

Aide-Mémoire

Commissioning overview and IMPB update

Date due to MO: 9 February 2024 **Action required by:** 14 February 2024

Security level: IN CONFIDENCE **Health Report number:** H2024035707

To: Hon Dr Shane Reti, Minister of Health

Consulted: Health New Zealand: ☒ Māori Health Authority: ☒

Contact for telephone discussion

Name	Position	Telephone
John Whaanga	Deputy Director-General, Māori Health	s 9(2)(a)
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Date due: 9 February 2024

To: Hon Dr Shane Reti, Minister of Health

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Health Report number: H2024035707

Details of meeting: Wednesday 14 February 2024, 4:00pm – 4:30pm, 6.6EW

Purpose of meeting: You have requested a meeting with officials from the Ministry of Health, Health New Zealand, and the Māori Health Authority to discuss roles and responsibilities for commissioning primary and community care services, with a focus on the arrangements for Iwi-Māori Partnership Boards (IMPBs) and the relationship between local, regional and national processes.

Comment:

Papers for discussion

- The attached A3s are designed to support discussion with you on current commissioning settings, and the direction and scope of our ongoing work with IMPBs.
- *Appendix 1* sets out the commissioning cycle, and current roles and responsibilities at a national, regional, and local level. This has been developed with input from Health New Zealand and the Māori Health Authority.
- s 9(2)(f)(iv) [REDACTED]
- This meeting provides an opportunity to discuss the policy process that can be undertaken to achieve your vision to shift decision-making around resources closer to homes, and the sequencing of decisions needed to implement your vision.

Work to date

- You have set a clear vision for the health system to lift every health metric for Māori and to shift decision-making around resources closer to homes.

- You have commenced work to:
 - disestablish the Māori Health Authority, and redistribute its functions within the health sector
 - s 9(2)(f)(iv) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
 - grow the capability and capacity of Iwi-Māori Partnership Boards as strategic commissioners over time, as a precursor to shifting decision-making around resources closer to home.
- The work underway with the Committee and IMPBs is an important first step to prepare for further policy changes that will shift where decisions about the design and delivery of health services are made, and how these decisions are influenced by Māori and wider community perspectives. There is further work needed over the next three years to develop and implement the details of wider system change.
- The first three months of this year, January to March 2024, are focused on ensuring the successful transition of Māori health functions, assessing the readiness of the current system to deliver an alternative way of working, and undertaking engagement and analysis to identify the range of options available to shift decision-making around resources closer to home (including options for alternative arrangements for localities, and therefore the decision-making role of IMPBs).
- You have indicated officials should think broadly and provide you with advice on the full suite of options available. We have commenced work to identify and assess possible options, with a strong focus on applying a social investment approach and enabling community leadership to ensure the system is working effectively and address inefficiencies; 'reconfiguring' rather than continuing to add 'new'.

Next steps

- Following discussion with you, officials will report back ahead of the introduction of the Pae Ora Amendment Bill with a more detailed work programme for your consideration s 9(2)(f)(iv) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
- s 9(2)(f)(iv) [REDACTED]
[REDACTED]

s 9(2)(f)(iv)

s 9(2)(b)(ii)

- In the interim, this period is a key opportunity for you to continue to engage with your Ministerial colleagues, Māori and the health sector to discuss your vision for the system, and seek input on the future direction. Your upcoming engagements with the Committee and IMPBs this month are important opportunities to seek their input into how the system should operate, and their role within it.
- You will be receiving advice about the primary and community work programme, including desired outcomes and system operating model on 16 February 2024. This will include:
 - what is already working well in communities that could be scaled up/out
 - the scope of services that should be determined at local, regional and national levels
 - the services that should be nationally consistent, and where local variation is most important
 - how health services could be better configured with wider social supports such as Whānau Ora.
- Other related upcoming advice includes:

s 9(2)(f)(iv)



Bernard Te Paa
Group Manager, Māori Crown Relations
Māori Health
9 February 2024

Appendix 1: Overview of the commissioning process and current roles and responsibilities

Purpose

This A3 shows the guiding commissioning framework for the health system, and current roles and responsibilities for commissioning in primary and community health care.

Commissioning for pae ora – healthy futures

Engaging with and responding to the needs, strengths, aspirations and preferences of service users, whānau and communities is a powerful mechanism for improving services and systems

- Within health, commissioning is a strategic process for assessing the needs and strengths of people, whānau and communities alongside current services and support, and then designing and investing to achieve equity and the best health outcomes.
- Commissioning is an end-to-end process from purpose, design and delivery to assessment. It is repeated within an ever-changing context and with a growing understanding of what works.
- The Ministry of Health's *Commissioning for Pae Ora Framework* provides guidance to health entities on a whānau-led approach to commissioning. It starts by connecting with whānau to deeply understand what matters to them and their communities, and then works together with them on how best to respond. This contrasts with the conventional approach of prioritising what the system assumes people need.

The 4 broad commissioning stages involve:

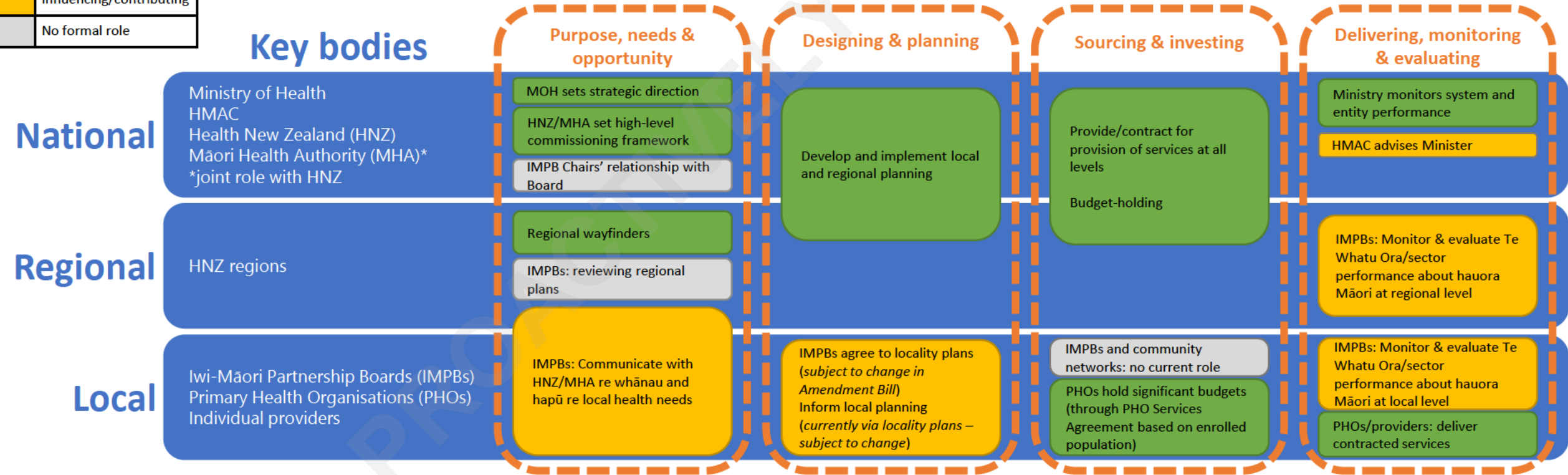
1. Determining purpose and understanding need and/or opportunity
2. Designing and planning
3. Sourcing and investing
4. Delivering, monitoring and evaluating

Overview of status quo roles and responsibilities in commissioning of primary and community care services

KEY

	Decision-making
	Influencing/contributing
	No formal role

Key bodies



Key issues for discussion:

- It is important, particularly given the change of direction regarding localities, that bottom-up approaches are implemented to ensure local voices are heard and can influence HNZ's planning and delivery processes. IMPBs are a key mechanism to represent Māori perspectives. You have an opportunity to determine a cohesive operating framework to ensure all communities can input into the design and delivery of their community health services.
- Further work is needed to determine alternative arrangements to localities. Through our primary and community care policy work programme, we will provide you with advice on possible options to localise decision-making. A key area for consideration is the future role and influence of PHOs.

Appendix 2: IMPB development – work programme overview

Purpose

- This A3 provides an outline of the indicative approach to working with Iwi-Māori Partnership Boards (IMPBs) over the next six months, including engagement milestones and decision-making points, intended outcomes, and roles and responsibilities.

Background

- In November 2023 (as part of decisions to disestablish the Māori Health Authority) you agreed to grow the capability and capacity of Iwi-Māori Partnership Boards over time, as a precursor to shifting decision-making around resources closer to home, with further policy advice to be developed on the best mechanisms and resource needed to achieve this intent and the timeframe over which the readiness of Iwi-Māori Partnership Boards would be developed.
- On 20 December 2023, you noted that Ministry of Health and Māori Health Authority officials are progressing further work with IMPBs to establish development plans by the end of March 2024, and will report back to you on IMPB future aspirations and readiness in April 2024.

Roles and responsibilities

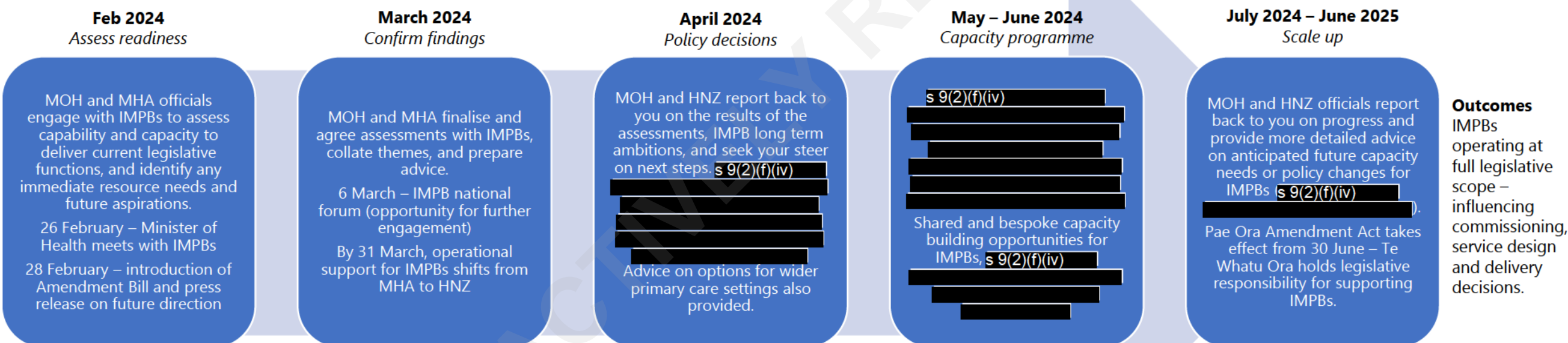
Prior to transfers

- Ministry of Health and Māori Health Authority – partner on policy direction and assessments
- Māori Health Authority – operational support for IMPBs

Following transfers

- Ministry of Health leads strategy and policy work
- Health New Zealand takes on operational support for IMPBs

Timeline



Key issues for discussion:

- IMPBs are strategic commissioners in the health system – their functions represent critical steps in the end-to-end commissioning process, starting with understanding what whānau need and want within their local context, with continuous engagement and monitoring. Their legislative functions stop short of final funding decisions, operational contract management or budget holding.
- There are several areas where IMPBs may want to increase their focus over time, including workforce and provider development, and influence over the wider determinants of health/wider government investment in wellbeing initiatives.
- With the proposed removal of IMPBs' agreement to locality plans under the Pae Ora Amendment Bill, and pausing of work on localities, a key policy question is how and where IMPBs will influence health system investment decisions. s 9(2)(f)(iv). This will help to determine the nature and level of support that IMPBs may need in future to carry out these functions.