

Reference: 20230054

2 March 2023

Dear [REDACTED]

Thank you for your Official Information Act request, received on 4 February 2023. You requested the following:

I request all information, including, but not limited to interagency correspondence and advice to ministers related to the budget initiative "Improving Access to Primary Health Care Services for Transgender People" in the 2022 Budget.

Information being released

Please find enclosed the following documents:

Item	Date	Document Description	Decision
1.	21 January 2022	Email Chain between Treasury and Ministry of Health further explaining the bid	Parts that in scope are released in full (Except for Official's contact details)
2.	28 January 2022	Budget 2022 Treasury bid initiative assessment	Release in full (Except for Official's contact details)
3.	21 February 2023	Budget 2022 Initiative Summary – Main Budget Process	Release in part

I have decided to release the relevant parts of the documents listed above, subject to information being withheld under one or more of the following sections of the Official Information Act, as applicable:

- under section 9(2)(f)(iv) – to maintain the current constitutional conventions protecting the confidentiality of advice tendered by Ministers and officials,
- under section 9(2)(ba)(i) – to protect information which is subject to an obligation of confidence or which any person has been or could be compelled to provide under the authority of any enactment, where the making available of the information would be likely to prejudice the supply of similar information, or

information from the same source, and it is in the public interest that such information should continue to be supplied,

- under section 9(2)(j) – to enable the Crown to negotiate without prejudice or disadvantage,
- direct dial phone numbers of officials, under section 9(2)(k) – to prevent the disclosure of information for improper gain or improper advantage.

Some information has been redacted because it is not covered by the scope of your request. This is because the documents include matters outside your specific request.

Direct dial phone numbers of officials have been redacted under section 9(2)(k) in order to reduce the possibility of staff being exposed to phishing, social engineering and other scams. This is because information released under the OIA may end up in the public domain, for example, on websites including Treasury's website.

Information publicly available

The following information is also covered by your request and is publicly available on the Treasury website:

Item	Date	Document Description	Website Address
4.	10 February 2022	Treasury Report: T2022/215: Budget 2022 Health Bilateral: Emerging Health Transitional Package	https://www.treasury.govt.nz/sites/default/files/2022-09/b22-t2022-215-4615545.pdf
5.	24 February 2022	Treasury Report: T2022/328: Vote Health Budget 2022 – follow up to Bilateral	https://budget.govt.nz/information-release/2022/pdf/b22-t2022-328-4618897.pdf
6.	1 March 2022	Treasury Report: T2022/410: Follow up advice on Budget 2022 Vote Health new investment	https://budget.govt.nz/information-release/2022/pdf/b22-t2022-410-4620647.pdf
7.	12 April 2022	Budget 2022 Package – Vote Health	https://www.treasury.govt.nz/sites/default/files/2022-09/b22-frs-health-sig-4638798.pdf

Accordingly, I have refused your request for the documents listed in the above table under section 18(d) of the Official Information Act:

- the information requested is or will soon be publicly available.

Some relevant information has been removed from documents listed in the above table and should continue to be withheld under the Official Information Act, on the grounds described in the documents.

This reply addresses the information you requested. You have the right to ask the Ombudsman to investigate and review my decision.

Yours sincerely

Jess Hewat
Manager, Health and ACC

OIA 20230054

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From: Steve Barnes <Steve.Barnes@health.govt.nz>
Sent: Friday, 21 January 2022 12:46 pm
To: Justin Alsleben [TSY] <Justin.Alsleben@treasury.govt.nz>
Cc: Haiou Wang <haiou.wang@health.govt.nz>; Andrew Powell <andrew.powell@health.govt.nz>; Helen Anderson [TSY] <Helen.Anderson@treasury.govt.nz>; Kelly Palmer <Kelly.Palmer@health.govt.nz>; Caroline Flora <Caroline.Flora@health.govt.nz>
Subject: RE: Treasury questions B22 initiatives on health care for Not in scope of request transgender people

Kia ora Justin,

Our answers to your questions on our transgender Not in scope of request bids are below. I'm on leave next week but if you have any further questions feel free to get in touch with Kelly Palmer (cc'ed).

The templates note it will be difficult to secure the workforce to implement the initiatives. Can you give any more detail/information on the scale of this risk, how confident you are that the initiatives will be ready for investment at Budget 22, and any conditions that would need to be in place for them to be deliverable?

1.1 Improving access to primary health care services for transgender people

1.1.1 Models of care

From engagement undertaken with the health sector, we are confident that there is sufficient workforce demand for, and willingness/readiness to deliver models of gender affirming care within existing primary and community care services in the short-term (for investment through Budget 22). There are a small number of existing gender-affirming care services that have been established without dedicated funding (eg, Pegasus Health, Gender Dynamix, and Mauri Ora). This funding may support some of these clinics to continue to deliver this service and, in some instances, expand the service.

Health professional bodies, including the Royal New Zealand College of General Practitioners (RNZCGP), have also expressed support for investment in models of care for transgender people.

Given that this initiative is primarily buying primary care clinicians' time, there is risk that there may only be a small number of providers that opt to establish and deliver models of care for transgender patients. The scale of this risk is minimal given that this initiative seeks to establish/expand only 8 models of care over three years.

There is also risk that participation could reduce a providers' capacity to undertake other primary care work. This risk is also small given that the initiative has been designed to support transgender patients into gender-affirming care and for ongoing care to be provided through routine primary care services.

1.1.2 Workforce development

From engagement undertaken with the health sector, we are confident that there is capacity and capability within the workforce to develop guidelines, and training and development resources. Some work has already commenced to upskill primary health care providers in delivering gender-affirming care (eg the delivery of hormone therapy). The RNZCGP is developing training and education resources to embed gender diversity and gender-affirming

learning modules in their curriculum and accreditation practices. PATHA has recently updated clinical guidelines on hormone therapy, and we expect PATHA will update the Guidelines for Gender-Affirming Health Care.

Not in scope of request

If the components of each initiative had to be ranked in terms of 1) importance and 2) deliverability, how would they be ranked? Or is each initiative only worth investing in as a whole?

1.1 Improving access to primary health care services for transgender people

The components of this initiative were designed as a package to address key issues (variability of care due lack of dedicated funding for gender affirming care and limited workforce capability). Therefore, to most effectively address these issues and improve access to primary health care services for transgender people, this initiative will be most effective if it is invested in as a whole.

However, if we were to rank the components of this initiative based on importance and deliverability, the components would be ranked in this order: (1) updating guidelines and establishing a lead referral pathway, (2) workforce development and training resource development, followed by (3) funding up to 8 primary and community health providers to deliver gender-affirming services. This is because clear guidelines and referral pathways would create a nationally consistent approach to gender affirming care, which would lay the foundations for the primary care workforce to improve their capability to provide gender-affirming care. It is worth noting that funding for primary and community health providers to deliver gender-affirming services would be ranked first based solely on importance. This is because there is a demand for gender-affirming services within a primary care setting. However, it will likely be more complex to deliver than the other components.

Not in scope of request

Steve

Steve Barnes
Group Manager, Family and Community Health Policy
System Strategy and Policy
Ministry of Health
Mobile: s9(2)(k)
<http://www.health.govt.nz>

From: Justin Alsleben [TSY] <Justin.Alsleben@treasury.govt.nz>
Sent: Wednesday, 19 January 2022 5:19 pm
To: Steve Barnes <Steve.Barnes@health.govt.nz>
Cc: Haiou Wang <Haiou.Wang@health.govt.nz>; Andrew Powell <Andrew.Powell@health.govt.nz>; Helen Anderson [TSY] <Helen.Anderson@treasury.govt.nz>
Subject: Treasury questions B22 initiatives on health care for s9(2)(j) transgender people

[]

Kia ora Steve

I am the Vote Analyst in the Health team at Treasury and I have been looking at two initiatives for which you are the Ministry contact – *Improving access to primary health care services for transgender people* and Not in scope of request
Not in scope of request

Thank you for the very helpful way you have laid out the components of each initiative and the cost assumptions behind them. I have a couple of follow-up questions which are the same for each one. It would be really helpful if I could have responses to these by the end of this week (21st), but I acknowledge I am sending them through quite late so would be happy to receive them by COP Wednesday 26th at the latest.

- The templates note it will be difficult to secure the workforce to implement the initiatives. Can you give any more detail/information on the scale of this risk, how confident you are that the initiatives will be ready for investment at Budget 22, and any conditions that would need to be in place for them to be deliverable?
- If the components of each initiative had to be ranked in terms of 1) importance and 2) deliverability, how would they be ranked? Or is each initiative only worth investing in as a whole? (*Note, I am not asking you to compare the initiatives to each other, just the components within each as separate initiatives*)

Hope these questions are clear, and happy to chat if that would be easier for you.

Best

Ngā mihi

Justin Alsleben (he/him) | **Vote Analyst** | **Health and ACC** | **Te Tai Ōhanga – The Treasury**

Tel: s9(2)(k) Email: justin.alsleben@treasury.govt.nz

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Budget 2022 initiative assessment template

13885 – Improving access to primary health care services for transgender people

Overview

Initiative type	<i>Manifesto commitment</i>		
Was the initiative invited?	<i>N/A</i>		
Lead Minister	<i>Minister of Health, Hon Andrew Little</i>	Lead agency	<i>Ministry of Health</i>
Support	<i>Support in full. This is a small initiative, submitted in the Minister of Health’s ‘high’ package, which will support up to eight community health providers to deliver gender-affirming services to approximately 200 transgender patients over four years, and the updating and development of guidelines and workforce training to improve health services for transgender people. Provider capacity and workforce capability have been considered as implementation challenges, but the Ministry has identified particular individuals and providers in the sector who will be suitable to deliver this initiative as a mitigating measure.</i>		

Funding sought

Operating funding (\$m)	2021/22		2022/23		2023/24		2024/25		2025/26 & outyears		Total
			0.589		0.583		0.481		0.529		2.182
Capital funding (\$m)	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	Total

Funding recommended

Operating funding (\$m)	2021/22		2022/23		2023/24		2024/25		2025/26 & outyears		Total
			0.589		0.583		0.481		0.529		2.182
Capital funding (\$m)	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	Total
Do you support outyears funding?	Y										
Do you recommend a tagged contingency?	N										

Scaled Funding

Scalability	Y	<i>This initiative could be scaled to just the components ‘updating national guidelines and establishing lead referral pathways for gender affirming care’ and ‘workforce development’. This would create a nationally consistent approach to gender affirming care and improve workforce capability.</i>									
Minimum viable amount	Operating funding (\$m)										
		2021/22	2022/23	2023/24	2024/25	2025/26+					
			0.350	0.200	0.150	0.150					

	Capital funding (\$m)									
	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31+
Risks to scaling	<i>Scaling this initiative recognises that funding providers to give gender affirming care will be the most complex component to deliver, however it removes the component which will have the greatest positive impact on health services received by transgender people.</i>									

Value for Money Analysis

Value	1 - Low	2	3	4	✓	5 - Excellent	
He Ara Waiora alignment	<i>Tikanga –</i>						
	<i>Manaakitanga –</i>						
Living Standards Framework alignment							
Distributional impacts							
Alignment	1 - Low	2	3	4		5 - Excellent	✓
Delivery	1 - Low	2	3	4	✓	5 - Excellent	
	<i>Provider capacity and workforce capability have been considered as implementation challenges, but the Ministry has identified particular individuals and providers in the sector who will be suitable to deliver this initiative as a mitigating measure.</i>						
Salary expectations							
Implications from additional FTEs	N/A						

Other comments

Urgency	<i>There is no special case for urgency. Deferring investment would defer the benefits to transgender people who might otherwise have received better gender affirming healthcare.</i>						
Confidentiality	N						
Child poverty impacts	N						
NGO impacts	Yes	<i>Appears to align with Social Sector Commissioning procurement principles.</i>					
Regulatory impacts							

Budget 2022 Initiative Summary – Main Budget Process

Improving access to primary health care services for transgender people

Section 1: Overview

Section 1A: Basic Initiative Information

Lead Minister	<i>Hon. Andrew Little, Minister of Health</i>					
Department	<i>Manatū Hauora – Ministry of Health</i>					
What type of initiative is this?	<i>Critical cost pressure initiative</i>		<i>Manifesto commitment initiative</i>	Y	<i>Health and Disability System Reform initiative</i>	
	<i>Climate Emergency Response Fund initiative</i>		<i>Savings initiative</i>		<i>Non-Spending initiative</i>	
Initiative description	<p>This initiative will improve the quality of primary health care services for transgender people by supporting primary health care clinicians to be confident in delivering care to transgender patients, establishing national guidance and clinical pathways for gender-affirming care, and targeting primary health care funding to support the development of specific services and models of care to meet the needs of transgender patients.</p> <p>The \$2.184m over four years to 2025/26 initiative will fund:</p> <ul style="list-style-type: none"> • up to 8 primary and community health providers to deliver gender-affirming services to approximately 200 transgender patients over four years (\$0.634m) • health professionals to update national guidelines for gender-affirming health care and lead referral pathways for gender-affirming health services and supports (\$0.250m) • medical colleges to develop training and workforce development resources and programmes to improve workforce responsiveness to transgender patients (\$0.600m) • departmental resource for Health New Zealand to manage these contracts (\$0.700m) 					
Is this a Cross-Vote initiative?	N					
Department contact	<i>Steve Barnes, Group Manager Family and Community Health Policy, System Strategy and Policy</i> s9(2)(k) [REDACTED] steve.barnes@health.govt.nz					
Treasury contact	<i>Justin Alsleben</i>					

Section 1B: Total Funding Sought

Operating funding sought (\$m)	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears	Total
	-	0.589	0.583	0.481	0.529	2.184

Capital funding sought (\$m)	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	Total
											N/A

Section 1C: Initiative Classifications

Is this initiative seeking funding from the Climate Emergency Response Fund (CERF)?	N	This initiative does not seek funding from the Climate Emergency Response Fund.
Is this initiative climate-related, but not seeking funding from the CERF?	N	This initiative is not climate related and does not seek funding from the Climate Emergency Response Fund.
Does this initiative align with the Crown's obligations under the Treaty of Waitangi?	Strong	In general, transgender people experience poorer physical and mental health outcomes than the total population ¹ . Māori and others who experience racism or discrimination related to other aspects of their identity, have even higher risk of poor health outcomes. The Ministry of Health (the Ministry) is committed to improving Māori health outcomes, responding at present to the interim recommendations contained in the Waitangi Tribunal's WAI2575 stage one report focused on the primary health care system. This initiative seeks to address health inequity for transgender people, including Māori transgender people (or takatāpui ²) by improving access to culturally appropriate primary care services, including gender-affirming care. This will empower takatāpui to receive health care in a way they choose, free from discrimination and pressure to 'normalise' their bodies to fit medical understandings of male and female bodies. To ensure the voices of Māori are captured in the development of guidelines, and workforce development resources, Health New Zealand will provide funding to the health professional bodies on the condition that Māori are engaged in this process in a way that honours the principles of Te Tiriti o Waitangi.
Specify if this initiative will help reduce child poverty and describe the impact	N	This initiative does not seek funding to help reduce child poverty.
Does this initiative align with the Child and Youth Wellbeing Strategy?	Y	This initiative contributes to Child and Youth Wellbeing Strategy - 'Children and Young people are happy and healthy' outcome by supporting access to gender-affirming care for young transgender people. By supporting gender-diverse youth to access rainbow-friendly primary health care services, including gender-affirming care this initiative contributes to ensuring tamariki and rangatahi have the spaces to express themselves to have the best possible health outcomes.
Does the initiative include funding to procure from NGOs?	Y	This initiative upholds the Social Sector Commissioning procurement principles (particularly 'whānau, iwi and communities exercise choice' and 'the sector works together locally, regionally and nationally') by prioritising locally developed centrally funded services and models of primary health care that provide more health care options for transgender people. This initiative will fund a non-governmental organisation (NGO) to update the national gender-affirming guidelines and support the development of lead referral pathways for gender-affirming care.
Does the initiative include funding to support digital and data related investments?	N	This initiative does not include funding to support digital and data related investments.
Is this a regulatory or legislative initiative (according to the guidance provided)?	N	This initiative is not regulatory or legislative.

¹ Kyle K. H. Tan, Gareth J. Treharne, Sonja J. Ellis, Johanna M. Schmidt & Jaimie F. Veale (2021) Enacted stigma experiences and protective factors are strongly associated with mental health outcomes of transgender people in Aotearoa/New Zealand, International Journal of Transgender Health, 22:3, 269-280, DOI: [10.1080/15532739.2020.1819504](https://doi.org/10.1080/15532739.2020.1819504)

² Takatāpui is a Māori (indigenous people of Aotearoa New Zealand) word, historically meaning 'intimate companion of the same sex'. The use of 'takatāpui' as an identity is a response to western ideas of sex, sexuality and gender, and emphasises one's identity as Māori as inextricably linked to their gender identity, sexuality or variation of sex characteristics.

Is this a significant investment initiative per the definition at section 4.8 of the Budget 2022 guidance?	N	This initiative is not a significant investment initiative per the definition at section 4.8 of the Budget 2022 guidance.				
	Data / Digital / ICT		Physical Infrastructure		Organisational Transformation	Specialised Equipment
<u>See Annex A for further questions – mandatory to complete for all significant initiatives</u>						

Section 2: Cost pressure information

This section must be completed for all cost pressure initiatives. Skip this section for Manifesto Commitment, Savings, Non-Spending, Health and Disability System Reform (HDSR), Climate Emergency Response Fund (CERF) and Pre-Commitment initiatives.

See **section 4.2** of the Budget 2022 guidance for more information on cost pressure initiatives.

Answers must not exceed 1-2 paragraphs per section.

Cost pressure driver	Volume	Price	Personnel (driven by volume/price)
Cost pressure description	<p>Provide evidence of what caused the pressure (e.g. population growth, price increases, wage pressures including FTE changes). This should correspond to the further detail provided in the 'funding sought by component' table in Section 5 of this document.</p> <p>Indicate whether this cost pressure is critical (i.e. are there significant delivery or legal risks if funding is not provided? Could funding be deferred to future Budgets?)</p>		
Cost pressure management	<p>Provide an overview of why the pressure cannot be funded from baselines and what steps have been taken to manage the pressure.</p>		
Case for funding	<p>Explain how additional funding will mitigate or resolve the pressure, and provide an overview of what outputs it is purchasing.</p>		

Section 3: Value

*Section 3 must be completed for all initiatives, unless exempted by the Minister of Finance in the invitation letter. Further information on the questions in this section can be found at **Annex Two** of the Budget 2022 guidance.*

This section explains the initiative's value, drawing on elements of He Ara Waiora (section 3A) and the Living Standards Framework (Section 3D). For explanations of these two frameworks, please see the accompanying guidance.

Explanation

Intervention logic terms such as outputs, impacts, and goals can have different definitions. Please see table below for how the Treasury defines these concepts.

Explanation Table		
<i>This explanation table is for your reference only. Do not fill out the sections.</i>		
	Definition	Example
Outputs	The good or service the initiative is purchasing.	The purchased goods are localised curriculum resources in te reo Māori, as well as the services of publishers, designers and story tellers. Costs cover the design, development, distribution and maintenance of online tools, interactive electronic and hard copy resources to promote and provide teachers, students and whānau, and external providers with quality tools and resources to enable effective teaching and learning from offsite or the workplace using a range of online, distance and place-based delivery modes.
Impact	The direct effect of the initiative.	<ul style="list-style-type: none"> Increased whānau involvement in education which is a key driver to lifting student engagement and achievement. Improved student engagement and achievement in education that better reflects their identity, language and culture. Increased visibility of te reo Māori at schools and in the community. Learning programmes supported by quality te reo Māori resources.
Goals	What this initiative aims to achieve.	<ul style="list-style-type: none"> Normalisation of te reo Māori used by teachers in the classroom, wider school and home. Increased student and whānau participation in and retention of te reo Māori learning. Increase in the quality of te reo Māori used by teachers and students. Attitudinal shift in the wider education community that te reo Māori is recognised as being for everyone.

Section 3A: Opportunity/Problem

<p>Problem</p>	<p>In general, transgender people experience poorer physical and mental health outcomes than the total population. These inequitable outcomes are often linked to social exclusion and discrimination, and barriers to accessing appropriate health care (eg, cost, limited clinical/cultural competency standards for the health practitioner to respond to transgender needs). There is variation across primary care providers and district health boards (DHBs) in the availability and delivery of transgender care where services do not have a clearly identified pathway for people seeking gender-affirming care. Therefore, it can be difficult for transgender people to navigate the health and disability system and access the services they need.</p>
<p>Opportunity</p>	<p>Mental and physical health needs of transgender people can be appropriately address within primary health care settings</p> <p>Across New Zealand there are several examples of primary and community health providers delivering primary health gender-affirming services within existing general practice/community health clinics. The providers provide general health services, with provision of or referral to other services including, but not limited to, gender-affirming hormone therapy, mental health support, dedicated health navigator and peer support and speech language therapy services, with good linkages to local paediatric, psychiatry and gynaecology services. These examples demonstrate that gender-affirming care is within the scope of practice for primary care practitioners and can be part of routine care. However, most of the providers offering these specific services identify funding as their main limitation.</p> <p>Recent research³ found that the delivery of gender-affirming care in primary care has the potential to reduce the need for more intensive care across the life-course (including gender-affirming genital surgery). Findings also found that models based in primary care are likely to increase accessibility, depathologise gender diversity, and reduce waiting times.</p> <p>Improving the cultural and clinical competency of the primary health care workforce</p> <p>There is an opportunity through the provision of national guidelines, referral pathways, and workforce development resources for primary health professionals to deliver general health care alongside more specific gender-affirming care to transgender people. This will support the delivery of safe and inclusive health care primary health care for transgender people.</p> <p>Overall, these opportunities have the potential to reduce the high rates of mental and physical health concerns experienced by transgender people and the need for more intensive care across the life-course.</p>

Section 3B: He Ara Waiora

<p>Tikanga- decisions are made by the right decision-makers, following a tikanga process, according to tikanga values</p>	<p>Te Ao Māori perspectives and values, and the values of other affected communities and groups, have been considered in the development of this initiative and will be meaningfully incorporated throughout implementation.</p> <p>The Ministry has engaged with Gender Minorities Aotearoa (a national transgender organisation run for and by transgender people) to include the voice of takatāpui in the development of policy advice that has formed the basis of this initiative.</p> <p>s9(2)(j)</p>
<p>Manaakitanga- focus on improved wellbeing and enhanced mana for iwi and Māori, and for other affected communities</p>	<p>Colonisation has had an intergenerational impact on Māori, including a loss of acceptance of sexual and gender fluidity. This initiative will consider and respond to the priorities, values and aspirations of Māori transgender people and Māori health providers (including existing local solutions and strategies) in the development and implementation of guidelines and workforce</p>

³ Towers S, Prizgintas D, Crossen K. Community-based model for adolescent transgender health care. J Paediatr Child Health. 2021 May 19. doi: 10.1111/jpc.15570. Epub ahead of print. PMID: 34008217.

⁴ s9(2)(j) is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions. Over 500 pathways have been developed to demonstrate how patients with particular conditions (eg, transgender) will be managed in the local context.

<p>and groups, demonstrating an ethic of care and mutual respect</p>	<p>training and development primary health care services for transgender people and their whānau.</p> <p>Establishing and expanding primary health care services Increasing allocated time with general practitioners in the provision of general health care services as well as in the delivery of specific gender-affirming services can acknowledge the mana of takatāpui and respond to their specific aspirations and needs. Allowing extra time with the health professional can facilitate early intervention, as well as giving them the chance to address any mental health risks. Successful health providers will be required to understand the unique health care perspectives, aspirations and needs of takatāpui.</p> <p>Updating national guidance and establishing lead referral pathways in HealthPathways Improving access to referrals for gender-affirming services can be beneficial for takatāpui, giving them the choice to access psychological support, physiotherapy and/or specialist gender-affirming care) through primary care.</p>
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Section 3C: Outputs – The good or service the initiative purchases

Output	Description
<p>New and expanded models of gender-affirming primary health care</p>	<ul style="list-style-type: none"> Up to 8 primary and community health providers will be funded to establish and deliver a model of care tailored to the needs of transgender people (including the provision of gender-affirming care). These services are expected to reach approximately 200 transgender patients. These models of care will provide transgender patients with access to general health services, with provision of (or referral to) other gender-affirming health care services and supports. This includes gender-affirming hormone therapy, mental health support, peer support and speech language therapy services, with strong linkages to local paediatric, psychiatry, and gynaecology services. These models of care will operate within existing general practices or community health clinics. Service providers may use this funding to offer subsidised or free of cost care to transgender patients and/or extended consultations (the length of time and number of consultations required dependent on the level of experience of the treating general practitioner (GP) and the complexity of the presentation).
<p>National gender-affirming health care guidelines and lead referral pathways for gender-affirming care</p>	<p>National gender-affirming health care guidelines</p> <ul style="list-style-type: none"> the updated national guidelines for gender-affirming health care⁵ will provide guidance on clinical and cultural best-practice when delivering care to transgender patients. The guidance will be drafted in line with the <i>World Professional Association for Transgender Health Standards of Care</i> the guidelines will include guidance for commencing hormone therapy in primary care which will outline principles and approaches that encompass the diversity of transgender people, including with a specific focus on guidelines for working with takatāpui. <p>Lead referral pathways for gender-affirming care</p> <ul style="list-style-type: none"> a lead pathway for transgender services in primary care will adapt and embed the updated 'Guidelines for Gender-affirming Health care' into HealthPathways the lead pathway will provide: <ul style="list-style-type: none"> eligibility criteria for specific gender-affirming services consistent quality advice on local HealthPathways to help ensure that best practice processes are implemented into usual daily clinical practice in primary care a template for each Health New Zealand locality (previously DHBs) to develop a localised referral pathway appropriate for their transgender population.
<p>Training and workforce development resources for primary health professionals caring for transgender people</p>	<p>Specialised and general training and workforce development resources will be developed by specific medical colleges and professional bodies to upskill their members to be clinically and culturally competent in delivering a range of health care to transgender patients. This is likely to include:</p>

⁵ Guidelines for Gender Affirming Healthcare (2018 – New Zealand). Professional Association for Transgender Health Aotearoa. Retrieved from <https://patha.nz/Guidelines> (accessed 17 January 2022).

	<ul style="list-style-type: none"> gender diversity and gender-affirming care learning modules embedded into the General Practice’s Curriculum for General Practice (GPEP) and Cornerstone Continuous Quality Improvement accreditation⁶. interactive sessions with GPs on research and clinical practice in transgender health with attached Continued Medical Education (CME) credits⁷ endorsed gender-affirming health care resources produced by other organisations with attached CME credits streamlined existing training and professional development to ensure that it is easily accessible in one place for all primary health care professionals.
Departmental resource for Health New Zealand	Dedicated resource for Rainbow Health within Health New Zealand to manage the contracts associated with this initiative.

Section 3D: Impacts – The direct effect of the initiative

Impact 1	Description of the impact	Improved access to quality primary health care gender-affirming services for transgender people across Aotearoa (Wellbeing domain: Health, and Subjective Wellbeing)
	Quantification	<p>There is currently no dedicated funding for transgender services or supports in primary health care in New Zealand. Across the country there are a limited number of primary and community services providing gender-affirming care from within baseline funding or with ad hoc funding arrangements through DHBs (eg, Pegasus Health, Gender Dynamix) or other funders (eg, Mauri Ora clinic subsidised by Victoria University of Wellington). However, most of the primary care providers offering this care identify funding as their main limitation and a sustainability issue. The Counting Ourselves 2019 survey of 1,178 transgender and non-binary people found that 200 (19%) of respondents had unmet need for gender-affirming health care, specifically for hormone therapy but couldn’t access this care because of high costs, fear of mistreatment, or not knowing where to seek care⁸.</p> <p>There is evidence that the delivery of gender-affirming care in primary care has the potential to reduce the need for more intensive care across the life-course (including gender-affirming genital surgery)⁹. The Ministry of Health manages the waitlist for gender-affirming genital surgery. As at 31 December 2021, there were 315 referrals for a first specialist assessment on the active list for the service. Current funding is expected to enable the delivery of up to 14 surgeries per year. This initiative may reduce demand for this service in the medium to long term.</p> <p>This initiative will fund up to 8 primary and community health providers to establish (or expand existing) models of care tailored to the needs of transgender people (including gender-affirming care). These providers will be from across New Zealand but are expected to be mainly concentrated in</p>

⁶ Cornerstone is an accreditation programme specifically designed by the Royal New Zealand College of General Practitioners for general practices in New Zealand. The Cornerstone Continuous Quality Improvement (CQI) module allows practices to demonstrate their work towards improving health outcomes. Accreditation involves a self-assessment and external peer review process used by health care organisations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve the health care system.

⁷ Continued Medical Education is one type of continuing professional development (CPD) used to describe medical education activities designed to enhance practitioners’ knowledge, skills, attitudes, and professional judgement. Engaging in CPD activities is a requirement of all general practitioners.

⁸ Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton NZ

⁹ Ker, A., Fraser, G., Lyons, A., Stephenson, C., & Fleming, T. (2020). Providing gender-affirming hormone therapy through primary care: service users’ and health professionals’ experiences of a pilot clinic. *Journal of primary health care*, 12(1), 72-78.

		<p>urban areas (Auckland and Wellington) where the majority of transgender people live.</p> <p>Based on the Mauri Ora clinic figures we estimate that 8 providers by year four would be able to meet the demand for 200 transgender people seeking gender-affirming care in a primary care setting.¹⁰</p>
	<p>Supporting Evidence</p>	<ul style="list-style-type: none"> • According to the Statistics New Zealand¹¹ the total population of LGBT+ people as of June 2020 was 160,600 (4.2% of the total NZ population). Of that cohort, the number was made up predominantly of transgender women (85,921), followed by transgender men (62,312) • Counting Ourselves 2019 survey of 1,178 transgender and non-binary people found that: <ul style="list-style-type: none"> - 200 (19%) of respondents had unmet need for gender-affirming health care, specifically for hormone therapy but couldn't access because of high costs, fear of mistreatment, or not knowing where to seek care¹². - the majority of transgender people reside in the Wellington (27%) and Auckland regions (35%)¹³ • A recent study of Gender Dynamix Aotearoa¹⁴, an innovative model of patient-centred transgender health care, found that transgender adolescents preferred to receive their health care in a community-based setting and experience improved quality of care and less stigma. This was consistent with international research. Gender Dynamix Aotearoa is an innovative model of patient-centred transgender health care that is currently being trialled with DHB funding in Tauranga. This model integrates specialist secondary level care into a community setting and offers one-to-one psychology, whānau, and peer support services, and monthly hormone clinics with a consultant paediatrician • Mauri Ora (Victoria University of Wellington's Student Health and Counselling Service) is a primary care-based pilot clinic providing gender-affirming hormone therapy. Evaluations of this pilot¹⁵ have found value in providing gender-affirming hormone therapy in a primary care setting and several other primary care providers have replicated this model of care. As of 2022, the waitlist for this service is 80 people. • Research where transgender care was provided in primary care settings consistently found primary care to be the most appropriate for the transgender population, with an increase in accessibility, depathologised gender diversity, reduced wait times

¹⁰ In year one, 20 patients will access the services increasing to 60 patients in year two, 120 patients in year three, and, 200 patients in year four,

¹¹ LGBT+ population of Aotearoa: Year ended June 2020. 2021. Statistics New Zealand. <https://www.stats.govt.nz/reports/lgbt-plus-population-of-aotearoa-year-ended-june-2020> (accessed 14 January 2022).

¹² Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Transgender Health Research Lab, University of Waikato: Hamilton NZ

¹³ Counting Ourselves. 2019. Counting the population of trans people in Aotearoa. https://population.org.nz/app/uploads/2019/07/Veale-PANZ_Counting-Ourselves-presentation-uploaded2.pdf (accessed 16 September 2021).

¹⁴ Towers S, Prizgintas D, Crossen K. Community-based model for adolescent transgender health care. J Paediatr Child Health. 2021 May 19. doi: 10.1111/jpc.15570. Epub ahead of print. PMID: 34008217.

¹⁵ Ker, A., Fraser, G., Lyons, A.C., Stephenson, C. & Fleming T. (2018). The Trans Affirmative Healthcare Pilot Clinic: A new approach to enabling equitable access to gender-affirming hormone therapy. School of Health, Victoria University of Wellington: Wellington NZ

		<p>and a reduction in the need for more intensive gender-affirming care across the individual's life course¹⁶</p> <ul style="list-style-type: none"> • A study of providing gender-affirming hormone therapy¹⁷ through primary care found that the delivery of gender-affirming care in primary care has the potential to reduce the need for more intensive care across the life-course (including gender-affirming genital surgery). Findings also found that models based in primary care are likely to increase accessibility, depathologise gender diversity, and reduce waiting times.
	Gaps in Evidence	<ul style="list-style-type: none"> • Currently there are no clear guidelines in primary health care around the collection, storage and use of data relating to gender identity, pronouns, and sex assigned at birth. This means there is limited information available about the number of transgender patients enrolled with a Primary Health Organisation. The Ministry is progressing work in this regard in the short term, as an important first step to matching care to community need and ensuring positive and equitable health experiences and outcomes for transgender people. • There is limited literature in New Zealand about transgender people and their experiences with the health and disability system. We have been engaging with Professional Association for Transgender Health Aotearoa (PATHA) and Gender Minorities Aotearoa, to understanding from transgender people and health professionals' experiences within the health and disability system.
	Assumptions	<p>It is assumed that there will be 8 primary and community health care providers with the capacity and capability to establish and deliver models of patient-centred transgender health care in the short- to medium-term.</p> <p>It is also assumed that there is sufficient demand to sustain 8 providers and that our knowledge of transgender people's reluctance to use primary care services generally supports this.</p>
	Implications	<p>The assumptions and gaps in evidence present a low risk for achieving the outcomes sought. Current demand significantly outweighs supply. Existing models of primary care for transgender people are oversubscribed with many calls from patients, providers, and professional and advocacy groups for increased investment in transgender health care.</p>

	Description of the impact	<p>Improved health workforce competency to provide high quality care for transgender people, including gender-affirming care</p> <p>Wellbeing domain: knowledge and skills</p>
	Quantification	<p>Updating national guidelines and developing lead referral pathways for gender-affirming care and workforce development resources will support a range of relevant health professionals to increase their knowledge and skills in providing health care, including gender-affirming care to transgender people. Based on primary health care specific organisation membership numbers such as the Royal New Zealand College of General Practitioners, this will support 5,500 clinicians to be confident in delivering culturally and clinically appropriate care to transgender patients in line with best practice.</p>
	Supporting Evidence	<ul style="list-style-type: none"> • The Counting Ourselves 2019 survey found: <ul style="list-style-type: none"> ○ 46% of transgender people had to teach someone about being transgender to receive the appropriate care

¹⁶ Towers S, Prizgintas D, Crossen K. Community-based model for adolescent transgender health care. *J Paediatr Child Health*. 2021 May 19. doi: 10.1111/jpc.15570. Epub ahead of print. PMID: 34008217

¹⁷ Ker, A., Fraser, G., Lyons, A., Stephenson, C., & Fleming, T. (2020). Providing gender-affirming hormone therapy through primary care: service users' and health professionals' experiences of a pilot clinic. *Journal of primary health care*, 12(1), 72-78.

		<ul style="list-style-type: none"> ○ of the respondents who had discussed gender-affirming care with a provider, 42% of health providers knew very little or some things about providing health care for transgender people. ○ 10% of the transgender respondents reported they had little to no confidence in the health professional that discussed gender-affirming care with them¹⁸. ● In 2021, the Ministry engaged with the Responsible Authorities (RAs)¹⁹, Medical Colleges²⁰, and the Council of Medical Colleges and the Royal New Zealand College of General Practitioners to understand the training and development needs of their workforces. Overall, we found there is agreement on the need to build the capability of the health workforce to meet the needs of transgender people. ● We also engaged with the RAs to identify if clear guidance and/or training opportunities exist for their workforce, that support clinical and cultural competence in the provision of care to transgender people. For most health professions, there is no guidance specifically relating to cultural competence standards that are aimed at meeting the needs of transgender people.
	Gaps in Evidence	There is limited information on workforce competence as it applies to the delivery of care to transgender people.
	Assumptions	It is assumed that health professionals will read and follow clinical guidelines. Clinical guidelines are not mandatory, however, health professionals are expected to follow guidelines that have been endorsed by their professional body, unless there is a good clinical reason not to. Another key assumption is that an attitudinal shift will be achieved throughout the health workforce towards delivering high quality care for transgender people because of this initiative.
	Implications	<p>The assumptions and gaps in evidence are low-medium risk for achieving anticipated impacts and outcomes. There will likely be an increase in the number of health professionals participating in training and workforce development and thus greater confidence and competency in delivering trans-friendly and gender-affirming care. In turn this will likely increase the trust and confidence that transgender people have in health professionals and the quality of care they receive.</p> <p>Adopting a nationally consistent approach to transgender care could also considerably improve access to some services for transgender patients on their transition journey and reduce regional variation in experience and access.</p>

Section 3E: Goals – What this initiative aims to achieve

Outcome 1	Description	Improved mental and physical health outcomes for transgender people
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¹⁸ Counting Ourselves. 2019. Counting the population of trans people in Aotearoa. https://population.org.nz/app/uploads/2019/07/Veale-PANZ_Counting-Ourselves-presentation-uploaded2.pdf (accessed 16 September 2021).

¹⁹ Responsible Authorities (RAs) are bodies corporate legislated for by the Health Practitioners Competence Assurance Act 2003. The RAs ensure all health practitioners registered with them are fully competent in the practice of their profession.

²⁰ Medical Council, Nursing Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Optometrists and Dispensing Opticians Board, Occupational Therapy Board of New Zealand, New Zealand Psychologists Board, and the Midwifery Council

	<p>Health: transgender people will experience improved and more equitable mental and physical health outcomes by receiving the health care they need to affirm their gender-identity</p> <p>Subjective wellbeing: transgender people experience enhanced life satisfaction, and a sense of purpose and meaning by being empowered to receive the health care they need to live the life they want. Transgender patients will also be free from discrimination within the health and disability system.</p> <p>Safety: the provision of appropriate and clinically and culturally appropriate/ safe health care for transgender people will improve trust in interacting with and receiving care and support from the health and disability system.</p>
Quantification	<p>This initiative will seek to decrease the number of transgender people who report psychological distress. A component of this distress is the inability of transgender people to access the gender-affirming care that they need. The Counting Ourselves 2019 survey found that 71% transgender respondents reported high or very high psychological distress, compared to 8% of the general population²¹. This initiative has the potential to decrease in the number of transgender people reporting high or very high psychological distress.</p>
Timeframes	<p>The timeframe in which this goal will be realised will vary across the short (<5 years), medium (5-10 years) and long-terms (>10 years). Whilst many transgender people are likely to experience immediate health and wellbeing benefits, others may only experience these benefits over a longer time horizon.</p>
Evidence and Assumptions	<p>The Ministry does not currently collect information on health outcomes for transgender people.</p> <p>The Ministry will include gender identity (including 'another gender' category) and sex at birth into the 2022/23 NZ Health Survey which will facilitate identification of transgender respondents. However, the number of transgender people answering the survey in any year is likely to be statistically insignificant. Once we have collected several years of data we will be able to pool data together to better understand the health status of the transgender population.</p> <p>The Counting Ourselves 2019 Survey provides evidence that transgender people experience poorer mental and physical health outcomes compared to the general population²²</p> <p>Research where transgender care was provided in primary care settings consistently found primary care to be the most appropriate for the transgender population, with an increase in accessibility, depathologised gender diversity, reduced wait times and a reduction in the need for more intensive gender-affirming care across the individual's life course²³</p> <p>A key assumption is that this initiative will deliver services and supports that are appropriate to meet the unique needs of transgender people. Continuous evaluation and monitoring of outcomes will be necessary to ensure success.</p>
Implications	<p>This initiative assumes that the quality of health care is a significant barrier to a happy and healthy life for transgender people in New Zealand. While this is one barrier, we understand that there are multiple other barriers, including societal and cultural norms outside of the health sector, that impact the overall health and wellbeing of transgender people.</p>

²¹ Counting Ourselves. 2019. Counting the population of trans people in Aotearoa. https://population.org.nz/app/uploads/2019/07/Veale-PANZ_Counting-Ourselves-presentation-uploaded2.pdf (accessed 16 September 2021).

²² Counting Ourselves. 2021. *Community Report*. <https://countingourselves.nz/index.php/community-report/> (accessed 14 September 2021).]

²³ Towers S, Prizgintas D, Crossen K. Community-based model for adolescent transgender health care. *J Paediatr Child Health*. 2021 May 19. doi: 10.1111/jpc.15570. Epub ahead of print. PMID: 34008217

Section 3F: Distributional Analysis						
Question 1: Does the initiative have the following types of distributional impacts for Māori?	A	Direct	Y	Indirect		No Impact
	B	Targeted and tailored for Māori		Disproportionate positive impact	Y	Other (explain)
	This initiative has a disproportionate positive direct impact for takatāpui by improving workforce competencies on delivering better care for transgender people and the ability to access primary health care gender-affirming services. While we have no way of quantifying the distribution due to insufficient data on how many takatāpui are in Aotearoa New Zealand, establishing holistic community-based services will improve takatāpui interactions with primary care.					
Question 2: Does the initiative have the following types of distributional impacts for Pacific Peoples?	A	Direct	Y	Indirect		No Impact
	B	Targeted and tailored for Pacific Peoples		Disproportionate positive impact	Y	Other (explain)
	This initiative has a disproportionate positive direct impact for Pacific transgender people by improving workforce competencies on delivering better care for transgender people and the ability to access primary health care gender-affirming services. While we have no way of quantifying the distribution due to insufficient data on how many Pacific transgender there are in Aotearoa New Zealand, establishing holistic community-based services will improve their interactions with primary care.					
Question 3: Does the initiative have the following types of distributional impacts for children?	A	Direct	Y	Indirect		No Impact
	B	Targeted and tailored for children		Disproportionate positive impact	Y	Other (explain)
	The Youth 19 survey reported that 1% of the participants identified as transgender, non-binary ²⁴ . Of that cohort, over half (55%) of transgender and diverse gender students reported they had been unable to access health care when they needed it in the past year. This initiative can contribute to improve the health and disability health professionals improve their transgender competencies to recognise the specific health needs transgender require in a primary care setting.					
Question 4: Does the initiative have direct impacts on any other population groups?	Y	This initiative will have direct impacts on transgender people and more broadly the Rainbow community.				
Question 5: What region is this initiative expected to impact?	Y	All of New Zealand		Gisborne		Northland
		Areas outside regions		Hawke's Bay		Offshore
		Auckland		Manawatu-Whanganui		Otago
		Bay of Plenty		Marlborough		Southland
		Canterbury		Nelson		Taranaki
						Tasman
						Waikato
						Wellington
						West Coast

²⁴ Rainbow youth still facing stigma and stress, but positive signs: new findings. 2021. University of Auckland. <https://www.auckland.ac.nz/en/news/2021/04/16/rainbow-youth-still-giving-back-despite-stigma-and-stress.html> (accessed 14 January 2022).

Section 4: Alignment

*Section 4 must be completed for all initiatives, unless exempted by the Minister of Finance in the invitation letter. Further information on the questions in this section can be found at **Annex Two** of the Budget 2022 guidance.*

Section 4A: Strategic Alignment

How does this initiative link with your strategic intentions/statement of intent?	This initiative supports the priority areas to the Ministry of Health of improving access to, and the efficiency of health and disability services.
Does this initiative link with other sectoral or whole-of-government strategies (e.g. the Pacific Wellbeing Outcomes Frameworks)?	This initiative contributes to the Child and Youth Wellbeing Strategy - 'Children and Young people are happy and healthy' outcome by supporting access to gender-affirming care for transgender people. The initiative also contributes to the Mental Health and Wellbeing Commission's He Ara Oranga wellbeing outcomes framework 'Being connected and valued'. Improving primary health care services for transgender people, particularly takatāpui can facilitate early intervention and reduce mental health risks.
Does this initiative impact other agencies directly or indirectly? If so, how?	This initiative does not impact with other Government agencies directly or indirectly. We will be reliant on the relevant Responsible Authorities and health professional bodies to lead the development of clinical guidelines, and workforce development training and resources. We have engaged with the relevant health bodies about this work, and they are committed to being involved.

Section 4B: Alignment to Government's goals

The Government's goals for this term are:

- 1) Continuing to keep New Zealand safe from COVID-19
- 2) Accelerating the recovery and rebuild from the impacts of COVID-19
- 3) Laying the foundations for the future, including addressing key issues such as our climate change response, housing affordability and child poverty

Alignment to Government goals	This initiative aligns to the Government's goals to of Laying the Foundations for the Future. Primary care is the first and most significant interaction many transgender people have with the health and disability system. If this experience is negative or harmful, it can result in life long mental and physical health issues, and a need for continued health and disability care. (eg more intensive gender-affirming care such as surgery).
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Section 4C: Contribution to the Government's Wellbeing Objectives

The Government's five wellbeing Objectives are:

- **Just Transition:** supporting the transition to a climate-resilient, sustainable, and low-emissions economy.
- **Future of Work:** enabling all New Zealanders and New Zealand businesses to benefit from new technologies and lift productivity and wages through innovation
- **Physical and Mental Wellbeing:** supporting improved health outcomes for all New Zealanders, including protecting New Zealanders from the impacts of COVID-19.
- **Māori and Pacific:** lifting Māori and Pacific incomes, skills, and opportunities, including through access to affordable, safe, and stable housing
- **Child Wellbeing:** reducing child poverty and improving child wellbeing, including through access to affordable, safe, and stable housing.

**Please note: these objectives have been agreed by Cabinet subject to wider consultation. The final versions of the objectives will be published in the Budget Policy Statement in December 2021.*

Contribution to Wellbeing Objective(s)	This initiative aligns to the Government's Physical and Mental Wellbeing objective by improving the quality of health care for transgender people and therefore improving the physical and mental wellbeing outcomes for transgender people.
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Section 5: Delivery

*Section 5 must be completed for all initiatives. Further information on the questions in this section can be found at **Annex Two** of the Budget 2022 guidance.*

Section 5A: Fit with existing activity	
<i>The answer must not exceed 1-2 paragraphs.</i>	
How does the initiative link with existing initiatives with similar objectives?	<p>There is a complementary Budget 2022 initiative titled <i>Introducing a rights-based approach to health care for intersex children and young people</i>.</p> <p>This initiative supports two existing Rainbow health related initiatives, including:</p> <ul style="list-style-type: none"> Rainbow mental health support package (\$5.55m over four years and outyears) Budget 2021/22 – mainly comprising of an ongoing targeted fund to support initiatives that provide mental health support to Rainbow youth nationwide. The initiative will contribute to this existing initiative by improving mental health support for transgender youth through expanding primary health care services and improving workforce development. Primary and community-based providers providing gender-affirming services (\$0.45m) Budget 2021/22 – several primary and community-based providers deliver gender-affirming services within existing general practitioner or community health clinics. The services are a partnership between the transgender community and health providers to provide transgender people access to general health services, as well as more specific gender-affirming care. These services are variously funded by subsidies from non-health funders (eg, universities), philanthropy, and district health board’s discretionary funds. This initiative will contribute to this existing initiative by supporting existing providers to provide gender-affirming services within a primary care setting.
Is the initiative an expansion or a cost pressure for an existing initiative?	<p>Y</p> <p><i>If yes, provide a concise overview of how this initiative will expand on or maintain existing services.</i></p> <p><i>If no, move on to section 5B.</i></p>

Provide an overview of existing funding levels for this initiative, and/or initiatives with similar objectives, in the two tables below.

	Operating Funding profile (\$m)						Total				
	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears						
Existing funding for similar initiatives	1.240	1.240	1.240	1.240	1.040	6.000					
Total funding sought for this initiative	-	0.589	0.584	0.482	0.530	2.184					
% change between existing funding and funding sought	-	47%	47%	39%	51%	36%					
Comments (optional)	<i>Provide explanatory comments to help interpretation of the above baseline figures.</i>										
	Capital Funding profile (\$m)										Total
	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	
Existing funding for this/similar initiatives											N/A
Total funding sought for this initiative											N/A
% change between existing funding and funding sought											N/A
Comments (optional)	<i>Provide explanatory comments to help interpretation of the above baseline figures.</i>										

Section 5B: Funding sought by input

Provide a breakdown of what the requested funding will purchase. Briefly explain the formula used, or key assumptions made, to calculate the cost of each output. Add additional rows to the table as needed to capture each output separately. Please include which Vote(s) will be impacted by each component.

Formula and Assumptions underlying costings

Establish and expand primary health care services for transgender people (\$0.630m)
 This initiative will fund up to 8 primary and community health providers (eg. general practice clinics, youth 'one stop shops' (YOSS), and integrated specialist care and community care services) to deliver access to general health services and gender-affirming services to approximately 200 transgender patients over four years.
 Funding would be in addition to baseline primary care funding (eg, additional funding for clinical time, including consultations with counsellor, nurse, and general practitioner) to account for the additional time and complexity of providing gender-affirming care.
 There is scope for service providers to choose how they will use the funds to deliver gender-affirming services. Providers may also choose to offer, for example:

- extended consultation time with the general practitioner at no extra cost. The standard co-payment will apply but the patient can receive a 2-3x longer session (eg, 30-45min compared to standard 15min consultation) to access gender-affirming services, or
- standard consultations at no cost to the patient.

In year one, 2 providers will be funded to provide gender-affirming care, with 2 new providers funded each year thereafter. This means that by year four, 8 providers will be funded to provide gender-affirming primary care.
 In year two, \$100,000 will be set aside for evaluation purposes.

To fund one provider to deliver gender affirming care to ten transgender patients it will cost \$30,210 in year one, and then \$24,060 each year thereafter. This is because:

- the total cost to provide care to one patient is $\$2,406 \times 10 = \$24,060$ s9(2)(ba)(i)
- the total one-off set up costs for each provider is \$6,150

Updating national gender-affirming guidelines and establishing lead health pathways for gender affirming care (\$0.250m)
 This initiative will:

- facilitate the development of updated national guidelines for gender-affirming primary health care by health professionals and the transgender community; and
- s9(2)(j) to develop lead referral pathways that improves the ability of transgender people to access health services, including psychological support, physiotherapy, and specialist gender-affirming care. (s9(2)(i) is an online manual used by clinicians to support assessment, management, and specialist request decisions for over 550 health conditions).

\$200,000 indicative one-off cost - clinical time to develop, update, and release the gender-affirming guidelines
 \$50,000 indicative one-off in year two to develop lead health pathways for gender affirming care - appropriate clinical FTE and information technology infrastructure (eg, website maintenance and development)

Workforce development (\$0.600m)
 This initiative will support relevant Medical Colleges to develop training and workforce development resources to improve workforce responsiveness to transgender patients for general and gender-affirming care needs.
 We estimate \$600,000 of funding over four years for the providers to develop training resources.

\$150,000 per annum x 4 years = \$600,000
 Costings based on previous procurement processes to improve workforce competencies to be responsive to the needs of rainbow communities – includes Colleges offering a range of interactive, practical training services, such as primarily face-to-face workforce development training (eg, workshops and seminars), with the option for online delivery, as well as post-training follow-up.

Departmental expenditure (\$0.700m)
 This initiative will resource Health New Zealand to administer, manage and coordinate contracts that facilitate these actions. The Ministry currently has no dedicated resource for transgender health, thus additional sufficient departmental expenditure is required.

Based on previous departmental expenditure for the Ministry of Health, we estimate:
 \$150,000 per FTE per annum +overhead costings of \$25,000 per annum = \$175,000 over 4 years = \$700,000

Input – Operating [Enter one number value per field only into CFISnet]	Funding profile (\$m)					Total					
	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears						
Input Information											
Departmental expenditure (1FTE)		0.175	0.175	0.175	0.175	0.7					
Non-departmental expenditure (total):		0.411	0.509	0.307	0.355	1.582					
Establish and expand primary health care services for transgender people	-	0.064	0.208	0.156	0.204	0.634					
Updating national guidelines and establishing lead referral pathways for gender-affirming care	-	0.2	0.05	-	-	0.25					
Workforce development	-	0.15	0.15	0.15	0.15	0.6					
Total	-	0.589	0.583	0.481	0.529	2.184					
FTE-specific Input Information (if applicable)											
Additional FTE overhead funding	-	0.150	0.150	0.150	0.150	0.600					
Departmental expenditure (1 FTE)		0.025	0.025	0.025	0.025	0.100					
Total	-	0.175	0.175	0.175	0.175	0.700					
# of FTE's (employees and/or contractors)						1					
What's the % increase in FTE compared to baseline FTE numbers						100					
Funding profile (\$m)											
Input – Capital	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31	Total
Total	-	-	-	-	-	-	-	-	-	-	N/A
Appropriations	<i>This funding would not establish any new appropriations or alter the scope of an existing appropriation with effect from 1 July 2022.</i>										

Section 5C: Options analysis

The answer must not exceed 1-2 paragraphs.

Options analysis	<p>We have investigated expanding Care Plus, a primary health care funding stream that provides additional funding to target primary health organisation-enrolled patients with chronic health conditions or terminal illness, as a possible mechanism for increasing primary care funding for transgender patients. Hon. Verrall agreed to advice that we would not progress the expansion of Care Plus eligibility to provide gender-affirming care because it is not a chronic condition, and there are few specific needs that transgender people have compared to the general population that would justify an additional eligibility criterion in Care Plus.</p> <p>Broader changes to primary and community funding and service delivery are likely to be considered as part of the health system reforms. This will continue to be an important part of the reforms, but in any case, funding will still be needed to address access to health care for transgender people. We will continue to identify opportunities to a shift to more equitable funding model for the transgender population in line with wider health system transformation.</p> <p>We have considered whether it would be possible to progress this initiative within baseline. Some work has been progressed in the 2020/21 year (eg, the development of a Gender and Sex Data Protocol 2021) however because the</p>
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	Ministry of Health has no dedicated Rainbow health funding, it is not viable to achieve the Rainbow Manifesto commitment without additional funding.
Counter-factual question	<p>Potential negative consequences for not investing in this initiative includes:</p> <ul style="list-style-type: none"> • it would not be possible to complete the Government’s commitment to providing ‘better access, support, and treatment for our Rainbow communities through the health system and ensuring the health system is responsive to the needs of transgender, intersex, and gender diverse people’; only progress towards this initiative will be possible • transgender people will continue to experience poorer access to primary health care services specifically for gender-affirming care eg, hormone therapy, mental health support, peer support, speech language therapy services, gender-affirming genital therapy • transgender people will continue to have poorer mental and physical health outcomes compared to the general population • without funding for workforce development, it would take longer for Colleges to develop training and guidance for gender-affirming for their health profession, or it may not occur at all • it would take longer for the national gender-affirming guidelines to be developed, released, and updated to improve workforce competency for transgender health or it may not occur at all.

Section 5D: Scaled option

The answer must not exceed 1-2 paragraphs.

Option overview | There is no further scaled option available, as the current proposal is already the minimum viable.

Provide a breakdown of what the minimum viable option would purchase. If the formula used or key assumptions made differ from those used for the primary option, briefly explain these. Add additional rows to the table as needed to capture each output separately.

Formula and Assumptions												
	Operating Funding profile (\$m)											
Input - Operating	2021/22	2022/23	2023/24	2024/25	2025/26 & outyears							Total
	-	-	-	-	-							-
	Capital Funding profile (\$m)											
Input - Capital	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29	29/30	30/31		Total
Total												
Appropriations												

Section 5E: Monitoring and Evaluation

The answer must not exceed 1-2 paragraphs.

The initiative will include \$100,000 that will be set aside to evaluate the delivery and to inform the next steps to expand. The evaluation will require population health outcomes and economic analysis, and appropriate sector and community consultation. The evaluation will be presented in 2023/24 to inform how the established and expanded services will expand across Aotearoa.

Section 5F: Implementation readiness	
Workforce: Are additional FTEs or contractors required?	<p>Y</p> <p>Establish and expand primary health care services for transgender people</p> <ul style="list-style-type: none"> health practitioners in primary and community care clinics (eg, general practitioners, nurse practitioners, counsellor, physiotherapists) and specialists working in secondary care (psychiatrists, gynaecologists etc.) <p>Updating national guidance for gender-affirming care and developing lead referral pathways for gender-affirming services and supports</p> <ul style="list-style-type: none"> s9(2)(f)(iv) develop lead referral pathways clinical lead to review and update guidelines graphic designer to redesign the guidelines <p>Workforce development</p> <ul style="list-style-type: none"> clinical trainers with rainbow health expertise transgender community representatives <p>There are a limited number of health professionals with expertise in transgender health available to provide training and clinical support. We have identified several individuals who are members of the Professional Association of Transgender Health Aotearoa and the Royal New Zealand College of General Practitioners who can provide this expertise. We will continue to work with these key partners to ensure they are supported in their work.</p> <p>General practitioners in primary care are already constrained in their role because of COVID-19, workforce capacity, and increased demand for services from the community. There is also an increased demand for mental health services for transgender people. We know there are already clinicians who are improving gender-affirming care but are not financially compensated. However, these clinicians are willing to provide these services. This initiative will fund these clinicians as well as those who want to improve primary health care services for transgender people to uptake training and establish a strong workforce that can cater to their needs.</p>
Workforce: Resourcing considerations	The Public Service Commissioner's Public Service Pay Guidance is not relevant to the initiative.
Timeframes	This initiative will be implementation ready in 2022 and is expected to be delivered over four years, with funding required in outyears. The sequencing of this initiative is important. For example, if the development of guidelines is delayed, this will impact improving cultural competencies for the workforce (eg, workforce development) to deliver quality general and gender-affirming specific care for transgender people (eg, expanding primary health services for transgender people).
Delivery Risks	There is a possibility that there isn't enough workforce capability to expand primary health care services for transgender people in the first year. In the Counting Ourselves survey, almost half of the participants (48%) reported feeling uncomfortable or very uncomfortable discussing being transgender with their general practitioner. Updating the national guidance and developing lead referral pathways for gender-affirming services and supports will be imperative to improving workforce capability and giving primary care practitioners the foundational skills to provide the best care for transgender people. The Ministry of Health will continue to engage with relevant stakeholders to build strong relationships and seek buy-in for this initiative.
Market capacity	The workforce (particularly the primary care workforce) is extremely stretched, which has been exacerbated by COVID-19. As a result, it could be difficult to secure involvement in this mahi. We have identified several organisations who can provide these services and will plan to initiate several procurement processes to invite proposals for Expressions of Interest.
Previous delivery experience	There are no similar activities that align with improving access to primary health care services for transgender people. A 2009 Ministry of Health evaluation of Youth One Stop Shops ²⁵ identified several gaps and overlaps in service provision for primary healthcare services. Lessons learned from the evaluation found that the health and disability sector should configure services to address youth-specific health care and to promote integrated models of care, particularly to those who have higher need.

²⁵ Evaluation of Youth One Stop Shops. 2009. Ministry of Health. Retrieved from <https://www.health.govt.nz/publication/evaluation-youth-one-stop-shops> (accessed 13 January 2022)

Contribution to the Government’s Wellbeing Objectives

This table provides a space to outline the impact of your initiative on women / wāhine Māori specifically related to the Government’s five Wellbeing Objectives. In this table, you will also need to consider the impact of the initiative and whether this impact is proportionally beneficial to women / wāhine.

Department to complete relevant sections. If not applicable, please fill in N/A. The Government’s five wellbeing Objectives for Budget 2022 are:	
<ul style="list-style-type: none"> Just Transition - Supporting the transition to a climate-resilient, sustainable and low-emissions economy while building back from COVID-19 Future of Work - Enabling all New Zealanders and New Zealand businesses to benefit from new technologies and lift productivity and wages through innovation, and support into employment those most affected by COVID-19, including women and young people Māori and Pacific - Lifting Māori and Pacific incomes, skills and opportunities, and combatting the impacts of COVID-19 Child Wellbeing - Reducing child poverty and improving child wellbeing Physical and Mental Wellbeing - Supporting improved health outcomes for all New Zealanders and keeping COVID-19 out of our communities. 	
Alignment/ contribution to supporting women and girls to meet the Government’s wellbeing objective(s)	<p>This initiative is committed to improving mental and physical health outcomes for transgender people, including takatāpui. This is aligned with the Government’s wellbeing objectives for Budget 2022 on physical and mental wellbeing.</p> <p>Physical and mental wellbeing –Research shows that transgender people have poorer mental and physical health outcomes than the general population²⁶ and improving access to primary health care services will contribute to overall improved wellbeing. Over the past ten years, there has been an increase of people identifying as transgender and the health and disability system needs to address their specific health needs (eg, gender-affirming hormone therapy, mental health supports, and good linkages to local psychiatry and gynaecology services).</p>

²⁶ Kyle K. H. Tan, Gareth J. Treharne, Sonja J. Ellis, Johanna M. Schmidt & Jaimie F. Veale (2021) Enacted stigma experiences and protective factors are strongly associated with mental health outcomes of transgender people in Aotearoa/New Zealand, International Journal of Transgender Health, 22:3, 269-280, DOI: [10.1080/15532739.2020.1819504](https://doi.org/10.1080/15532739.2020.1819504)