Event briefing

Meeting with the Rural Health Alliance Aotearoa New Zealand as part of RuralFest 2021

Date due to MO:	8 April 2021	**Date of Event:**	15 April 2021
Security level:	IN CONFIDENCE	**Health Report number:**	20210813
To:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Damien O'Connor, Minister for Rural Communities		

Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director-General, Health System Improvement and Innovation	s 9(2)(a)
Monique Burrows	Group Manager, Primary Health Care System Improvement and Innovation	
Nikki Canter-Burgoyne	Manager, Primary Care	

Released under the Official Information Act 1982

Event briefing

Meeting with the Rural Health Alliance Aotearoa New Zealand as part of RuralFest 2021

Date due:	8 April 2021		
To:	Hon Andrew Little, Minister of Health		
Security level:	IN CONFIDENCE	**Health Report number:**	20210813

About the event

Purpose	The Rural Health Alliance Aotearoa New Zealand (RHAANZ) is holding its RuralFest event 14-15 April 2021. This two-day event is usually held annually, although it did not occur in 2020. The purpose is to identify and prioritise issues for rural health and discuss those issues with the Minister of Health and other politicians. You have agreed to meet with RHAANZ during the second day of RuralFest (15 April). The format of this meeting is a brief (about two-minute) welcome address from you, half an hour of discussion with the group, and then some concluding comments from you. A total of 45 minutes has been allowed.
Event/visit details	**Date:** 15 April 2021 **Time:** 10:00am – 10:45am **Venue:** 2.1 Executive Wing
Attendees	• Representatives of RHAANZ member organisations, currently expecting 20-25 people (see Appendix Three attachment for list of RHAANZ members) • Gill Genet, Chair of RHAANZ.
Organisation	RHAANZ's diverse membership comprises organisations from 37 national, regional, private and public organisations that include agri-business, district councils, health and wellbeing groups, digital technology and connectivity groups, education and rural community groups, all with a focus on rural wellbeing. These include the New Zealand Rural General Practice Network (NZRGPN), the NZ Rural Hospital Network and the NZ Institute of Rural Health.

Released under the Official Information Act 1982

	Refer to Appendix Four for information about the RHAANZ Executive Committee. You met with the NZRGPN on 26 February 2021. They are an influential member of RHAANZ.
Other information	RuralFest has been attended by the Minister of Health and the Minister for Rural Communities for many years. The format comprises the members discussing their priorities for rural wellbeing on the first day. On the morning of the second day RHAANZ hope to share this call to action about rural wellbeing with you. Hon O'Connor is meeting with the group on day one. The Health and Disability System Review Transition Unit is expected to present on day two of RuralFest.
Media	Media are not expected.

Clare Perry
Deputy Director-General
Health System Improvement and Innovation

Released under the Official Information Act 1982

Background and context

1. Each year at their two-day gathering, RHAANZ meet and discuss their top five rural health priorities for rural wellbeing on the first day. From this they create what they call a Roadmap to Health, a call to the Government to action on these priorities. This was first done at the RuralFest in 2016. This year, these priorities will be a refinement of those in the RHAANZ's Briefing to Incoming Ministers you received in December 2020. On the morning of the second day, RHAANZ hope to share their priorities for rural wellbeing with you and these priorities form the basis of your meeting with RHAANZ.
2. RHAANZ will provide your office with these updated priorities in the morning before the meeting.
3. The Briefing to Incoming Ministers included a Rural Health Manifesto in 2020 (Appendix Five) which outlines three areas of focus. These are: sustainable funding for rural practices; workforce development; and digital and connectivity issues in rural areas. The 2021 Roadmap is likely to focus upon these issues.
4. The National Rural Health Conference is being held in Tāupo from 30 April - 1 May 2021. You are providing the opening address. Many of the attendees at RuralFest will also be at the Rural Health Conference so we expect the outcomes and priorities decided upon at RuralFest will be discussed at the Conference. This briefing provides you with:
    - background for the event
    - talking points for the 30-minute discussion
    - a draft run-sheet (Appendix One)
    - speaking notes for your opening and closing statements (Appendix Two)
    - supplementary information (appendices three-five).

Background for speech

5. This has previously been a lecture style with a podium, but room set up is at your discretion.
6. You will be introduced by the Chair Gill Genet who will welcome you and introduce you to the members, so you know which member organisations are represented in the room.
7. You will do a 2-minute welcome.
8. The member organisations will introduce their top priorities from the previous day. Your office will have been provided with those prior to this event. They have committed to a 'no surprises' engagement with you.
9. There is then an open discussion, approximately 30 minutes, that is intended to be an exchange of ideas rather than a question and answers.
10. You will then do a 2 minute 'wrap-up.'
11. Total time for the meeting is 45 minutes.
12. This is an opportunity to express an interest in listening and learning.

Released under the Official Information Act 1982

Talking points for questions/discussion session (approximately 30 minutes)

13. Following your opening address (see Appendix Two for speaking notes), there will be an open dialogue and exchange of ideas and views, based on discussions from day one of RuralFest.

Possible areas RHAANZ may wish to discuss

Rural health workforce development

14. Rural communities often do not have the same access to the health workforce as their urban counterparts. There is a need to recruit and retain the health workforce in rural locations and consider the skills the rural health workforce needs.

15. The Health and Disability System Review (the Review) mentioned that the rural health workforce often feels invisible to decision makers.

16. Response: you may wish to reinforce that rural workforce is a ministerial priority. There are a range of initiatives being led by the Ministry of Health (the Ministry's) Health Workforce team.

- The rural health workforce initiatives aim to strengthen the rural health workforce pipeline, including the rural Māori health workforce, and has included scoping the rural interprofessional learning initiative (see further below).
- There is a particular focus on developing a strengthened Māori and Pacific workforce. The Ministry is developing a Māori Health Workforce Action Plan to support Whakamaua: Māori Health Action Plan 2020-2025, and to guide the development of the Māori health and disability workforce over the next 10 years. The Ministry is also seeking to develop a Pacific Health Workforce Action Plan to support Ola Manua: Pacific Health and Wellbeing Action Plan 2020-2025.
- Additionally, the leadership initiative aims to grow and support leadership capability across the health and disability system. A key objective of this work is to increase the leadership representation of Māori, Pacific Peoples, rural, and disabled people in the health sector by providing equitable access to leadership development opportunities.

Impact of COVID-19 on rural health workforce

17. Rural health services have been very dependent upon overseas trained clinicians for many years. This shortage has been exacerbated by the travel restrictions of COVID-19. The rural sector lobbied for priority to be given to internationally qualified general practitioners (GPs) in managed isolation facilities.

18. Response: in March 2020, Cabinet agreed to a border exception for critical health workers, which applies to a wide range of health workers and includes GPs. Critical health workers are a subset of the critical worker category and are the only sector to have a separate category and class. The Ministry has worked closely with the Ministry of Business, Innovation and Employment to ensure the list of workers remains current and that the need to keep our border secure and protect the public is balanced with the need to ensure a stable economy and sufficient workforce.

Released under the Official Information Act 1982

19. The border exception for critical health workers has been extended.

20. Fees for managed isolation facilities have increased. However, to reflect the health system's reliance on the international workforce, the continuation of the lower charge of $3,100 was secured for critical health workers.

Sustainable funding

21. RHAANZ are seeking greater funding for practice sustainability in part because rural health clinicians have to contend with much higher travel costs to care for their dispersed population and often need to provide their own emergency on-call service. This is in contrast to urban areas where on-call responsibilities can be shared.

22. Response: you may wish to acknowledge that the Health and Disability System Review highlights that funding and commissioning mechanisms need to be looked at and this will be considered as part of the Government's response.

Digital and connectivity

23. The advantages of telehealth as a routine part of general practice were made very apparent during COVID-19. The opportunity to access healthcare from a distance, including specialist input and advice would be particularly valuable for delivering rural health. Reliable and fast digital connectivity (cell phone and broadband) are essential for this but some rural populations are being deprived of this opportunity.

24. Rural health providers and their patients feel they have the most to gain from focused investment in reliable connectivity. Also important to rural health care providers and patients are affordable data, adequate devices and the skills to use them.

25. You discussed connectivity with the NZRGPN when you met them on 26 February 2021. All the rural sector organisations are seeking a commitment to ongoing investment beyond the current Rural Broadband Initiative project, to ensure that rural connectivity is of an equivalent quality and accessibility as urban.

26. Response: you may wish to say that you have noted their concerns and are aware of the issue of rural connectivity, which sits outside your responsibilities as Minister of Health.

Released under the Official Information Act 1982

Appendix One: Draft run-sheet 15 April

Time	Details	Minister's Office notes
10.00am	Introduction of Minister and the RHAANZ member organisations represented in the room by Chair Gill Genet.	
10.05am	Welcome and acknowledgment of RHAANZ Chair, Gill Genet by Hon Andrew Little, Minister of Health.	
10.08am-10.38am	Members introduce their priorities for rural wellbeing. Open discussion/constructive engagement. Topics from RHAANZ to be received prior to meeting – agreed upon by RHAANZ the previous day.	
10:40am-10.45am	Wrap up by Hon Andrew Little, Minister of Health.	

Released under the Official Information Act 1982

Document 2

s 9(2)(g)(i)

Released under the Official Information Act 1982

Document 2

s 9(2)(g)(i)

Released under the Official Information Act 1982

Appendix Three: Rural Health Alliance Aotearoa New Zealand (RHAANZ) Member Organisations

Dairy New Zealand (NZ)	Waimakariri District Council
NZ Rural Hospital Network	Whanganui Community Living Trust
NZ Institute of Rural Health	Kaikoura Healthcare
Federated Farmers of New Zealand	Australasian College for Emergency Medicine
St John	Rural Contractors NZ
New Zealand Rural General Practice Network	NZ Young Farmers
Mental Health Foundation	Rural Canterbury Primary Health Organisation
Pharmacy Guild of New Zealand	Association for the Users of Digital Technology NZ
Careerforce	Rural Support
Horowhenua District Council	Division of Rural Hospital Medicine NZ
Hauraki District Council	Mobile Health
Tararua District Council	Worksafe New Zealand
Central Hawke's Bay District Council	Whakatāne District Council
Rural Women New Zealand	Beef and Lamb New Zealand
College of Nurses Aotearoa NZ	NZ Health Information Technology
The Royal New Zealand College of General Practitioners	New Zealand College of Midwives
South Wairarapa District Council	NZ College of Clinical Psychologists
Opotiki District Council	University of Otago
Ruapehu District Council	Massey University
Selwyn District Council	Clutha District Council

Released under the Official Information Act 1982

Appendix Four: RHAANZ Executive Committee

Chairperson: Gill Genet

Gill is also the Manager, System Capability for the National Emergency Management Agency and previously the General Manager, Business Development for Careerforce. She is an advocate for workforce development and through workforce, making a difference to the lives of whānau, families and communities in Aotearoa.

Deputy Chairperson: Mark Eager

Mark is the Chief Executive of Mobile Health Solutions and as such, he and his team run the Mobile Surgical Bus. The Surgical Bus performs day surgery in rural towns around New Zealand.

Treasurer: Bill Eschenbach

Bill is the Chief Executive of Waitaha Primary Health Organisation (PHO) and prior to this he was a Client Manager with South Link Health where he was responsible for rolling out PHOs in the upper South Island. Bill has developed strong community linkages with a number of organisations including Territorial Local Authorities that has led to partnerships that have supported the continuation of remote rural primary care services through the developments of community trusts.

Bill has linkages with his local district health board, the Canterbury Alliance, the New Zealand Rural General Practice Network and the National Rural Health Advisory Group.

Released under the Official Information Act 1982

Appendix Five: Rural Health Manifesto 2020

RURAL HEALTH ELECTION MANIFESTO
2020

HEALTHY, ACTIVE, CONNECTED AND VIBRANT RURAL COMMUNITIES

Approximately **700,000 people** live in rural New Zealand, equivalent to our second largest city.

Through dairy, agriculture, tourism, forestry, fishing, horticulture and viticulture rural NZ **contributes over 50%** of our country's export dollars.

Rural health outcomes are recognised as being poor, and this is especially so for Māori; with some rural communities comprising as high as 75% Māori, many living in serious economic deprivation.

Many rural people:

- Have long waits for appointments to see health professionals and are less likely to be referred to diagnostic and specialist services.
- Struggle to afford the costs of time and travel to manage their health, with transport being a significant barrier.
- Have little or no access to specialist mental health and addiction services and crisis response.

The Government has set a goal of equitable health care for all, no matter their location, gender, age or ethnicity.

- The members of our five rural health networks reach across rurally based industries, farming, health and social services, rural health professionals and hospitals, and local government.
- We want to know that any incoming Government is ready and willing to commit to policies that show that **rural health & wellbeing counts.**

Can we count on you?

Released under the Official Information Act 1982

> *"The rural population often feels they are invisible to urban decision-makers."*
> **Heather Simpson,** Health and Disability System Review 2020.

RURAL HEALTH Counts

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:

- A ten-year Rural Health Plan that assures those living in rural areas have equitable access to health professionals, diagnostic services, social s https://rhaanz.org.nz/ and crisis response.
- An integrated rural health system that is whānau and people-centred, uses data-driven targets and ensures accountability to outcomes; including health equity for Māori.

TO SUCCEED THE PLAN NEEDS THREE THINGS:

1 SUSTAINABLE FUNDING

Rural health professionals are struggling to make a viable living under the current financial models. They are generally paid less than their urban counterparts, provide care for a dispersed population that requires significant travel time and cost, and need to be available 24/7 to service emergency needs. This is causing an exodus of rural health professionals to urban settings, where both income and lifestyle are easier to balance.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:
Locality specific funding solutions that support sustainable and equitable rural health outcomes including emergency care and after-hours support.

2 WORKFORCE PIPELINE

The rural health workforce is in crisis. There is a shortage of rural doctors, nurses and others, with insufficient numbers being trained and upskilled to meet the shortfall. This situation is going to get worse, with an aged demographic signaling over 50% heading into retirement within 5-10 years. Our current reliance on importing health professionals from overseas is not sustainable. A new and different approach to training, upskilling, recruiting, and retaining rural health professionals drawing on international experience is needed. Research shows that training rural people, in rural locations, leads to rurally-based health professionals who stay.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:
The development and funding of inter-professional training and upskilling that is embedded and distributed nationally across rural areas. This must recognise all professions that contribute to the well-being of rural communities. The training and upskilling needs to include approaches that assure equity for Māori.

3 DIGITAL & CONNECTIVITY

Covid-19 has shown that the opportunity to access healthcare from a distance, including specialist input and advice, is greatly enhanced by connectivity (cell phone and broadband). Rural populations are being deprived of this opportunity but have the most to gain from focused investment in reliable connectivity. Access to affordable data, adequate devices and the skills to use them, is equally important.

THE RURAL HEALTH NETWORKS ARE ADVOCATING FOR:
A commitment to ongoing investment beyond the current Rural Broadband Initiative project, to ensure that rural connectivity is of an equivalent quality and accessibility as urban. A recognition that rural people have a right to devices and training to enable them to access the healthcare and information they need to live a full, safe and healthy life.

LINKS Rural Hospital Summit • Rural Health Road Map • Rural Proofing the H&D System Review

Level 2, 88 The Terrace | PO Box 547 | Wellington 6140 | +64 4 472 3901 www.rgpn.org.nz

Released under the Official Information Act 1982

Document 3

MINISTRY OF HEALTH
MANATU HAUORA

Event briefing

Opening speech at the National Rural Health Conference

Date due to MO:	16 April 2021	**Date of Event:**	30 April 2021
Security level:	IN CONFIDENCE	**Health Report Number:**	H20210585
To:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Peeni Henare, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director-General, Health System Improvement and Innovation	s 9(2)(a)
Monique Burrows	Group Manager, Primary Health Care System Improvement and Innovation	

Released under the Official Information Act 1982

MINISTRY OF HEALTH
MANATŪ HAUORA

Event briefing

Opening speech at the National Rural Health Conference

Date due:	16 April 2021		
To:	Hon Andrew Little, Minister of Health		
Security level:	IN CONFIDENCE	**Health Report Number:**	H20210585

About the event

Purpose	You have accepted the invitation to provide the opening address for the Rural Health Conference 2021, organised by The New Zealand Rural General Practice Network (NZRGPN). Your speech is scheduled for 30 minutes in total, allowing 15-20 minutes for your address and the remaining time for questions and answers.
Event details	**Date:** 30 April 2021 **Time:** Speech scheduled 9.10 am to 9.50 am, preceded by conference Pōwhiri and followed by morning tea **Venue:** Wairakei Resort, Taupō.
Attendees	Over 300 delegates are expected. Most attendees will be doctors, nurse practitioners or nurses who work in the rural sector.
Organisation	NZRGPN is a membership and support organisation for rural health professionals. Its national membership and advocacy include both rural practices and individual members covering more than 1,900 doctors, nurse practitioners, nurses, practice managers, reception staff and students. Their aims are to achieve healthy rural communities including growing the rural workforce from within rural New Zealand and improving rural Māori health outcomes.
Ministry representatives	Helen Francis, Principal Advisor, Primary Care is attending the conference.
Media	Various media organisations are likely to be in attendance, including NZ Doctor.

Released under the Official Information Act 1982

Background and context

1. You have accepted an invitation to provide the opening address for the NZRGPN's 28th National Rural Health Conference, being held from Friday 30 April to Saturday 1 May 2021.
2. This briefing provides you with:
    a. background and context for the speech
    b. talking points and potential topics for questions and answers
    c. a draft run-sheet (Appendix One)
    d. speech notes (Appendix Two).
3. You have previously met many of the key stakeholders attending the conference, either on 14 April 2021 at RuralFest in Wellington or in your meeting with NZRGPN representatives on 26 February 2021.
4. The theme of the conference is reconnecting rural kanohi ki te kanohi, and members are looking forward to this in-person event following the pressures they have experienced with COVID-19.
5. The keynote speakers include Hon Peeni Henare, Associate Minister of Health, Stephen McKernan, Director of the Health and Disability System Review Transition Unit, and Professor Michael Baker, Department of Public Health, University of Otago, Wellington. Stephen McKernan will speak after you on the morning of 30 April 2021. Minister Henare's keynote address is the following day and will focus on Māori rural health inequities.
6. NZRGPN represent 1,900 rural health professionals. Of 185 rural general practices, 148 are members. These provide care for 569,838 enrolled patients which represents 12 percent of New Zealand's total population.
7. NZRGPN works closely with the Ministry of Health (the Ministry) via a contract for a locum support scheme and a rural recruitment service. The NZRGPN advocates for rural general practice through involvement on a number of national committees and working groups.
8. Since it formed in the 1990s, NZRGPN has increased in membership and now its scale means it can offer a 'home' and administrative support for other rural health groups including Rural Nurses New Zealand, Rural Health Alliance Aotearoa New Zealand, Students of Rural Health Aotearoa and the New Zealand Rural Hospital Network. As a result, the five rural health networks have increasingly worked together, including presenting you with a combined Briefing for the Incoming Minister (BIM) in December 2020. They are currently exploring options to form a united organisation that better reflects the wider rural health community.
9. The BIM stated the need for a rural health plan with three areas of focus. These are: sustainable funding for rural practices, workforce development, and digital and connectivity issues in rural areas.
10. Two of the conferences delegates' other areas of interest (the effect upon rural health delivery of the Health and Disability System Review [the Review] and health equity for rural Māori) will be discussed by two other speakers, Stephen McKernan and Minister Henare.

Released under the Official Information Act 1982

Potential topics for questions and answers

Context to the current border settings

11. The rural sector is particularly reliant on internationally trained General Practitioners (GPs) and NZRGPN, amongst other sector organisations, lobbied hard to loosen the border regulations. Reflecting the Government's acknowledgement of the rural sector's dependence on overseas workers, the border exception for critical health workers has been extended. Additionally, although fees for managed isolation facilities has increased, the continuation of the lower charge of $3,100 was secured for critical health workers.

Workforce and funding

12. You might like to commend the rural sector for often leading the way, albeit sometimes out of necessity, for the multidisciplinary team, especially rural nurses and nurse practitioners working at the top of their scope and offering excellent care to rural populations.
13. You are likely to receive questions relating to the rural hub.
14. At the National Rural Health Conference in Blenheim in April 2019 the former Minister of Health, Hon Dr David Clark, announced the scoping of interprofessional rural learning hubs.
15. Since the announcement, the Ministry has engaged extensively with key stakeholders on what interprofessional rural learning means for New Zealand and how a hub could operate. A cross-sector Steering Committee and Working Group supported by Sapere Research Group was established to assist in developing the rural interprofessional learning initiative.
16. While this work was paused during the initial COVID-19 response, the Steering Group agreed a series of recommendations for a rural interprofessional learning initiative which you received in January 2021 and are currently considering (HR20202093).
17. At your meeting with the NZRGPN on 26 February 2021 you told the group that you are currently considering these recommendations.
18. This work is of key interest to stakeholders at this year's conference and you are likely to receive questions, including whether it will be funded.
19. You may wish to note that you are still considering these recommendations and want to ensure that the direction of this work aligns with decisions being taken as part of the Review.

The Primary Response in Medical Emergencies (PRIME) service

20. PRIME stakeholders are currently in discussion about how the existing service can be improved and this may be raised with you.
21. The purpose of the PRIME service is to provide timely access to clinicians that have the potential to improve outcomes for medical emergencies (including injuries) in rural areas. The PRIME service is provided by specially trained medical practitioners, nurse practitioners, and registered nurses (PRIME practitioners) who assist the ambulance service.
22. If you are asked about the sustainability of PRIME services, you may wish to praise the work stakeholders are doing on examining operational practices.
23. You may wish to note that beyond imminent structural changes to the Health and Disability System that were announced on 21 April, further enabling system changes must be made

Released under the Official Information Act 1982

in areas such as funding, workforce, digital health and locality networks. You could encourage delegates to engage in upcoming sector consultation on how these elements can work better in practice.

Mental health and addiction initiatives

24. You may be asked about the roll-out of the Government's access to and choice of mental health and wellbeing support programme.

25. In 2019 the Government announced investment of $455 million over four years to expand access to and choice of primary mental health and wellbeing support for all New Zealanders. This includes targeted funding for kaupapa Māori, Pacific peoples and youth specific mental health and addiction services across the country, as well as the new integrated primary mental health and addition services being rolled out in general practice.

26. As of 31 March 2021, integrated primary mental health and addiction services have been implemented in 191 general practices across the country, including rural practices. New mental health and addiction staff in these practices have delivered a total of 107,554 sessions with 14,340 sessions delivered in March 2021.

27. New or expanded primary mental health and addiction services for young people have already been set up in 10 district health board (DHB) areas across New Zealand, as well as one nationwide contract, with more still to come. These services have already commenced in some rural areas including the South Canterbury, Southland, Wairarapa and the Lakes areas.

28. Kaupapa Māori and Pacific peoples mental health and addiction services are also being rolled out across the country including in rural areas and can be accessed by people of all ages who choose to access culturally specific services.

29. This programme also includes targeted funding for mental wellbeing supports for rainbow young people, including $3.2 million over four years to fund expansion of mental wellbeing services. The Ministry is in the process of procuring these new services, which will be provided by rainbow organisations, and are expected to be up and running in the second half of 2021.

30. In 2020 the Government invested $15 million to support the psychosocial response to COVID-19. This focused on wellbeing promotion, boosting capacity for telehealth and making digital tools and e-therapy available.

31. As part of this investment, funding was provided to the National Council of Rural Support Trusts to deliver a rural-focused psychosocial campaign. This included: the delivery of 20 seminars across New Zealand supporting resilience in rural women; 1,000 care packages provided by Rural Support Trusts to support struggling rural families and whānau; additional assessment of wellbeing at rural events and a mental wellbeing promotion campaign for a period of eight months within Farmers Weekly (which is delivered to over 80,000 rural homes weekly). These activities were well received across the country.

32. The Ministry is currently working to ensure the ongoing availability of digital mental wellbeing tools for all New Zealanders. This includes funding Te Hiringa Hauora/ Health Promotion Agency to develop six micro-tools that are available on their 'small steps' website with a further six to come in the next few months. The Ministry has also recently released Requests for Proposals for digital mental wellbeing tools for adults and youth.

Released under the Official Information Act 1982

Work to prevent suicide

33. You may be asked about work to prevent suicide and address the high suicide rates among rural communities.

34. Official suicide data from the Ministry of Health shows that suicide rates are higher among those living in rural areas than among those living in urban areas, however differences in the rates of suicide between those living in rural and urban areas have decreased over time.

35. There are likely many reasons for higher rates in these communities. For example, rural and farming communities typically have higher proportions of groups who experience disproportionately higher rates of suicide, including men of working age, young Māori men, and young Pacific men. Financial challenges or uncertainty and easier access to firearms may be additional factors.

36. Everyone has a role to play in suicide prevention, including government agencies, non-governmental organisations, service providers, individuals, families, whānau and communities.

37. New Zealand's suicide prevention strategy and action plan: *Every Life Matters – He Tapu te Oranga o ia tangata* (*He Tapu te Oranga*) outlines a clear vision – that by working together we can achieve a future where there is no suicide in Aotearoa New Zealand.

38. Implementation of *He Tapu te Oranga* is supported by the Budget 2019 investment of $40 million over four years to expand and improve suicide prevention and postvention efforts in New Zealand. This has supported the establishment of Māori and Pacific Suicide Prevention Community Funds, as well as other initiatives such as the establishment of Aoake te Rā, the Bereaved by Suicide Service.

39. The Government has also established the Suicide Prevention Office to strengthen national leadership and direction for suicide prevention.

40. Wider work to improve mental wellbeing, including work to rollout the Government's access and choice of mental health and wellbeing support programme, also contribute to suicide prevention efforts.

Ultra-Fast Broadband connections for health providers and communities in rural areas

41. You may be asked for more information about work being undertaken in relation to Ultra-Fast Broadband (UFB) connections for health providers and communities in rural areas.

42. This work is led by the Ministry of Business, Innovation and Employment (MBIE).

43. You met with NZRGPN on 28 February 2021. At that meeting, the NZRGPN told you that the previous Minister of Health, Hon Chris Hipkins, made a commitment during a pre-election political panel hosted by the NZRGPN, to ensuring UFB connections to rural general practices. Following the meeting on 28 February 2021, the NZRGPN sent you an email, which includes a request that you prioritise UFB rollout to rural practices and their communities.

44. The UFB (and other connection types) connection plan is led by MBIE, the schedule for deployment across New Zealand, including rural communities has been confirmed and is already underway.

Released under the Official Information Act 1982

45. Data provided as a part of the UFB programme in 2019 identified all health facilities and confirmed that the programme will deliver UFB to 97.1 percent (or 1069) of GP practices with a further 2.7 percent having another equivalent modality (eg, wireless) by 2023. At the completion of the programme 99.8 percent of GP practices will have a connection available. The Ministry understands the programme is on track with its planned rollout.

46. You may wish to say that the Ministry recognises the opportunity to align investment in digital health technologies in rural communities with the roll out of the rural broadband programme, and has contacted MBIE to understand how these programmes could align with each other.

Clare Perry
Deputy Director-General
Health System Improvement and Innovation

ENDS.

Released under the Official Information Act 1982

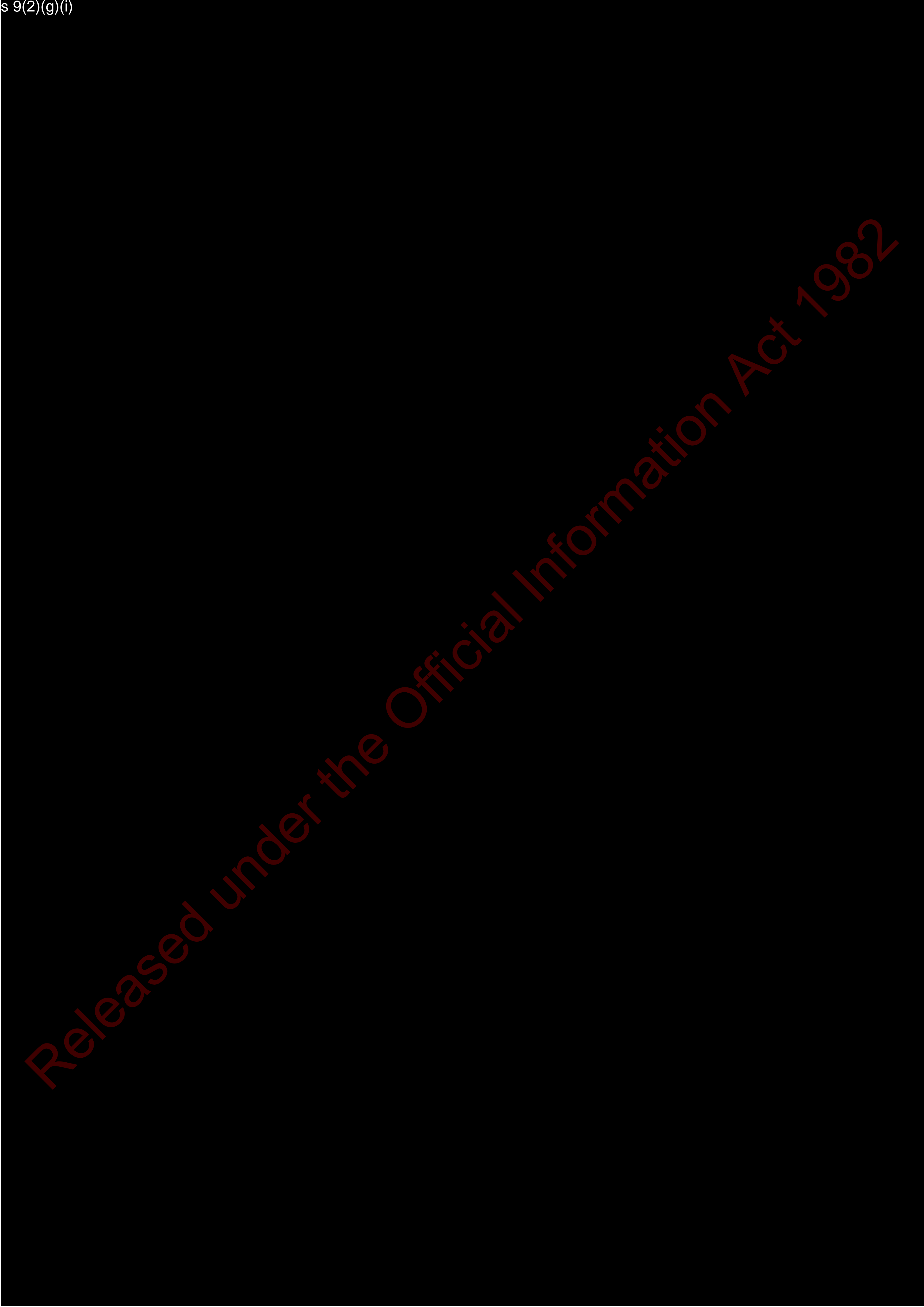
MINISTRY OF HEALTH
MANATŪ HAUORA

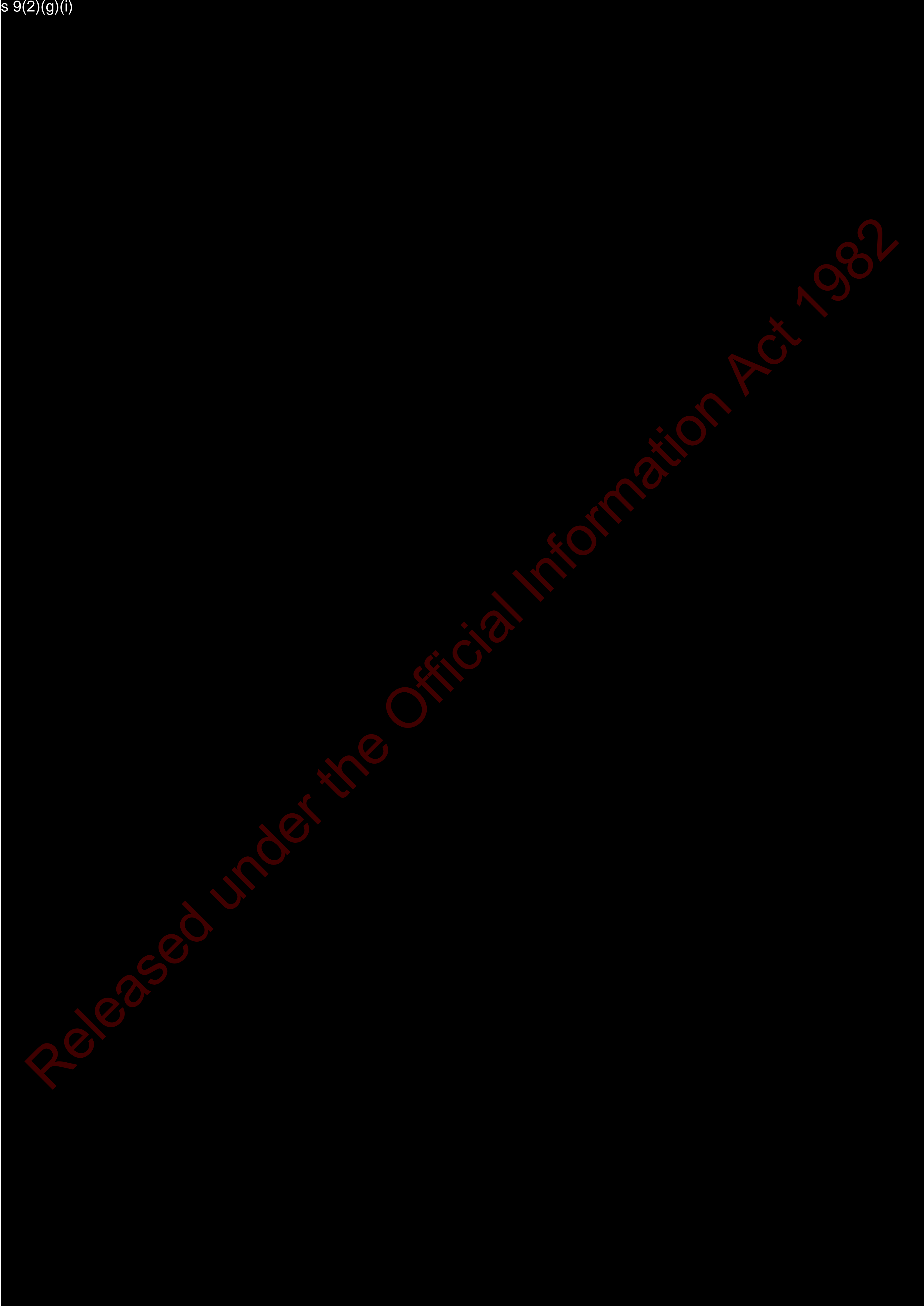
Appendix One: Run-sheet for the National Rural Health Conference 2021

Friday 30 April 2021

Time	Details	Minister's Office notes
8.00 am	Meet at reception area of the Wairakei Resort. You will be met by Dr Grant Davidson (CEO, NZRGPN and Conference Programme Chair) and Dr James Reid (NZRGPN Board member)	
8.30 am	Pōwhiri	
9.10 am	You will be introduced by Dr Grant Davidson or Dr James Reid	
9.15 am	Ministerial opening address for the conference, over 300 delegates expected	
9.30 am	Q&A	
9.50 am	Morning tea. NZRGPN would welcome you to stay as long as time permits	
10.30 am - 11.25 am	Keynote presentation by Stephen McKernan Director of the Health and Disability System Review Transition Unit	FYI

Released under the Official Information Act 1982


s 9(2)(g)(i)
Released under the Official Information Act 1982


s 9(2)(g)(i)
Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

Released under the Official Information Act 1982

s 9(2)(g)(i)

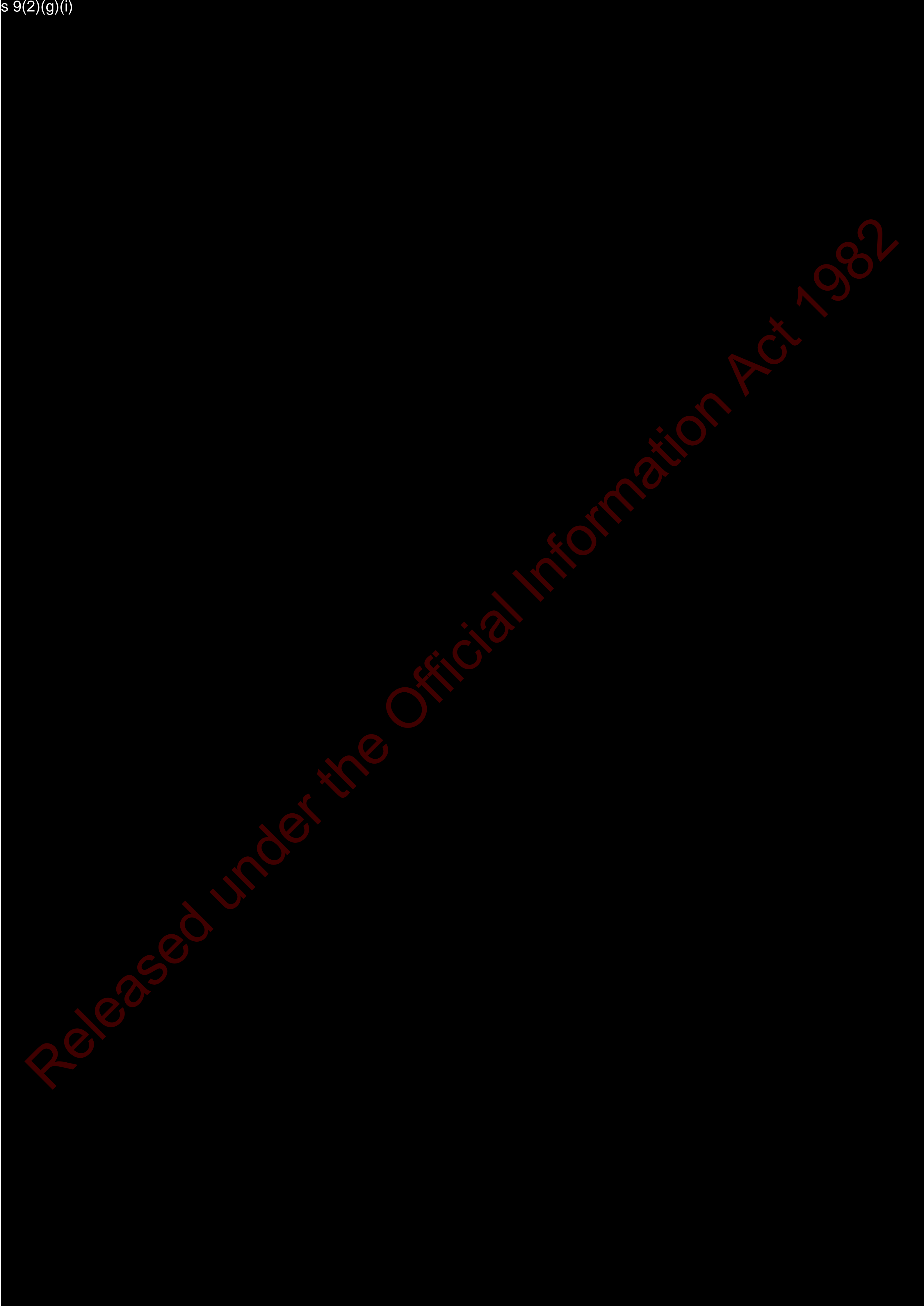
Released under the Official Information Act 1982

s 9(2)(g)(i)

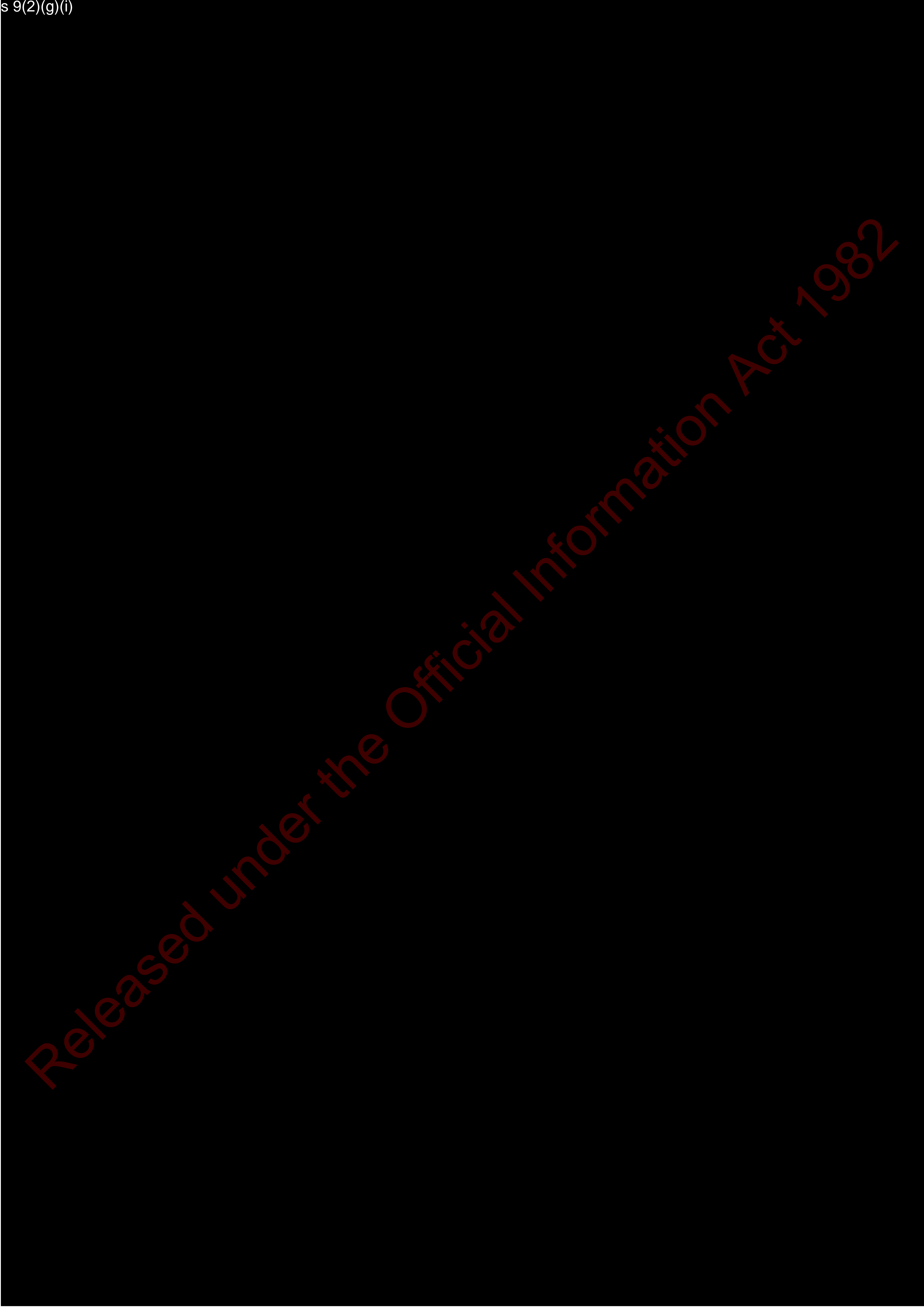
Released under the Official Information Act 1982

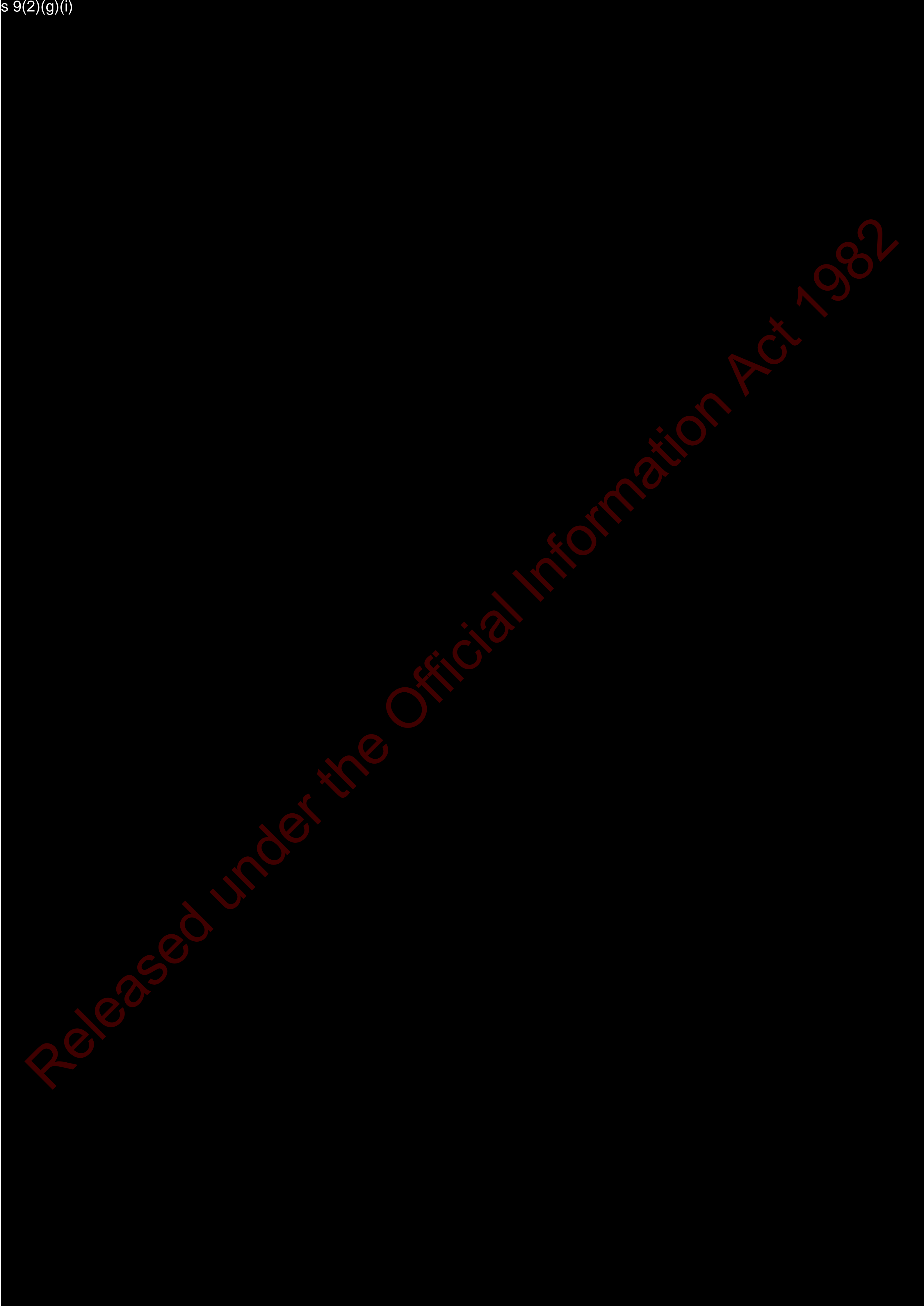
s 9(2)(g)(i)

Released under the Official Information Act 1982



Released under the Official Information Act 1982


s 9(2)(g)(i)
Released under the Official Information Act 1982



Released under the Official Information Act 1982