# FAQ – PPDF process

## Why is a process and a self-assessment tool for PPDF being developed now?

This is following on the nine recommendations of the PPDF review conducted in 2018:

 1. The Ministry should continue to invest in capacity and capability development for Pacific providers. The review has found this to be needed and an effective way to increase capacity and capability for these providers who have an important and unique role.

 2. Strengthen strategic and operational alignment for PPDF across social sectors and within health.

1. Greater cross-government collaboration around supporting Pacific providers across all of the social sector (health, education and social development).
2. Ministry, district health boards (DHBs) and Pacific health providers will benefit from a stronger articulation of the alignment between the government’s priorities (eg, equity in health), the New Zealand Health Strategy (Ministry of Health 2016), ʼAla Mo’ui: Pathways to Pacific Health and Wellbeing 2014–18[[1]](#footnote-1) (Ministry of Health 2014) and local DHB priorities.
3. Take a systems view to investment in Pacific providers - including strengthening the relationship with DHBs/PHOs to better align PPDF investment with other sources of funding important for provider development and financial viability.

 3. Increase clarity and transparency of PPDF investment parameters

1. Clearer criteria for: (i) provider eligibility to access PPDF (ii) eligibility and process for Collective membership (iii) the types of activities qualify as investment in capacity and capability development.
2. Ensure a clear articulation of the vision, purpose, goals, and key outcomes expected by the Ministry from PPDF investment.
3. Strengthen monitoring and reporting requirements
4. Contract terms with Collectives[[2]](#footnote-2) and individual providers should be increased to at least 3 years to better enable providers to plan and to allow for the investment to bed in. This will also reduce the administrative burden.

4. Strengthen the method to allocate PPDF funding to each region (with consideration to proportionality to need and equity).

 5. Develop an appropriate Needs Assessment Tool tailored for Pacific health providers to guide investment at the provider level to better assist identification of priority areas for capacity and capability development.

 6. PPDF future investment should continue to fund all the focus areas of capacity and capability development (see full recommendations for details).

 7. Increase the profile and accessibility of information on the PPDF.

 8. Explore the next steps to best support the sustainability and development of Pacific health providers. It is suggested that this includes a more in-depth discussion on supporting providers’ different and evolving development and partnership needs.

 9. Establish a post-review implementation plan to follow up on the recommendations.

Note that some of the recommendations have been adapted to the current contracting and strategic environment (e.g. contracting no longer done via Collectives, Ola Manuia is the new Pacific Health Action Plan)

A full copy of the PPDF review can be accessed at <https://www.health.govt.nz/publication/review-ministry-health-pacific-provider-development-fund-2018>

In line with the recommendation from the Review, the Ministry wants to develop a process to distribute PPDF that:

* + is fair and transparent.
	+ is flexible.
	+ meets the needs of Pacific health providers.
	+ will benefit Pacific communities receiving health services.
	+ is high trust.
	+ is long term.

## Why were these Capacity and Capability areas utilised for the tool?

These Capacity and Capacity areas are based on similar tools available (e.g. MSD capacity and capability self-assessment tool, previous PPDF self-assessment tools, Māori Provider Development Scheme). The tool has however been adapted to better meet the needs of Pacific health providers.

## How was the funding breakdown per regions worked out?

An average across the three different data sources was utilised to work out the breakdown per region. These are:

* Population size based on 2018 census data,
* Number of Pacific health providers per region based on 2020/21 fund allocation, and
* Pacific peoples enrolled population (as at October 2020).

The average across the three data sources provides a fairer distribution of funds considering three key factors relevant for Pacific providers and Pacific communities:

* population size,
* enrolled population size, and
* number of Pacific health providers.

A breakdown of each data source is provided below for reference:

*Population size based on 2018 census data*

|  |  |
| --- | --- |
| **Region** | **Percentage of Pacific peoples** |
| Northland Region | 2% |
| Auckland Region | 63.9% |
| Waikato Region | 5.4% |
| Bay of Plenty Region | 2.9% |
| Gisborne Region | 0.6% |
| Hawke’s Bay Region | 2.5% |
| Taranaki Region | 0.7% |
| Manawatū-Whanganui Region | 2.7% |
| Wellington Region | 11.2% |
| Tasman Region | 0.2% |
| Nelson Region | 0.3% |
| Marlborough Region | 0.4% |
| West Coast Region | 0.1% |
| Canterbury Region | 5% |
| Otago Region | 1.6% |
| Southland Region | 0.7% |

*Number of Pacific health providers per region (as per 2020/21 funding allocation)*

|  |  |
| --- | --- |
| **Region** | **Percentage of total number of Pacific Health Providers** |
| Auckland | 56% |
| Midlands | 19% |
| Wellington  | 15% |
| South Island | 11% |

*Pacific peoples enrolled population (as at October 2020)*

|  |  |
| --- | --- |
| **DHB of Domicile** | **Percentage of total Pacific** |
| Auckland | 16.06% |
| Bay of Plenty | 1.25% |
| Canterbury | 4.59% |
| Capital and Coast | 6.52% |
| Counties Manukau | 41.23% |
| Hawkes Bay | 1.79% |
| Hutt Valley | 3.41% |
| Lakes | 0.79% |
| MidCentral | 1.58% |
| Nelson Marlborough | 0.71% |
| Northland | 1.05% |
| South Canterbury | 0.31% |
| Southern | 2.16% |
| Tairawhiti | 0.30% |
| Taranaki | 0.45% |
| Waikato | 3.76% |
| Wairarapa | 0.29% |
| Waitemata | 13.16% |
| West Coast | 0.10% |
| Whanganui | 0.49% |

An average across the three data sources was then utilised to provide the fund breakdown:

|  |  |  |
| --- | --- | --- |
| **Region** | **DHB areas included in each region** | **Percentage of funds** |
| Auckland | Northland, Auckland, Waitemata, Counties Manukau | 64.28% |
| Midlands | Bay of Plenty, Tairawhiti, Waikato, Lakes, Taranaki, Hawkes Bay | 12.98% |
| Wellington | Whanganui, Mid Central, Hutt, Wairarapa, Capital and Coast | 13.66% |
| South Island | Nelson Marlborough, West Coast, Canterbury, South Canterbury, Southern | 9.09% |

## Why is the Ministry utilising a tiering system for Pacific providers? How was the system developed?

The tiering system recognises that organisations can be at significant different stages of organisational development. We would like all providers to have a closer relationship with the Ministry but we recognise that providers may need additional support to develop and implement an organisational plan. The tiering system is not designed to penalise Pacific health providers, but to provide the appropriate level of support. There will be continuous opportunities (i.e. at the end of an agreement) to revisit a provider’s tier.

## Do providers which serve a large Pacific population but are not owned / governed by Pacific quality for funding?

No. The criteria for PPDF (as per Cabinet decision) are:

1. Be an existing Pacific health service provider (i.e. a provider that is owned and governed by Pacific peoples and provides service primarily, but not exclusively, for Pacific people)
2. Hold a health service contract within the last 18 months, and
3. Be a legal entity.

So, unless a provider is owned and governed by Pacific, they do not qualify for PPDF.

## What is meant by a Pacific health service provider?

It means that only Pacific health providers which are funded by either by the Ministry of Health, a District Health Board, or a Primary Health Organisation qualify for PPDF.

## Given that contracts are likely to have different terms, how often will the Ministry go through the PPDF process?

The process will be run annually. This is to ensure that any new Pacific health providers have an opportunity to apply for funds, and providers which may have an annual agreement, have an opportunity to re-apply.

## Can providers which received multi-year fund (e.g. 3 years) apply for more funding while their contract is active?

No. No additional PPDF will be distribute to Pacific health providers which have an active contract.

## Will there be an opportunity to apply for PPDF outside of the annual PPDF process?

No. The annual process will provide a fair and transparent way for providers to apply for funding.

## Who was in the Steering Committee and how were members selected?

The Steering Committee members are:

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| --- | --- |
| **Name** | **Role and organisation** |
| Gerardine Clifford-Lidstone | Director Pacific Health, Population Health and Prevention, Ministry of Health |
| Cory Vessey | Senior Portfolio Manager, Pacific Health |
| Finau K Taungapeau | General Manager Pacific Trust Otago |
| Liani Sanford | Acting Pacific Health Gain Manager Waitematā and Auckland DHBs |
| Nanai Muaa | Executive Director, Pacific Health Service Hutt Valley |
| Rachel Karalus | CEO, K’aute Pasifika Trust |
| Dr Siro Fuatai | Bader Drive Healthcare  |
| Tevita Funaki | CEO, The Fono |
| Danilo Coelho de Almeida | Senior Portfolio Manager, Pacific Health |

Steering Committee Members bring a range of perspectives from small, medium and large Pacific health providers, and insights from across Aotearoa New Zealand. In addition, members were selected based on their experience and involvement in the Pacific health sector, as well as a providers’ perspective and insights, we also had Ministry and DHB personnel as part of the Committee.

## When will the PPDF process be reviewed again?

At this stage, we are planning to review the process following the 2021/22 PPDF round. This will be a Ministry conducted review to gain a better understanding of what worked well and what could be improved in the process. We plan to release a survey to applicants once the round is closed to gain insights.

## Some activities which were previously funded via PPDF, no longer qualify (e.g. purchase of vehicles, attending conference). What is the rationale for the exclusion?

The activities in the exclusion list have been identified as activities which will not support provider capacity and capability in the long term.

## The only fund I receive is from the Ministry of Health to deliver community innovation services and/or I receive funds via COVID19 Pacific support. Do I qualify for PPDF?

No, only Pacific health providers which have as a core business the delivery of Health services for Pacific communities qualify for PPDF.

## What would qualify as a PPDF project?

A project is a time-limited series of tasks which must be completed in order to achieve a desirable outcome. For example:

* After doing the self-assessment tool, it was identified that Recruitment, Development and Retention of General Staff (Section 4.01) needs development (Currently at level one – clear need for increased capacity).
* The desired outcome is to support staff development via training and a well targeted plan over a 12-month period and move to at least capacity level two (Basic).
* Tasks to move to level two may include:
	+ Engagement of contractor to review of current staff development policy (including career pathway), and staff performance development plan,
	+ meet with individual staff to discuss their career aspirations and development plan (this may include support of a contractor with the aim of upskilling the organisation to do it on an ongoing basis), how does the staff development plan links with the organisation’s overall strategy and mission (note that PPDF support may be required to address these areas, section 2.01 and 2.02 – if development needed, this can be listed as a separate PPDF project),
	+ agree to potential training / mentoring / support to allow for staff development which meets the individual’s needs and organisational strategy (PPDF may be required to fund training),
	+ review the individual staff development plan after 12 months to find whether it has supported the staff aspirations and organisational strategy. What could be improved in the process (a contractor may be engaged to review the process, and recommend potential improvements going forward).

## What would not qualify as a PPDF project?

Utilising the example above, some requests would not qualify as project:

* Paying or topping up internal staff to review and implement the work,
* Engaging a contractor for the whole 12 months as opposed to only the relevant milestones,
* Have the contractor deliver the project without involvement from personnel from the organisation (i.e. no capability building to continue doing the work as part of BAU).
1. Note that ‘Ala Mo’ui has been replaced by Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 [↑](#footnote-ref-1)
2. Note that Pacific health providers are funded directly by the Ministry as opposed via a Collective. [↑](#footnote-ref-2)