

Te Whatu Ora

Health New Zealand

PARTNERS IN PRIMARY AND COMMUNITY PĀNUI

Tēnā koutou katoa,

This past weekend saw Te Whatu Ora reach the one year milestone! I want to take this moment to say thank you to everyone who has been a part of the mahi that has got us to this point. I'm grateful for your work, your attitudes, your perseverance and commitment to this work and the people we serve.



I'm aware that the restructure has had a huge impact on all of us, and I thank you for bearing with us and continuing your work to effect this once in a generation change.

To enable transformation, Te Pae Tata asks us to establish national functions, strengthen regional leadership, and implement localities. Transformation in the way we deliver health services requires unified teams across geography and professional boundaries.

As I outlined at Friday's team hui, our plans are in place to go live toward the end of July with the final decision document that sees us set up the future structure and operating model for Commissioning. This decision document will provide the roadmap detailing how our national, regional, and locality relationships will operate together to deliver equitable results for health consumers across the motu.

For those of you who weren't able to attend, I also had the pleasure of announcing the appointments to five of our roles in the Commissioning leadership team. These appointments will enable us, once the decision document is published in late July, to move quickly into the recruitment stage for the Tier 3 and 4 roles at the regional level, thus speeding up the time to reach certainty for the whole of our team.

As I outlined at the meeting, diversity is a goal I have for our team. The more diverse our backgrounds and experiences, the stronger our decision making will be and the more we will expand our individual thinking and develop as professionals and people. Put simply, I want us to strive for and celebrate diversity in all of its forms, be that gender, differently abled, age, ethnicity, country of origin, geographic location, experience or skills. I welcome and encourage people to question why we do things the way we do and to take time to be curious. I look forward to working with a team of people who are interested in continuously learning new ways and seeing the world from others' perspectives.

In our upcoming recruitment, I want us to aim to reassemble teams in a way that maximises diversity, that brings new ways of thinking into each of our teams, that capitalises on the fact that we no longer need to be bound by district geographies. I know it will be a challenge to achieve this, but I also know our team will be all the richer for it, and we will be better equipped for the leadership roles we play in the health system of Aotearoa.

The announcements I made at the meeting are presented below:

Paul Martin – Deputy National Director, Commissioning and System Design

- Extensive commissioning experience
- Worked across both the NGO and government sector leading mental health and addictions reform in Australia
- Former CEO of LGBTIQ+ organisation
- Population health and health promotion background
- MSc Public Health & Health Promotion; Bachelor of Education
- Commencing 7 August



Jason Power – Director, Funding and Investment

- Jason has twenty years experience across DHBs holding various roles including Chief Executive; GM, Planning and Funding; and Corporate Services Director at South Canterbury DHB
- Prior to that, Jason worked in the Private sector including British Telecom
- Commencing in permanent role from 3 July



Jennifer Rutene-Smith – Director, Maori Health

- Ngai Tuteauru, Te Ngahenhage, Ngati Kahu
- Currently the Māori Director the National Health Data & Digital Programme within Te Whatu Ora
- Strong educational and learning background and worked across Maori health providers more recently
- Commencing 20 July



Dr Sarah Clarke – National Clinical Director, Primary and Community Care

- Sarah is currently the Clinical Chief Advisor for Rural health at Manatū Hauora, as well the Clinical Director for Rural Hospitals for Te Whatu Ora Te Tai Tokerau
- Strong rural health background having worked in various rural and regional hospitals including Kaitaia, Wairarapa, and Hawera as well as general practice experience
- Currently studying for a Master of Public Health
- Commencing 28 August



Danny Wu – Northern Regional Wayfinder

- Danny has been the Interim Northern Regional Wayfinder since January
- Danny has worked in various strategic and commissioning roles across DHBs, Ministry of Health and the private sector
- Danny is a pharmacist by training
- Commencing in permanent role from 3 July



I hope you'll join me in welcoming these leaders to their new roles, particularly those who are joining the Commissioning team for the first time.

Ngā mihi

Abbe Anderson (she/her)

National Director Commissioning

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Localities:

West Coast focuses on wellbeing



Picture: Attendees at our Greymouth workshop

Takiwā Poutini, the locality on the West Coast of New Zealand, has set the stage for significant improvements in health and wellbeing outcomes. An event hosted last week brought together

iwi, community members, and various West Coast agencies dedicated to enhancing the lives of individuals in the region. The Takiwā Poutini Locality, established last year, will be finding and testing new ways of working that put communities at the centre of design and planning.

The workshop held in Greymouth saw a turnout of approximately 90 participants, providing an opportunity to assess the progress of the Takiwā Poutini Locality plan. Attendees engaged in discussions regarding key priorities identified through community and whānau voice engagement. Importantly, the gathering sought to involve everyday West Coasters and mana whenua in the decision-making process, ensuring that the vision, goals, and action plan for health and wellbeing were collectively agreed upon.

Notable highlights included representatives from 50 different organisations across the Buller to Westland areas, as well as passionate individuals committed to driving positive changes in wellbeing outcomes. Participants shared inspiring examples of existing initiatives centred on whānau, and the atmosphere buzzed with excitement about collaborative efforts moving forward.

The attendees echoed their optimism and determination, emphasising the significance of community empowerment and collective responsibility. Matt Ewen from the Ministry of Social Development expressed his appreciation for the united spirit driving the event, emphasising the potential for success when building a system from the ground up.

For a more detailed report on Takiwā Poutini's recent engagement across the West Coast, interested readers can visit the website: www.takiwapoutini.nz. The gathering has paved the way for a more connected future of health for the region, where the health and wellbeing of West Coast communities take centre stage through collaborative efforts and community-led initiatives.

Te Pae Tata:

Introducing the first hauora mobile health van focused on serving hāpu māmā

A new hauora van that aims to protect hāpu māmā (pregnant mothers) and their pēpi (babies) from preventable diseases was launched on Friday 23 June by Associate Health Minister Willow-Jean Prime at Ōrākei Marae in Tāmaki Makaurau.

Picture: A group of kaiawhina from the Uri Ririki/Child Health Connection Centre who will be working with the vans in the community.



The van is designed to promote and administer vaccinations, but can also be used for cervical screening and other health checks. It's both multi-use and mobile, and will be used for at home immunisation, as well as at community events in conjunction with community providers.

The van is one of two new hauora vans funded by Uri Ririki/Child Health Connection Centre. Both vans have signage promoting vaccination, with the van launched today promoting vaccination for hāpu māmā. A second van will be launched at a later date and features child-focused decals promoting tamariki immunisations.



Picture: Associate Minister of Health Willow-Jean Prime greets Ruth Bijl- Acting General Manager Uri Ririki Child Health Coordination Centre.

The designs for both vans were developed by Erin Kapa Stirling and Bridgette Keil (Ngāti Tamaterā) to be bright, warm, and vibrant to communicate a welcome to whānau to come for open kōrero with the team about their health needs. The design approach draws on te taiao and incorporates a

bespoke whāriki pattern made of interlocking porowhita which acts as the foundation of the design representing unity, strength, community and diversity.

Prominently featured in the designs are native manu - the korimako and the kea - alongside our beloved songbird, the tūī. These manu have been used in the Tamariki Time campaign, which promoted childhood immunisations and has been adopted in places across the motu. The mānuka and kōwhai putiputi bring warmth and wrap around our porowhita, complementing our manu. The designers have also included native ferns and harakeke, symbolising whānau and our role to protect and nurture our people.

First National Clinical Network EOIs released

Expressions of Interest (EOIs) for the co-leadership of the first National Clinical Networks were released last week.

The networks will be a core part of the new health system and will see clinical kaimahi from across professional disciplines working to deliver key system shifts – including ensuring equitable access to high quality emergency and specialist care.

They will involve hospital and primary care experts, working with whānau and consumers to influence how we prioritise and drive change through the development of national standards and models of care.

Existing networks will be transitioned first, with EOIs for the co-leads of the first four – trauma, stroke, cardiac and renal – now open for three weeks. These networks will also be resourced and supported by Te Whatu Ora Hospital and Specialist Services from 1 July 2023.

The current clinical leads of all four networks will remain in place until the new co-leads are appointed and existing work plans will be progressed during this period to maintain momentum.

The networks will report to an oversight group co-chaired by Te Whatu Ora and Te Aka Whai Ora, which will each appoint a co-lead for every network.

Representation from a broad range of clinical professions is sought for the co-lead roles and applications are particularly welcomed from Māori, Pacific people, disabled people, and the LGBTQI+ communities.

Further networks will be transitioned and established over the next 12 or so months.

Engagement with consumers, whānau and communities will be key to ensuring the networks deliver. There are range of mechanisms for achieving this and formalising these will be one of the first priorities for each network.

Find more information on the EOI process and the networks plan [here](#) and email any questions [here](#).

Workforce:

General practices sent offers of additional funding to lift nurses' pay

Offers of additional funding to lift pay for nurses and kaiāwhina have started to be sent out by Primary Health Organisations (PHOs) to more than 600 general practices around the motu as the second tranche of the Government's \$200 million annual pay disparities initiative progresses.

Later in July, similar offers will be prepared for about 250 more general practices that provided workforce information in the latest data collection, which closed on 23 June.

"We are grateful to general practice for the good response to our third data collection, which means we now have workforce FTE data from more than 92% of general practices," Community Health System Improvement and Innovation Group Manager Mark Powell said.

"This information is needed so we can calculate the amount of additional funding to offer these practices under this initiative, which will help them to lift pay rates for thousands of nurses and kaiāwhina from 1 July 2023.

"We're still considering how to manage the 7.7% of practices that have not yet submitted information because we want to ensure all eligible nurses in general practice have the opportunity to benefit from this initiative."

It is an offer and acceptance process for all sectors to receive pay disparities funding.

To date, more than 100 offers (73%) for additional funding to lift pay from 1 July for community nurses and kaiāwhina working in eight further sectors have been accepted by providers. This includes providers that deliver family planning services, Well Child Tamariki Ora services, school nursing services, mental health and addiction services, community care services, rural hospitals, the Youth One Stop Shop and Primary Health Organisations (PHOs).

"This is a fantastic uptake of these offers and more contracts are getting returned every day," Mark Powell said.

Nurses and kaiāwhina working in these sectors are in addition to the first group of about 8,160 workers in five sectors who became eligible to receive pay rises from the start of April 2023, which means about 14,250 nurses and kaiāwhina in total are eligible to benefit from this ongoing pay disparities funding each year.

“We’ve had excellent feedback that this initiative is making a real difference in reducing workforce pressures in sectors that started receiving funding under this initiative since April, particularly from aged residential care providers and hospices. We look forward to hearing how the additional funding helps to better support this next group of sectors and their eligible workers from 1 July,” Mark Powell said.

Heads-up:

Most prescription items now free to collect

From Saturday, 1 July, there will be no cost to pick up most prescription items from local pharmacies, as the standard \$5 collection charge has been removed.

“We know there are people who put off collecting their medicines because they can’t afford the charge,” says Emma Prestidge, Interim Director, Primary, Community and Rural. “In some cases this could have serious consequences for their health. We hope removing the charge will mean more people taking the medicines they need to stay well.”



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However, people may still have to pay to collect some prescription items, for example for medicines prescribed by private specialists and private dentists.

Any family which pays for 20 prescription items in a year is eligible for a Prescription Subsidy Card, which means they won’t have to pay for any more prescription items until 1 February the following year. A family includes a person’s partner and dependent children aged from 14 to 18.

Collecting prescription items for children under 14 is already free.

For more information see [Prescription charges and the prescription subsidy scheme | Ministry of Health NZ](#)

RESOURCES: [Click here for a folder](#) that gives access to official designed collateral for pharmacists, prescribers and others to use as they see fit to inform health users of this change

- Poster and fact sheet in various formats, both black and white and colour
- News article
- Social media tile

Increase in Carer Support Subsidy comes into effect

From 1 July, Te Whatu Ora has increased the daily rate of the Carer Support Subsidy and widened the options for how it can be used to support the work of a person’s main carer.

Minister of Health Hon Dr Ayesha Verrall says these changes more appropriately recognise carers' important work and will improve the lives of those they care for.

"This is expected to have positive impacts for more than 14,000 existing carers. Full-time carers, or those looking after someone for four hours or more a day, will be able to use the subsidy to take a break from their caring responsibilities, reducing the risk of career stress and burnout," Ayesha Verrall said.

Under the changes, the daily rate of the Carer Support Subsidy lifts from a low of \$64.50 in some regions, to a minimum of \$80 per day nationwide.

Previously, carers could only claim one day's worth of their annual allocation of the subsidy at a time. Now they will be able to claim for multiple days' worth at once. In order to take a break, they will also be able to use the subsidy to compensate others living in the same household to provide respite or pay an external respite service.

"It will improve access to care options such as day programmes for respite for those in our community who cannot afford to privately 'top-up' the current daily allocation of carers' support," Dr Verrall said.

Carers will also be able to use their allocation to buy items that support their work. This might include a weighted blanket for someone living with anxiety or home monitoring device to support the care of someone living with dementia.

The range of changes marks a move away from the inconsistency of multiple different rates across the country, correcting inconsistencies in funding between Te Whatu Ora and other agencies, including Whaikaha – the Ministry of Disabled People. And it shows the benefit of having one agency running the health system instead of 20 DHBs.

Previously 14 of the 20 districts paid \$64.50 as the daily support rate. That has now been lifted by a minimum of \$15.50 to reduce inequities around the country.

"Increasing the subsidy will also enable more people to be cared for in their communities and therefore reduce unnecessary hospital admissions among some of the most vulnerable members of our community and help alleviate pressure on the health system," said Dr Verrall.

The Carer Support Subsidy is accessed by having a needs assessment from a Te Whatu Ora Needs Assessment Service Coordination (NASC) service and a GP, mental health clinician or specialist may also be able to support people to access the subsidy.

Protect Your Breath

In early November 2022 the Protect Your Breath campaign was launched. The campaign is targeted at young people and its purpose is to encourage them to live vape free lives. The campaign was co-designed by the Hā Collective, a group of young people and plays on social media and other places that reach young people.

To date it has over 10 million impressions across a range of social media platforms (eg Instagram, Tiktok and Snapchat).

New digital ads are in development for release in early July across youth-focused social media channels. They will feature strong health messaging connected to reducing vape use and alternatives to vaping.

On July 17 the PYB campaign is launching a youth focused online mindfulness series focused on wellbeing for the start of Term 3. This will be housed on the PYB YouTube channel, and will include cultural narratives surrounding breath and forms of guided meditation. It will engage youth in critical thinking about their overall wellbeing.

Phase Two of the Protect Your Breath campaign is launching in the September school holidays in South Auckland. The Later Vaper Arcade will be an interactive space where young people will be challenged to re-frame and re-position their thinking on vape use. Post-launch in South Auckland the arcade will travel to other places throughout Aotearoa.

For more on the campaign head to: protectyourbreath.co.nz

Missed it?

- **Minor Health Conditions Service collateral downloads:** Posters and flyers for participating pharmacies in this campaign are available on [Assets: Go well | COVID-19 Resource Toolkit \(covid19.govt.nz\)](#)
- **No change to the Model of Care for COVID-19 in Primary and Community Care**
The last sector update re: the Model of Care was in February 2023, and this week it was announced there will not be any further changes to this Model until 1 October 2023.

Engagement with Primary and Community Care leaders has already begun, to determine what changes may be made at that point.

The foundations to these meetings are priorities agreed by Ministers, Te Aka Whai Ora, Te Whatu Ora, Whaikaha and Manatū Hauora for 2023/24:

- Targeting support to the most vulnerable to serious illness and maintaining the gains made in addressing the disproportionate impact of COVID-19 on Māori and Pacific, and disabled people
- Mitigating the pressure COVID-19 places on the broader health system
- Ensuring the resilience of our COVID-19 response while we transition to a new level of management of COVID-19.

We are hugely appreciative of your ongoing leadership and hard mahi with regards to managing COVID-19 in our community.

[This newsletter has been produced by the Communications and Engagement team at Te Whatu Ora. If you would like to recommend content, topics or have any questions about the](#)



[newsletter, please reach out to Natasha Hoskins, Strategic Lead – Commissioning, Communications and Engagement. \[Natasha.Hoskins@health.govt.nz\]\(mailto:Natasha.Hoskins@health.govt.nz\)](#)

