

# HEI WHAKATAU | BRIEFING

## Subject: Māori Communities COVID-19 Fund (MCCF) Phase 2

<b>Date:</b>	10/12/2021	<b>Priority</b>	High
<b>Classification</b>	IN CONFIDENCE	<b>Tracking Number</b>	44453

Contact for telephone discussion (if required)			
Name	Position	Mobile	1 <sup>st</sup> contact
Dave Samuels	Te Tumu Whakarae mō Te Puni Kōkiri	9(2)(a)	
Lil Anderson	Tumu Whakarae, Te Arawhiti		
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Kelly Dunn	Deputy Chief Executive Partnerships, Te Arawhiti		

Other Agencies Consulted					
<input type="checkbox"/> MBIE	<input type="checkbox"/> MoJ	<input type="checkbox"/> NZTE	<input checked="" type="checkbox"/> MSD	<input type="checkbox"/> TEC	<input type="checkbox"/> MoE
<input type="checkbox"/> MFAT	<input type="checkbox"/> MPI	<input type="checkbox"/> MfE	<input type="checkbox"/> DIA	<input checked="" type="checkbox"/> Treasury	<input checked="" type="checkbox"/> MoH
<input type="checkbox"/> DPMC	<input checked="" type="checkbox"/> Te Arawhiti				

Minister's office to complete:

- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <input type="checkbox"/> Noted                | <input type="checkbox"/> Needs change        |
| <input type="checkbox"/> Seen                 | <input type="checkbox"/> Overtaken by Events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn           |

Comments:

Attachments:

- **Appendix 1:** Phase 1 Investment and Vaccine Rates as of 3 December 2021

## Purpose

1. This briefing seeks your approval of the scope and settings for funding proposals that will be considered as part of Phase 2 of the Māori Communities COVID-19 Fund (MCCF). Two options are also provided for the funding approval process over the summer period to mid-January, including: delegating urgent decision-making to rostered Ministers, or to the relevant chief executives for funding.

## Background

2. On 18 October, Cabinet agreed to set aside funding to establish the MCCF and delegated decision making for the settings of the MCCF to the Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, Associate Minister of Health (Māori Health) and Minita mō Whānau Ora, and Te Minita Whanaketanga Māori [CAB-21-MIN-0421].
3. On 21 October 2021, delegated Ministers agreed to the establishment of the MCCF at \$120 million [Joint briefing – Supporting Māori Communities through the COVID-19 Transition]. The funding was intended to build and expand on targeted Māori vaccination efforts led by the Ministry of Health and Te Puni Kōkiri, and address Māori community needs in the transition to the COVID-19 Protection Framework (the Framework). Delegated Ministers formed a Ministerial Oversight Group and agreed that the MCCF would be progressed across two Phases:
  - a. Phase 1 – Rapid Vaccination Acceleration (\$60 million); and
  - b. Phase 2 – Whānau and Community Resilience (\$60 million).
4. The MCCF was designed to be a flexible funding pool that is adaptable to changing circumstances with an initial prioritisation of increasing vaccination uptake activity in the first few months. As Phase 1 has progressed, we have seen strong and consistent demand for resources to support vaccination acceleration activity.
5. When the MCCF was established, it was noted that the Ministerial Oversight Group would review the settings and allocation of the funding across the two phases of the MCCF. This paper provides advice on the approach to Phase 2.
6. On 16 November 2021, Cabinet agreed the whole of system welfare approach, Care in the Community (CiC), and specific reference was made about the implementation of MCCF being developed in line with the welfare approach [MIN-21-SUB-0184 refers]. This paper reports back to Ministers on the scope and alignment of the MCCF to the government's broader COVID-19 strategy.

## Context

7. On 3 December, the country transitioned to the Framework. The Minister for COVID-19 Response advised Cabinet on 22 November 2021 that modelling results and international observation suggests that COVID-19 transmission in regions and communities with lower rates of vaccination will be faster and more challenging to control.
8. As at 11.59pm 7 December 2021, the Māori first dose vaccination rate is 84.6%, and the second dose vaccination rate is 72.2%. This compares to 94.8% and 90.4% respectively, for the total rates in New Zealand. Key cohorts with lower vaccination uptake with the Māori population include those in the 20-34 age bracket, and those

in particular rohe (for example, Whanganui, Bay of Plenty, Northland, and Lakes District).

9. To date, Ministers have approved \$70.148 million of funding for MCCF Phase 1 initiatives, and approximately \$1.9 million is awaiting Ministerial decisions. Putting aside the \$1.5m departmental allocation to support the MCCF, this leaves approximately \$44 million of MCCF funding still available for allocation. Phase 1 investments mapped against vaccination uptake levels is attached as **Appendix 1**. The Minister for Māori Development, as the Minister responsible for administering the MCCF, has sought advice from the Minister of Health on the current vaccination trajectory as it appears there is sufficient resourcing in place to support the accelerated vaccination efforts.
10. The focus of effort must now move to ensure the needs of vulnerable populations can be serviced in the move to the Framework, and that there is an appropriate level of resource available to support Māori community preparations for further spread of COVID-19. On 15 December 2021, there will be fewer movement restrictions for people living within the Auckland boundary, and there has been concern expressed by iwi and Māori organisations that COVID-19 may quickly spread as whānau head to join wider whānau and hapū groupings over the summer period.
11. Cabinet has agreed settings for a whole of system welfare approach under the COVID-19 Protection Framework [MIN-21-SUB-0184 refers] to support those individuals and their families where there is a need to self-isolate in the community. Funding has been made available for welfare support through Vote: Social Development, and through Vote: Health for health related supports during the 14-day self-isolation period.
12. The CiC operational framework is designed to ensure that whānau can have their needs addressed in a coherent and timely way, especially those with complex and overlapping needs (such as overcrowding, food or income insecurity, intergenerational homes, both vaccinated and non-vaccinated members, and other health, mental health and safety issues). This is supported through:
  - a. a mandate for Regional Leadership Groups to lead the regional alignment and coordination of the public service contribution, including the welfare approach, to the CiC operational framework
  - b. investing in provider capacity and increasing the Community Connector Service in critical locations to support the health and welfare response.

#### **Proposed scope, objectives, and principles**

13. Following the establishment of the MCCF, officials have been developing the policy settings for Phase 2 of the Fund in the context of the development of the whole of system welfare approach, initial decisions about and early implementation of the Framework, and the progress being made in lifting vaccination rates amongst eligible Māori. Consistent with the initial design of the MCCF, it was important that vaccinations were prioritised first, being the key protective factor for Māori communities.
14. In establishing the MCCF, the Ministerial Oversight Group noted that it was important the settings of the MCCF remain consistent with the government's broader COVID-19 strategy. To enable this, the Ministerial Oversight Group would consider inviting the Minister of Social Development and Employment to participate

in decision making on Phase 2 of the MCCF. To assist this, you may wish to forward this paper to the Minister for Social Development and Employment for her information and discuss with her the role of the Ministerial Oversight Group.

15. Since that time, Cabinet has agreed to establishing the CiC framework, which is designed to support people who are self-isolating, as well as their whānau who are also affected by the self-isolation following the return of a positive COVID-19 test result. This involves an integrated support pathway model, with a household risk assessment undertaken for households required to self-isolate, and including testing, health and disability supports, and welfare and housing responses including income, food, employment, and other supports.
16. Many iwi and Māori communities have been undertaking planning and preparations. In several cases, iwi and Māori groups have also provided proposals to the MCCF seeking to undertake activities addressing both phases of the MCCF. The intent of the MCCF is to support Māori communities to plan, prepare and respond to the COVID-19 environment. It is also intended to support plans for recovery and resilience in highly impacted Māori communities.
17. Given the extensive health and welfare support for people and whānau to self-isolate through the CiC support, the MCCF will not focus on needs that are identified as falling within the self-isolation support pathway. Any proposals for funding for these purposes, including parts of wider proposals, will need to be referred to MSD to be considered by Regional Leadership Groups.
18. If the Ministerial Oversight Group approves the settings for Phase 2 of the MCCF, officials will rapidly prepare advice on the proposals already held by agencies that address resourcing for planning and preparations needs, for Ministers' decisions. Depending on whether the Ministerial Oversight Group will consider funding proposals in the next week, contracts may be in place to support iwi and Māori organisations with their preparations for summer responses. This may include reaching out to iwi and Māori organisations, already the recipients of committed Phase 1 funding, with further expenditure to incur to ascertain the extent to which they can pivot to Phase 2 activities.
19. Proposed objectives, principles and an outline of activities expected to be within the scope have been developed for your consideration.

#### *Objectives*

20. The Ministerial Oversight Group has already set out the key objectives for Phase 2 of the fund, which were to support:
  - Māori led responses to the COVID-19 environment and the Framework; and
  - Increased resilience of hapori Māori.
21. These objectives, along with other information considered by the Ministerial Oversight Group when the MCCF was established, have been used to develop the below principles that are intended to guide decision making on Phase 2 of the fund.

#### *Proposed principles*

22. The proposed principles outlined below have been developed to guide decision making on the fund:

- **Thriving whānau at the centre** – it is important to take a whānau-centred approach to service delivery to protect communities as a whole. Resourcing and protection are extended to all citizens. There is recognition of those who choose to remain unvaccinated.
- **Equity as a minimum** – targeting equity of outcomes should be the minimum, but should not limit activity, and better outcomes for Māori should be sought where possible. Scale should not be favoured over impact.
- **Evidence based** – decision making will be driven by evidence, including ongoing understanding of the effectiveness and impact of activities supported from Phase 1.
- **Targeted to need** – universal or general population targeting does not always surface the needs of Māori, especially those that are most vulnerable. In addition, funding should complement, and should not duplicate BAU activity being delivered through other agencies or funds, including CiC, the whole of government welfare response.

### System response and application allocation

23. As outlined above, the MCCF is not intended to fund activities within scope of the CiC workstream. Officials from the Ministry of Health, MSD, Te Puni Kōkiri and Te Arawhiti will need to agree an approach to triaging applications, or aspects of applications among their respective funds.
24. A number of applications that have already been received to the MCCF include isolation-specific activity that clearly falls out of scope of the MCCF, and will need to be redirected to the relevant agency. A robust co-ordination and tracking approach will be developed to ensure applications can be actioned by the relevant agency.
25. Advice to Ministers will be informed by regions, including Regional Leadership Groups, on what services and supports are being stood up in their area to ensure funding for activities is not duplicated under CiC. Your agreement is sought to send a letter to the Minister for Social Development & Employment.

### Proposed MCCF Scope

26. Outlined below are activities that are likely to fall within the scope of the MCCF to provide planning and readiness support to hapori ahead of a COVID outbreak, and recovery support afterwards.

Activities in scope for Phase 2 of the MCCF	
<b>Māori led planning for home isolation</b>	<ul style="list-style-type: none"> <li>• support for hapori Māori to plan and design support for and with whānau who are required to isolate.</li> </ul>
<b>Supporting capability of iwi, hapū and Māori organisations</b>	<ul style="list-style-type: none"> <li>• building capability in management, leadership, resilience planning, implementation, and therefore the overall ability to scale when needed, including 'soft' infrastructure.</li> <li>• sharing resources across Māori organisations, such as communications, strategy, and 'back-office' support, to allow them to scale up for greater impact.</li> </ul>

<b>Communications and connections</b>	<ul style="list-style-type: none"> <li>support for organisations to establish channels to communicate and connect with Māori</li> </ul>
<b>Support for hapori Māori to operate under the Framework</b>	<ul style="list-style-type: none"> <li>support for those who are not required to isolate but who are more generally affected by COVID-19, including marae and Māori businesses as well as whānau, hapū and iwi. Examples may include marae and/or hapori asking for assistance to operate safely under the Framework, such as help to maintain social distancing at gatherings e.g. portable toilets or marquees.</li> </ul>
<b>Vaccination support</b>	<ul style="list-style-type: none"> <li>Māori led initiatives to support whānau Māori vaccinations, including vaccinations for children aged 5 – 11 years once approved. The Ministry of Health retains responsibility for the roll out of vaccinations, however further support for Māori providers to work within their communities may continue to be needed, and would be consistent with the principles that guide decision making under the MCCF.</li> </ul>
<b>Urgent community needs that fall between existing services</b>	<ul style="list-style-type: none"> <li>urgent unmet community needs that arise in the context of COVID-19.</li> </ul>

#### **What will not be funded?**

27. The following is proposed to be out of scope of the MCCF:

- Existing operations of an iwi or organisation, including existing staff costs – our funding must support activity on top of existing activity
- Projects/activities that are already funded by other government agencies, including as part of the immediate response and recovery to COVID-19
- Retrospective events and activities
- Applications where activities are based outside New Zealand
- Medical costs
- Legal advocacy or litigation costs, including court costs
- Payment of existing debts
- New business ventures
- Events that have a political component or purpose.

#### **Factors that will inform investment**

28. It is likely that the resources sought from the MCCF under Phase 2 will exceed the funding available, and it is important that the remaining resourcing focus on the immediate and most pressing issues faced by iwi and Māori communities under the Framework, and targeted to the most vulnerable groups within the Māori population.

29. The most effective protective factor for all populations is full vaccination. Low vaccination rates in communities, even in the general population, are likely to



disproportionately affect Māori. The key geographic locations, in priority order, for proposals will be based on the following:

Target area	May include
<b>Key geographic areas</b>	<p>Areas with low vaccination rates</p> <p>Areas with high Māori population</p> <p>Districts and locations currently under red settings or moving to red settings under the COVID Protection Framework</p>
<b>Māori population groups</b>	<p>Kaumātua</p> <p>Rangatahi</p> <p>tāngata whaikaha (people with disabilities)</p> <p>people at risk of severe illness from COVID-19 (immunocompromised, people with medical conditions and compromised immunity)</p>
<b>Vulnerability factors</b>	<p>not yet vaccinated</p> <p>living in rural and remote locations</p> <p>living in poverty, unable to (or at risk of not being able to) meet basic needs</p> <p>without permanent housing</p> <p>unemployed, not engaged in education or training</p> <p>need support for mental health conditions and addictions</p>

30. Under the Framework, the Ministry of Health will produce a dashboard of key forward looking metrics such as vaccination rates in different regions and health system capacity and demand, both regionally and overall. Insights will be sought from both DHBs and hauora Māori providers. To support prioritisation for Phase 2 of the MCCF, this information will be considered alongside other resilience indicators to inform target geographical regions, such as information about Māori health, housing, employment, and New Zealand Deprivation by DHB, SA2, gender, and age where applicable.

### Requirements for Providers

31. As with Phase 1, providers must be able to demonstrate:

- established or existing connections with whānau and communities
- established systems and processes
- proven experience in delivery
  - a proposed framework for impact measurement
  - demonstrated experience in kaupapa based design.

32. In order to continue momentum with Phase 1 of the MCCF, Phase 2 will prioritise similar types of providers. There are already a significant number of proposals that have been received. These are from:

- iwi and hapū groups including their associated health and social service providers;
- Whānau Ora providers, Whānau Ora provider networks, Māori health providers and other groups already engaged to support vaccination uplift;
- regional providers, supported by Te Puni Kōkiri regionally led plans; and
- other Māori community providers.

## **Options for Approving Funding**

### *Initial Proposals*

33. In many cases, iwi and Māori organisations already have plans (and activities) in place and some are seeking funding to support their efforts, especially in those communities where COVID-19 is present.
34. If Ministers would like to quickly begin distribution of Phase 2 funding, there is an option to fast-track an initial first tranche of funding based on proposals already received by Te Arawhiti and Te Puni Kōkiri. We would seek Ministerial approvals ahead of the summer break, with a view to contracting before Christmas.
35. A first tranche of funding could focus primarily on those areas that are red under the COVID Protection Framework. It should reflect the communication from Ministers that Phase 2 funding will enable groups to build resilient communities by providing information and resources about the traffic light system, and leading local and collaborative approaches to minimising the effects of COVID-19.
36. There are already a number of proposals held by agencies that may fit these requirements. As of 9 December 2021, the total potential quantum of these applications, which has been carved out as falling out of scope for Phase 1 applications and other applications received, is \$46.8 million. Initiatives received to date include:
  - a. Resilience planning
  - b. Communication and information services
  - c. Support for self-isolation
  - d. Community outreach
  - e. Support for vaccinations.

### *Delegated Option for Urgent Proposals*

37. Additional proposals for urgent support to address unmet needs or for preparations to respond to COVID-19 outbreaks may need to be considered over the next month and the holiday period. Such proposals will need to meet the scope and criteria outlined above. The Ministerial Oversight Group may wish to delegate this decision-making to Chief Executives, or rostered Ministers, during this period.
38. If Ministers agree, further advice would be provided on delegations and the process Chief Executives will use.



*Future Tranches of funding (for consideration of Ministers after mid-January)*

39. As with Phase 1, Phase 2 proposals from mid-January will be considered by the MCCF Senior Officials Group and Ministerial Oversight Group on a periodic basis (depending on the urgency and volume of proposals).

**Next steps**

40. If Ministers agree, officials will notify our networks that we are accepting applications for Phase 2 of the fund, and we will begin considering applications, including those for Phase 2 activity that have already been received.

**Recommended action**

41. It is recommended that you:

1. <b>Note</b> when the Māori Communities COVID-19 Fund (MCCF) was established, Ministers agreed to review the settings and phasing of funding as required to ensure that resources could be applied to the most critical issues at the right time	
2. <b>Note</b> that in establishing the MCCF, Ministers would consider inviting the Minister for Social Development & Employment onto the Ministerial Oversight Group	
3. <b>Note</b> Ministers have approved \$70.148 million of funding for MCCF Phase 1 initiatives to date	
4. <b>Note</b> that the Minister for Māori Development has sought advice from the Minister of Health on the vaccination trajectories to date	
5. <b>Note</b> Cabinet has agreed to an all of system welfare approach to Care in the Community to support individuals and whānau during self-isolation	
6. <b>Note</b> the Care in the Community response is being led by Public Sector Regional Leadership Groups	
7. <b>Note</b> there is a need to move the focus of the MCCF towards supporting hapori Māori to prepare for the spread of COVID-19 to their communities	
8. <b>Agree</b> the proposed principles, objectives and criteria for Phase 2 of the MCCF	Minister Robertson      Yes / No Minister Davis              Yes / No Minister Henare            Yes / No Minister Jackson          Yes / No
9. <b>Note</b> the proposed criteria includes provision for continued vaccination uplift activity on a case by case basis	

10. <b>Agree</b> the scope of the MCCF Phase 2 sits outside of support during self-isolation and the scope of Caring in the Community	Minister Robertson	Yes / No
	Minister Davis	Yes / No
	Minister Henare	Yes / No
	Minister Jackson	Yes / No
11. <b>Agree</b> that funding drawdown for MCCF Phase 2 will be sought as part of Ministerial approval process	Minister Robertson	Yes / No
	Minister Davis	Yes / No
	Minister Henare	Yes / No
	Minister Jackson	Yes / No
12. <b>Agree</b> to delegate urgent decision-making over the holiday period until mid-January to:	Minister Robertson	Yes / No
<b>EITHER</b>	Minister Davis	Yes / No
a. relevant Chief Executives	Minister Henare	Yes / No
	Minister Jackson	Yes / No
<b>OR</b>	Minister Robertson	Yes / No
b. rostered Ministers	Minister Davis	Yes / No
	Minister Henare	Yes / No
	Minister Jackson	Yes / No
13. <b>Agree</b> to consider the first tranche of funding proposals within the next week	Minister Robertson	Yes / No
	Minister Davis	Yes / No
	Minister Henare	Yes / No
	Minister Jackson	Yes / No
14. <b>Note</b> agencies have already received \$46.8 million of proposals that have elements that fit the criteria for Phase 2		
15. <b>Agree</b> the priority criteria for the first tranche of funding will focus on:	Minister Robertson	Yes / No
- Building resilience and capability of hapori Māori	Minister Davis	Yes / No
- Areas with low Māori vaccination rate, high proportions of Māori, and are designated red under the COVID Protection Framework	Minister Henare	Yes / No
	Minister Jackson	Yes / No
16. <b>Agree</b> the process and criteria for Phase 2 MCCF to be communicated and applications sought for consideration for the next tranches of funding in mid-January	Minister Robertson	Yes / No
	Minister Davis	Yes / No
	Minister Henare	Yes / No
	Minister Jackson	Yes / No

17. <b>Agree</b> to forward this paper to the Minister for Social Development and Employment for her information and discuss with her the role of the Ministerial Oversight Group	Minister Robertson	Yes / No
	Minister Davis	Yes / No
	Minister Henare	Yes / No
	Minister Jackson	Yes / No

9(2)(a)	9(2)(a)
Dave Samuels Te Tumu Whakarae mō Te Puni Kōkiri	Lil Anderson Tumu Whakarae, Te Arawhiti
Date: __10_ / __12_ / 2021	Date: __10_ / __12_ / 2021

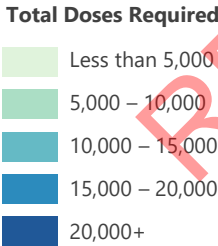
Hon Grant Robertson Minister of Finance	Hon Kelvin Davis Minister for Māori Crown Relations: Te Arawhiti
Date: ____ / ____ / 2021	Date: ____ / ____ / 2021
Hon Peeni Henare Associate Minister of Health (Māori Health) Minister for Whānau Ora	Hon Willie Jackson Te Minita Whanaketanga Māori
Date: ____ / ____ / 2021	Date: ____ / ____ / 2021

Māori Communities COVID-19 Fund Phase 1 – Vaccine rate and DHB investment

Total doses required to hit 90% Māori fully vaccinated as at 3 December

Insights

- Canterbury and Capital & Coast DHBs are at 89% first dose and will likely cross 90% this week
- Northland, BOP, and Whanganui have the lowest first dose rates
- 38k first doses remain across the country to hit 90%.



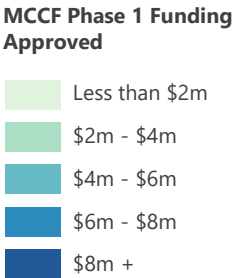
Māori Vaccination Data and MCCF Summary Table

DHB Area	Dose 1 / Dose 2 %	Total Doses Needed for 90 2 Dose%	Total doses in last week (Nov 26)*	Doses since MCCF open (Oct 24)*	MCCF Phase 1 Investment Approved \$m
Northland	79% / 65%	18,088	2,656	17,111	8.17
Auckland Metro	86% / 75%	24,885	6,035	40,479	4.81
Waikato	83% / 69%	18,938	3,742	24,305	15.10
Lakes	81% / 65%	10,150	2,059	11,870	6.49
Bay of Plenty	79% / 63%	18,292	2,932	17,711	2.37
Tairāwhiti	82% / 67%	6,065	1,209	7,214	6.84
Taranaki	81% / 67%	5,115	934	6,242	4.31
Hawkes Bay	82% / 66%	11,062	2,455	12,508	2.51
MidCentral	86% / 70%	5,904	1,625	8,967	2.72
Whanganui	79% / 65%	4,933	848	4,496	2.84
Capital and Coast	89% / 79%	3,215	1,516	8,114	0.93
Hutt Valley	86% / 72%	4,212	1,209	6,824	0.52
Wairarapa	87% / 69%	1,549	387	2,501	0.43
Nelson Marlborough	82% / 68%	3,334	751	3,422	0.54
West Coast	82% / 70%	748	162	938	0.11
Canterbury	88% / 75%	6,286	2,644	14,822	0.79
South Canterbury	83% / 69%	967	210	1,153	0.09
Southern	86% / 75%	4,538	1,390	7,568	1.76
National Coverage					8.82
Total	83% / 70%	152,524	32,764	196,245	\$70.15m

MCCF Phase 1 Approved Investments by DHB Area 3 December

Insights

- Northland and Waikato DHB areas have received approximately 1/3 of total MCCF Phase 1 funding approved to date
- Average contract size has fallen over duration of project as proposals become more targeted to specific communities



- Notes:
- Dollar figures are amounts approved or contracted through MCCF
  - Auckland DHBs are aggregated
  - Funding share for proposals covering multiple DHBs is based on vaccination rates, and should be considered an estimate
  - Vaccination data = 3 December, weekly rate of change since 26 November
  - All vaccination rate data sourced from daily MOH updates

\*doses delivered by DHB areas are based on MOH data, and are not specifically linked to MCCF funding