Document 1

Te Puni Kōkiri
MINISTRY OF MĀORI DEVELOPMENT

Te Arawhiti
THE OFFICE FOR MĀORI CROWN RELATIONS

HEI WHAKATAU | BRIEFING

Supporting Māori communities through the COVID-19 transition

Date:	21 October 2021	**Priority**	High
Classification	In Confidence	**Tracking Number**	

Action sought	**Date action required by**
It is recommended that you: 1. **agree** to establish a *Māori Community COVID-19 Fund* for the purpose of supporting Māori, iwi and community organisations and providers to accelerate their responses, and plan and build resilience ahead of the planned shift in the Crown's approach to a new COVID-19 Protection Framework across two phases: a. Phase 1: rapid vaccine acceleration b. Phase 2: whānau and community resilience.	21 October 2021

Contact for phone discussion (if required)			
Name	**Position**	**Telephone**	**1st contact**
Te Puni Kōkiri			
Geoff Short	Deputy Secretary, Policy	9(2)(a)	✓
Hamiora Bowkett	Deputy Secretary, Strategy		
Te Arawhiti			
Kelly Dunn	Deputy Chief Executive, Partnerships		✓

Other Agencies Consulted					
☐ MBIE	☐ MoJ	☐ NZTE	☐ MSD	☐ TEC	☐ MoE
☐ MFAT	☐ MPI	☐ MfE	☐ DIA	☒ Treasury	☒ MoH
☐ MHUD	☐ Other	DPMC			

Attachments	Annex 1 - MCCF - Fund design and parameters Annex 2 - Breakdown of funding model assumptions for Whānau Ora providers, Whānau Ora provider networks, Māori health providers and other groups Annex 3 - Breakdown of funding model assumptions for iwi and hapū groups, including their associated health and social service providers Annex 4 - Analysis of priority areas Annex 5 - Māori vaccination priority areas 11 October 2021

Minister's offices to complete:

☐ Approved ☐ Declined
☐ Noted ☐ Needs change
☐ Seen ☐ Overtaken by Events
☐ See Minister's Notes ☐ Withdrawn

Comments:

Te Puni Kōkiri
MINISTRY OF MĀORI DEVELOPMENT

Te Arawhiti
THE OFFICE FOR MĀORI CROWN RELATIONS

21 October 2021

Minister of Finance
Minister for Māori Crown Relations – Te Arawhiti
Associate Minister of Health (Māori Health), Minita mō Whānau Ora
Te Minita Whanaketanga Māori

Cc Prime Minister
Minister for COVID-19 Response

Supporting Māori communities through the COVID-19 transition

Purpose

1 This paper proposes the establishment of a $120 million Māori Communities COVID-19 Fund (**MCCF**) that will support Māori, iwi and community providers to accelerate their current responses and build resilience ahead of the planned shift in the government's approach to a new COVID-19 Protection Framework (the framework).

2 This funding will be time bound and operate until the end of May 2022. This will allow the fund to support the transition and allow vital supports in preparation for and through the early months of the new framework.

Executive Summary

3 The introduction of the government's approach to a new COVID-19 Protection Framework will increasingly rely on locally-led responses to COVID-19 events. In this context, Māori COVID-19 vaccination rates need to rise sharply in some age groups and additional resources are needed to bring extra efforts and incentives to bear for those groups that the current approach is not yet making the difference.

4 While we are making progress, we need to redouble our efforts to increase vaccination rates for Māori populations within each DHB as they look to reach 90% coverage. We are aware that Māori, iwi and community providers are already showing signs of their resourcing being stretched thin. We need to build on the resourcing and efforts already being made to achieve equity and the groups we need to target will be harder to engage in the vaccination activity. Resources are needed to enable different approaches and for the provision of incentives. A fast-paced decision-making approach to get additional resources out to support work on the ground by iwi and Māori providers is necessary.

5 On 18 October 2021, you received delegated authority to act to establish a fund to support Māori, iwi and community providers to increase Māori vaccination uptake and transition to the new framework.

6 This paper proposes to establish a Māori Communities COVID-19 Fund (**MCCF**) with an overall fund amount of $120 million. The fund will complement the

regional approach of the new framework and allow for regional and community-led initiatives across the country, in coordination with local and District Health Board (DHB) activities, targeted at areas with low vaccine up take and low Māori engagement with health providers.

7 The fund will operate as a multi-category appropriation (MCA) within Vote Māori Development, for the purpose of supporting Māori, iwi and community providers to accelerate their current responses and build resilience ahead of the planned shift in the government's approach to a new COVID-19 Protection Framework. Decisions on the fund will be made by a Ministerial Oversight Group for the fund, consisting of the Minister of Finance, the Minister for Māori Crown Relations – Te Arawhiti, te Minita mō Whānau Ora, and te Minita Whanaketanga Māori.

8 We propose a two-phase approach to distributing the funding.

8.1 **Phase 1** will support rapid vaccination uptake by resourcing both national and local initiatives that facilitate and incentivise whānau access to vaccination services, including through communications, outreach activities, and mobilisation. While we have the capacity to deliver vaccinations for the remaining non-vaccinated Māori population, further resourcing is required to maintain the momentum we are building in terms of demand and to reach those age cohorts and groups who find it harder or are less willing to engage with the system. This is an immediate priority, so Phase 1 will commence in the week beginning 25 October 2021 and be progressed over the next two months, providing direct funding to Māori, iwi and community providers, including those that have existing funding relationships with Te Puni Kōkiri, the Ministry of Health and the Office for Māori Crown Relations – Te Arawhiti (**Te Arawhiti**).

8.2 **Phase 2** will support Māori, iwi and communities to respond to the new COVID-19 protection framework which, in some cases, will involve adapting and implementing existing pandemic response plans and resilience planning. Funding will focus on increasing resilience by supporting social cohesion, ensuring access to information and resources, and supporting locally-led and co-designed approaches to managing local priorities and risk.

This work will need to be developed in line with the design work currently underway from the Ministry of Social Development and the Ministry of Health and subject to report back to cabinet in early November 2021.

As an increasing priority in the lead up to the Christmas period, the first tranche of funding will be allocated from November onwards. Te Minita Whanaketanga Māori will have delegated authority to hold Phase 2 funding in contingency, with allocation decisions dependant on criteria focussed on priority target locations and population groups, vaccination uptake progress and community preparedness. The Ministerial Oversight Group will be briefed on proposed criteria by the end of October, so that Phase 2 funding can be made available by mid-November.

9 The fund will be administered by Te Puni Kōkiri, with advice provided to Ministers through a senior officials group consisting of Te Puni Kōkiri, Te Arawhiti, the Ministry of Health and the Department of Prime Minister and Cabinet. This group will hold strategic oversight of funding options and progress towards the objective of the fund.

10 The MCCF is intended to be a flexible funding pool that is adaptable to changing circumstances, for example, to prioritise vaccination uptake activity if required in the first few months. Ministers will be able to regularly review and iterate the settings and phasing of funding within the fund to ensure that resources are being applied to the most critical issues at the right time.

11 The funding is intended to support on the ground activities and incentives that will build on the health system efforts to mobilise communities to engage whānau to move to be vaccinated, get support to hard-to-reach groups to access available vaccination services, and support the efforts of vaccination services to be accessible in those communities where vaccination rates are lower and where it is more challenging to increase uptake.

Current Situation

12 While Māori aged over 65 years of age have high levels of equity in the vaccination rates, as at 18 October 2021, the Māori population as a whole has the lowest first and second dose vaccination rates (665/1000 and 452/1000 respectively) of any identified ethnicity. These rates are around 19 and 23 percentage points lower than first and second vaccination dose rates for NZ European/ Other Ethnicity group.

13 While there has been a considerable lift in weekly vaccinations for Māori in recent weeks, there is significant concern over the remaining number of vaccinations needed in Māori communities to achieve equity, particularly in the 12-34 year age groups where there appears to be greater levels of hesitancy.

14 Māori have an increased incidence of co-morbid health conditions, and this, combined with the population distribution of high numbers in proximity to the border and employment in essential worker roles, means that Māori bear a disproportionate amount of the health risks that come from relaxing health measures around COVID-19. Differing demographic characteristics between Māori and non-Māori also means that exposure to the health risks of COVID-19 is highly likely to present differently in Māori communities.[1]

15 The recent lift we have seen in Māori vaccination rates has been due to investment in Māori providers and the efforts of Māori leadership at the national and community level. More investment is needed in the vaccination roll-out with a focus on Māori, and these resources must swiftly reach those Māori providers

[1] For example, six percent of the Māori population are aged 65 years and older compared to 17 percent for non-Māori. 26 percent of the Māori population (compared to 14 percent of non-Māori) are not current eligible to receive the COVID-19 vaccine due to being aged 12 years and younger. (This information is based on data using Health Service User (**HSU**) population estimates, which counts the number of people who received health services in a given year. Someone is counted in the population if their associated National Health Index (NHI) number received public health services or was enrolled with a primary health organisation (PHO).)

that are currently pushing hard to lift vaccination rates. Further investment continues to be needed to sustain this approach.

16 With the announcement of a new COVID-19 Protection Framework (the framework), and the new vaccination targets required to support a transition to the new framework, the government will need to support increasing Māori vaccination rates and empower Māori to prepare for and lead an effective and safe transition.

17 Māori Ministers have been engaging with Māori leaders from across the country and have heard calls for greater support for Māori communities to lead initiatives targeting their preparedness and protection as we move to the next phase of our response to COVID-19. The timing of this is important because, as we have seen through the COVID-19 lockdowns across 2020 and 2021, Māori whānau and communities often also have compromised resilience due to enduring economic hardships, greater likelihoods of missing out on education due to the digital divide, and higher chances of encountering barriers to accessing healthcare when they have higher rates of long-term conditions and mental health needs.

18 As we have also seen in our COVID-19 approaches to date, particularly through the vaccination efforts led by the Ministry of Health, Te Puni Kōkiri and Te Arawhiti, Māori providers, iwi groups and key Māori organisations have deep connections and networks into their communities that can reach whānau often on the margins of government responses. Importantly, these providers, groups and organisations are often highly trusted by those whānau in need.

19 However, while we are aware that collaboration is happening between DHBs and Māori, iwi and community providers at variable rates in regions, the Māori, iwi and community provider workforce is becoming increasingly strained. Their knowledge and connections with whānau and their communities creates a pathway to drive demand for vaccination uptake, however, this opportunity will be unrealised without additional resourcing.

20 This funding is therefore aimed at promoting greater collaboration between Māori, iwi and community providers with DHBs and other key groups in regions. This collaboration is critical to ensure that as Māori organise to support vaccination uplift and adapt to the new framework, relevant government services are also ready and involved.

21 This paper proposes the establishment of a dedicated and focussed fund that will support iwi and Māori to implement initiatives that ensure their preparation for and transition to the new framework in a way that draws on the leadership of Māori communities and embeds immediate and ongoing resilience activity. It complements the regional approach of the new framework and allows for regional and community-led initiatives across the country, targeted at areas with low vaccine up take and low engagement with traditional health providers. This approach will protect Māori health outcomes and have a particular focus on increasing the vaccine rate for Māori.

22 The funding will complement existing Ministry of Health and DHB work and will work in with the vaccine programme and the wider COVID response rather than duplicate existing activities. It will support Māori providers and iwi and community organisations to spend time in communities where Māori vaccination rates are lower and resource work to connect vaccination services with whānau through mobilisation activities.

The Māori Communities COVID-19 Fund

23 We propose the establishment of a Māori Communities COVID-19 Fund (**MCCF**) to enable rangatiratanga in a system that will increasingly rely on the community management of COVID-19. The MCCF will see funds deployed in two phases:

23.1 *Phase 1 – Rapid Vaccine Acceleration:*
Expanding and/or establishing contracts with existing and/or new providers and partners to achieve Māori vaccination uplift, with a focus on driving vaccination demand.

23.2 *Phase 2 – Whānau, iwi and community resilience:*
Investing in Māori-led, community-designed preparedness initiatives for COVID-19 responses as the regionally led response work further develops

24 The MCCF is intended to be a flexible funding pool that can adapt to changing circumstances and address high priority activities through a multi-agency approach. Ministers will have the ability to regularly review and iterate the settings and phasing of funding within the fund to ensure that resources are being applied to the most critical issues at the right time. Examples of events which could trigger a review include localised COVID-19 outbreaks, Medsafe approval for 5–12 year-olds to receive the vaccine, new advice relating to the use of booster shots and so on.

25 The MCCF will place a strong focus on supporting communities at risk – this includes both communities with low vaccination rates, but also those facing high deprivation. We will continue to monitor vaccine areas and look to assist areas they may be falling behind. Initial analysis suggests the following DHB areas as being a high priority for focussed activity, but this will be revisited as vaccination uptake information continues to be received:

25.1 Counties Manukau

25.2 Lakes District

25.3 Taranaki

25.4 Tairawhiti

25.5 Northland

25.6 Bay of Plenty.

26 Annex 5 provide examples of analytics outputs commissioned by Te Puni Kōkiri, using Ministry of Health data to identify high priority areas for targeted activity at a Statistical Area 2 (SA2) level. We will support all providers to ensure that all activity is targeted and focused in the right areas.

Phase 1 – Rapid Vaccine Acceleration

27 Increasing Māori vaccinations is the clearest path to protecting Māori communities from future COVID-19 outbreaks. The dedicated efforts made in the past few months have made some impact for Māori, but scope remains for further intense efforts to be made to lift vaccination rates as DHBs move towards their goal of 90% and higher.

28 In order to move quickly to support Māori vaccination uptake, Phase 1 will provide direct financial support to iwi and Māori community providers to support rapid demand-driven actions to accelerate vaccination uptake over the next two months, starting in the week beginning 25 October 2021.

29 These will be iwi and Māori community-designed and implemented initiatives that complement the vaccination roll out led by the Ministry of Health, including localised communications, community-based 'max vax' events, use of things like kai packs and other incentives to engage with whānau, and support for transportation, information and access. Initiatives we have invested in so far are already working alongside the Ministry of Health and DHBs responsible for vaccination supply. Rapid vaccination uptake requires this collaboration to continue to ensure that vaccination supply is supported by Māori, iwi and community-led outreach and mobilisation activities.

30 Through this fund, government will seek to employ a concentrated focus on vaccination uptake in areas where Māori vaccination rates are low. However, the overall focus of the funding is on getting resources to those groups working on the ground who are making things happen as opposed to being overly caught up in decision-making processes or specific targets. To do this, Te Puni Kōkiri, Te Arawhiti and the Ministry of Health will all be working to provide funding directly from government to key Māori, iwi and community organisations, including those that they have existing funding agreements with (Annex 2 and 3 provide examples of the activities these groups may lead). This reflects the time sensitive nature for the Phase 1, with funding treated as an emergency response with a focus on rapid deployment. We will be seeking agreement next week to initial funding proposals.

31 These groups will include:

31.1 Whānau Ora providers, Whānau Ora provider networks, Māori health providers and other groups already engaged to support vaccination uplift

31.2 regional providers, supported by Te Puni Kōkiri regionally led plans

31.3 iwi and hapū groups including their associated health and social service providers; and

31.4 other Māori community providers.

32 Within these groups, we will be looking for opportunities to target key cohorts and demographic groups. For example, rangatahi Māori, whānau without permanent housing (including homeless, emergency housing, transitional housing), tāngata whaikaha, whānau in rural and remote locations, whānau who are not well connected to health services, and Māori with mental health and addictions conditions. This approach aligns with the Ministry of Health priority groups for vaccination uptake, and Te Puni Kōkiri and Te Arawhiti will stay closely connected with the Ministry of Health to ensure coordination in approach.

33 We propose $60m be allocated immediately towards Phase 1. Annex 2 and Annex 3 provide funding model breakdowns.

Phase 2 – Whānau / Community Resilience

34 To further support Māori to transition to the new framework, Phase 2 will support iwi and Māori-led, community-designed preparedness initiatives, as the regionally led response work further develops shape under the leadership of the Ministry of Social Development and the Ministry of Health.

35 This phase will support Māori, iwi and communities to implement measures that build on vaccination progress in Phase 1. It will include building on the progress that has been made to date through our Caring for Communities response, by focussing on Māori, iwi and community-led local responses to COVID-19 risks, co-design with local partners where appropriate, and their implementation of the new framework. It is expected to help boost uptake in the current vaccine programme by embedding community responses and connections, and may involve activities to start incentivising higher uptake for wider 2022 vaccine programmes, including a potential COVID-19 booster vaccine, as well as the flu vaccine, HPV and MMR.

36 This will include local COVID-19 response activities, and the necessary community social infrastructure building and adaptation to align with the new framework. Examples of activities that may be funded include:

36.1 support testing and other public health measures required under the new framework

36.2 community outreach, mobilisation of resources, backfilling BAU functions to retain capacity to support rapid responses

36.3 support diagnosis and at-home management of COVID-19 (for example, support to self-isolate at home)

36.4 meeting other priorities identified by communities to enable them to manage their participation in, and adaptation to, the new framework, such as capital items (such as mobile services), digital connectivity, phone and data packages, or improved information and communications.

37 Funding allocation for Phase 2 will be administered using a portfolio approach, where proposals will be rapidly collated and with Ministerial decisions made on a portfolio of initiatives to invest in. We envisage multiple funding rounds taking place to agree the different tranches of investment, and to enable flexibility to scale up and down as needed.

38 Proposals will be developed with Māori, iwi and community groups that have connection and leadership within their communities. This is expected to build on existing planning in Māori, iwi and communities (for example iwi pandemic response plans, Whānau Ora resilience initiatives, and community resilience funding) by investing in the co-design of locally-led solutions based on local priorities. For example, this may include how a community might manage the broader health and mental health needs of its community as it transitions to the new framework, or how it supports tamariki and rangatahi safety and wellbeing needs, including engagement in schooling.

39 It is important that community planning for the new framework, in addition to vaccination uptake, is progressed as early as possible if we are to ensure Māori and community preparedness. It is also important that Phase 2 aligns with the joint Ministry of Health and Ministry of Social Development Whānau Resilience package. Subject to timeframes aligning, we will engage respective networks to identify a portfolio of initiatives to be invested through Phase 2 in November 2021, with a view to the first Tranche of funding decisions being made in December 2021. Depending on the funding levels needed for Phase 1 it may also be necessary to draw from the contingency for Phase 2 activity to further bolster resources set aside for the vaccination work.

Governance and fund administration

40 Decisions will be made by you as a Ministerial Oversight Group for the fund (Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, Associate Minister of Health (Māori Health), te Minita mō Whānau Ora, and te Minita Whanaketanga Māori. The time sensitive nature of the decision-making process means the Ministerial Oversight Group will need to be supported by fast-paced approval papers as opposed to detailed business cases that will take too long to develop and progress.

41 A senior officials group, including representatives from Te Puni Kōkiri, Te Arawhiti, the Department of Prime Minister and Cabinet, the Treasury and the Ministry of Health, will support the Ministerial Oversight Group make decisions about drawing down the fund by providing strategic oversight of funding options and progress towards the objective of the fund.

Financial Implications

42 We propose an overall fund amount of $120 million. We believe this amount will lead to a significant impact on the level of preparedness of communities to support Māori outcomes under the new COVID-19 management approach.

43 We propose to allocate this funding across as follows:

Phase 1 *Rapid Vaccine Acceleration*	Phase 2 *Whānau / Community Resilience*	TOTAL
$60m Oct-Dec 2021	$60m Nov 2021 – May 2022	$120m

44 The funding for Phase 1 is based on current and anticipated costs across vaccination capability building, administration support, initiatives to promote engagement, and develop or implement relationships and partnerships to support vaccination activity (annex 2). The funding for Phase 2 is based on costings across existing and proposed whānau and community resilience building activities, which use iwi pandemic response planning and Whānau Ora programmes as a proxy for capturing whānau across a range of rohe and cohorts.

45 The Minister of Finance has approved the establishment of a multi-category appropriation (MCA) within Vote Māori Development, for the purpose of supporting Māori, iwi and community providers to accelerate their current responses and build resilience ahead of the planned shift in the government's approach to a new COVID-19 Protection Framework. The fund will be administered by Te Puni Kōkiri.

46 We propose that Te Minita Whanaketanga Māori, with the agreement of the Minister of Finance, has delegated authority to hold Phase 2 funding in contingency. Allocation decisions will be dependent on criteria agreed by the Ministerial Oversight Group and cross-agency assurance arrangements ensuring that any Phase 2 projects align with the broader strategy for COVID-19. These criteria will target funding to priority areas and population groups in consideration of vaccination uptake progress and community preparedness. These criteria and assurance arrangements will be reported to the Ministerial Oversight Group through the senior officials group in time to ensure that Phase 2 funding can be made available by mid-November. The Ministry of Social Development will need to be involved in the senior officials group as Phase 2 progresses, and Ministers may need to consider involving the Minister for Social Development's role as part of the Ministerial Oversight Group as this work takes shape.

47 The MCCF is intended to be a flexible funding pool that is adaptable to changing circumstances, for example, to prioritise vaccination uptake activity if required in the first few months. Ministers will be able to regularly review and iterate the settings and phasing of funding within the fund to ensure that resources are being applied to the most critical issues at the right time.

48 We will take a multi-agency approach to the fund. Te Minita Whanaketanga Māori will allow access to the departmental and non-departmental appropriations administered by Te Puni Kōkiri through an administration and use arrangement with Te Arawhiti and the Ministry of Health. The multi-agency arrangement will be confirmed following approval of this paper.

49 At this stage, we don't propose that limits be put on the amount of individual funding distributions, or how much of the MCCF is set aside for each type of provider. Distribution amounts will be based on an assessment of the relative need of each community and what is required over and above existing services and initiatives at each stage.

50 We intend for the MCCF to operate with a strong regional lens, acknowledging the existing health outcome and access disparities across regions. The MCCF is not intended to replace any existing or future broad COVID-19 support initiatives such as the wage subsidy, and it will sit outside of the proposals proposed for Cabinet consideration in November on COVID-19 Response and Resilience Funding.

51 We expect that in operationalising this fund, further community needs and opportunities will be identified for embedding longer term social and economic resilience within Māori and iwi communities. Where these arise, they will be progressed as part of Budget 2022 discussions.

Population and Treaty Implications

Treaty considerations

52 The proposals in this paper are part of ensuring the Government's approach to managing the COVID-19 pandemic is Treaty-consistent.

53 The Waitangi Tribunal's 2019 report on Stage One of the Health Services and Outcomes Kaupapa Inquiry, *Hauora*, expressed that the Crown has a Treaty responsibility to actively protect Māori health outcomes. This suggests that the Crown would be in breach of the Treaty if it took steps to relax COVID-19 public health measures or changed its overall approach without taking active steps to address underlying and acute COVID-19 health disparities for Māori. We also note that the Waitangi Tribunal has released its final recommendations report this week, which will be taken into account where relevant in our implementation.

54 The MCCF is one of the active steps through which government can support increased vaccination rates and its empowering of communities to support Māori outcomes under a COVID-19 management approach with increasing community involvement.

55 The funding model will also allow the Crown to target support to vulnerable communities and regions in an effort to directly address current inequities, ensuring that the government's COVID-19 response is effective, particularly in the transition to a new framework.

56 The *Hauora* report also expressed that the Crown should look to enable rangatiratanga over Māori health services to the extent possible. This is reflected in the direct funding approach proposed here, in contrast to increased service provision from the Crown.

Consultation

57 This paper has been consulted with the Treasury and the Ministry of Health. The Department of Prime Minister and Cabinet has been informed.

Treasury comment

58 The Treasury is supportive of efforts to improve vaccination uptake amongst Māori and supports providing additional funding if it is required.

59 The success of a programme to increase uptake will require a step-up in the level of coordination across different parts of the system, including collaboration between government agencies, DHBs, iwi and hapū, and the providers and groups that receive this funding. In particular, there is a need to ensure that DHBs continue to work on the supply and delivery side of the vaccine programme and continue to find ways to adapt the current strategy to improve uptake (e.g. through adapting funding incentives for primary care).

60 Because of the nature of the MCCF as a flexible funding pool, it will also be important to have effective monitoring and oversight in place whilst still enabling targeted, swift and effective responses at the community level. There will need to be feedback loops to focus resources where efforts are proving most effective. This may also involve redirecting resources away from efforts that are not as effective.

61 We recommend that the Ministerial Oversight Group request that the senior officials group reports back to them next week with more detail on how the programme of work will be coordinated across agencies, and how the funding will be monitored against vaccination rates. A weekly reporting dashboard to Ministers may be useful to obtain real time data on vaccination rates, evaluate successful approaches, and pin-point where efforts need to be focussed to improve uptake.

62 Additionally, the paper notes that allocation decisions for the Phase 2 contingency will be dependent on criteria agreed by the Ministerial Oversight Group in early November 2021. It will be important that any projects that are funded from this contingency are well aligned to the broader COVID-19 response and in particular, the Ministry of Health's work programme on health system preparedness

Communications

63 We will support the offices of te Minita mō Whānau Ora and te Minita Whanaketanga Māori to prepare a communications package for release this Friday.

Recommended Actions

64 It is recommended that you:

1 **note** that the Government's approach to managing COVID-19 is shifting to a new COVID-19 Protection Framework;

2 **note** that comparatively low vaccination rates and higher prevalence of co-morbid conditions means that Māori would bear a disproportionate amount of the health risks associated with increased COVID-19 in the community;

3 **note** the Waitangi Tribunal has expressed that the Crown has a Treaty obligation to actively protect Māori health outcomes;

4 **note** that the Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, the Associate Minister of Health (Māori Health), te Minita mō Whānau Ora and Te Minita Whanaketanga Māori have received delegated power to act to establish and make decisions on a fund to support Māori vaccination uptake and transition to the new framework (the Ministerial Oversight Group);

5 **agree** to establish a *Māori Community COVID-19 Fund* for the purpose of supporting Māori, iwi and community organisations and providers to accelerate their responses, and plan and build resilience ahead of the planned shift in the Crown's approach to a new COVID-19 Protection Framework across two phases:

5.1 Phase 1: rapid vaccine acceleration

5.2 Phase 2: whānau and community resilience;

6 **agree** that this fund have initial funding of $120 million, $60 million of which will be appropriated, with the other $60 million set aside in a tagged contingency;

7 **agree** that this fund is time bound and will receive and fund proposals until the end of May 2022;

8 **note** that there will be a multi-agency approach to the fund, with Te Minita Whanaketanga Māori allowing access to the departmental and non-departmental appropriations administered by Te Puni Kōkiri through an administration and use arrangement with Te Arawhiti and the Ministry of Health;

9 **note** that the Ministers in recommendation 4 will regularly review and iterate the settings and phasing of funding as required to ensure that resources are being applied to the most critical issues at the right time;

10 **note** that the Minister of Finance has approved the establishment of a new multi-category appropriation "Māori Communities COVID-19 Fund" in Vote Māori Development to be administered by Te Puni Kōkiri and with Te Minita Whanaketanga Māori as appropriation Minister, to support an uplift in Māori COVID-19 vaccination rates and building whānau and community resilience;

11 **note** that the Minister of Finance has agreed that the single overarching purpose of this appropriation is to achieve higher levels of vaccination and resilience against COVID-19 among Māori;

12 **note** that the Minister of Finance and Te Minita Whanaketanga Māori have agreed that the categories for this appropriation be as follows:

Title	Type	Scope
Phase 1: Rapid vaccine acceleration provider support	Non-departmental Output Expense	This category is limited to supporting community and Māori providers to achieve an uplift in vaccination of Māori against COVID-19
Phase 1: Rapid vaccine acceleration administration and promotion	Departmental Output Expense	This category is limited to administration and promotion to support an uplift in Māori COVID-19 vaccination rates.
Phase 2: Whānau and community resilience	Non-departmental Output Expense	This category is limited to supporting Māori-led and community-designed initiatives to increase the resilience of whānau and the community to COVID-19.

13 **agree** to increase expenditure to meet the costs of Phase 1 of the policy agreed in recommendation 5 above, with the following impacts on the operating balance and net core Crown debt:

	$m – increase/(decrease)				
Vote Māori Development Minister for Māori Development	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26 & Outyears**
Operating Balance and Net Core Crown Debt Impact	60.000	-	-	-	-
Total	**60.000**	**-**	**-**	**-**	**-**

14 **approve** the following changes to appropriations to provide for phase 1 of the policy agreed in recommendation 5 above:

	$m – increase/(decrease)				
Vote Māori Development Minister for Māori Development	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26 & Outyears**
Multi-category appropriation: Māori Communities COVID-19 Fund					
Departmental Output Expense: Phase 1: Rapid vaccine acceleration administration and promotion support	1.500	-	-	-	-
(Funded by Revenue Crown)	58.500	-	-	-	-

Non-Departmental Output Expense: Phase 1: Rapid vaccine acceleration provider support					
Total Multi-Category Expenses and Capital Expenditure: Māori Communities COVID-19 Fund MCA	60.000	-	-	-	-
Total Operating	**60.000**	**-**	**-**	**-**	**-**

15 **agree** that the proposed change to appropriations for 2021/22 above be included in the 2021/22 Supplementary Estimates and that, in the interim, the increase be met from Imprest Supply;

16 **agree** to establish a tagged operating contingency of up to the amounts as follows in Vote Māori Development, to provide for Māori Community COVID-19 Fund, Phase 2: Whānau and community resilience:

	$m – increase/(decrease)				
	2021/22	**2022/23**	**2023/24**	**2024/25**	**2025/26 & Outyears**
Māori Community COVID-19 Fund, Phase 2: Whānau and community resilience	60.000	-	-	-	-

17 **agree** that that the expenses incurred under recommendation 14 and the tagged operating contingency in recommendation 16 above be charged against the COVID-19 Response and Recovery Fund;

18 **authorise** the Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, the Associate Minister of Health (Māori Health), te Minita mō Whānau Ora and Te Minita Whanaketanga Māori jointly to draw down the tagged operating contingency funding in recommendation 16 above, subject to criteria and cross-agency assurance arrangements (to ensure that any Phase 2 projects align with the broader strategy for COVID-19) to be agreed by the Ministerial Oversight Group in early November 2021;

19 **note** that actions to be funded from the Whānau and community resilience funding will need to be aligned to the work currently being led by the Ministry of Social Development and the Ministry of Health to design the regionally led responses and is due to be reported back to Cabinet in early November 2021;

20 **note** that the Ministry of Social Development will be added to the senior officials group as we progress into Phase 2;

21 **direct** Te Puni Kōkiri to ensure that it can separately report on how much of this funding has been spent, forecast expenditure and progress against key

milestones; at least quarterly, and to report regularly to the group of Ministers in recommendation 4 on what is being achieved with that expenditure;

22 **direct** the Senior Officials Group to report to the Ministerial Oversight Group in the week beginning 25 October 2021 with information on how the programme of work will be coordinated across agencies, and how the funding will be monitored against vaccination rates (including data from the Ministry of Health).

9(2)(a) [redacted]

Dave Samuels
Te Tumu Whakarae mō Te Puni Kōkiri
Secretary for Māori Development

9(2)(a) [redacted]

Lilian Anderson
Tumu Whakarae Te Arawhiti

Approved / not approved	Approved / not approved
Hon Grant Robertson Minister of Finance	9(2)(a) [redacted] Minister for Māori Crown Relations – Te Arawhiti
Date:_____ / _____ / 2021	Date:21 / 10 / 2021

Approved / not approved	Approved / not approved
Hon Peeni Henare Associate Minister of Health (Māori Health) Te Minita mō Whānau Ora	Hon Willie Jackson Te Minita Whanaketanga Māori
Date:_____ / _____ / 2021	Date:_____ / _____ / 2021

Te Puni Kōkiri
MINISTRY OF MĀORI DEVELOPMENT

Te Arawhiti
THE OFFICE FOR MĀORI CROWN RELATIONS

Annex 1– Māori Communities Covid Fund – Fund Design and Parameters

	1 Rapid Māori vaccine acceleration	2 Whānau, Iwi, Community Resilience
Scope of stage	• Investing into known providers and partners, including iwi and Whānau Ora providers, health providers and Te Puni Kokiri lead regional regional plans to achieve a Māori vaccination uplift in priority areas	• Investing in Māori, iwi and community-designed preparedness initiatives that include local COVID-19 response initiatives (for example preparing a local COVID workforce), supporting community social infrastructure building and adaptation
Criteria for selecting who to invest in	• Focus on providers that Te Puni Kōkiri, Te Arawhiti, and Ministry of Health have existing relationships with, • Ability to rapidly deploy funding • Deep understanding of communities, • Ability to target activity in priority area	• Focus on Māori providers and iwi or community groups that can demonstrate connection and leadership within their communities.
Approach to funding allocation decisions	• Emergency response – focus on ability to rapidly deploy funding	• Mix of rapid response and implementation of portfolio of initiatives
Role of agencies to deliver stage	• Te Puni Kōkiri, Te Arawhiti and the Ministry of Health to lead and hold all contracts, and jointly report to Ministers.	• Te Puni Kōkiri, Te Arawhiti and Ministry of Health to lead, with other agencies to input specific initiatives as agreed during funding rounds.
Quantum of funding	• $60m – allocated across agencies (for example, Te Puni Kōkiri, Te Arawhiti, and Ministry of Health)	• $60m (held in contingency)
Timeframe	• October – November 2021 • Implemented immediately	• November 2021 to May 2022 • Initiatives underway by December
Governance and fund administration	• Decisions on funding will be made jointly by the Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, the Associate Minister of Health (Māori Health), te Minita mō Whānau Ora, and te Minita Whanaketanga Māori (the Ministerial Oversight Group). • These decisions will be informed by advice from a senior officials group, and including representatives from Te Puni Kōkiri, Te Arawhiti, the Department of Prime Minister and Cabinet and the Ministry of Health	
Approach to funding	• Funding will be delivered through a Multi-Category appropriation administered by Vote Māori Development but accessible from multiple agencies • Phase 2 funding will be held in contingency with flexibility to respond to changing circumstances (for example, new advice relating to booster shots, or 5-12 year old vaccine update)	

Annex 2 – Breakdown of funding model assumptions for Whānau Ora providers, Whānau Ora provider networks, Māori health providers and other groups

Vaccination uptake statistics

Group	#
Total eligible Māori population	571k
Number of Māori with at least 1 dose	380k (66.5%)
Remaining Māori with no doses	191k (33.5%)

Breakdown of funding components

Component of cost	Total cost estimate
National Vaccination Enabler Package	
• *Rangatahi Focused – e.g. school stationery, data cards and other subscriptions*	*$4.5m*
• *Whānau Focused – e.g. petrol and supermarket vouchers, kai at vaccination sites, spot prizes etc*	*$6m*
• *Community Focused – Summer concerts, "Vax-cation" packages for whānau*	*$4.5m*
Vaccination Enabler Sub Total	**$15m**
Vaccine administration support package (4 sites each, 6 months)	
• *Community vaccine centres (includes nurses, assistants, security, operating expenses)*	*$6.5m*
• *Mobile vaccine services*	*$2m*
• *Vaccine referral management centres*	*$1.5m*
Vaccine administration sub total	**$10m**
National Vaccination Capacity Building Package	
• *Caravans and fixed sites, including medical equipment and relevant customisation*	*$15m*
• *Recruitment, IT, Licensing to support capacity*	*$5m*
Vaccination Capacity Building Package	**$20m**
Localised, targeted regional partnerships	
• *Partnering with large iwi and local providers with capability (via regional plans led by TPK)*	*$10m*
• *Partnering with nationally focused providers for targeted activity*	*$5m*
Localised regional partnerships subtotal	***$15m***
Total estimate for Phase 1 Vaccination Uplift	**$60m**

Assumptions used:

- Based on engagements and proposals received with Whānau Ora commissioning agencies and other providers under contract with Te Puni Kōkiri to support vaccination uplift
- Assumes national coverage, with focus on priority areas
- Māori vaccination rates based on Ministry of Health Datasets

Annex 3 – Breakdown of funding model assumptions for iwi and hapū groups, including their associated health and social service providers

Breakdown of Phase 1 fundable activities

Funding will support the following activities:

- **Communications outreach**
    - developing bespoke communications material
    - social media campaigns
    - website updates
    - wellbeing calls and community outreach around their community, particularly taiohi and pakeke (20-34 year olds) and the vulnerable
    - establishing or maintaining 0800 phone numbers
    - developing promotional materials
- **Supporting vaccine uptake**
    - training community members to become vaccinators
    - facilitating mobile vaccination services
    - holding vaccination events
    - developing bespoke communications material including community spokespersons, particularly for taiohi and pakeke (20-34 year olds), outreach to encourage and facilitate vaccinations
    - vaccine referral management centres
    - organising vaccination logistics
    - vaccination incentives including spot prizes

Note:

- Applicants will need to provide high-level work programmes including estimated costs for use of the funding towards the activities listed above; and
- Activities listed above may include the costs of staff and contractors.

Annex 4 – Analysis of priority areas

Te Puni Kōkiri has commissioned analytics work to understand communities with low vaccination rate to prioritise vaccination uplift activity.

Annex 5 (attached to this briefing) highlights communities across the motu with low vaccination rates; the 20 communities with the lowest rate for Dose 1 update are listed below:

SA2 Name	DHB Area	Eligible Pop	Dose 1 %	Dose 2 %
Kaikohe	Northland	2717	18.0%	10.4%
Opotiki	Bay of Plenty	2126	21.9%	13.2%
Tarawera Park	Bay of Plenty	1974	22.7%	12.7%
Wairoa	Hawke's Bay	2446	24.3%	19.5%
Kaitaia West	Northland	1841	25.6%	14.8%
Maraenui	Hawke's Bay	1565	26.8%	14.6%
Murupara	Bay of Plenty	1215	27.2%	16.0%
Turangi	Lakes	1682	28.7%	17.0%
Waingarara-Waimana	Bay of Plenty	1445	30.0%	16.2%
Outer Kaiti	Tairawhiti	1601	30.0%	18.9%
Huntly West	Waikato	1696	32.1%	20.8%
Kaiti South	Tairawhiti	1641	33.1%	21.8%
Raumanga	Northland	1413	33.4%	19.0%
Kaitaia East	Northland	1307	34.4%	20.2%
Lochain Park	Hawke's Bay	1350	34.7%	21.6%
Waitara West	Taranaki	1217	35.5%	18.3%
Elgin	Tairawhiti	1419	35.6%	23.3%
Papakura Kelvin	Counties Manukau	1464	36.9%	19.9%
Otangarei	Northland	1241	36.9%	19.7%
Fordlands	Lakes	1215	37.0%	22.0%

The analytics below (and in Annex 3) will be supported by information about demographics and socioeconomic indicators for each of these priority areas to inform activity,

Te Puni Kōkiri
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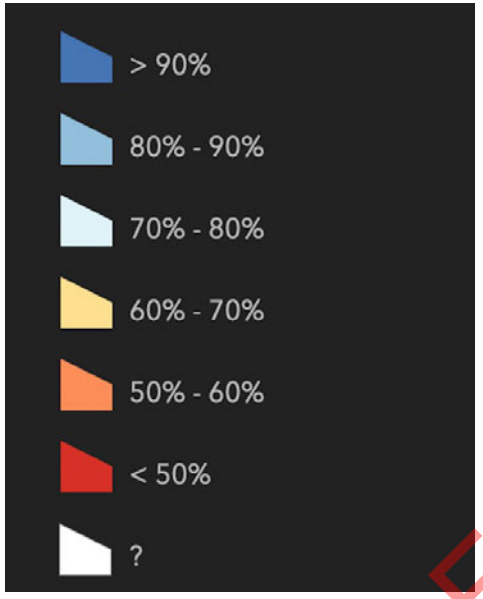
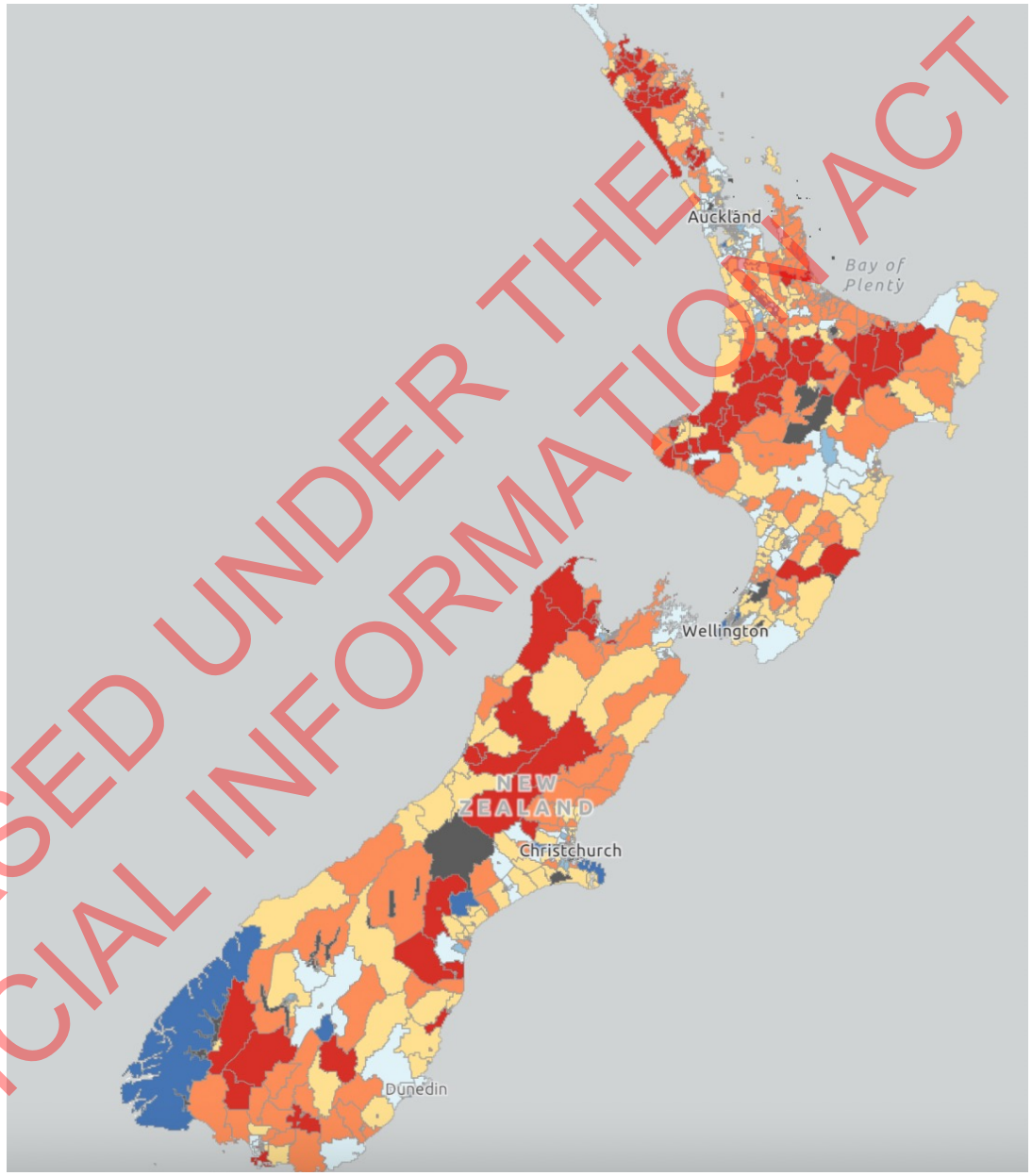
Annex 5 – Māori vaccination priority areas 11 October 2021
(see separate attachment)

11-18 Oct 2021

Maori Vaccination priority areas: Dose 1

Doses remaining (unvaccinated) / HSU total population

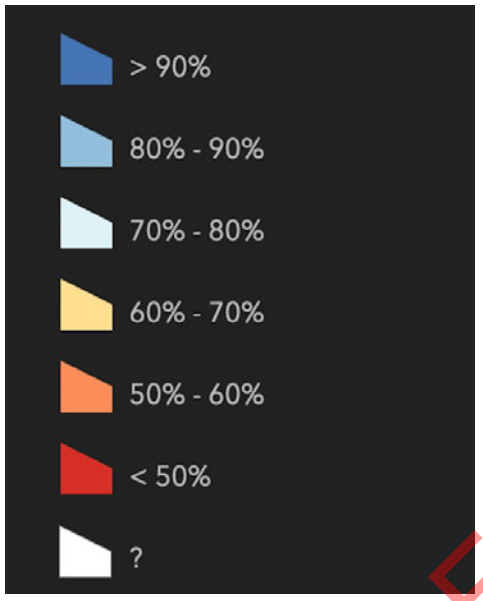


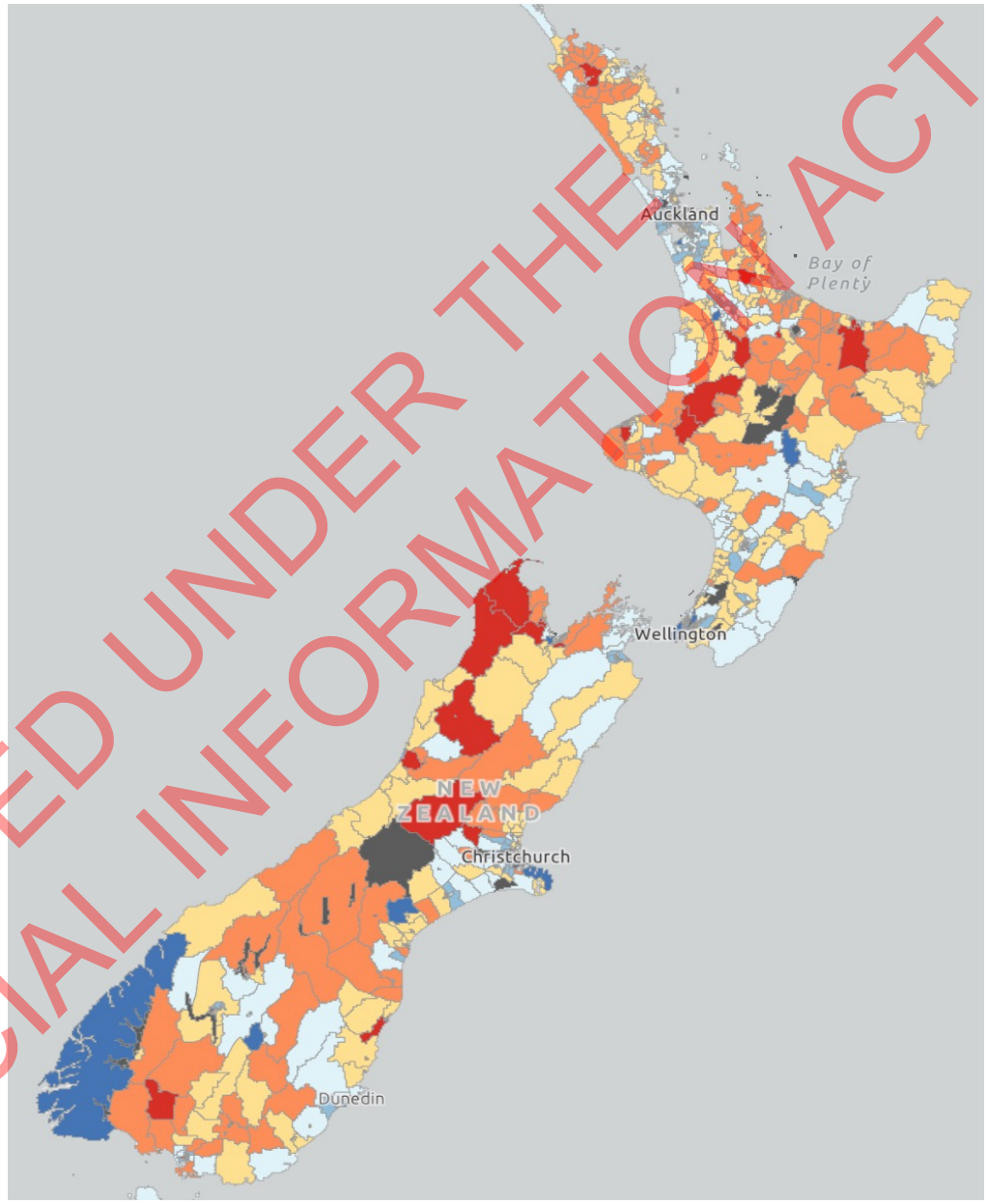


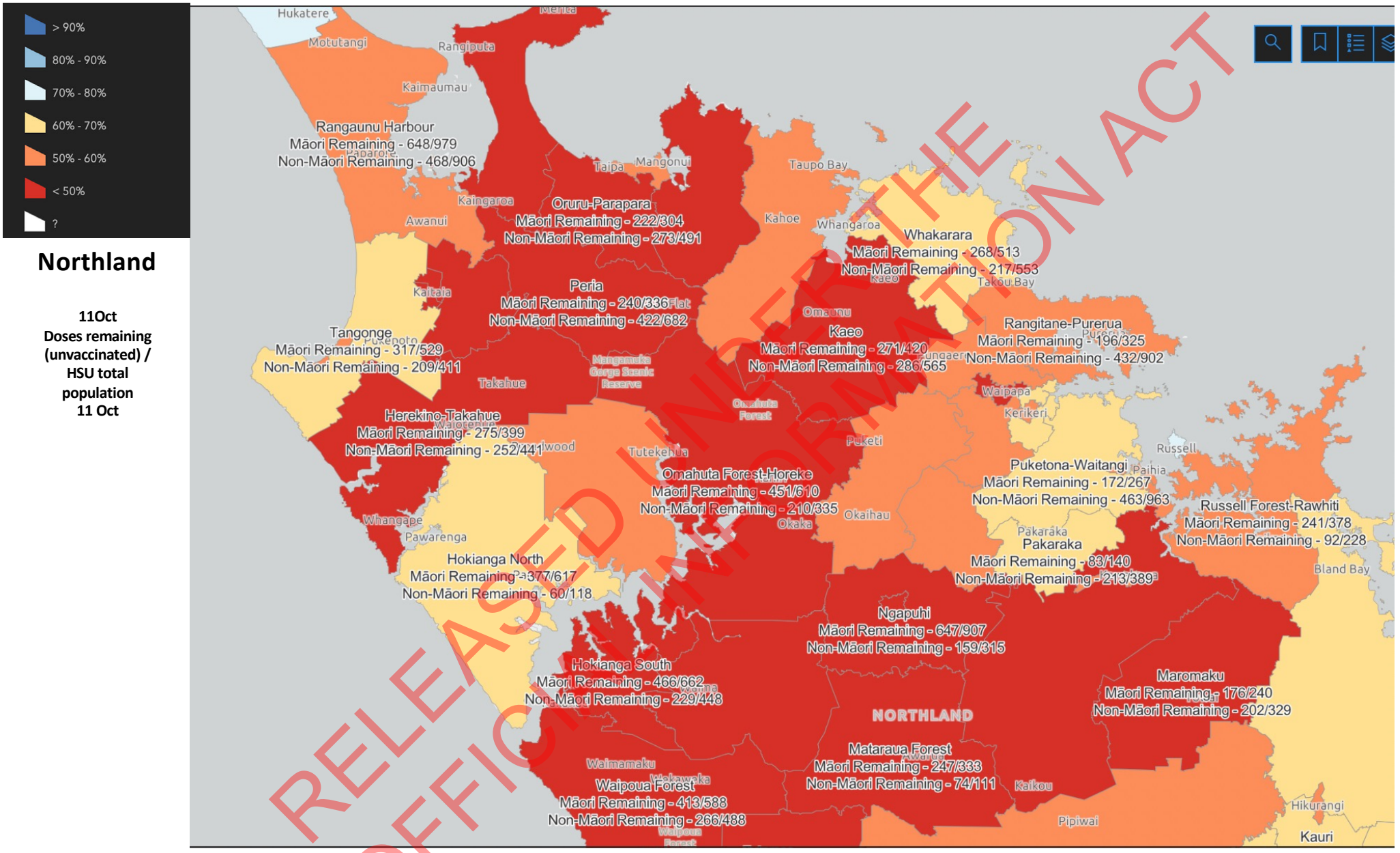
18 Oct 2021

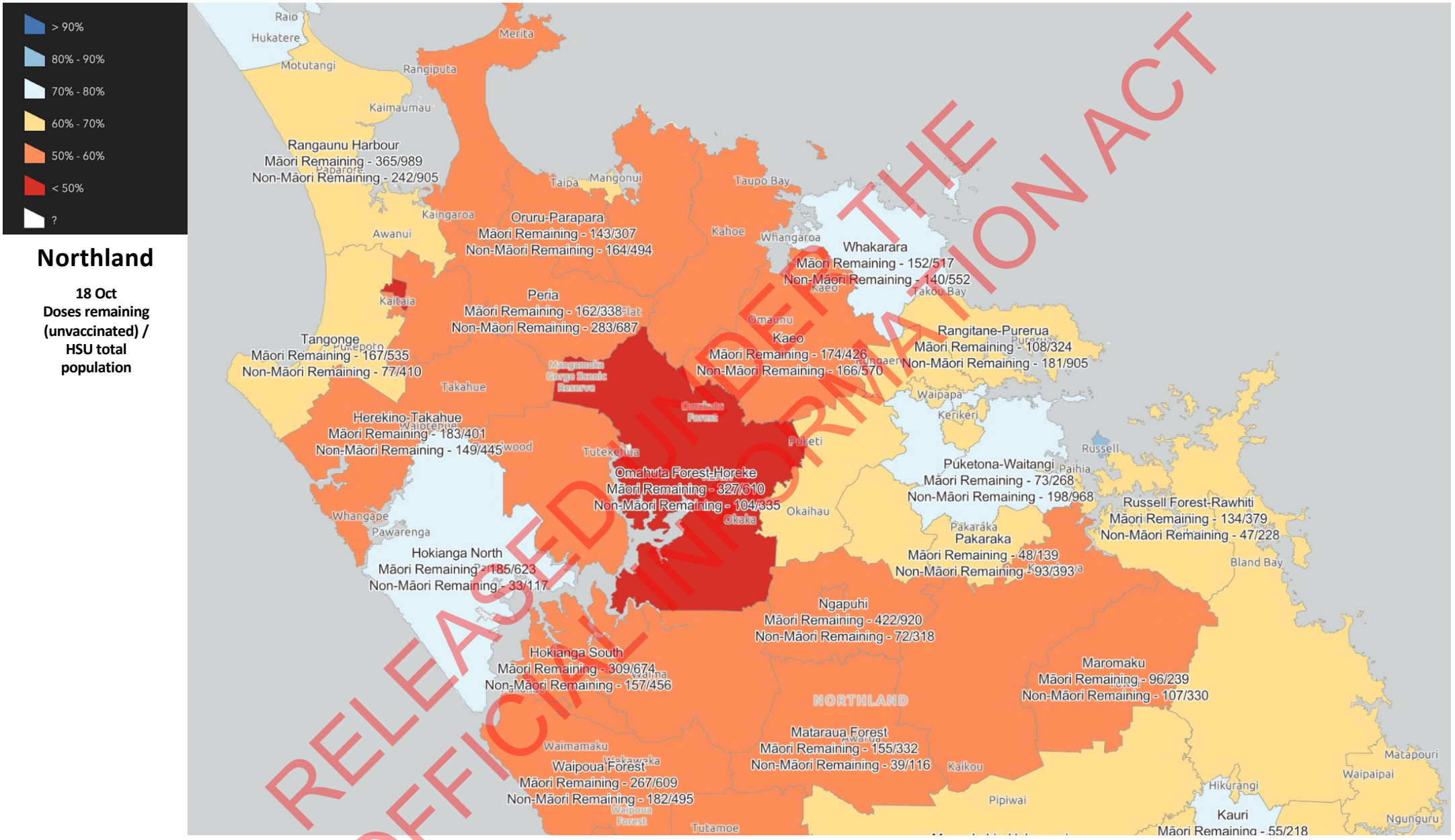
Maori Vaccination priority areas: Dose 1

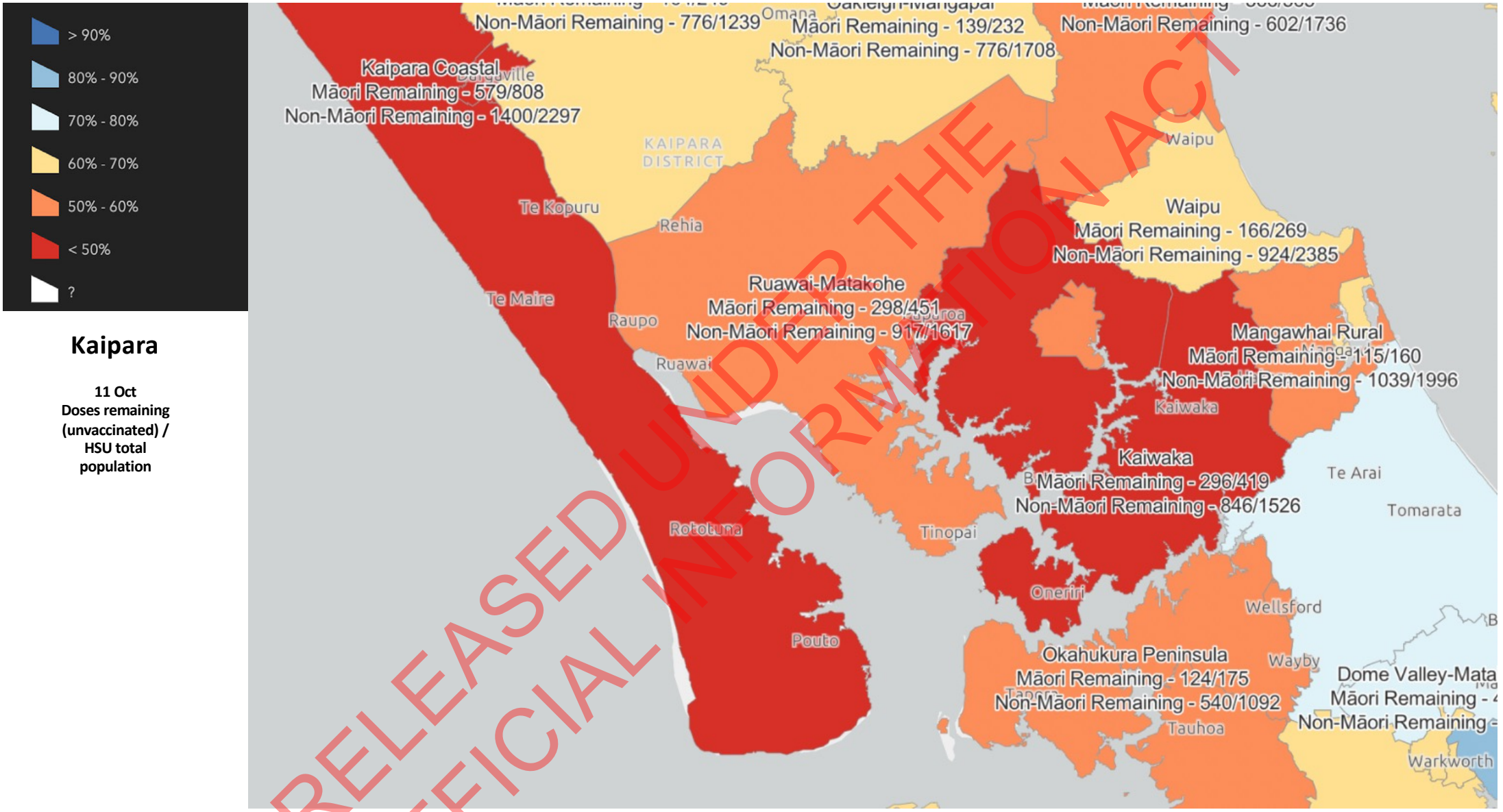
Doses remaining (unvaccinated) / HSU total population





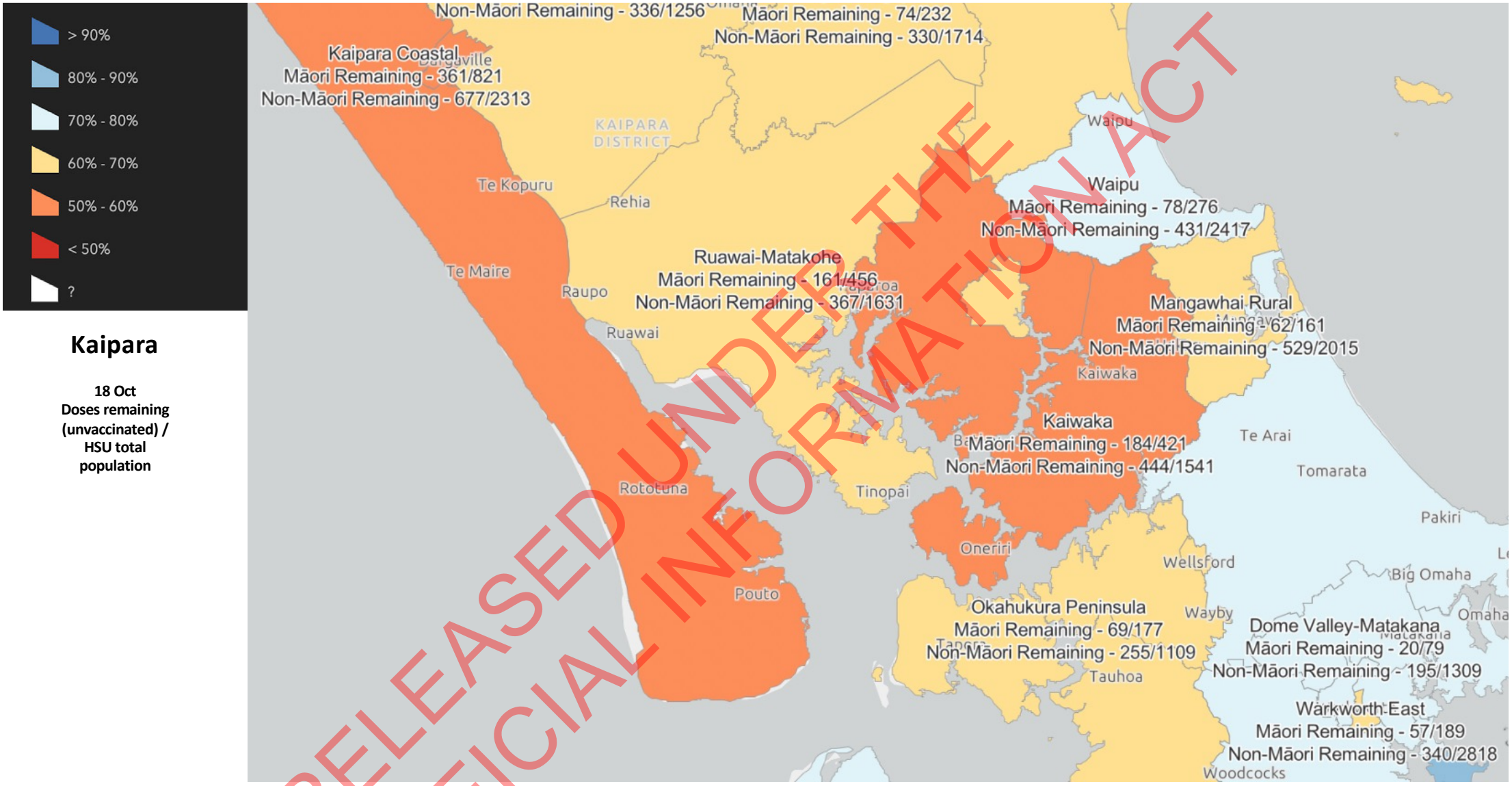


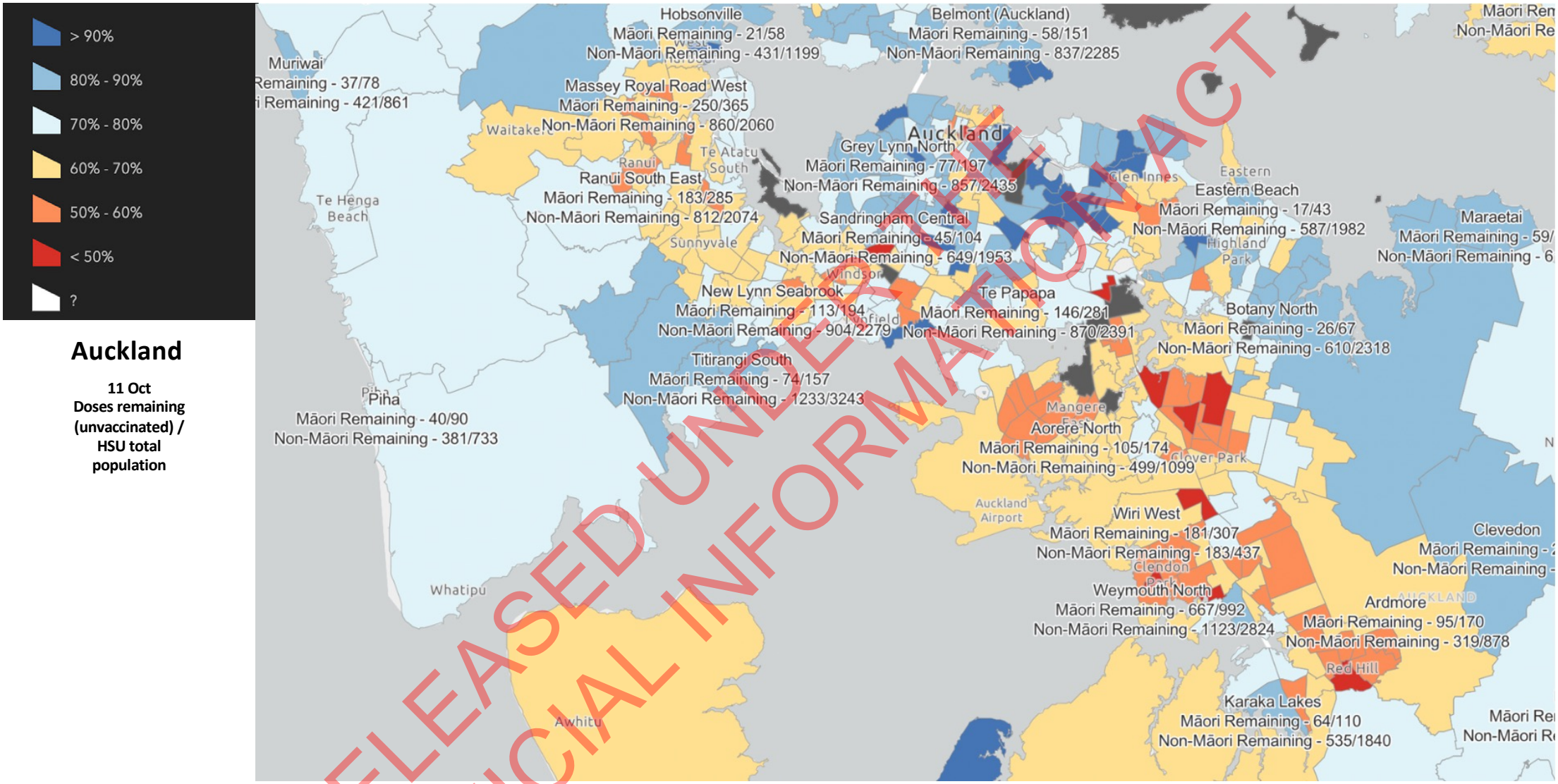


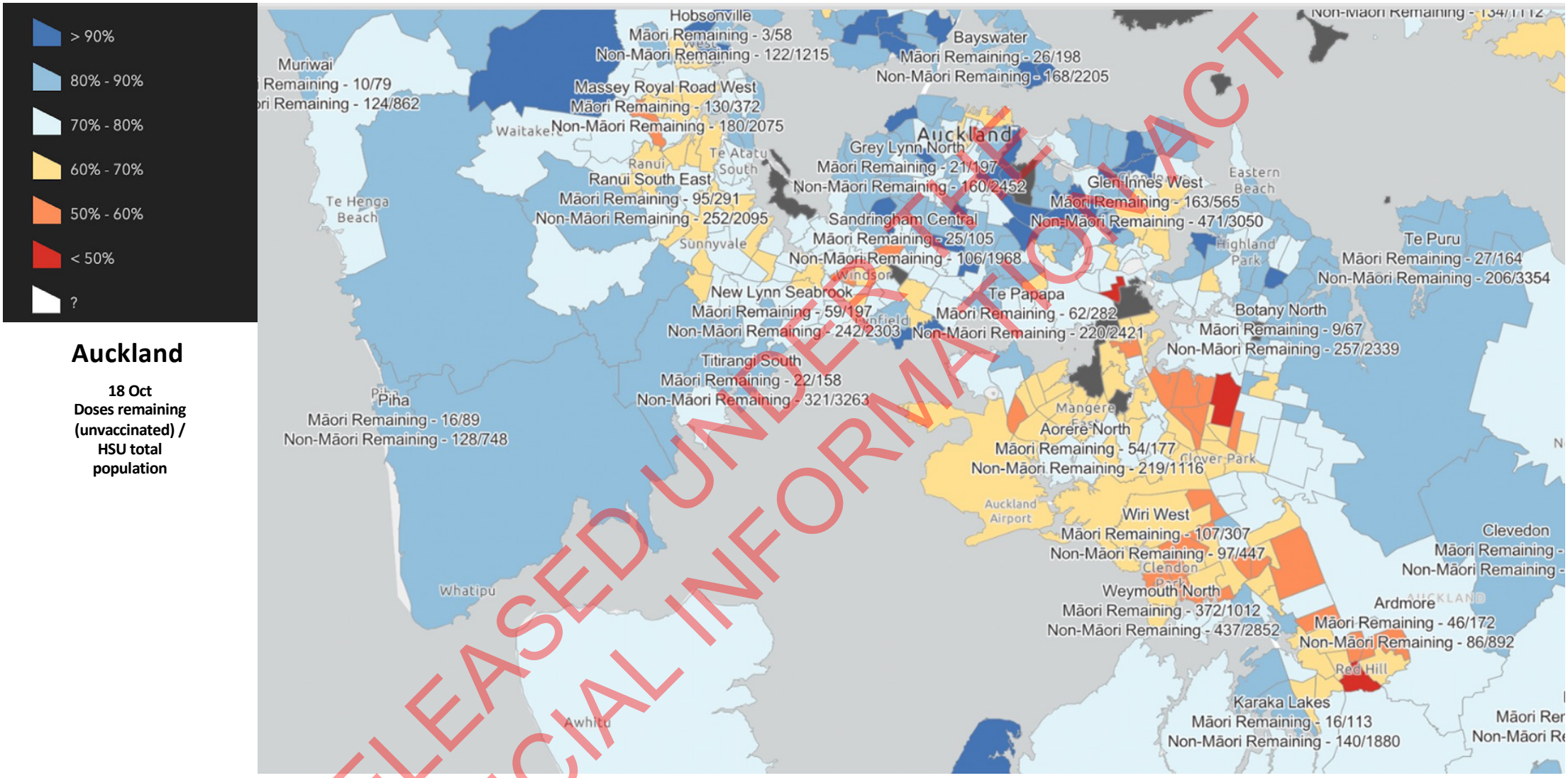


Kaipara

11 Oct
Doses remaining (unvaccinated) / HSU total population






> 90%
80% - 90%
70% - 80%
60% - 70%
50% - 60%
< 50%
?
Auckland
18 Oct
Doses remaining (unvaccinated) / HSU total population
Hobsonville
Māori Remaining - 3/58
Non-Māori Remaining - 122/1215
Bayswater
Māori Remaining - 26/198
Non-Māori Remaining - 168/2205
Muriwai
Remaining - 10/79
ori Remaining - 124/862
Massey Royal Road West
Māori Remaining - 130/372
Non-Māori Remaining - 180/2075
Waitakere
Auckland
Grey Lynn North
Māori Remaining - 21/197
Non-Māori Remaining - 160/2452
Te Atatu South
Ranui
Ranui South East
Māori Remaining - 95/291
Non-Māori Remaining - 252/2095
Glen Innes West
Māori Remaining - 163/565
Non-Māori Remaining - 471/3050
Eastern Beach
Te Henga Beach
Sandringham Central
Māori Remaining - 25/105
Non-Māori Remaining - 106/1968
Sunnyvale
Highland Park
Te Puru
Māori Remaining - 27/164
Non-Māori Remaining - 206/3354
Windsor
New Lynn Seabrook
Māori Remaining - 59/197
Non-Māori Remaining - 242/2303
Te Papapa
Māori Remaining - 62/282
Non-Māori Remaining - 220/2421
Botany North
Māori Remaining - 9/67
Non-Māori Remaining - 257/2339
Titirangi South
Māori Remaining - 22/158
Non-Māori Remaining - 321/3263
Piha
Māori Remaining - 16/89
Non-Māori Remaining - 128/748
Mangere East
Aorere North
Māori Remaining - 54/177
Non-Māori Remaining - 219/1116
Clover Park
Auckland Airport
Wiri West
Māori Remaining - 107/307
Non-Māori Remaining - 97/447
Clevedon
Māori Remaining -
Non-Māori Remaining -
Clendon Park
Whatipu
Weymouth North
Māori Remaining - 372/1012
Non-Māori Remaining - 437/2852
Ardmore
Māori Remaining - 46/172
Non-Māori Remaining - 86/892
Red Hill
Karaka Lakes
Māori Remaining - 16/113
Non-Māori Remaining - 140/1880
Awhitu
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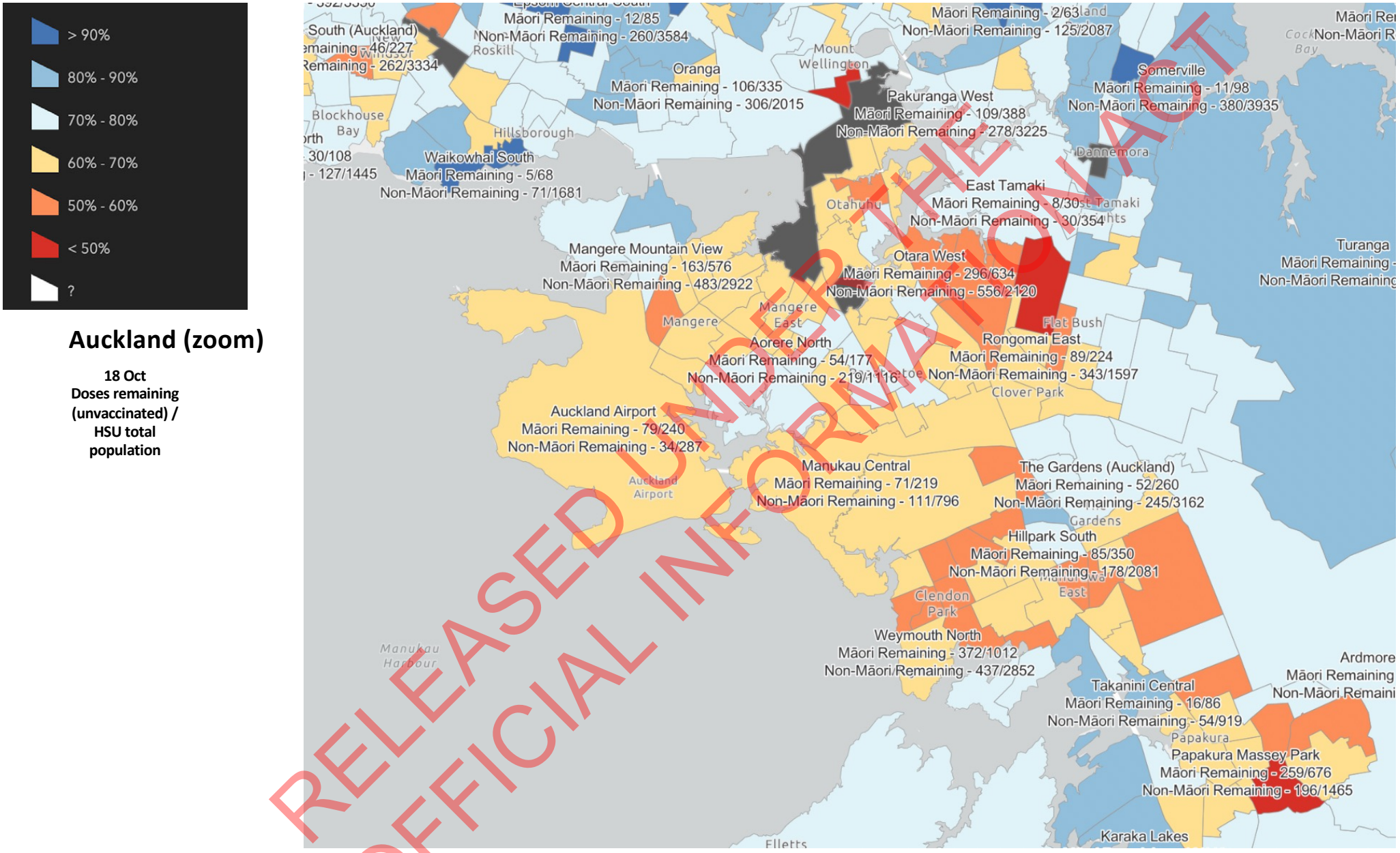
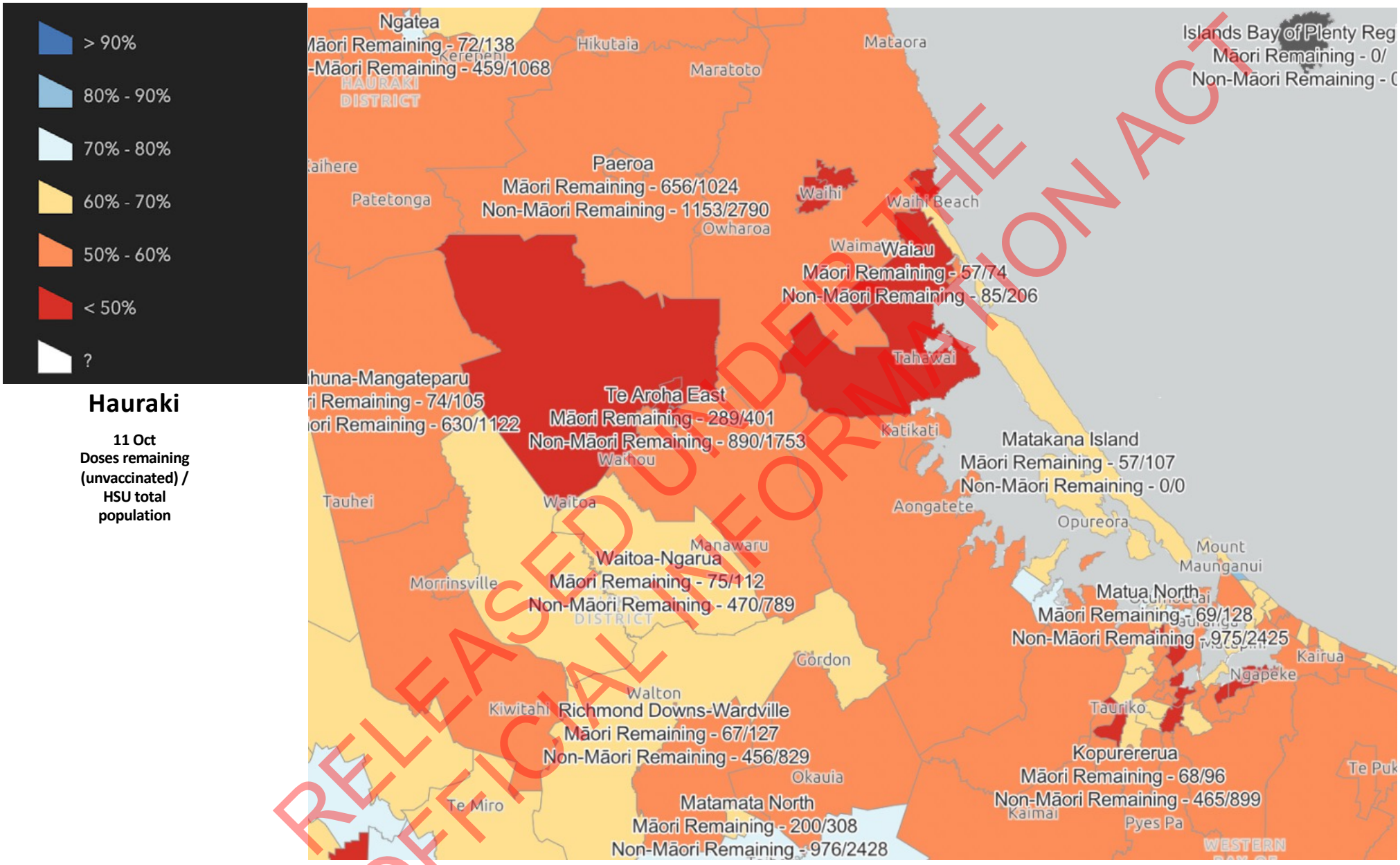


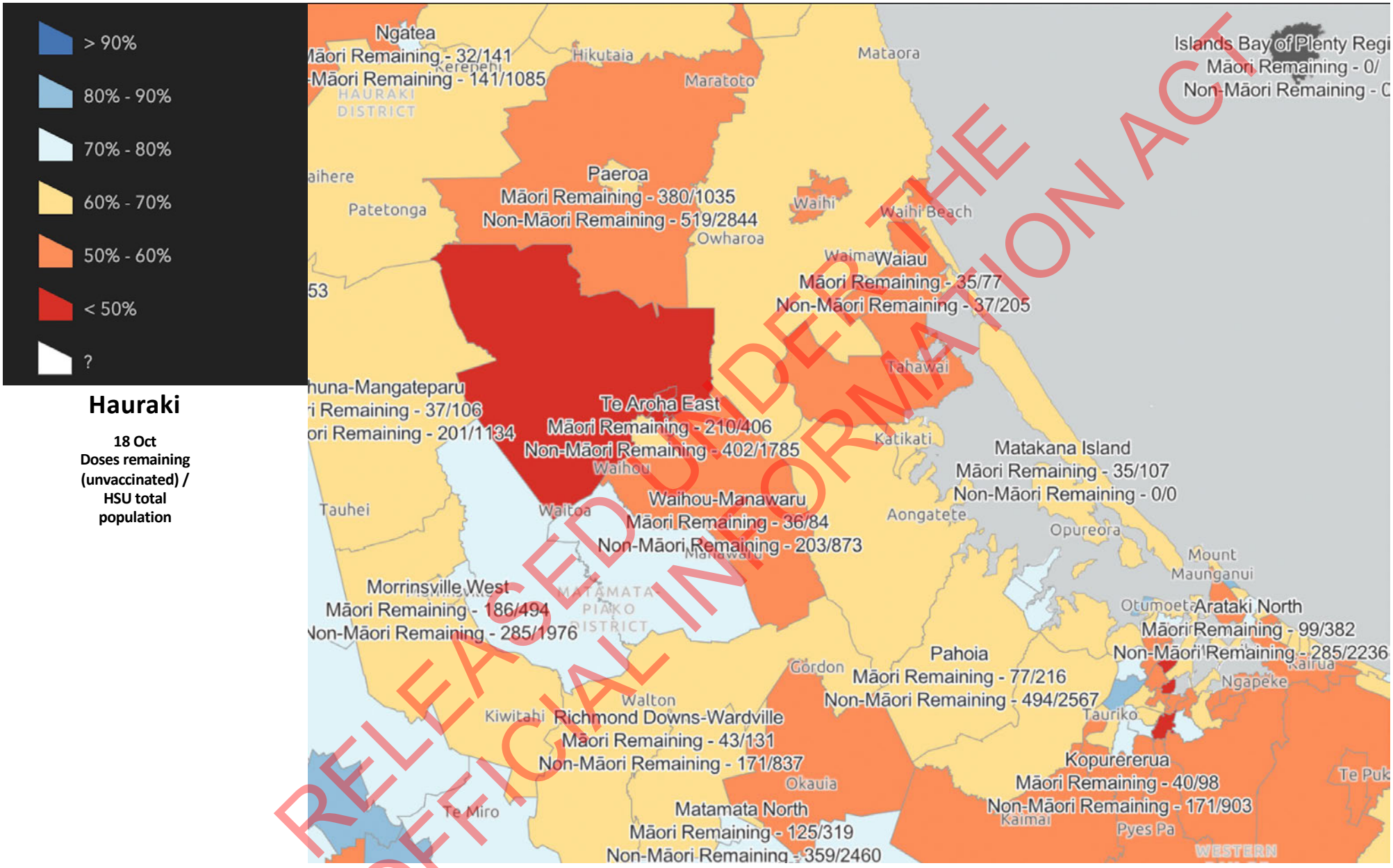
Auckland (zoom)

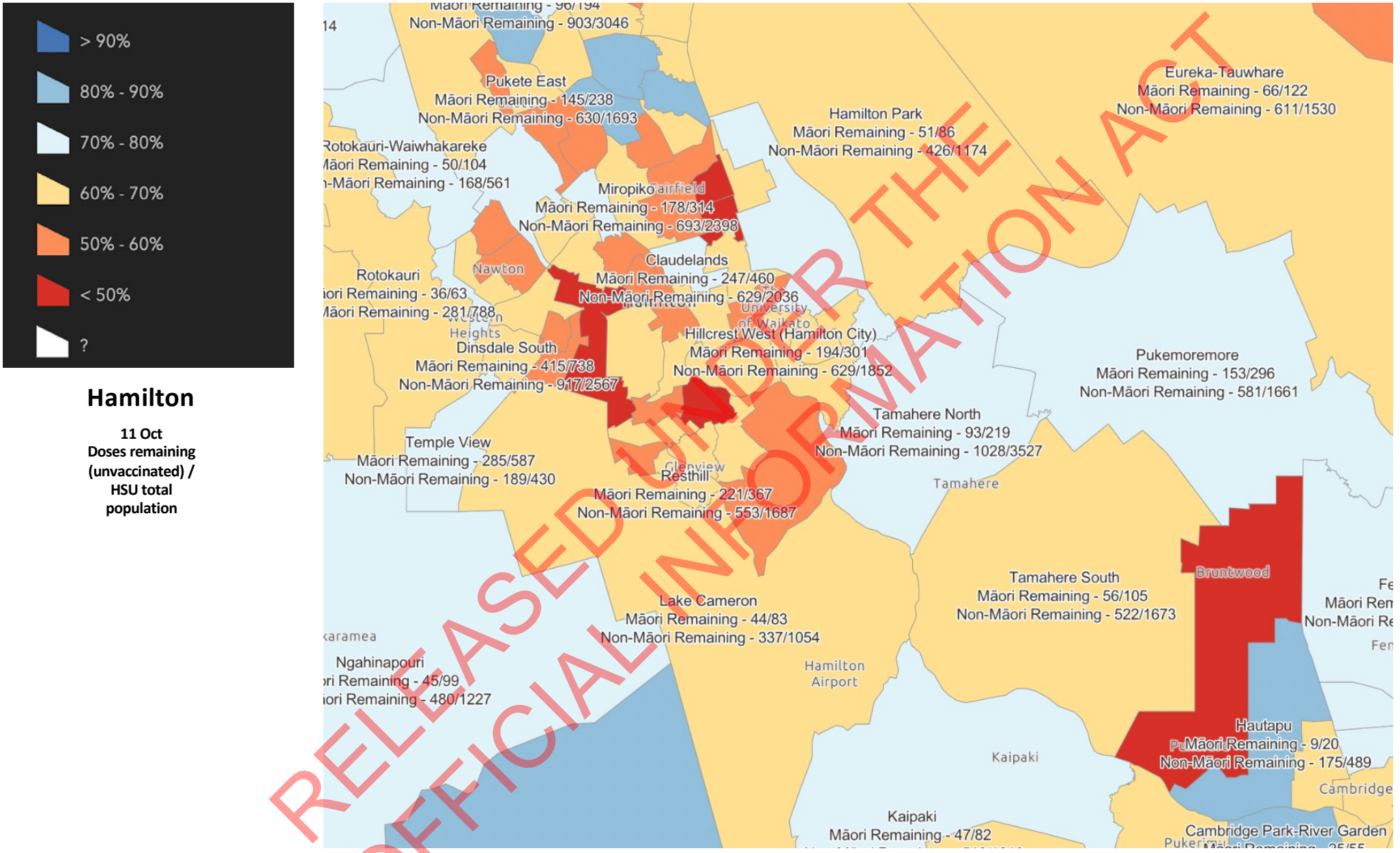
18 Oct
Doses remaining (unvaccinated) / HSU total population



Hauraki

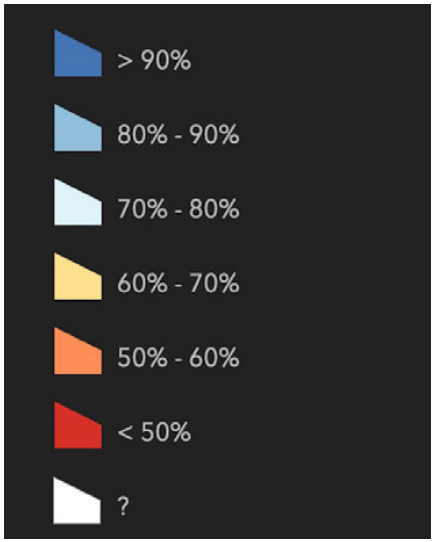
11 Oct
Doses remaining (unvaccinated) / HSU total population





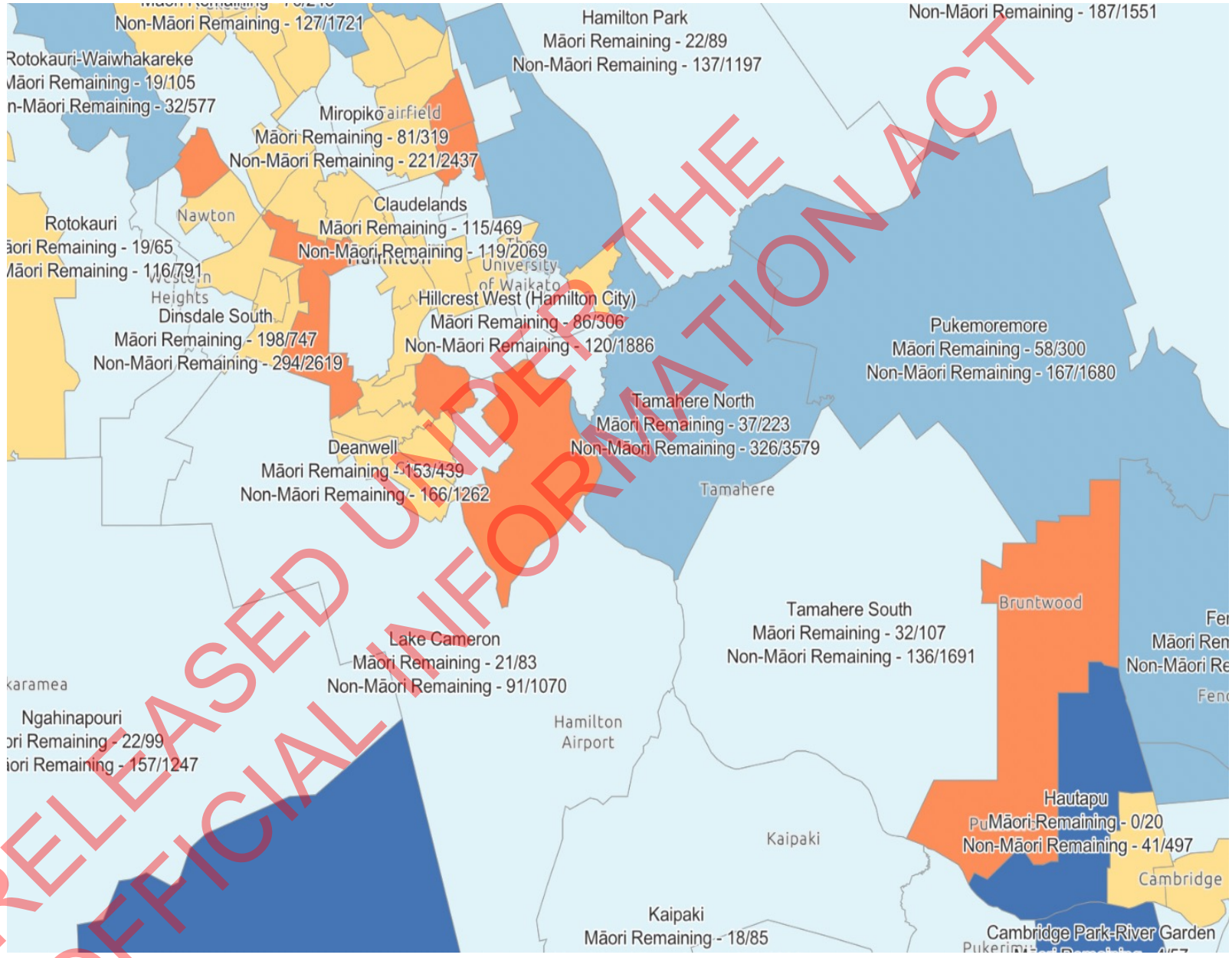
Hamilton

11 Oct
Doses remaining (unvaccinated) / HSU total population



Hamilton

18 Oct
Doses remaining (unvaccinated) / HSU total population



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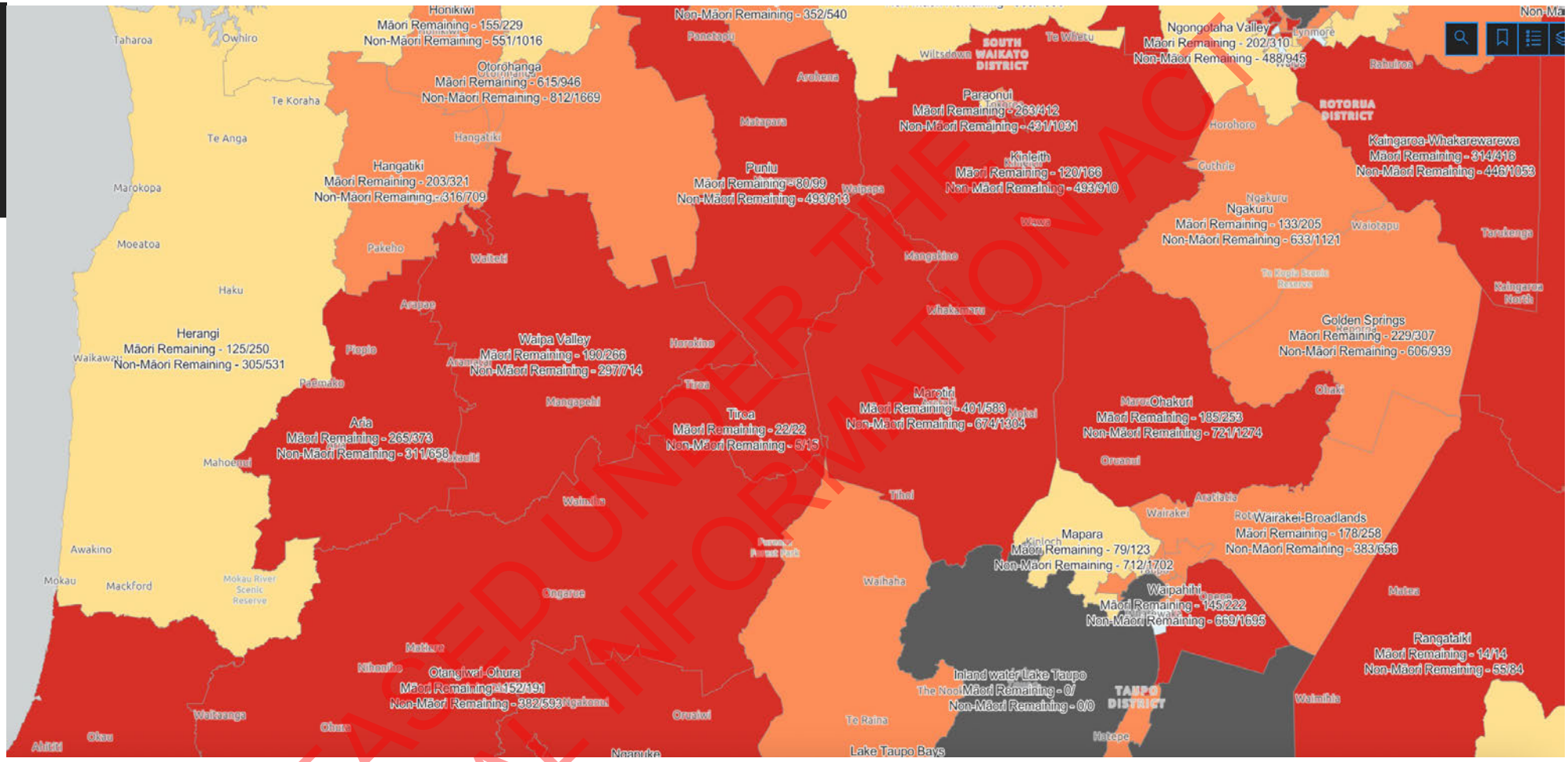
Waikato Central NI

11 Oct
Doses remaining (unvaccinated) / HSU total population



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< 50%
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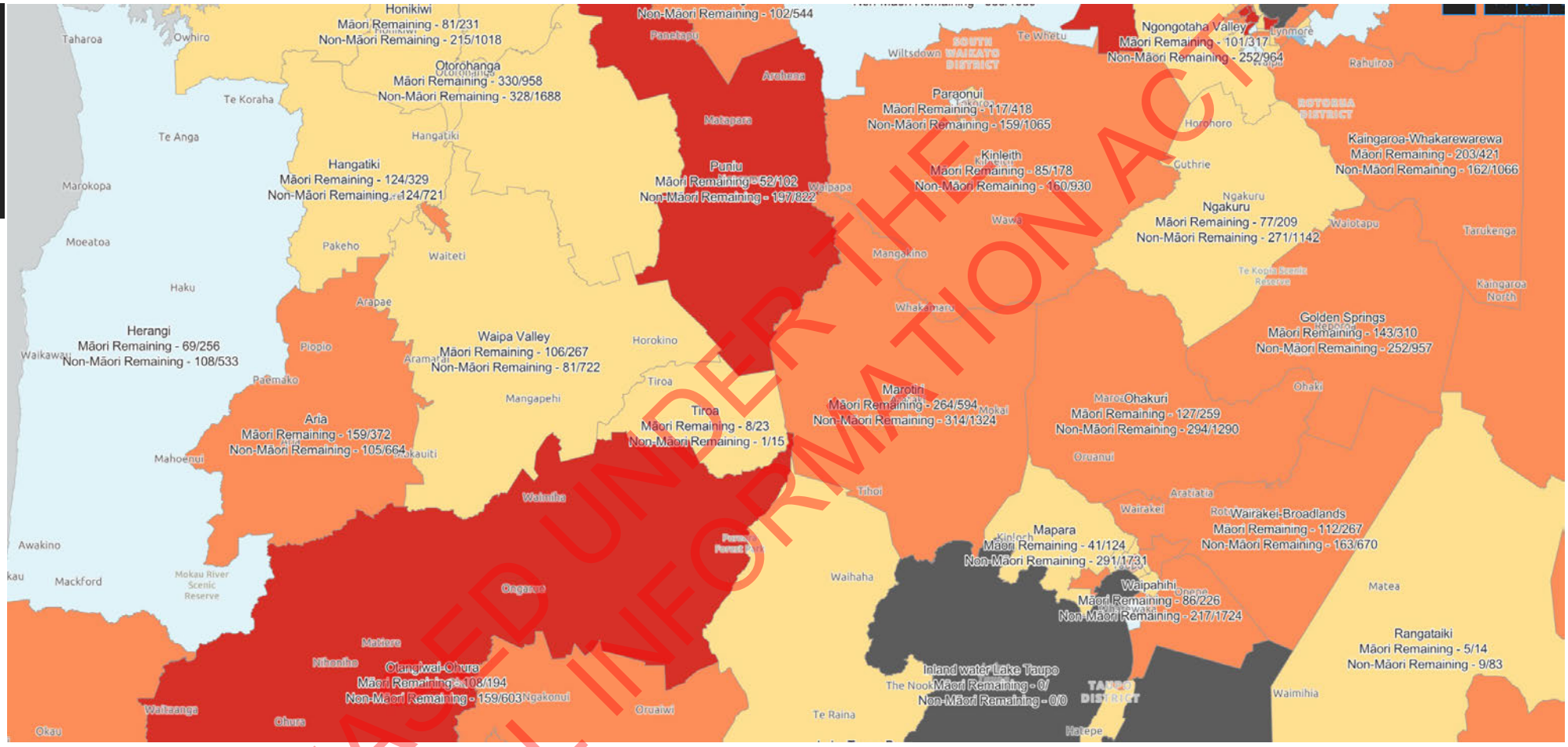
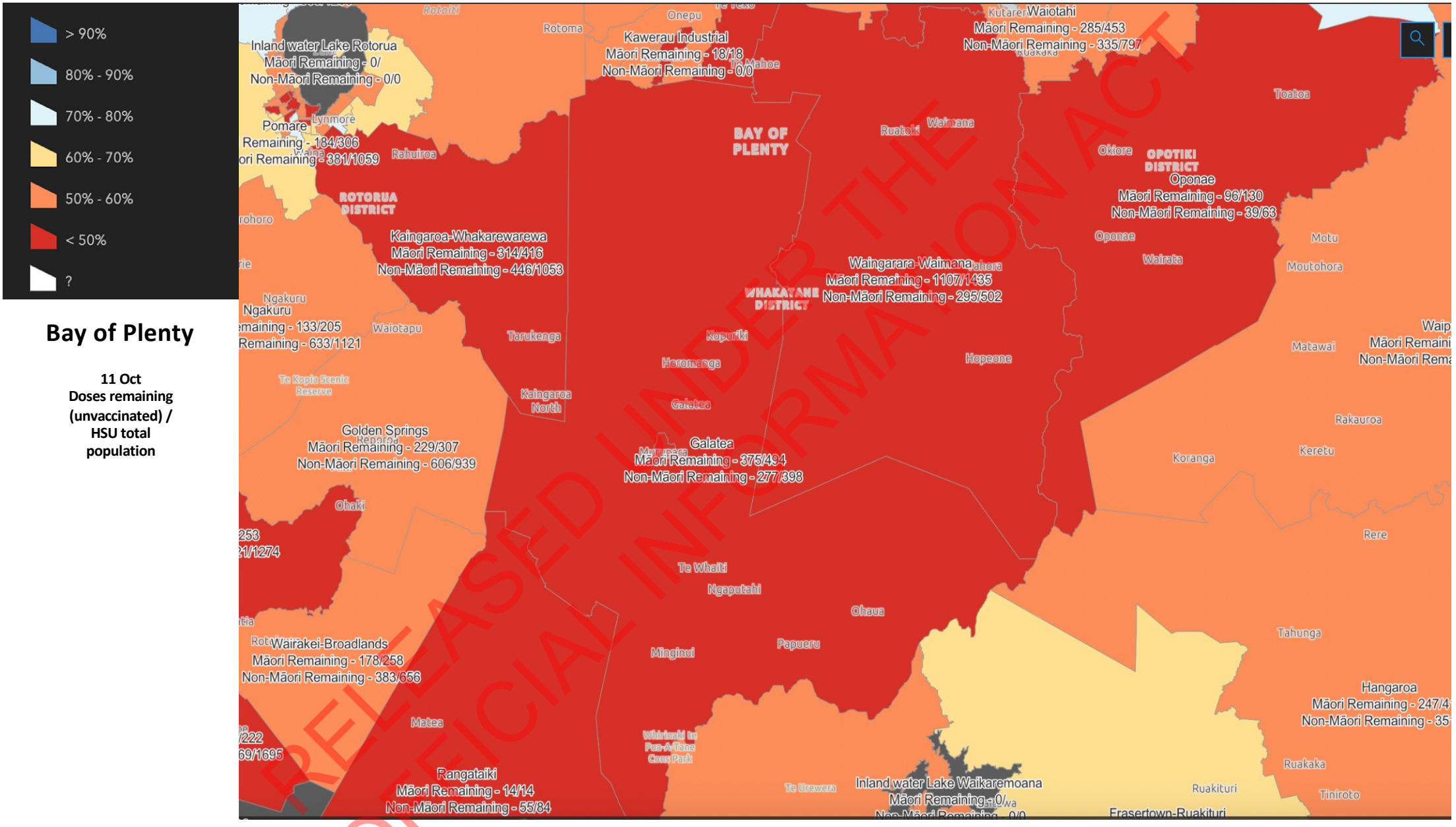
Waikato Central NI

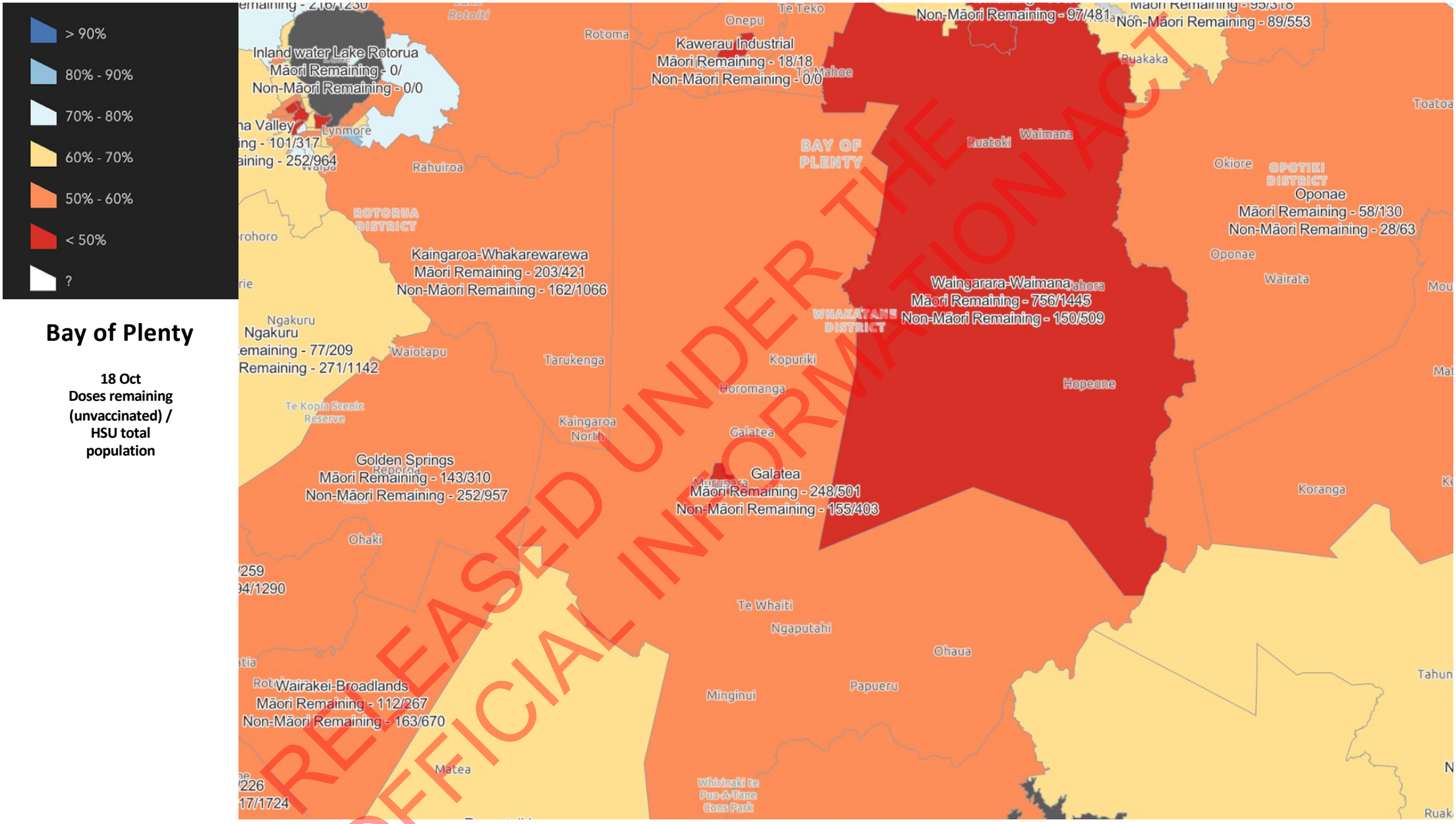
18 Oct
Doses remaining (unvaccinated) / HSU total population





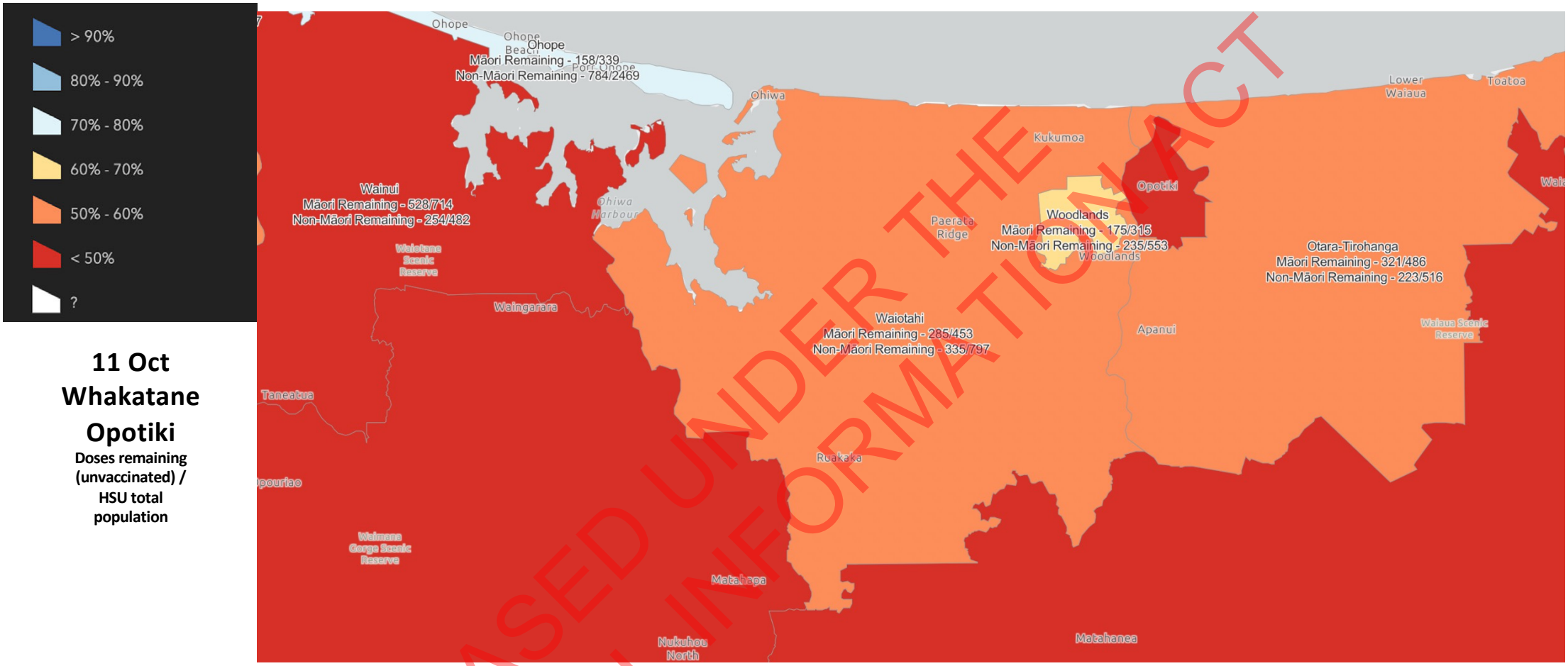
Bay of Plenty

11 Oct
Doses remaining (unvaccinated) / HSU total population



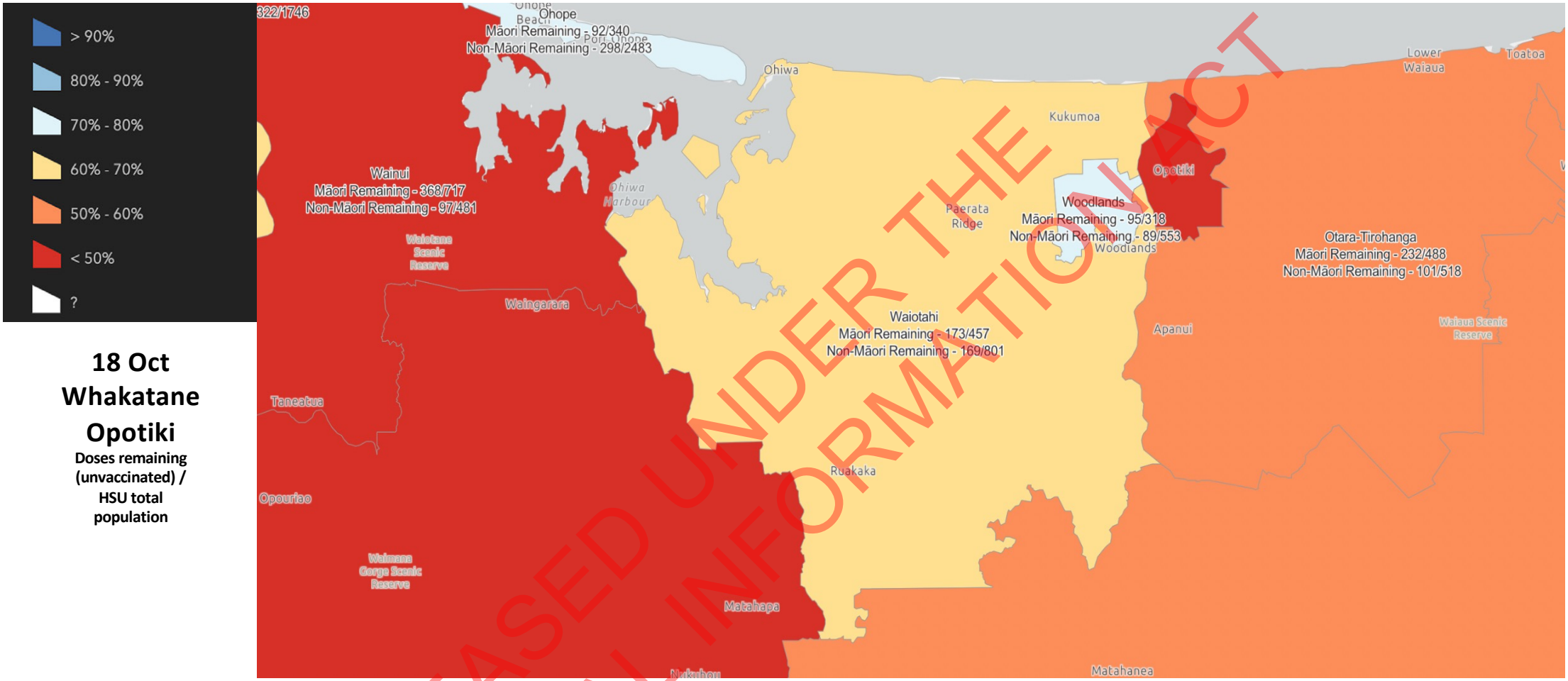
Bay of Plenty

18 Oct
Doses remaining (unvaccinated) / HSU total population

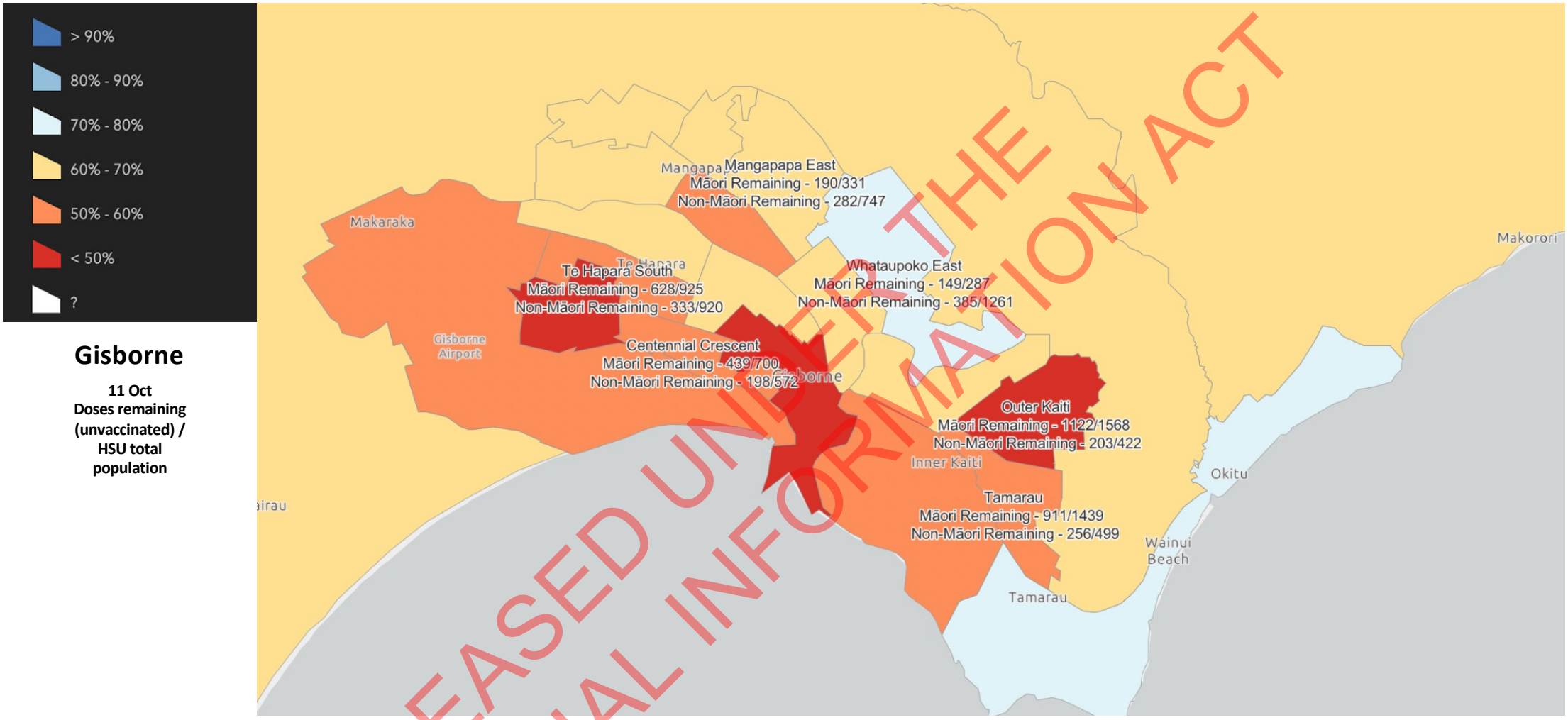


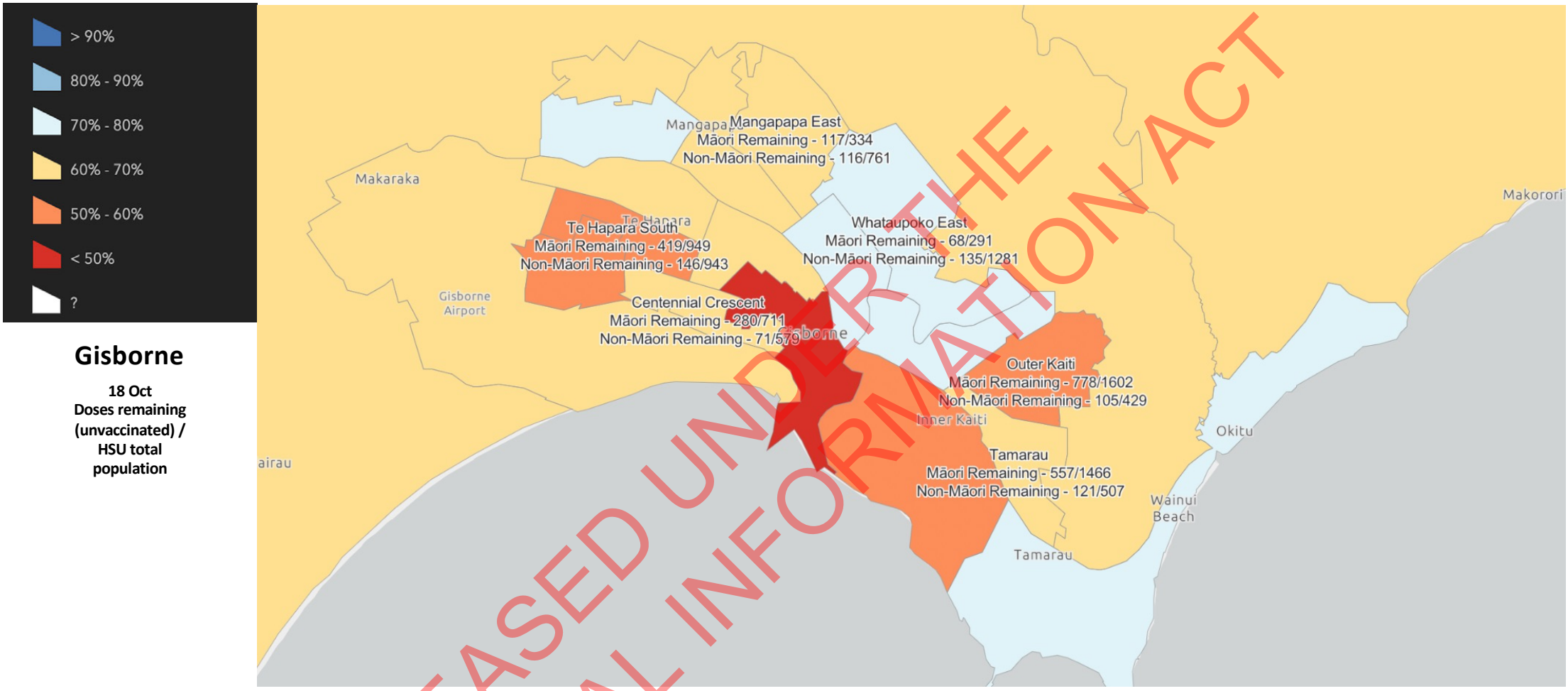
11 Oct
Whakatane
Opotiki

Doses remaining (unvaccinated) / HSU total population



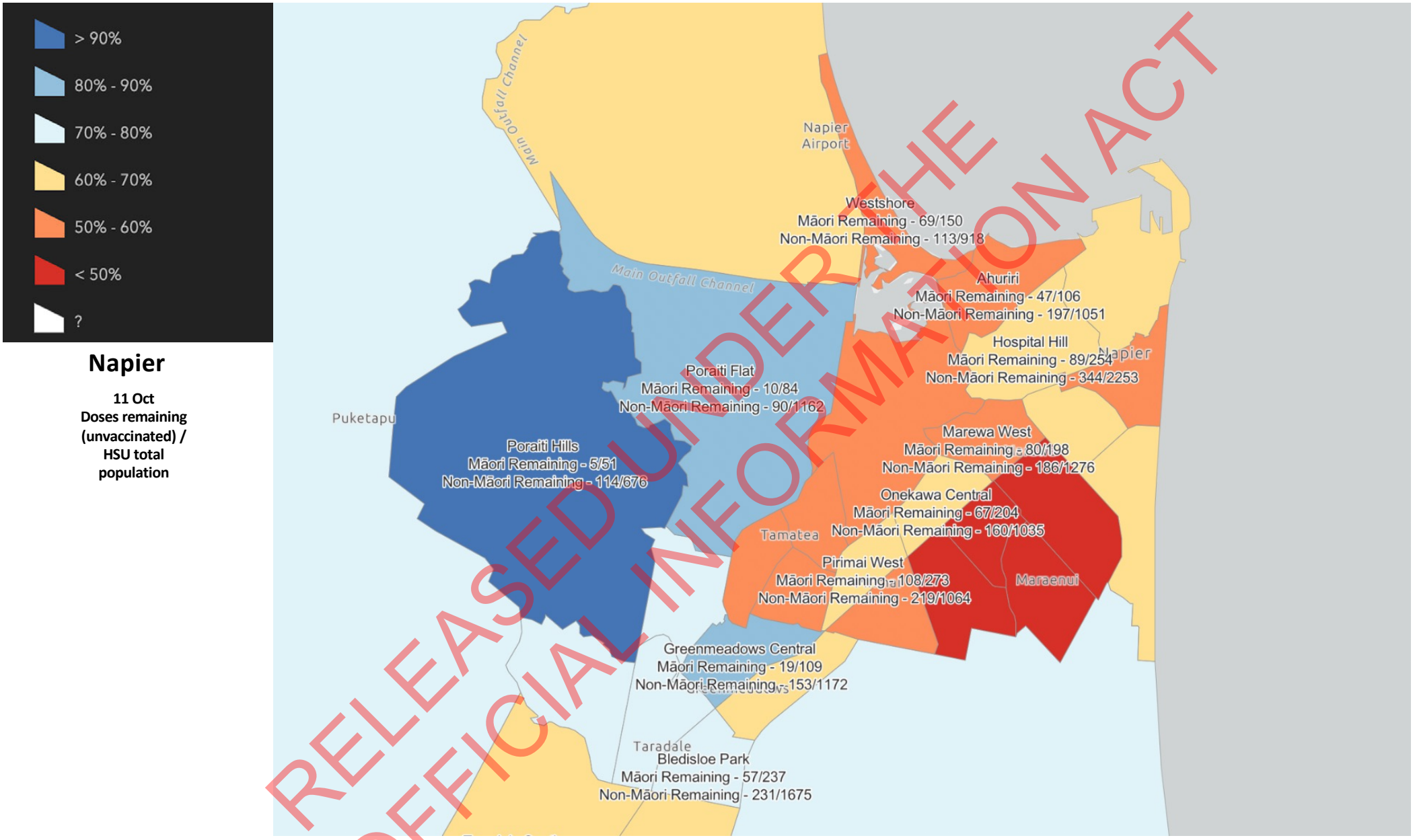
18 Oct
Whakatane
Opotiki
Doses remaining (unvaccinated) / HSU total population

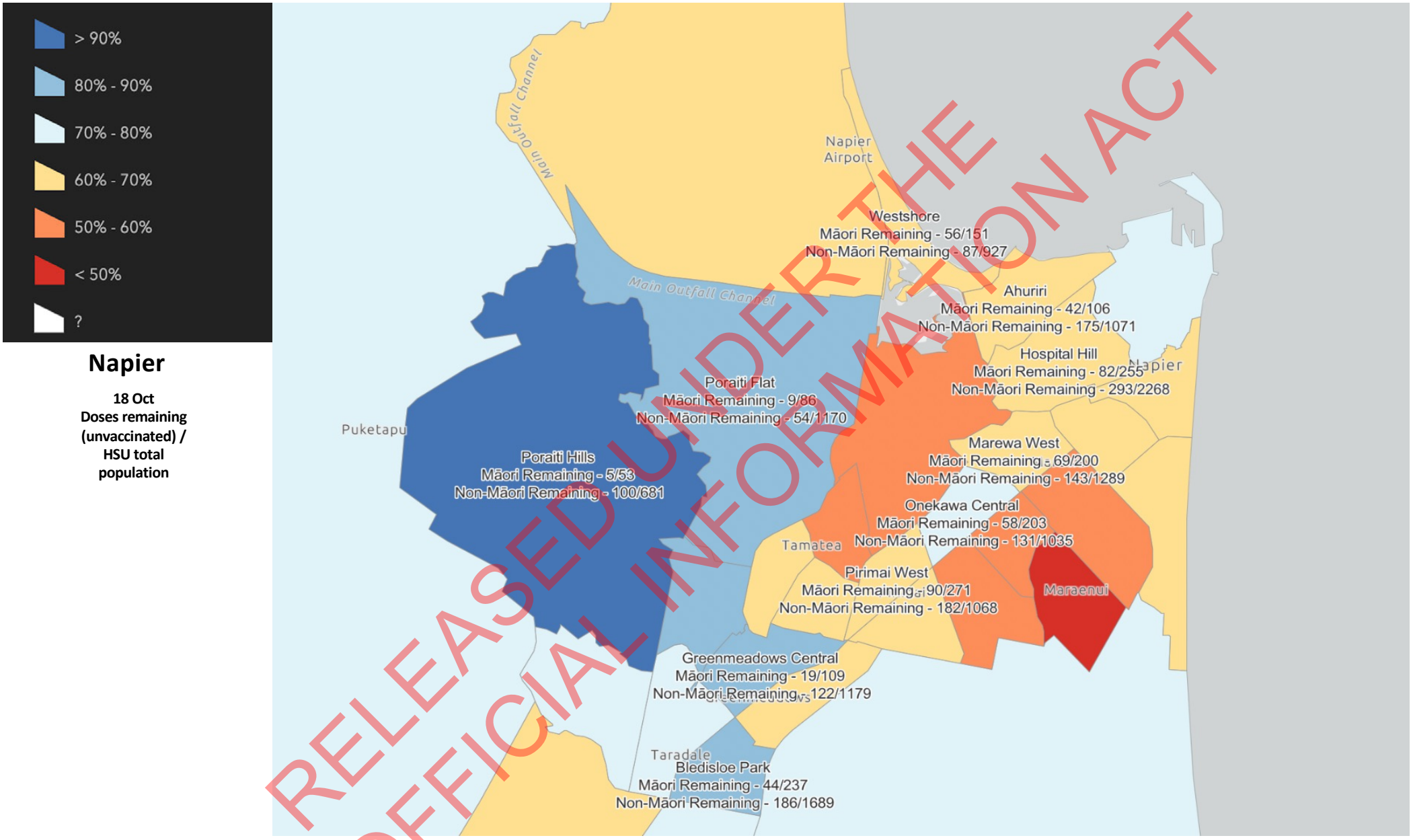


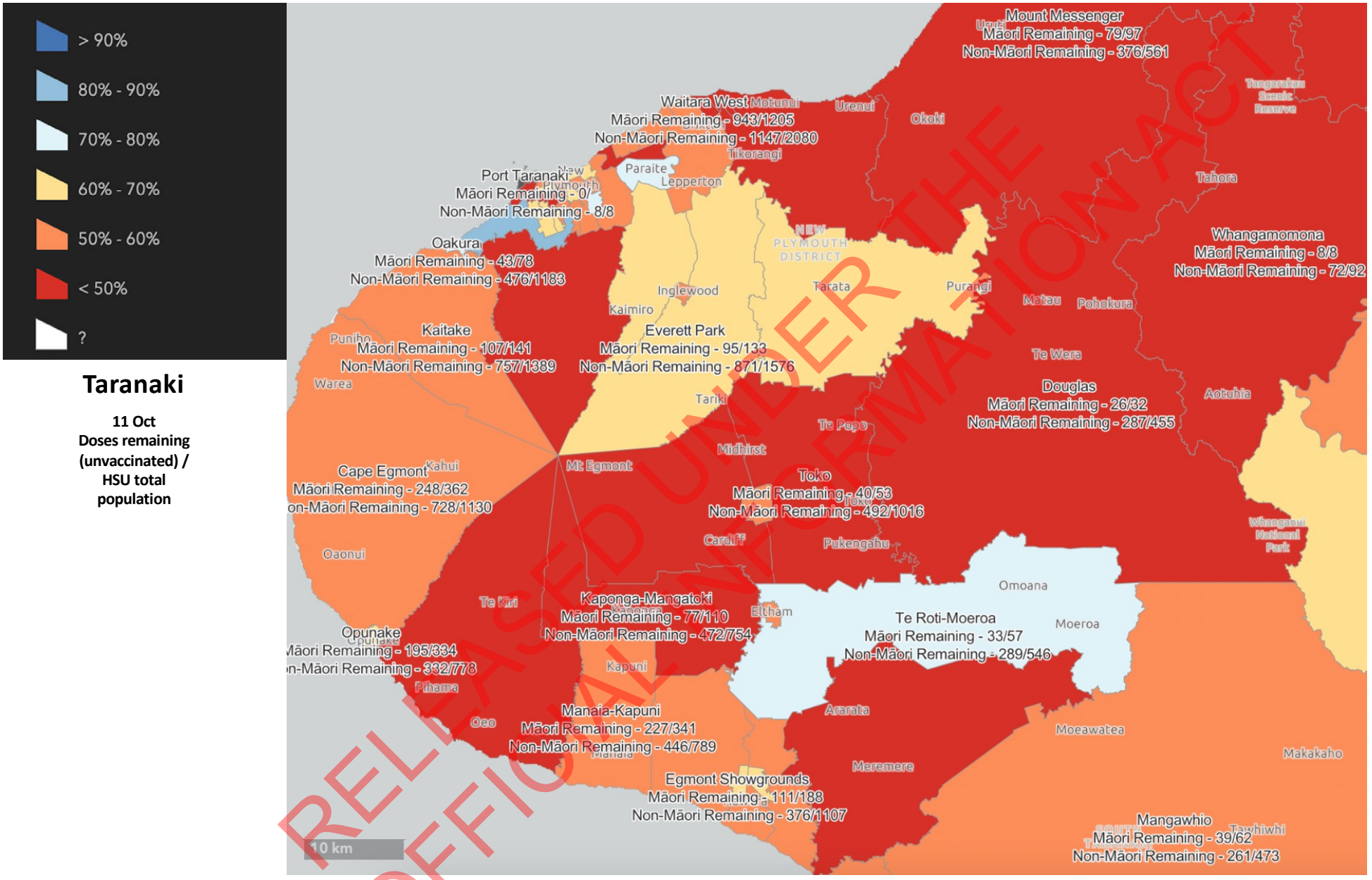


Gisborne

18 Oct
Doses remaining (unvaccinated) / HSU total population

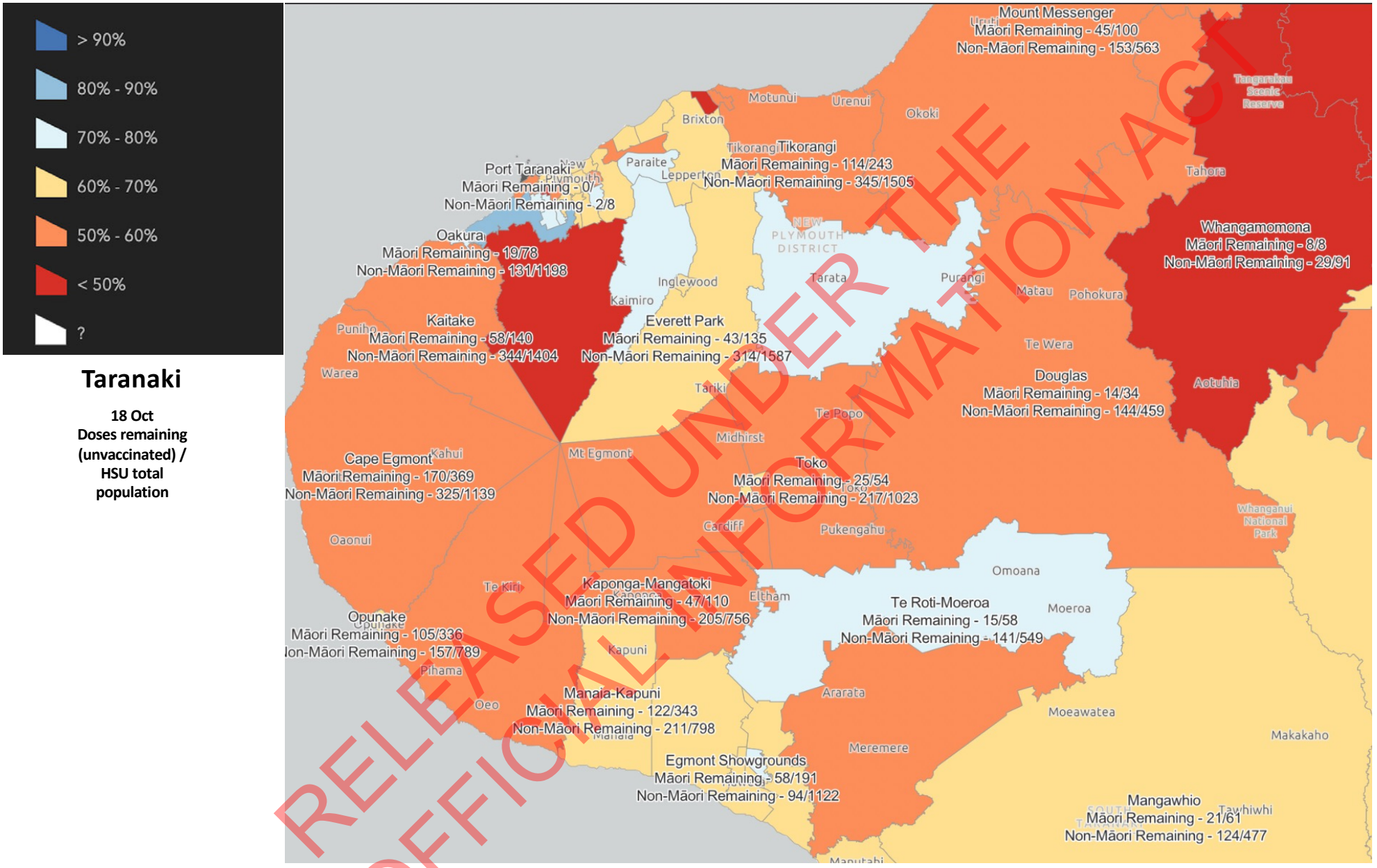






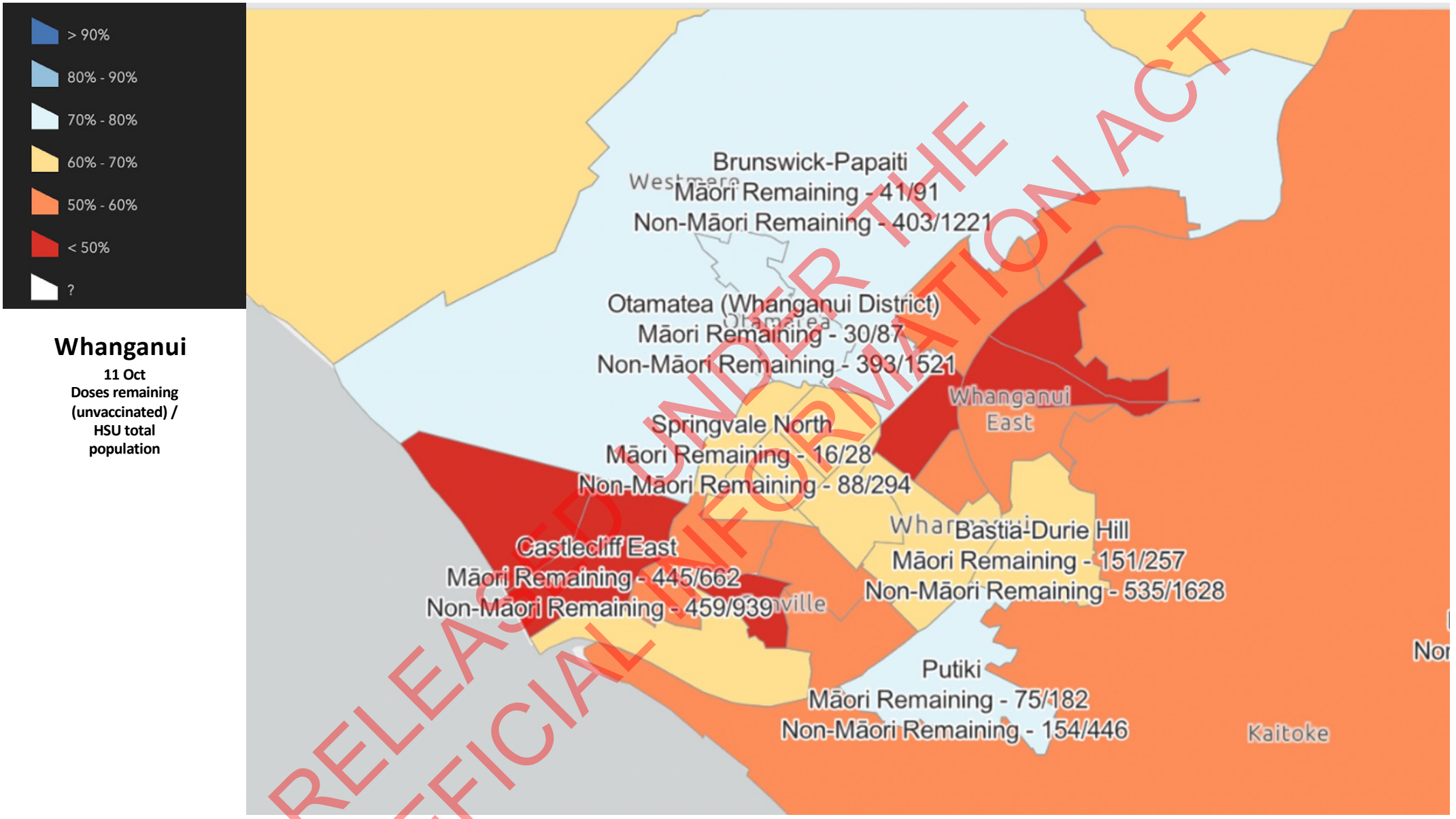
Taranaki

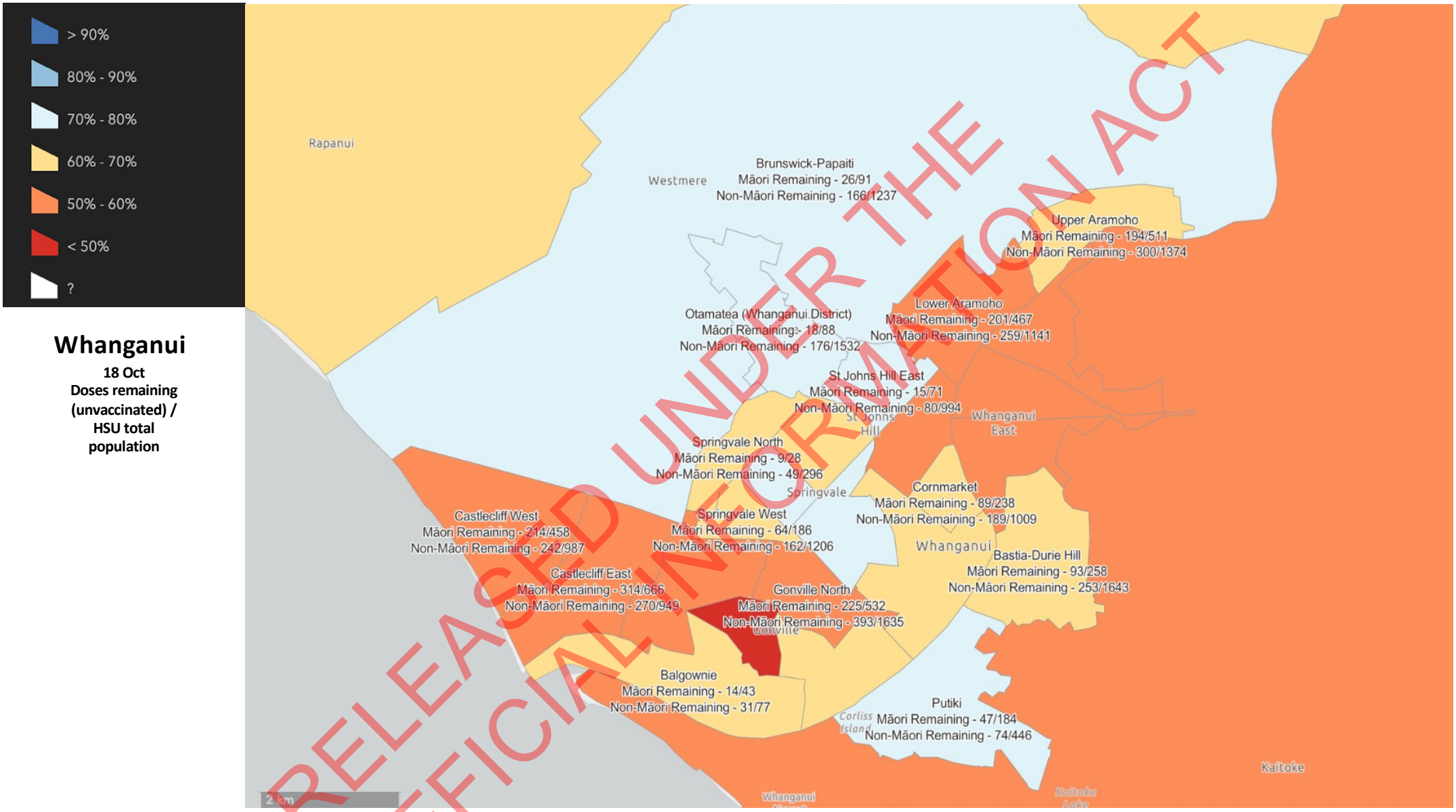
11 Oct
Doses remaining (unvaccinated) / HSU total population

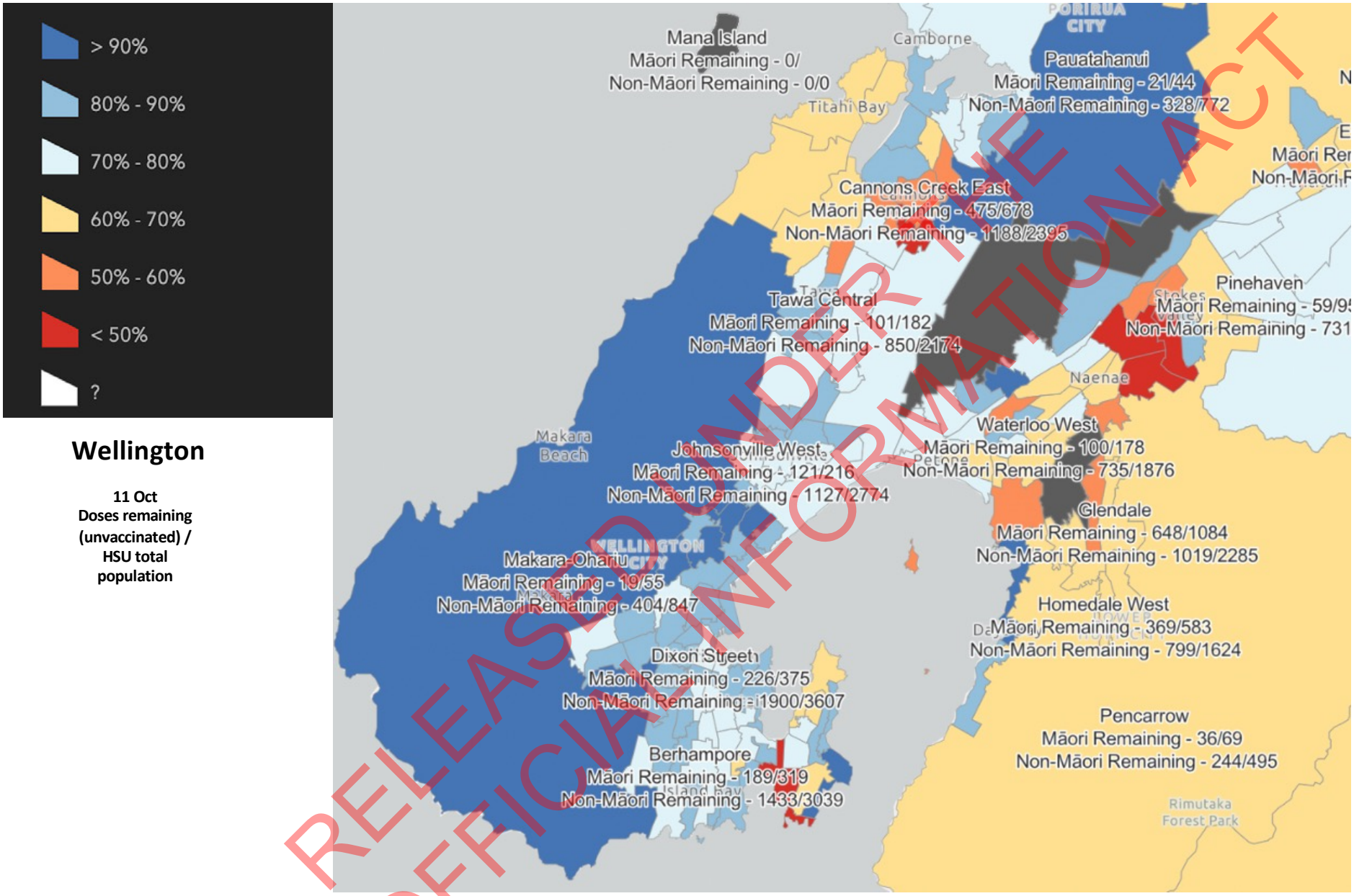


Taranaki

18 Oct
Doses remaining (unvaccinated) / HSU total population

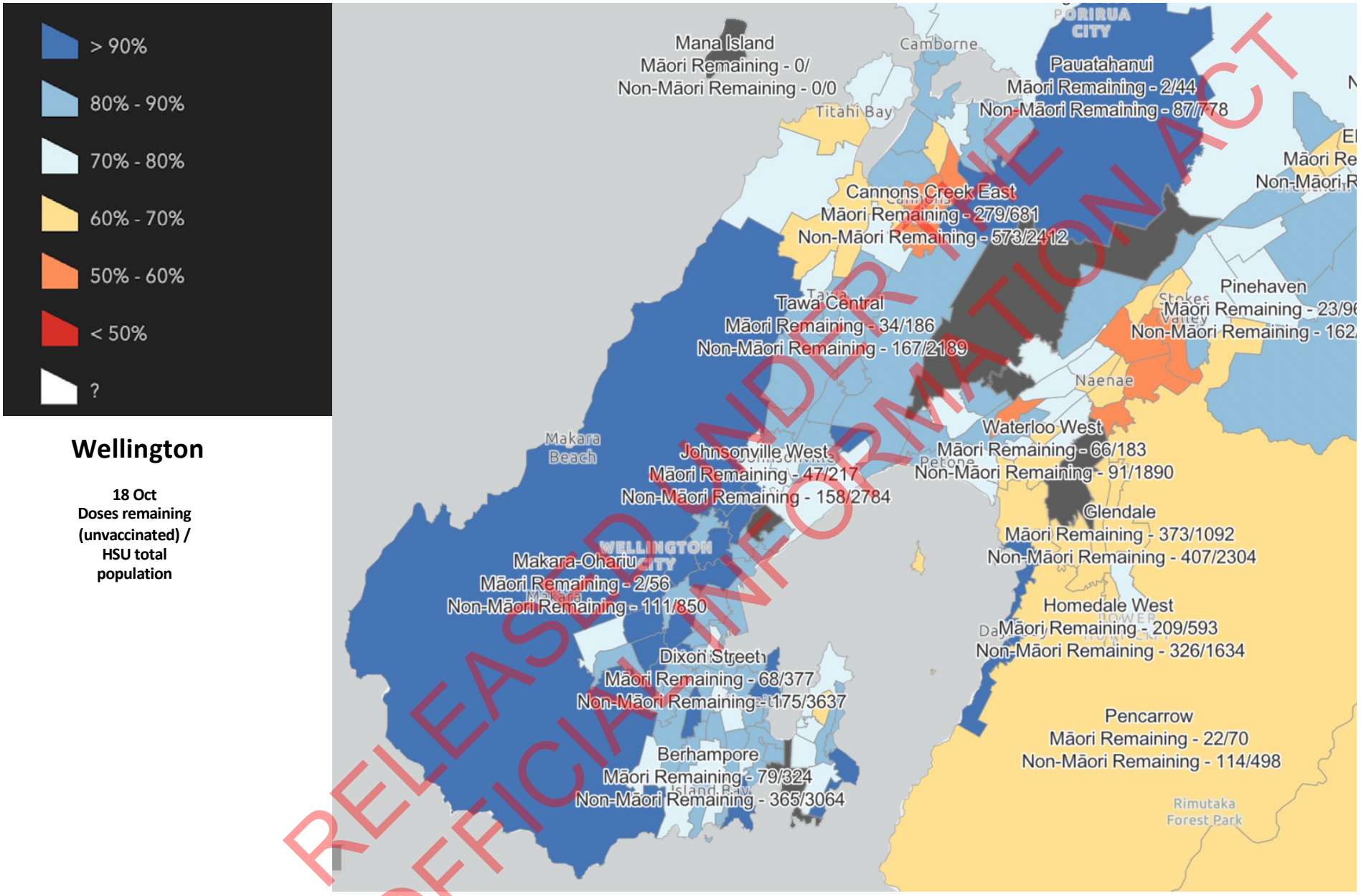






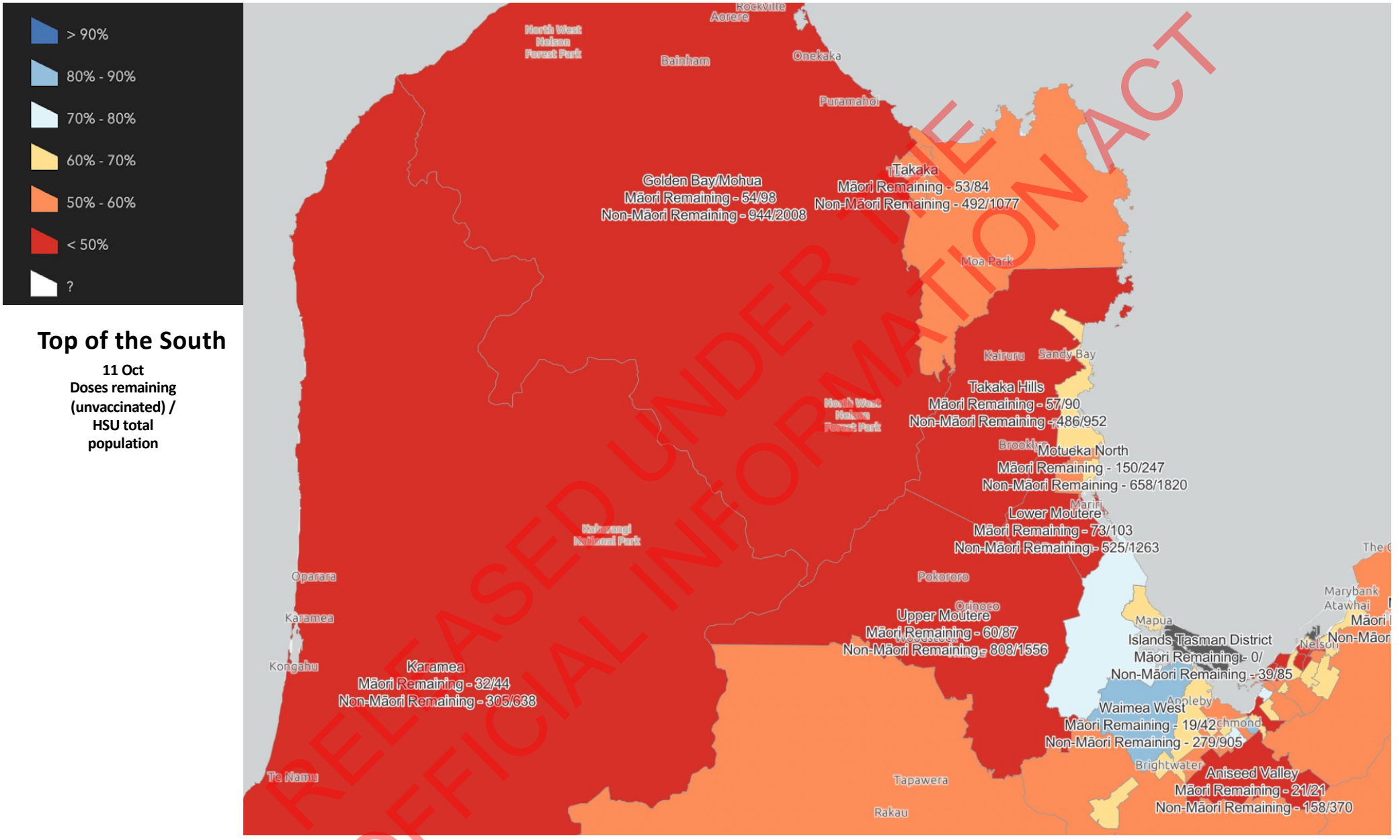
Wellington

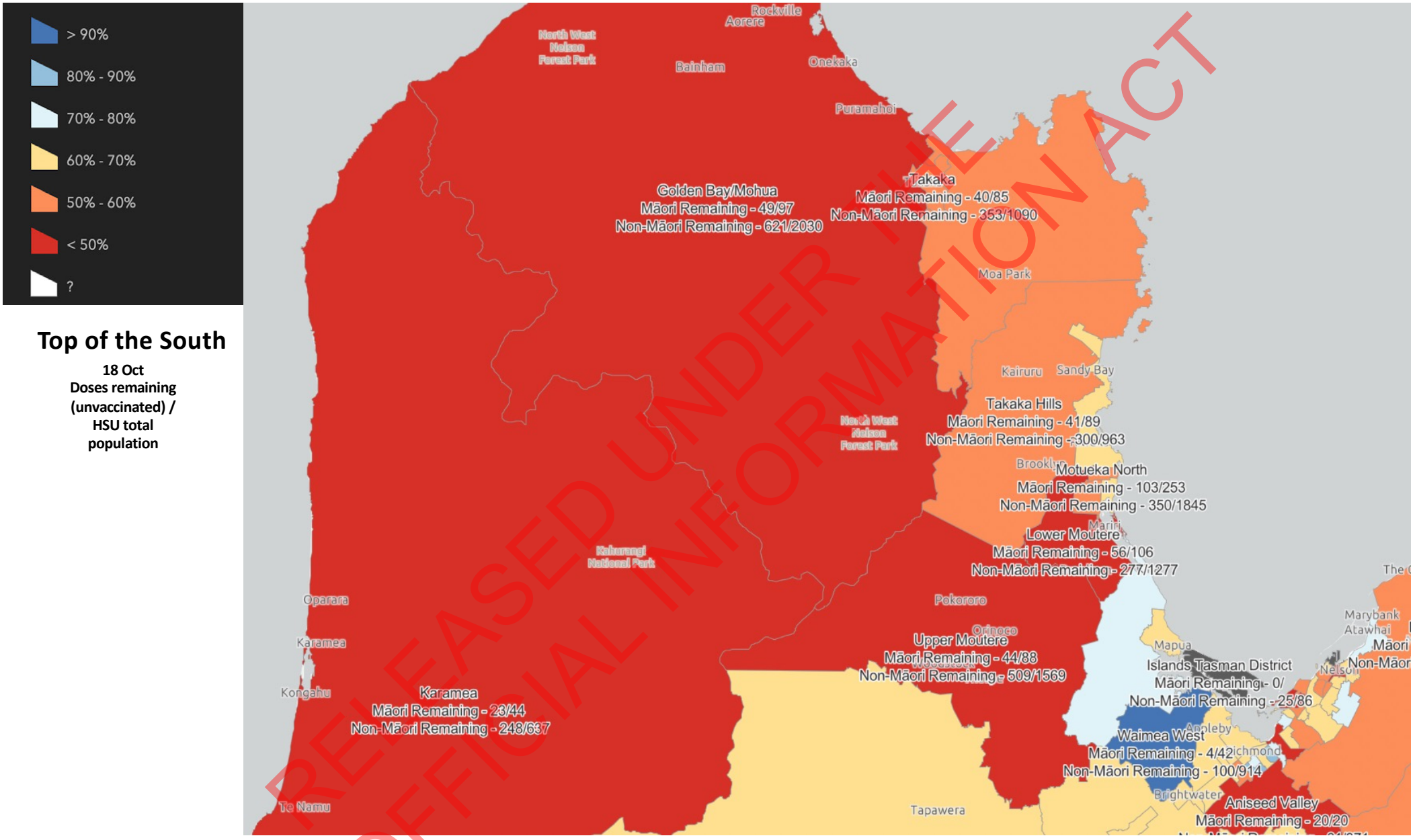
11 Oct
Doses remaining (unvaccinated) / HSU total population

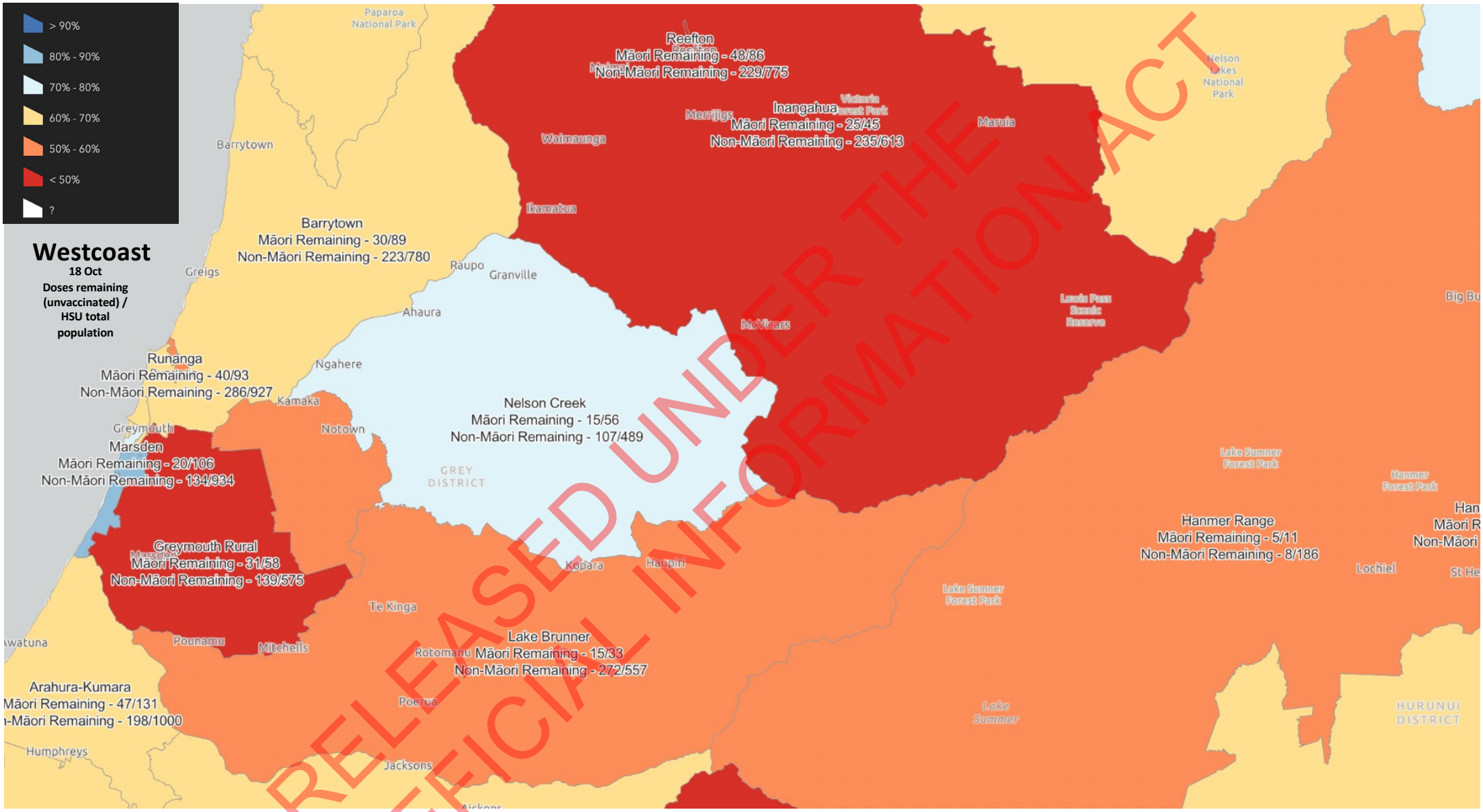


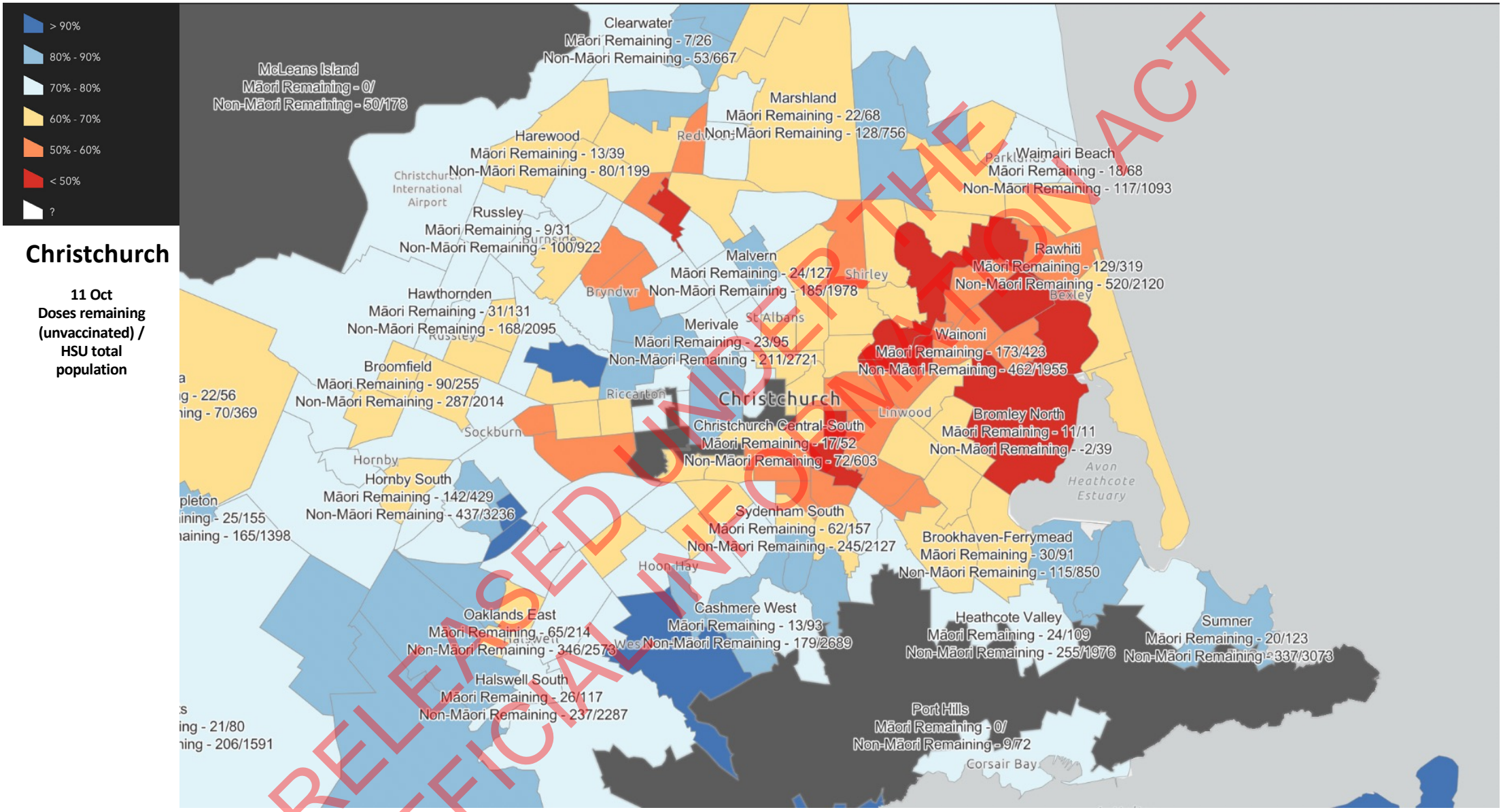
Wellington

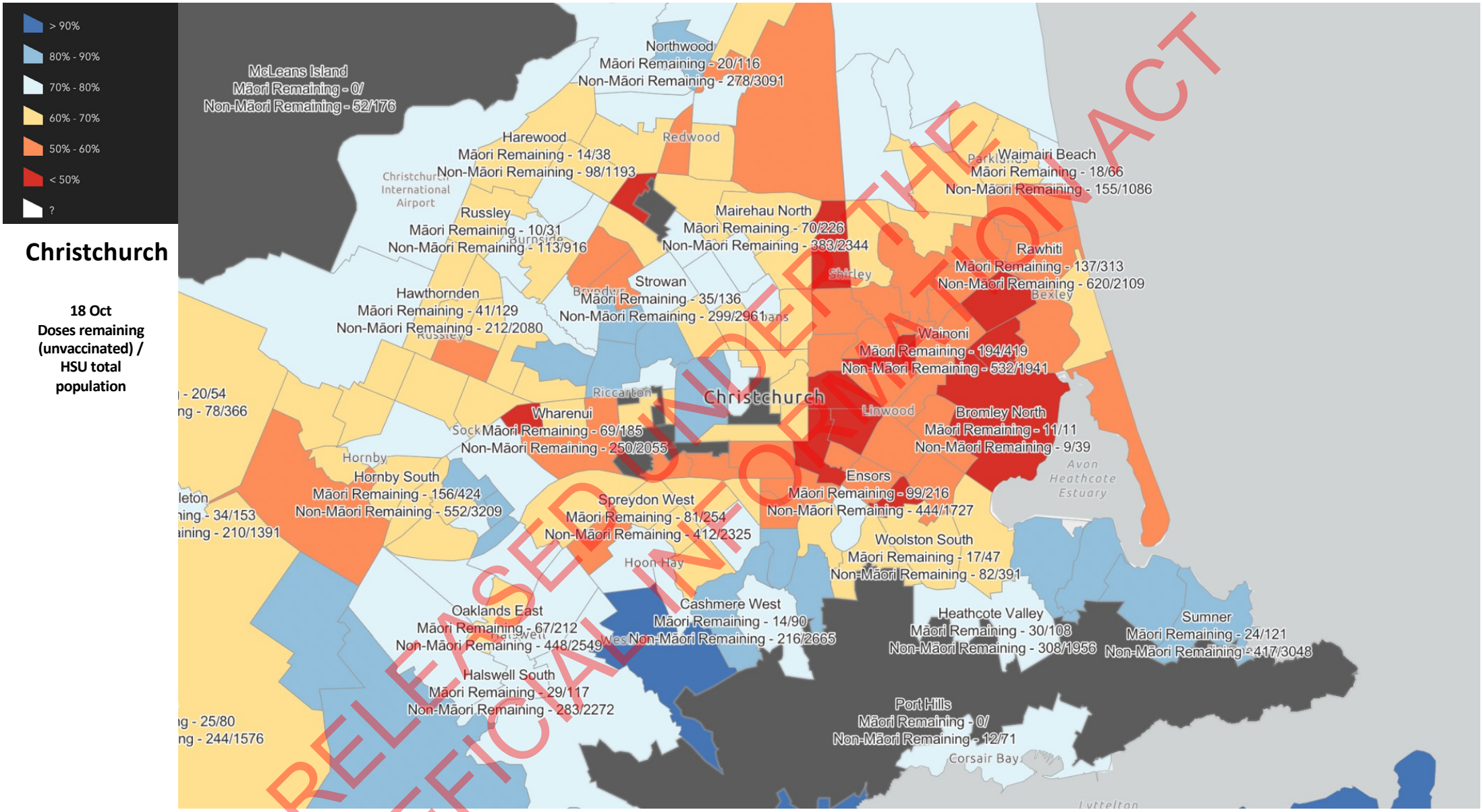
18 Oct
Doses remaining (unvaccinated) / HSU total population

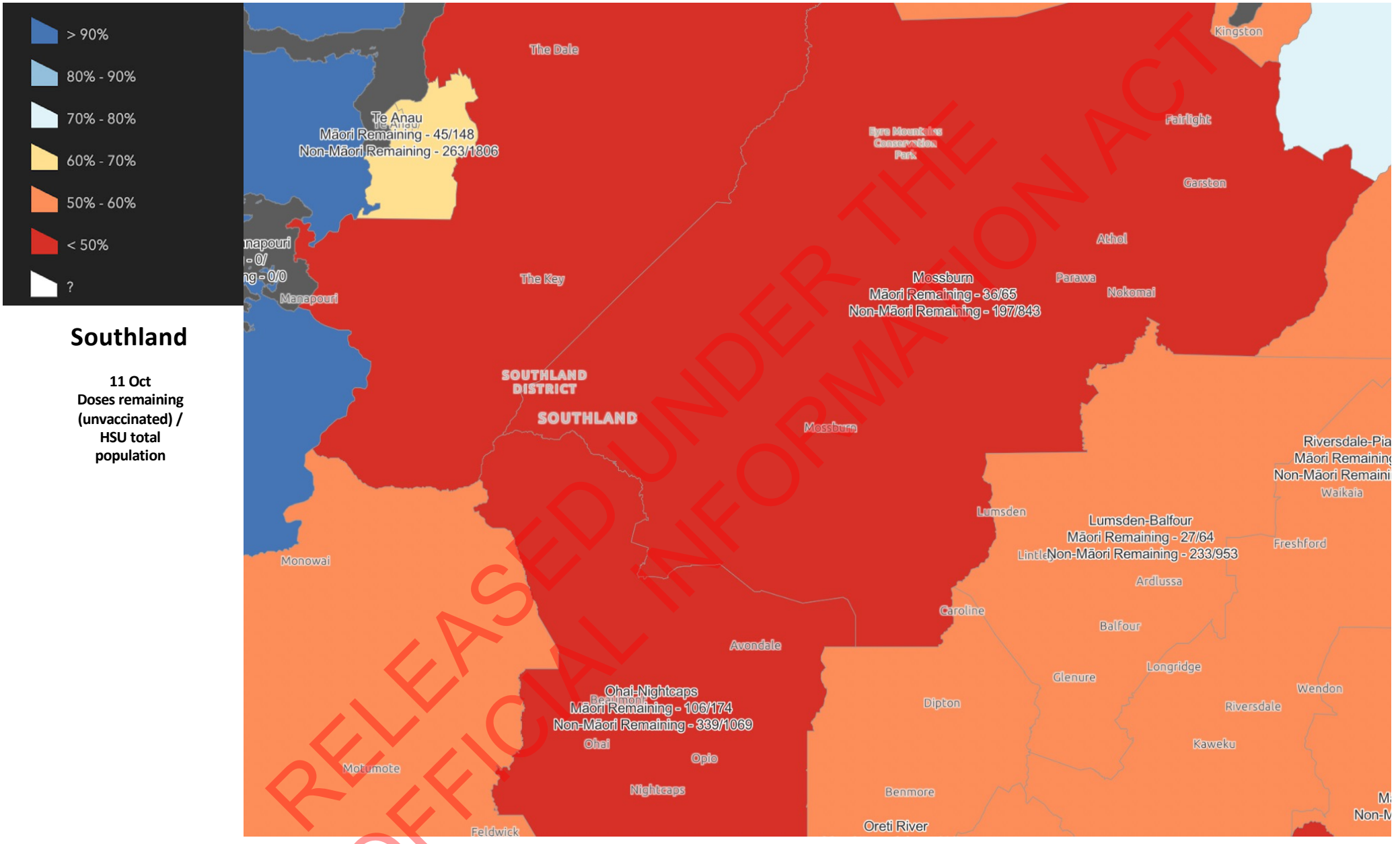



> 90%
80% - 90%
70% - 80%
60% - 70%
50% - 60%
< 50%
?
Top of the South
18 Oct
Doses remaining (unvaccinated) / HSU total population
Rockville
Aorere
North West Nelson Forest Park
Bainham
Onekaka
Puramahoi
Golden Bay/Mohua
Māori Remaining - 49/97
Non-Māori Remaining - 621/2030
Takaka
Māori Remaining - 40/85
Non-Māori Remaining - 353/1090
Moa Park
Kairuru
Sandy Bay
Takaka Hills
Māori Remaining - 41/89
Non-Māori Remaining - 300/963
North West Nelson Forest Park
Motueka North
Māori Remaining - 103/253
Non-Māori Remaining - 350/1845
Lower Moutere
Māori Remaining - 56/106
Non-Māori Remaining - 277/1277
Kahurangi National Park
Oparara
Karamea
Kongahu
Karamea
Māori Remaining - 23/44
Non-Māori Remaining - 248/637
Pokororo
Orinoco
Upper Moutere
Māori Remaining - 44/88
Non-Māori Remaining - 509/1569
Islands Tasman District
Māori Remaining - 0/
Non-Māori Remaining - 25/86
Waimea West
Māori Remaining - 4/42
Non-Māori Remaining - 100/914
Aniseed Valley
Māori Remaining - 20/20
Te Namu
Tapawera
Brightwater
Appleby
Richmond
Nelson
Mapua
Marybank
Atawhai
RELEASED UNDER THE OFFICIAL INFORMATION ACT



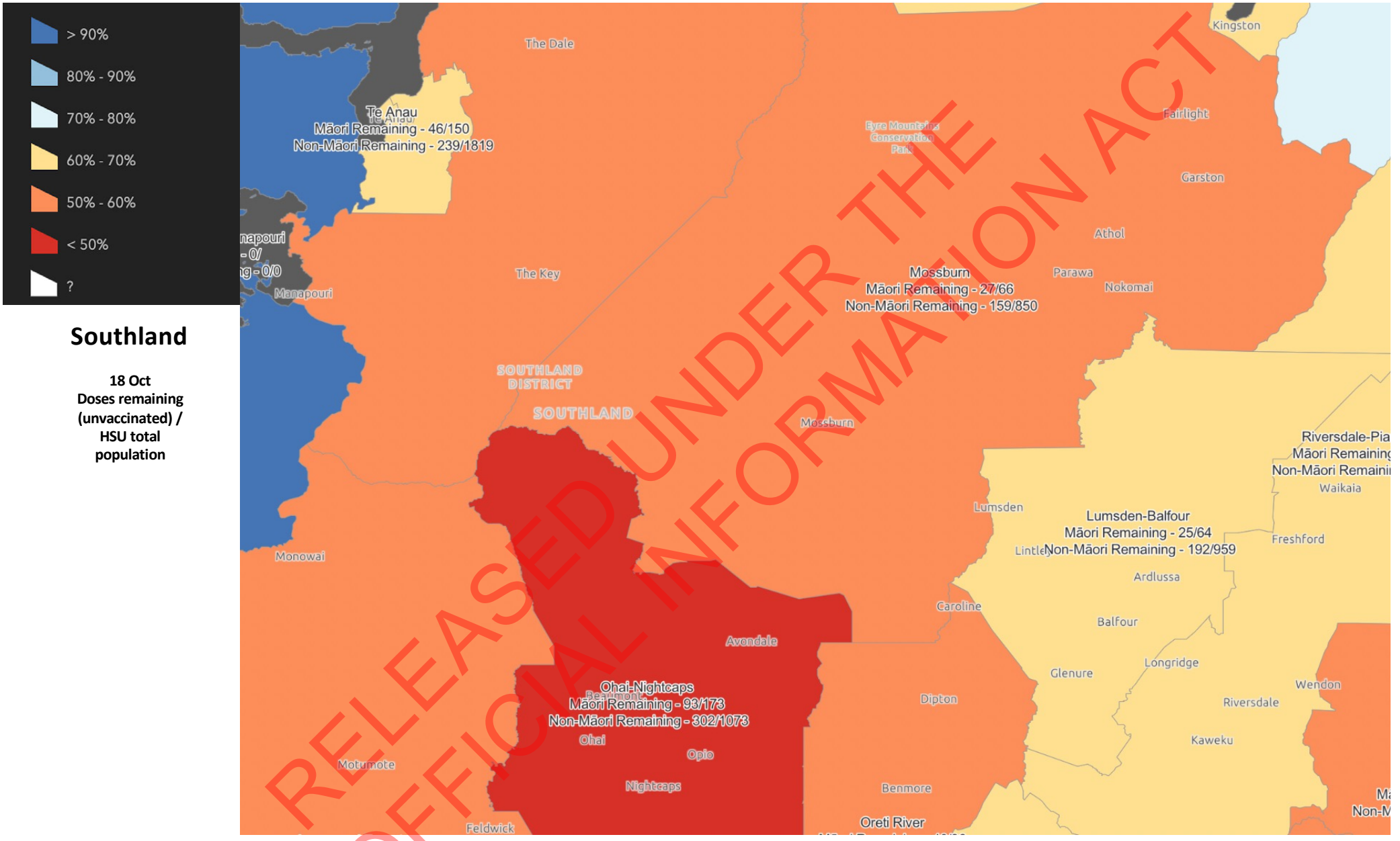


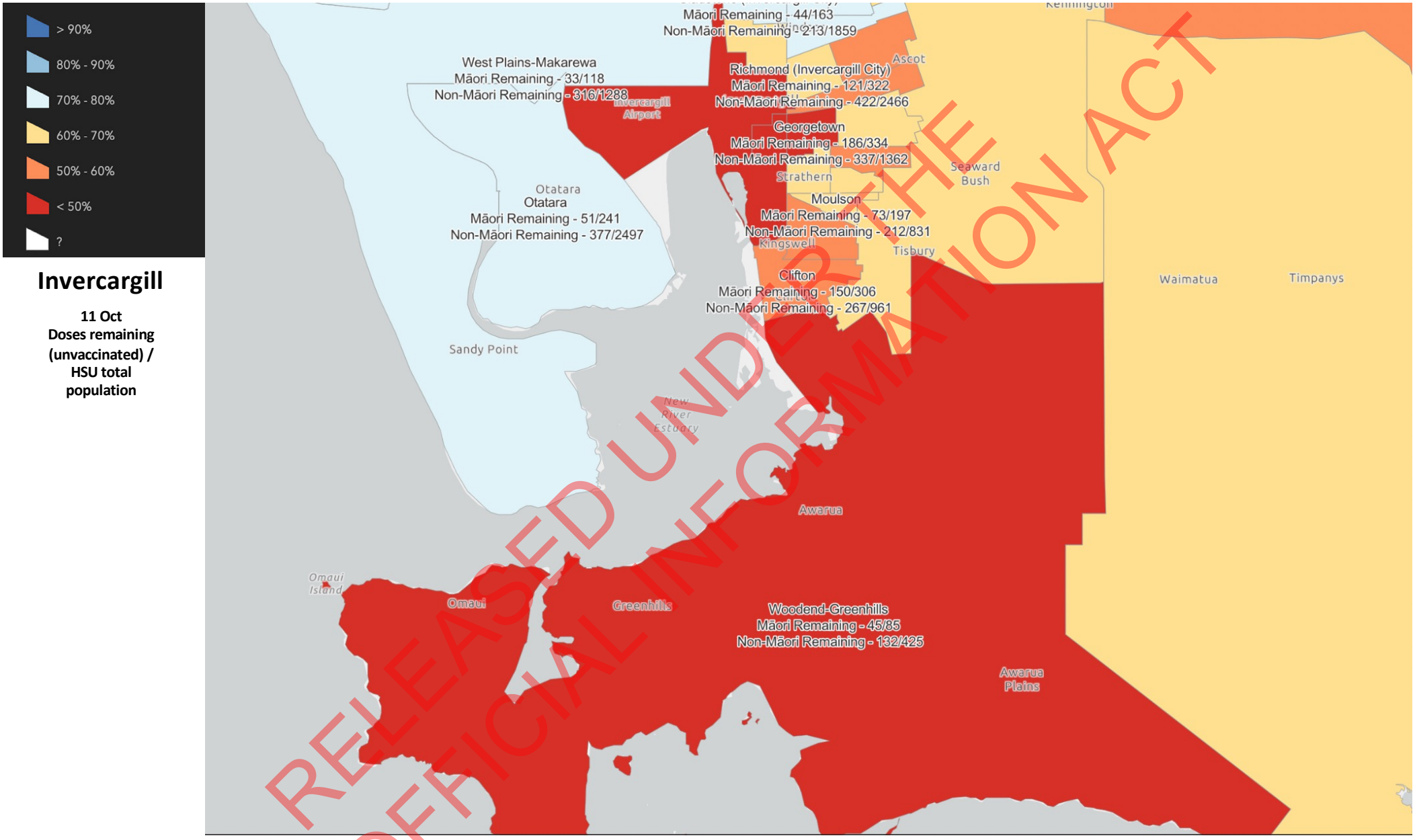




Southland

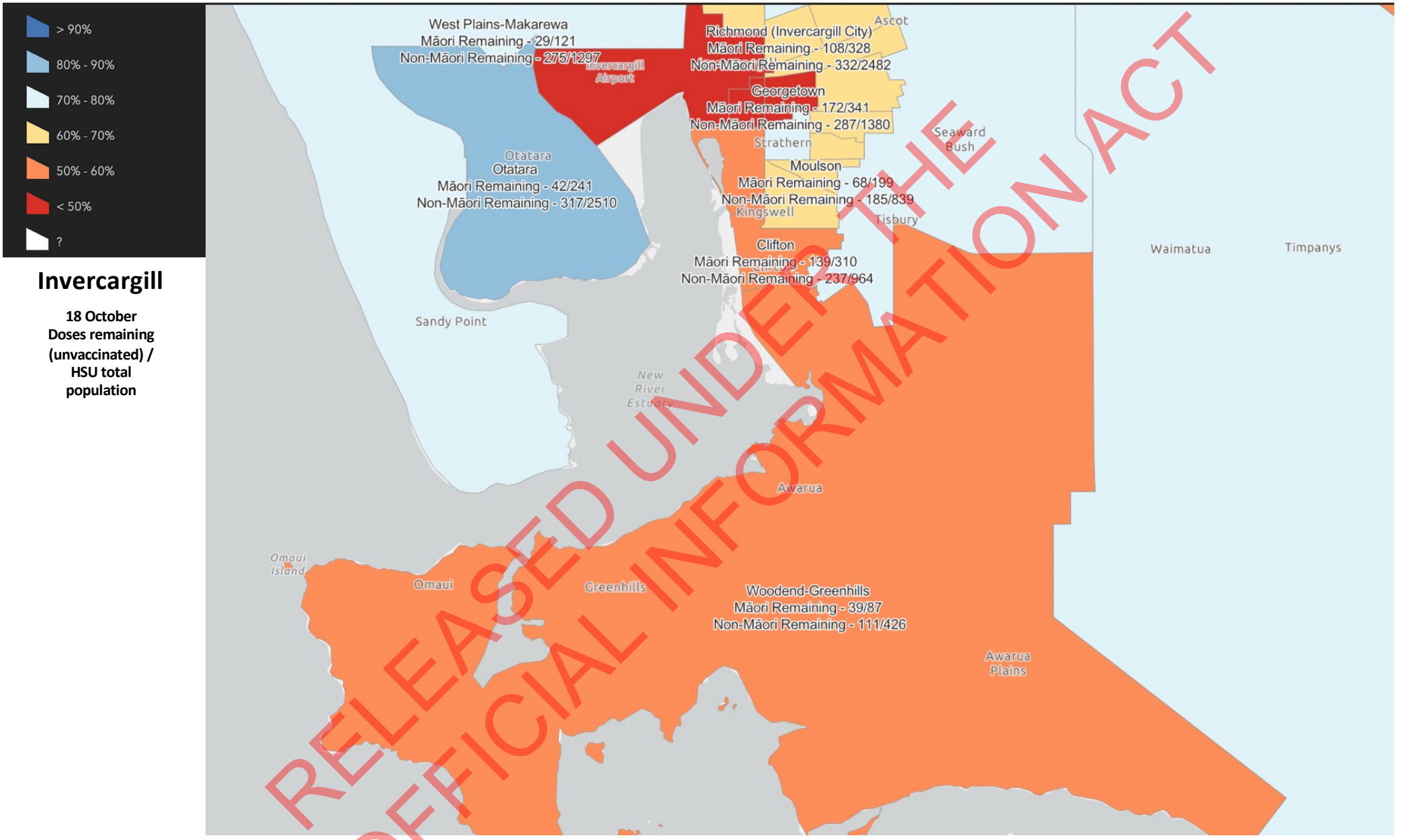
11 Oct
Doses remaining (unvaccinated) / HSU total population





Invercargill

11 Oct
Doses remaining (unvaccinated) / HSU total population



Invercargill

18 October
Doses remaining (unvaccinated) / HSU total population