



Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of the Minister of Finance, Hon Grant Robertson:

Progress Report on the Implementation Unit's 2022 Assignments as at 18 August 2022

The following documents have been included in this release:

Title of paper: Progress Report on the Implementation Unit's 2022 Assignments as at 18 August 2022 (CPC-22-SUB-0024 refers)

Title of paper: Appendix A Year Three Stocktake of the Budget 2019 Mental Health and Addiction Package

Title of paper: Appendix B MHIP Implementation Unit Scope

Title of paper: Appendix C IU CPC Dashboard August 2022

Title of minute: Implementation Unit's 2022 Assignments: August Progress Update (CPC-22-MIN-0024 refers)

Title of minute: Report of the Cabinet Priorities Committee: Period Ended 26 August 2022 (CAB-22-MIN-0341 refers)

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction code:

- Section 9(2)(a), to protect the privacy of individuals.

~~[In Confidence]~~

Office of the Minister Hon Grant Robertson
Deputy Prime Minister

Chair, Cabinet Priorities Committee

Progress Report on the Implementation Unit's 2022 Assignments as at 18 August 2022

Proposal

1. This paper is a progress update against the Implementation Unit's (the Unit) 2022 work programme through to 18 August 2022.

Relation to government priorities

2. The Unit's operations are critical to enabling the successful delivery of Government priorities, particularly *accelerating economic recovery* and *laying foundations for the future*.

Background

3. On 1 March 2022, Cabinet [CAB-22-MIN-0057 refers]:
 - 3.1. **noted** that the Unit will undertake follow-on work across the following programmes: *the New Zealand Upgrade Programme (transport), Carbon Neutral Government Programme; Infrastructure Reference Group; Budget 2019 Mental Health and Addiction Package; Emergency and Transitional Housing.*
 - 3.2. **agreed** the following new assignments: *Te Aorerekura; Three Waters Reform Programme; Emissions Reductions Plan; Immigration Rebalance; Health System Reforms; He Waka Eke Noa.*
4. I have provided progress updates to CPC on the Unit's work programme in December, March, and June [CPC-21-SUB-0032; CPC-22-SUB-0012 and CPC-22-SUB-0016 refers].
5. I also brought an update to Cabinet on the Unit's work programme for the second half of 2022 in July. Cabinet **agreed** to add in the following programmes of work: *Immigration Rebalance rapid assessment; Census Readiness for vulnerable communities; Government Investment in Decarbonising Industry Fund; New Zealand's International Climate Finance Commitments; Kāinga Ora delivery of public housing; Housing Supply Initiatives* [CPC-22-MIN-0021 refers].
6. This paper provides a further update on the Unit's progress against its 2022 work programme.

Year Three Stocktake of the Budget 2019 Mental Health and Addiction Package

7. The Unit has completed its second stocktake of the progress of the delivery of the \$1.9bn Budget 2019 Mental Health and Addiction Package (the Package). The first stocktake in July 2021 found that delivery agencies had made good progress, but that elements of delivery for the Package should be strengthened.
8. The Minister of Health and I commissioned the Unit's second stocktake to assess delivery of the Package in its third year, the impact of interventions since the Unit's first stocktake, and

remaining risks to delivery. This reported back to us on 17 June 2022 and serves as a benchmark report prior to the transfer of delivery functions to Te Whatu Ora.

9. The Report is appended to this paper in Appendix A.
10. The Unit found that 75% of the \$1.281bn of operational initiatives within the Package are on track to deliver the benefits in full and on time; 20% of initiatives can deliver on their intended benefits, if agencies continue to give specific attention to aspects of delivery; and 5% are not likely to deliver, primarily because of recruitment challenges. Developing the mental wellbeing workforce remains the largest delivery risk to the operational components of the Package.
11. Our reform of the health system will play a critical role in taking these initiatives forward, and the Unit identified that Te Whatu Ora could consider whether all mental wellbeing workforce investments should be managed as a distinct portfolio within its wider responsibilities as it develops its operating models.
12. The Unit also found that the delivery of the capital components of the Package, comprising primarily of the Mental Health Infrastructure Programme (MHIP), had not accelerated since the Unit's first stocktake in July 2021. Four of 16 projects funded as part of MHIP are yet to be allocated completion dates. The Unit could not provide assurance that the estimated completion dates reported by the (then) Health Infrastructure Unit (HIU) to Ministers for the other 12 MHIP projects were likely to be met.
13. The Minister for Health and I therefore directed the Unit to undertake, with expertise from Te Waihangā, the Infrastructure Commission, a deep dive into each of the 16 MHIP projects. This is a priority, and the work will be completed by the Unit with urgency.
14. We agreed a scope for the Unit's work on 1 July 2022. The scope of the deep dive is appended to this paper in Appendix B. As at 18 August, this work is well advanced. Independent experts have been appointed by Te Waihangā, the deep dive has commenced, and the document review is well underway.
15. The Unit's deep dive into MHIP will culminate in providing us with advice on:
 - 15.1. For each MHIP project, the status of delivery, robustness of the estimated completion dates, and risks and issues; and
 - 15.2. any actions that will accelerate projects without delay.
16. The Unit will report back to Ministers with a delivery plan and final report no later than 14 October 2022. The Unit will also identify practical acceleration actions through its work to 'get projects moving' and will report those to myself and the Minister for Health as and when they are identified.

Update on working alongside commissions

17. The Unit is well advanced with each of its working alongside commissions. The Unit closed out its support of the Carbon Neutral Government Programme in July 2022 and will close out its support to Te Puna Aouni at the end of August 2022, following agencies delivery of key implementation milestones. As with all the Work alongside assignments, the Unit will be available to provide advice and support as needed.

18. A tracker that summarises the progress made across all active and complete commissions, as well as key milestones, is included in Appendix C.

Update on commissions approved in July 2022

19. In July, Cabinet approved six new programmes of work for the Unit. The Immigration Rebalance rapid assessment will report to back to me on 19 August 2022, and the Census rapid assessment on plans to ensure vulnerable populations are reached and involved will report back to me on 31 August 2022. I am informed that both are underway, and on track to meet their deadlines.
20. All other new commissions are undergoing detailed scoping and the Unit is putting together commissioning briefs for the Commissions due to report back to me between October and December 2022.
21. In the July paper I advised that the Unit’s planned stocktake of the delivery of the redesigned *Emergency and Transitional Housing* programme will not commence this year due to changes to the timeframe for agencies seeking decisions and consequently for implementation.
22. Following discussion of the status of the redesign of emergency and transitional housing at SWC on 27 July the Minister of Housing and I have reworked this commission so that the Unit will *support HUD and MSD to implement a place-based emergency housing model in Wellington and Hamilton by working with the delivery agencies to ensure the lessons learned in the Rotorua pilot are considered in the design and delivery of the model; and ensuring that the model is implemented in a way that is fit for purpose and responsive to the respective contexts in the two locations.* This timing of this commission will be confirmed in October but would likely occur between November 2022 and March 2023.

Next steps: progress on Briefings and Stocktakes

23. As the Unit progresses its work programme, I will continue to report on its findings to CPC. In December, I will also report on the outcome of the Unit’s November Review of its work programme and seek decisions on the inclusion of additional programmes for the first half of 2023.
24. The Unit’s papers will be brought to CPC in line with the schedule in Table 1. I will report on the remaining assignments that are completed in November and December to the first CPC meeting of 2023.

Table 1: Schedule of Implementation Unit papers through to December 2022

Date of Committee Meeting	Paper	Purpose of paper
13 September 2022 CPC	Progress Report on 2022 Implementation Assignments.	To report on the Unit’s findings from its rapid assessment into the Immigration Rebalance contingency planning arrangements.
18 October, CPC	Progress report on 2022 Implementation	To report on the Unit’s its findings from its rapid assessment of the Census plans to reach vulnerable

	Unit Assignments	populations; and updates on the Unit's working alongside commissions.
6 December 2022, CPC	Update on the Implementation Unit's 2022 work programme; progress report on 2022 Implementation Unit Assignments	To report on (i) the outcome of the November review of its work plan, and seek decisions on any updates to, or inclusion of programmes in, its work plan for the first half of 2023; (ii) the Unit's findings from its stocktake into New Zealand's Climate Finance Commitments; (iii) the Unit's findings from its stocktake into the implementation readiness of the Green Decarbonising Industry Fund; (iv) the Unit's findings from the Deep Dive into the Mental Health Infrastructure Programme.

Consultation

- 25. The Ministry of Health, the Ministry of Housing and Urban Development, the Department of Corrections, and interim Health New Zealand were consulted on the Mental Health and Addiction stocktake appended to this paper at Appendix A.
- 26. Health New Zealand and Te Waihanga, Infrastructure Commission, were consulted on the scope of the deep dive into the Mental Health Infrastructure Programme, appended to this paper at Appendix B.
- 27. The Ministry of Housing and Urban Development and the Ministry of Social Development were consulted on the proposed revision to the Emergency and Transitional Housing commission.

Financial Implications

- 28. There are no direct financial implications from this paper.

Legislative Implications

- 29. There are no legislative implications arising from this paper.

Impact Analysis

- 30. An Impact Statement is not necessary for this paper.

Human Rights

- 31. There are no Human Rights implications arising from this paper.

Gender Implications

- 32. There are no gender implications arising from this paper.

Disability Perspective

- 33. There are no matters arising from this paper that require a disability perspective.

Publicity

34. No publicity is planned as a result of this paper.

Proactive Release

35. I intend to proactively release this paper and its associated minute after the standard 30 business days from the decision being made by Cabinet.

Recommendations

I recommend that the Committee:

- (a) **Note** that the Unit has delivered its briefing on the delivery of the Year three Progress of the \$1.9bn Budget 2019 Mental Health and Addiction Package.
- (b) **Note** that the Deputy Prime Minister and the Minister for Health have directed the Unit to undertake a deep dive into each of the 16 Mental Health Infrastructure Programme projects.
- (c) **Agree** that the commission for Emergency and transitional housing be changed to *support HUD and MSD to implement a place-based emergency housing model in Wellington and Hamilton by working with the delivery agencies to ensure the lessons learned in the Rotorua pilot are considered in the design and delivery of the model; and ensuring that the model is implemented in a way that is fit for purpose and responsive to the respective contexts in the two locations.*

Authorised for lodgement

Hon Grant Robertson
Deputy Prime Minister

Briefing

YEAR THREE STOCKTAKE OF THE BUDGET 2019 MENTAL HEALTH AND ADDICTION PACKAGE

To: Hon Grant Robertson
Deputy Prime Minister

Hon Andrew Little
Minister of Health

Date	17/06/2022	Priority	Medium
Deadline	1/07/2022	Briefing Number	DPMC-2021/22-2325

Purpose

This briefing outlines the findings of the Implementation Unit's second stocktake of the progress of delivery ('the Stocktake') of the \$1.9bn Budget 2019 Mental Health and Addiction Package ('the Budget 2019 Package').


Recommendations

- Note** that of the \$1.281bn of operational initiatives within the Budget 2019 Package that are assessed in this Stocktake:
 - 75% are on track to deliver benefits in full and on time (including 28% where delivery is already complete).
 - 20% can deliver intended benefits in full and on time if agencies continue to give specific attention to key areas of delivery.
 - 5% is not likely to deliver full intended benefits on time because of recruitment challenges in clinical professions but will deliver between two-thirds and three-quarters of intended benefits by the 30 June 2023 and the remainder 6-9 months behind schedule.
- Note** that the Implementation Unit cannot provide assurance that the Mental Health Infrastructure Programme (MHIP) is on track to deliver. Four of 16 projects are yet to be allocated completion dates and of the remaining 12 projects the Unit cannot provide assurance that the estimated completion dates reported to Ministers by the Health Infrastructure Unit (HIU) are likely to be met.

- 3. **Direct** the Implementation Unit with expertise from the Infrastructure Commission or an appropriate infrastructure specialist to undertake a deep dive into each of the 16 MHIP projects to provide Ministers by 14 October 2022 with advice on the status of delivery, robustness of the estimated completion dates, risks, and issues of each project. YES / NO

- 4. **Note** that the Unit recommends that the Chief Executive of interim Health New Zealand should consider merging the role and functions of the HIU with the delivery functions of the regions to create a vertical group with end-to-end responsibility and accountability for delivering all aspects of the Health capital works programme.

- 5. **Agree** that after this report has been to Cabinet in August 2022 it will be proactively released within 30 days with any appropriate redaction where information would have been withheld under the Official Information Act 1982. YES / NO


Katrina Casey
Executive Director, Implementation Unit

17/06/2021

Hon Grant Robertson
Deputy Prime Minister

Hon Andrew Little
Minister of Health

...../...../2021

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Contact for telephone discussion if required:

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Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

Proactively Released

YEAR THREE STOCKTAKE OF THE BUDGET 2019 MENTAL HEALTH AND ADDICTION PACKAGE

Executive Summary

1. In Budget 2019 the Government allocated \$1.9bn to a cross-agency mental wellbeing package to address the determinants of mental wellbeing and enhance primary and community support for people with mental health and addiction issues ('the Budget 2019 Package'). In July 2021, the Implementation Unit ('the Unit') completed a Mid-Term Review covering 88% of the Budget 2019 Package that found agencies had made good progress towards delivering the intended outputs of the package but that elements of delivery should be strengthened.
2. The Deputy Prime Minister and the Minister of Health commissioned this Stocktake to assess delivery, the impact of interventions made since the Mid-Term Review, and remaining risks to delivery. This Stocktake shows progress as at 29 April 2022, before the transfer of functions from the Mental Health and Addiction Directorate to interim Health New Zealand (iHNZ) but after the transfer of the Health Infrastructure Unit (HIU).

Operational components of the Budget 2019 Package remain mostly on track to deliver benefits

3. Since the Mid-Term Review good progress has been made in most areas despite pressures on the health system as a result of COVID-19. Of the \$1.2bn operational spending assessed in this Stocktake, 75% is complete or on track to achieve its full intended benefits on time, and 20% can achieve intended benefits on time with continued attention from agencies. 5% of operational spending is not likely to deliver full intended benefits on time, primarily due to challenges recruiting clinical roles. This comprises four initiatives that increase addiction and forensic services in the community and in prisons. These initiatives are each likely to deliver between two-thirds and three-quarters of intended benefits by the 30 June 2023, with full benefits delivered 6-9 months behind schedule.
4. Since the Mid-Term Review all agencies' have improved planning and reporting on their progress implementing the services required. The Ministry of Health ('the Ministry') has established programme governance arrangements, leads emerging cross-agency coordination in key areas (e.g., workforce), and is increasingly seen as system-leader for mental wellbeing. Cross-agency arrangements are in place but are in an early stage.
5. Developing the mental wellbeing workforce remains the largest delivery risk. Hiring remains on track for the Access and Choice initiative, the largest component of the Budget 2019 Package, but progress has slowed in initiatives that need new clinical roles, particularly in rural areas. The Ministry established a dedicated mental wellbeing workforce team which is now located in iHNZ. As iHNZ designs its approach to developing the mental wellbeing workforce, it could consider whether all mental wellbeing workforce investments should be managed as a distinct portfolio within its wider workforce responsibilities.

Progress in delivering the Mental Health Infrastructure Programme (MHIP) is concerning and would benefit from a more in-depth project by project assessment using infrastructure experts

6. The delivery status of the MHIP has not meaningfully improved since the Mid-Term Review. Four of the 16 MHIP projects do not have completed business cases and

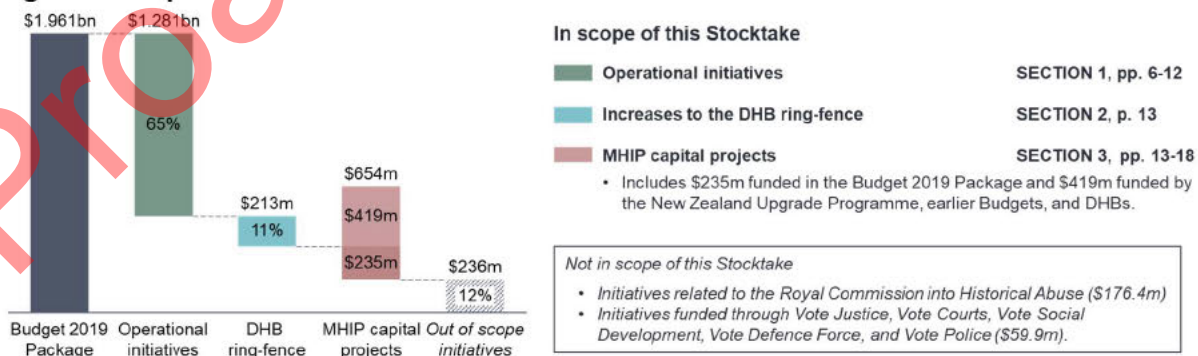
estimated completion dates. The HIU has intervened in eight projects and identified significant additional work on design and business cases, which has resulted in estimated completion dates being delayed by five to 15 months in three projects (of the other five projects, three remain in business case stage without estimated completion dates, and two now have estimated completion dates). Of the eight projects where HIU has not intervened, two projects report delays to estimated completion dates of four to five months: one due to construction issues, and one where construction is finished but services have not started pending recruitment of the workforce.

7. The Unit does not have the appropriate expertise to sufficiently interrogate each project and cannot provide assurance about the completion of the MHIP. The only way to be able to do so is for a deep dive, using appropriate expertise, into each of the 16 MHIP projects to determine the status of delivery, robustness of the estimated completion dates, risks and issues of each project. A deep dive is unlikely to accelerate delivery in of itself but should provide tangible delivery dates for each project, explain barriers to delivery, identify where acceleration might be possible, identify any actions that can or need to be taken, and provide a basis for future monitoring.
8. Across both Stocktakes undertaken by the Unit it has become clear that the separation of the policy, process, and oversight functions from the delivery of the projects has been and remains an issue for the delivery of these projects and has impacted on information and assurance about delivery. There is an opportunity with the establishment of HNZ for a significantly different structural option for the management of infrastructure, particularly the capital works programme. This would involve the creation of a vertical group that has end-to-end responsibility and accountability for the delivery of the health capital works programme. The operating model for this group would ensure strong ties are retained with service delivery at all levels but would mean a dedicated group of experts solely focused on delivering the capital works programme.

Scope of this Stocktake

9. This Stocktake covers 88% of the \$1.9bn Budget 2019 Package plus other capital projects within the MHIP (Figure 1). The Commissioning Brief for this stocktake is in Attachment A. A full list of initiatives within the Budget 2019 Package is in Attachment B.
10. Assessments in this Stocktake are based on data and information as at 29 April 2022 unless stated otherwise. This is before the transfer of commissioning functions from the Ministry’s Mental Health and Addiction Directorate to iHNZ on 1 June 2022, and two months after the transition of the HIU to iHNZ on 1 March 2022.

Figure 1. Scope of this stocktake



SECTION 1: OPERATIONAL INITIATIVES

11. This section assesses the Access and Choice initiative (\$455m), other health initiatives (\$215m), housing programmes (\$477m)¹, and services for offenders (\$129m), totalling \$1.281bn. Each component and its specific initiatives are assessed in sections below.

Overall status of delivery

12. Overall, most operational initiatives within the Budget 2019 Package are likely to achieve their intended benefits in their intended timeframes, although some initiatives or parts of initiatives require additional attention to do so. Of the \$1.281bn in operational spend:
- a) 75% (\$953m) is on track to deliver benefits in full within the intended timeframe, including 28% (\$358m) where delivery is assessed as **complete** and 47% (\$595m) where delivery is assessed as **on track** to deliver in full.
 - b) 20% (\$259m) is assessed as **mixed**, i.e., can achieve intended benefits in full within the intended timeframe if agencies continue to give specific attention to key aspects.
 - c) 5% (\$67.6m) is assessed as **problematic**, i.e., is not likely to deliver full intended benefits on time but will deliver two-thirds to three-quarters of intended benefits by the 30 June 2023 with full benefits delivered 6-9 months behind schedule.
13. The main cause for mixed and problematic ratings is the recruitment of qualified staff, particularly clinical staff, staff with Māori or Pacific cultural competence, and staff in rural areas. A second key cause is an ongoing need for agencies to closely manage service contracts to ensure that third-party providers ramp services up to their full level.
14. To deliver their full benefits on time, initiatives with problematic ratings would need to make step-change improvements in hiring clinical roles or make interventions to fast-track procurement. Specific initiatives are discussed in more detail in Tables below.

Findings of the Stocktake

Since the Mid-Term Review agencies have significantly strengthened programme management

15. Agencies have significantly strengthened planning and reporting and established cross-agency programme arrangements. All initiatives now have clear trajectories and plans for what they will achieve each quarter, which has supported improved reporting on the progress of delivery. The Ministry has developed cross-agency governance and oversight arrangements for mental wellbeing that include the Budget 2019 Package. These include formal governance by the Social Wellbeing Board (SWB), a Tier 2 officials group, and a cross-agency working group focussed on workforce. These groups are at an early stage: the Tier 2 group has held one workshop and the workforce group has met three times.

Hiring has continued at a reasonable pace but recruiting, developing, and retaining staff for specific initiatives remains the main delivery risk

16. The Mid-Term Review identified recruiting, growing, upskilling, and retaining the workforce as the main risk to delivery. The Ministry created dedicated oversight of mental wellbeing workforce initiatives and capacity for greater coordination and alignment with service

¹ Note: this includes \$134m in capital for Transitional Housing, assessed as complete in the Mid-Term Review.

delivery needs by establishing a Programme Director role supported by two full-time equivalent staff (FTE) within the Mental Health and Addiction Directorate. The Ministry's Health Workforce Directorate delegated authority to this team to make decisions and manage contracts with workforce development providers in relation to mental health and addiction workforce development.

17. The pace of recruitment of staff in the Access and Choice initiative, which has the largest workforce needs across the Budget 2019 Package, has improved since the Mid-Term Review, in particular for Māori and Pacific tailored services. This is reflected in the proportion of contracted positions filled in those services rising from under 50% in June 2021 to above 80% in April 2022, even as the number of new positions has grown.
18. The most acute recruitment challenges are for clinical positions, particularly in rural areas. Some initiatives have received no applications for positions, have had multiple job offers declined cited as due to pay, or have faced retention challenges. It is difficult to assess the impact of retention on overall hiring progress because retention data is not routinely collected or collated within many Health initiatives, or across the Budget 2019 Package.

It is difficult to assess the collective impact of initiatives to develop the mental wellbeing workforce due to data limitations and because initiatives are not reported on collectively

19. Budget 2019 allocated \$77m in Vote Health workforce development funding to the Access and Choice package, and around \$300,000 per year to three other initiatives. This spend was intended to address workforce needs for each initiative and was not intended to meet the wider needs of the Budget 2019 Package or other broader mental wellbeing work.
20. While the new Programme Director role centralised management of mental wellbeing workforce development initiatives within and outside the Budget 2019 Package, the suite of initiatives are not managed or reported on collectively. As a result, it is hard to assess the collective impact of mental wellbeing workforce development initiatives, including whether the workforce employed directly or indirectly by the public sector is growing or shrinking, and whether the combined impact of all initiatives will meet the needs of the system in the short-term or medium-term. Data limitations compound this challenge.
21. The mental wellbeing workforce team now sits within iHNZ. As iHNZ, in partnership with the interim Māori Health Authority (iMHA), designs its approach to developing the mental wellbeing workforce, it could consider whether investments in the mental wellbeing workforce should be treated as a portfolio regardless of the nature of the various funding sources. Doing so would also enable iHNZ to prioritise investments within the mental wellbeing portfolio.

The Ministry and iHNZ should agree their respective roles in the mental wellbeing space

22. Prior to 1 June 2022, strategy, policy, and commissioning functions were integrated within the Ministry's Mental Health and Addiction Directorate. The Ministry's commissioning functions transitioned to iHNZ on 1 June 2022 and DHB delivery functions will be part of HNZ from 1 July 2022. The Ministry will retain responsibility for strategy, policy, and system leadership and will continue to convene cross-agency groups that have to date been used both for discussions at the strategy and policy level and as a forum to discuss delivery progress. The Ministry, iHNZ, and iMHA should discuss and agree their respective roles in these forums including for reporting on service delivery.

Key component 1: Expanding Access and Choice

23. The Access and Choice initiative establishes primary and community services across four streams: Integrated Primary Mental Health and Addiction Services (IPMHAS) delivered by staff in GP sites and tailored services for Māori, Pacific and Youth delivered by providers.
24. Delivery of the Access and Choice initiative remains **on track** to cover 3.5 million people and provide access for 325,000 people per year by June 2024. Since the Mid-Term Review, the Ministry has established milestones for key measures of coverage, access and hiring. Progress has met or exceeded interim goals and indicates that overall goals will be achieved by the end of the five-year roll-out (Table 1). Hiring progress for Māori and Pacific tailored services has improved significantly: the proportion of contracted positions filled has risen from under 50% in June 2021 to above 80% in April 2022, even as the number of positions has grown. An interim evaluation found that IPMHAS has “increased access and equity of access” to mental health services in the community.²

Table 1. Key progress measures for the Access and Choice initiative

Progress measures		Unit	April 2022 progress	April 2022 goal	June 2024 goal
IPMHAS service coverage³		People covered	2.19m	2.18m	3.5m
Access	System capacity	People per year	139,000	120,000	325,000
	Year to date access		84,181 ^{*March}	120,000	325,000
	Māori access	Proportion of total access	23%	20%	20%
	Pacific access		12%	8%	8%
	Youth access		21%	15%	15%
Contracted FTE	IPMHAS	FTE that DHBs or providers have been contracted to hire	610	580	915
	Māori tailored services		177	130	330
	Pacific tailored services		47	70	132
	Youth tailored services		130	115	249
	Total (all services)		963	895	1,626
Active FTE	IPMHAS	FTE that have been hired, trained and now provide services (as proportion of contracted FTE)	502 (82%)	427 (70%) ⁴	824 (90%)
	Māori tailored services		146 (83%)	124 (70%) ⁴	297 (90%)
	Pacific tailored services		37 (78%)	33 (70%) ⁴	119 (90%)
	Youth tailored services		91 (70%)	91 (70%) ⁴	224 (90%)
	Total (all services)		776 (81%)	627 (70%)⁴	1,463 (90%)

25. The Ministry has developed a measure for system capacity using operational data on the number of active FTE and the number of unique people seen by an FTE in each stream. System capacity has grown at a steady rate since the Mid-Term Review and there is currently capacity to provide services for around 139,000 people per year. The total number of people who will have accessed services in 2021/22 will be lower: as at March 2022, 84,181 people had accessed services, on track for around 120,000 people by the end of 2021/22. This reflects that the capacity of the system was smaller at the start of the year, so fewer people were seen in earlier months, and that COVID-19 lockdowns and illness-related staff absences further reduced system capacity. Programme reporting has not included system capacity. iHNZ has agreed to start reporting capacity alongside access to services.

² 'Interim report: Implementation of the Integrated Primary Mental Health and Addiction services' (Sept 2021). Malatest International.

³ 'Service coverage' refers to the number of people entitled to access IPMHAS because it is available in their GP.

⁴ As services ramp up, the Ministry's target range for hiring progress is 60-80% of contracted FTE to be active. 70% is the mid-point.

Table 2. Delivery status of the parts of the Access and Choice initiative as at April 2022 (\$455m)

Key component	\$m	July 2021	April 2022	Delivery status
IPMHAS	186			On track: ~13,000 people access services each month, up from ~10,000 at the time of the Mid-Term Review. ~77,000 people accessed IPMAS services between July 2021 and March 2022.
Tailored services for Māori	62			On track: 25 services are operational across 17 DHB areas, up from 9 services in July 2021. ~2,200 people access services each month, up from ~400 per month at the time of the Mid-Term Review.
Tailored services for Pacific peoples	25			On track: 9 services are operational in the 7 DHB areas with the highest Pacific populations, and procurement continues in 2 DHBs. ~1,600 people access services each month, up from ~300 per month at the time of the Mid-Term Review.
Tailored services for young people	66			Mixed: 19 services are operational in 15 DHB areas, plus one nationwide service. Assessed as mixed as rates of hiring and service delivery are similar to the Mid-Term Review: ~1,200 people access services each month, up from ~900 at the time of the Mid-Term Review. 70% of FTE roles are now filled, a similar level to what was reported in July 2021 (67%). iHNZ continue to contract roles with providers and will procure and establish services in 5 additional DHB areas in 2022/23.
Workforce development	77			Mixed: Most initiatives are fully subscribed. Assessed as mixed as on-the-job training (a small proportion of all training) has been undersubscribed due to COVID-19 resourcing pressures.
Enablers	39			On track: This stream includes data and reporting, evaluations, implementation capacity within the Ministry, and implementation support for the regions. All are tracking well and support delivery.

Key

	On track – continue to refine
	Mixed – some aspects require attention
	Problematic – aspect(s) require significant attention and action
	Off track – requires urgent attention and action
	Insufficient information available to form an assessment

Key component 2: Other initiatives within Vote Health

26. Delivery of the other initiatives within Vote Health remains **mixed** overall Ratings for each of the initiatives are provided in Table 3. Of 14 total initiatives:
- a) Eight initiatives (\$75m) are assessed as **complete**, up from seven in July 2021
 - b) Four initiatives (\$109m) show **mixed** progress: *Forensic Mental Health Services for Adults, Enhancing Specialist AOD Services, and Mental Wellbeing Support for Parents and Whānau, Preventing Suicide and Supporting People Bereaved by Suicide.*
 - c) Two initiatives (\$33m) are assessed as **problematic** because they are unlikely to recruit and retain the planned number of staff by June 2023. These are *Forensic Services for Youth and Enhancing Primary Addiction Responses.*

Table 3. Delivery status of other initiatives within Vote Health at April 2022 (total \$215m)

Key component	\$m	July 2021	April 2022	Delivery status
Initiatives re-assessed in this Stocktake				
Enhancing Specialist AOD Services	42			Mixed: Initiative aims to enhance existing services for 2,000 people per year. Reporting on initiative milestones has shifted to focus on the component establishing new services. 4 of the 6 new services are fully operational; two are being scoped or recruiting participants. Assessed as mixed as internal reporting assesses that 3 sites need significant attention. iHNZ is assisting these sites to recruit staff and participants and the sites can reach their full intended benefits if this support continues.
Preventing Suicide and Supporting People Bereaved by Suicide	40			Mixed: Initiative includes Māori and Pacific community funds, which are performing well, and bereavement counselling services, which are at 50% of a revised goal of 1,800 referrals per year (up from ~10% as at the Mid-Term Review). The goal was revised by updating initial assumptions with operational data. Assessed as mixed overall: outputs can be delivered on time if iHNZ finish renegotiations with the counselling provider to reflect the revised goal, and continue monitoring delivery as services ramp up.
Expanding School-Based Health Services to Decile 5	19.6			Complete: 6,421 additional students accessed services in 2021, ahead of the goal to increase access for 5,600 students per year. 39 of 40 Decile 5 schools have the service as at April 2022 (one school declined).
Forensic Mental Health Services for Youth	19			Problematic: New staff are in place in all five intended DHB areas with regional forensic services. By April 2022, providers had filled around 58% of 33 contracted FTE roles, a similar level to the Mid-Term Review. The forensics team has funded workforce development initiatives to support recruitment and training, however course placements are under-subscribed by ~40%. (This partially reflects constraints on participation during COVID-19). The current rate of progress indicates that around 60-80% of roles will be filled by June 2023. It is not clear that current plans will significantly improve progress, in part due to the high degree of specialisation needed, amid wider health workforce challenges.
Forensic Mental Health Services for Adults	15			Mixed: Initiative aims to expand capacity for adult care. Assessed as mixed due to the challenge of hiring clinical staff in all DHB areas. Interventions to reshape roles to attract and retain staff have improved recruitment and services have now filled 21.8 FTE across 5 DHBs (78%). iHNZ is continuing to support providers to make roles more attractive.
Enhancing Primary Addiction Responses	14			Problematic: Initiative aims to establish 10 sites by June 2023 and had an original goal of serving 5,000 people per year. While more than 5,000 people 'drop in' to one site in Auckland, the initiative is assessed as problematic as four sites are unlikely to be fully operational by June 2023 (Hawkes Bay, Tairāwhiti, Capital and Coast, and Hutt Valley). Since the Mid-Term Review, challenges recruiting clinical staff have delayed the intended launch dates for eight sites. iHNZ has good processes and interim milestones in place to support delivery and monitor progress.
Mental Wellbeing Support for Parents and Whānau	10			Mixed: Initiative aims to establish 3 new sites, each for 40-60 whānau. 2 of 3 sites are operational. The third site (in Tairāwhiti) recently started recruiting whānau with extensive support from the Ministry/iHNZ. Initiative is assessed as mixed as HNZ will need to continue support to ensure site is fully operational by June 2023. If recruitment of staff and whānau is successful, the initiative can reach its full intended benefits by June 2023.

Initiatives assessed as complete in the Mid-Term Review	20.8	Expanding Telehealth and Digital Supports
	8	Establish the Mental Health and Wellbeing Commission
	8	Improving Support for People Experiencing a Mental Health Crisis
	7	Expanding Pregnancy and Parenting Service
	5.5	Continuation of Funding for Support for Christchurch
	4	Te Ara Oranga
	2.2	Promoting Wellbeing in Primary and Intermediate Schools

Key component 3: Housing support programmes

27. Te Tūāpapa Kura Kāinga (Ministry of Housing and Urban Development ('HUD')) received \$477.4m in Budget 2019 to deliver 1,000 additional places in Transitional Housing (assessed as complete in the Mid-Term Review) and 1,044 additional places in Housing First by June 2023.
28. As at April 2022, HUD has delivered 935 of 1,044 additional places in Housing First and is **on track** to deliver the remaining 109 places by June 2023.⁵ The capacity of Housing First has increased: HUD advises that relative to the Mid-Term Review, 297 more people engaged in the programme as at April 2022, and by 30 June 2022 an additional 700 programme places will be contracted with service providers.

Key component 4: Mental health and addiction services for offenders

29. Overall, Ara Poutama Corrections' progress on **expanding** mental health and addiction services for offenders remains **mixed**. Most services will deliver increases in full, although what is being delivered has changed since Budget 2019 to better meet the needs of people in Corrections' care and management. Status ratings for services are in Table 4.
30. Two services (*Alcohol and Other Drug (AOD) intensive treatment in prisons* and *AOD aftercare support services*) are **problematic** and are unlikely to deliver benefits on time.

Corrections has changed how it is using elements of the Budget 2019 Package funding

31. Around 80% of Corrections' Budget 2019 Package allocation continued existing levels of service delivery for initiatives funded from baselines or from the Justice Sector Fund where funding would otherwise have expired at the end of 2018/19. Corrections has continued baseline service delivery at a similar level as prior to Budget 2019.
32. The remaining 20% of Corrections' allocation funded increases to service delivery. The nature of the increases to service delivery has changed since Budget 2019:
- a) Funding originally allocated to increase access for offenders with mild to moderate needs in the *Improving Mental Health Services (IMHS)* initiative has been reprioritised to address the need for more intensive services while a review of IMHS is undertaken. As the review continues, Corrections has established new Intervention and Support Project Teams (ISPTs) at four sites and created nine new roles for clinical nurse specialists in mental health (CNS-MH).
 - b) Increases to *AOD aftercare support services* are being reviewed after a re-evaluation showed that baseline services were not achieving intended outcomes.

⁵ A 'place' is a measure of throughput counting people currently engaged and housed and people graduated from the programme.

Corrections has underspent its Budget 2019 funding each year to date

33. Corrections was allocated \$129m for four years of which \$82.2m was for the first three years. Corrections will underspend this by up to \$21.8m (\$1.9m in 2019/20, \$8.7m in 2020/21, and around \$11.2m in 2021/22). Underspend is from a combination of baseline underspend (e.g., due to employee turnover and vacancies), underspend where increases to services were awaiting the outcome of reviews (IMHS and AOD aftercare), and from slower-than-anticipated hiring progress on new initiatives that require recruitment of specialist workforces (e.g., ISPTs).

Table 4. Delivery status of mental health and addiction support for offenders at April 2022 (\$129m*)

Key component	\$m	July 2021	April 2022	Delivery status
Services re-assessed in this Stocktake				
Mental health services for up to 2,310 additional offenders	42.1			On track: Baseline levels of mental health and whānau services continue pending outcomes of a review into IMHS. As the IMHS review continues, 4 new ISPT sites and 9 new CNS-MH roles are being established and have provided services to 2,741 additional offenders this year, surpassing the goal despite 57% of FTE roles being filled. This was possible due to a focus on remand populations resulting in a higher volume of shorter interventions.
Family/whānau services for 275 additional families				
Expanded social worker and trauma counselling services	7			Mixed: Assessed as mixed as attention will be required to ensure that all new staff will be in place by June 2023. Recruitment of new trauma counsellors started recently. 3 of 8 planned social worker FTEs are hired, with remaining hiring pending the outcomes of the IMHS review.
AOD intensive treatment in prisons	23.6			Problematic: The initiative will support up to 138 participants per year by June 2023, short of the goal of 204 participants per year. The full goal will be met in early to mid-2024, up to 9 months behind initial plans. The initiative funds new Drug Treatment Programmes (DTPs) at 2 sites and new Intensive Treatment Programmes (ITP) at 3 sites. Two new DTPs and one new ITP are fully operational and support 52 participants. Corrections advise that one more DTP and one more ITP will be partially operational by June 2023 and one further ITP will have started hiring. While it would be possible to streamline and select some sites ahead of wider needs assessments Corrections do not recommend these actions due to the time needed to identify the right sites and build relationships with providers including mana whenua.
AOD aftercare support services	11			Problematic: As of early 2022, this initiative is under review. The initiative funded 15 new community-based FTE roles in AOD aftercare support services. Hiring was planned for 2021/22 but did not proceed after a re-evaluation showed community-based aftercare services were not achieving their intended outcomes. (Prison-based services were found to be effective.) Advice on the future of AOD aftercare services will be provided to the Minister of Corrections in July 2022. Progress is assessed as problematic as hiring is unlikely to be complete by June 2023 if a decision is made to proceed with the initiative, based on Corrections' hiring progress in similar initiatives.
Services assessed as complete in the Mid-term Review	12.5			Expanding AOD testing
	5.2			Supported living accommodation
	1.5			Enhancing Specialist AOD Services

* Initiatives do not add to \$129m as support costs and non-allocated funds are not shown. These are treated as on track.

SECTION 2: RING-FENCED DHB FUNDING

34. Budget 2019 provided \$213m over four years in ring-fenced funding to DHBs to increase existing mental health and addiction services. Funding is allocated according to a formula that accounts for population changes and cost growth. The Mid-Term Review and this Stocktake do not assess this spend as the Ministry does not collect specific information on the incremental impact of annual increases to the ring-fence as part of its routine DHB performance monitoring. In early 2022, an audit of two DHBs found that the DHBs were using ring-fenced funding in line with its intended purpose.⁶ The Ministry is working with iHNZ and the iMHA to refresh ringfence guidelines and the future funding formula.

SECTION 3: MENTAL HEALTH CAPITAL PROJECTS

35. The Mental Health Infrastructure Programme (MHIP) includes capital allocations for refurbishing, rebuilding, and upgrading mental health units. The MHIP currently comprises 16 projects with total funding of \$654m, of which \$235m was funded in the Budget 2019 Package. The remainder is funded through the 2020 New Zealand Upgrade Programme (NZUP), the 2015 and 2018 Budgets, and by DHBs.

Status of delivery since the Mid-Term Review

36. The delivery status of the MHIP has not accelerated since the Mid-Term Review. At the time of the Mid-Term Review, HIU provided estimated completion dates for seven of the 16 projects in the MHIP. Since the Mid-Term Review, of these seven projects:
- two projects remain on track to deliver on their intended timelines (*Northland* in March 2023 and *Waitematā Tranches 1A and 1B* in August 2025).
 - one project (*Capital and Coast*) has completed construction but has not yet started to deliver services due to delays in hiring the clinical workforce. Services will begin in July 2022, five months behind the go-live date provided in the Mid-Term Review.
 - one project reports a delay of four months with completion estimated for December 2022, with delays due to challenges during construction with material supplies and resourcing (*Canterbury (new build)*).
 - three projects report delays of six to 15 months and are estimated to be completed in 2024 (*Mid Central, Lakes and Tairāwhiti*). Delays are due to additional work being needed on designs or business cases identified since the Mid-Term Review. The HIU is seeking Joint Ministers' approval to re-baseline these projects in June 2022 to ensure projects are reporting against realistic timeframes.
37. Of the eight projects with no estimated completion dates at the Mid-Term Review:
- four projects now have completion dates ranging from August 2023 to November 2024 (*Hutt Valley, West Coast, Taranaki and Nelson/Marlborough (Inpatient Refurbishment)*).

⁶ 'Mental health and addiction ringfence review' (April 2022). Audit NZ.

- b) three projects remain in the business case stage without completion dates (*Waikato*, *Bay of Plenty (Whakatāne)*, and *Bay of Plenty (Tauranga)*)
 - c) one project (*Nelson/Marlborough (ED refurbishment)*) was removed from the MHIP since the Mid-Term Review as the scope broadened and it was no longer primarily a mental health infrastructure project.
38. One further project has no estimated completion date (*Canterbury (Hillmorton Masterplan Stage 1)*). This project was added to the MHIP in February 2022 and was not included in the Mid-Term Review.
39. Overall, four projects are without estimated completion dates and two projects have advanced to a new project stage since the Mid-Term Review (*Northland* and *West Coast*). The difference between project stages and estimated completion dates between the Mid-Term Review and this Stocktake is provided in Table 5. A full list of changes to project timelines, budgets and scope since the Mid-Term Review is in Attachment C.

Table 5. Comparison of project stage and estimated dates from July 2021 to April 2022

Project site	Budget \$m	Nature of project	Project stage		Estimated completion ⁷	
			July 2021	April 2022	July 2021	April 2022
Define stage – development and approval of project business cases						
Waikato	100.0	New build - replacement and capacity expansion of the acute mental health facility	Detailed business case	<i>no change</i>	No estimated completion date	<i>no change</i>
Bay of Plenty Tauranga	30.0	New build of 24-bed mental health facility	Single stage business case	<i>no change</i>	No estimated completion date	<i>no change</i>
Bay of Plenty Whakatāne	15.0	New build of a 10-bed mental health and addiction service facility	Single stage business case	<i>no change</i>	No estimated completion date	<i>no change</i>
Canterbury	11.5	Hillmorton Hospital Campus Masterplan – Stage 1 <i>Note: project was added to the MHIP in Feb 2022.</i>	<i>Not assessed in the Mid-Term Review</i>	Single-stage business case	<i>Not assessed in the Mid-Term Review</i>	No estimated completion date
Nelson/ Marlborough	0.9	<i>Refurbishment – reconfiguration of ED space</i> Note: removed from MHIP since the Mid-Term Review	Single stage business case	<i>Out of scope</i>	<i>No estimated completion date</i>	<i>Out of scope</i>
Design stage – includes projects in detailed design and procurement						
Waitematā	162.8 <i>Increased from 60 in Apr 2022</i>	New build - replacement of part of the Mason Clinic (<i>note: Tranches 1A/1B were merged into one project in Apr 2022</i>)	Post approval design	<i>no change</i>	May 2023 <i>(Tranche 1A)</i>	Aug 2025 <i>(Tranche 1B)</i>
Mid Central*	35.4	New build of acute mental health facility currently on the main campus	Post approval design	<i>no change</i>	Jun 2023	Sep 2024
Lakes	33.0 <i>Increased from 30 in Sep 2021</i>	New build replacement and capacity expansion of current mental health facility	Post approval design	<i>no change</i>	Aug 2023	Aug 2024

⁷ Estimated completion dates reflect 'practical completion', the time that capital works are completed, unless stated. 'Go-live' dates, the point that services begin, are scheduled closer to practical completion (as close to the practical completion date as possible).

Project site	Budget \$m	Nature of project	Project stage		Estimated completion ⁷	
			July 2021	April 2022	July 2021	April 2022
Hutt Valley	30.5	New build/replacement of the Te Whare Ahuru Mental Health unit	Post approval design	<i>no change</i>	No estimated completion date	Nov 2024
Tairāwhiti	23.7 <i>Increased from 18.8 in Sep 2021</i>	Refurbishment/ replacement of the existing acute mental health facility	Post approval design	<i>no change</i>	Oct 2023⁸	Mar 2024
West Coast	20.0 <i>Increased from 15 in Dec 2021</i>	New build to provide modern environment	Single stage business case	Post approval design	No estimated completion date ⁸	Oct 2024
Taranaki	8.0	Refurbishment and upgrade mental health facility	Post approval design	<i>no change</i>	No estimated completion date ⁸	Oct 2024
Nelson/ Marlborough	2.5	Refurbishment of inpatient unit	Post approval design	<i>no change</i>	No estimated completion date	Aug 2023
Deliver stage – includes projects doing demolition works, construction and installation						
Canterbury	81.8 <i>Funded in Budget '18</i>	New build to relocate specialist services from Princess Margaret to Hillmorton	Post approval construction	<i>no change</i>	Aug 2022	Dec 2022
Northland	19.5 <i>Increased from 12.1 in Dec 2021</i>	Refurbishment, co-location, and integration of 4 community mental health service sites	Post approval design	Post approval construction	April 2023	Mar 2023
Capital and Coast	12.8 <i>Funded in Budget '18</i>	New build individualised service units for high-risk mental health and intellectual disability clients	Post approval construction	<i>no change</i>	Jan 2022	Jul 2022 (go-live)
Debrief stage – completed projects						
Counties Manukau	67.5 <i>Funded in 2015</i>	New build of mental health inpatient unit to address capacity to 2030	Debrief	<i>no change</i>	Completed Sep 2020	

Key: Behind original planned completion date Ahead of schedule No estimated planned completion date

Progress since the Mid-Term Review

40. The HIU was established in early 2021, with the MHIP formed as a ring-fenced programme in July 2021. Responsibility for the delivery of MHIP projects sits with the relevant DHB, except for one project (*Tairāwhiti*) where the HIU took over project management in September 2021.
41. Since the Mid-Term Review the HIU reports it has improved its understanding and assessment of project risk and has made greater support available to DHB project teams. HIU actioned all recommendations arising from the Mid-Term Review in September 2021 and Ministers agreed to give HIU a greater mandate to drive project definition and business case development and approved \$30m ringfenced funding within Health Capital Envelope to support delivery [HR20211942-T2021/2238 refers].

⁸ For the *Tairāwhiti*, *West Coast* and *Taranaki* projects estimated completion dates were not available as of July 2021 as business cases were not completed

42. Despite these changes, overall delivery of the MHIP has not accelerated, and the Unit cannot provide assurance that current estimated completion dates are likely to be met.

HIU has intervened in eight projects and continues to build its capabilities

43. HIU has established a central commercial and procurement function to develop a procurement toolkit, appointed a Project Director in each of the North and South islands, and developed and rolled out facility design guidance to increase standardisation.
44. HIU regularly assesses the 16 MHIP projects against a three-level framework to identify whether to intervene. The HIU has intervened in eight projects: two projects at Level 3 (the highest level), five projects at Level 2, and one project at Level 1. HIU has undertaken design assurance and design management reviews on each of these projects and has completed around 20 reviews in total.

HIU's interventions identified additional work that has delayed expected completion dates

45. In each review, HIU has identified areas where additional work was needed before business cases or designs were fit for approval, or instances where greater planning was needed to reduce the risk of delays at later stages of the project lifecycle. This reflects the variable quality of the planning underpinning historical project timelines presented to Ministers by the DHBs and the Ministry. Issues identified by HIU include incorrect estimates in business cases, project teams not being in place, unforeseen issues at sites, and the need for additional due diligence, clinical service planning, and model-of-care development.
46. The additional work identified in HIU reviews has delayed expected completion dates. HIU reports that its interventions and reviews have provided better visibility of the risks and issues in individual projects, and as a result, have increased HIU's confidence in the management of risks and improved the quality and long-term value of the investment. HIU also report that challenging market conditions, including cost pressure, and contractor availability, are a constraint on procuring contractors and delivering projects.

The Ministry of Health and HIU have not taken full advantage of the opportunities Ministers have provided to accelerate and advance project delivery

47. The \$30m ringfenced funding that Ministers approved in September 2021 was to be used for operational spending to accelerate projects (where funding was the constraint) and to advance funds to a DHB ahead of a business case being approved.⁹ Endorsement for the first drawdowns was agreed between HIU and Treasury in April 2022. As of June 2022, HIU has earmarked around \$10m of the \$30m specific activities, including establishing the commercial (procurement) function within HIU, targeted support of *Waikato* and *Whakatāne* projects to progress designs and site works, and support for business case for the *Bay of Plenty (Tauranga)* project.
48. It is not possible to assess whether these actions will accelerate completion dates of the projects: there are no estimated completion dates available because business cases have not yet been approved. HIU advise that its preferred option is to re-allocate the remaining amount of approximately \$20 million as capital funding to help meet increased project costs. Treasury have advised that this is outside the scope of the delegation for the ring-fenced funding and would require approval from Joint Ministers.

⁹ DHBs could only access Crown funding after investment decisions were made (i.e., after business cases were approved).

49. In October 2021 Joint Ministers asked the Ministry to determine feasibility of Ōtākaro to act as a delivery agent for specified health infrastructure projects and provide support services for other projects. Officials advised Joint Ministers on their preliminary engagements with Ōtākaro in October 2021 and HIU and Ōtākaro met in November and December 2021 to explore opportunities for partnership on three projects. HIU submitted a briefing to Joint Ministers on 2 June 2022 identifying a pathway for Ōtākaro to provide project delivery services on the *West Coast* project after considering and not proceeding with two other projects (at the time of this report this remains under consideration by Joint Ministers). The Unit assesses that this process lacked the urgency Ministers had intended and did not sufficiently advance the use of Ōtākaro's Project Management Support Office expertise to strengthen HIU's project management function and systems.

All project changes were made at the right level except for the Tauranga re-build

50. Under current capital settings any change to scope, timeline, or budget requires Joint Ministers' approval (with recommended changes endorsed at a monthly Capital Investment Committee comprising Health and Treasury officials). All project changes (Attachment C) were made at the right levels with one exception. The *Bay of Plenty (Tauranga)* project was reprogrammed from a rebuild to a refurbishment without approval. Joint Ministers have re-directed the HIU to prepare advice on a re-build as originally intended.

Recommended next steps for the MHIP

The Unit cannot provide assurance that current estimated project completion dates will be met and as a result recommends an independent expert assessment of the MHIP be conducted

51. The Unit cannot provide assurance that the completion dates currently reported by HIU are likely to be met. HIU advise that the proposed re-baselining of three projects will likely result in further delays to estimated completion dates. In addition, it is likely that future delays will emerge from reviews on other projects identifying additional work, and from wider sector challenges as more projects begin procurement and construction.
52. The Unit considers it necessary for a deep dive to be undertaken into each MHIP project to provide Ministers with advice about the delivery status of the MHIP by 14 October 2022. The deep dive could be undertaken by the Implementation Unit but with additional expertise in infrastructure provided by an organisation with relevant infrastructure expertise, such as the Infrastructure Commission ('the Commission')¹⁰ or other appropriate entity if the Commission is not able to support the Unit at this time.
53. This option has not been tested with the Commission and the Unit is aware that the Commission does not usually deal with projects of less than \$50m. However, the current total budget for the MHIP sits at \$654m. The HIU has agreed to be part of the project review, will be critical in providing information and insights, and should be consulted in the scoping with consideration given to minimising disruption on project delivery teams. The Ministry would be involved as appropriate, given its new role as system steward and monitor of HNZ.

¹⁰ In October 2021 the Commission completed the Health Infrastructure Review of relevant Australian health infrastructure organizations and made recommendations to inform changes to the health infrastructure system and most effective function and structure of the HIU within a reformed system: <https://www.tewaihangā.govt.nz/assets/Uploads/Health-Infrastructure-Review.pdf>

54. As part of the independent deep dive, consideration should also be given to the work underway by the HIU to improve the capacity and capabilities needed for project delivery and support office capability, and how that can improve delivery of the 16 MHIP projects.

A new structural option for mental health infrastructure delivery may be appropriate

55. The Unit considers that it would be appropriate for iHNZ to consider a new structural option for health infrastructure. In iHNZ's starting structure, HIU remains separate from the accountabilities for delivery, the latter being led by the four iHNZ regional managers. While there should be a positive effect on delivery of having the HIU and the delivery functions in one organisation this may not be enough to ensure the necessary levels of expertise and focus on delivery of all parts of the process for health infrastructure.
56. There should be end-to-end accountability for the delivery of infrastructure, particularly of the MHIP at this time. iHNZ should consider establishing a Health Infrastructure Group or division with end-to-end responsibility for all aspects of infrastructure. This would be a national structure and could be as narrow or broad as considered appropriate, but as a minimum needs all parts of the capital management programme with responsibility for property maintenance potentially remaining the responsibility of regional managers.
57. Taking responsibility for delivering the capital works programme away from officials reporting to regional managers would not mean that service delivery considerations would not drive delivery or that regional service delivery managers would not be involved. Managers in the new division would be required to include local input into performance requirements and decision making. This type of structure would enable the iHNZ regional and local managers to focus on service delivery challenges and medium-term changes. A national group would also enable stronger end-to-end systems to be put in place, ensuring national consistency where needed and local variation where appropriate. It would also simplify governance while incorporating the best of existing arrangements.

Next Steps

58. The Unit will advise the Deputy Prime Minister, as part of its work programme review in December 2022, if further work by the Unit is warranted.

Financial Implications

59. This Stocktake has no financial implications.

Consultation

60. This Review was conducted with the cooperation of the Ministry of Health, the Ministry of Housing and Urban Development, the Department of Corrections, and interim Health New Zealand. Agency staff were advised of emerging findings throughout the review.

Attachments:	
Attachment A	Implementation Unit Commissioning Brief
Attachment B	Breakdown of the Budget 2019 \$1.9bn package
Attachment C	List of changes to MHIP projects since the Mid-Term Review

ATTACHMENT A

IMPLEMENTATION UNIT COMMISSIONING BRIEF YEAR THREE STOCKTAKE OF THE BUDGET 2019 MENTAL HEALTH AND ADDICTION PACKAGE

Commissioning Agent: Deputy Prime Minister and Minister of Health

Commission to: Implementation Unit, DPMC

Commission: To report back to the Deputy Prime Minister and Minister of Health by 17 June 2022 on the findings of a stocktake into the progress in the third year of the Budget 2019 Mental Health and Addiction Package including areas of improvement since the Implementation Unit's 2021 Mid-Term Review.

Background

In 2019, the Government allocated \$1.9bn to a package to significantly enhance the mental health and addiction system. In July 2021, the Implementation Unit conducted a Mid-Term Review of the programme to assess the current status of delivery, identify barriers, and evaluate programme management and reporting. The Review made a series of recommendations to ensure the programme delivers its intended impact.

Since completing the Review, the Unit has provided agencies with ongoing support to implement the Review's recommendations. In October 2021, the Unit provided a Progress Update and found that agencies made good progress to strengthen delivery and had completed or were on track to implement the Review's recommendations.

In the Progress Update the Unit recommended its next report assess the delivery status of the package to determine whether the interventions put in place as a result of the Mid-Term Review are achieving their intended effects, and to report on any recommendations not yet completed. This stocktake would also serve as a benchmark review prior to the Ministry of Health's delivery and operational functions transferring to Health New Zealand on 1 July 2022.

Purpose

The purpose of the stocktake is to assess progress across the Budget 2019 Mental Health and Addiction package as a whole as well as its component parts, assess whether interventions arising from the Mid-Term Review are achieving their intended impacts on delivery, and identify any barriers to the successful delivery of the package.

Scope

The stocktake will include:

- Assessing the current status of delivery of the \$1.9bn package as a whole and for each of the key component parts of the programme, using the Mid-Term Review as a baseline.
- Assessing agencies' interventions made in response to the recommendations of the Mid-Term Review, including whether the interventions put in place are achieving or have achieved their intended effects.
- Identifying significant risks or barriers to delivery identified in the Mid-Term Review or that have arisen since the Mid-Term Review and assessing the effectiveness of actions taken to address any such barriers.
- Identifying whether adjustments or further work are needed to successfully deliver in the final year of the package.
- Assessing the success of the Health Infrastructure Unit's (HIU) intervention framework in driving down risk and accelerating delivery of projects in the Mental Health Infrastructure Programme (MHIP).

The stocktake will include all projects under the MHIP in its scope, including projects funded outside the Budget 2019 package.

Assessments on the transition of functions from the Ministry of Health to Health New Zealand is not within the scope of this stocktake.

Parties

The Implementation Unit will work with relevant senior leaders and working teams within the Ministry of Health (including the Health Infrastructure Unit), Health New Zealand, the Department of Corrections, the Ministry of Housing and Urban Development and other agencies. As needed, the Unit may engage other stakeholders including sectoral stakeholders, the Health Transition Unit, and the Mental Health and Wellbeing Commission.

Timeframe

The Implementation Unit will provide the stocktake to the Deputy Prime Minister and Minister of Health by 17 June 2022.

Hon Grant Robertson
Deputy Prime Minister
Date: 7 March 2022

Hon Andrew Little
Minister of Health
Date: 7 March 2022

ATTACHMENT B

Breakdown of the Budget 2019 \$1.9bn package

Key	Out of scope of this Stocktake	In scope (assessed as complete in the Mid-Term Review and not re-assessed)	In scope (re-assessed in this Stocktake)
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Initiative	Vote	2019/20 (\$m)	2020/21 (\$m)	2021/22 (\$m)	2022/23 (\$m)	Capital (\$m)	Total (\$m)
Increasing Access to Mental Health and Addiction Support	Corrections Police	16.964	27.034	38.820	41.550	3.900	128.27
Alcohol and Other Drug Treatment Court: Operational Support 2019/20	Justice Courts Police	0.650	-	-	-	-	0.650
Support for Victims: Ensuring Safe and Effective Justice and Improved Mental Health Outcomes	Justice	1.087	1.713	1.713	1.713	-	6.226
Disabled People and People with Health Conditions: Improving Employment and Wider Wellbeing Outcomes	Social Dev.	9.739	10.467	3.063	3.063	-	26.332
Housing Support Products: Expansion to Help More People Access and Maintain Tenancies	Social Dev.	5.100	4.600	4.600	4.600	-	18.900
Historical Abuse While in State Care: Resolving Claims	Social Dev.	27.311	32.471	33.968	-	1.434	95.184
Maintaining and Strengthening the Housing First Programme as a Response to Ending Homelessness	HUD Social Dev.	34.000	43.000	55.000	65.000	-	197.00
Promoting and Supporting the Health and Wellbeing of Veterans and their Families	Defence Force	0.608	0.636	0.664	0.157	2.001	4.066
Transitional Housing: Funding for Continued Provision of Transitional Housing to Support Those in Need	HUD	44.340	39.457	34.755	30.612	134.167	283.33
An Effective, Timely Crown Response to the Royal Commission of Inquiry into Historical Abuse in Care	Oranga Tamariki State Services Courts Education Health Internal Affairs	9.180	-	-	-	-	9.180
Establishment of the Royal Commission into Historical Abuse in State Care and Faith-Based Institutions	Internal Affairs	17.398	18.733	18.214	12.031	-	66.376
Sensitive Claims of Abuse: Funding to Resolve and Acknowledge Historic Abuse in the Schooling System	Education	1.666	1.644	1.164	1.164	-	5.638
Access and Choice of Primary Mental Health and Addiction Support	Health	48.138	97.217	133.630	176.089	-	455.07
Expanding and Enhancing School Based Health Services	Health	5.232	4.771	4.871	4.726	-	19.600
Expanding Telehealth and Digital Supports for Mental Wellbeing	Health	5.200	5.200	5.200	5.200	-	20.800
Improving Support for People Experiencing a Mental Health Crisis	Health	2.000	2.000	2.000	2.000	-	8.000
Intensive Parenting Support: Expanding the Pregnancy and Parenting Service to Improve the Wellbeing Outcomes of Parents and Their Children	Health	1.000	2.000	2.000	2.000	-	7.000
Mental Wellbeing Support for Parents and Whānau	Health	0.550	3.100	3.100	3.250	-	10.000
New Mental Health and Wellbeing Commission	Health	2.000	2.000	2.000	2.000	-	8.000
Preventing Suicide and Supporting People Bereaved by Suicide	Health	10.100	10.000	9.950	9.950	-	40.000
Promoting Wellbeing in Primary and Intermediate Schools	Health	1.000	0.400	0.400	0.400	-	2.200
Enhancing Primary Addiction Responses	Health	2.000	3.000	4.000	5.000	-	14.000
Enhancing Specialist Alcohol and Other Drug Services	Health Corrections	11.000	11.000	11.000	11.000	-	44.000
Te Ara Oranga: Continuing the Methamphetamine Harm Reduction Programme in Northland	Health	1.000	1.000	1.000	1.000	-	4.000
Forensic Mental Health Services for Adults	Health	1.770	3.430	4.410	5.390	-	15.000
Forensic Mental Health Services for Young People	Health	2.420	3.960	5.470	7.150	-	19.000
Support for Christchurch: Continuation of Funding for Primary Care and Community Mental Health Workers	Health	5.480	-	-	-	-	5.480
Uplift to DHB mental health ring fence (cost pressure)	Health	53.272	53.272	53.272	53.272	-	213.088
Mental Health Facilities Upgrades (capital)	Health	-	-	-	-	235.000	235.000
Totals		320.205	382.105	434.264	448.317	376.502	1961.39

ATTACHMENT C

List of changes to MHIP projects since the Mid-Term Review

Changes to project timelines

61. No changes to project timelines have been approved by Joint Ministers since the Mid-Term Review.
62. Three projects are facing significant delays: Lakes, Tairāwhiti, and Mid-Central. HIU is in the process of seeking approval to re-baseline these projects:
 - a) *Mid-Central*: Estimated practical completion is now Sept 2024, a delay of 15 months relative to the Mid-Term Review. Design review found that cost estimates in the business case were incorrect – the number of beds was calculated as 28 rather than 24. A review of the bed model was undertaken to test the appropriate number of beds and 24 beds was confirmed. The DHB needed additional support to find the workforce and develop change management planning around how the existing campus would interact with the new build.
 - b) *Lakes*: Estimated practical completion is now August 2024, a delay of 12 months relative to the Mid-Term Review. After the business case was approved the site location was changed. Issues were identified at the new site that required 3-6 months to settle the ground. This meant contractors missed the seasonal window to undertake works to settle the ground and had to apply for a new permit for to undertake the work in winter. Design review also identified issues in the quality of the designs causing re-work.
 - c) *Tairāwhiti*: Estimated practical completion now March 2024, a delay of five months relative to the Mid-Term Review. An assurance review undertaken by HIU identified no project team was in place and business case did not have project plan or timeline. The delay is primarily due to remedial work to the business case and time taken to stand up project team before going to market for a contractor.
63. Two projects have faced minor delays:
 - d) *Canterbury*: Estimated practical completion is now December 2022, a delay of four months relative to the Mid-Term Review. Delays are primarily due to issues with material supply and resourcing.
 - e) *Capital and Coast*: The project achieved practical completion in February 2022 (construction works are complete) but the estimated go-live date (the date at which services commence) is now July 2022, six months later than reported in the Mid-Term Review. The delay in the commencement of services is due to delays in hiring workforce of specialist nurses.

Changes to project budgets

64. Joint Ministers approved increases to project budgets for four projects:
- d) *Lakes*: Joint Ministers approved a \$3m increase in September 2021 to cover escalation costs.
 - e) *West Coast*: Joint Ministers approved a \$5m increase at the time of business case approval in December 2021.
 - f) *Northland*: Joint Ministers approved a \$7.4m increase in December 2021.
 - g) *Tairāwhiti*: Joint Ministers approved a \$4.9m increase in September 2021 at the same time as directing HIU to take over management of the project.

Changes to project scope

65. HIU has sought to change the scope of two projects, one of which was approved by Joint Ministers and one of which was not approved and is awaiting further advice and decision.
- h) *Waitematā*: Tranches 1A and 1B of the Mason Clinic new build were combined into one project with Joint Ministers' approval in April 2022. The timelines and budgets for the projects were combined – no changes were made to project budgets or timelines.
 - i) *Bay of Plenty (Tauranga and Whakatāne)*:
 - i) In 2019, the *Tauranga* new build was budgeted at \$30m and the *Whakatāne* new build at \$15m. When business cases were prepared by the DHB in early 2021, and estimated *Tauranga* would cost \$51m and *Whakatāne* \$38m. HIU advise these totals could not be covered within Health Capital Envelope.
 - ii) In mid-2021, HIU worked with the DHB on a revised approach where the *Whakatāne* project would go ahead with revisions, while the *Tauranga* project would have a substantially reduced scope.
 - iii) Joint Ministers were not provided with the opportunity for a formal decision, though HIU did raise project budget concerns in regular reporting. HIU agrees that a formal decision should have been escalated to Joint Ministers.
 - iv) HIU is currently working with the DHB to develop an option for a full rebuild at *Tauranga*.
66. HIU will provide advice to Joint Ministers on *Canterbury (Hillmorton)*: a single stage business case has been endorsed by the Capital Investment Committee that includes scope changes.



Implementation Unit: Scope

Mental Health Infrastructure Programme

1. What is the purpose of this work?

The Implementation Unit (IU) will deliver a deep dive into each of the 16 projects in the Mental Health Infrastructure Programme (MHIP), in a way that creates momentum for projects as the work is undertaken and utilises independent infrastructure expertise.

2. Who will do the work?

The IU will lead this work and be accountable for all deliverables supported by the Infrastructure Commission, Te Waihangā ('Te Waihangā') and working with the Health Infrastructure Unit (HIU). The IU will coordinate and convene the parties to develop the approach, milestones, and timelines for this work and thereafter on a regular basis, ensuring milestones and deliverables are met. The IU will ensure issues that arise are resolved immediately. The IU is accountable for submitting the final findings to Ministers no later than 14 October 2022.

Te Waihangā is responsible for assembling a team at the earliest opportunity to support the development of deliverables (in section 3), provide infrastructure expertise, advice, and support to the IU in its lead role and act as critical friend to the HIU.

The HIU will work in partnership with the IU and Te Waihangā. It will provide information, data, and reports, and will facilitate access to regional Health New Zealand staff and contractors as requested by Te Waihangā and the IU.

3. What will we deliver?

The focus is on pace of delivery. The IU and Te Waihangā will not wait until 14 October 2022 to inform HIU of activities that have been identified through its work to drive projects closer to construction and completion. The IU will ensure that Ministers are informed of actions as they occur and help HIU to seek any decisions needed from Ministers as appropriate.

Together, the IU, Te Waihangā and HIU will work with agility and pace to deliver:

- a) A **deep dive** into each of the 16 MHIP projects. The 16 MHIP projects will first be sequenced by Te Waihangā, in order of priority, to inform when each project is reviewed. For each project (or group of projects), the deep dive will advise on:
 - a. the status of delivery,
 - b. the robustness of the estimated completion dates, and
 - c. any risks, barriers, and issues.
- b) A **delivery plan** for MHIP that identifies clear actions, activities and strategies that will create momentum and pace across the 16 MHIP projects. This will identify where there are tangible and practical options to move projects, or groups of projects where appropriate, closer to construction and completion phases.
- c) An **assessment of the capacity and capability of the HIU** to implement the delivery plan. This will include recommending any immediate actions that need to be taken to build and strengthen leadership and infrastructure expertise of the HIU.

Completed commissions since last Cabinet Priorities Committee report (paper lodged on 16 June 2022)

Programme	Commission	Deadline	Status	Update
Carbon Neutral Government Programme (CNGP)	Work alongside delivery agencies to support a review of governance arrangements	✓ Aug 2022	Complete	Formal working alongside is concluded. The Unit will continue to provide advice or support where requested.
Health system reforms	Support the Ministry of Health to identify its working arrangements with new health agencies	✓ July 2022	Complete	Discussions with Ministry senior officials is complete and arrangements are being put in place and refined. The Ministry has been advised to map its working arrangements with the new entities including the Ministry for Disabled People so there is clarity for all parties on who goes where for what purpose.
	Support the Ministry of Health as it designs performance frameworks for the redesigned health system	✓ July 2022	Complete	The Unit's support will conclude in August with an update on how the Ministry's Crown entity monitoring arrangements meet the recommendations of a recent Auditor General report and where further work may be needed.

Status of remaining commissions (continued over page)

Programme	Commission	Deadline	Status	Update
Immigration Rebalance	Rapid assessment of Immigration New Zealand's (INZ) planning and approach to visa processing for the border reopening	19 Aug 2022	In progress	Report on track to be delivered on 19 August to the Deputy Prime Minister. An update will be brought to the CPC in October.
	Work alongside MBIE as it delivers the Immigration Rebalance programme	30 Sep 2022	On hold	Working alongside is on hold while the rapid assessment is underway. Its resumption will be discussed with Immigration NZ in September.
Census readiness for reaching vulnerable communities	A rapid assessment of the implementation planning including risk mitigation measures to reach vulnerable communities before and during the census	31 Aug 2022	In progress	Report on track to be delivered on 31 August to the Deputy Prime Minister. An update will be brought to the CPC in October.
He Waka Eke Noa	Work alongside MfE and MPI to assist with implementation planning	26 Aug 2022	In progress	The Unit's support for MfE, MPI, and the He Waka Eke Noa Partnership's Programme Office continues, focussed on implementation planning, farmer outreach, and alignment to existing farm-level programmes.
	Undertake a rapid assessment of progress towards the farm-level emissions reporting and planning milestones	18 Nov 2022	Not started	Rapid assessment will commence in October 2022.
Te Aorerekura	Work alongside Te Puna Aonui to support the transition to the Interdepartmental Executive Board (IEB)	31 Aug 2022	In progress	Te Puna Aonui has reached its 1 July milestone to becoming an IEB. Engagement continues with Te Puna Aonui to focus on the ongoing development of components of the Investment Plan.
	Stocktake of progress against the Action Plan	To be determined	Not started	Stocktake will commence in early 2023.
Government Investment in Decarbonising Industry Fund	Stocktake of implementation readiness	14 Oct 2022	Not started	Stocktake will commence in early September 2022.

Status of remaining commissions (continued from previous page)

Programme	Commission	Deadline	Status	Update
Mental Health and Addiction	Deep dive into the Mental Health Infrastructure Programme	14 Oct 2022	In progress	Well underway. The Unit has engaged Te Waihanga to provide infrastructure expertise. Rolling reporting has commenced to Ministers on the deep-dive.
NZ's International Climate Finance Commitments	Stocktake of delivery of the 2019 to 2022 commitment and readiness to deliver the 2022 to 2025 commitment	20 Oct 2022	In progress	Stocktake commenced this month.
Emissions Reductions Plan	Work alongside agencies as the IEB is established and Emissions Reduction Plan (ERP) implementation plan developed	31 Oct 2022	In progress	The Unit will keep a watching brief until September while rapid assessments for Immigration and the Census are underway.
Three Waters Reform Programme	Work alongside agencies to strengthen transition planning and risk mitigation	31 Oct 2022	In progress	Work with agencies has continued to focus on identifying areas of greatest need for the Unit's support.
	Stocktake of Day 1 readiness	To be determined	Not started	Stocktake will commence in early 2023.
Public housing	Stocktake of the progress of Kāinga Ora's public housing construction pipeline and delivery	25 Nov 2022	Not started	Stocktake will commence in September 2022.
	Stocktake of delivery of existing housing supply initiatives	9 Dec 2022	Not started	Stocktake will commence in late September 2022.
Health system reforms	Support the Ministry of Health to develop plans to implement the additional funding received in Budget '22 to increase its capability	Dec 2022	In progress	Initial discussions have occurred with the Deputy Chief Executive of the Ministry of Health – to be followed up as the Ministry begins to prepare its capability plan.
	Assessment of the effectiveness of the new working arrangements between agencies	2 Dec 2022	Not started	Assessment will commence in October 2022.
Emergency and Transitional Housing	Support HUD and MSD to implement a place-based emergency housing model in Wellington and Hamilton. The Implementation Unit will: <ol style="list-style-type: none"> 1. Work with the delivery agencies to ensure the lessons learned in the Rotorua pilot are taken into account in the design and delivery of the model; and 2. The model is implemented in a way that is fit for purpose and responsive to the respective contexts in the two locations 	To be determined	Not started	Support likely to commence in November 2022.



Cabinet Priorities Committee

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Implementation Unit's 2022 Assignments: August Progress Update

Portfolio Deputy Prime Minister

On 23 August 2022, the Cabinet Priorities Committee:

- 1 **noted** the Implementation Unit's (the Unit) briefing on the delivery of the Year Three progress of the \$1.9 billion Budget 2019 Mental Health and Addiction Package, attached to the submission under CPC-22-SUB-0024;
- 2 **noted** that the Deputy Prime Minister and the Minister for Health have directed the Unit to undertake a deep dive into each of the 16 Mental Health Infrastructure Programme projects;
- 3 **noted** that in March 2022, the Cabinet Priorities Committee agreed that the Unit would undertake follow-on work across a number of programmes including emergency and transitional housing [CPC-22-MIN-0003];
- 4 **agreed** that the commission for emergency and transitional housing be changed to support the Ministry of Housing and Urban Development and the Ministry of Social Development to implement a place-based emergency housing model in Wellington and Hamilton, by working with the delivery agencies to ensure the lessons learned in the Rotorua pilot are considered in the design and delivery of the model, and ensuring that the model is implemented in a way that is fit for purpose and responsive to the respective contexts in the two locations.

Diana Hawker
Committee Secretary

Present:

Rt Hon Jacinda Ardern (Chair)
Hon Grant Robertson
Hon Kelvin Davis
Hon Dr Megan Woods
Hon Carmel Sepuloni
Hon Andrew Little
Hon David Parker
Hon Nanaia Mahuta
Hon Damien O'Connor
Hon Stuart Nash
Hon Kiri Allan
Hon Michael Wood

Officials present from:

Office of the Prime Minister
Officials Committee for CPC



Cabinet

Minute of Decision

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Report of the Cabinet Priorities Committee: Period Ended 26 August 2022

On 29 August 2022, Cabinet made the following decisions on the work of the Cabinet Priorities Committee for the period ended 26 August 2022:



CPC-22-MIN-0024 **Implementation Unit's 2022 Assignments:
August Progress Update** CONFIRMED
Portfolio: Deputy Prime Minister



Rachel Hayward
Acting Secretary of the Cabinet