



Delivering on diversity: The challenges of commissioning for Whānau Ora

Volume 3 | Issue 1

Article 4, July 2018

Amohia Boulton

Whakauae Research for Māori Health and Development

Heather Gifford

Whakauae Research for Māori Health and Development

Tanya Allport

Wai Research

Haze White

Wai Research

Abstract

As the populations of Western, so-called “first-world” countries grow; so too do the pressures for the funding, purchasing, and provision of high-quality health care for their citizens. The drive to purchase and monitor outcomes, as opposed to simply accounting for outputs, has grown in strength in New Zealand and elsewhere, as a means of ensuring greater accountability for spending and ensuring every dollar invested in health care has some positive, downstream impact.

This paper, based on a small qualitative research study, explores a specific model of purchasing for outcomes, namely the Te Pou Matakana (TPM) model of Whānau Ora commissioning. We

explore how commissioning as a particular model for purchasing services has fared in terms of delivering for Whānau Ora. The paper provides a brief history of Māori health provider development, as a means of establishing the roots of the TPM commissioning approach. We then explore in greater detail the commissioning approach unique to this case study site before presenting the study itself, our data collection methods, results, and analysis of those results. The paper concludes that in the New Zealand context, commissioning as a purchasing model has benefited from alignment with Whānau Ora principles, to the extent that an Indigenous model of commissioning is apparent in the TPM commissioning approach.

Keywords: Whānau Ora, commissioning, purchasing, outcomes.

He mihi - Acknowledgements: The authors would like to acknowledge those participants who gave their time to the study and whose insights are reflected in this paper.

Declaration of Funding: Whakauae Research for Māori Health and Development (Whakauae) and Wai Research each covered the costs associated with undertaking the study and writing up the results for publication themselves. Whakauae were able to fund their component of the work through an Independent Research

Organisation grant awarded to the organisation by the Health Research Council of New Zealand.

Introduction

In 2014 the New Zealand government introduced the concept of “commissioning for outcomes” and instituted commissioning as the key means of delivering its relatively new Whānau Ora policy. This paper discusses the results of the implementation of one specific commissioning model.

Māori health service provision and commissioning for outcomes

Health care commissioning has been described as “the sophisticated process of planning and purchasing health services to meet the health needs of a local population” (Hunter New England Central Coast Primary Health Network, 2016, p.4). Rather than being a new innovation, Rees (2014) argues that commissioning is entirely consistent with wider international and historical public policy trends towards the diversification of providers within the public services; and ongoing dissatisfaction with existing contracting models particularly as they relate to the contracting relationships between the state and third sector organisations. In the New Zealand context, it is argued that we have experienced twenty-five years of commissioning, starting in the 1990s with the introduction of the purchaser-provider split, through to the District Health Board model introduced in 2001 and still in existence today (Cumming, 2016). It was during this period of market-based reform that we first saw the introduction of Māori health providers.

Crengle (1999) attributes the restructuring of the health system in the early 1990s as paving the way for the establishment of Māori health providers and, as a consequence of successive restructuring, the burgeoning of the Māori provider sector. By 2004 there were 240 Māori health providers throughout the country (Ministry of Health, 2004). Boulton, Tamehana, and Brannelly (2013) observe that in part, the rapid rise of “Kaupapa Māori” services was due to a desire on the part of Māori for greater control in the way health

services were delivering care. Arguably, it was both the desire for greater decision-making and control in how health services delivered care, in combination with a purchasing and funding framework that supported the development of contracted third sector health service provision, that led to the emergence of kaupapa Māori services (Boulton et al., 2013).

Kaupapa Māori services (i.e., Māori service providers) are those that provide a treatment environment based on Māori cultural values, processes, and beliefs; and tend to accommodate views and philosophies of holistic health and wellbeing that are not necessarily predicated on Western concepts of health, disease or illness (Durie, Allan, Ratima, & Waldon, 1995). Māori health providers may differ in size from those that hold only a few small, specific contracts; whereas others are much larger, offering a wide range of services, including medical, nursing, allied health professional services, and community care (Abel, Gibson, Ehau, & Leach, 2005). The commonality, irrespective of size, has been the active stakeholder involvement in governance by tribal or community-based groups and the use of *tikanga Māori* or Māori-defined frameworks for understanding health and delivering health care (Crengle, 1999). A key outcome of almost two decades of Māori health service development has been the introduction of Whānau Ora and the concomitant need for purchasing models to accommodate the broad implementation of Whānau Ora services across New Zealand.

What is Whānau Ora?

For the purposes of this paper Whānau Ora, or the Whānau Ora approach¹ refers to the central government policy that initially emerged out of the work of the Whānau Ora Taskforce in 2009. At that time, consistent failures on the part of central government to meet the needs of Māori *whānau* (families) prompted the establishment of a Taskforce charged with investigating “new ways of interacting with Māori providers of community-based services” (Office of the Auditor-General, 2015, p.6). Whānau Ora, the

¹ For the purpose of this paper whenever we talk of the Whānau Ora policy approach we will use capitals i.e. Whānau Ora. However, when we are referring simply to the concept *whānau ora* that is understood by most Māori to simply mean family wellbeing, we will use lower case letters i.e. whānau ora.

policy approach, was set up following the recommendations of that Taskforce (Taskforce on Whānau Centred Initiatives, 2010).

Administratively, and at the outset, Whānau Ora as a policy approach, comprised a set of three different initiatives, namely: whānau integration, innovation, and engagement, the so-called WIIE fund; provider capability building; and integrated contracting and government agency support for the three initiatives (Office of the Auditor-General, 2015). These initiatives can be understood as comprising *Phase One* of Whānau Ora, which occurred between 2010 - 2014, and focused primarily on building the capability of providers to deliver whānau-centred services (Te Puni Kōkiri 2017).

Phase Two which continues to the present day is characterised by two key changes. The first is that implementation of the approach has shifted from the auspices of central Government to an “arms-length” arrangement with three non-government commissioning agencies. The creation of commissioning agencies was, according to official documents, prompted by a desire to both reduce unnecessary compliance and bureaucracy, whilst at the same time improve funding and accountability mechanisms to ensure the success of Whānau Ora (Whānau Ora Partnership Group, 2014). Commissioning Agencies are contracted by the central government to invest directly into their communities. According to Te Puni Kōkiri (Ministry of Māori Development), the commissioning approach ensures that funding decisions are made closer to the communities they affect and that flexible and innovative approaches to meet the needs and aspirations of whānau are possible (Te Puni Kōkiri, 2017).

Secondly, *Phase Two* is characterised by the development and socialisation across central government departments of an outcomes framework (Te Puni Kōkiri, 2016) against which a department’s ability to meet Māori aspirations for their wellbeing may be assessed. Thus, the overall outcome of whānau ora, that is where families have reached an optimum state of wellbeing. Wellbeing is understood to have been achieved when whānau are: self-managing; living healthy lifestyles; participating fully in society; confidently participating in *Te Ao Māori* (Māori

world); economically secure and successfully involved in wealth creation; are cohesive, resilient and nurturing; and responsible stewards of their natural and living environments.

Strategic oversight of the Whānau Ora approach is provided by the Whānau Ora Partnership Group (WOPAG), comprising six Ministers of the Crown and the chairpersons of six *imi* (tribes). The WOPAG has two key functions. First, they are charged with setting the overall direction for Whānau Ora by establishing an agreed set of Whānau Ora outcomes and by agreeing on an annual basis, on a key set of Whānau Ora priorities. Second, the WOPAG oversees the progress and success of Whānau Ora by monitoring progress towards the achievement of those outcomes and identifying any emerging opportunities and trends that may impact or contribute to the success of Whānau Ora. Thus, it is to the WOPAG that the three commissioning agencies report on a quarterly and annual basis, and the WOPAG who ostensibly determine whether the commissioning agencies have indeed met the conditions of their Outcome Agreements and Annual Investment Plans. Advice on the progress commissioning agencies have made in progressing their contracted objectives is provided to the WOPAG by officials from Te Puni Kōkiri.

Research Design

The research project was a qualitative study undertaken by WAI Research and Whakauae, with both agencies working in partnership using Kaupapa Māori principles. This project was a consequence of the research teams’ shared interest in the impact of the Whānau Ora Commissioning approach. The purpose of the research was to gain a greater understanding of the impact of commissioning on Whānau Ora, the components of the model, and the potential commissioning holds in terms of improving whānau outcomes.

The methodological principles underpinning the research drove all aspect of the design, from the establishment of the study through to data collection methods, data analysis, and the research translation components. As an iwi-based centre, Whakauae uses Māori research principles grounded in Hāuitanga and Kaupapa Māori

theory (Mahuika, 2008; Pihama, Cram, & Walker, 2002; Walker, Eketone, & Gibbs, 2006). WAI research has its own set of principles that guide the conduct of research. Both Whakauae² and WAI Research³ have identified these principles on their respective websites.

The study, due to time and resource constraints, examines only one of the three commissioning models, Te Pou Matakana (TPM). This particular paper addresses the following research questions; what are the key components of the TPM commissioning model and what is required in order for commissioning to deliver on its full potential for Māori?

Methods

The study took place between August 2016 and December 2017 and involved a search of documentary evidence, including internal TPM documents, media and other grey literature, to understand the development of, and rationale for, the commissioning model. The search terms used in this search included or were a combination of commissioning, international, indigenous, Whānau Ora, Te Pou Matakana, Aotearoa, New Zealand, options for delivery and outcomes. The searches were made in the following databases: Ovid; Google Scholar; Index NZ. Additionally, a grey literature search was made using Google and the New Zealand Parliamentary Library website.

In 2016 an annotated bibliography was compiled as part of wider literature review for the project. Literature was analysed thematically against the overarching research questions, and incorporated into an internal report which was used to inform the development of interview schedules.

Cabinet papers and background documents from both Te Puni Kōkiri and the Office of the Minister of Māori Affairs were also requested to assist in contextualising the study. Our requests for this information under the Official Information Act were denied based on Ministerial administrative capacity.

Open-ended interviews were carried out with nine key informants, selected because of their

knowledge of Whānau Ora and their roles in the establishment of and participation in the commissioning approach. Key informants included current Board members of TPM (TPM Governance), those involved in the conceptualisation of Whānau Ora as a policy initiative (Whānau Ora Leaders), and current TPM-contracted providers of Whānau Ora services (Providers). The purpose of these interviews was to clarify factors important in the development of the TPM commissioning model; to identify how the model was working to lever change for Māori whānau; and to identify what, if anything else, needs to happen if the commissioning model is to realise the ultimate aims of Whānau Ora to effect positive and sustainable change for Māori whānau. An ethical protocol for the key informant phase of the study was reviewed by the New Zealand Ethics Committee and ethics approval granted in May 2017 (NZEC Application 2017_13).

Analysis

The research team used a thematic approach to identify the key issues and themes from the research data including qualitative interviews, literature, and media reports (Braun & Clarke, 2006). Analysis was conducted in three stages: (a) initially, each researcher undertook an intensive review of both background literature reports and each interview transcript and reviewed themes emerging from the data; (b) these initial themes were then discussed during a *kanohi ki te kanohi hui* (face to face gathering) with other members of the research team; (c) after extensive *kōrero* (discussion) between team members, agreement was reached on the key themes reported in this paper, reflecting a consensus reached by the authors. The results were also presented back to the TPM Board in December 2017 for wider discussion and debate.

Limitations

There are a number of limitations to this study. First, we acknowledge this is a small, qualitative study. Key informants total nine, and the focus of the research is on only one of the three commissioning agencies currently in existence.

² <https://www.whakauae.co.nz/>

³ <https://www.waipareira.com/>

Our analysis of the decisions regarding why commissioning was chosen as the model for implementing Whānau Ora is hampered by a lack of official documentary and key informant evidence. Official records of decisions that were taken at policy, Ministerial, Cabinet Committee, and Cabinet level; were not provided to the researchers, and government officials declined invitations to be interviewed. Consequently, we remind readers that the material presented here is derived from publicly available data and from key informants who are currently outside of government. Furthermore, Wai Research, who partnered on this project, is the research arm of Te Whānau o Waipareira Trust; and therefore have a direct line management reporting relationship to the CEO of TPM, in his role as the CEO of Te Whānau o Waipareira. However, while Te Pou Matakana supported the research project, they had no influence over the project scope, analysis or write up of the results.

The Case – Te Pou Matakana Whānau Ora Commissioning Agency

Te Pou Matakana, a commissioning agency located in the North Island of New Zealand, was selected in 2014 by Te Puni Kōkiri as one of three agencies contracted to deliver commissioning agency functions for Whānau Ora. Te Pou Matakana aims to deliver Whānau Ora outcomes by purchasing services from a range of providers. Specifically, it funds three main contracts or initiatives: Kaiārahi or Navigators, Whānau Direct, and Collective Impact. Kaiārahi are akin to intensive caseworkers, supporting whānau to develop plans, set goals, and monitor achievement of outcomes. Whānau Direct is a one-off grant of up to \$1,000 which is made available to whānau to assist them to achieve positive outcomes. Such outcomes include, but are not limited to, becoming self-managing, living healthy lifestyles, and being financially secure. The Collective Impact initiative contracts 13 community collectives to determine a common

goal specific to the needs of their region and to work across, and with, multiple sectors or organisations to achieve that goal.

Te Pou Matakana Commissioning Principles

The model of commissioning employed by TPM was informed by a range of international and national models and practices⁴. The key principles identified from these models provided a high level, conceptual outline of what would eventually become the TPM model of commissioning. However, to ensure the model's relevance to Māori and Whānau Ora, the model also needed to incorporate elements of Te Ao Māori, concepts relevant to the Māori provider context, and inclusive of specific Whānau Ora values and principles.

The TPM model of commissioning for Whānau Ora can be understood as comprising eight key elements or principles, namely the model:

- is whānau-centred,
- incorporates the *Te Tiriti o Waitangi* (Treaty of Waitangi) and in particular upholds the rights of Māori to be self-determining,
- is *ecosystem-focused* allowing resources to be more effectively allocated to the frontline,
- values effective systems,
- is *expertise lead* which acknowledges the ability to draw on global Indigenous best practice,
- *builds the capacity* of both providers and whānau,
- is outcome-driven, and
- promotes *active and responsive governance* which ensures transparency, accountability and independence, while demonstrating an inclusive, community-focused decision-making process (Te Pou Matakana, 2017).

According to TPM, this “home-grown” commissioning for outcomes approach enables the organisation to work collaboratively both with Whānau Ora partners and whānau to

⁴ Such as the Child and Family Agency Commissioning Strategy, North Ireland (Shaw & Canavan, 2016); Clinical Commissioning Framework, South Australia Health (Government of South Australia, 2015); and Securing excellence in commissioning primary care, the National Health Service of the United Kingdom (National Health Service, 2012).

maximise outcomes for whānau (Te Pou Matakana, 2017).

Results

How is commissioning being implemented by Te Pou Matakana?

The research identified a number of features that were central to the TPM model of commissioning: commissioning from the “ground up”, flexibility of contracting based on a high degree of trust, an expectation of collaboration, and an outcomes focus. Each of these themes is explored below.

According to the literature, a key feature of commissioning is the notion of “disaggregating traditional bureaucracies and decentralising authority” (Glasby, 2012, p.8). Our study identified a shift in power from traditional “top-down” government funding mechanisms, to commissioning that has been designed to function from the “ground up”⁵:

“Our commissioning approach is that we will first talk to see what is it you would like to see in the future in terms of moving your whānau to a better place and how can we sit alongside you, co-design, co-develop, stay with you?” (TPM Governance)

“...they allow us to define up from the ground what the service should be and what it should look like with our whānau” (Provider)

The aim of commissioning as operating from the “ground up” is supported by an emphasis on building positive relationships between Māori service providers and the commission agency, in particular by creating a “high trust” environment:

“I think they can just work, knowing that we trust them” (TPM Governance)

“Their [TPM’s] approach is great; a hand[s]-off approach. So, letting us say what we are going to do, then holding us accountable for that, that is good too.” (Provider)

Both providers and TPM Governance addressed the importance of flexibility and responsiveness around contracting and provider delivery:

“As a commissioner, you’re not a regulator; you don’t beat people up, you understand there are issues and difficulties and you work through that” (TPM Governance)

Collaboration

The commissioning process has been implemented to facilitate collaboration and cooperation between Whānau Ora partners, both of which are regarded as important components of TPM’s commissioning model:

“Commissioning is a process where you work collaboratively with your communities to understand their strengths and to build on their strengths” (TPM Governance)

“I think the mentality is changing and will change, as this keeps going to a far more sharing and collaborative approach.” (Provider)

The design of the TPM Collective Impact Initiative, one of the TPM’s key commissioning products, is viewed as a mechanism to reinforce the emphasis on collaboration, especially in terms of working closely with whānau themselves:

“So, what that [Collective Impact] did is changed the whole way we worked.” (Provider)

“That [Collective Impact] is the greatest and best opportunity...to design and deliver with whānau.” (Provider)

Outcomes focus

According to the Director of Strategy, Innovation & Design at Waipareira Trust, the key to the TPM model of commissioning is the belief that:

“outcomes for families are much more likely to be sustained in the long term when outcomes have been identified directly by the family”

⁵ We are aware of the critical thinking around placing service providers at the “bottom” of a hierarchy structure (as opposed to whānau being the “grass or flax roots”), yet the metaphor of “bottom up” in regards to the provider/commissioner relationship was used in both primary and secondary data. We are also aware that many providers are staffed by whānau from their communities; enabling providers in certain circumstances to represent whānau voices.

In this sense, the family is well placed to have a strong sense of ownership of the outcomes and the resulting transformation. To make this a reality, TPM created a framework for commissioning outcomes that incorporated more innovation than the conventional funding model. The TPM approach focuses on long-term value creation, co-production, and continuous evaluation rather than buying tightly defined services based on poor levels of insight. Thus, the TPM commissioning model is implemented as “commissioning for outcomes”; a deliberate shift away from the traditional practice of measuring outputs to tracking whānau outcomes:

“The commissioning approach offers the potential for improved clarity on measurable outcomes, better use of evidence, clear institutional incentives, accountability mechanisms, financial and delivery flexibility, and evaluation and evidence-based feedback loops.” (TPM Governance)

The implementation of TPM’s outcomes framework was described by some providers as fitting well within their existing structure, while others were less convinced of its usability:

“I think the outcomes framework is great. It is easily understandable, easily measurable, but it also puts some accountability around our kaimahi as well, in terms of there is a framework here now for something [to] actually change.” (Provider)

“Look I will be honest; [the outcomes framework is] probably not that useful. But it is like every other government framework; they are all pretty much well the same usefulness. If you wanna call it that. It is focussed on Māori, that is the different sort of thing. It is in *Te Reo Māori* [Māori language]. So, we find it useful in terms of how we talk.” (Provider)

What issues and challenges are apparent with the commissioning model?

A number of challenges with the commissioning model were identified. Unfortunately, addressing these challenges will be difficult as many of the “solutions” lie outside the control of TPM itself and are, in fact, challenges which have arisen as a consequence of the wider commissioning framework under which all three commissioning agencies operate. Two main challenges we identified that characterised the wider

commissioning environment included a perception that Whānau Ora commissioning was under-funded and that the degree of oversight and monitoring on the part of the Crown was excessive. Challenges within the control of TPM included the need for greater transparency on the part of TPM to its providers and lessening the high administration costs borne by providers.

Underfunding

TPM governance talked about the significant funding shortfall, in particular, the discrepancy between the expectations of the commissioning agency (by Government, providers, and Whānau Ora leaders) and the funding to realise those very significant expectations. TPM is responsible for delivering Whānau Ora outcomes to over 80% of the total Māori population in New Zealand but is only funded at a fraction of the rate of other mainstream government bodies. Additionally, funding is only available from one government funding source (Whānau Ora), which itself only receives a very small amount of total available government funding:

“[TPM] is getting a million dollars a year out of the new budget for the whole of the Māori population of the North Island. Eighty-nine per cent of the Māori population per se.” (TPM Governance)

Inadequate funding hampers the ability of TPM to commission services in a manner that would produce the most benefit for whānau, including the ability to fund full-time employees [FTEs] at a rate comparable to market value:

“But the FTE prices are really low compared to the market. So, for like a non-clinical or an analytical role to pitch the 75K for an FTE is completely unrealistic in today’s market.” (Provider)

Over-compliance

A common theme throughout the interviews was the prohibitive level of accountability of TPM to government departments. Participants spoke of a feeling of discrimination stemming from the notion that TPM was over-regulated in comparison to other government entities. This over-regulation filtered down to the Whānau Ora providers, forcing them to spend inordinate amounts of time reporting to both TPM and Te Puni Kōkiri.

“I felt that for all the reporting that we had been doing for Te Pou Matakana. Then we had to jump over hoops to appease Te Puni Kōkiri.” (Provider)

“I think, ideally commissioning should be a transaction between the funder and the whānau, and that having to have an intermediary body like a government department that creates inordinate levels of compliance, has meant that some of our innovation and creativity is hampered by an intense focus on monitoring and reporting.” (Whānau Ora Leader)

Transparency

Some of the providers expressed that they would like to see more transparency from TPM. Transparency for one provider referred to being able to gauge their performance as a Whānau Ora provider in comparison to other providers:

“I mean TPM, they are the ones that are assessing all of these providers out there. Well, where are we in the scheme of things? Because I certainly don’t know. It would be good to have that sort of feedback.” (Provider)

Another provider spoke about wanting more insight into the revenue TPM receives and how it was being used:

“I think I would be happier to stay within the model we have if there was transparency over the full revenue they receive and where it is allocated and how, including to themselves. And what value that brings to us and that they, the Commissioning Agency, were really explicit about that.” (Provider)

Administration Costs

Another challenge discussed by many of the providers was the administrative costs associated with delivering TPM products. The challenge is that these administrative costs were not funded by TPM and providers would have to absorb these costs internally:

“Whānau Direct is a real problem. It is good for whānau and good that there is a fund available to support them with their plans and things but there is absolutely no overhead given, and yet it is a resource-intensive management environment, and we are given no money whatsoever to manage Whānau Direct” (Provider)

What is the place of commissioning in the future?

Providers, TPM governance, and Whānau Ora leadership alike all commented on a future whereby the potential of commissioning is expanded in order to fully operationalise the aims of the Whānau Ora approach; an approach where whānau stand at the centre and where outcomes are measured on whānau terms and within whānau time-frames:

“The whānau themselves would say [about commissioning] it’s not so much about value for money as it is value for Māori, value for long-term wellbeing, long-term self-determination, and that immediate quick fix solutions aren’t going to achieve the lifestyle changes that will see collective, generational transformation.” (Whānau Ora leader)

In responding to questions around the future or the ideal of commissioning for whānau outcomes in New Zealand, many respondents talked about options for getting commissioning to be even closer “to the ground”, closer to whānau. Reviewing the number of commissioning agencies was seen as one of the ways in which this could be achieved:

“If we were appropriately resourced, in an ideal world, I think there probably should be more commissioning agencies. But ideally being equally funded so that we can test each other’s strategies against each other.” (Whānau Ora leader)

Another informant reflected that fewer, as opposed to more commissioning agencies, would result in better resourcing for whānau, noting:

“I suppose the question is: do you need [more than one commissioning agency]. Why? You are just recreating two sets of infrastructure, just have one.” (Provider)

Many participants felt that in order to commission “as local as possible”, there would also need to be a more direct structure by which the whānau ora money devolved from government to whānau:

“I didn’t think that change [establishment of commissioning agencies] would be mediated through the lens of Te Puni Kōkiri or a government department...but that [instead] this would be about local needs solutions, direct resourcing. This would be about a

trusting relationship between the crown and tangata whenua.” (Whānau Ora leader)

The concept of regional collectives, with a number of partners working together to become “commissioners” in their own areas, was regarded as a means of “future proofing” Whānau Ora:

“A lot of our partners are in regional hubs. So we’re trying to devolve commissioning to another level. We’re even looking at devolving even further some of our commissioning activities which is a priority for us over the next year” (TPM governance)

Commissioning for the future therefore also meant the continued, and even closer, collaboration between Whānau Ora partners, as well as partnerships from within the non-Whānau Ora sectors in the form of co-commissioning, and whānau outcomes-based financial collaborations:

“So we have some co-investment programmes in place with the Ministry of Health, but it’s not proper co-investment yet it’s more service specific. The success factor for us would be when other government agencies start to co-invest with Te Pou Matakana for achieving some of these outcomes.” (TPM governance)

In order for the future of commissioning to realise its true potential within the Whānau Ora context, and to make a lasting change, it was seen as imperative to allow enough time for it to evolve and grow:

“It is only sustainable if it can grow year by year. It won’t last if it is not grown because it needs the growth, first of all, to have runs on the board of successful outcomes, and secondly, because over time, we will discover yet new vulnerabilities.” (Whānau Ora leader)

Discussion and conclusions

Commissioning in and of itself involves a range of activities including but not limited to assessing community needs, planning services, contracting with providers, monitoring quality and outcomes, and revising accordingly (Glasby, 2012; Rees, 2014). More importantly however, are the principles that underpin these activities, including among other things: achieving equity in

outcomes; interagency and cross-agency partnerships; involving consumers and providers in design of services; commissioning for outcomes; genuine collaboration; and a drive for efficiency, effectiveness, and innovation (Glasby, 2012; Rees, 2014).

Commissioning for Whānau Ora has been described by the government ministry responsible for oversight of the project as “a revolutionary public-sector initiative because it devolves the delivery of Whānau Ora services to community-based commissioning agencies” (Te Puni Kōkiri, 2017, para.3). This enthusiasm for the approach needs to be tempered by the reality of commissioning. Some authors claim that commissioning is a difficult topic to get to grips with and is still in development in regard to theory and practice (Rees, 2014). Furthermore, critics of the model cite tight specification for outputs and short timeframes and rigid accountability mechanisms as being issues, especially as commissioning relates to community organisations (Moore & Moore, 2015). Some describe the evidence base for commissioning as ambiguous (Glasby, 2012.; Newman, Bangpan, Kalra, Mays, Kwan, & Roberts, 2012).

While we have identified that challenges exist in the Whānau Ora commissioning space, our study has also revealed that commissioning, as a practice, appears to have benefited from an alignment with Indigenous principles; specifically, the principles underpinning the Whānau Ora policy. Boulton et al. (2013) describe these principles as whānau determining the services and support they need to achieve wellbeing. Te Puni Kōkiri (2017) further describe a focus on competent and innovative service delivery and achievement of outcomes through coherent and integrated services. As Whānau Ora (the outcome) is the product being commissioned, it is easy to see the alignment between commissioning and Whānau Ora principles. Both value service design by consumers, working closely with a range of providers to achieve a broad set of goals, and a focus on outcomes.

Our data shows that the Te Pou Matakana model, in particular, operates in a high trust environment; shows flexibility, potentially leading to innovation; is whānau-focused; and

includes a strong cross-sector approach. Provider, whānau, and community self-determination are critical core principles of the TPM model, and there is evidence of a strong shift from top-down, imposed service specification to bottom-up service design. Collaboration and co-operation between providers is evident in initiatives such as Collective Impact. Alignment between Whānau Ora principles and that of commissioning has not only enabled Te Pou Matakana to fulfil the expectations required of a commissioning approach but also, we would argue, provided the conditions under which an Indigenous model of commissioning has been able to emerge and flourish.

While some issues were identified between the Commissioner (i.e. TPM) and its providers, it is the existence of impediments and barriers at the Crown-Commissioner level that means commissioning in its current configuration, is prevented from being able to achieve its full potential. Two of these issues warrant further discussion; inadequate resourcing and over-compliance.

The Commissioners identified a lack of sufficient resources to enable them to meet the challenging and ambitious goals and aspirations of Whānau Ora. The impact of insufficient funding was also felt at a provider level with the inability to pay competitive salary rates and the need to fund some transactional aspects of services (for example administration of Whānau Direct) that may have been more appropriately managed at the commissioning level if adequate resources were provided.

Financial resourcing has been identified as one of the most important factors influencing the success of commissioning (Figueras, Robinson, & Jakubowski, 2005). It has been identified as impacting on the Whānau Ora commissioning model particularly in its relationship and ability to reach the number of whānau they need to engage with (Wehipeihana, Were, Akroyd, & Lanumata, 2017). If one of the key drivers of commissioning is cost containment (Glasby, 2012; Moore & Moore, 2015; Rees, 2014), this begs the question; is commissioning for Whānau Ora a genuine attempt to meet the goals and aspirations of the Whānau Ora policy or is it simply risk transfer?

In a similar manner to under-resourcing, the prohibitive level of accountability and onerous scrutiny was felt at both the commissioning and provider levels. While reporting on outcomes is a key feature of commissioning (Glasby, 2012; Newman et al., 2012) and has been highlighted positively both in the formative evaluation report on Whānau Ora commissioning agencies (Wehipeihana et al., 2017) and by TPM and providers in the results section of this paper. Duplication of reporting and the intense monitoring by the Crown give cause for concern. Much of the literature (Glasby, 2012; Moore & Moore, 2015; Rees, 2014) talks about the need for trusting and long-term relationships between commissioners and providers; however, little is mentioned of the role of government departments as the ultimate funders and decision makers in the commissioning approach.

If commissioning for Whānau Ora outcomes is to work in New Zealand there will need to be the same level of trust expected in the Crown-commissioner interface as is expected in the commissioner-provider interface. Achieving the outcomes expected from Whānau Ora commissioning is not about intense monitoring by the Crown of a responsibility they have devolved to the commissioning agents but rather, about investing appropriately to achieve outcomes and ensuring political, technical, and financial ability to implement strategic commissioning. Most of all it is about trust and having the long-term vision to support and realise what the Crown themselves are calling a “revolutionary public sector initiative” (Te Puni Kōkiri, 2017, para. 3).

In conclusion, we consider that Whānau Ora commissioning, as illustrated in the TPM model, has the potential to be an effective commissioning approach providing an exemplar of commissioning using Indigenous values and principles. However, adequate resourcing to meet the goals of Whānau Ora and a high level of political long-term commitment and trust will be required by the Crown if we are to realise Whānau Ora commissioning as a world-class example of commissioning. Challenges have been identified for TPM as a commissioning agency; for example, how to realise the desire for commissioning to be even closer to the ground and reviewing the type and number of Whānau

Ora commissioning bodies required to more closely align commissioning with its principles. In spite of the challenges that lie ahead the Te Pou Matakana model of Whānau Ora commissioning is offering some useful insights into how commissioning could operate into the future. Ideas such as commissioning in regional hubs, co-investment for whānau outcomes, and more direct contracting with whānau are options worthy of further exploration and consideration by policymakers.

References

- Abel, S., Gibson, D., Ehau, T., & Leach, D. T. (2005, July). Implementing the primary health care strategy: a Maori health provider perspective. *Social Policy Journal of New Zealand*.
- Boulton, A., Tamehana, J., & Brannelly, P. M. (2013). Whānau-centred health and social service delivery in New Zealand: The challenges to, and opportunities for, innovation. *MAI Journal: A New Zealand Journal of Indigenous Scholarship*, 2(1), 18–32.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Crengle, S. (1999). *Māori Primary Care Services: a paper prepared for the National Health Committee*. Auckland, New Zealand: Tōmaiōra Māori Research Centre, University of Auckland.
- Cumming, J. (2016). Commissioning in New Zealand: learning from the past and present. *Australian Journal of Primary Health*, 22(1), 34–39.
- Durie, M. H., Allan, G. R., Ratima, M.M., & Waldon, J.A. (1995). *Māori providers of mental health services*. Palmerston North, New Zealand: Massey University.
- Figueras, J., Robinson, R., & Jakubowski, E. (2005). Purchasing to improve health systems performance: drawing the lessons. In J. Figueras, R. Robinson, & E. Jakubowski (Eds.), *Purchasing to improve health systems performance* (pp.44–80). Maidenhead, England: Open University Press.
- Glasby, J. (2012). An Introduction. In J. Glasby (Ed.), *Commissioning for Health and Wellbeing* (pp. 1–16). Bristol, England: Policy Press.
- Government of South Australia. (2015). *SA Health clinical commissioning framework*. Retrieved from <http://www.sahealth.sa.gov.au>
- Hunter New England Central Coast Primary Health Network. (2016). *Commissioning of Funding of Indigenous Services: Principles*. Retrieved from <http://www.hneccphn.com.au/media/13920/indigenous-commissioning-principles-oct16.pdf>
- Mahuika, R. (2008). Kaupapa Māori theory is critical and anti-colonial. *MAI Review*. Retrieved from: <http://www.review.mai.ac.nz/MR/article/view/153/180.html>
- Ministry of Health. (2004). *Implementing the New Zealand Health Strategy 2004: The Minister of Health's fourth report on progress on the New Zealand Health Strategy, and her first report on actions to improve quality*. Wellington, New Zealand: Author.
- Moore, C., & Moore, C. (2015). Community organisations, contracts for service and the government: An unholy trinity? *Whanake: The Pacific Journal of Community Development*, 1(2), 24 – 33.
- National Health Service. (2012) *Securing Excellence in Commissioning for Primary Health Care*. Commissioning Board of National Health Service. Retrieved from <https://www.england.nhs.uk/wp-content/uploads/2012/06/ex-comm-pc.pdf>
- Newman, M., Bangpan, M., Kalra, N., Mays, N., Kwan, I., & Roberts, T. (2012). *Commissioning in health, education and social care: models, research bibliography and in-depth review of joint commissioning between health and social care agencies*. London, England: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
- Office of the Auditor-General. (2015). *Whānau Ora: The first four years*. Retrieved from: <https://www.oag.govt.nz/2015/whanau-ora>
- Pihama, L., Cram, F., & Walker, S. (2002). Creating methodological space: A literature review of Kaupapa Māori research. *Canadian Journal of Native Education*, 26(1), 30–43.

Rees, J. (2014). Public sector commissioning and the third sector: Old wine in new bottles? *Public Policy and Administration*, 29(1), 45-63.

<https://doi.org/10.1177/0952076713510345>

Shaw, A. & Canavan, J. (2016). *Commissioning in Ireland: Exploring the landscape for child and family services: A literature review*. Retrieved from <https://aran.library.nuigalway.ie/handle/10379/6959>

Taskforce on Whānau Centred Initiatives. (2010). *Whānau Ora: Report of the Taskforce on Whānau Centred Initiatives*. Retrieved from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/planning-strategy/whanau-ora/index.html>

Te Pou Matakana. (2017). *Mahi Commissioning*. Retrieved from <https://www.tepoumatakana.com/mahi/outcomes-commissioning-investment-approach/>

Te Puni Kōkiri. (2016) *The Whānau Ora Outcomes Framework*. Retrieved from <https://www.tpk.govt.nz/docs/tpk-wo-outcomesframework-aug2016.pdf>

Te Puni Kōkiri. (2017). *About Whānau Ora*. Retrieved from <https://www.tpk.govt.nz/en/whakamahia/whanau-ora/about-whanau-ora/>

Wehipeihana, N., Were, L., Akroyd, S., & Lanumata, T. (2017). *Formative Evaluation of the whanau ora commissioning agency model; an independent evaluation report*. Retrieved from <https://www.tpk.govt.nz/en/a-matou-mohiotanga/whanau-ora/formative-evaluation-of-the-whanau-ora-model>

Walker, S., Eketone, A., & Gibbs, A. (2006). An exploration of kaupapa Maori research, its principles, processes and applications. *International Journal of Social Research Methodology*, 9(4), 331-344. <https://doi.org/10.1080/13645570600916049>

Whānau Ora Partnership Group. (2014). *Terms of Reference*. Retrieved from <http://iwichairs.maori.nz/wp-content/uploads/2016/07/Whanau-Ora-Partnership-Group-Terms-of-Reference.pdf>

About the authors:

Dr Amohia Boulton is of Ngāti Ranginui, Ngai te Rangi, Ngāti Pukenga and Ngāti Mutunga descent. She is the Director of Whakauae Research Services, a tribally-owned, Indigenous health research centre in Whanganui, New Zealand. Amohia holds a number of Adjunct positions with both Auckland University of Technology and Victoria University of Wellington. Amohia's research and publications focus on aspects of Māori health services research, particularly the relationship between, and contribution of, government policy, contracting mechanisms, and accountability frameworks to improving health outcomes for Māori. amohia@whakauae.co.nz

Dr Heather Gifford is of Ngāti Hauiti and Te Atihaunui a Paparangi descent. She holds the position of Senior Advisor Business and Research with Whakauae Research Services. She is Research Fellow at the School of Public Health, Otago University. Heather's research focuses on health service delivery and intervention, and the development of whānau, hapū, and iwi based models to address Māori health issues, in particular, tobacco control research with a focus on prevention and policy work. heather@whakauae.co.nz

Dr Tanya Allport is of Te Ati Awa tribal descent and currently resides as Director of Wai-Research, a community-based Māori research unit at Te Whānau O Waipareira. Her indigenous research interests have exposed her to work in Māori health research and policy, as well as Treaty of Waitangi legal research.

Mr Haze White is an emerging Māori researcher of Waikato/Tainui genealogical descent. Haze is currently a researcher for the Wai-Research unit at Te Whānau o Waipareira and studied at the University of Auckland, where he completed his Bachelor of Health Science degree and Postgraduate Diploma in Public Health specialising in Māori Health. He has a distinct passion in Māori health research and has been involved in a number of Māori health research projects covering the topics of: rheumatic fever in Auckland Māori children, Māori urbanisation and Māori mental health service utilisation.