

Template 1: Budget Initiative template

Overview and context

Key Question/area	Comment/answer
Agency to complete	
Portfolio of lead Minister	Hon Jenny Salesa
Portfolio(s) of other Ministers involved (if this is a joint initiative)	N/A
Votes impacted	Vote Health
Initiative title	Increasing the Pacific Provider and Workforce Development Fund (PPWDF) to support a Pacific workforce pipeline
Initiative description	This increased PPWDF funding seeks to develop a suite of initiatives to support a strong and sustainable Pacific workforce. This funding seeks to strengthen a Pacific pipeline approach by focussing on: secondary schools; students in tertiary study; work experience and placements in Pacific providers; and additional postgraduate study to support Pacific leadership in the health sector.
Type of initiative	Priority aligning
If this initiative relates to a priority, please outline the specific priority/ies it contributes to	Lifting Māori & Pacific incomes, skills and opportunities.
Does this initiative relate to a commitment in the Coalition Agreement, Confidence and Supply Agreement, or the Speech from the Throne?	N
Agency contact	Matafanua Hilda Fa'asalele Chief Advisor Pacific Population Health and Prevention [REDACTED]
Responsible Vote Analyst	s 9(2)(a) [REDACTED]

Funding

Funding Sought (\$m)	2018/19	2019/20	2020/21	2021/22	2022/23 & outyears	TOTAL
Operating	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

No capital funding is sought through this initiative.

1. Executive Summary

1.1 EXECUTIVE SUMMARY

A. Short summary of the proposed initiative and expected outcomes.

The rapidly rising demand for services combined with constraints on funding and the availability of professional skills has led to the need for innovative thinking about how high quality health services can be delivered for Pacific communities.

A recent report from the Ministry of Health (2013) found that investing in a workforce that can improve the quality, timeliness and efficiency of services to Pacific people will inevitably be more cost effective, enabling the fast growing Pacific population to contribute positively to New Zealand's economy and society.

This initiative seeks an increase to Pacific Provider and Workforce Development Fund (PPWDF) of [REDACTED] over four years to deliver a suite of Pacific workforce initiatives aimed at strengthening a Pacific pipeline approach to support a strong and sustainable Pacific health workforce.

This suite of initiatives is outlined below with the proposed funding allocation:

Title of initiative	Explanation	Funding (over four years)
Expansion of Health Science Academies (HSAs)	Expansion of HSAs to up to eight other schools in regions that have a high Pacific population.	§ 9(2)(f)(iv)
Increase funding for Pacific Health Scholarships (tertiary education)	Increased funding to: <ul style="list-style-type: none"> expand the Pacific health scholarships (for tertiary students) monitoring and tracking students following completion of study, so as to determine the investment's contribution to workforce. 	
Provider workforce development (work experience/placements)	Funding additional pathways through work placements, training, and mentoring for recent graduates, as well as the regulated and unregulated workforce with providers.	
Postgraduate Pacific leadership programme	Funding to develop and deliver a Pacific health leadership programme.	

The Pacific health workforce is small, and limited to particular professions. This funding will support generational change in ensuring more Pacific students receive the relevant support structures from the secondary school level, to tertiary education, to work experience and placements in Pacific providers, to postgraduate leadership programmes. This will ensure the current and future Pacific health workforce is supported across the spectrum of the pipeline, and will ultimately result in more Pacific people entering the Pacific health workforce.

If no additional funding is allocated, there is a risk that the workforce will not grow in proportion to the growth of the Pacific population. The Pacific population estimated to increase to 480,000 by 2026 and to 650,000 by 2038. This lack of representation, and growing disparity in the health workforce will affect quality, timeliness and efficiency of services that are delivered to Pacific communities.

2. The Investment Proposal

2.1 Description of the initiative and problem definition	
<p>What is this initiative seeking funding for?</p>	<p>This initiative seeks an increase to PPWDF of \$ 9(2)(f) over four years, and with every year in outyears to deliver a suite of Pacific workforce initiatives aimed at strengthening a Pacific pipeline approach to support a strong and sustainable Pacific health workforce.</p> <p>More specifically this initiative seeks an overall increase to PPWDF to deliver a suite of initiatives supporting the Pacific workforce pipeline. This fund is managed by the Ministry of Health who is responsible for allocating the funding through appropriate open tender processes to seek proposals to implement each individual initiative as part of the Pacific workforce pipeline approach.</p> <ol style="list-style-type: none"> 1. Expansion of HSAs 2. Increase funding for Pacific Health Scholarships (tertiary education) 3. Provider workforce development (work experience/placements) 4. Postgraduate Pacific leadership programme <p>The suite of Pacific workforce pipeline initiatives will contribute growing a larger, stronger, more sustainable Pacific health workforce. This in turn allows for more effective, appropriate and responsive services to communities that ultimately improve health and wellbeing outcomes, not only for Pacific peoples but all New Zealanders.</p> <p>The Pacific health workforce is small, and limited to particular professions. This funding will support generational change in ensuring more Pacific students receive the relevant secondary school support to enter into tertiary study in health subjects, and ultimately enter careers in the health workforce.</p> <p>If no additional funding is allocated, there is a risk that the workforce will not grow in proportion to the growth of the Pacific population. The Pacific population estimated to increase to 480,000 by 2026 and to 650,000 by 2038. This lack of representation, and growing disparity in the health workforce will affect quality, timeliness and efficiency of services that are delivered to Pacific communities.</p>
<p>Why is it required?</p>	<p>The suite of Pacific workforce pipeline initiatives will contribute to the long-term sustainability of the Pacific health workforce by increasing the:</p> <ul style="list-style-type: none"> ▪ number of Pacific students taking science subjects in secondary school ▪ number of Pacific students enrolled in a health qualification at a tertiary level ▪ number of Pacific workers in the health and disability workforce ▪ number of Pacific health professionals advancing in professional and/or clinical development. ▪ number of Pacific health leaders <p>The New Zealand workforce is facing challenges as a whole</p> <p>New Zealand’s health workforce faces challenges. It is ageing – 40 percent of doctors and 45 percent of nurses are aged over 50 years (Ministry of Health, 2016). It also has a large unregulated workforce (numbering about 63,000), including care and support workers, or kaiāwhina, who often have limited access to training. Many of our workforce have trained overseas – 42 percent of our doctors, 32 percent of our midwives and 26 percent of our nurses. This means</p>

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	<p>we need to continually invest in training so that our health workforce has the skills needed to meet the health needs and expectations of caring for New Zealanders.</p> <p>The Pacific health workforce is small in comparison to the total population</p> <p>There are nearly 300,000 Pacific peoples in New Zealand with the Pacific population estimated to increase to 480,000 by 2026 and to 650,000 by 2038. We need a strong Pacific health workforce to ensure better service provision for Pacific peoples moving forward.</p> <p>In a report commissioned by the Ministry of Health (2013), according to figures provided by Health Workforce New Zealand in 2011, of the 165,615 people in the health workforce, it is estimated the regulated component of the Pacific health workforce comprises of 2,090 Pacific people. This represents approximately 2.3 percent of the total workforce.</p> <p>We need a more diverse Pacific workforce</p> <p>The majority of people in the regulated Pacific workforce are nurses (77.8 percent). A further 8.6 percent are doctors. It is estimated that there are 283 Pacific people working in health professions other than doctors and nurses. There is considerable variation in the extent to which Pacific people are employed in the other health professions. For example, only 2.9 percent (or 33 individuals) of all medical laboratory technicians are Pacific people, and there are no Pacific podiatrists.</p> <p>Why does this matter?</p> <p>Pacific peoples experience long-standing and persistent health inequities when compared to other New Zealanders. The Pacific population is young and fast growing, and continued poor health status will have an increasing social and economic cost on individuals and families as well as the health and disability system. Evidence shows that targeted and tailored initiatives have the ability to be more effective than universal approaches for supporting a stronger Pacific health workforce and ultimately improving Pacific health outcomes.</p>
2.2 Options analysis and fit with existing activity	
<p>What other options were considered in addressing the problem or opportunity?</p>	<p>To continue with the status quo i.e. continue funding Pacific workforce development at the same level as currently funded. This would be a far less deliberate approach to supporting a strong and sustainable Pacific health workforce. This option poses no increases in funding, services or support for the current and future workforce. It is likely that this lack of investment would result in the perpetuation of a small Pacific workforce (2.3 percent of the current workforce), limited to the same professions that characterise the current Pacific health workforce (77.8 percent of Pacific health workforce are nurses), with the same gaps across key health areas including midwifery, mental health and allied health.</p>
<p>What other similar initiatives or services are currently being delivered?</p>	<p>At present, the following services are currently being provided:</p> <p>The Pacific Orientation Programme at Otago (POPO):</p> <p>The POPO Programme is a joint initiative by the University of Otago and the Ministry of Health which helps Pacific students transition from secondary school to University. POPO is designed to equip first year students for the rigors and academic requirements of the Health Sciences First Year (HSFY) Programme.</p> <p>There would be no duplication of funding, as the POPO Programme is only aimed at first year university students studying Medical, Physiotherapy and Dentistry students. It does not fund Nursing or Midwifery students, whereas HSAs are targeted at high school students.</p> <p>Aniva Programme:</p>

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	<p>The Ministry of Health funds Pacific Perspectives Limited (PPL) to coordinate the delivery of the Aniva Pacific workforce programmes (Aniva Programmes). The Aniva Programmes contribute to the Ministry's overall strategy to increase the Pacific health and disability workforce by ensuring that the health sector has the right Pacific people with the right skills in the right places.</p>
<p>What other, non-spending arrangements in pursuit of the same objective are also in place, or have been proposed?</p>	<p>N/A</p>
<p>Strategic alignment and Government's priorities/direction</p>	<p>In addition to aligning with the Budget 19 priority of 'lifting Māori & Pacific incomes, skills and opportunities', this proposal also aligns with the broader Government priority area of 'improving wellbeing outcomes for priority populations'. Sitting underneath this priority area, is the key objective of 'supporting healthier, safer and more connected communities' – which links specifically with the Pacific workforce pipeline approach.</p> <p>The broader impacts of a strong Pacific health workforce on healthier and more connected communities includes supporting better health services for Pacific peoples, which contributes to improved health outcomes for Pacific communities.</p> <p>This initiative also contributes to the Ministry of Health's strategic direction through the following documents:</p> <ul style="list-style-type: none"> • <u>Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018</u> <ul style="list-style-type: none"> ○ Systems and service meet the needs of Pacific families – a strong Pacific health workforce ensures services meet Pacific peoples' needs • <u>New Zealand Health Strategy</u> <ul style="list-style-type: none"> ○ 'Closer to home' – a strong and skilled Pacific workforce ensures services are delivered in the community, and ensure they are appropriate and effective • <u>Ministry of Health Statement of Intent</u> <ul style="list-style-type: none"> ○ improving recruitment, retention and distribution of the health and disability workforce ○ delivering on health and disability workforce priorities through increased collaboration, intersectoral partnerships and regional approaches to improve productivity and economies of scale ○ aligning workforce development to meet service demand ○ maximising workforce resources, reduce duplication ○ strengthening health workforce intelligence to provide high quality support and advice
<p>2.3 Outcomes</p>	
<p>Overall outcomes expected from this initiative</p>	<p>Additional funding for workforce development via the PPWDF would produce the following outcomes.</p> <p><u>Workforce outcomes</u></p> <ul style="list-style-type: none"> • Increased number of Pacific people in the broader health workforce, both in Pacific providers, but also in mainstream providers • Sustainable growth of health subject uptake in secondary, tertiary and postgraduate education • Stronger network of Pacific health leadership • A more culturally diverse health and disability sector • Improvement in the cultural competency of the health and disability sector

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	<p><u>Pacific health outcomes</u></p> <ul style="list-style-type: none"> • Increased access for Pacific communities to Pacific doctors, nurses, physiotherapists, counsellors etc. • More effective service provision with a more diverse and representative health workforce (improved access to services, opportunities for health care and improve health outcomes). <p><u>Broader social outcomes</u></p> <ul style="list-style-type: none"> • Economic benefits for Pacific individuals, families and communities • Improvement in community health literacy and cultural competency of the health and disability sector
2.4 Implementation, Monitoring and Evaluation¹	
How will the initiative be delivered?	<p>This initiative seeks an overall increase to PPWDF to deliver a suite of initiatives supporting the Pacific workforce pipeline. This fund is managed by the Ministry of Health who is responsible for allocating the funding through appropriate open tender processes to seek proposals to implement each individual initiative as part of the Pacific workforce pipeline approach.</p> <ol style="list-style-type: none"> 1. Expansion of HSAs 2. Increase funding for Pacific Health Scholarships (tertiary education) 3. Provider workforce development (work experience/placements) 4. Postgraduate Pacific leadership programme <p>This process is in accordance with the Government Rules of Sourcing, where an agency must openly advertise on the Government Electronic Tenders Service if the maximum total estimated value of the procurement meets or exceeds the value threshold of \$100,000.00.</p>
How will the implementation of the initiative be monitored?	<p>Each initiative in the Pacific workforce pipeline has allocated funding for monitoring and evaluation. Regular quantitative and qualitative reporting will be undertaken to ensure the implementation of the initiative is periodically reviewed to ensure successful delivery. This will include looking at Results Based Accountability (RBA) measures, and progress on each programme's development.</p>
Describe how the initiative will be evaluated	<p>As mentioned above, the funding package includes allocated funding for monitoring and evaluation of the program. The evaluation component will contribute to a particularly in-depth evaluation processes for all initiatives in the Pacific workforce pipeline. Evaluation could include process evaluation, ex-post evaluation and impact analysis of the new HSAs –the details for each evaluation will be subject to individual arrangements made for each initiative.</p>

3. Wellbeing Impacts and Analysis

3.1 Wellbeing domains – People's experience of wellbeing over time

¹ This doesn't necessarily have to include a full implementation and evaluation plan, however the information provided must provide confidence that the proposal will be successfully delivered and there is a plan to ensure that the outcomes described are actually achieved.

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3.1 Wellbeing domains – People’s experience of wellbeing over time

The table below uses an illustrative example of vaccination for children. Please delete the example complete the table for your initiative.

Domains	Impact(s) description	Who are affected?	Magnitude of impact	How big?	Realised in	Evidence base	Evidence quality
<p>List domains, using the key above, where there is an impact. Order domains by magnitude of impact, i.e. largest impact domain first².</p>	<p>Identify the impacts, with a separate line for each impact relating to a specific domain</p> <p><i>Note you can identify multiple impacts for a particular domain. Delete/add rows as needed.</i></p>	<p>Individuals/families/government/etc? Be as specific as possible. Are there distributional differences?</p>	<p>Relative to the counterfactual key assumptions, quantified to extent possible, and where possible monetised</p>	<p>High/ Moderate/ Low, or where possible present value</p>	<p><5 / 5-10 / 10+ years</p>	<p>Nature of evidence and key references</p>	<p>High/ Medium/ Low</p>
<p>Health </p>	<p>Ethnic matching of clients to providers improves health outcomes for Pacific peoples across a range of indicators</p>	<p>Individuals and families</p>	<p>The current Pacific health workforce is small, and does not reflect the Pacific population across New Zealand. A bigger, stronger Pacific health workforce would increase ethnic concordance between the workforce and Pacific communities. This is shown to improve medical encounters.</p>	<p>Low</p>	<p>5 – 10 years</p>	<p>Racial and ethnic concordance between patients and providers also has been recognized as a potential strategy for improving medical encounters, especially for patients who prefer their providers to be of their own racial or ethnic heritage (Schinttker and Liang, 2006; Cohen et al., 2002).</p>	<p>Medium</p>
<p>Knowledge and skills </p>	<p>Increased number of Pacific peoples entering secondary, tertiary and postgraduate education for health subjects</p>	<p>Individuals</p>	<p>As mentioned previously, the Pacific health workforce is extremely small compared to the total health workforce. In order to support a stronger Pacific health workforce, a pipeline approach will provide a strong and sustainable approach to growing the Pacific health workforce.</p> <p>For example, based on previous models used by the Ministry, we can expect with the proposed suite of initiatives aimed at school students to:</p> <ul style="list-style-type: none"> • Support 800 Pacific students at eight schools across the country into health subjects • Support an estimated 150 additional students in removing cost barriers to study through increasing Pacific Health Scholarships • Support approximately 50 additional students in achieving postgraduate qualifications 	<p>High</p>	<p><5 years</p>	<p><u>HSA</u>s</p> <p>Evaluation from the first two HSAs implemented at James Cook High School and Tangaroa College (both decile 1 schools) have shown:</p> <ul style="list-style-type: none"> • HSAs students are collectively achieving better NCEA results than their contemporaries. • Senior students are expressing long term ambitions to work in the health sector • 70% and above of students have transitioned on from year 11 to year 12 and 13 • Attendance rates above the school average are being maintained by students in both schools. <p><u>Pacific leadership programme</u></p> <p>The proposed leadership programme has been modelled after the ANIVA programme currently funded by the Ministry of Health. For a relatively modest investment, the ANIVA programme has delivered positive results in Pacific student higher education. Mischewski (December 2017) reported that Ministry of Education data showed a total of 170 Pacific people completed a post-graduate health qualification in New Zealand in 2015. Of this number 44 (26%) were assisted through the ANIVA programme. These 44 also represented 12% of post-graduate completions, in any subject, by Pacific students in 2015.</p>	<p>Medium</p>
<p>Jobs and earnings </p>	<p>Increased number of skilled Pacific peoples in health workforce – increased income</p>	<p>Individuals</p>	<p>Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Pacific peoples, their families and communities through reducing income gaps and increasing economic participation.</p>	<p>High</p>	<p>5 – 10 years</p>	<p>According to a recent report by the Treasury (2018) Pacific peoples earning salaries and wages in the health industry consisted of 300 employers and 13,100 employees. It is estimated that the total working income (including salaries, wages and additional income generated by businesses and other organisations) was measured at</p>	<p>Low</p>

² Please note that in CFISnet, you will need to include the primary domain impacted, and up to two secondary domains impacted by the initiative. You can include as many domains as relevant in this table.

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						\$616 million – this amounts to 9 percent of the total working income generated by Pacific peoples in GDP.	
	Increased productivity and earnings (higher earnings due to less time off work sick) for Pacific population using more effective/ responsive/ appropriate services delivered by a larger Pacific workforce	Individuals and families	Based on the assumption that a stronger and more responsive Pacific health workforce delivers more effective and appropriate services to Pacific communities, delivering better health outcomes. With better health, the Pacific community would experience greater levels of productivity.	Low	5 – 10 years	<p>A study commissioned by Medibank Private in Australia (2005) recruited 3,620 employees from corporate (74%) and small business (26%) Australia to test their overall health and the impact this has on overall productivity using a “Health and Wellbeing” measure. The study found that the healthiest Australian employees are almost three times more productive than their “unhealthy” colleagues. The study estimates that unhealthy workers had:</p> <ul style="list-style-type: none"> • 18 days annual sick leave • Self-rated performance of 3.7 out of 10 • 49 effective hours worked (full-time) per month <p>While “healthy” workers had:</p> <ul style="list-style-type: none"> • 2 days annual sick leave • Self-rated performance of 8.5 out of 10 • 143 effective hours worked (full-time) per month <p>This trend matches other international research For example, a Canadian study (Wright et al, 2002) examining the link between an employee’s emotional well-being and their work productivity found that a 20% reduction in a person’s well-being leads to a 10% drop in their performance. Conversely, a 20% improvement in morale leads to a reduction in absenteeism, turnover and workers compensation.</p>	
	Intergenerational impact of more qualified Pacific workforce can lead to increased likelihood of earning higher wages.	Individuals and families	Currently the Pacific population has the lowest median annual income of all ethnic groups. With an increased number of Pacific people going through the Pacific health workforce pipeline, we expect more qualified Pacific health professionals. Not only does this impact the current generation through increased earnings, but there are intergenerational impacts on better economic outcomes for their children.		10+ years	<p><u>Pipeline to develop more qualified workforce</u></p> <p>A report from the OECD (2018) shows that across 22 member countries for which information is available, hourly wages of workers whose parents had a tertiary degree are significantly higher, on average, than hourly wages of workers whose parents had lesser qualifications.</p>	
Cultural identity 	More representative workforce supports Pacific cultural identity through appropriate and effective service provision	Individuals and families	The current Pacific health workforce is small, and does not reflect the Pacific population across New Zealand. A bigger, stronger Pacific health workforce would increase ethnic concordance between the workforce and Pacific communities. It is highly likely that this increase in Pacific representation throughout health services would mean a stronger connection between Pacific communities and their cultural identities.		5 – 10 years	Racial and ethnic concordance between patients and providers also has been recognized as a potential strategy for improving medical encounters, especially for patients who prefer their providers to be of their own racial or ethnic heritage (Schinttker and Liang, 2006; Cohen et al., 2002).	Low

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3.2 Wellbeing capitals – Sustainability for future wellbeing

 Capitals	Describe the impact and its magnitude	Realised in <5 / 5-10 / 10+ years
Financial/Physical	Decrease. This initiative draws down financial capital to fund the cost of the increase in funding.	<5 years as the cost is immediate
	Increase. Increase in financial capital due to more productive Pacific people (both health workers and health service recipients) due to increased productivity.	10+ years
Human	Maintain. While cohorts are still going through the pipeline, the level of human capital will remain stagnant (subject to the impact of other initiatives aimed at increasing the workforce)	<5 years
	Increase. Long-term, this initiative is focussed on improving the human capital of Pacific people in New Zealand by supporting a stronger, more qualified health workforce.	10+ years
Natural	Maintain. This initiative has no impact on natural capital.	N/A
Social	Increase. More representative Pacific health workforce encourages social connectedness as well as supporting strong cultural identity.	<5 years

3.3 Risk and resilience narrative

Does the initiative respond to or build resilience?

This increase in funding to PPWDF to support a workforce pipeline responds to the current risk of a disproportionate Pacific workforce that is not reflective of the ever-growing Pacific population in New Zealand. We know Pacific peoples have longstanding health inequities that are more effectively addressed by a culturally responsive and representative health workforce.

At the same time, this initiative also build the resilience that assists New Zealand in maintaining and building the wellbeing of all New Zealanders, not just the Pacific population. As we know, the New Zealand health workforce is facing challenges, it is ageing and is largely made up of an unregulated workforce. Providing a strong Pacific workforce pipeline supports a more resilient cohort of Pacific students and health workers. This pipeline contributes FTE to the broader New Zealand health system, as well as overall productivity and GDP. It supports the health and wellbeing of communities with a more diverse workforce, and this particularly impacts the Pacific community.

4. Costing understanding and options

4.1 Detailed funding breakdown

Please provide a breakdown of the costs of this initiative

The costings for each proposed initiative to be funded from an increase in PPWDF (the Pacific workforce pipeline) is outlined below:

1) Expansion of HSAs

Only initial set-up, operating and monitoring and evaluation costs are covered by the proposed funding amount to expand HSAs to up to eight new schools. These costings are based on the assumption that all new HSAs will be funded similarly to those already in place in Onehunga High School and Waitakere College.

There is a risk that these assumptions may not be accurate if new HSAs are introduced to other regions due to a difference in region, population, interest, schools etc.

Costings:

Total Cost Summary	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Sub-total for MoH				
Health Science Academy				
Programme Manager				
Pacific Education Expert				
Overheads				
Academy Grants				
Sub-total for HSA				
Sub-total for MoH + HSA				
Total funding for eight schools:				
Operating - Start up per school				

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Total requested Funding				
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2) Increase funding for Pacific Health Scholarships

The Ministry of Health currently distributes Pacific Health Scholarships as grant funding. The proposed funding allocation to increase funding will go to increasing the funding available for distribution to successful applicants. The new component to this funding is an increased level of tracking and monitoring to identify the effectiveness of the scheme in growing the Pacific health workforce, where recipients go to after study, and the overall value for money of the scheme.

Costings:

Total Cost Summary	2019/20	2020/21	2021/22	2021/22			
Monitoring and Evaluation	s 9(2)(f)(iv)						
Analyst							
Overheads							
Scholarship funding distribution							
Analyst							
Sub-total for MoH							
Scholarship funding							
Total requested scholarship funding							

3) Provider workforce development (work experience/placements)

This initiative in the pipeline approach seeks funding for additional pathways through provision of work placements, training, and mentoring with providers for recent graduates as well as the regulated and unregulated workforce.

The proposed funding allocation will go to providing a new fund available through appropriate open tender processes to seek proposals to implement the provision of work pathways, training and mentoring with health providers.

The proposed total funding for this initiative is itemised below:

Costings:

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Total Cost Summary	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	§ 9(2)(f)(iv)			
Analyst				
Overheads				
Distribution of provider workforce development fund				
Analyst				
Overheads				
Establishment Costs				
Operating - Start up				
Workforce provider development grants				
Total requested Funding				

4) Postgraduate Pacific leadership programme

This initiative in the pipeline approach seeks funding for establishment of a Pacific postgraduate leadership programme. The Ministry currently funds the ANIVA programme. This proposal has been modelled on the ANIVA programme. The funding allocated for this leadership programme seeks to:

- encourage graduate Pacific nurses and doctors to undertake further studies, leading to increased Pacific representation in the more specialised disciplines of the health workforce.
- funding the delivery of post-graduate speciality Pacific health courses, removing a financial barrier to higher level study.

The costings for the proposed programme is outlined below:

Costings:

Total Cost Summary	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	§ 9(2)(f)(iv)			
Analyst				

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Overheads	s 9(2)(f)(iv)			
Programme funding distribution				
Analyst				
Overheads				
Sub-total				
Leadership programme funding				
Total requested Funding for each school				

4.2 Options for scaling and phasing

Scaling, phasing or deferring - including 75% and 50% scenarios

The following outlines the 75% and 50% scaling options for each of the pipeline initiative costings. Each table shows what will be delivered with scaled funding.

As a whole, any overall reduction to funding will greatly limit the proposed impact of the pipeline approach. The impacts for each initiative in the pipeline is outlined below:

1) Expansion of HSAs – scaling

Reduction in funding to 75% or 50% of the proposed funding would result in the number of HSAs reducing from eight to six (at 75%) or four (at 50%). This would greatly reduce the impact on the number of Pacific secondary school students who might not receive the adequate support to begin the academic journey into tertiary education and ultimately the workforce.

With approximately 100 students attending each of the current HSAs in the Auckland region. This would amount to a reduction of approximately 200 students at 75% funding and a reduction of approximately 400 students at 50% funding.

Each scenario is costed below.

75% option:

Assumed Number of Schools at 75%	6.00	6.00	6.00	6.00
	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				

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Sub-total for MoH	s 9(2)(f)(iv)
Health Science Academy	
Programme Manager	
Pacific Education Expert	
Overheads	
Academy Grants	
Sub-total for HSA	
Sub-total for MoH + HSA	
Assumed Number of Schools:	
Operating - Start up per school	
Total requested Funding	

50% option

Assumed Number of Schools at 50%	4.00	4.00	4.00	4.00
	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Sub-total for MoH				
Health Science Academy				
Programme Manager				
Pacific Education Expert				

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Overheads	s 9(2)(f)(iv)
Academy Grants	
Sub-total for HSA	
Sub-total for MoH + HSA	
Assumed Number of Schools:	
Operating - Start up per school	
Total requested Funding	

2) Increase funding for Pacific Health Scholarships (tertiary education)

Reduction in funding to 75% or 50% of the proposed scholarship funding would result in the scholarship funding increase being reduced from [REDACTED]. This would reduce the impact of the scholarship funding increase as this would reduce the number of Pacific health students able to benefit.

75% option

	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Scholarship funding distribution				
Analyst				
Sub-total for MoH				
Scholarship funding				
Increased funding for scholarship grants				
Total requested scholarship funding				

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50% option

	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Scholarship funding distribution				
Analyst				
Sub-total for MoH				
Scholarship funding				
Increased funding for scholarship grants				
Total requested scholarship funding				

3) Provider workforce development (work experience/placements)

Reduction in funding to 75% or 50% of the proposed provider workforce development funding for work experience/placement would result in the requested funding being reduced from [redacted] in 2019/20 and [redacted] in outyears to:

- at 75% - [redacted] in the first year, and [redacted] in outyears
- at 50% - [redacted] in the first year, and [redacted] in outyears

Any reduction of funding would result in the number of work placements, training placements and mentoring being reduced for recent graduate, as well as the current regulated and unregulated Pacific workforce.

Each scenario is costed below:

75% option

75% scaling option	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				

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Distribution of provider workforce development fund	s 9(2)(f)(iv)
Analyst	
Overheads	
Establishment Costs	
Operating - Start up	
Workforce provider development grants	
Total requested Funding	

50% option:

50% scaling option	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Distribution of provider workforce development fund				
Analyst				
Overheads				
Establishment Costs				
Operating - Start up				
Workforce provider development grants				
Total requested Funding				

4) Postgraduate Pacific leadership programme

Reduction in funding to 75% or 50% of the proposed leadership programme funding would result in the requested funding being reduced from [REDACTED]

BUDGET SENSITIVE

Any of these reduction would result in the number of placements offered as part of the programme, as well as the overall services provided by the programme being reduced.

The 75% and 50% scenarios are costed below:

75% option:

75% scaling option	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Programme funding distribution				
Analyst				
Overheads				
Sub-total				
Leadership programme funding				
Total requested Funding				

50% option:

	2019/20	2020/21	2021/22	2021/22
Monitoring and Evaluation	s 9(2)(f)(iv)			
Analyst				
Overheads				
Programme funding distribution				
Analyst				
Overheads				
Sub-total				

BUDGET SENSITIVE

	Leadership programme funding	s 9(2)(f)(iv)
	Total requested Funding	

5. Collaboration

5.1 Collaboration and evidence

What type of cross-agency and/or cross-portfolio initiative is this?	This initiative is not a cross-agency and/or cross-portfolio bid however, there are cross-agency relationships and implications . This initiatives has particularly important implications for the Ministries of Business, Innovation and Employment, Education and Pacific Peoples, as well as the Tertiary Education Commission.
Agencies and Ministers that have been engaged in initiative development	The Ministry for Pacific Peoples have agreed in principle to supporting this initiative. Refer to letter of endorsement and support (see attached).
Impact of cross-agency collaboration	If possible, linking support, monitoring and advisory functions of the Ministries of Business Innovation and Employment, Education and Pacific Peoples would enhance the effectiveness of the pipeline initiatives. Cross agency collaboration can also ensure alignment across key priorities and objectives for all three agencies.
Risks and challenges	There is a risk that external agencies do not buy in to the suite of initiatives. This lack of support may result in reduced effectiveness of each initiative in the pipeline.