

Template 1: Budget Initiative template

There are five sections of this template agencies need to fill out:

- Overview and context
- Detail on the investment proposal
- Wellbeing impacts and analysis
- Cost understanding and options
- Collaboration

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	Maori health workforce development package - Pathways to ongoing employment to enable equitable health outcomes.
Initiative description	A programme of new initiatives and expanding current programmes across the training and development pipeline targeting future Māori health professionals to incentivise, support and provide wrap-around services, from students/low paid workers into paid health employment. Initiatives cover the whole training and development pipeline so shortages don't occur.
Type of initiative	Priority aligning
If this initiative relates to a priority, please outline the specific priority/ies it contributes to	This initiative aligns with Budget 2019 Priorities: <ul style="list-style-type: none"> • Priority C: Lifting Māori and Pacific incomes, skills and opportunities • Priority D: Reducing child poverty and improving child wellbeing, including addressing family violence • Priority E: Supporting mental wellbeing for all New Zealanders, with special a special focus on under 24s. • Priority F: Investing in the health and wellbeing of all New Zealanders, to improve equity and outcomes.
Does this initiative relate to a commitment in the Coalition Agreement, Confidence and Supply Agreement, or the Speech from the Throne?	This initiative relates to the Speech from the Throne, specifically: "This government looks forward to working with <u>Māori communities</u> and with other New Zealanders to support them to <u>pursue their aspirations for better health</u> , better housing, and better education for their rangatahi." "It will support the teaching of te reo Māori in schools. <u>And it will strengthen programmes to enhance Māori educational achievement.</u> "
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Funding

Funding Sought (\$m)	2019/20	2020/21	2021/22	2022/23 & outyears ¹	TOTAL
Operating	s 9(2)(f)(iv)				

Funding Sought (\$m)	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	TOTAL
Capital ²	-	-	-	-	-	-	-	-	-	-

1. Executive Summary

1.1 EXECUTIVE SUMMARY

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

This budget bid seeks funding for a suite of new initiatives and expanding current successful programmes across the Māori health and disability workforce pipeline. Initiatives cover the whole pipeline so shortages and gaps don't occur.

The aim of this budget bid is to increase the proportion of the Māori health and disability workforce to the same proportion of Māori in the population. We will fund a package of targeted recruitment, retention, training and development initiatives targeted at Māori. This will include incentivising and supporting Māori students from secondary schools and Māori adult learners, into tertiary education and into paid employment.

If no funding is provided it is unlikely we will reach the proportion of Māori working in the health and disability sector with that of the percentage of the Māori population.

A Māori health and disability workforce delivering health services for Māori will result in better access to health services, better engagement, and more appropriate care that will result in better health outcomes for Māori.

Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Maori, their whānau and communities through reducing income gaps and increasing economic participation.

This work is a key enabler to improve equity and health outcomes for Māori. Increased health workforce participation also provides beneficial economic flow-on impact to improve equity for Maori, their whānau and communities through reducing income gaps and increasing economic participation.

2. The Investment Proposal

This section asks you to outline your overall investment proposal and intervention logic. It should be supplemented with a one page intervention logic map showing the progression from outputs, outcomes and impacts of the initiative. See template 5 for an example of an intervention logic map that you can use as a template or guide.

¹ If funding is time-limited and does not carry on into out-years please delete the reference to “& outyears”

² The first 10 years of capital investment is counted against the multi-year capital allowance. Please reflect the full 10 year profile in the table.

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2.1 Description of the initiative and problem definition

What is this initiative seeking funding for?

This budget bid seeks funding for a suite of new initiatives and expanding current successful programmes across the Māori health and disability workforce pipeline. Initiatives cover the entire Health Workforce Training and Development pipeline targeted at Māori. This is a key enabler to providing equity for Māori in New Zealand.

The new initiatives and expansion of current successful programmes are outlined below:

Pipeline section 1: Focus – Māori secondary school students, Māori adult learners and pre-entry to tertiary health studies.

Initiatives aim to promote a career in health and increase and support the above into tertiary studies. Includes: new recruitment programmes to maintain and increase Māori secondary school students in Sciences and other health related studies; Māori targeted scholarships; targeted health careers promotion and training opportunities. *In partnership with secondary schools, tertiary providers, Māori health and disability providers, and District Health Boards.* These include the following:

- Expand the existing programmes that prepare and channel secondary school students into tertiary health studies i.e. KOH school programmes
- s. 9(2) (i) (iv)
[Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Establish on line learning platforms that provide access to Maori health and disability workers who have difficulty accessing training, ongoing education
- [Redacted]

Pipeline section 2: Focus - tertiary to graduate.

Initiatives will incentivise and support Māori students to graduate tertiary training. We will expand the current successful programmes nationwide and provide scholarships to help retain students through to graduation. This includes wrap-around-support for Māori students while undertaking tertiary health studies. This includes:

- Expanding the existing workforce programmes in Universities and potentially to other tertiary providers e.g. Wānanga
- Expanding the Kia Ora Hauora programme across Māori communities in the DHB regions
- s. 9(2) (i) (iv)
[Redacted]
- [Redacted]

Pipeline section 3: Focus – Māori graduate to paid employment and Māori employed in the health and disability sector. Dedicated recruitment, networking, pastoral care, and access to professional and career development for the current Māori health and disability workforce e.g. Kaiawhina and community health workers.

Initiatives will be targeted at supporting Māori health graduates into paid health employment, across a range of health and disability professions. Expansion of current successful programmes to support career development for the Māori health and disability workforce. Other initiatives include:

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- Expanding the role of Kia Ora Hauora to support and guide graduates into employment
- [Redacted]
- Expanding the role of Kia Ora Hauora to partner with DHB Human Resource Departments and recruitment managers to employ Māori into the health and disability workforce
- [Redacted]

Pipeline section 4: Focus - support to specialisation and continuing professional development. Initiatives will expand Māori nursing and midwifery leadership programmes, rural immersion programmes, expansion of targeted support into specialisation for Māori employed across the health and disability workforce sector. Initiatives include:

- Expansion of Ngā Manukura o Aōpō, Māori nursing and midwifery leadership programme
- Expanding the role of an existing successful Ministry funded programme to increase Maori uptake of the Voluntary Bonding scheme
- Expand the role of Kia Ora Hauora to partner with DHBs to ensure Māori health professionals have a career pathway into leadership roles and supported into professional development programmes
- [Redacted]
- Additional scholarships to support the Nurse Practitioner pathway for Māori nurses – scholarships and Tuakana / Teina support mentorship.

Evidence: 'Widening participation of Māori and Pasifika students in health careers: evaluation of two health science academies', Australian Health Review, Middleton L et al, May 2018 states and provides details about "Despite progress in health workforce participation for underrepresented indigenous and ethnic minority groups in New Zealand, significant disparities persist. Within this context, a workforce development pipeline that targets preparation of secondary school students is recommended to address identified barriers in the pursuit of health careers".

Literature suggests that a strengthened Māori clinical workforce has wider benefits than just supporting Maori to have Medical or Health training. An increased presence of Māori in health roles may better meet health needs for Māori patients due to improved communication and trust between people of the same culture interacting. Strong and capable Māori leadership within the health workforce is necessary to inspire such a change, and subsequently, to lead institutions to more equitable and culturally effective health care.

References: Burrell, M., Moore, D., & Cumming, J (2005). The economic and social benefits of increasing the professional Māori health workforce. Wellington: The health Workforce Advisory Committee.

Mead, H , Stevens, S., Third, J., Jackson, B., & Pfeifer, D. (2006) Hui Taumata Action Scoping Paper: Māori Governance. Wellington: Victoria University.

Ratima, M.B., Garrett, N., Wikaere, N., Ngawati, R., Aspin, C., & Potaka, U. (2008). Rauringa Raupa: Recruitment and Retention of Māori in the Health and Disability Workforce. Auckland: Taupua Waiora: Division of Public Health and Psychosocial Studies, Faculty of Health and Environmental Sciences: AUT University.

Why is it required?

Māori health and disability workforce development is a key enabler of health outcomes, especially for Māori.

The growing Māori population will place increasing pressure on all health and disability services and workforce requirements. Some Māori health workforce gains have been made e.g. Māori registered nurses have more than doubled since 1991 (to 7 percent), however these gains are not enough, supply of the future Māori health workforce remains critical.

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	<p>For health and disability services to better reflect the communities they serve, the Māori health workforce would need to increase substantially in size, e.g. the Māori population is 14.9 percent (Census 2013), only 3 percent of Doctors in General Practice are Māori. This means there is limited accessibility for Māori to access Māori doctors in General Practice, or get health services from Māori provides such as Nurses or Midwives.</p> <p>Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Maori, their whānau and communities through reducing income gaps and increasing economic participation.</p> <p><i>There are gaps meaning we don't have the numbers graduating to meet equality against the Māori population.</i></p>
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2.2 Options analysis and fit with existing activity

What other options were considered in addressing the problem or opportunity?	<p>Individual initiatives that are being implemented along the pipeline, came from options that were considered to address the issues, additionally we have funded other workforce programmes e.g. the National Māori mental health workforce centre. However we have never been able to address the entire pipeline. This budget bid enables the ability to address the gaps in the Māori health and disability workforce along the pipeline in its entirety.</p>
What other similar initiatives or services are currently being delivered?	<p>There are individual initiatives being considered or implemented. This bid is to fill in the gaps in the entire pipeline.</p> <p>Current initiatives include:</p> <p>Health Workforce New Zealand includes in their training contracts a stipulation that a certain percentage of Maori (and Pacific) must give preference to eligible trainees to meet these targets.</p> <p>The Otago Project (current partnership between Otago University and the Ministry of Health) comprises a suite of programmes that enhance Māori pathways to and through nine Otago health professional qualifications (medicine, dentistry, oral health, pharmacy, physiotherapy, radiation therapy, dental technology, medical laboratory science and graduate nursing). It also offers support and advice for pathways into other programmes in health and health science including nutrition and dietetics, psychology, social work, physical education, public health and the health sciences and health management (via commerce). Relationships with other tertiary health education providers also supports students joining programmes in other institutions including undergraduate nursing and occupational therapy. This is a gold standard programme and one to replicate and roll-out nationwide.</p> <p>The University of Otago contract for the Otago Project is \$650,000.00 annual budget. (Across the whole pipeline - from inspiration to graduation)</p> <p>As a result of the Otago project, there has been a steady increase in the numbers of Māori now graduating from Otago University as health professionals and the number graduating today is over double the number at the inception.</p> <p>Within Otago's health professional programmes, the proportion of health professional students who are Māori has risen from 5% to 13% and is still climbing. At the start of the Otago Project there were 131 Māori health professional students across all health science programmes; today there are almost 350.</p> <p>Medicine has seen a dramatic rise from just 62 Māori students across all the years of the medical programme (i.e. years 2 to 6) in 2007, to 249 Māori students in 2018. In the near future Otago University will be graduating at least 40 Māori doctors annually.</p> <p>Dentistry has also seen an increase from 10 Māori dental students across all the years of the programme in 2007, to 32 Māori students in the undergraduate dental programme in 2018.</p> <p>The Otago Project is achieving academic outcomes. There is a 95% completion and graduation rate for Maori students who enter health professional programmes. This is a testament to the hard</p>

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work and tenacity of these amazing young Māori students, coupled with the effectiveness and responsiveness of support provided by Professor Joanne Baxter and her team.

The growth in Māori in the Otago University's health sciences and health professions is not slowing down. The number of Māori students entering Health Sciences First Year continues to grow. In 2010 there were fewer than 100 Māori students studying in health sciences first year, now in 2018, there are over 170 Māori students and this number is set to increase again in 2019.

As part of the 2019 budget bid for Safer Staffing Accord for Nursing, there is a Māori component for Nurse Entry to Practice Programmes and Growth in enrolled Nurse Workforce. This bid supplements this bid (e.g. will help provide Māori considering health as an occupation at secondary school).

There is a 2019 budget bid for Workforce Training and Development (including post graduate medical internships). This initiative will enable more [REDACTED] Pacific students to go through medical training, and undertake clinical training in areas where there are poorer health outcomes for [REDACTED] Pacific people [REDACTED]

Hauora Māori Training Fund

The purpose of the Hauora Māori Training Fund is to provide access to formal accredited training programmes via all 20 DHBs for the non-regulated (Kāiāwhina) Māori health and disability workforce. The annual fund is a total of \$2.5M and each trainee may be funded up to a maximum of \$5,995.

2017 Results: The majority of DHBs exceeded their targets for 2017 and overall 707 trainees received funding. Training programmes vary in content and price, therefore the actual number of funded trainees is able to be higher than the contracted trainee numbers.

Māori Support fund

The purpose of the Māori Support fund is to enhance the likelihood of the Māori workforce successfully completing HWNZ funded training programmes by providing Māori support that is culturally competent and technically relevant to the training programme. The annual fund is a total of \$425,000 (maximum \$1,200 per person) for mentoring and cultural supervision. The fund covers both regulated and non-regulated workforces.

2017 Results: HWNZ moved to an open and contestable process to improve the fund's accessibility to the health and disability workforce. There was improvement in the uptake of the fund. The overall number of trainees who received Māori support increased from 480 in 2016 to 499 in 2017.

Massey University, Te Rau Puawai

Te Rau Puawai, the Māori mental health workforce development programme, operates as a successful partnership between Massey University and the Ministry of Health.

The aim of the programme is to build a pipeline of professional, skilled and qualified Māori mental health practitioners in an effort to improve Māori health throughout New Zealand. It uses a learning model that incorporates Māori culture, principles, and concepts to support 100 Māori students each year.

The degree completion rate is consistently above 95% and HWNZ and the Ministry have recently received the Massey 'Partnership Award' in recognition of this success.

Te Rau Puawai is a three year contract of \$775,000 (per annum).

Te Rau Matatini

Te Rau Matatini has positioned themselves as the National Centre for Māori Health, Māori Workforce Development and Excellence. They provide a strategic focus that is underpinned by Māori development principles and informed by best practice. They provide leadership, education,

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	<p>evidence base, clinical and cultural capability and capacity building strategies for the advancement of health and wellbeing for Māori people to achieve Pae Ora.</p> <p>Te Rau Matatini have specific responsibility for development of the Māori mental health workforce, such as delivering training and career pathways for Māori in nursing, whānau ora and primary health and leading the Māori Addictions Workforce Strategy. The contract also includes funding for scholarships and bursaries for the Māori mental health workforce.</p> <p>Te Rau Matatini hold a 5.5 year contract of \$5,006,000 (per annum).</p>
<p>What other, non-spending arrangements in pursuit of the same objective are also in place, or have been proposed?</p>	<p>Along with the financial arrangements (listed above), there is the He Korowai Oranga, Māori Health Strategy which helps set direction rather than produce specific outcomes.</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 Māori 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"> • He Korowai Oranga, Māori Health Strategy 2014, Te Ara Tuarua – Pathway Two, Māori participation in the health and disability sector. Māori participation in decision-making and service delivery will ensure services are appropriate and effective for Māori. DHBs have a legislative obligation to work in partnership with iwi and Māori communities to improve Māori health. • New Zealand Health Strategy 2016, Māori experience poorer health outcomes overall than the non-Māori population and are therefore a priority group for this strategy. • Ministry of Health's output plan - Priority 4: Achieving equity in health outcomes, improving Māori health outcomes, Treaty of Waitangi obligations, and building the Māori workforce. • The World Health Organisation defines equity as the absence of avoidable or remediable differences among groups of people. The concept acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives.
<p>2.3 Outcomes</p>	
<p>Overall outcomes expected from this initiative</p>	<p>Outputs purchased to enable:</p> <ul style="list-style-type: none"> • Wrap around services for Māori to support progression through the training and development pathway. <p>This will include delivering the following outcomes the short to medium term:</p> <ul style="list-style-type: none"> • Increasing access for Maori secondary school students and adult learners into health focused tertiary training. • Providing support for expanding the skill base for non-regulated and regulated health professions, (including mental health) and leadership programmes. • Enabling equitable access for more targeted support to help Māori health professionals and alumni transition (and retain) Māori in the health system.

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	<ul style="list-style-type: none"> • Incentivising Māori to return to papakainga as part of a community health workforce team and to continue into specialisation that supports the community health workforce team, particularly in places such as Northland and Tairāwhiti where there is long standing unmet need and workforce shortages. • Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Māori, their whānau and communities through reducing income gaps and increasing economic participation. • Māori should be equally distributed throughout the system to match the population, not just in the low-paid community jobs. <p>In the long term, there will be improved availability of Māori health and disability workforce for Māori accessing health services.</p>
2.4 Implementation, Monitoring and Evaluation ³	
How will the initiative be delivered?	<p>The Health Workforce NZ and Māori Health Directorates will work together to implement and ensure the suite of initiatives are delivered. As part to this work they will work with the wider Ministry of Health and other agencies to both develop and implement the programme.</p> <p>Other agencies will include the Tertiary Education Commission, Ministry of Education, Te Puni Kokiri, and DHBs. There will also be other providers, such as recruitment and Māori education and development specialists.</p> <p>The budget will be used for contracting services with providers (e.g. wrap-around-services, training places, recruitment programmes, retention programmes),</p>
How will the implementation of the initiative be monitored?	<p>Monitoring will include the measurement of current and future objectives to achieve the long term goal of parity between Māori Health and disability workforce and Māori population. Because extensive data is not available across all health professions, the first stage will also include the development of accessible data to measure equity. Monitoring will include measuring the impacts at each stage of the Pipeline.</p> <p>This responsibility will sit with Health Workforce New Zealand within the Ministry of Health, which currently has responsibility for measuring and modelling current and future workforces.</p> <p>Also take measures from annual progress reports on priority areas for Māori equity in the New Zealand Health Strategy; DHB Non-financial Monitoring Framework and Performance Measures; District Health Board Regional Service Plans, Annual Plans and Māori Health Plans; and Public Health Unit Annual Plans.</p>
Describe how the initiative will be evaluated	<p>The Ministry of Health is intending to count and monitor:</p> <ul style="list-style-type: none"> • Total % of Māori currently employed in Health • % of Māori currently employed in each Health Profession • Number of students enrolling in Health related tertiary training • Number of Māori students graduating in Health tertiary training • Number of Māori in the non-regulated workforce and their progression along the pipeline • Number of Māori registering as a medial or health professional and going into paid employment • Number of Māori who enter training to continue onto specialisation or management. • Softer data measures including recruitment process outcomes and pay equity between Māori and non-Māori in health professions.

³ 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.

3. Wellbeing Impacts and Analysis

This section builds on the information provided in section 2 above and goes into further detail on the impacts, evidence and assumptions underpinning the intervention logic. It also asks that you demonstrate how your initiative will impact on wellbeing domains, the four capitals and risk and resilience.

The focus is on showing a strong narrative underpinned by evidence rather than monetisation of benefits and showing a positive return on investment. However, the use of the CBAx tool and monetisation is encouraged for key impacts with good evidence where it will strengthen the case for intervention.

Completion of this section is strictly limited to a maximum of three pages. This section helps the Treasury to assess and advise how the proposed initiative will impact the wellbeing of New Zealanders relative to the counterfactual. It may be provided to Ministers to support Budget prioritisation.

Impact summaries need to be framed against the three components of the Living Standards Framework, with supporting evidence where available:

- **Wellbeing domains** – identify the value to New Zealand, magnitude and timeframe (up to 50 years) for impacts on the primary and (up to three) secondary domains targeted.
- **Four capitals** – identify the draw-downs, build-ups and/or transfers across the four capitals (physical, social, natural, human) resulting from funding the initiative.
- **Risk and resilience** – linking to the counterfactual and intervention logic, explain how the initiative adapts to or absorbs risk and/or how it maintains or builds resilience













Please be aware that impacts or evidence are not mutually exclusive between wellbeing domains, capitals, and risk and resilience. They are interrelated cuts of the same information, we would expect that some answers may be duplicated.

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

Identify and quantify how the initiative impacts on wellbeing domains

Please fill in Table 3.1 below. Impacts need to be grouped under the relevant domains, as provided in the key below. Use the relevant domains, ordering them from top to bottom according to which domain your initiative achieves the greatest impact in. This analysis must also capture any negative impacts.


The wellbeing domains are outlined here for you to use in your table:

Civic engagement and governance 	Jobs and earnings 
Cultural identity 	Knowledge and skills 
Environment 	Safety 
Health 	Social connections 
Housing 	Subjective wellbeing 
Income and consumption 	Time-use 
	Other

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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 List domains, using the key above, where there is an impact. Order domains by magnitude of impact, i.e. largest impact domain first ⁴ .	Impact(s) description Identify the impacts, with a separate line for each impact relating to a specific domain <i>Note you can identify multiple impacts for a particular domain. Delete/add rows as needed.</i>	Who are affected? Individuals/families/government/etc? Be as specific as possible. Are there distributional differences?	Magnitude of impact Relative to the counterfactual key assumptions, quantified to extent possible, and where possible monetised.	How big? High/ Moderate/ Low, or where possible present value	Realised in <5 / 5-10 / 10+ years	Evidence base Nature of evidence and key references	Evidence quality High/ Medium/ Low
Health  Primary	Equity between the percentage of the Māori health and disability workforce and the Maori population.	Māori whānau, Māori health and disability providers, DHBs, Māori students/ graduates, adult learners and health professionals.	Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Maori, their whanau and communities through reducing income gaps and increasing economic participation. Consumer and Whānau focused health and disability services.	High	5-10 years ongoing	Annual progress reports on priority areas for Māori equity in the New Zealand Health Strategy; DHB Non-financial Monitoring Framework and Performance Measures; District Health Board Regional Service Plans, Annual Plans and Māori Health Plans; and Public Health Unit Annual Plans.	Medium
	Increased access for Maori to Maori health and disability workforce.	Māori population in New Zealand.	Improved access and engagement for Māori who require Māori health and disability services. Consumer and Whānau focused health and disability services.	High	<5 years ongoing	Since 2010, Health Workforce New Zealand (HWNZ) has supported the suite of workforce programmes, including the Otago Project and Auckland Whakapiki Ake programme, procured by Sector Capability & Implementation (SCI) Māori Health Service Improvement (MāHSI). In 2012, these workforce programmes were included in HWNZ Service Forecast report that evaluated their effectiveness, value for money and informed the procurement of these programmes from 2013 to 2016. The outcomes from this procurement period informed HWNZ’s Māori Health workforce data, the analysis and trends for future procurement and strategy direction, HWNZ Health of our Workforce (2015).	Medium
	Better health outcomes for Māori.	Māori population in New Zealand.	Reduction in Māori health inequities across a range of health indicators. Consumer and Whānau focused health and disability services.	High	<5 years ongoing	Reporting for He Korowai Oranga - Māori Health Strategy and achieving Pae Ora - healthy futures. This includes an emphasis on ensuring Māori participation and leadership in New Zealand’s health system. In this way, we will be working towards	Medium

⁴ 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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						improving Māori health outcomes and achieving health equity.	
Jobs and earnings Secondary 	Increase earning potential for Māori and raises self-esteem and confidence and provides greater choices.	Māori who are wanting a career or plan to work in the health and disability sector and increased opportunities for Māori who currently work in health sector.	Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Maori, their whanau and communities through reducing income gaps and increasing economic participation.	Moderate	<5 years ongoing	Annual progress reports on priority areas for Māori equity in the New Zealand Health Strategy, widening participation of Māori and Pasifika students in health careers: evaluation of two health science academies, Australian Health Review, Middleton L et al, May 2018.	Low
Knowledge and skills Secondary 	Increase in the numbers of Māori working in the health and disability workforce. An increase in skills and capability of the Māori health and disability workforce.	Māori population in New Zealand. Health and Disability Sector.	Improved access and engagement for Māori who require Māori health and disability services. Consumer and Whānau focused health and disability services.	Moderate	<5 years ongoing	Annual progress reports on priority areas for Māori equity in the New Zealand Health Strategy, Widening participation of Māori and Pasifika students in health careers: evaluation of two health science academies, Australian Health Review, Middleton L et al, May 2018.	Low
Cultural identity Secondary 	Increase in the Māori health and disability workforce will see a greater reflection of Māori values, Māori models of practice and dual competence in health and disability services.	Māori population in New Zealand. Health and Disability Sector. New Zealanders.	Improved access and engagement for Māori who require Māori health and disability services. Consumer and Whānau focused health and disability services.	Moderate	<5 years ongoing	Annual progress reports on priority areas for Māori equity in the New Zealand Health Strategy, Widening participation of Māori and Pasifika students in health careers: evaluation of two health science academies, Australian Health Review, Middleton L et al, May 2018.	Medium
Social connections Secondary 	Increased contact between Māori, their communities and Māori health and disability providers including DHBs, PHOs, GPs, Midwives and Nurses.	Māori population in New Zealand. Health and Disability Sector. Māori communities. Other government agencies.	Māori communities and Māori health providers can often be the first or only contact between Māori and government agencies. This provides opportunities for more positive interventions that result in better wellness and health outcomes.	Low	<5 years ongoing	Annual progress reports on priority areas for Māori equity in the New Zealand Health Strategy, Widening participation of Māori and Pasifika students in health careers: evaluation of two health science academies, Australian Health Review, Middleton L et al, May 2018	Medium

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3.2 Wellbeing capitals – Sustainability for future wellbeing

Wellbeing capitals Please fill out the table below to demonstrate how your initiative may contribute positively, negatively or neutrally to the four capitals.

 Capitals	Describe the impact and its magnitude	Realised in <5 / 5-10 / 10+ years
Financial/Physical	Decrease. <i>This initiative draws down financial capital to fund the development of Māori Health Professionals.</i>	<5 years as the cost is immediate
Human	Increase. <i>This initiative is focussed on improving the health of the Māori population by increasing the availability of Māori health providers. This helps to build the stock of human capital by increasing the quality of life for the population and also reducing hospital visits via earlier and more targeted intervention.</i>	E.g. 10+ years as the impact accessibility to Māori providers is increased.
Natural	Maintain. <i>This initiative has no impact on natural capital.</i>	N/A, as no impact
Social	Increase. <i>This initiative increases availability of Māori health providers to more Maori, often the only or key link between government agencies and Māori communities. Enables both preventive (eg health promotion) and reactive (eg medical treatment in timelier manner) to those who currently don't access health services.</i>	5-10 years as the earning potential and know on effect for Māori is increased.

3.3 Risk and resilience narrative

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Does the initiative respond to or build resilience?

These initiatives will help build the numbers and capacity and capability of the Māori health and disability workforce. This will build more resilient health and disability sector that will be more responsive to the needs of Māori.

Māori health and disability providers delivering services for Māori result in better health outcomes.

Increased workforce participation also provides beneficial economic flow-on impact to improve equity for Maori, their whānau and communities through reducing income gaps and increasing economic participation.

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4. Costing understanding and options

This section will provide further information on the costs of delivering the initiative and options for scaling and phasing to support assessment, prioritisation and decision-making.

4.1 Detailed funding breakdown

Please provide a breakdown of the costs of this initiative

Cover the following questions:

- Monitoring costs are outlined.
- Fixed costs are used for contracts for suppliers to deliver the services. In some instances where this includes support for training, we have itemised this as fixed costs rather than training.
- There are assumptions made against current contracts for Workforce Development, using these as a baseline. Because we have not gone to market, these are estimates.

(\$m)	2019/20	2020/21	2021/22	2022/23
FTEs	s 9(2)(f)(iv)			
Fixed costs				
Evaluation				

4.2 Options for scaling and phasing

BUDGET SENSITIVE

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

It should be noted that because of the slow progress to-date of increasing the percentage of Māori health providers, any initiatives would be an improvement on the current situation, which does not predict equity in the ten year modelling under current circumstances.

If this initiative were to be funded at 75%:

- Because it is a package of initiatives, some initiatives would be delayed affecting the total pipeline.
- Pipeline areas would need prioritising, which would have an overall effect on the outcome.
- Delays or pipeline missed opportunities will mean less Māori health providers will be available for Māori, especially over the longer term.
- Some professions would advance faster than others as prioritisation would need to be made between professions.
- It could affect the ability to manage the entire pipeline, as we may need to be profession specific instead of profession agonistic.

If this initiative were to be funded at 50%:

- There would be the similar impacts if funding was funded at 75%, but compounded.
- Compounding issues would result in less ability in the long term to achieve equity with Māori health providers and the Māori population.
- There would be more need to prioritise professions and initiatives along the pipeline. A water hose is a good analogy, if you don't have water going in, or there are leaks, you are not going to have as much water coming out as you need.

Collaboration

This section provides information on how agencies have engaged both within and outside of their own departments in the development of this initiative. Cross-agency and cross-portfolio collaboration are both important in this context. Please ensure this section is clear and succinct, and no longer than one page.

4.3 Collaboration and evidence

BUDGET SENSITIVE

<p>What type of cross-agency and/or cross-portfolio initiative is this?</p>	<p>This initiative is a Vote Health budget bid, with cross-agency relationships and implications.</p> <p>While it is targeted at the development of health workforce it will include collaboration including:</p> <ul style="list-style-type: none"> • Working with tertiary education organisations (via Tertiary Education Commission) to fund placement and provide wrap-around services • Working with Te Puni Kokiri to ensure engagement with Māori, their iwi/ communities • Working with DHBs to provide employment and support placements and wrap-around-services • Working with the Ministry of Education on recruitment initiatives and the education pipeline • The Treasury Health team, who have an interest in the outcomes in workforce development and economic participation.
<p>Agencies and Ministers that have been engaged in initiative development</p>	<p>As we will be implementing with a partnership model with other agencies, we have had initial discussions with the following partners:</p> <ul style="list-style-type: none"> • Tertiary Education Commission • Te Puni Kokiri • Ministry of Education
<p>Impact of cross-agency collaboration</p>	<p>To be successful in addressing the pipeline, we rely on the advice, support and services provided by other agencies, and their relationships with providers. It would be impossible without cross-agency collaboration and these initiatives help achieve the Government's goals, which these agencies are also trying to address.</p>
<p>Risks and challenges</p>	<p>Risks to this initiative include:</p> <ul style="list-style-type: none"> • If funding is not allocated in full and needs prioritisation against pipeline sections and professions, agencies and other organisations, (e.g. Tertiary Training and DHBs) will be less likely or unable to respond if funding is not available. (e.g. for training places, wrap-around-support, or supervision in paid employment) • There will be a requirement for buy-in from iwi and Māori communities, which may take time to achieve • There may be an external perception that the overarching goal is too aspirational to achieve by 2020 • The training and development market (e.g. education) may not have available or aligned resources to fully implement in the timeframes.

BUDGET SENSITIVE

- Will need buy-in from health employers which will mean a change in current mind-sets, which may take time to achieve.

Template 5: Example intervention logic map

Intervention

What is intended to be achieved? Immediately and medium/longer term

Wellbeing Impacts

Value relative to counterfactual

