

Hon Dr Ayesha Verrall

Minister for COVID-19 Response
Minister of Research, Science and Innovation
Minister for Seniors
Associate Minister of Health



Ref: AVOIA25

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 23 May 2022 for information relating to initiatives for gender-affirming health care. Please find a response to each part of your request below.

1) Policy documents, advice, decisions, and MoH and Treasury communications on these budgeted initiatives:*

- a) *"funding for primary and community health providers to deliver gender-affirming services..."*
- b) *"updated national guidelines for gender-affirming health care"*
- c) *"lead referral pathway for gender-affirming services and supports..."*
- d) *"training and workforce development resources to improve workforce responsiveness to transgender people"*

Documents found within scope of this part of your request are itemised below in Appendix 1, which outlines the grounds under which I have decided to withhold information. Where information is withheld under section 9, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

2) Given the uncertainty and sensitivity of diagnosing and labeling a child with gender dysphoria as "transgender", clarification on whether the above initiatives apply to minors.

The initiative funded through Budget 2022 to improve access to gender-affirming care did not specify age groups that may access care with the primary and community health providers that will deliver these services.

It is the responsibility of the treating clinician to consider the appropriateness of a particular diagnosis for a particular patient. Informed consent should be obtained by the clinician from the patient before the choice is made to prescribe medicine or treatment. Please refer to the Care of Children Act 2004 for consent to medical procedures generally:

www.legislation.govt.nz/act/public/2004/0090/latest/DLM317233.html.

3) Minutes of any meetings attended by representatives of the Professional Association for Transgender Health Aotearoa (PATHA) or other clinicians in their capacity as experts in gender treatments in the last two years until today's date.

In developing the initiative that was funded through Budget 2022, the Ministry of Health met with a range of community and professional organisations. These meetings were to explore views and to seek expert opinions and were therefore not formally minuted.

However, two documents found within spirit of this part of your request are itemised below in Appendix 1, which outlines the grounds under which I have decided to withhold information. Where information is withheld under section 9, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

4) Any policy documents, advice, decisions, and MoH communications* referencing or discussing the following developments:

a) The NHS's [independent review of gender identity services for children and young people](#) (the "Cass Review", in particular the February 2022 [interim report](#)).

b) The decision by UK Health Secretary Sajid Javid to beef up the Cass Review's scope and review gender treatment for children as [reported by the BBC](#) on the 23rd April.

c) The [2020 publication](#) of new restrictive guidelines by the Finnish health authority that state that psychotherapy, rather than puberty blockers and cross-sex hormones, should be the first-line treatment for gender-dysphoric youth.

d) The Swedish health authority's 2022 [publication](#) of similar guidelines restricting pediatric gender treatments (puberty blockers and cross-sex hormones) to medical trials.

e) The August 2021 [policy statement](#) by the RANZCP "Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence".

5) Any policy documents, advice, and MoH communications relating to any MoH review of gender treatments (i.e. puberty blockers and cross-sex hormones) initiated in the last two years until today's date.

6) Any policy documents, advice, and MoH communications discussing the collection of statistics on puberty blockers and cross-sex hormones in New Zealand.

7) Any policy documents, advice, and MoH communications discussing research on the etiology of gender dysphoria / incongruent gender identity in youth (e.g. influence of social media or adverse mental health).

The above parts of your request are refused under section 18(g)(i), as the information requested is not held by my office and there are no grounds for believing it is held by another agency subject to the Act.

The Ministry of Health has consulted with clinical experts regarding the information about gender affirming health care and puberty blockers. I am advised that this information remains appropriate and is further supported by the *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand*, which is available here: researchcommons.waikato.ac.nz/handle/10289/13101.

It is also supported by the *Standards of Care* developed by the World Professional Association for Transgender Health, which can be found here: www.wpath.org/publications/soc.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Yours sincerely,



Hon Dr Ayesha Verrall
Associate Minister for Health

Appendix 1: List of documents for release

#	Date	Title	Decision on release
1	3 February 2021	Briefing: Improving the health system's responsiveness to transgender, non-binary, and intersex people	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) of the Act, to protect the privacy of natural persons. • section 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.
2	4 March 2021	Briefing: Further advice on meeting the health needs of the transgender community	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a)
3	30 June 2021	Briefing: Options to improve primary health care services for transgender people	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(f)(iv) • section 9(2)(b)(ii) where its release would likely unreasonably prejudice the commercial position of the person who supplied the information. •
4	24 September 2021	Briefing: Progressing options to improve primary healthcare services for transgender people	Some information withheld under <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(f)(iv) • section 9(2)(b)(ii) • section 9(2)(j) to enable a Minister or public service agency to carry on negotiations without prejudice or disadvantage, including commercial negotiations. • section 9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency

#	Date	Title	Decision on release
5	24 September 2021	Briefing: Options for progressing a Rainbow Health Budget 2022 package	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(f)(iv)
6	1 October 2021	Aide-Memoire: Meeting with PATHA and Gender Minorities Aotearoa to discuss the transgender health work Programme	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(f)(iv) • section 9(2)(g)(i)
7	20 October 2021	Briefing: Budget 2022: Rainbow Health Budget Bids	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(f)(iv) • section 9(2)(g)(i)
8	26 November 2021	Aide-Memoire: Meeting with the council of Medical Colleges' Board of Trustees	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(f)(iv) • some information withheld as deemed out of scope
9	N/A	Budget 2022 Initiative Summary – Main Budget Process: Improving access to primary health care services for transgender people	Some information withheld under: <ul style="list-style-type: none"> • section 9(2)(a) • section 9(2)(i) • section 9(2)(ba)(i) to protect information that is subject to an obligation of confidence and making it available would likely prejudice the supply of similar information, or information from the same source.

Briefing

Improving the health system's responsiveness to transgender, non-binary and intersex people

Date due to MO: 3 Feb 2021

Action required by: 22 February 2021

Security level: IN CONFIDENCE

Health Report number: HR20210124

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy Director-General, System Strategy and Policy	S9(2)(a)
Caroline Flora	Group Manager Family and Community Policy, System Strategy and Policy	S9(2)(a)

Minister's office to complete:

☐ Approved

☐ Decline

☐ Noted

☐ Needs change

☐ Seen

☐ Overtaken by events

☐ See Minister's Notes

☐ Withdrawn

Comment:

Improving the health system's responsiveness to transgender, non-binary and intersex people

Security level: IN CONFIDENCE **Date:** 3 February 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. This briefing responds to your request for advice on how the health system can provide better access, support and treatment for, and be more responsive to, transgender, gender diverse (non-binary) and intersex people.

Summary

2. Transgender, non-binary and intersex people have general health needs and may also seek a range of health supports to affirm their own gender identity. Often these populations face systemic barriers to access in both.
3. Recent improvements have focused on improving access to gender-affirming genital surgery and mental health and addiction supports. While progress in these areas was necessary and welcomed by the community, it does not address the entirety of the needs of transgender, non-binary and intersex people.
4. Improvements in primary care through addressing funding mechanisms, improving workforce capability and strengthening health care pathways across New Zealand is likely to make the biggest contribution to the health and wellbeing of transgender, non-binary and intersex people.
5. There are many examples of providers and non-governmental organisations (NGOs) offering effective and affirming care in New Zealand. These services are not fully funded and further investment may be required to ensure their sustainability and to empower the wider health sector to better support transgender, non-binary and intersex people.
6. There are initiatives that could be developed to provide better access to health care. These include offering an enhanced package of government funded gender-affirming care, developing a central hub of information, partnering with NGOs to provide peer support and delivering health promotion campaigns to address discrimination.
7. Opportunities identified require more thorough analysis, as well as engagement with the community and health sector if progressed. Officials are available to discuss your priorities for where the Ministry should focus efforts in these areas.

Recommendations

We recommend you:

- a) **Note** that some transgender, non-binary and intersex people face barriers accessing both general and specific gender-affirming health care in New Zealand

- b) **Note** that there have been recent improvements on gender-affirming genital surgeries, mental health and addiction supports and universal health services
- c) **Note** there are other opportunities for improving the health and wellbeing of transgender, non-binary and intersex people, which if progressed would require consultation and potentially co-design with the communities they serve
- d) **Note** that officials are available to meet with you to discuss your priorities for where the Ministry should focus work in the Rainbow health area

Maree Roberts

**Deputy Director-General
System Strategy and Policy**

Date:

Hon Dr Ayesha Verrall

Associate Minister of Health

Date:

Improving the health system's responsiveness to transgender, non-binary and intersex people

Background

1. This briefing responds to your request for advice on how the health system can provide better access, support and treatment for, and be more responsive to, transgender, gender diverse (non-binary) and intersex people. Although this briefing is specifically about these populations, the term Rainbow is used in places to describe people whose sexual orientation, gender identity, gender expression or sex characteristics differ from binary norms.
2. This is an initial briefing to outline barriers and initial opportunities to seek your priorities for further work in this area.

Health care needs of transgender, non-binary and intersex people

3. Members of the Rainbow community often face barriers to accessing universal health services, such as marginalisation and discrimination, and may be reluctant to engage with healthcare providers due to a lack of responsiveness to their needs¹.
4. In addition to general health needs, transgender, non-binary and intersex people may seek a range of health supports to affirm their own gender identity. This may include hormone therapy (puberty blocking and gender-affirming hormones), laser hair removal, voice therapy, counselling and social supports, and surgeries. Gender-affirming surgeries include both genital reconstruction and other surgeries, such as mastectomies. Not all transgender people will want these options, or may only want a few, but there is a significant lack of access and wide local variation to these services in New Zealand²³. Many people must privately pay for some services or access them through community organisations.
5. Connection to supportive communities, healthy relationships, a positive sense of identity and acceptance from society all contribute to good health outcomes for Rainbow communities and protect against poor physical health, psychological distress and suicidality⁴.

¹ Birkenhead, A. & Rands, D. (2012) *Let's talk about sex... (sexuality and gender): Improving mental health and addiction services for Rainbow Communities*. Auckland, New Zealand: Auckland District Health Board, OUTline and Affinity Services.

² Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). *Youth'12: The health and wellbeing of New Zealand secondary school students in 2012*. Auckland, New Zealand: The University of Auckland

³ Fraser, G., Shields, J., Brady, A., & Wilson, M. (2019). *The Postcode Lottery: Gender-affirming Healthcare Provision across New Zealand's District Health Boards*.

⁴ Leonard, W., & Metcalf, A. (2014). *Going upstream: A framework for promoting the mental health of lesbian, gay, bisexual, transgender and intersex (LGBTI) people*. Australia: National LGBTI Health Alliance

Access to adequate health care is variable

6. Research from and engagement with the transgender community shows they do not feel their concerns have been adequately addressed in the past⁵ and they do not feel visible as a priority population. This is true for accessing both general health care as well as care related to their gender.
7. Transgender young people in the Youth '12 survey reported significant barriers to accessing appropriate primary and secondary health care, with 39 percent unable to see a healthcare professional when they needed to in the last 12 months, compared to 18 percent of their cisgender peers². The 2019 Counting Ourselves survey also identified significant unmet need when treatment was sought by transgender people, ranging from 19 percent of people seeking hormone treatment, 67 percent of transgender men seeking chest reconstruction surgery, and 50 percent for transgender women seeking voice therapy⁶.
8. Transgender and non-binary people need access to mental health and addiction services that are understanding and affirming of their gender identity and expression. Overseas research has shown that mental health professionals often view sexual orientation and gender identity as an underlying determinant of an individual's mental distress⁷. Additionally, the 2020 Working Group for reducing barriers to changing registered sex found that transgender and non-binary young people face barriers by not being able to access gender-affirming health care until after they have developed significant mental health needs⁸. Addressing these barriers requires both supporting the Rainbow responsiveness of mainstream mental health and addiction services as well as providing more options for people to access community organisations specialising in Rainbow health.

Recent improvements for Rainbow health

Gender-affirming genital surgery

9. \$2.99 million of additional funding over four years was provided through Budget 19 to establish a New Zealand-based service to lift gender-affirming genital surgeries to up to 14 surgeries per year. This is a significant improvement from the two surgeries per year previously funded through the High Cost Treatment Pool and performed overseas, however the wait list remains long at 252 people. In December 2020 you received a briefing about the establishment of this service and an update on the surgeries performed in 2020 (HR20202156 refers). In March 2021 you will receive a further update on recent discussions with the service provider, the likely number of surgeries expected this year and opportunities for the Ministry to support the service provider.

Mental health and addiction support

10. Budget 19 allocated \$455 million over four years to roll out primary mental health and addiction responses nationally. Youth-focused services have an explicit requirement to be responsive to the unique needs of Rainbow communities. District Health Boards

⁵ 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.

⁶ 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.

⁷ McNeil, J., Bailey, L., Ellis, S., Morton, J., and Rehan, M. (2012) *Trans Mental Health Study 2012*. Scottish Transgender Alliance: Edinburgh

⁸ <https://www.dia.govt.nz/BDMReview-Working-Group-for-reducing-barriers-to-changing-registered-sex>

(DHBs) have also received guidance for embedding a wellbeing and equity focus across their mental health and addiction services in their 2020/21 Annual Plans, including guidelines for engaging with Rainbow communities and ensuring equitable support options are available.

11. The Ministry provided additional funding to the LGBTIQ+ counselling service OUTline, as part of the COVID-19 psychosocial response. Officials have also noted the Labour 2020 manifesto commitment of \$4 million for Rainbow mental wellbeing services and can provide advice to Ministers on how to progress this in due course, for consideration in a future Budget process.

Rainbow Legacy Fund

12. A \$1 million Rainbow Legacy Fund was established in 2019 to improve the health and wellbeing of the Rainbow community through allocation of grants to organisations working with the Rainbow community. The Ministry provided support for the establishment of the fund. The fund is administered by the Rule Foundation, which has been advancing the health, wellbeing and visibility of the Rainbow community since 1995. The inaugural round of the fund in 2020 granted a total of \$100,000 across seven different initiatives, including an online transgender health training module for primary care, research on Rainbow ethnic youth in New Zealand, and initiatives to support and inform whānau of Rainbow people.

Universal services

13. Rainbow youth have been recognised as a priority population as part of the School Based Health Services enhancement programme funded through Budget 19. These services were also expanded and are now available in all Decile 1 to 5 public secondary schools, Teen Parent Units and Alternative Education sites. Universal youth health services, including Youth One Stop Shops, are anecdotally preferred by Rainbow youth and can offer health support at a timely life stage.

Relevant work underway

Gender identification in primary care

14. Currently the health system does not accurately or appropriately record all transgender and non-binary people's gender in health care settings. Inappropriate recording of gender identity can contribute to health inequities as people both avoid, and receive inadequate, primary health care as a result.
15. The PHO Agreement Amendment Protocol Group is beginning work to improve the recording and storage of gender identity in primary care. There are complex considerations for implementing these changes across the health system and correctly recording gender identity in a number of interrelated patient and IT systems. There are also implications for funding and capitation, and workforce guidance and training to support appropriate recording and use of gender information by staff is required.
16. Transgender people report poor experiences in primary care when they disclose their sex assigned at birth and their gender identifier⁹, which can increase their reluctance to engage with primary care. However, there may be a clinical need for a person's sex

⁹ 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.

assigned at birth to be known, for instance for cervical screening for some transgender men. The consultation process so far has highlighted the need for consistent direction, standards, definitions and leadership from the Ministry in order to support the wider health sector to implement the changes. This work is in the early stages and the Ministry will keep you updated as the work programme develops.

Updating gender on Birth Certificates

17. The Government's response to the Working Group for reducing barriers to changing registered sex includes the Ministry of Health-led action to understand the retention and disposal of paediatric records. This is relevant to those seeking to change the registered gender on their birth certificate and requiring paediatric records to do so. With support from Archives NZ and Department of Internal Affairs, the Ministry will work with DHBs to understand how paediatric record systems operate and in what circumstances they may be destroyed. Following this, guidance for DHBs may be developed for the retention of and access to paediatric records. The Ministry will also explore other ways the health system can facilitate this process for people. You will receive an update on this by June 2021.

Health sector response to intersex people

18. A key issue for children and youth with differences in sex development is the opportunity for them to be supported to make their own decisions regarding their sex and gender identity. As part of the Ministry-funded Child and Youth Clinical Networks, the Paediatric Society established a national Intersex Clinical Network to investigate developing responses for people aged 0 to 18 with differences in sex development in 2017. Guidelines for healthcare workers caring for new-borns with differences in sex development were published in 2020. Further work to support intersex children and youth through referral pathways is being considered by the Ministry.

Further improving the health system's responsiveness to transgender, non-binary and intersex people

19. While these efforts have been welcomed by the communities they serve, they do not fully address the wide range of the population's needs. There are significant opportunities to better respond to transgender, non-binary and intersex people through the health system, particularly through primary care.

Primary care

20. The Rainbow community receives most of their health care in primary care, through their general practice or a community provider. Primary care is the most appropriate place for the multi-faceted needs of transgender and non-binary people to be met, with care delivered and coordinated in primary care and referring to secondary and specialist services when needed.
21. Research and community feedback indicate that supportive gender-affirming care through primary health care will satisfy many people's needs and can reduce the need for more intensive health care across the life course¹⁰. For instance, less stigmatising and more appropriate health services will improve mental health, and timely hormonal or

¹⁰ Hyde, Z., Doherty, M., Tilley, P.J.M., McCaul, K. A., Rooney, R. & Jancey, J. (2013). *The First Australian Trans Mental Health Survey: Summary of Results*. Perth: School of Public Health, Curtin University

'minor' surgical interventions may reduce the need for more complex surgical interventions later in life.

Primary care funding

22. The biggest barrier for access to adequate health care for Rainbow people is a lack of targeted or flexible funding to meet their health care needs. For example, coordinated care for a range of gender-affirming needs without additional funding to meet them can require a number of appointments, which, in general practice, have an out of pocket cost for the patient.
23. Despite these populations having higher health needs on average, current funding rates for transgender, non-binary and intersex people do not differ from the general population. This then relies on general practices and community organisations offering care beyond that contracted by government. There are many examples of providers and NGOs offering effective and affirming care and support, however their sustainability is uncertain. Sometimes people may go without adequate care in their region, or must travel long distances to access it.
24. As part of their work programme the PHO Agreement Amendment Protocol Group are considering the need and potential mechanisms for ensuring flexible funding to follow the patient through the health system to receive the care they need. The Ministry will update you as this work progresses.

Workforce capability

25. A key element of ensuring primary care is accessible, appropriate and can affirm one's gender identity is making sure health workforces have the capability and resources to deliver Rainbow-inclusive services. While the majority of practitioners are competent and informed, a common theme from the OutLoud report and the Counting Ourselves survey is a lack of understanding by some health practitioners¹¹ and mental health professionals¹² about transgender experiences and realities. For example, 13 percent of participants in the Counting Ourselves survey reported being asked unnecessary or invasive questions about their gender identity unrelated to their health visit in the last 12 months, and 17 percent reported a professional trying to stop them from being transgender or non-binary¹³.
26. National guidelines for the provision of gender-affirming health care for children, youth and adults were published in 2018 and later endorsed by the Ministry. DHBs are implementing the guidelines to varying degrees, largely based on available funding and the capacity and capability of the workforce.

Health care pathways

27. HealthPathways is a tool to provide health practitioners with guidance and referral pathways for a large range of clinical conditions. Developing consistent HealthPathways for gender-affirming care, localised for each DHB region, is an important part of ensuring a consistent approach to health care for transgender, non-binary and intersex

¹¹ 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.

¹² RainbowYOUTH & We Are Beneficiaries. (2018). *Out Loud Aotearoa*.

¹³ 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.

people. HealthPathways for gender-affirming care already exist and are available nationally, with many DHBs utilising them well. There is ongoing work from DHBs to strengthen the localisation of these pathways, with input from local communities, health providers and the Professional Association for Transgender Health Aotearoa. Strengthening these pathways will support more health professionals to offer timely health care and appropriate referrals to both peer and specialist support as required.

Potential further opportunities to explore

28. The following opportunities would require engagement and potential co-design with the community they serve, as well as further assessment on implementation, cost and timeframes for any work programme that results. Officials are available to discuss these options and their alignment with your priorities in this area.

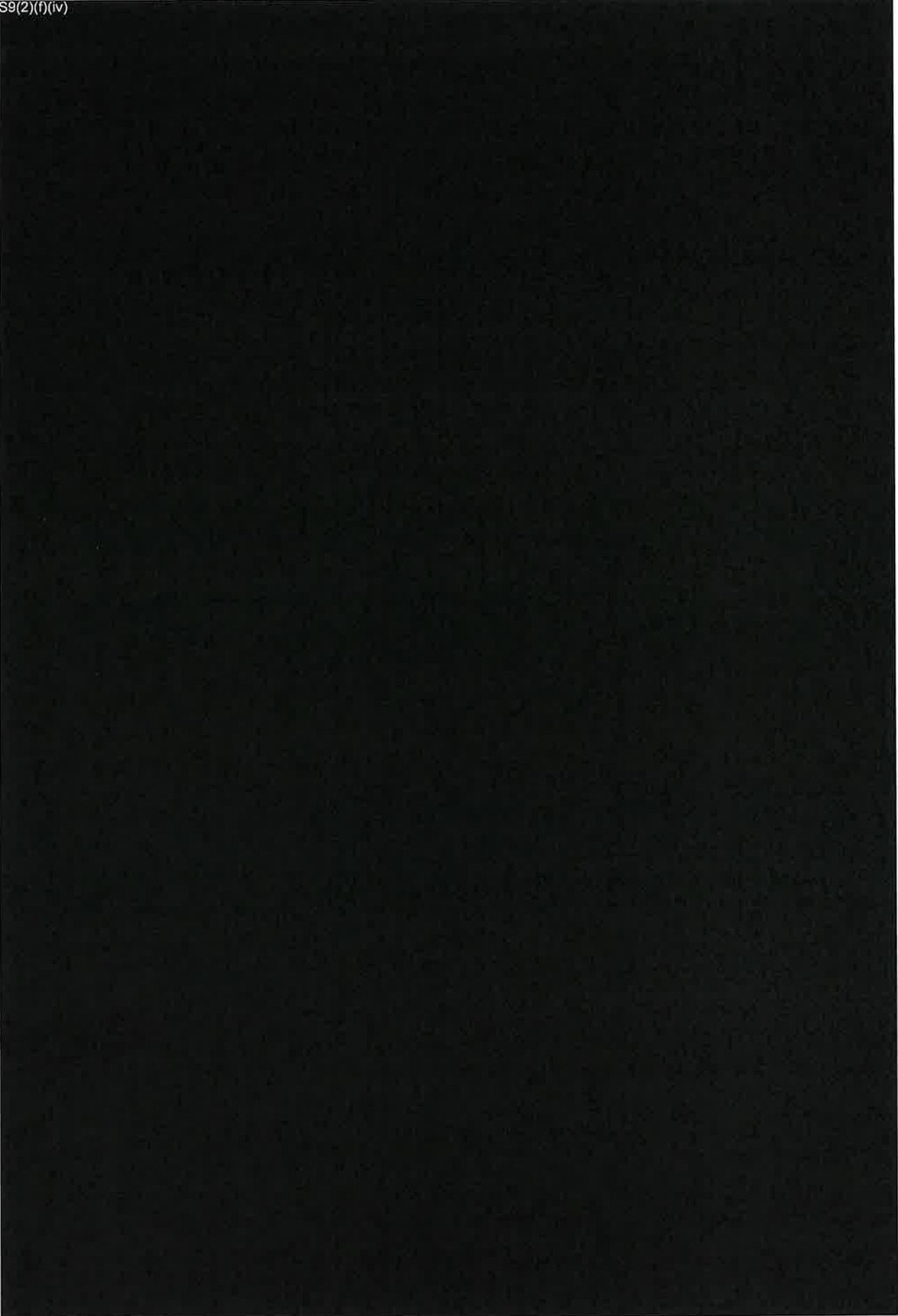
Improving the consistency of assessment for gender-affirming care

29. Currently the Ministry of Health policy for accessing gender-affirming surgery requires a psychological readiness assessment. In practice this is often performed by the prescribing clinician, who generally knows the patient better than a mental health professional not familiar with the patient. However, some DHBs require a diagnosis of gender dysphoria to begin hormone treatment, and some require children to get a private assessment by a psychologist before starting puberty blockers or hormone treatment.
30. This approach can become problematic because requiring a diagnosis of gender dysphoria to transition creates barriers and can pathologise and stigmatise gender diversity. It is also important to consider potential misalignment with indigenous and cross-cultural understandings, for example takatāpui for Māori. Takatāpui embraces all Māori with diverse gender identities, sexualities and sex characteristics.¹⁴
31. A potential solution to explore is implementing consistent national guidelines for eligibility to access gender-affirming care. Informed consent means enabling transgender people to take the decision to transition themselves, without requiring the agreement of a mental health professional in all cases. Transgender people will have their own individual transition goals which may or may not include different aspects of social, mental health, medical or surgical care. This aligns with the Aotearoa New Zealand Guidelines for Gender-Affirming Healthcare and is practiced in some DHBs in relation to hormone therapy.
32. Nationally adopting a consistent approach could considerably improve access to some services and reduce the chance of stigmatising someone on their transition journey. The Ministry of Health keeps up to date with best international practice for providing gender-affirming surgery, and is considering other approaches for ensuring the health and wellbeing of transgender patients who are considering surgical interventions.

S9(2)(f)(iv)

¹⁴ Kerekere, E. (2017). *Part of The Whānau: The Emergence of Takatāpui Identity: He Whāriki Takatāpui* (Doctoral thesis, Victoria University of Wellington, Wellington, New Zealand)

S9(2)(f)(iv)



S9(2)(f)(iv)

Equity

40. Rainbow New Zealanders tend to experience worse physical and mental outcomes than their peers and often have more need to engage with the health system, yet face persistent barriers in doing so. Investment to ensure the health system is responsive to need and does not impose a cost barrier on people, as well as improving health supports relating to their gender, is crucial to achieve equitable health and wellbeing outcomes.
41. Rainbow people are also not a homogenous group. Intersectionality is a concept that recognises people who experience one form of marginalisation may also experience other forms of marginalisation, based on their ethnicity, socio-economic status, or gender identity. These may contribute to mental distress and when combined, have compounding effects on a person.
42. Progressing any of the opportunities underway and outlined in this briefing must consider the broad range of individual situations of Rainbow people, including culture, refugee status, disability status and proximity to health services.

Next steps

43. This is an initial briefing to outline barriers and potential opportunities, with the expectation of further work in this area aligned with your priorities. Most of the opportunities identified require engagement and potential co-design with the communities they serve. Further assessment is required on implementation feasibility, cost and timeframes for any work programme that results. Officials are available to discuss with you where the Ministry should focus our work in this area.
44. The Government's Response to the Health and Disability System Review also creates an opportunity to make the health system more responsive to the needs of transgender, non-binary and intersex people. Officials will engage with the Transition Unit as the Response progresses, to better understand the relevance to these opportunities and the Labour 2020 manifesto commitments.

ENDS.

Appendix One.

Gender-affirming non-genital surgery by DHB

DHB of Domicile	2017/18	2018/19	2019/20 (YTD)	TOTAL
Auckland	10	12	24	46
Bay of Plenty	2		2	4
Canterbury	3		2	5
Capital & Coast	3	4	13	20
Counties Manukau	3	8	10	21
Hutt Valley	2	2	1	5
MidCentral	2	4		6
Nelson Marlborough			3	3
Northland	1		2	3
Southern	3	1	5	9
Tairāwhiti			1	1
Taranaki	1			1
Waikato	1	2	2	5
Waitemata	10	13	11	34
	41	46	76	163

Gender-affirming non-genital surgery by procedure type

Procedure	2017/18	2018/19	2019/20 (YTD)	Total
Hysterectomy	15	17	18	50
Mammoplasty		4	4	8
Mastectomy	18	9	34	61
Orchidectomy	7	8	12	27
Other		2	2	4
Other Breast Procedures	1	5	4	10
Other male genital procedure		1	1	2
Laryngoplasty			1	1
	41	46	76	163

Briefing

Further advice on meeting the health needs of the transgender community

Date due to MO:	4 March 2021	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	HR20210359
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy Director-General, System Strategy and Policy	S9(2)(a)
Caroline Flora	Group Manager Family and Community Health Policy, System Strategy and Policy	S9(2)(a)

Minister's office to complete:

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

Comment:

Further advice on meeting the health needs of the transgender community

Security level: IN CONFIDENCE **Date:** 4 March 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. This briefing responds to your request for further advice on transgender health, particularly around engagement with the transgender community and opportunities to collaborate on solutions that will meet their health care needs.

Summary

2. We recommend focusing on primary care as this is the most appropriate care setting for early and preventative health care and is where transgender people, like the rest of the population, receive the majority of their care.
3. Within primary care, we have identified three priority areas where we could improve the health care transgender people receive: supporting primary care clinicians to deliver gender-affirming care, standardising care pathways, and funding. There are opportunities to work with the transgender community on these areas.
4. We are proposing a programme of work for improvement in these areas, and in September 2021 we will provide you with a briefing seeking your further decisions on future work. This will present you with our final advice, and seek your decisions on further action including the development of Budget bids for Budget 2022.
5. Mental health and wellbeing are also critical and should be a part of any transgender work programme. An investment package to support Rainbow mental wellbeing has recently been announced, which may present an opportunity for engagement with Rainbow community organisations and subsequent collaborative design between these organisations and other primary health care providers. This investment may support transgender people.
6. We will engage with the transgender community as we develop the decision briefing that we will provide to you in September 2021. To date, Ministry engagement with the transgender community has been around specific time-limited projects. We could explore options to undertake consistent engagement with the intent of developing a work programme.
7. We will provide you with two further briefings on Rainbow health later in March 2021, focusing on intersex and gender-affirming (genital) surgeries. We recommend that these three papers be considered together to inform your priorities for Rainbow health and where the Ministry should focus work in this area.

Recommendations

We recommend you:

- a) **Note** that the health needs of transgender people can be most appropriately addressed within primary care
- b) **Agree** that officials progress a transgender health programme of work that focuses on primary care, including funding settings, supporting clinicians to be confident in delivering gender-affirming care, and standardising care pathways **Yes/No**
- c) **Agree** that officials will provide you with initial options and an outline of proposed engagement in June 2021, with a focus on funding settings, supporting clinicians to be confident in delivering gender-affirming care, and standardising care pathways **Yes/No**
- d) **Agree** that, following this advice, officials will provide you a briefing in September 2021 that seeks your decisions on this programme of work, including the possibility of developing bids for Budget 2022 **Yes/No**
- e) **Note** that mental health and wellbeing are also critical to a transgender work programme, and investment in Rainbow mental wellbeing was recently announced
- f) **Note** that we will engage with the transgender and wider Rainbow community to inform this work, and that we can explore options for more intentional engagement with the Rainbow community across different programmes of work in the Ministry
- g) **Note** that we will provide you with two further briefings on Rainbow health in March 2021, and that these three papers should be considered together

Maree Roberts
Deputy Director-General
System Strategy and Policy
Date:

Hon Dr Ayesha Verrall
Associate Minister of Health
Date:

Further advice on meeting the health needs of transgender people

Context

1. We previously provided you with a briefing on improving the health system's responsiveness to transgender, non-binary and intersex people [HR20210124 refers].
2. Following a meeting with Ministry of Health (Ministry) officials on 11 February 2021, you requested three further pieces of advice on Rainbow health, including on transgender health care. This briefing provides you with an outline of a possible work programme, including engagement with the transgender community to identify their health needs and co-design ways to deliver this care.

Background

3. Our previous briefing [HR20210124 refers] described the importance of meeting the general health needs of transgender, non-binary and intersex peoples, as well as meeting those health needs that are specific to being transgender. While the Rainbow community is a priority health population with its own health needs, transgender people have additional specific health needs. Access to gender affirming care varies across Aotearoa.
4. While there have been some recent actions in this space (eg, funding to increase access to gender-affirming genital surgery) unmet demand and opportunities for improvement remain. The paper [HR20210124] described several areas for further work, some of which are already under way.

Primary care is the best place to focus efforts to improve health outcomes for transgender people

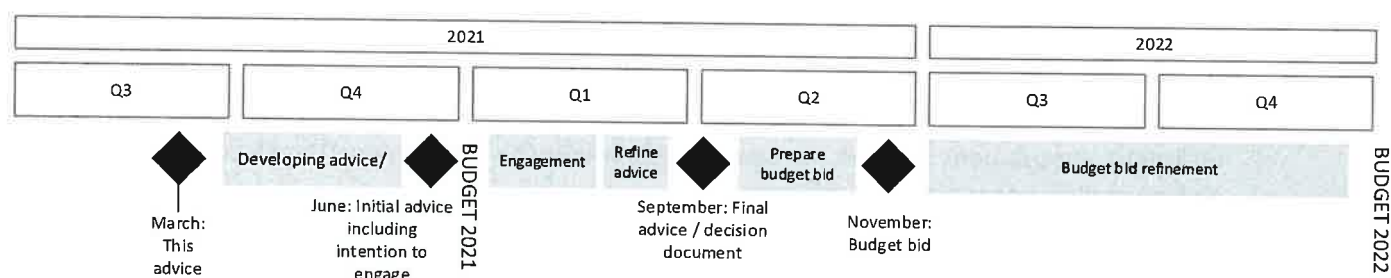
5. The majority of the health needs of transgender people can be appropriately addressed within primary care. This is also the appropriate place for coordination of care and referral to secondary and specialist services when required.
6. Ideally, the primary care sector would take the lead in providing health services, with clinicians supported and enabled to deliver gender-affirming care that transgender people feel comfortable engaging with.
7. While primary care provision is the responsibility of DHBs to manage, there are levers the Ministry can use to improve the care transgender people receive.

We have mapped out a programme of work for the next two years

8. We are proposing a programme that focuses on funding settings, supporting clinicians to be confident in delivering gender-affirming care, and standardising care pathways.
9. Following your agreement, we will begin work across these three areas, with a view to developing a transgender health bid for Budget 2022. We will look at what can practically be done in these areas with different amounts of funding. When we have

developed options we will engage with the transgender community, and the primary care sector, so we can refine the options and develop bids.

10. We will also look to endorse and publicise existing guidelines for working with transgender people in primary care, and disseminate them to DHBs, PHOs and across the sector. This can be done ahead of Budget 2022 without additional funding.
11. We will keep you informed throughout the process. The diagram below sets out our proposed timeframe.



12. Our June 2021 advice will present initial options and outline our proposed engagement. In September 2021 we will deliver a decision document, presenting final advice and seeking your decisions on further actions, including where you would like us to focus a Budget bid.

Funding

13. Ensuring appropriate funding is available to primary care providers to offer gender-affirming care is important. Despite often having higher health needs, capitation funding rates are the same for transgender people as the general population. Many transgender people seek out specific primary care clinicians or health services they know offer high quality care, so those clinicians are often offering care to many transgender people.
14. The Ministry will develop funding models or options to address the issue of appropriately funding primary care to treat transgender people, with a view to developing a Budget bid for Budget 2022. There are a variety of ways to draw up a funding model, and they could include both reprioritisation of existing funding within DHBs, primary health organisation (PHO) flexible funding streams or using new funding.
15. We will consult with the PHO Agreement Amendment Protocol Group. This is a group which has consistently talked about the funding formula being unfit for purpose, and it is likely to be keen to be involved in developing ways to address this. We will also consult with the primary care sector and professional organisations. In the short to medium term, we will focus on ensuring that providers who are already providing effective and affirming care receive targeted funding so they can continue to do so.
16. We will need to be mindful that any changes in the short-term could be overtaken by the Government's response to the Health and Disability System Review. This will be reflected in the preferred option we present you with in September 2021.

Support primary care clinicians to become confident in the delivery of gender-affirming care

17. While many health practitioners are comfortable working with transgender patients and delivering Rainbow-inclusive services, others are less so. Different processes between DHBs (such as the necessity for psychological assessment prior to commencing gender-affirming hormone therapy) add to this uncertainty. This means that some transgender people still experience discriminatory practice by health practitioners – there is still a way to go before transgender people can be confident of being treated with dignity and understanding wherever they interact with health providers.
18. The *Guidelines for Gender Affirming Healthcare for Gender Diverse and Transgender Children, Young People and Adults in Aotearoa New Zealand*¹ were developed by an independent group of health professionals and community stakeholders and published in 2018. The Professional Association for Transgender Health Aotearoa (PATHA) has signalled their intention to update the guidelines, and we understand they intend to take a more in-depth focus on primary care than the 2018 guidelines.
19. When the updated guidelines are published, we will consider them for formal endorsement, and then support their dissemination and set the expectation that they are followed. PATHA intends to update these after the World Professional Association for Transgender Health has released updated Standards of Care, currently expected at the end of 2021.
20. PATHA has recently received funding and has developed an online training module for primary care on transgender health and wellbeing. There is now an opportunity for the Ministry to endorse them and support their implementation.
21. We will explore further training opportunities as part of the September 2021 advice. This will look at what professional development is required for different clinical and administrative groups in the primary care settings (eg, receptionists are an important part in creating a supportive environment for patients and are often the person a transgender person sees when, for example, someone wants to change their gender identifier), what can be done with different levels of funding, and the interplay of training with different models of funding.

Standardising gender-affirming care pathways

22. Our previous briefing described HealthPathways, a tool to give health practitioners guidance and referral pathways for a large range of clinical conditions [HR20210124 refers]. Canterbury DHB has developed a HealthPathway for gender-affirming care. These are available to all DHBs to localise to reflect services that are available in their area.
23. There are inconsistent ways of delivering care across the country, in relation to both gender-affirming care and general physical and mental health care for all Rainbow people. This is particularly pertinent for transgender people, as there is significant

¹ Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. Transgender Health Research Lab, University of Waikato, 2018. <https://researchcommons.waikato.ac.nz/handle/10289/12160>

variation across DHBs for transgender-related health matters including (but not limited to):

- a. access to puberty blockers
 - b. access to hormone treatment
 - c. access to non-genital gender-affirming surgery – including surgery such as breast augmentation, hysterectomies, etc – which are the responsibility of individual DHBs, rather than genital reconstructive surgery which is overseen centrally by the Ministry
 - d. the extent to which a psychological assessment is needed before someone can access any of these services
 - e. access to psychological support for people who are transitioning, and for their whānau.
24. While provision of services is the responsibility of DHBs, the Ministry will explore adopting nationally consistent guidelines for eligibility for services where they are available. This could improve access to some services (eg, if there were national guidelines stating that a psychological assessment prior to commencing puberty blockers was not compulsory).
25. This work will look at what the eligibility requirements should be, taking into account up-to-date scientific evidence and views of the transgender community. It will also look at what mechanisms we can use to put these requirements in place. We will complete this by September 2021, and it will inform the advice we give you then.

Mental health and wellbeing are also critical

26. We have recently provided advice to the Minister of Health [HR20210208 and HR20210229 refer] on the implementation of an investment package to support Rainbow mental wellbeing, which was subsequently announced by the Prime Minister ahead of Big Gay Out 2021.
27. This package has two components:
- a. increasing investment in Rainbow mental wellbeing through the Rainbow Wellbeing Legacy Fund
 - b. undertaking a procurement process to collaboratively design and expand youth mental wellbeing services provided by existing Rainbow community organisations.

These are supported by a total investment of \$4 million.

28. There is potential for a new or expanded initiative/s under the Legacy Fund to contribute to health outcomes for transgender people. The inaugural funding round in 2020 provided funding to seven initiatives, including for PATHA to develop online training modules for primary care on transgender health and wellbeing.
29. The second component will require organisations seeking funding to explain how they would contribute to positive mental health and wellbeing outcomes for Rainbow young people. Rainbow community organisations are an important part of providing safe and inclusive support for Rainbow young people in their local communities, which includes being responsive to the needs of transgender young people.

Supporting community organisations and Youth One Stop Shops

30. Many Rainbow young people prefer to access health services through Youth One Stop Shops (YOSS). YOSS are designed to provide connected and holistic services that allow young people to access services that meet their needs in a safe, stigma-free environment. This model aims to decrease system complexity and increase access to services by providing a suite of co-located services.
31. YOSS are funded through a range of sources, including DHBs and primary health organisations. They may then partner with community and other organisations to provide services.
32. Community organisations themselves can be reluctant to seek government funding. This is because receiving it can mean they lose charitable funding, as they are less attractive (or seem less needy or deserving) to charitable funders. If funding from government is not sufficient, or ongoing, it poses sustainability risks for the organisations.

You also asked about the possibility of collaborating with the transgender community to design solutions to meet their health care needs as part of this work

Previous engagement has largely been on an informal basis

33. The Ministry engages with population groups in a variety of ways. For some priority population groups engagement is intentional and takes place on a regular basis. We establish advisory groups to consult with on relevant matters.
34. When we are developing particular policies or programmes, we may undertake public consultation. This could be in person (eg, public meetings or visits to relevant organisations) or virtually (eg, inviting written feedback or online surveys).
35. Previously, engagement with transgender (and wider Rainbow) communities has been on an informal basis. Although we do engage regularly with PATHA and other community groups and members, this tends to be on a topic-specific basis.

Alongside engagement, we also use material put out by Rainbow organisations to inform our work and understanding of what these populations' health needs are

36. While engagement has been done on an ad-hoc basis, we do appreciate the need for policies and services to be informed by lived experiences.
37. Material distributed by Rainbow organisations is a valuable resource for us. Recent examples include the Counting Ourselves survey of trans and non-binary people, and weekly communications put out by PATHA.

We have the ability to engage across a wide range of Rainbow organisations as we undertake this work

38. These include professional health care associations, community organisations, health providers, local networks, university groups, and takatāpui and MVPFAFF (Pacific) groups. We also expect that DHBs have local relationships with Rainbow organisations.

39. Stakeholders we have previously engaged with, and who you may like to meet with yourself, include:
- PATHA
 - Kāhui Tū Kaha
 - Gender Minorities Aotearoa
 - New Zealand Prostitutes Collective
 - F'ine
 - Intersex Trust Aotearoa New Zealand.
40. We would welcome any suggestions you have of additional groups to engage with.

We could explore undertaking more regular and intentional engagement as this work progresses

41. We are proposing to engage with the transgender community and primary care sector as outlined in paragraph 9 so that their experiences and input inform the decision briefing that we will provide to you in September 2021.
42. Once you have made decisions on the programme of work, we could establish an advisory group included representation from the transgender and/or other parts of the Rainbow community. This group would provide ongoing, regular input to the work programme outputs and the design and implementation of Budget bids that follow.
43. We would recommend that, if we establish an advisory group, it encompass the broader Rainbow community. There is a range of work under way in the Rainbow space across the Ministry. Intentional, aligned engagement would ensure we were not over-engaging with or fatiguing the community. It would also be useful for ensuring we are undertaking a coherent programme of work across the Ministry.
44. Once you have had an opportunity to consider this paper, and the two upcoming Rainbow health briefings, we would welcome direction from you on if and how you would like us to proceed with co-designing a programme of work with the Rainbow community.

Equity

45. Rainbow New Zealanders experience poorer physical and mental health than the general populations. Transgender people, in turn, can experience poorer health outcomes than other parts of the Rainbow community. This is driven by differences in levels of access, and negative perceptions and experiences of health care and the accompanying stigma. This leads to trans people having lower levels of engagement with health care providers, which leads to poorer health outcomes and further health inequities.
46. Improving health care for transgender people will allow this group to 'catch up' with their peers and will improve equity.

Next steps

47. We will provide you with two further Rainbow briefings on 17 March 2021. These will focus on intersex, and gender-affirming (genital) surgeries.

48. We will provide you with initial options and an outline of proposed engagement in June 2021, with a focus on funding settings, supporting clinicians to be confident in delivering gender-affirming care, and standardising care pathways.

ENDS.

Briefing

Options to improve primary health care services for transgender people

Date due to MO: 30 June 2021

Action required by: N/A

Security level: IN CONFIDENCE

Health Report number: HR20211070

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Caroline Flora	Group Manager, Family and Community Health Policy, System Strategy and Policy	S9(2)(a)
Steve Barnes	Manager, Community Wellbeing Policy, System Strategy and Policy	S9(2)(a)

Minister's office to complete:

☐ Approved

☐ Decline

☐ Noted

☐ Needs change

☐ Seen

☐ Overtaken by events

☐ See Minister's Notes

☐ Withdrawn

Comment:

Options to improve primary health care services for transgender people

Security level: IN CONFIDENCE **Date:** 30 June 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. This report provides you with initial options to improve primary health care services for transgender people, including setting national guidelines, standardising health care pathways, and adjusting primary care funding. It also outlines our approach to engaging with the health workforce and transgender communities.

Summary

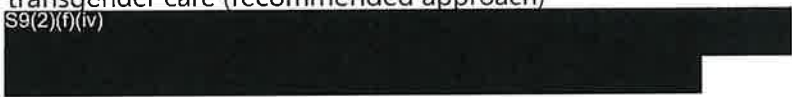
2. Primary care is the most appropriate setting for early and preventative health care and is where transgender people, like the rest of the population, receive the majority of their care.
3. In March 2021, we provided you with an outline of a possible transgender health programme of work for the next two years. We identified three priority areas where we can improve health care for transgender people. These were supporting primary care clinicians to deliver culturally and clinically appropriate care, standardising health care pathways, and adjusting funding settings [HR20210359 refers].
4. This report provides more detail on options for improving primary care for transgender people seeking both general health care and gender-affirming care. There are two broad approaches to improving transgender primary health care and we recommend that elements of both are progressed:
 - a. the first approach is aimed at improving the quality of responsiveness of mainstream primary care services. This can be achieved by supporting primary health care clinicians to be confident in delivering transgender care through establishing and embedding guidelines, referral pathways and training into existing care models.
 - b. the second approach is by supporting the development of specific services and models of care to meet the needs of transgender patients. This can be achieved through new funding for innovative models of care, increasing capacity of existing community services that have a record of serving transgender people well or expanding existing funding streams, such as Care Plus, to increase capacity for model of care improvements.
5. We have provided you with more information on our recommended approaches to funding the delivery of transgender models of care in primary care settings. This includes establishing/expanding existing community-based models of transgender care S9(2)(g)

S9(2)(f)(iv)

6. Some of this work is already underway and can be progressed in the short to medium term with limited or no funding requirements. Other elements of this work will take longer and require new investment. Most of the options rely on improved data collection to better plan and meet the needs of the transgender communities. All options require further input from stakeholder groups to be fully developed.
7. In September 2021, the Professional Association for Transgender Health Aotearoa (PATHA) will launch the updated *Guidelines for Gender-Affirming Health Care*. Following further engagement with the health workforce and PATHA, we will consider the relevant steps to share the embedded updated guidelines.
8. Engagement with the transgender community, health workforce, and professional bodies on the options outlined in this report is already underway. We will continue to work with these groups as we develop your preferred options to meet health workforce training needs, including working with regulatory authorities to endorse existing training, and seeking funding through Budget 2022 to develop new training programmes.
9. In September 2021, we will provide you with further detail on your preferred options and seek your decisions on next steps including the development of a Rainbow health bid for Budget 2022.
10. The Ministry will also provide you with two further briefings on Rainbow health over the next few months, focusing on establishing a rights-based approach to preventing medically unnecessary interventions for intersex children (August 2021) and addressing wait times for gender-affirming (genital) surgeries (July 2021). We recommend that these three papers be considered together to inform your priorities for Rainbow health and where the Ministry should focus work in this area.

Recommendations

The Ministry recommends that you:

- a) **Note** that this briefing provides you with initial options to improve primary health care for transgender people and we will provide you with more detail on your preferred options in September 2021, including initiatives for consideration as part of a Budget 2022 Rainbow health package
- b) **Note** that following further engagement with the health sector we will provide you with more detailed options to meet health workforce training needs, including working with regulatory authorities to endorse and expand existing training and seeking funding, through Budget 2022, to develop new training programmes
- c) **Note** that we will consider the relevant steps to share the embedded updated *Guidelines for Gender-Affirming Health Care* guidelines
- d) **Note** that we will further develop options for standardising gender-affirming health care pathways in line with the updated *Guidelines for Gender-Affirming Health Care* guidelines
- e) **Agree** that we will provide you with more information on our recommended approaches to funding the delivery of transgender models of care in primary care settings:
 - 1. Establishing and/or expanding existing community-based models of transgender care (recommended approach) **Yes/No**
 - 2. S9(2)(f)(iv)  **Yes/No**
- f) **Note** that officials have investigated expanding Care Plus, a primary health care funding stream that provides additional funding to target PHO-enrolled patients with chronic health conditions or terminal illness, as a possible mechanism for increasing primary care funding for transgender patients
- g) **Agree** that officials will not progress on Care Plus eligibility because transgender health care 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 **Yes/No**
- h) **Note** that changes to primary and community funding and service delivery are likely to be considered as part of the upcoming health and disability system transformation. We will continue to identify opportunities to a shift to more equitable funding model for the transgender population in line with wider system transformation
- i) **Note** that we will continue to progress work on improving transgender data collection in primary health care as an important first step to matching care to community need

j)	Agree to share this briefing with the Minister of Health	Yes/No
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PP

Maree Roberts
Deputy-Director General
System Strategy and Policy
Date:

Hon Dr Ayesha Verrall
Associate Minister of Health
Date:

Options to improve primary health care services for transgender people

Background

11. In general, transgender people¹ 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. Barriers can include cost and limited clinical and cultural competency in responding to transgender needs, depending on the experience of the health practitioners involved.
12. There is also variation across primary care providers and district health boards (DHBs) in the availability and delivery of transgender care. Many 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 system and access the services they need.
13. Our previous briefing [HR20210359 refers] provided advice on meeting the health care needs of transgender people with a focus on improving the responsiveness of the primary health care system. This report provides more detailed options for improving transgender health care, including supporting primary care clinicians to deliver gender-affirming care and culturally appropriate care more generally, standardising health care pathways and adjusting primary health care funding settings. It also provides more information on our approach to working with the health workforce and transgender communities to inform options development.

Primary care is the best place to focus efforts to improve health outcomes for transgender people

14. A strong primary health care system is central to improving the health of all New Zealanders and reducing health inequities for transgender people. Appropriate and supportive primary care has 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.
15. Primary care should be able to meet to the wide-ranging needs of transgender people. It is possible to make changes to current mainstream and targeted services to address these inequities.

¹ Many indigenous cultures, including te ao Māori and across the Pacific, have their own understandings and histories of gender diversity. People may use culturally specific language, such as takatāpui and fa'afafine, to describe their gender. We recognise that everyone uses different language, which may be different to the language we have used in this report.

Supporting primary health care clinicians to be confident in delivering care to transgender patients

Training and professional development

16. Primary care is the most appropriate setting for early and preventative health care and is where transgender people receive the majority of their care. There are many dimensions to providing supportive primary care to transgender patients, and many of these overlap with broader principles of providing general patient-centred care. All primary care teams should have basic competency in delivering general health care as well as gender-affirming care to transgender patients. Education on gender diversity not only supports the delivery of safe and inclusive general practice but can help guide decisions related to referral for gender-affirming medical intervention.
17. A range of training options is available in New Zealand and internationally, from introductory 'Trans 101' training that is appropriate for all staff within general practice to advanced training for those specialised in transgender care. Work is underway to understand which area would have the most impact if we were to strengthen them (eg, embed in education curricula, online training modules, and practice audits).
18. The Royal New Zealand College of General Practitioners (RNZCGP) has recently endorsed a gender-affirming health care resource with an accompanying eLearning medical education activity that has been approved for Continuing Medical Education (CME) credits. Training and education on gender diversity is not frequently offered in the education curricula that primary health care professionals receive. In 2017, RNZCGP released the *Practice Audit: Inclusive primary health care for gender diverse clients* for the Goodfellow Unit accredited with the CME credits. PATHA is also developing an online training module on transgender health and wellbeing for primary care.
19. There are opportunities to streamline existing training and professional development to ensure that it is easily accessible in one place for all primary health care professionals. There is also an opportunity to invest in tailored training and professional development for general practitioners that can be incorporated into standard training that all GPs receive, for example, through Cornerstone Continuous Quality Improvement accreditation. Further analysis is required to understand which areas would have the most impact if we were to strengthen them and we will continue to engage with RNZCGP on this to provide you with a package of investment options.

We are working with the health workforce to understand their training and development needs

20. We are currently meeting with health workforce professional and regulatory bodies to ask a series of targeted questions to understand their needs in delivering appropriate care to transgender people. Engagement has focused on their understanding of clinical and cultural best practice and access to relevant guidance, training and health care pathways. To date, several workforce groups have shown enthusiasm for additional professional development and support due to the evolving nature of transgender care and increasing numbers of transgender patients seeking services.
21. We will use the information from our engagement with the health workforce to identify gaps in training and professional development on transgender care. Analysis of the

outcomes of these conversations will include comparison with evidence of transgender people's lived experiences.

22. Our September 2021 advice will provide you with more detailed options to meet health workforce training needs. Options may include:
 - a. publicising existing training modules and guidance
 - b. make existing training modules and guidance more impactful by making them compulsory or more attractive to the workforce
 - c. S9(2)(f)(iv)
23. As part of our engagement with the health workforce and PATHA, we are taking a broad view of the primary health care workforce needs and identifying opportunities to streamline training, national guidance and health care pathways to provide a clear view on best practice in transgender care.

Establishing national guidance and clinical pathways for gender-affirming care

Updating and sharing guidelines

24. In our previous briefing [HR20210359 refers] we outlined PATHA's intentions to update the '*Guidelines for Gender-affirming Health Care*'² in line with the World Professional Association for Transgender Health Standards of Care. In September 2021, these guidelines are expected to be launched at the 2021 PATHA Symposium. A group of PATHA members (GPs, an endocrinologist, and a psychologist) have also drafted clinical guidelines and a protocol for commencing hormone therapy in primary care.
25. Following further engagement with the health workforce and PATHA, we will share these guidelines with DHBs, primary health organisations (PHOs), and across the health and disability sector. We will provide you with more detail on next steps on embedding the guidelines and timeframes in September 2021.

Standardising health care pathways

26. Transgender people commonly access primary health services to obtain referrals to other gender-affirming services. These include referrals to various services such as psychological support, physiotherapy and/or specialist gender-affirming care.
27. Pathways for gender-affirming care were initially developed by Canterbury HealthPathways³ in 2014 and are regularly reviewed and updated. The HealthPathways provide information needed to connect gender diverse people seeking healthcare to the

2 Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. Transgender Health Research Lab, University of Waikato, 2018. <https://researchcommons.waikato.ac.nz/handle/10289/12160>

3 HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions.

appropriate supports, information, assessments and interventions to meet their needs. HealthPathways for gender-affirming care are available nationally for general practice teams and other health practitioners to use at the point of care.

28. Some DHBs have localised and modified gender-affirming care pathways. Regions that have not established a localised pathway have the Canterbury version available for their health practitioners to use. This variability in localisation of the pathways across the regions generally reflects the variable availability of local gender-affirming health services.
29. 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. Our preferred approach is for the Ministry to work with the HealthPathways Community to develop a standard model of care (lead pathways) for transgender services in primary care, including nationally established eligibility criteria for health professionals. This could be achieved by adapting and embedding the updated '*Guidelines for Gender-affirming Health care*' into HealthPathways. Consistent quality advice on local HealthPathways will help ensure that best practice processes are implemented into usual daily clinical practice in primary care.
30. S9(2)(b)(ii)

Improving public access to information on gender-affirming health services

31. You have previously requested that the Ministry and DHB websites be updated to show what services are available and what the process is for accessing gender-affirming surgery at each DHB [HR 20211116 refers]. Work is underway to understand gender-affirming services provision at each DHB before we request that they update their websites. The Ministry will also update its website to reflect these changes on information for gender-affirming health services.

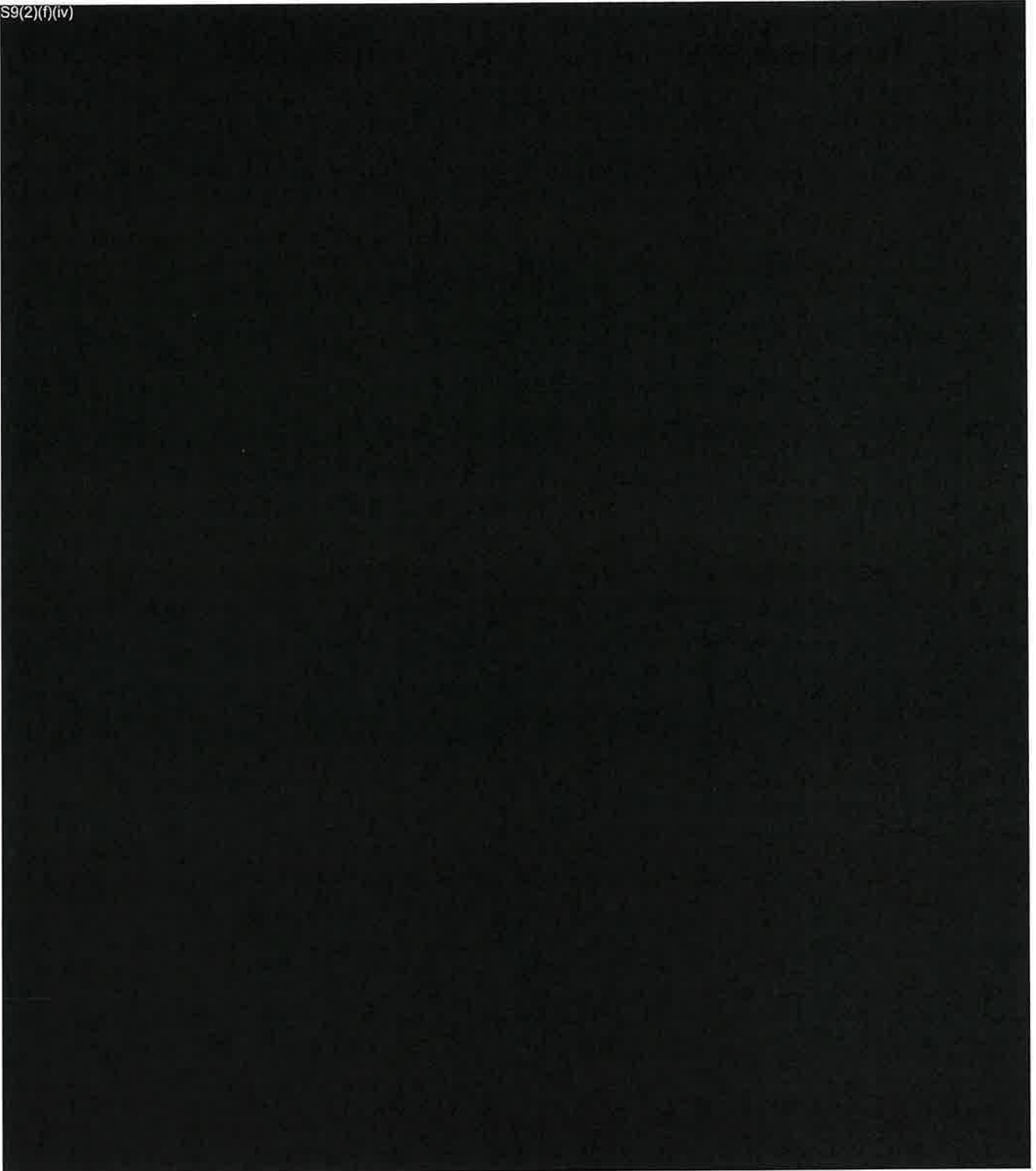
Approaches to targeting primary health care funding

32. In addition to gender-affirming medical care, transgender people have primary and preventative health care needs that are similar to the general population. Depending on an individual's history of gender-affirming care, primary and preventative care may require special considerations. Ensuring transgender patients have equitable access to preventive health services and timely treatment of routine health problems is the role of all primary care providers and does not require specific services or additional funding.
33. In cases where transgender patients have more complex health care needs and it is necessary for providers to offer comprehensive transgender care (eg, mental health support and gender-affirming care) it is important that appropriate funding is available. There are few dedicated places for transgender people to receive care in New Zealand, with services largely being provided by a small number of specialist general practice, community health and hospital services. While many transgender people seek out specific primary care clinicians or health services that they know offer high quality care,

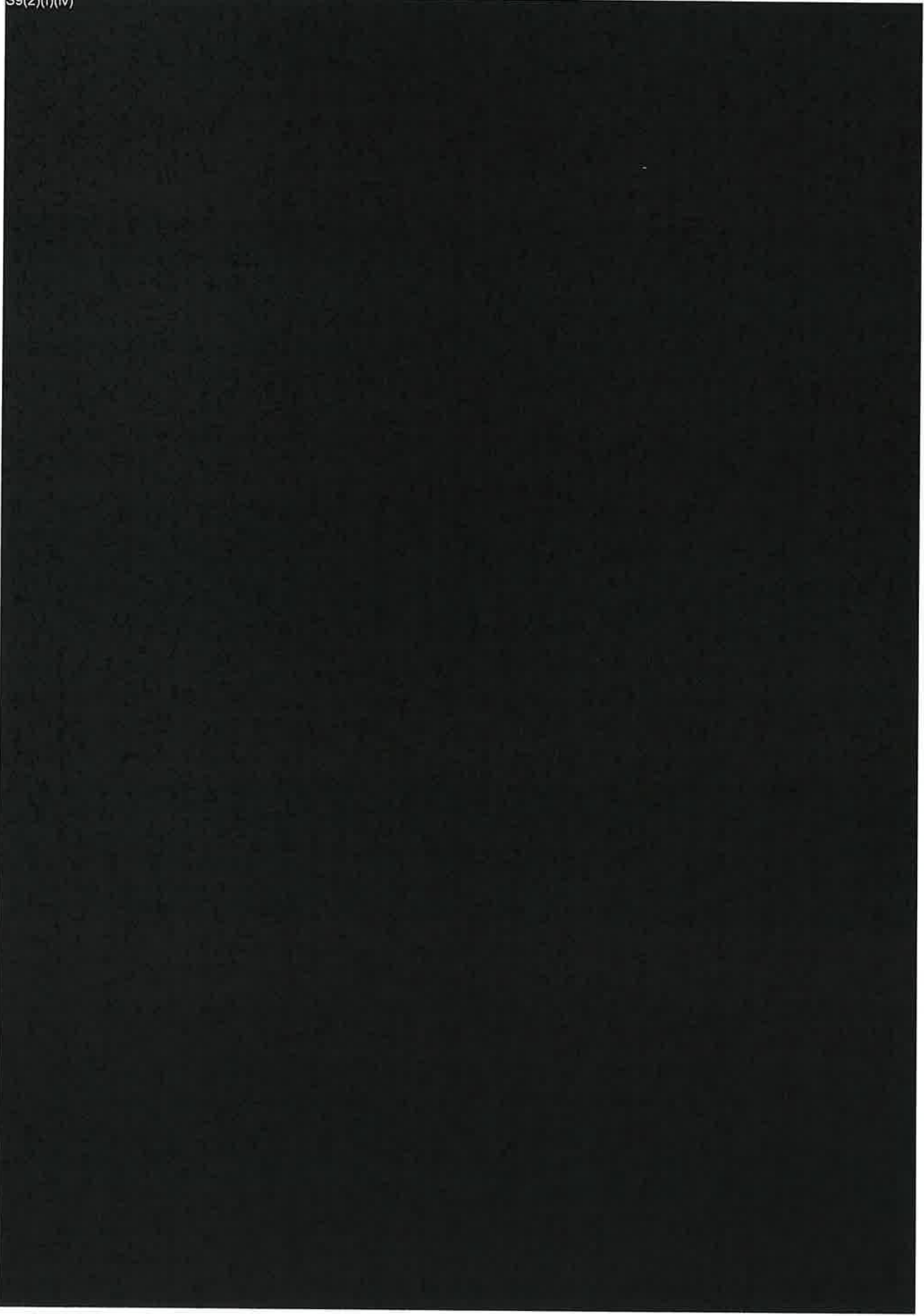
the current funding model does not adequately support primary health care providers to deliver these services.

34. This section outlines three broad approaches to funding primary care providers to be able to deliver appropriate and accessible services for transgender people. Any changes to models of care will need to occur within a framework that ensures safety and quality of care, as outlined in the options to establish guidelines, training and health care pathways.

S9(2)(f)(iv)



S9(2)(f)(iv)



S9(2)(f)(iv)

Standardising the collection of personal and clinical information

50. Clear guidelines in primary health care around the collection, storage and use of data relating to gender identity, pronouns, and sex assigned at birth are being progressed 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.
51. The Ministry is currently working with the Primary Health Organisation Service Agreement Amendment Protocol group (PSAAP) to develop data protocols to provide guidance, standard wording and consistent processes on the collection, use and storage of gender, pronouns and sex assigned at birth information. The data protocols will help provide a safe and affirming environment for transgender patients when interacting with primary health care teams and will help ensure that clinical processes, such as screening, align with the patient's anatomy. By including correctly worded questions on gender identity as standard protocol, the number of transgender people within the practice will

also be more accurately identified, supporting any future policy options to target funding for transgender patients.

Engaging with the transgender community and health and disability sector

52. Engagement with transgender community organisations and professional bodies is underway. We have had initial meetings with PATHA to discuss some of the options outlined in this report. To manage stakeholder expectations, we deliberately did not discuss potential changes to primary care funding. Subject to your approval, we recommend engaging trusted stakeholders (eg, PATHA) on all potential initiatives set out in this briefing. This will ensure that their experiences and expertise inform our options analysis and future Budget bids.
53. As already outlined, we are also meeting with a range of health workforce groups, including DHBs, PHOs, RAs and education and training providers, to understand workforce requirements in delivering care to transgender patients. At a later date, we may seek opportunities to work with other health sector groups, such as the PSAAP, on options for the reconfiguration funding to support new models of care and to achieve equity of access and outcomes for transgender people.
54. In our previous briefing [HR20210359 refers] we outlined the prospect of establishing an advisory group with representation from the transgender community to provide ongoing, regular advice on options for improving transgender health care. PATHA has also indicated interest in a formal relationship with the Ministry across our transgender work, including work to improve access to surgical procedures. We are proposing to meet with PATHA quarterly to discuss our work and seek its input and can also consider a more formal arrangement. We will work with other Ministry teams leading work on gender-affirming (genital) surgeries to provide you with further advice on the possible roles and responsibilities of an advisory group, as well as possible membership, in September.
55. Planning is also underway to engage with Gender Minorities Aotearoa to ensure transgender lived experiences and expertise complement system and service knowledge in the development of preferred options.
56. We will report back in September on the outcome of the discussions with the sector to on the feasibility of these funding options, and further proposals for Budget 2022 to strengthen our approach to achieve equity of access and outcomes for transgender people.

Equity

57. Gender diversity is recognised, expressed and celebrated in many ways and there is variation in how gender diverse people interact with the health and disability system. Many transgender people experience barriers to accessing appropriate health care services. This can be linked to inequitable physical and mental health outcomes.
58. A challenge for primary health care provision is to improve its performance so that it can deliver on some of its fundamental principles of fairness to ensure equitable access to services for everyone in New Zealand, including transgender people.

59. Achieving equity for the transgender population will underpin the ongoing development of the options outlined in this report by recognising that transgender people require different health care responses and resources to achieve equitable outcomes.

Next steps

60. We seek your direction on your preferred options outlined in this report.
61. We will continue to engage with the health workforce and transgender communities to inform the development of options.
62. We will consider the best approach to establishing an internal programme board to oversee the Ministry's Rainbow health work [HR20211116 refers].
63. We will provide you with further advice on your preferred options in September 2021. This will include advice on options for progression through Budget 2022.

ENDS.

Briefing

Progressing options to improve primary healthcare services for transgender people

Date due to MO: 24 September 2021

Action required by: N/A

Security level: IN CONFIDENCE

Health Report number: HR20211570

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Group Manager, Family and Community Health Policy, System Strategy and Policy	S9(2)(a)
Caroline Flora	Associate Deputy Director-General, System Strategy and Policy	S9(2)(a)

Minister's office to complete:

☐ Approved

☐ Decline

☐ Noted

☐ Needs change

☐ Seen

☐ Overtaken by events

☐ See Minister's Notes

☐ Withdrawn

Comment:

Progressing options to improve primary healthcare services for transgender people

Security level: IN CONFIDENCE **Date:** 24 September 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. This report updates you about progressing options to improve primary health care services for transgender people and seeks your decisions on the development of a Transgender Health Bid for Budget 2022.
2. This report discloses all relevant information and implications.

Summary

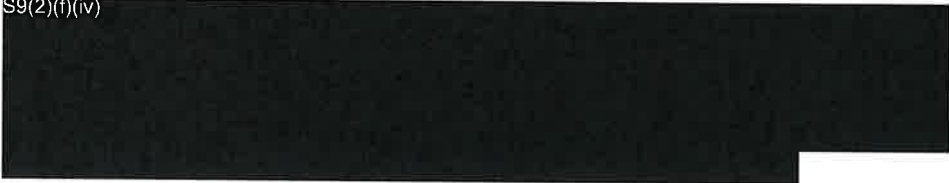
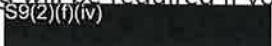



3. Transgender people experience poorer health outcomes, including mental health outcomes, compared to the general population, as well having difficulty accessing specific gender-affirming care.
4. In June 2021, we briefed you outlining 'Options to improve primary health care services for transgender people' [HR20211070 refers]. We identified three priority areas where we can improve the quality of responsiveness of mainstream primary health care services and to support the development of specific services and models of care to meet the needs of transgender patients. These are:
 - supporting primary health care clinicians to be confident in delivering care to transgender patients
 - establishing national guidance and clinical pathways for gender-affirming care
 - targeting primary health care funding to support the development of specific services and models of care to meet the needs of transgender patients.
5. We have progressed this work by engaging with Gender Minorities Aotearoa, PATHA, and relevant health sector organisations to explore how we can support them. We will continue to work with these groups as we work to improve primary healthcare services for transgender people.
6. In progressing this work, we have established that the best approach to make appropriate care available for transgender people is to make gender affirming care more available in primary and community care settings by funding the development of specific services and models of care. ^{S9(2)(f)(iv)}

7. While models of care and S9(2)(f)(iv) are crucial to improving care for transgender people, these initiatives cannot progress without national guidance and clinical pathways. There is a need to update national guidance and establish lead referral pathways in HealthPathways. PATHA has recently updated clinical guidelines on hormone therapy and plans to update the Guidelines for Gender-Affirming Health Care after the World Professional Association for Transgender Health Standards of Care are released in December 2021.
8. We have engaged with several leaders in the health sector to discuss this work and have found consensus this work is necessary and important. There are encouraging signs from the sector and pockets of work underway. Expressing your priorities and ongoing engagement between the Ministry and the sector will support and grow this mahi.
9. There are also existing initiatives that should be encouraged. For instance, the Royal New Zealand College of General Practitioners (RNZCGP) is developing training and education resources to improve primary care services for transgender people. This involves embedding gender diversity and gender-affirming learning modules in their curriculum and accreditation practices, facilitating interactive sessions, and endorsing health care resources with attached Continued Medical Education credits.
10. You may wish to engage with the Responsible Authorities and Colleges to highlight your priorities and encourage them to continue and build on the work already underway for the health workforce. There are immediate opportunities to do this by:
 - writing to RNZCGP to encourage the momentum of the work they are currently doing in improving transgender health (a draft letter is attached as Appendix One)
 - attending a Council of Medical Colleges Board meeting to share your Rainbow Health priorities. We understand that you will be invited to the 2 December meeting.
11. Colleges may be able to progress your workforce development priorities by developing training through their existing baselines, but you may choose to seek funding through Budget 22 to further encourage and support this mahi. Officials have included funding to support the Colleges to develop a suite of training and guidance resources for their health profession in the draft Rainbow Health Budget package. We seek your direction about whether you wish to pursue this stream within the Budget package.
12. To progress this work and ensure the needs of transgender patients are well-met, we recommend progressing a Transgender Health Bid in Budget 2022 that will encompass these multiple streams of work to improve primary healthcare services for transgender people. The accompanying Health Report, *Options for progressing a Rainbow Health Budget 2022 package* [HR20211790], includes details of a potential bid and we have included high level bid information in the summaries of bids that has been provided to you and to the Minister of Health for discussion.

Recommendations

We recommend you:

- a) **Note** that in June 2021, you agreed [HR202111070 refers] that the Ministry would further progress work on:
 - scoping how community-based models of care could be developed and expanded
 - S9(2)(f)(iv) [REDACTED]
 - engaging with relevant health sector organisations to understand their needs
 - how to embed the Guidelines for Gender-Affirming Health Care and standardise health care pathways
- b) **Note** that we have engaged with Gender Minorities, PATHA, and relevant health sector organisations to explore how we can support them
- c) **Note** that providing gender-affirming community-based models of care in primary and community care settings will improve the quality and responsiveness of the health system for transgender people
- d) S9(2)(f)(iv) [REDACTED]
- e) **Note** that while models of care and S9(2)(f)(iv) [REDACTED] will be more effective alongside the development and updating of national guidance and establishing lead pathways in HealthPathways
- f) **Note** that PATHA has recently updated clinical guidelines on hormone therapy and plans to update the Guidelines for Gender-Affirming Health Care after the World Professional Association for Transgender Health Standards of Care are released in December 2021
- g) **Note** that engagements with the Responsible Authorities have demonstrated that there is considerable interest and willingness to improve care for transgender patients, but that requirements for training in transgender care differs across the health workforce
- h) **Note** there is considerable work underway by the Royal New Zealand College of General Practitioners to train and upskill general practitioners in transgender care and the Ministry will continue to work with them

- i) **Agree** to highlight your priorities for transgender care and encourage the good work already underway within the health and disability sector by:
- writing to the Royal New Zealand College of General Practitioners and Council of Medical Colleges (draft letter attached in Appendix One) **Yes/No**
 - attending the Council of Medical Colleges meeting in December 2021 **Yes/No**
- j) S9(2)(f)(iv)  **Yes/No**
- k) **Note** that funding will be required if you wish to progress community-based models of care, S9(2)(f)(iv)  developing training and guidance, updating guideline  lead referral pathways
- l) **Agree** that a Transgender Health Bid for Budget 2022 should include funding for:
- developing eight community-based models of gender-affirming care over four years, to provide care for up to 1000 people **Yes/No**
 - S9(2)(f)(iv)  **Yes/No**
 - updating gender-affirming care guidelines and establishing a lead referral pathway in HealthPathways **Yes/No**
- m) **Note** that the indicative cost of initiatives in this Bid is S9(2)(f)(iv)  over four years (including funding to support colleges to develop training and resources) and more detail is included in the complementary 'Options for progressing a Rainbow Health Budget 2022 package' [HR20211790 refers].

Caroline Flora
Associate Deputy Director-General
System Strategy and Policy
Date:

Hon Dr Ayesha Verrall
Associate Minister of Health
Date:

Progressing options to improve primary healthcare services for transgender people

Background

1. Transgender people experience poorer health outcomes than the total population as well as having difficulty accessing specific gender-affirming care¹ (eg, hormone therapy, mental health support, peer support, speech language therapy services). It can be difficult for transgender people to navigate the health and disability system when there is variation across the primary care workforce in the delivery of transgender care and many services do not have a clearly identified referral pathway.
2. The majority of the health needs of transgender people can be appropriately addressed within primary care settings. This is also the appropriate place for coordination of care and referral to secondary and specialist services when required. Focusing our efforts on appropriate and supportive primary care will help improve equitable health outcomes for transgender people.
3. The Labour Party Manifesto² commits to providing “better access, support, and treatment for our Rainbow communities through our health system and ensure our healthcare system is responsive to the needs of trans, intersex, and gender diverse people.”
4. Significant changes to primary and community funding and service delivery are likely to be considered as part of the health and disability system transformation. In the longer term, a population health management framework and funding formula based around the needs of communities of interest ('localities') will be developed. This presents opportunities to better account for population groups with greater need, including transgender patients and those most likely to benefit from subsidised care. However, in the meantime, work is needed to increase availability of gender-affirming care and support the primary care workforce to become familiar with providing care for transgender people.
5. In June 2021, we briefed you on 'Options to improve primary health care services for transgender people' [HR20211070 refers]. You agreed that the Ministry would provide you with further information about supporting primary care clinicians to deliver gender-affirming care and culturally appropriate care more generally, standardising gender-

¹ Counting Ourselves. 2021. Community Report. <https://countingourselves.nz/index.php/community-report/> (accessed 14 September 2021).

² Labour Party. 2020. Labour's 2020 Election Manifesto. <https://www.labour.org.nz/news-labour-2020-manifesto> (accessed 7 September 2021).

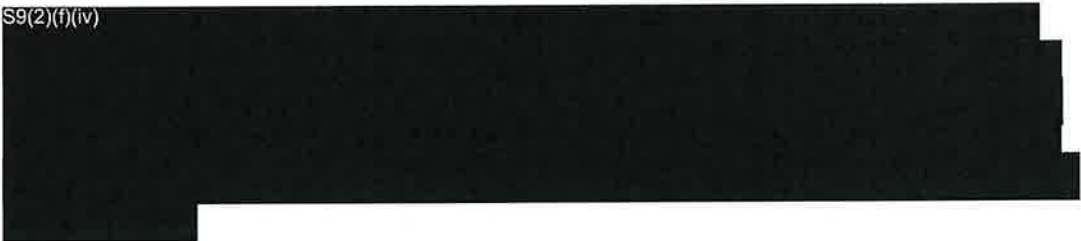
affirming health care pathways, adjusting primary care funding settings, including initiatives for consideration as part of a Rainbow Health Budget 2022 package.

6. The Ministry outlined that we would:
 - conduct further engagement with the health sector and provide you with more detailed options to meet health workforce training needs
 - consider the relevant steps to share and embed the updated *Guidelines for Gender-Affirming Health Care*
 - further develop options for standardising gender-affirming health care pathways in line with the updated *Guidelines for Gender-Affirming Health Care*.
7. You also agreed that the Ministry would provide you with more information on:
 - establishing and/or expanding existing community-based models of transgender care
 - S9(2)(f)(iv) [REDACTED]
8. This briefing provides you with more information on these topics and seeks your agreement to develop a Transgender Health Bid to be included in a Rainbow Health Bid Package. This briefing should be read alongside the complementary briefing, 'Options for progressing a Rainbow Health Budget 2022 package' [HR20211790 refers].

Expanding community-based models of care

9. In June 2021, you agreed that the Ministry would provide you with further information about adjusting primary care funding settings, including Budget 2022 options, to ensure the sustainability of existing models of transgender primary care and the development of new models of care across district health board (DHB) regions. You also agreed that officials will not progress Care Plus eligibility to provide this care as transgender health care 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 [HR20211070 refers].
10. While gender-affirming care, such as hormone therapy for transgender people, is within the scope of practice for primary care clinics, providers identify funding as a barrier to providing this care in primary care settings. More visits are required to allow for assessing readiness from a medical and psychosocial perspective. As a result, there are few clinics that provide gender affirming care.
11. Primary and community care is the most appropriate setting for transgender people to receive specific gender-affirming care as well as general healthcare. Alongside general practices, non-governmental organisations (eg, Youth One Stop Shops) that tailor support to this community play an important role. Expanding community-based models of care for transgender people will contribute to reducing the variation of access in the delivery of transgender care. We also know that clinics that provide gender-affirming care are well-equipped to care for the general needs of transgender people. Providing

gender-affirming care within a primary care context can be a good way to ensure transgender people receive high quality healthcare.

12. There are several examples of community-based models of care that operate within existing general practitioner (GP) or community health clinics to provide transgender people access to general health services, as well as more specific gender-affirming care. Mauri Ora³ (Victoria University of Wellington's Student Health and Counselling Service) and Gender Dynamix Aotearoa⁴ are examples of community-based models of care for transgender people. These models are partnerships between the transgender community and health providers to provide gender-affirming care in a primary/community care setting. A 2018 evaluation of Mauri Ora⁵ suggests the model of care can facilitate early intervention, upskill clinicians, and could be readily adapted into other primary care settings.
13. S9(2)(f)(iv) 
14. There is a gap in service coverage in models of care across the country. Evidence suggests that the majority of transgender people reside in the Wellington (27%) and Auckland regions (35%)⁶ (the 2019 Counting Ourselves survey is a sample of the transgender population and is not a representative number). Mauri Ora is based in Wellington; however, it is only accessible for enrolled students at Victoria University.
15. Youth One Stop Shops (YOSS) also provide care for many young transgender people across Aotearoa. Youth One Stop Shops provide a wrap-around health and social care service that encompasses general health/primary care, sexual and reproductive health, family planning, vaccinations, health promotion and education, counselling, mental health and alcohol and other drug services. These services are provided in community-based youth-friendly settings. They often support transgender young people with

³ Mauri Ora is a primary care-based pilot clinic providing gender-affirming hormone therapy. The clinic provides counselling and GP services to transgender patients to assess their psychosocial and physical readiness for hormone therapy.

⁴ 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.

⁵ 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.

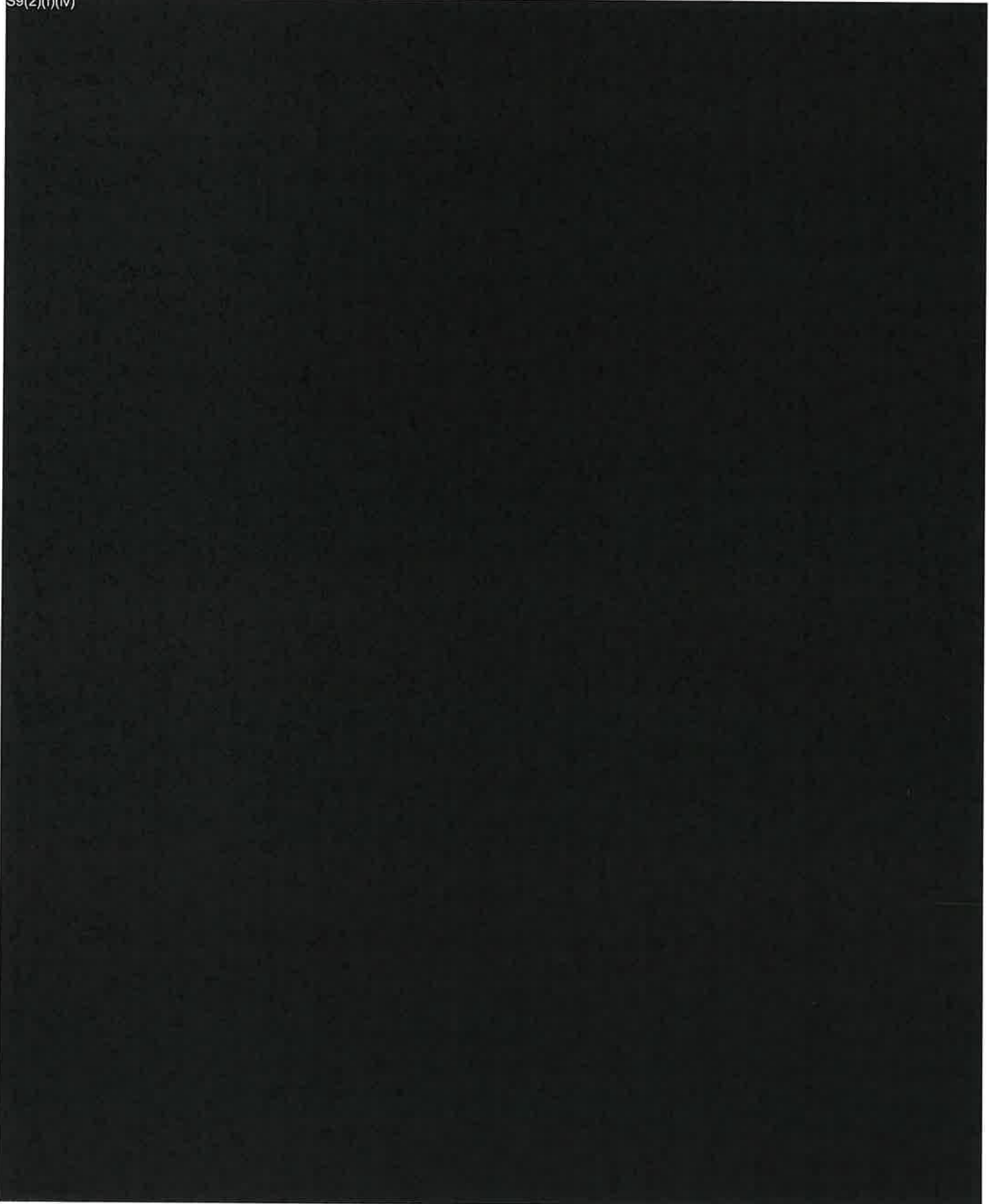
⁶ Counting Ourselves. 2019. Counting the population of trans people in Aotearoa.

https://population.org.nz/app/uploads/2019/07/Veale-PANZ_Counting-Ourselves-presentation-uploaded2.pdf

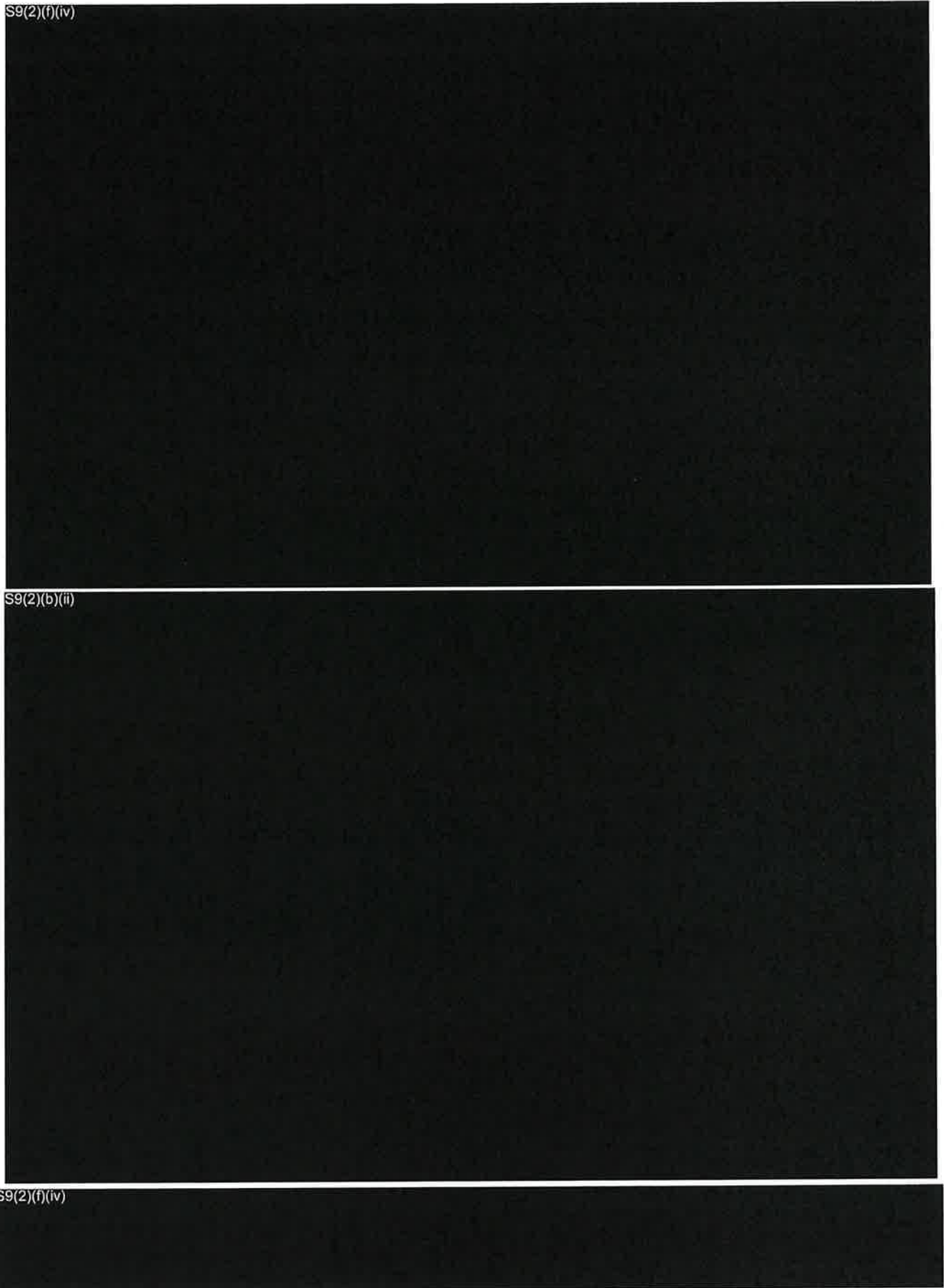
(accessed 16 September 2021).

initiation and administration of hormone therapy as well as counselling and peer support, in partnership with rainbow community organisations.

S9(2)(f)(iv)




S9(2)(f)(iv)



S9(2)(b)(ii)

S9(2)(f)(iv)

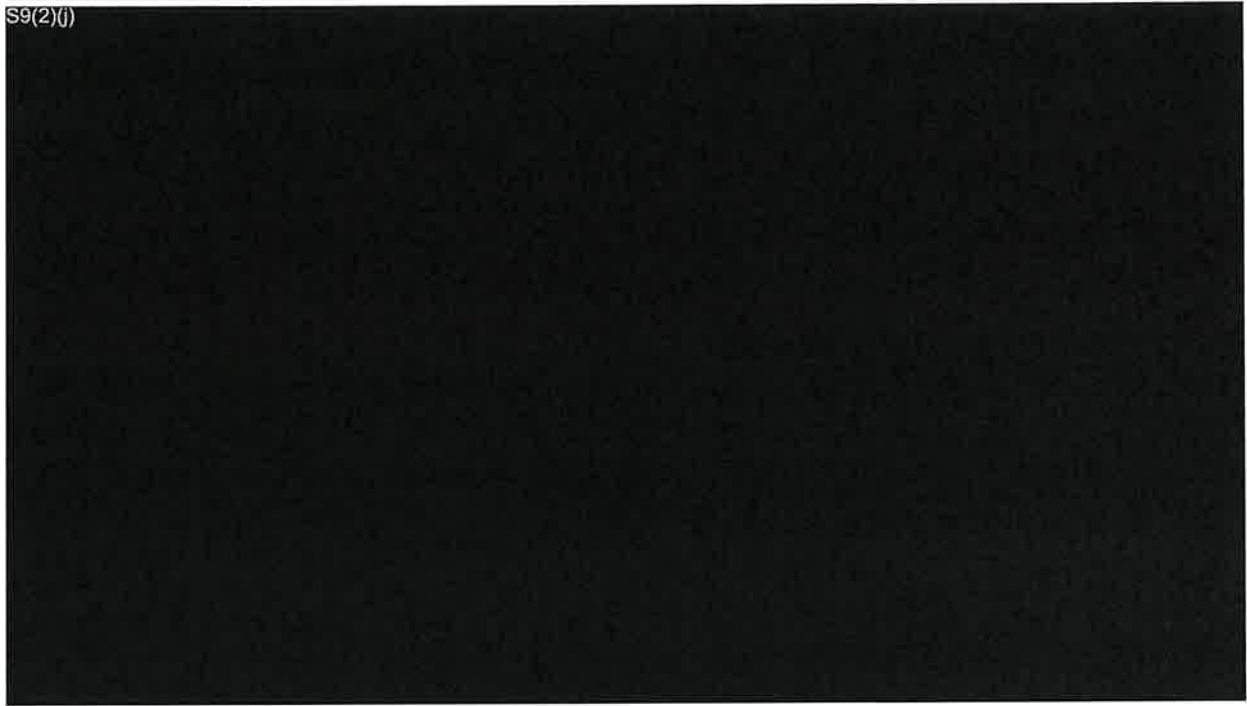
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S9(2)(i)



We need to support clinicians to be confident in delivering care to transgender patients

We engaged with the health workforce to understand their training and development needs

38. Since our last briefing we have engaged with the Responsible Authorities⁸ (RAs) and the Medical Colleges (eg, RNZCGP⁹), as well as the Council of Medical Colleges¹⁰ to understand the training and development needs of their workforces. Overall, we have found that there is agreement that there is a need to build the capability of the health workforce to meet the needs of transgender people. The Colleges are responsible for providing training for their members in their health profession. We will continue to engage with the Colleges to understand more about the current training resources available and their uptake.
39. Currently there is a variety of training and professional development opportunities available to GPs and other medical professionals, but it is not clear on how integrated this is in routine training and development in each case. We previously outlined a range of training options that are available in Aotearoa from introductory 'Trans 101' training

⁸ 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.

⁹ The Royal New Zealand College of General Practitioners (the College) is the professional body and postgraduate educational institute for general practitioners and rural hospital doctors.

¹⁰ The Council of Medical Colleges represents sixteen medical colleges who provide support to over 9000 medical practitioners working in a range of 34 specialties in the health and disability system.

that is appropriate for all staff within general practice to advanced training for those specialised in transgender care [HR20211070 refers].

40. We also engaged with the RAs to identify if they had clear guidance and/or training opportunities for the workforces, to improve clinical and cultural competence when providing 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. However, the New Zealand Psychologist Board and The Paramedic Council have specific cultural and clinical guidance such as best practice guidelines and mandatory 'Trans 101' course as part of their certification. The Midwifery Council, Optometrists and Dispensing Board, and the Nursing Council of New Zealand are currently reviewing standards and guidelines that would include more specific guidance for gender-affirming care.
41. There is a need across the health professions for both more specialised and general training to improve workforce awareness and responsiveness to the needs of transgender people. This may indicate that there is not enough training or guidance available to health professionals currently or they are not able to readily access materials that already exist. Additional funding could be used to develop training and education.

RNZCGP is already working to develop training and education

42. We met with RNZCGP and the Council of Medical Colleges to further understand what training and guidance is currently being provided to the workforce through medical colleges, and how they might work with the Ministry to support, clinical and cultural competency in transgender care.
43. RNZCGP support GPs to provide competent and equitable care and can set and maintain education and quality standards. RNZCGP expressed their interest in continuing to support GPs to improve their competencies to provide general healthcare to transgender people as well as gender-affirming care. They see that focusing on new GPs in the workforce is the best opportunity to improve overall workforce competencies, so they are exposed to transgender health earlier on in their career.
44. RNZCGP have the following work underway:
 - embedding gender diversity and gender-affirming care learning modules into the General Practice's Curriculum for General Practice (GPEP) and Cornerstone Continuous Quality Improvement accreditation
 - facilitating interactive sessions with GPs on research and clinical practice in transgender health with attached Continued Medical Education (CME) credits
 - endorsing gender-affirming health care resources produced by other organisations with attached CME credits
 - training underway to support GPs is well underway, however other medical professions do not have access to such training and development.
45. RNZCGP is also considering updating the *Practice Audit: Inclusive primary health care for gender diverse clients*. This is a complementary piece to the other pieces of work from the RNZCGP especially the efforts to embed the GPEP to include additional training for gender-affirming care. Updating the practice audit gives the wider primary care team

- (eg, nurses, allied health, receptionist) along with the GP the opportunity to improve their own competencies.
46. RNZCGP consider that a combination of CME credits, the GPEP, and Cornerstone Continuous Quality Improvement accreditation is the most effective way to ensure the workforce is trained to provide the best care for transgender people. GPs are more likely to complete training if CME credits are attached. We see there is momentum within RNZCGP to increase and improve training to upskill the workforce in appropriate general care for transgender people and gender-affirming care.
 47. Given what we understand from RNZCGPs, officials consider that training for GPs is progressing well, however we will keep in contact with them to understand their needs for support in this area.
 48. RNZCGP have mechanisms in place to attract GPs to completing gender-affirming courses (eg, facilitating interactive sessions, and endorsing health care resources with attached Continued Medical Education credits, embedding gender diversity and gender-affirming learning modules in their curriculum and accreditation practices).
 49. Some health professions have standards that include mandatory training or competence that relate specifically to transgender and some do not, and we are yet to fully explore other Colleges training approaches.
 50. The Council of Medical Colleges advised that we should prioritise engaging with the Royal Australian and New Zealand College of Psychiatrists, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and the Royal Australasian College of Physicians in the first instance to understand where there is need for training to ensure appropriate general and gender-affirming care practices for transgender people. We will continue to do this and will update you as work progresses.

There are three ways to progress workforce development

51. We know there is work already underway in some of the RAs and Colleges to improve health outcomes for transgender people through capability of the health workforce. We are seeking your direction on the approach you would like the Ministry to take to support and expand that work.
52. We have identified three opportunities, including two immediate opportunities you may wish to take.
 - 1) *We recommend you send a letter to relevant health workforce bodies expressing the Government's priorities for transgender health and congratulating work underway*
53. We have heard from RAs and colleges that it would be beneficial for you to set out your priorities for improving transgender health care for the health workforce. Several RAs, including the Medical Council of New Zealand and Psychotherapists Board of Aotearoa New Zealand, as well as RNZCGP and the Council of Medical Colleges agreed there is momentum building in transgender health and a letter from you to the Boards of these organisations would encourage the sector to continue their efforts or progress work in this area.

54. We recommend that you express your priorities for rainbow health to RNZCGP and the Council of Medical Colleges to increase awareness and encourage the work already underway. The Council of Medical Colleges can publicise this among their members to support uptake of existing training options among the workforces and encourage the development of any additional workforce-specific resources. We have attached a draft letter (attached as Appendix 1) for you and your Office to progress if you wish.
55. The Ministry will continue to engage with RNZCGP and other colleges about transgender healthcare.

2) *We recommend you attend a Council of Medical Colleges Board meeting*

56. We are aware that you will be invited to meet with the Council of Medical Colleges Board on 2 December 2021. The Council of Medical Colleges has indicated that this would be a good opportunity to discuss work to improve transgender health care. We can support you with briefing materials prior to the meeting if you choose to attend the December 2021 meeting to express your priorities in improving primary healthcare services for transgender people.
57. The Ministry will continue to support RNZCGP and the wider health workforce in the work they already have underway to improve transgender health care. We will also support the range of health professional bodies, via the RAs and Colleges, to develop new resources or tailor existing resources to enable specific professions to deliver appropriate gender-affirming and trans-friendly care.
- 3) *You may wish to provide funding to support the development of a suite of training and guidance for health professions that do not have this*

58. Many other health professions provide care to transgender people, whether gender affirming care or general healthcare, and we consider that there is likely to be further needed to upskill the health workforce. However, we have not engaged with all medical colleges to fully understand the availability of appropriate training for transgender care, and gender affirming care.

59.

s9(2)(f)(iv)

60.

61. The funding would actively encourage wider development of appropriate training and development resources for the Colleges to apply for to mandate training. Funding would

also provide support to develop CPD endorsed training resources for a specific profession, but priority would be given to collaborative approaches to ensure value for money.

62. The Ministry will initiate a procurement process to invite proposals from Colleges. The EOI process will gauge interest from the Colleges to develop their own training specific to their professional bodies focused on improving primary healthcare services for transgender people.

63. S9(2)(i) [REDACTED]

64. Funding the RAs will make a minimal difference as their roles is to set standards of clinical, cultural, and ethical competence. This is core function for the RAs which are funded by membership registration fees. The Ministry does not provide RAs with funding to perform these functions.

65. S9(2)(f)(iv) [REDACTED]

The Ministry is already working to promote existing transgender health care training and development resources, but more resources are needed

66. Gender Minorities Aotearoa offer a free online course 'Supporting Transgender People' that aims to increase knowledge of issues affecting transgender people in Aotearoa. We are currently undertaking a clinical review of this resource and, if it is considered appropriate, we will link to the course details on the Ministry's website.
67. RNZCGP recently endorsed a gender-affirming health care resource¹¹ that was published in New Zealand Doctor with an accompanying eLearning medical education activity that has been approved for Continuing Medical Education (CME) credits. The resource covers the diverse aspects of providing gender-affirming healthcare, including the use of puberty blockers and hormone therapy as well as the general principles behind this rapidly evolving area of medicine. The Ministry is exploring funding this within baselines.

¹¹ Stephenson C, Ker A, & Johnson R. 21 October 2020. Gender-affirming healthcare. New Zealand Doctor. URL: https://www.nzdoctor.co.nz/sites/default/files/2021-06/HTT_Gender-affirming%20healthcare.pdf (Accessed 6 September 2021).

Establishing national guidance and lead clinical pathways for gender-affirming care

68. You previously noted the Ministry would consider the relevant steps to share and embed the updated Guidelines for Gender-affirming Health Care¹² (the Guidelines) [HR20211070 refers]. PATHA intends to update the Guidelines in early 2022 once the World Professional Association for Transgender Health Standards updates their Standards of Care in December 2021.
69. The development of the Guidelines is integral to developing a lead referral pathway for HealthPathways¹³. Embedding guidelines and creating nationally consistent referral pathways is vital to support high quality care for transgender people. It will support more health professionals to offer timely health care and appropriate referrals to both peer and specialist support as required. It will also improve access to health services for transgender people on their transition journey to access referrals to gender-affirming services (eg, psychological support, physiotherapy and/or specialist gender-affirming care) through primary care.
70. Work is underway by PATHA to develop clinical guidelines that are specific to prescribing hormones and a protocol for commencing hormone therapy in primary care that will give guidance on providing repeat prescriptions appropriately. Upon completion, the RNZCGP intends to endorse the clinical guidelines to ensure CME credits are attached for GPs.
71. The Ministry has discussed with PATHA how we can support them to progress work on updating the national guidelines and sharing and embedding the clinical guidelines. Our preferred approach is to contract PATHA to work with the HealthPathways Community to develop a lead referral pathway for transgender services in primary care as well as supporting PATHA in the development of the Guidelines. We will update you as the work progresses.

72. S9(2)(b)(ii) [REDACTED]

73. S9(2)(b)(ii) [REDACTED]

¹² Oliphant J, Veale J, Macdonald J, Carroll R, Johnson R, Harte M, Stephenson C, Bullock J. Transgender Health Research Lab, University of Waikato, 2018.

¹³ HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions.

Equity

- 74. Transgender people have poorer mental and physical outcomes compared to the general population. There is also variation in how transgender people interact with the health and disability system.
- 75. The proposals in this briefing seek to address the health inequities for transgender people by improving access to gender-affirming care which will also improve the primary care experience generally. This improved access will be supported by a centre of excellence to support good clinical practice, efforts to improve training of the health workforce more broadly, and to make guidance and referral pathways available.
- 76. Achieving equity for the transgender population will underpin the ongoing development of the options outlined in this report by recognising that transgender people require different health care responses and resources to achieve equitable outcomes.

Next steps

- 77. Costs of the proposed Transgender Health Bid are outlined in more detail the accompanying advice [HR20211790 refers]. You may wish to share this advice with the Minister of Health.
- 78. With your agreement to the proposals in this paper we will progress the Transgender Health Bid as further detailed in the accompanying briefing 'Options for progressing a Rainbow Health Budget 2022 package' [HR20211790 refers].
- 79. We will continue to connect with relevant professional bodies and health workforce to progress this work and understand training needs.
- 80. We will support you to attend the Council of Medical Colleges meeting on 2 December 2021, should you agree to attend.

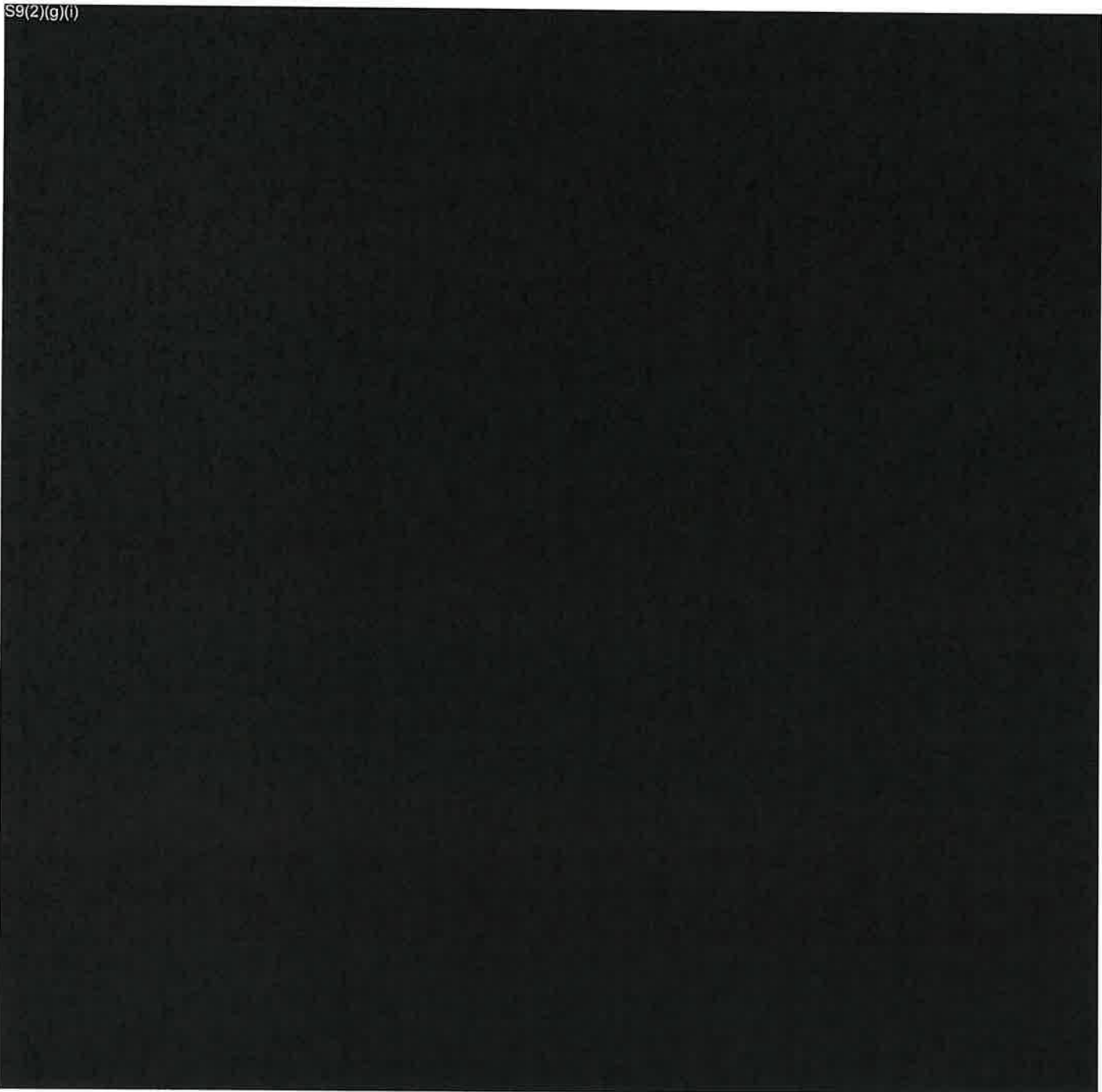
ENDS.

Appendix 1. Draft Letter to the Royal New Zealand College of General Practitioners and Chair of the Board of the Council of Medical Colleges

Dr Samantha Murton, President Royal New Zealand College of the General Practitioners

Copy to Dr John Bonning, Chair of the Board of the Council of Medical Colleges

S9(2)(g)(i)



Ngā mihi

Hon Dr Ayesha Verrall
Associate Minister of Health

Briefing

Options for progressing a Rainbow Health Budget 2022 package

Date due to MO:	24 September 2021	Action required by:	N/A
Security level:	BUDGET SENSITIVE	Health Report number:	HR20211790
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Group Manager, Family and Community Health Policy, System Strategy and Policy	S9(2)(a)
Caroline Flora	Associate Deputy Director-General, System Strategy and Policy	S9(2)(a)

Minister's office to complete:

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

Comment:

Options for progressing a Rainbow Health Budget 2022 package

Security level: BUDGET SENSITIVE **Date:** 24 September 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. This report outlines the Rainbow Health decisions you have made this year and that you may want to progress through Budget 2022.
2. We recommend you consider this report after the accompanying report *Progressing options to improve primary health care services for transgender people* [HR20211570 refers]. We have also attached our August advice on intersex issues, *Further advice on developing a rights-based protocol to prevent unnecessary interventions on intersex children* [HR20211379 refers], as Appendix One, for your reference. This report discloses all relevant information and implications.

Summary

3. In 2020, the Labour Party made manifesto commitments to:
 - a. develop a rights-based protocol to prevent unnecessary intervention on intersex children
 - b. provide better access, support, and treatment for our Rainbow communities through the health system
 - c. ensure the health system is responsive to the needs of trans, intersex, and gender diverse people.
4. To achieve this, you have made decisions to progress work on:
 - a. strengthening existing settings to better protect the rights of intersex children when decisions about interventions are made on their behalf [HR20211379 refers]
 - b. improving access to primary health care services for transgender people¹ by setting national guidelines, establishing health care pathways, and adjusting primary care funding [HR20211070 and HR20211570 refers]

¹ Many indigenous cultures, including te ao Māori and across the Pacific, have their own understandings and histories of gender diversity. People may use culturally specific language, such as takatāpui and fa'afafine, to describe their gender. We recognise that everyone uses different language, which may be different to the language we have used in this report.

5. Investment is required to progress these workstreams. You previously agreed to develop a Budget 2022 bid to progress the intersex healthcare mahi [HR20211379 refers]. In the accompanying briefing, *Progressing options to improve primary health care services for transgender people*, officials propose a second Budget 2022 bid, focused on improving access to primary care for transgender people [HR20211570 refers]. Should you agree, and subject to the agreement of the Minister of Health, these two initiatives could be considered as part of a Budget 2022 Rainbow Health package.
6. The early indicative costs for the intersex health initiative would require approximately S9(2)(f)(iv) [redacted] to progress a suite of initiatives that, in their totality, will create a rights-based protocol to prevent unnecessary interventions on intersex children [HR20211379 refers].
7. The indicative costs of the transgender health initiative would require approximately S9(2)(f)(iv) [redacted] S9(2)(f)(iv) This would improve access and quality of primary and community health care services for transgender people, including increasing the availability of gender-affirming primary care, and upskilling the health workforce.
8. On 15 September 2021, these indicative bids were provided to the Minister of Health for consideration, and you have also received them in a list of bids you are progressing. The costings included in this report and the advice provided to you and to the Minister of Health are indicative only. Should you and the Minister of Health agree to progress these bids as part of a Rainbow Health Budget 2022 package, officials will work to finalise the costings.

Recommendations

We recommend you:

- a) **Note** that this briefing outlines the Rainbow Health decisions you have made this year and may want to progress as through Budget 2022 ✓
- b) **Note** that an initiative to progress work to improve care for transgender people is proposed in the accompanying briefing ✓
- b) **Agree** to provide a copy of this report to the Minister of Health ✓



Caroline Flora
Associate Deputy Director-General
System Strategy and Policy
Date: 22/9/21.



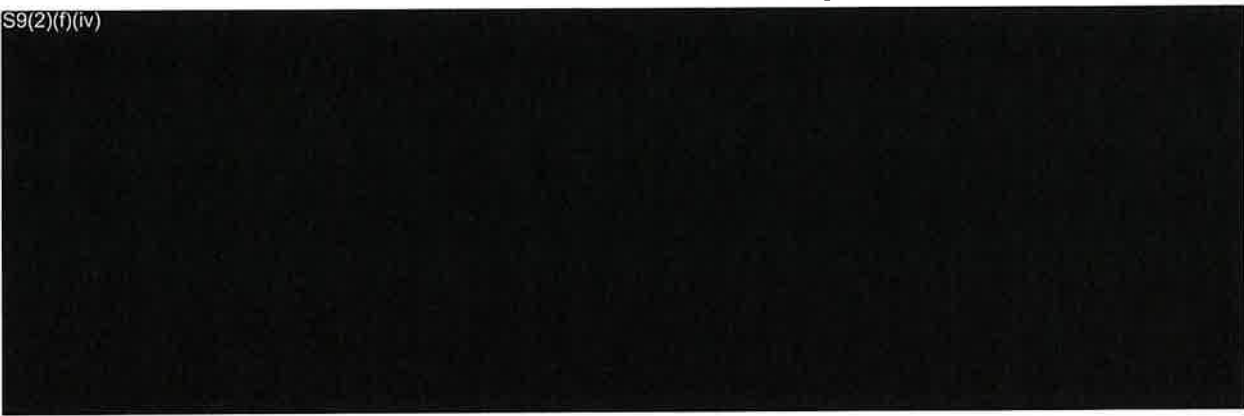
Hon Dr Ayesha Verrall
Associate Minister of Health
Date: 25/9/21

Options for progressing a Rainbow Health Budget 2022 package

Background

1. In 2020, the Labour party made manifesto commitments to:
 - a. develop a rights-based protocol to prevent unnecessary interventions on intersex children
 - b. provide better access, support, and treatment for our Rainbow communities through our health system
 - c. ensure our healthcare system is responsive to the needs of trans, intersex, and gender diverse people.
2. Throughout 2021, the Ministry of Health (the Ministry) has briefed you on options to realise these manifesto commitments. In August 2021, you agreed that the most effective way to develop a rights-based protocol was to strengthen existing settings by:
 - a. developing clinical guidelines for the provision of health care for intersex children
 - b. supporting parents, whānau and intersex children to make informed decisions about medical interventions
 - c. supporting clinicians to deliver health care for intersex children.
3. In June 2021, you agreed the Ministry would focus on three priority areas to improve the quality and responsiveness of mainstream primary health care services for trans people [HR20211070 refers]. These were:
 - a. supporting primary health care clinicians to be confident in delivering care to transgender patients
 - b. establishing national guidance and clinical pathways for gender-affirming care, standardising health care pathways
 - c. targeting primary health care funding to support the development of specific services and models of care to meet the needs of transgender patients.
4. This report includes a summary of the Rainbow Health decisions you have made and may want to progress as a Rainbow Health package in Budget 2022.

S9(2)(f)(iv)



S9(2)(f)(iv)

You have made a number of Rainbow Health decisions that require Budget 2022 funding

Developing a rights-based protocol to prevent unnecessary interventions on intersex children

8. In August 2021, you also agreed to progress an intersex bid in Budget 2022 to develop all the components of a rights-based protocol to prevent unnecessary interventions on intersex children [HR20211379 refers]. This bid would include funding to:
 - a. develop a series of clinical guidelines for care of intersex people (particularly children) across the lifespan of 0 to 18 years to supplement existing neonate guidance. S9(2)(f)(iv)
 - b. support professional bodies to build workforce capability through training and development. This would cost approximately S9(2)(f)(iv)
 - c. S9(2)(f)(iv)
 - d. establish a support service for parents, whānau and intersex people that provides support by intersex people for intersex people and their family. This would cost approximately S9(2)(f)(iv)
 - e. develop resources for intersex people and their whānau to support them and their interactions with healthcare. This would cost approximately S9(2)(f)(iv)
 - f. ensure the health system is resourced to support intersex people and their whānau by providing departmental resources to manage contracts that facilitate these actions. This would cost approximately S9(2)(f)(iv)
9. Based on initial estimates, this bid would cost approximately S9(2)(f)(iv). S9(2)(f)(iv) For a more detailed breakdown of these costs, refer to Table 1 and Appendix Two. Further work is needed to scope this bid and provide more detailed costings, and officials are continuing to progress this in anticipation of you being invited to submit a bid.

Table 1: Indicative breakdown of costs for intersex bid

S9(2)(f)(iv)

Improving access and quality of primary health care services for transgender people

10. In the accompanying briefing HR20211570, which details options to improve access and quality of primary care services for transgender people, officials propose progressing a transgender health bid in Budget 2022 to provide funding to:
- a. support and expand community-based models of care for beginning gender-affirming primary care including hormone therapy. These models would be developed in consultation with the trans community and tailored to support the needs of approximately 1,000 trans people over four years. This could cost approximately S9(2)(f)(iv)
 - b. S9(2)(f)(iv)
 - c. develop gender affirming health care guidelines and pathways with input from the trans community to ensure informed and appropriate primary care. This would cost approximately S9(2)(f)(iv)
 - d. ensure the health system is resourced to support transgender people by providing departmental resources to evaluate the delivery of the models of care and manage contracts that facilitate these actions. This would cost approximately S9(2)(f)(iv)
11. Officials have also asked you to indicate whether you would like to seek Budget 2022 funding to support and strengthen the training and development of the primary care workforce to be responsive to the needs of trans people. This would cost approximately S9(2)(f)(iv)

12. Based on initial estimates, this bid would cost approximately S9(2)(f)(iv) including training and development for the workforce. For a more detailed breakdown of these costs, refer to Table 2 and Appendix Two. Further work is needed to scope this bid and provide more detailed costings, and officials are continuing to progress this in anticipation of you being invited to submit a bid.

Table 2: Indicative breakdown of costs for transgender bid

S9(2)(f)(iv)

Initial advice has been provided to the Minister of Health

13. On 15 September 2021, these indicative Rainbow Health bids, and all potential Budget 2022 bids from the Ministry and the Transition Unit, were provided to the Minister of Health for his initial consideration. You have also received an initial list of bids that you have signalled you would like to progress. Officials have continued to refine the bids since that advice was provided, including providing more specific costings.
14. The costings included in this report and in the advice provided to the Minister of Health are indicative only. Should you and the Minister of Health agree to progress these bids as part of a Rainbow Health Budget 2022 package, officials will work to finalise the costings.

Equity

15. A strong and responsive health care system is central to improving the health of all New Zealanders and reducing health inequities for transgender and intersex people.
16. Supporting the workforce, parents, whānau and intersex people to make decisions about medical interventions in line with best practice and informed by people with lived experience, will prevent the possibility of unnecessary interventions occurring and causing life-long harm.

17. Appropriate and supportive primary care has 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.

Next steps

18. With your agreement, and that of the Minister of Health, the Ministry will continue to develop the intersex health bid and the transgender health bid, to be considered as a Rainbow Health package in Budget 2022.

ENDS.

Aide-Mémoire

Meeting with PATHA and Gender Minorities Aotearoa to discuss the transgender health work programme

Date due to MO: 1 October 2021

Action required by: N/A

Security level: IN CONFIDENCE

Health Report number: HR20212011

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Group Manager, Family and Community Health Policy	S9(2)(a)
Caroline Flora	Associate Deputy Director-General, System Strategy and Policy	S9(2)(a)

Aide-Mémoire

Meeting with PATHA and Gender Minorities Aotearoa to discuss the transgender health work programme

Date due: 1 October 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Security level: IN CONFIDENCE

Health Report number: HR20212011

Details of meeting: 5 October 2021
2.00 – 2.30pm via Zoom

**Purpose of meeting/
proposal:**

You are meeting with Professional Association Transgender Health Aotearoa (PATHA) President, Dr Jaimie Veale to discuss the Ministry of Health's (the Ministry) transgender health work programme.

Dr Rona Carroll (PATHA Education Committee), Jack Byrne (Chair of PATHA Policy and Advocacy Committee), and Jove (Joe) Horton (Transgender Health Key Worker) will be in attendance.

Ahi Wi-Hongi, the National Coordinator of Gender Minorities Aotearoa (GMA), will also be in attendance.

Ministry of Health officials Steve Barnes, Group Manager Family and Community Health Policy, and Alex Burton, Principal Advisor National Services, will attend.

Talking points and attendee biographies are included in the appendices.

Comment:

PATHA and GMA background

- PATHA is an interdisciplinary professional organisation working to promote the health, wellbeing, and rights of transgender people.
- GMA are a nationwide transgender organisation working to support all transgender people and provide one-to-one peer support and information.
- You met with PATHA and GMA representatives in March 2021 to discuss work underway to improve Rainbow Health and you committed to meeting them again in six months.

We have engaged with PATHA and the transgender community about options for transgender health

- On 23 September 2021, we provided you with a briefing outlining 'Options to improve primary health care services for transgender people' [HR20211570 refers]. This included options for supporting primary care clinicians to deliver gender-affirming care and culturally appropriate care more generally, standardising gender-affirming health care pathways, and adjusting primary health care funding settings.
- The Ministry and PATHA have a working relationship on ways to improve transgender health. We have been keeping in touch with PATHA on this work (as a group and as individual members). We have also engaged with GMA to ensure transgender lived experiences and expertise complement system and service knowledge in the development of preferred options.
- Additionally, the Ministry has engaged with a number of Responsible Authorities (including the Medical Council), as well as the Royal New Zealand College of General Practitioners (RNZCGP), Council of Medical Colleges, Health Media (New Zealand Doctor publishers), and Pegasus Health.

We are working with Responsible Authorities and Medical Colleges to understand developments in capability to support care for transgender patients

- PATHA has a strong focus on building the capability of the health workforce to meet the gender-affirming and general health needs of transgender people.
- The Colleges are responsible for providing training for the members in their health profession. We will continue to engage with the Colleges to understand more about the current training resources available and their uptake.
- We have also engaged with the Responsible Authorities to identify if they had clear guidance or knew of the training opportunities for the workforce

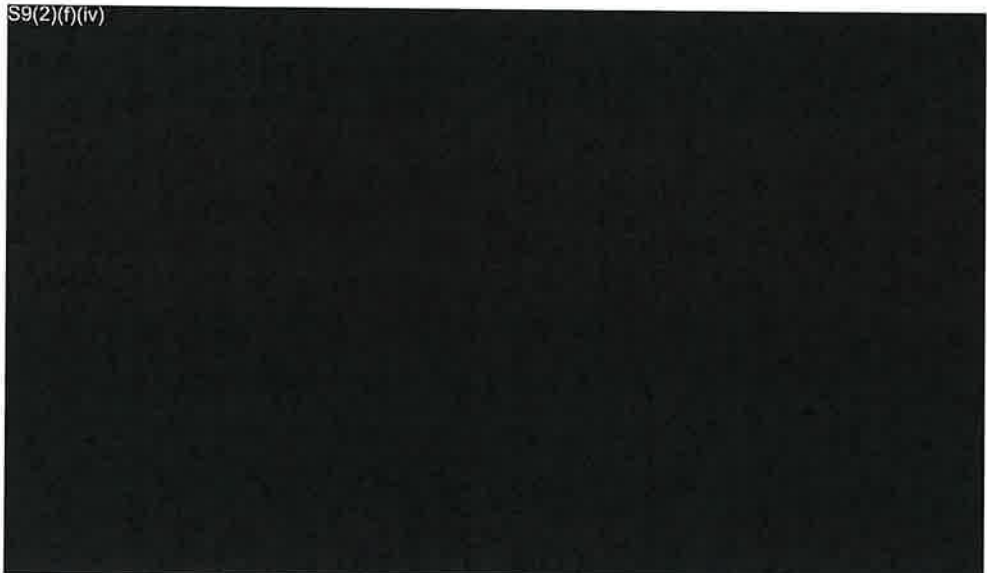
to improve clinical and cultural competence when providing care to transgender people.

- Overall, we have found there is agreement that there is a need to build the capability of the health workforce to meet the needs of transgender people.
- There is a need across the health professions for both more specialised and general training to improve workforce awareness and responsiveness to the needs of transgender people. This may indicate that there is not enough training or guidance available to health professionals currently or they are not able to readily access materials that already exist. Additional funding could be used to develop training and education.
- The Ministry has been working with the RNZCGP to understand the continuum of workforce training options currently available to support general practitioners to deliver appropriate general health care and specific gender-affirming health care for transgender people. A range of workforce training and development resources already exist for primary health care practitioners, from introductory 'Trans 101' training that is appropriate for all staff within general practice, to specialised training for those specialised in transgender care. Officials are also exploring other options with RNZCGPs, including practice audits and Cornerstone Continuous Quality Improvement modules.
- The Ministry has met with the Medical Council of New Zealand, who has a Statement on Cultural Safety that is elaborated further by each College to be specific to their profession. For instance, there may be further opportunities to build workforce capability into professional development via accreditation standards.
- On 23 September 2021, we provided you with three recommended opportunities you may wish to progress for further workforce development [HR20211570 refers]. These were:
 1. send a letter to relevant health workforce bodies expressing the Government's priorities for transgender health and congratulating work underway
 2. attend a Council of Medical Colleges Board meeting in December 2021 to discuss work to improve transgender health care
 3. seek funding through Budget 2022 to support the development of training and guidance for health professions

Work is underway to expand community-based models of care and establish national guidance and lead clinical pathways for gender affirming care

- On 23 September 2021, the Ministry provided you with advice on a Rainbow Health Budget bid [HR20211790 refers] that, if approved, will provide resources to develop training and guidance, establish nationally consistent referral pathways, expand community-based models of care, and S9(2)(f)(iv)

S9(2)(f)(iv)



- There is a need to update national guidance and establish lead referral pathways in HealthPathways. PATHA has recently updated clinical guidelines on hormone therapy and plans to update the Guidelines for Gender-Affirming Health Care after the World Professional Association for Transgender Health Standards of Care are released in December 2021. Upon completion, the RNZCGP intends to endorse the clinical guidelines to ensure CME credits are attached for general practitioners.
- The Ministry has discussed with PATHA how we can support them to progress work on updating the national guidelines and sharing and embedding the clinical guidelines. Our preferred approach (subject to Budget approvals) is to contract PATHA to work with the HealthPathways Community to develop a lead referral pathway for transgender services in primary care as well as supporting PATHA in the development of the Guidelines. We will update you as the work progresses.

We understand that PATHA and GMA are broadly supportive of the work to improve transgender people's access to primary care

- Officials met with representatives from PATHA and GMA on 22 September 2021 to give a high-level update on the work underway to improve access to primary care. There continues to be general agreement that the work is moving in the right direction and both organisations support the mahi.
- Specific comments from PATHA and GMA include:
 - The need to ensure that the primary care profession is not overloaded with new expectations for providing care to transgender patients, as the workforce is currently under pressure. This may be partially addressed if funding is received through Budget 2022 and officials will consider the best ways to phase work to manage pressure on primary care practitioners.

- The importance of ensuring that primary care services are well-connected to secondary services. This will be considered as part of the work to develop consistent HealthPathways.
- The Ministry has also received a request from GMA to endorse a resource they created by linking it on our website. The resource is called Supporting Transgender People and the Paramedic Council has made it a mandatory component of their certification. The Ministry is seeking internal agreement to endorse this resource in this way.

Progress is being made on updating the provision of gender affirming (genital) surgery

- In June 2021, we provided you with a briefing that included background on gender affirming surgery and provided an update on the plans to address the long waitlist for gender affirming genital surgeries in Aotearoa [HR20211116 refers].
- Patients who were historically accepted onto the waitlist under the High-Cost Treatment Pool (HCTP) are now being offered first specialist assessments (FSA) with the service provider. The Gender Affirming (Genital) Surgery Service (the Service), which specifically offers gender reconstruction surgery, has reported that many of these patients who have been referred to the service provider for an FSA have been unsuitable candidates for surgery, due to complex physical or mental health co-morbidities. The Ministry is currently the coordinator of the waiting list for a FSA with the Service.
- We anticipate that improving the quality of referrals will ensure that suitable candidates progress through the waitlist for an FSA and surgery, hence improving the capacity and demand issues that the Service is currently facing. There are further opportunities to improve the utilisation of the Service capacity by ensuring all health needs are met in primary and community care.
- As of 31 August 2021, there were 295 patients on the waiting list for a FSA. This is a slight increase from 276 patients on the waitlist for a FSA as of 30 April 2021. Overall 74 percent of the referrals are for trans women and 26 percent are for trans men.
- Eight genital reconstruction surgeries have been performed this year, with one surgery booked for September 2021. An additional eight patients are progressing through the pre-operative pathway prior to surgery, and we anticipate we will reach 14 genital reconstruction surgeries this year (14 surgeries per year are publicly funded).
- The Ministry is meeting with the New Zealand Association of Plastic Surgeons to discuss the current training programme and whether there are any opportunities to increase positions or other options. The Health and Disability System Reform Programme also offer an opportunity to review what services are delivered in Aotearoa's public hospitals, including gender affirming surgery.

- District Health Boards can make decisions to prioritise gender affirming chest surgery. However, cancer treatments often take clinical priority in planned care, especially during changes to Covid Alert Levels. Therefore, cancer mastectomies would take precedence over a gender affirming case. Capacity issues would need to be addressed in order to improve service availability which could help separate gender affirming non genital surgeries from other surgical pools.

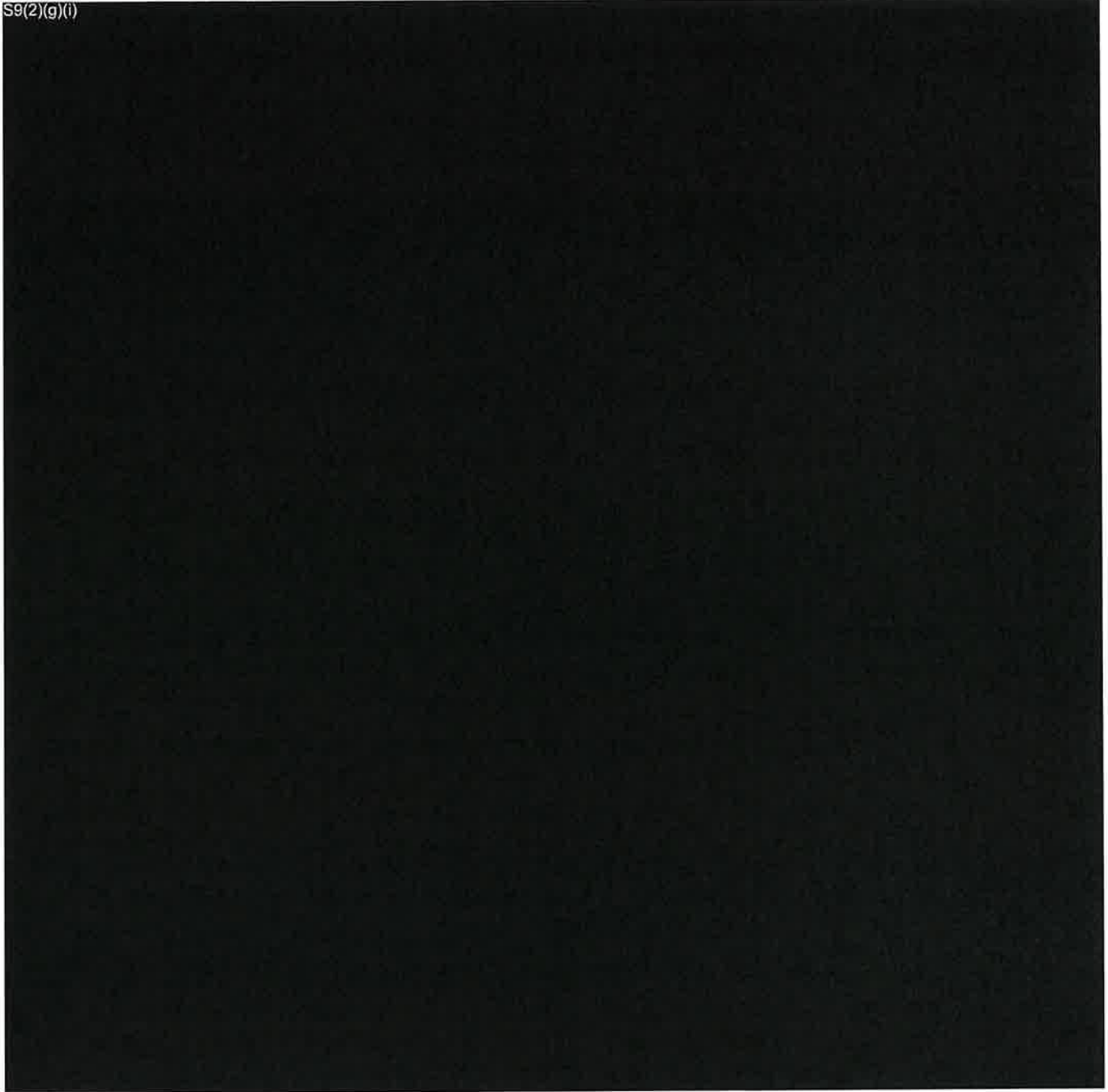
We anticipate that you may be asked about additional resourcing to support improved access to primary care for transgender people

- PATHA have asked whether additional funding will be included in the Ministry's plans to bring more gender affirming health care into primary care. However, due to Budget processes we are not at the stage where we can commit to additional funding in this area.
- **This aide-mémoire discloses all relevant information.**

Caroline Flora
Assistant Deputy-Director General
System Strategy and Policy

Appendix One: Talking points on transgender health

S9(2)(g)(i)



Appendix Two: PATHA and GMA attendee biographies

Dr Jaimie Veale (she/her) is a senior lecturer in Psychology at the University of Waikato where she conducts research specialising in health inequities and social determinants of health for transgender people. Dr Veale is the President of PATHA, the Principal Investigator of Counting Ourselves: The Aotearoa New Zealand Trans and Non-Binary Health Survey, and a member of the Global Board of Directors of the World Professional Association for Transgender Health (WPATH).

Dr Rona Carroll (she/her) is a youth health general practitioner (GP) who holds a primary care based gender affirming hormone clinic, Mauri Ora, in Wellington. She is a senior lecturer at the University of Otago, Wellington in the Department of Primary Health Care and General Practice and has research and teaching interests in transgender health care. Dr Carroll educates GPs on providing gender affirming health care and has started a national GP transgender health peer support group, as well as a peer group for health professionals in Wellington who provide gender affirming care. Dr Carroll is a founding member of a new charitable trust called "Pride in Health" and is a member of PATHA's Education Committee.

Jack Byrne (he/him) is a senior human rights researcher and policy analyst, working as a contractor in Aotearoa and in the Asia Pacific on transgender health. He also works on legal gender recognition and legal and policy responses to end conversion practices. Mr Byrne previously worked for the Human Rights Commission for nine years, project managing the Transgender Inquiry; co-authored the Asia Pacific Trans Health Blueprint; and is the co-investigator for Counting Ourselves. Mr Byrne is a trans man and chairs PATHA's Policy and Advocacy Committee.

Jove (Joe) Horton (he/him) is a trans man, working within the public health system as the Transgender Health Key Worker in Tāmaki Makaurau. Mr Horton joined PATHA's Education Committee because he wanted to ensure more equitable health outcomes for trans and non-binary people throughout Aotearoa. Mr Horton advocates for proficient, empowering, and sustainable health care to be widely available and accessible nationwide in both primary and mental health care settings, enabling all people (including their whānau) to flourish and thrive.

Ahi Wi-Hongi (ia/they/them) is the National Coordinator of Gender Minorities Aotearoa. Ahi is a Diversity and Inclusion specialist, a Human Rights Advocate, and a Health promoter. Ahi is a member of the Wellington DHB's Sex and Gender Diverse Health Outcomes Working Group and previously spent six years with the New Zealand Prostitutes' Collective in a similar public health role. They have a particular focus on transgender people and sex workers in an Aotearoa context. Their passions include community-led action, human rights based models, population health, and kaupapa Māori frameworks for wellbeing.

Briefing

Budget 2022: Rainbow Health Budget bids

Date due to MO:	20 October 2021	Action required by:	N/A
Security level:	BUDGET SENSITIVE	Health Report number:	HR20212266
To:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Group Manager, Family and Community Health Policy, System Strategy and Policy	S9(2)(a)
Kevin Davies	Deputy Chief Financial Officer, Corporate Services, Finance	S9(2)(a)

Minister's office to complete:

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

Comment:

Budget 2022: Rainbow Health Budget bids

Security level:	BUDGET SENSITIVE	Date:	20 October 2021
To:	Hon Andrew Little, Minister of Health		
Copy to:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Purpose of report

1. This briefing responds to your request for information on the two Rainbow health Budget 2022 initiatives. The two initiatives resulted from policy work commissioned by Hon Dr Ayesha Verrall, Associate Minister of Health, to meet the Labour Party's 2020 Rainbow health manifesto commitments.
2. This report discloses all relevant information and implications.

Summary

3. The Labour Party's 2020 Manifesto made three Rainbow health commitments:
 - a. developing a rights-based protocol to prevent unnecessary medical interventions on intersex children
 - b. providing better access, support, and treatment for our Rainbow communities through our health system
 - c. ensuring the health care system is responsive to the needs of transgender, intersex, and gender diverse people.
4. On 12 August 2021, the Ministry of Health (the Ministry) briefed Hon Dr Verrall on **developing a rights-based approach to prevent unnecessary medical interventions on intersex children** [HR20211379 refers]. We advised the Associate Minister that children with intersex variations are at risk of having their human rights breached if they undergo medically unnecessary intervention. We also advised that there is currently limited guidance and training on intersex health care for health professionals working in Aotearoa.
5. Hon Dr Verrall agreed to the Ministry's recommendations that the Ministry develop a Budget bid to:
 - a. strengthen clinical guidelines for the provision of health care for intersex children
 - b. develop a suite of informative resources for parents, whānau, and children and young people with intersex variations
 - c. resource counselling and peer support services for parents, whānau, and children and young people with intersex variations
 - d. support professional bodies to meet workforce training and development needs

S9(2)(f)(iv)

6. On 24 September 2021, the Ministry briefed Hon Dr Verrall on progressing **options to improve primary health care services for transgender people** [HR20211570 refers]. We advised the Associate Minister that appropriate and supportive primary health care has the potential to reduce the disproportionately high rates of mental and physical health concerns experienced by transgender people and the need for more intensive gender-affirming care across the life-course. Hon Dr Verrall agreed to the Ministry's recommendations to develop a Budget bid to:
- develop eight community-based models of gender-affirming health care over four years, to provide care for up to 1,000 people

S9(2)(f)(iv)

- update gender-affirming care guidelines and establish a lead referral pathway for gender-affirming care in HealthPathways.¹
7. On 24 September 2021, the Ministry also briefed Hon Dr Verrall on **options for progressing a Rainbow health Budget 2022 package** [HR20211790 refers]. Hon Dr Verrall agreed to provide a copy of this report to the Minister of Health. The briefing brought together the policy decisions that had been made for intersex and transgender health care and outlined early indicative costs for each bid:
- the intersex health initiative would require S9(2)(f)(iv) of funding over four years
 - the transgender health initiative would require S9(2)(f)(iv) of funding over four years.
8. Though there are no inter-dependencies between these two initiatives, we recommended that they be considered as part of a Rainbow health Budget package.
9. As presented, these initiatives would provide better access, support, and treatment for Rainbow communities through the health system. It would also ensure the health system is responsive to the needs of trans, intersex, and gender diverse people, fulfilling Labour's Manifesto commitment.
10. On 11 October 2021, **you requested further advice on the Rainbow health Budget initiatives**, S9(2)(f)(iv)
- This briefing outlines alternative scaled options for both Rainbow health Budget initiatives:

S9(2)(f)(iv)

¹ HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions.

S9(2)(f)(iv)

11. S9(2)(g)(i)

12. S9(2)(f)(iv)

Recommendations

We recommend you:

- a) **Note** that in September 2021, Hon Dr Verrall forwarded you advice on options for progressing a Rainbow health Budget 2022 package [HR20211790 refers] consisting of two initiatives:
 - a. **Initiative 1:** Developing a rights-based protocol to prevent unnecessary medical intervention on intersex children
 - b. **Initiative 2:** Improving primary health care services for transgender people
- b) **Note** that this briefing responds to your request for further information on two Rainbow health Budget 2022 initiatives above
- c) **Note** that the two Rainbow health Budget 2022 initiatives are part of the 19 initiatives pertaining to Hon Dr Verrall's health portfolio
- d) **Note** that the Ministry previously recommended to Hon Dr Verrall that the two Rainbow health initiatives form part of a Rainbow Health Budget 2022 package [HR20211790 refers]
- e) **Note** that we understand that your office will liaise with Hon Dr Verrall's office to inform her of the status of the 19 initiative bids that have been put forward once you have had the opportunity to consider them further
- f) **Note** that, by 5pm 10 December 2021, you are required to write to the Minister of Finance to inform him of the full set of initiatives for which you intend to seek funding through Budget 2022



Caroline Flora

Associate Deputy Director-General

System Strategy and Policy

Date: 20 October 2021

Hon Andrew Little

Minister of Health

Date:

Budget 2022: Rainbow Health Budget bids

Context

1. On 24 September 2021, you received a copy of the briefing titled *Options for progressing a Rainbow Health Budget 2022 package* addressed to Hon Dr Verrall [HR20211790 refers]. The briefing described the Associate Minister's policy decisions that resulted in the following two Rainbow health initiatives for your consideration in Budget 2022:
 - a. **Initiative 1:** Developing a rights-based protocol to prevent unnecessary medical intervention on intersex children
 - b. **Initiative 2:** Improving primary healthcare services for transgender people.
2. We understand you need additional information to make Budget 2022 decisions. For your reference, Appendix One provides a list of all the briefings Hon Dr Verrall has received on Rainbow health.
3. In your September 2021 letter to Hon Grant Robertson, Minister of Finance, S9(2)(f)(iv) [REDACTED]
[REDACTED]
[REDACTED]
4. This briefing draws all the information pertaining to the two Rainbow health initiatives together in one place, disclosing all relevant information and implications.

The Rainbow health Budget 2022 bids address Labour Party Manifesto commitments

5. The 2020 Labour Party Manifesto committed to:
 - a. developing a rights-based protocol to prevent unnecessary medical interventions on intersex children
 - b. providing better access, support, and treatment for our Rainbow communities through our health system
 - c. ensuring the health care system is responsive to the needs to transgender, intersex, and gender diverse people.
6. To address these commitments, the Ministry recommended Hon Dr Verrall progress two initiatives as part of a Rainbow health Budget 2022 package [HR20211790 refers]:
 - a. **Initiative 1:** Developing a rights-based protocol to prevent unnecessary medical intervention on intersex children
 - b. **Initiative 2:** Improving primary care services for transgender people.
7. The two initiative bids are not required to fulfil contractual or legal commitments. There are no inter-dependencies with other Budget 2022 initiative bids, and these two bids are not inter-dependent.

Initiative 1: Developing a rights-based protocol to prevent unnecessary medical intervention on intersex children

Intersex children are at risk of having their human rights breached

8. Having an intersex variation is not a sexual or gender identity, it is having variations of sex characteristics, either physical, hormonal or genetic, that do not fit medical norms for female or male bodies.
9. The clinical practice in Aotearoa is that interventions on intersex children only occur when it is necessary to resolve a functional problem or preserve life. However, some children with intersex variations will have intersex-related health needs where the line between what is and what is not medically necessary is not always clear or agreed upon by the clinical and intersex communities. For example, health professionals do not generally consider hypospadias² to be an intersex variation, but the intersex community does [HR20210378 refers].
10. Children with intersex variations are at risk of having their rights to self-determination, bodily autonomy and integrity, and freedom from torture breached if they undergo medically unnecessary intervention. There is no agreement about what constitutes 'medically necessary' interventions.
11. In 2016, the United Nations Committee on the Rights of the Child (the Committee) recommended that Aotearoa develop and implement a child rights-based health-care protocol for intersex children.

There are opportunities to strengthen existing settings to better protect the rights of intersex children

12. In August 2021 [HR20211379 refers], Hon Dr Verrall agreed that the most effective way to develop a rights-based protocol to prevent unnecessary medical intervention on intersex children was to strengthen existing settings by:
 - a. developing a series of clinical guidelines for the care of intersex people (particularly children) across the lifespan of 0 to 18 years to supplement existing neonate guidance
 - b. supporting professional bodies to build workforce capability through training and development once clinical guidelines are in place

S9(2)(f)(iv)

- d. establishing a support service for parents, whānau, and intersex children that provides peer support by intersex people for intersex people and their family
- e. developing resources for intersex people and their whānau to support them and their interactions with health care

² Hypospadias is a condition where the opening of the urethra is located on the underside of the penis rather than at the tip.

S9(2)(f)(iv)

13. These initiatives would form the basis of a rights-based approach to medical interventions on intersex children, and would create a framework that:
- supports decision-making between clinicians, intersex children and young people, and their families
 - enables clinicians to use their clinical judgement in line with best practice
 - strengthens the ability of the Health and Disability Commissioner and Regulatory Authorities to assess complaints and uphold rights.
14. Hon Dr Verrall has met with clinicians, and intersex and human rights advocates to discuss medical intervention on intersex children in Aotearoa. However, she has not made any commitments in this space.

Budget 2022 funding is required to achieve a rights-based approach to intersex health care

15. In September 2021 [HR20211790 refers], the Ministry advised Hon Dr Verrall that investment is required to progress this mahi. We also suggested that if you and Hon Dr Verrall agreed to progress this initiative, it could form part of a Rainbow health Budget 2022 package.
16. The early indicative costs for the intersex health initiative would require S9(2)(f)(iv) [redacted]. This includes funding to resource the Ministry to manage and administer the implementation of this initiative.
17. Table 1 outlines the funding sought for this initiative (before scaling).

Table 1: Funding sought for intersex health initiative, before scaling

S9(2)(f)(iv)

S9(2)(f)(iv)

Developing clinical guidelines for the care of intersex people

18. This funding is required to support relevant professional bodies (including expert clinicians and consumers) to develop clinical guidelines on care for intersex children and young people and seek endorsement from the relevant bodies.
19. If a staged approach to developing guidelines for different age groups (across the lifespan of 0 to 18 years) is taken over four years S9(2)(f)(iv) This would be implemented through an Expression of Interest (EOI) process.

Building the capability of the workforce to provide health care for intersex people

20. Implementation of clinical guidelines (refer to above) will provide an opportunity for the Ministry to work with the health workforce professional and regulatory bodies to identify any further training and professional development needs.
21. This funding is to support professional bodies to build workforce capability through training and development. This would cost S9(2)(f)(iv) implemented through an EOI process.

S9(2)(f)(iv)

Funding peer support services for intersex people are their families

24. This funding would establish a peer support service for parents, whānau, and intersex children. This service would support informed decision-making about medical interventions and would be available nationwide.
25. The Ministry would invite Expressions of Interest from organisations (eg, Intersex Trust Aotearoa New Zealand) and Youth One Stop Shops⁴ (YOSS) that may have an interest in, and the skillset to, provide tailored peer support and counselling services to intersex children and their parents and whānau.
26. This would cost S9(2)(f)(iv) implemented through an EOI process.

⁴ YOSS provide a range of accessible, youth-friendly health and social services in a safe, stigma-free environment. There are 11 YOSS nationwide.

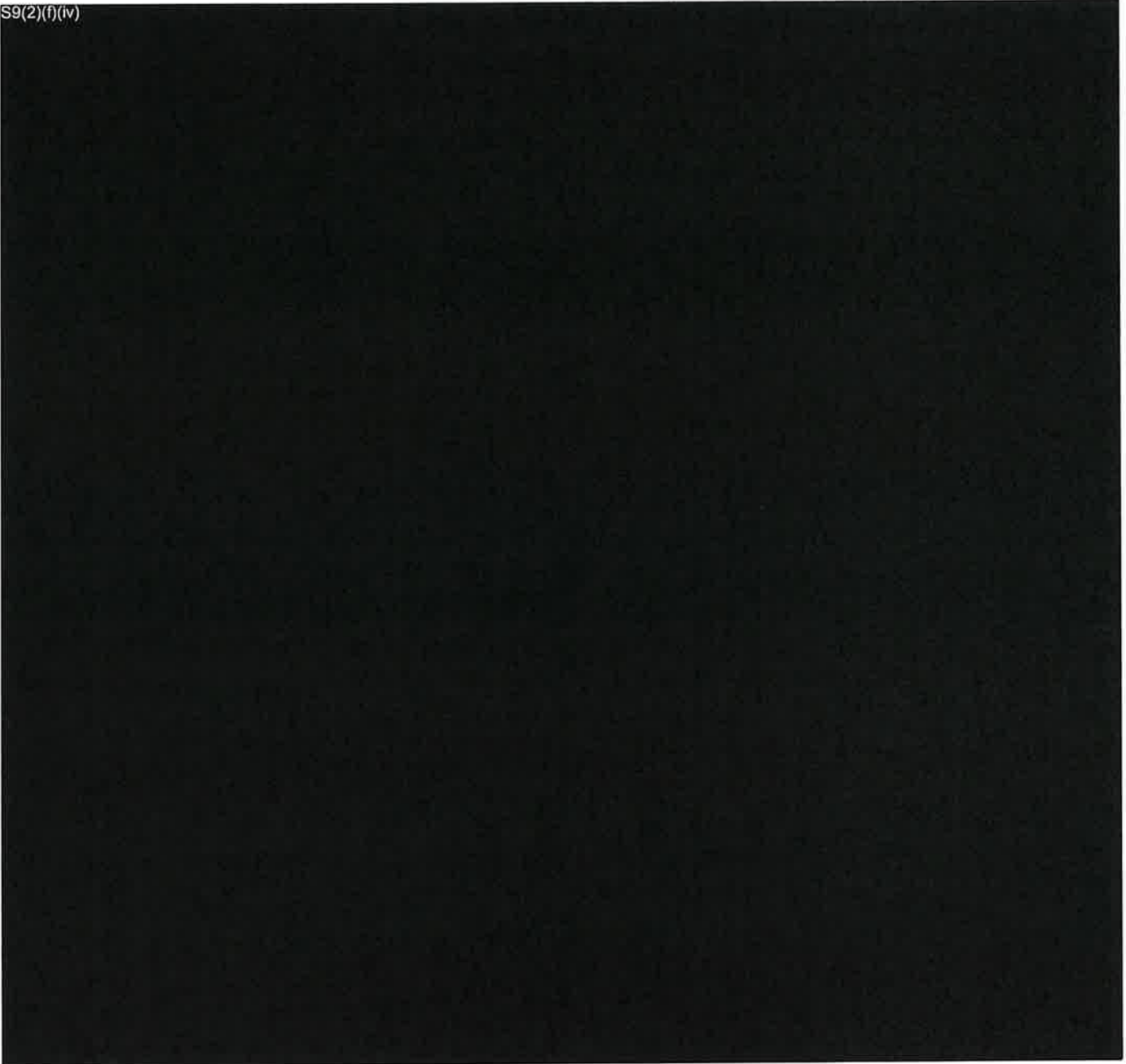
Developing informative resources for intersex people and their whānau

27. This funding would support an external contractor to develop resources for intersex people and their whānau. These resources would support them and their interactions with health care and would ensure informed decisions are being made about medical interventions.
28. This would cost S9(2)(f)(iv) implemented through an EOI process.

Establishing Ministry capacity in Rainbow health

29. There is currently no dedicated resource for Rainbow health in the Ministry. Departmental expenditure funding is sought to resource the Ministry to manage and administer the implementation of this initiative.

S9(2)(f)(iv)



Initiative 2: Improving primary health care services for transgender people

Transgender people experience significant health inequities

32. 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. Barriers can include cost and limited clinical and cultural competency in responding to transgender needs, depending on the experience of the health practitioners involved.
33. There is also variation across primary care providers and DHBs in the availability and delivery of transgender care. Many 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.

The workforce needs support to provide gender-affirming care to transgender patients

34. Currently, training and education on gender diversity is not frequently offered in the education curricula that primary health care professionals receive.
35. The Regulatory Authorities⁵ and the Colleges (eg, the Royal New Zealand College of General Practitioners⁶), as well as the Council of Medical Colleges⁷ agree there is a need to build the capability of the health workforce to meet the needs of transgender people.
36. Improved workforce capability can be achieved through more guidance, education, and training opportunities.

There are opportunities to improve primary and community health services for transgender people

37. In June 2021, Hon Dr Verrall agreed that the Ministry would focus on three priority areas to improve the quality and responsiveness of mainstream primary health care services for transgender people [HR20211070 refers]. These areas were:
 - a. targeting primary health care funding to support the development of specific services and models of care to meet the needs of transgender patients
 - b. supporting primary health care clinicians to be confident in delivering care to transgender patients by developing and embedding new training programmes
 - c. establishing national guidance and clinical pathways for gender-affirming care, standardising health care pathways.

⁵ 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.

⁶ The Royal New Zealand College of General Practitioners is the professional body and postgraduate educational institute for general practitioners and rural hospital doctors.

⁷ The Council of Medical Colleges represents sixteen medical colleges who provide support to over 9000 medical practitioners working in a range of 34 specialties in the health and disability system.

38. In September 2021 [HR20211570 refers], Hon Dr Verrall made further decisions on improving access and quality of primary health care services for transgender people and agreed to:
- a. support existing providers to deliver different models of gender-affirming care to transgender people
 - b. S9(2)(f)(iv) [REDACTED]
[REDACTED]
[REDACTED]
 - c. support and strengthen the training and development of the primary care workforce to be responsive to the needs of transgender people
 - d. develop gender affirming health care guidelines and pathways with input from the trans community to ensure informed and appropriate primary care.
39. Hon Dr Verrall has met with the Professional Association for Transgender Health Aotearoa (PATHA)⁸ to discuss the future of transgender health care in Aotearoa. However, she has not made any commitments in this space.

Budget 2022 funding is required to improve health outcomes for transgender people

40. In September 2021 [HR20211790 refers], the Ministry advised Hon Dr Verrall that investment is required to progress this mahi. We also suggested that if you and Hon Dr Verrall agreed to progress this initiative, it could form part of a Rainbow health Budget 2022 package alongside the intersex health care bid.

S9(2)(f)(iv) [REDACTED]

42. This bid would enable the manifesto commitment to be fulfilled by:
- a. improving the quality and responsiveness of, and access to, primary health care services for transgender people
 - b. improving the capability of primary care to meet general health needs of transgender people.
43. If this initiative is not funded there is a risk that primary care will continue to be unable to meet the health needs of transgender people, contributing to poor health outcomes and unnecessary use of secondary services when care could be provided in primary settings (eg, initiating hormone treatment in primary care rather than by referral to an endocrinologist).
44. Table 3 outlines the funding sought for this initiative (before scaling).

⁸ The Professional Association for Transgender Health Aotearoa (PATHA) is an incorporated society that was established in May 2019 to be an interdisciplinary professional organisation working to promote the health, wellbeing and rights of transgender people.

⁹ The 23 September 2021 submission had incorrectly stated the amount of funding sought for this initiative.

S9(2)(f)(iv)




Expanding and establishing models of gender-affirming primary health care

S9(2)(f)(iv)



46. These models of care will provide transgender patients with access to general health services, with provision of (or referral to) other services. 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.
47. These models of care would be implemented through an Expression of Interest (EOI) process. We expect that primary care practices will seek funding to deliver gender-affirming care within their existing practice.

S9(2)(f)(iv)



Improving workforce capability to meet the needs of transgender people

49. This funding would support relevant medical colleges to develop training and workforce development resources to improve workforce responsiveness to transgender patients.
50. The Council of Medical Colleges and the New Zealand Royal College of General Practitioners has advised that training and professional development on the provision of gender-affirming care needs to be incorporated into standard training for general practitioners (GPs). One way this could be achieved is by updating the Cornerstone Continuous Quality Improvement accreditation. This workforce capability mahi will be implemented through an EOI process.

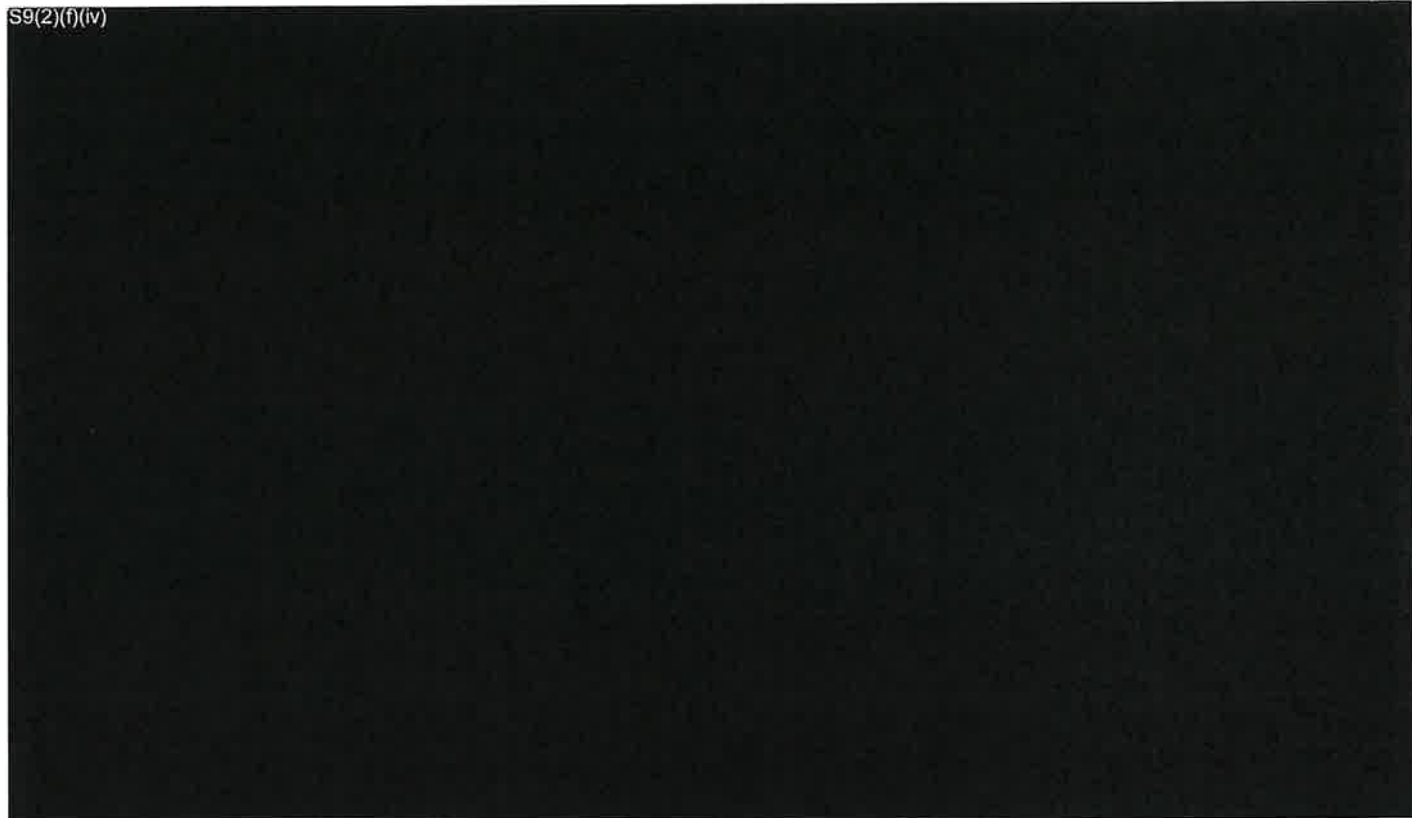
Updating national guidance and establishing lead HealthPathways for gender-affirming care

51. This funding would support PATHA to:
- update national guidelines for gender-affirming health care, with a specific focus on primary health care
 - work with HealthPathways Community¹⁰ to develop a lead referral pathway for gender-affirming services and supports.
52. 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. PATHA will be directly contracted to implement this.

Developing Ministry capacity in Rainbow health

53. There is currently no dedicated resource for Rainbow health in the Ministry. Departmental expenditure funding is also sought to resource the Ministry to manage and administer the implementation of this initiative.

S9(2)(f)(iv)



10 HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions for over 550 conditions.

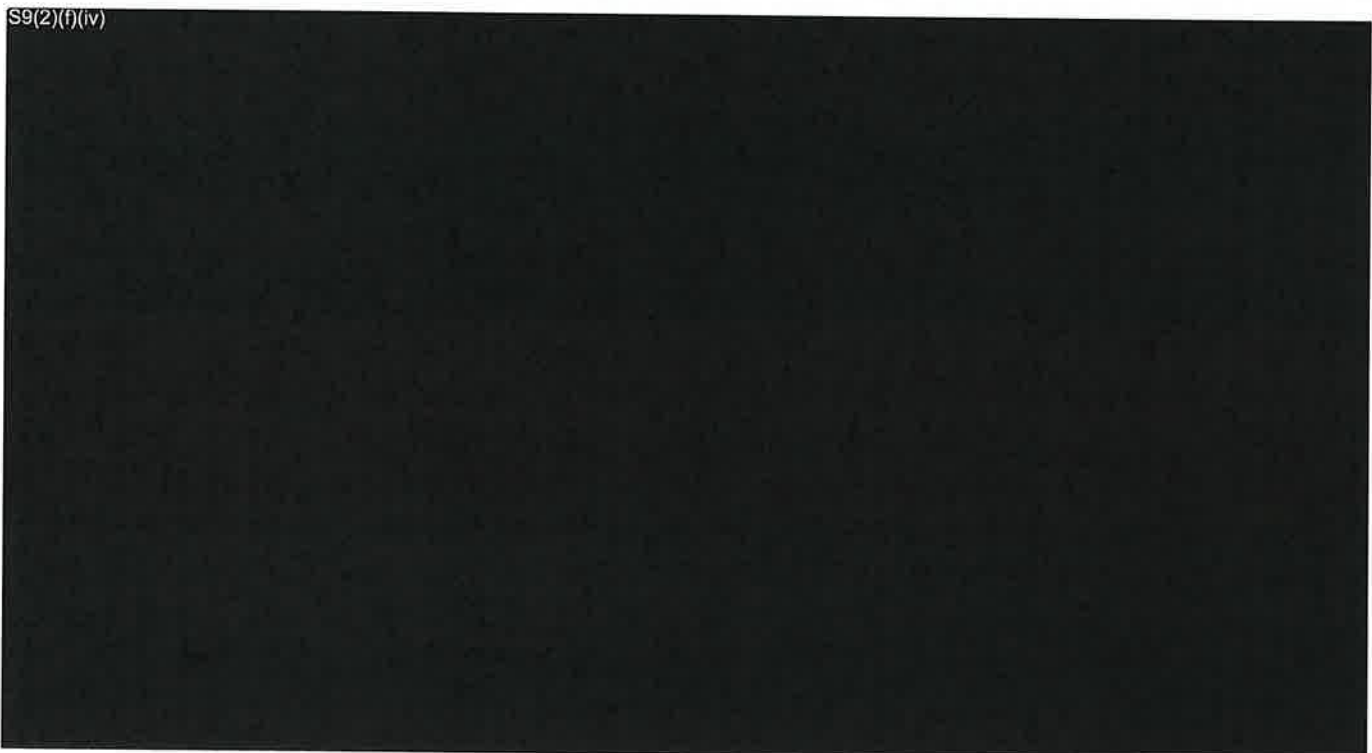
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Equity

56. A strong and responsive health care system is central to improving the health of all New Zealanders and reducing health inequities for the rainbow community.
57. Appropriate and supportive primary care has 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.
58. Supporting the workforce, parents, whānau, and intersex people to make decisions about medical interventions in line with best practice, and informed by people with lived experience, will prevent the possibility of unnecessary interventions occurring and causing life-long harm to intersex people.

S9(2)(f)(iv)



S9(2)(f)(iv)



Next steps

60. You must formally submit a letter to the Minister of Finance that identifies all the initiatives you are seeking to fund through Budget 2022 by 10 December 2021.
61. To meet this deadline, we understand that you will decide which initiatives to put forward for Budget 2022 consideration by 29 October 2021.

Appendix One: Bibliography of briefings provided to Hon Dr Verrall, Associate Minister of Health, about Rainbow health

Developing a rights-based approach to prevent unnecessary medical interventions on intersex children	Title	Date	Reference
	Improving the health system's responsiveness to transgender, non-binary, and intersex people	February 2021	HR20210124
	Advice on developing a rights-based protocol to prevent unnecessary medical interventions on intersex children	March 2021	HR20210378
	Further advice on developing a rights-based protocol to prevent unnecessary medical interventions on intersex children	August 2021	HR20211379
	Rainbow Health Budget Bid Package 2021	September 2021	HR20211790
Improving access to primary care service for health care services	Improving the health system's responsiveness to transgender, non-binary, and intersex people	February 2021	HR20210124
	Options to improve transgender access to health services	June 2021	HR20211070
	Progressing options to improve primary health care services for transgender people	September 2021	HR20211570
	Rainbow Health Budget Bid Package 2021	September 2021	HR20211790

ENDS.

Aide-Mémoire

Meeting with the Council of Medical Colleges' Board of Trustees

Date due to MO:	26 November 2021	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	HR20212441
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Andrew Connolly	Chief Medical Officer, Chief Medical Office	S9(2)(a)
Steve Barnes	Group Manager, Family and Community Health Policy, System Strategy and Policy	S9(2)(a)
Kelly Palmer	Manager, Community Wellbeing, System Strategy and Policy	S9(2)(a)

Aide-Mémoire

Meeting with the Council of Medical Colleges' Board of Trustees

Date due: 26 November 2021

To: Hon Dr Ayesha Verrall, Associate Minister of Health

Security level: IN CONFIDENCE **Health Report number:** HR20212441

Details of meeting: Thursday, 2 December 2021
11 -11.30am via Zoom

Purpose of meeting: You are meeting with the Council of Medical Colleges' (CMC) Board of Trustees (the Board) to discuss:

Out of Scope

- your Rainbow health priorities for transgender and intersex people.

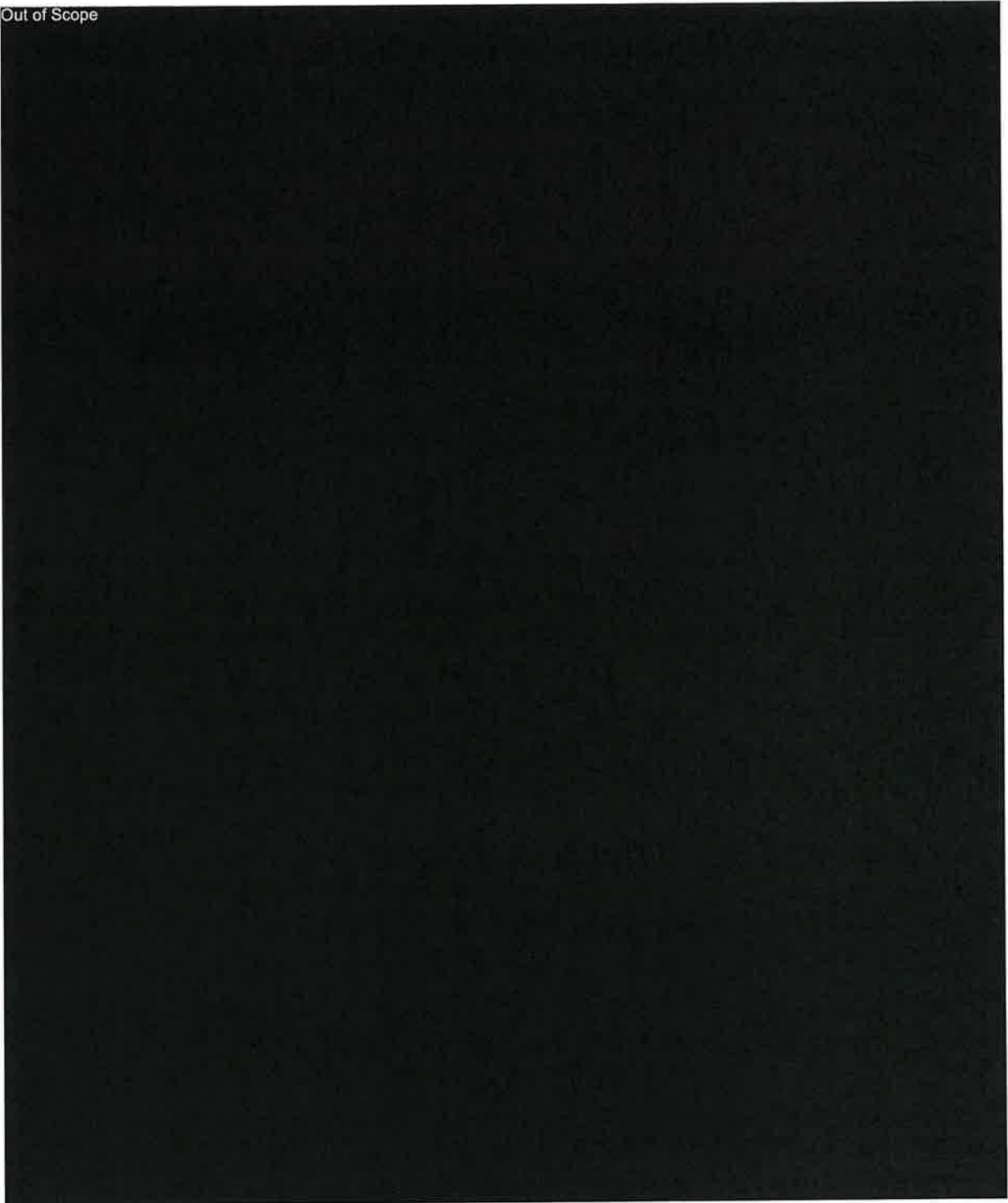
Andrew Connolly, Chief Medical Officer, from the Ministry of Health (the Ministry) will also attend the meeting.

Out of Scope

Comment: **The Council of Medical Colleges acts as a forum for New Zealand's 16 medical colleges**

- The CMC represents the 16 medical colleges in New Zealand and over 9,000 vocationally registered medical practitioners.
- The Board meets quarterly to discuss opportunities to improve, protect, and promote public health. Board meetings can have between 40-50 attendees, including some Australian-based Chief Executives of the trans-Tasman colleges.
- The CMC also advises Ministers, government agencies, and other relevant bodies on health, post-graduate medical training, and workforce issues.


Out of Scope



Improving primary care health services for transgender people

- In 2020, the Labour Party Manifesto committed to:
 - providing better access, support, and treatment for our Rainbow communities through our health system
 - ensuring the health system is responsive to the needs of transgender, intersex, and gender diverse people.
- In September 2021 [HR20211570 refers], we advised you that appropriate and supportive primary health care has the potential to

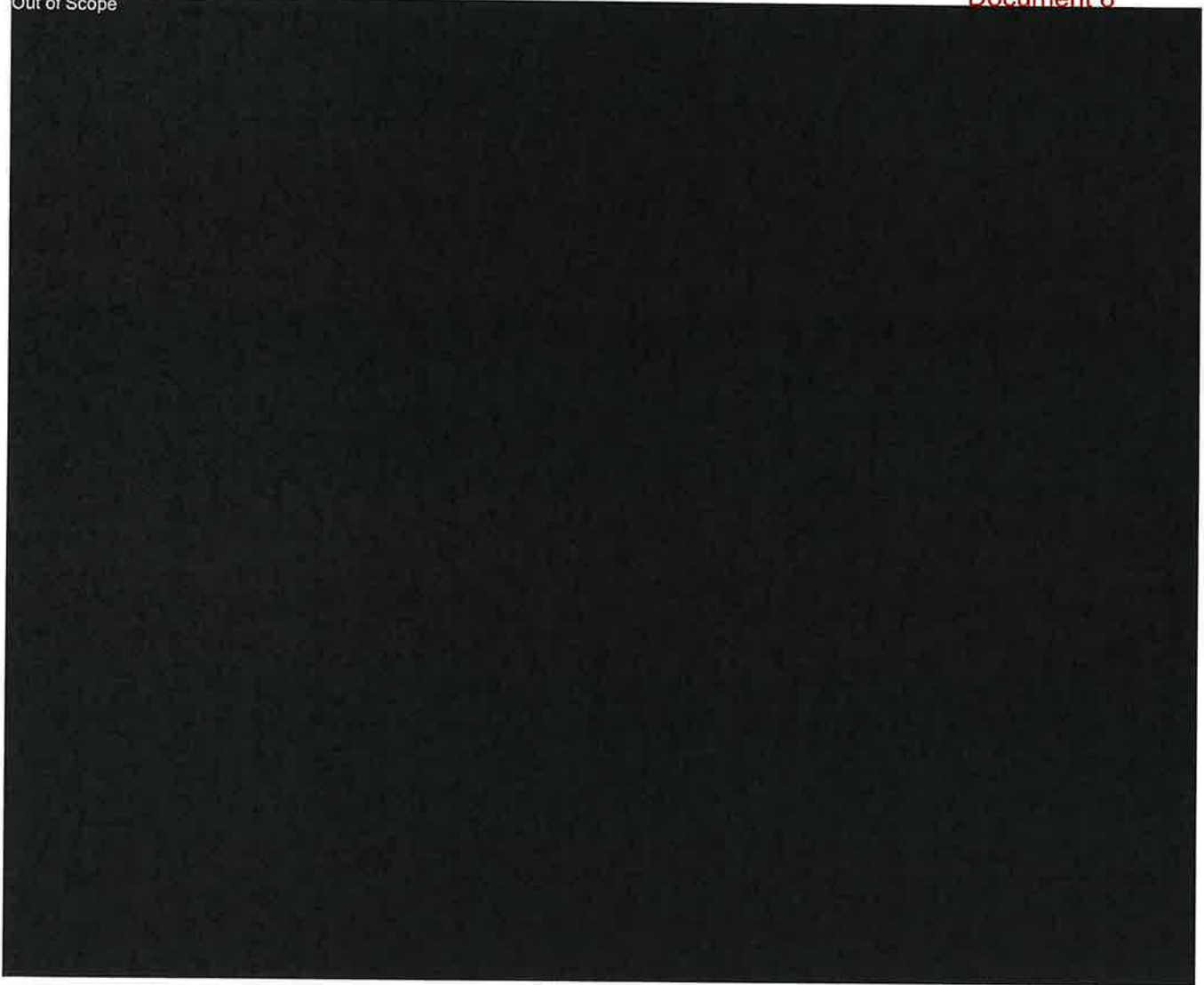
reduce the disproportionately high rates of mental and health concerns experienced by transgender people. We also advised that the workforce needs support to provide gender-affirming and trans-friendly care to transgender people.

- In September 2021 [HR20211570 refers], you agreed to improve primary health care for transgender people by:
 - supporting existing providers to deliver different models of gender-affirming care to transgender people
- S9(2)(f)(iv)
- 
- supporting and strengthening the training and development of the primary care workforce to be responsive to the needs of transgender people
 - developing gender-affirming health care guidelines and pathways with input from the transgender community to ensure informed and appropriate primary care.
- You have also written to the Royal New Zealand College of General Practitioners (RNZCGP), copied to the CMC, to highlight your priorities in Rainbow health and encourage the great work RNZCGP already has underway to improve primary health care services for transgender people by. For example, the RNZCGP is:
 - providing training through the General Practice Education Programme
 - endorsing gender-affirming healthcare resources with the Continued Medical Credits attached.
 - Ministry officials have engaged with the transgender community (Gender Minorities Aotearoa), the health workforce (including the Council of Medical Colleges, RNZCGP, and the Professional Association for Transgender Health Aotearoa), and some primary health organisations (Pegasus Health).
 - We have also engaged with the CMC to understand how the medical colleges might work with the Ministry to improve clinical and cultural competency in transgender care. The work that the CMC has previously undertaken around cultural safety is also relevant for our transgender mahi. We will remain connected with the CMC on this.

Other work CMC may want to discuss with you

- The Ministry and Transition Unit are continuing to work on how the reformed health and disability system will work in practice, with the views of stakeholders, such as CMC, important to shaping this mahi.
- This aide-mémoire discloses all relevant information.

Caroline Flora
Associate Deputy Director-General
System Strategy and Policy



Improving primary health care for transgender people

- The Government is committed to improving primary health care services for transgender people, so that they can have their general health needs met and access specific gender-affirming care (eg, surgery referrals, hormone prescriptions) in a primary care setting.
- An important component of this work, and a priority of mine, is improving the clinical and cultural competence of the health workforce to deliver primary care to transgender people.
- The Ministry has identified that there are encouraging signs from the health workforce on improving clinical and cultural competences in providing care to trans people. How can we continue to support this?

Appendix Two: List of CMC Board members, and staff invited to 2 December 2021 meeting

Board members

Dr John Bonning, Chair (he/him)

- Dr John Bonning is the President of the Australasian College for Emergency Medicine (ACEM). Dr Bonning has been a specialist emergency physician for more than 15 years, and a doctor for 30 years. He was Director of the Department of Emergency Medicine at Waikato Hospital in Aotearoa until 2017 and Chair of the Aotearoa New Zealand Faculty of ACEM until 2018.

Dr Samantha Murton, Deputy Chair (she/her)

- Dr Samantha (Sam) Murton is Medical Director of the Royal New Zealand College of General Practitioners (RNZCGP). She is also a working Wellington general practitioner (GP) and Senior Lecturer and Trainee Intern Co-Convenor at University of Otago, Wellington.

Dr Nat Anglem, Executive Committee member (he/him)

- Dr Nat Anglem is a Sports Physician and the Director of the Australian College for Sport and Exercise Physicians (ASCEP). Dr Anglem is part of a multidisciplinary sport and exercise medicine practice and has a particular interest in providing health care that recognises the many and varied contributors to wellbeing and performance.

Dr Iwona Stolarek, Executive Committee member (she/her)

- Dr Iwona Stolarek is currently Vice President of the Royal Australasian College of Medical Administrators (RACMA). Dr Stolarek has over 11 years of experience at a senior level of clinical governance both within district health boards (DHB) and at a more strategic level working as Medical Director for the Health Quality and Safety Commission in New Zealand.

Dr Helena Haggie, Co-opted Executive Committee member (she/her)

- Dr Helena Haggie is of Waikato Tainui and Te Arawa descent and is a working GP in the Waikato. Dr Haggie is a member of the RNZCGP's Te Akoranga a Maui group.

Dr André Cromhout (he/him)

- Dr André Cromhout is an Emergency Medicine physician, the Clinical Director of the Emergency Department at Wellington Regional Hospital, and the Chair of Australian College of Emergency Medicine (ACEM). Dr Cromhout is passionate about patient safety and informed communication.

Dr Celia Devenish (she/her)

- Dr Celia Devenish has been a specialist Obstetrician and Gynaecologist consultant for over 40 years and currently practices in the Southern DHB. Dr Devenish is the Chair of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZOG) and is also a Clinical Senior Lecturer in the Department of Women's and Children's Health at the University of Otago.

Associate Professor Susanna Every-Palmer (she/her)

- Associate Professor Susanna Every-Palmer is the Chair of the Royal Australian & New Zealand College of Psychiatrists (RANZCP). Associate Professor Every-Palmer is an academic psychiatrist, the Head of Psychological Medicine at the University of Otago, Wellington, and a consultant forensic psychiatrist. She is also an Associate Editor of the Australian & New Zealand Journal of Psychiatry.

Dr Peter Hadden (he/him)

- Dr Peter Hadden is an Auckland-based ophthalmologist who specialises in vitreoretinal surgery and ocular oncology. Dr Hadden is also a member of the Health Practitioners' Disciplinary Tribunal and has been an examiner for the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) since 2008.

Associate Professor Chris Hemmings (she/her)

- Associate Professor Chris Hemmings is Director of Anatomic Pathology at Canterbury Health Laboratories, a member of the Clinical Assembly of Te Aho O Te Kahu, and a Fellow of the Faculty of Science at the Royal College of Pathologists of Australasia (RCPA). Associate Professor Hemmings' main clinical and research interests are in the fields of gastrointestinal pathology, rare cancers, and tumour biology.

Dr Jenny Keightley (she/her)

- Dr Jenny Keightley is a recently retired Musculoskeletal Medicine Physician who leads the NZ Association of Musculoskeletal Medicine (NZAMM). Prior to qualifying in Musculoskeletal Medicine, Dr Keightley was a Christchurch GP for 28 years.

Dr George Laking (he/him)

- Dr George Laking is an oncologist, the New Zealand President of the Royal Australasian College of Physicians (RACP) and has recently been appointed as the first Māori Co-Medical Director of the Cancer Society of New Zealand.

Dr Gabriel Lau (he/him)

- Dr Gabriel (Gabes) Lau is a Dunedin-based radiologist specialising in diagnostic and interventional radiology. Dr Lau has held various roles with the Royal Australian and New Zealand College of Radiologists, including Chief Censor. He is currently in his second term as the New Zealand branch Chair.

Philippa Mercer (she/her)

- Philippa Mercer is a general surgeon at Christchurch Hospital specialising in breast and endocrine surgery. Philippa Mercer is also the Chair of the New Zealand National Board of the Royal Australasian College of Surgeons (RACS).

Dr Jim Miller (he/him)

- Dr Jim Miller is a public health physician and the Medical Officer of Health and Environmental Health Manager for Toi Te Ora Public Health (Tauranga). Dr Miller is also the Chair of the Policy Committee at the New Zealand College of Public Health Medicine (NZCPHM).

Dr Andrew Stapleton (he/him)

- Dr Andrew Stapleton is the Director of Intensive Care at Hutt Hospital and Chair of the College of Intensive Care Medicine National Committee. Dr Stapleton has an interest in using data to better inform strategic planning of health services and is on the Ministry of Health steering group for national ICU service planning.

Dr Sally Ure (she/her)

- Dr Sally Ure works as an Obstetric Anaesthetist and Clinical Director at Wellington Regional Hospital. Dr Ure is also the Chair of the New Zealand National Committee of the Australian and New Zealand College of Anaesthetists (ANZCA), where she focuses on diversity and equity.

Dr Kelvin Ward (he/him)

- Dr Kelvin Ward is the Chair of the Royal New Zealand College of Urgent Care (RNZCUC). He has worked in urgent care for more than 20 years and is currently the Medical Director for the Wellington Accident and Urgent Medical Centre. He is a current member of the Medical Council of New Zealand Professional Conduct Committee.

CMC staff members

Virginia Mills (she/her)

- Virginia Mills is the Executive Director of the CMC. Her previous roles have included Senior Policy Adviser at the Australian and New Zealand College of Anaesthetists (ANZCA), Senior Advisor in the Public Health Group, Ministry of Health, and Research Assistant at the Department of Human Nutrition, University of Otago.

Tracy Cowie (she/her)

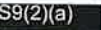
- Tracy Cowie is the CMC Secretariat and the Training, Education and Committees Coordinator at the Australian and New Zealand College of Anaesthetists.

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	Hon. Andrew Little, Minister of Health				
Department	Manatū Hauora – Ministry of Health				
What type of initiative is this?	Critical cost pressure initiative	Manifesto commitment initiative	Y	Health and Disability System Reform initiative	
	Climate Emergency Response Fund initiative	Savings initiative		Non-Spending initiative	
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	Steve Barnes, Group Manager Family and Community Health Policy, System Strategy and Policy S9(2)(a)  steve.barnes@health.govt.nz				
Treasury contact	Justin Alsleben				

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	Provide an overview of why the pressure cannot be funded from baselines and what steps have been taken to manage the pressure.		
Case for funding	Explain how additional funding will mitigate or resolve the pressure, and provide an overview of what outputs it is purchasing.		

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

This explanation table is for your reference only. Do not fill out the sections.

	Definition	Example
Outputs	The good or service the initiative is purchasing.	<p>The purchased goods are localised curriculum resources in te reo Māori, as well as the services of publishers, designers and story tellers.</p> <p>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.</p>
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

Problem

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.

Opportunity**Mental and physical health needs of transgender people can be appropriately address within primary health care settings**

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.

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.

Improving the cultural and clinical competency of the primary health care workforce

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.

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.

Section 3B: He Ara Waiora

Tikanga- decisions are made by the right decision-makers, following a tikanga process, according to tikanga values

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.

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.

S9(2)(j)

Manaakitanga- focus on improved wellbeing and enhanced mana for iwi and Māori, and for other affected communities

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

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.

S9(2)(j)

and groups, demonstrating an ethic of care and mutual respect

training and development primary health care services for transgender people and their whānau.

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.

S9(2)(j)

Section 3C: Outputs – The good or service the initiative purchases

Output	Description
New and expanded models of gender-affirming primary health care	<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).
National gender-affirming health care guidelines and lead referral pathways for gender-affirming care	<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"> S9(2)(j) the lead pathway will provide: <ul style="list-style-type: none"> eligibility criteria for specific gender-affirming services S9(2)(j) a template for each Health New Zealand locality (previously DHBs) to develop a localised referral pathway appropriate for their transgender population.
Training and workforce development resources for primary health professionals caring for transgender people	<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>
	Supporting Evidence	<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

		and a reduction in the need for more intensive gender-affirming care across the individual's life course ¹⁶
	Gaps in Evidence	<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.
	Assumptions	<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. <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	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.

	Description of the impact	Improved health workforce competency to provide high quality care for transgender people, including gender-affirming care
	Quantification	Wellbeing domain: knowledge and skills 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.
	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	Tasman
		Areas outside regions	Hawke's Bay	Offshore	Waikato
		Auckland	Manawatu-Whanganui	Otago	Wellington
		Bay of Plenty	Marlborough	Southland	West Coast
		Canterbury	Nelson	Taranaki	

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).

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.

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

The answer must not exceed 1-2 paragraphs.

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 <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) *Provide explanatory comments to help interpretation of the above baseline figures.*

	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) *Provide explanatory comments to help interpretation of the above baseline figures.*

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.

S9(2)(j)

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)

\$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	-		0.150		0.150		0.150		0.150		0.600
overhead funding			0.025		0.025		0.025		0.025		0.100
Departmental expenditure (1 FTE)											
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
Total											
Input – 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	
Total	-	-	-	-	-	-	-	-	-	-	N/A
Appropriations	This funding would not establish any new appropriations or alter the scope of an existing appropriation with effect from 1 July 2022.										

Section 5C: Options analysis

The answer must not exceed 1-2 paragraphs.

Options analysis

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.

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.

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

	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?	Y	<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, psychiatry and 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) to 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:

- **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)

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.

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).

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)