) Asghar
Hawkes Bay district		
Health Hawke's Bay	Irihāpeti Mahuika	Dr Darran Lowes
Tairāwhiti district		
Ngāti Porou Hauora	Sonya Smith	Teepa Wawatai

Lakes district		
Rotorua Area Primary Health Services	Kirsten Stone	N/A
MidCentral district		
THINK Hauora	Amarjit Maxwell	Dr Bruce Stewart
Nelson Marlborough district		
Nelson Bays Primary Health	Sara Shaughnessy	Sarah-Jane Weir
Marlborough Primary Health Organisation (Kimi Hauora Wairau)	Beth Tester	Mark Peters
Northland district		
Mahitahi Hauora	Jensen Webber	Geoff Milner
Comprehensive Care	Jacqueline Schmidt-Busby	Dr Lynne Coleman
Southern district		
WellSouth	Andrew Swanson-Dobbs	Dr Douglas Hill
Waikato district		
Hauraki PHO	Taima Campbell	Harry Mikaere
Pinnacle/Midlands Health Network	Justin Butcher	Amit Prasad
West Coast district		
West Coast PHO	Caro Findlay	Kevin Hague
Whanganui district		
Whanganui Regional Health Network	Judith MacDonald	Dr. Ken Young