MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

16 December 2025

Tēnā koe

Official Information Act request

Thank you for your email of 22 August 2025, requesting information about the creation of an approved pool of doctors for medical certificates for health and disability benefits.

I have considered your request under the Official Information Act 1982 (the Act).

Firstly, I sincerely apologise for the delay in responding to your request and acknowledge that the Ministry has not met our obligations under the Act regarding timeliness.

Please find my decision on each part of your request set out separately below. Some sections are grouped together for clarity.

- *Any correspondence with ministers or their offices, including both emails and official papers, on the creation of an approved pool of doctors for medical certs for health and disability benefits.*
- *Any internal advice pulled together on the feasibility of such a scheme created after the coalition agreement was signed, in case needed for meetings between senior leaders and ministers.*

Please see attached **Appendix One** that outlines a list of documents released to you under the Act.

You will note that information is withheld under section 9(2)(a) of the Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

Some information is withheld under section 9(2)(f)(iv) of the Act to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials. The release of this information is likely to prejudice the ability of government to consider advice and the wider public interest of effective government would not be served.

Some information is withheld under section 9(2)(g)(i) of the Act in order to protect the effective conduct of public affairs through the free and frank expression of opinions. I believe the greater public interest is in the ability of individuals to express opinions in the course of their duty.

Phase one of the Approved Doctors coalition agreement was established and represented progress towards the intent of the Approved Doctors coalition agreement deliverable. Other work programmes in relation to this agreement remain under active consideration.

Phase one utilised existing Ministry resources to increase proactive case management for Jobseeker – Health Condition or Disability (JS-HCD) clients aged 18-24 years with part-time work obligations. This meant these clients had increased touchpoints with the Ministry's employment supports and services to gain better understanding of their work capacity and connect with the right supports to transition back to work ready. This initiative targeted two cohorts:

- Young people aged 18-24 nationwide who have newly transferred onto JS-HCD from Jobseeker – Work Ready (JS-WR) with a work capacity of 15-30 hours.
- Young people aged 18-24 in Auckland and Central regions who have received JS-HCD for less than 52 weeks and identified as having between 15-30 hours work capacity.

The Ministry has several tools to support JS-HCD clients into work through understanding their barriers to employment. Work Ability Assessments, integrated health and employment support programmes and regional health and disability team support which all enable young JS-HCD clients to address their barriers to work and focus on transitioning back to work ready and into sustainable employment. It should be noted not all of the targeted support mentioned above is available to all clients in all regions. Processes are in place to determine the right level of support to provide each client.

Young JS-HCD clients who are identified for participation in this initiative could be referred to the Ministry's integrated employment programmes that include elements of work ability assessment along with health and employment support, or the Ministry's mainstream employment programmes.

In addition to the above touchpoints for the target cohort, the Ministry also increased touchpoints for its staff under this initiative. Where young JS-WR clients seek to transfer to JS-HCD, case managers supporting those clients sought advice from the Ministry's Regional Disability Advisors or Regional Health Advisors as required for referral to a Work Ability Assessment or appropriate support programme.

- *Any comments/contributions MSD has made on such a policy if it has been led by another agency.*

The Ministry is the lead agency for this work. As such, I am refusing your request for this information under section 18(g) of the Act as the information you had requested is not held by the Ministry and I have no grounds to believe that the information is either held by or closely connected to the functions of another department, Minister of the Crown or organisation.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz. If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

Anna Graham
General Manager
Ministerial and Executive Services

Appendix One – Documents released in this response and decisions under the Act

Doc no.	Title	Decision	OIA ground
01	REP/24/5/486 – Progressing the approved doctors coalition agreement	Released in part	9(2)(g)(i), 9(2)(f)(iv)
02	Appendices for REP/24/5/486	Released in full	-
03	Approved Doctors – response to political advisor questions	Released in full	-
04	REP/24/3/175 – Seeking your direction on the approved doctors manifesto commitment work programme	Released in full	-
05	Talking Points – Approved Doctors Work Programme	Released in full	-
06	Talking Points – Progressing the approved doctors coalition agreement	Released in full	-
07	Email chain – RE – Information on Approved Doctors	Released in part	9(2)(a)
07a	Attachment to email chain – Approved Doctors one-pager	Released in part	9(2)(f)(iv)
08	Email chain – RE – REP/24/5/486 – Progressing the approved doctors coalition agreement report	Released in part	9(2)(a)
09	Email – Touching base on REP/24/5/486 – Progressing the approved doctors coalition agreement	Released in part	9(2)(a), 9(2)(g)(i)
10	Email – REP/24/5/468 – Progressing the approved doctors coalition agreement report	Released in part	9(2)(a)
11	Email chain – RE – Update on approved doctors paper	Released in part	9(2)(a)

12	Email chain – RE – Updates on the approved doctors paper	Released in part	9(2)(a)
13	Email chain – RE – Approved Doctors	Released in part	9(2)(a), 9(2)(f)(iv), 9(2)(g)(i)
14	Email chain – RE – Meeting with Minister Upston to discuss the approved doctors coalition agreement	Released in part	9(2)(a)
15	Email chain – REP/24/3/175 Seeking your direction on the approved doctors manifesto commitment work programme	Released in part	9(2)(a)
16	Email chain – RE – REP/24/3/175	Released in part	9(2)(a)

Report

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Date: 19 June 2024 **Security Level:** IN-CONFIDENCE

To: Hon Louise Upston, Minister for Social Development and Employment

File Reference: REP/24/5/486

Progressing the approved doctors coalition agreement

Purpose of the report

1 This report seeks your agreement to progress phase one of the coalition agreement to *"develop an approved pool of doctors who can issue medical certificates to go onto health and disability related benefits"* by either:

- developing a substantive proposal that more explicitly aligns to the wording and intent of the coalition agreement that will take time and additional resourcing, or
- focusing on supporting young people aged 18-24 years entering or transferring onto Jobseeker Support – Health Condition and Disability (JS-HCD) into employment using a pool of vocational health professionals.

Executive summary

2 Meeting the coalition agreement can be achieved by making the gateways to health and disability benefits more robust or by strengthening the employment support for those on these benefits.

3 We understand the intention of the coalition agreement to be focussed on strengthening the gateways onto MSD's health and disability related benefits, including JS-HCD and/or SLP by making greater use of assessments by designated health professionals.

4 s9(2)(g)(i)

s9(2)(g)(i) [redacted]

5 Strengthening the gateways onto MSD's health and disability related benefits cannot be undertaken within current funding and resourcing constraints. Further funding through Budget 2025, resourcing and time would be needed to develop a proposal that meets the wording and intent of the coalition agreement. The proposal would likely require legislative changes and need to be carefully considered in the context of current health workforce capacity constraints – MSD's designated doctor pool is primarily comprised of General Practitioners (GPs) and there are significant constraints facing this workforce. Additionally, this approach is unlikely to improve return-to-work outcomes for beneficiaries.

6 If you want MSD to develop a proposal closely aligned to the intent and wording of the coalition agreement, officials require further direction from you on how you could like us to approach this work. Specifically, we need you to provide direction on:

- at which point along the benefit process you would like us to intervene
- s9(2)(f)(iv) [redacted]
- the client groups within these benefits you would like us to focus on
- whether you want us to explore other wraparound supports for beneficiaries to promote better return to work outcomes.

7 If you wish for MSD to undertake this work, officials would like to meet with you to discuss the above points and to better understand how you would like us to approach this work to meet your objectives.

Officials have developed an alterative approach to progressing the coalition agreement that can be achieved within current resourcing and funding settings

8 Alternatively, we can make some smaller scale changes that, while not meeting the coalition agreement wording, would be achievable within current settings. These changes could be scaled up later and would align with your goal of supporting young beneficiaries into work. In response to earlier advice [REP/24/3/175 refers] and discussions with your colleagues, you requested MSD develop a proposal to support JS-HCD clients aged 18-24 years into employment using a pool of health professionals to better understand their work capacity. You further requested officials take a phased approach, focusing on solutions that could be implemented quickly and within baseline.

9 For this proposal MSD recommends creating a new pool (utilising pre-existing resources) of vocational health professionals. These professionals will use MSD's Work Ability Assessments (WAA) or an alternative work assessment to rigorously assess the work capacity and barriers to employment of young JS-HCD clients, starting with those clients transferring from Jobseeker Work Ready (JS-WR) to keep them in case management. Phase one will also keep these young people connected to MSD employment services and supports, which will support them into employment.

10 The initiative would need to start small to operate within existing resources. MSD proposes targeting all young people aged 18-24 who are newly transferring onto JS-HCD from JS-WR with work capacity of 15-30 hours nationwide. There are currently 24 clients on JS-HCD who are aged 18-24 with work capacity of 15–30 hours who transferred from JS-WR prior to JS-HCD. Of these clients, six were transferred in the last 52 weeks. Those transferring from JS-WR will be able to retain their dedicated case manager. Having the case management support will enable any WAA recommendations to be implemented and ensure clients are channelled into MSD's employment services and programmes. By intervening early in this way, MSD will reduce the chance these clients become entrenched on JS-HCD.

Phase one could focus on an additional cohort to ensure broader reach and impact

11 We recognise that this is a small group of clients. To remedy this, in addition to targeting new transfers onto JS-HCD, officials seek your agreement that phase one also targets young people aged 18–24 on JS-HCD for less than 52 weeks who have been identified as having between 15–30 hours work capacity on their Work Capacity Medical Certificate (WCMC) in the Auckland and Central regions. We propose targeting young people who have been on JS-HCD for less than 52 weeks so that we have a sufficient group of clients to draw from. For example, approximately 580 clients nationally aged 18-24 have been granted JS-HCD in the last 52 weeks.

12 We recommend targeting this second cohort in the Auckland and Central regions as they have available capacity to support young JS-HCD recipients through the provision of vocational and employment interventions. Both regions a high concentration of young people on JS-HCD. In these regions approximately 199 clients aged 18-24 have been granted JS-HCD in the last 52 weeks. This equals about 17 clients per month.

13 We propose to target this cohort because this group currently receives limited employment support. The risk of intermittent or long-term unemployment is high amongst young JS-HCD recipients and intervening early with appropriate support can avoid a range of poor long-term outcomes.

14 Across both groups, there will be increased opportunities to check work capacity and refer clients on to the new pool of vocational health experts or

suitable integrated vocational support programmes that contain elements of work ability assessments and employment support. Adding employment supports and services is important as an assessment alone is insufficient to achieve employment outcomes for this cohort.

15 Employment outcomes are likely to take time to achieve. For some, their reduced work capacity may only enable part-time employment. In some cases, the achievement of positive outcomes may be compromised by delays in obtaining treatment due to capacity constraints in the health system.

16 This alternative proposal (phase one) can be implemented within current policy and legislative settings and will take approximately three months to implement following your agreement. However, any expansion of the scope of phase one (for example, the number of regions or size of the target groups) would require additional resources and there may also be trade-offs against your other priorities. For example, if you wish to expand the number of clients supported in phase one, a trade-off with MSD's dedicated employment case management resources for Jobseeker Support (JS) will be needed.

17 If you agree to phase one of MSD's proposal, officials will, in line with your priorities, focus on the development of phase two. Officials will report back to you with early advice on what phase two of the proposal may look like by September 2025.

18 It is important to note MSD could not implement a proposal that closely aligned with the coalition agreement and the above alternative proposal targeting 18–24-year-olds receiving JS-HCD simultaneously.

Recommended actions

It is recommended that you:

1 **note** the coalition agreement *to "develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefits"* can be done by making the gateways to health and disability benefits more robust or by strengthening the employment support for those on these benefits

2 **note** that a more substantive proposal will require extensive resources from MSD, will take time to develop, will have significant implications for our General Practitioner workforce, and may not have an impact on employment outcomes for beneficiaries

3 **note** you have previously agreed to officials undertaking engagement on the coalition agreement; we will need to undertake further targeted engagement with organisations and unions representing health and medical professionals should you agree to a more substantive proposal

4 **agree** to receive further advice on a substantive proposal that more closely aligns to the wording and intent of the coalition agreement

AGREE / DISAGREE

5 **note** officials will need to meet with you to discuss how you would like us to undertake work to develop a substantive proposal that more closely aligns with the wording and intent of the coalition agreement

OR

6 **agree** for MSD to create a pool of vocational practitioners (utilising pre-existing resources) and new pathways leading to employment and health supports to progress the coalition agreement

AGREE / DISAGREE

7 **agree** for phase one of the coalition agreement to target:

7.1 young people aged 18-24 nationwide who are newly transferring onto JS-HCD from JS-WR with work capacity of 15-30 hours

AGREE / DISAGREE

7.2 young people aged 18–24 in Auckland and Central regions who have received JS-HCD for less than 52 weeks and identified as having between 15–30 hours work capacity

AGREE / DISAGREE

8 **note** if you agree to phase one, officials will report back in September 2025 on how phase one is operating along with options and any additional resourcing required for rolling it out further.

Sarah Palmer
Acting General Manager
International, Disability and Generational Policy

19/06/24
Date

Hon Louise Upston
Minister for Social Development and Employment

20240730
Date

Background

19 In response to earlier advice [REP/24/3/175 refers] and discussions with your colleagues, you have decided to take a phased approach to the coalition agreement to develop an approved pool of doctors who can issue work capacity medical certificates to go onto a health and disability related benefit.

20 You requested advice from officials on implementing phase one of the coalition agreement within the next three months. You further requested that phase one focus on young people aged 18 24 entering or transferring onto JS-HCD and that the pool of approved doctors could be interpreted more broadly to encompass other health professionals, such as vocational health professionals.

Many young JS-HCD recipients have mental health conditions and are at risk of long-term benefit receipt

21 You are the lead Minister for the Government target of reducing the number of people receiving JS by 50,000 by December 2029. As you know, JS includes JS-HCD.

22 As at the end of April 2024, there were 80,562 JS-HCD recipients. Of this, 10,398 JS-HCD recipients are young people aged 18–24, which accounts for approximately 13 percent of all JS-HCD recipients. Most young JS-HCD clients (72 percent) are receiving this benefit because their work capacity is impacted by a psychological or psychiatric condition (see **Appendix One** for further information on this cohort).

23 The risk of intermittent or long-term unemployment is high among young JS-HCD clients. MSD's 2022 Social Outcomes Model estimates that young people aged 18–24 on JS-HCD will spend an average of 21 future years on a main benefit over the remainder of their working age lives. This estimate allows for these individuals to exit and re-enter the benefit system, potentially multiple times, and for them to move to other main benefits. Almost a quarter of this group are estimated to spend the next 10 years supported by a main benefit. Over 60 percent are estimated to spend more than half of the next 10 years on a main benefit.

The process for assessing the initial and ongoing eligibility for young JS-HCD recipients is the same that applies to all JS-HCD recipients

24 MSD has a staged assessment process which is briefly described below. Previous advice [REP/24/3/175 refers] describes the full staging of JS-HCD assessments.

25 Initial and ongoing eligibility[1] for JS-HCD is underpinned by a WCMC, or a medical certificate with equivalent information, from their health practitioner[2] which is usually sent electronically to MSD.

26 Staff can refer cases to MSD's Regional Health Advisor (RHA) or Regional Disability Advisor (RDA) teams for a range of reasons, such as when eligibility or capacity for work is uncertain or a second opinion is warranted. RHAs or RDAs can also contact the client's health practitioner (where the client's consent is provided) or discuss the case with the Principal Health Advisor and Principal Disability Advisor. In most cases, questions about a person's work capacity and entitlement to benefit are resolved at this level.

27 For a formal second opinion, MSD staff can refer the client to a designated health practitioner appointed by MSD to provide an independent medical opinion on a client's work capacity. This includes when a client's health practitioner indicates they would like a second opinion, for example, due to a conflict of interest. Approximately 163 clients were seen by MSD designated health practitioners in the past year, which equates to a cost of $40,753 (note, this cost is covered by MSD).

28 Please note, the majority of MSD's designated health practitioners are GPs and are not vocational health experts. There are few vocationally trained doctors available throughout New Zealand.

In some regions, MSD provides a Work Ability Assessment for a small number of JS-HCD clients to better inform understanding their work capacity

29 A WAA is an independent assessment undertaken by a qualified occupational therapist or other health professionals on what work a client can do, and the support and services they need to find and stay in work. The information provided in the WAA helps to determine whether the client is required to look for or prepare for work, and also identifies the appropriate supports and services needed to support the client into employment. While the WAA provides useful information on the supports and services needed for a client to find and stay in employment, their effectiveness is impacted by the immediate availability of these supports, long wait times and lack of suitable services (for example, addition support services).

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[1] Clients provide subsequent WCMCs if their health condition, injury or disability continues to impact their capacity to work after their initial WCMC has expired. Before the end of the medical coverage period, a client must provide a current WCMC with a new medical coverage period to continue receiving JS-HCD.

[2] Other prescribed health practitioners, such as nurse practitioners, dentists and midwives, can also complete a WCMC for MSD clients.

30 Please note that WAA or their equivalents are not available in all regions due to the regionally contracted model that MSD uses for WAA assessors.

31 Once initiated, the WAA becomes an obligation for MSD clients under section 115 – 119 of the Social Security Act 2018. If a client does not meet these obligations and does not provide a good and sufficient reason, an obligation failure will be initiated, and a sanction may be imposed. Clients are given notice of the obligation failure and have five working days during which to dispute the obligation failure decision. A sanction is applied the day after the notice period ends.

Touch points with other MSD services exist for young people on JS-HCD, however, they are limited in number and scale

32 The main regular MSD touchpoints for young people aged 18 24 on JS-HCD are when they reapply for the benefit or when they renew their medical coverage for JS-HCD. JS-HCD clients may also contact MSD about additional financial assistance such as Disability Allowance, Accommodation Supplement or hardship assistance.

33 The extent to which MSD clients are connected to MSD's existing employment supports and other services, such as case management, is dependent on their work obligations. Full-time work obligated clients are more likely to be placed in case management or other employment supports and services.

34 JS-HCD recipients have either deferred or part-time work obligations:

- Approximately 7.8 percent of JS-HCD recipients have part time work obligations and must be available for and take reasonable steps to find suitable employment of at least 15 hours per week.
- • Approximately 92.2 percent of JS-HCD recipients have deferred work obligations and are not obligated to seek out employment. Clients can be temporarily deferred from some of their work obligations when they have a health condition, injury or disability, and have no capacity to work, or only the capacity to work for less than 15 hours per week.

35 As we operate with finite resources, MSD prioritises which beneficiary cohorts are connected to our employment supports and services – emphasis is placed on supporting beneficiaries into fulltime employment. As JS-HCD recipients are not in a position to seek full-time employment, they are not prioritised for MSD's employment supports or services, such as case management.

36 However, MSD offers some employment support specifically targeting clients with health conditions or disabilities. This includes some effective integrated health and employment programmes for JS-HCD recipients, but these are limited in scale and availability. Examples include Here Toitū and two group

based Individual Placement and Support initiatives aimed at young people (such as E Ara E).

To progress the coalition agreement in line with its intent, MSD will require additional funding, resourcing and time

37 Officials have considered how we could progress the coalition agreement, in a way that closely aligns with the wording and intention of the agreement. We consider the intention of the coalition agreement to be focussed on strengthening the gateways onto MSD's health and disability related benefits, e.g., JS-HCD and SLP.

38 Strengthening the gateways onto MSD's health and disability related benefits could be approached from multiple angles depending on your objectives and there are various points along the benefit process at which MSD could intervene, including:

- the entry point onto JS-HCD and/or SLP
- when a client transfers from JS-WR onto a health and disability related benefit, e.g., JS-HCD and SLP
- when a client has been on JS-HCD and/or SLP for a certain period of time (such as two or more years).

39 For the above points, we could focus this work more narrowly or more broadly depending on your objectives and the client cohort you would like us to focus on.

40 Please refer to **Appendix Two** for an overview of how MSD clients flow onto health and disability related benefits.

41 To strengthen the gateway onto JS-HCD and/or SLP, MSD could change the way we utilise our designated health practitioners by directing more clients through their assessment process. This would work to strengthen the gateway onto these benefits by adding more rigour to the assessment of a potential client's work capacity before they are granted access to JS-HCD and/or SLP. As previously noted, approximately 163 clients were seen by MSD designated health practitioners in the past year, which equates to a cost of $40,753. The cost of these assessments is met by MSD. If MSD were to direct more clients to assessments with our designated health practitioners, additional funding would be required to cover this cost and to hire more designated health practitioners to meet this increase in demand.

42 Prior to 2007, MSD required all applicants for the Invalids Benefit (now SLP) to undergo an assessment from a designated doctor. A review of this process found that results of the work capacity assessment conducted by designated doctors were not dissimilar from an assessment conducted by a GP. This process was also costly, as MSD covered the costs of a client being assessed

by a designated doctor. Considering this, MSD moved to only using designated doctors in instances where the information provided by the client's health practitioner on the medical certificate was insufficient to determine benefit eligibility.

43 While assessment is important in determining work capacity, it is important to note that assessment by health practitioners alone does not promote improvements in return-to-work outcomes for beneficiaries. If you want to link meeting the coalition agreement to employment outcomes for beneficiaries, then investment in additional wraparound return-to-work support will be needed.

44 Please note, current work to strengthen obligations of JS-WR clients is likely to lead some to transfer to JS-HCD. Therefore, having interventions that support JS-HCD clients into employment could support your JS targets.

45 If you wish for MSD to develop a proposal that closely aligns to the intention and wording of the coalition agreement, officials require further direction from you on how you could like us to approach this work. Specifically, we need you to provide direction on:

- at which point along the benefit process you would like us to intervene
- s9(2)(f)(iv) [redacted]
- the client groups you would like us to focus on
- whether you want us to explore other wraparound supports for beneficiaries to promote better return to work outcomes.

Additional funding, resourcing, time and possible legislative changes will be required to develop such a proposal

46 A more substantive proposal in line with the coalition agreement will take considerable time to progress and will require significant resources from MSD.

47 Further funding and resourcing would also be needed, for example, to cover the costs of increasing referrals to MSD's designated health practitioners and for hiring sufficient numbers of health practitioners to do this work.

48 New Zealand's health workforce is currently facing a capacity crisis. Careful consideration will be needed in progressing this work to avoid exacerbating the ongoing workforce constraints facing New Zealand's health workforce.

49 Changing the entry requirements for health and disability related benefits or changing the way these benefits operate for specific people, may also require legislative changes to the Social Security Act 2018.

50 If you want officials to develop a proposal that closely aligns with the wording and intent of the coalition agreement, we can provide you with options as well as the funding, resourcing and legislative changes required.

Officials have identified an alternative approach to addressing the coalition agreement that can be implemented within current resourcing

51 If you do not wish to for officials to develop an option that closely aligns with the wording of the coalition agreement, you have another option. We have developed an alternative proposal, outlined below.

52 In line with your direction, officials have considered how to take a phased approach to progressing the coalition agreement. Officials have focussed on solutions that can be implemented quickly, within baseline funding and that support your priorities.

53 MSD proposes developing a pool of vocational health professionals to undertake WAA assessments[3], and to connect participants to existing MSD relevant services, and/or employment programmes.

54 For phase one, we propose supporting young people aged 18-24. In particular we propose two specific target groups:

- Nationwide: those who have newly transferred onto JS-HCD from JS-WR with work capacity of 15–30 hours per week. All these clients will be referred to a provider to complete a WAA and will retain their JS-WR case manager. There are 24 clients on JS-HCD who are aged 18-24 with work capacity of 15–30 hours who were in receipt of JS-WR prior to JS-HCD. Of these clients, six were transferred in the last 52 weeks. All these clients will be supported through phase one.
- Auckland and Central regions: those who have been on JS-HCD for less than 52 weeks and identified as having between 15-30 hours work capacity. In these regions, approximately 199 clients aged 18-24 have been granted JS-HCD in the last 52 weeks. These clients will be referred to a Regional Health or Disability advisor to help connect with next steps. This equates to about 17 clients per month.

We will be creating additional employment focussed touch points for young people on JS-HCD

[3] WAA availability is limited and at times a WAA may not be appropriate for the client's health condition. In these cases, a client may be referred for an alternative work assessment with a contracted provider to support them to meet their work preparation or part time work obligations.

55 MSD seeks your agreement to increase the touch points that it has with young JS-HCD clients by referring them onto:

- a new pool of vocational health professionals who will use MSD's WAA to rigorously assess the work capacity and barriers to employment of young people in receipt of JS-HCD for less than 52 weeks and link them to MSD's existing relevant local or national employment services and supports; or
- a contracted provider who will undertake a work assessment; or
- MSD's integrated employment programmes that include elements of work ability assessment along with health and employment support; or
- MSD's mainstream employment programmes.

56 Where a client is selected to complete a WAA, undertake an employment programme or work with a contracted provider in line with the pathways created under phase one, they are required to attend and participate in the activity. If they do not attend and participate, and there is no good and sufficient reason for not doing so, an obligation failure will be initiated.

57 The WAA will be used under phase one to rigorously assess the target cohort's work capacity. The information identified in the WAA will be used to support clients into employment in the following ways:

- Where clients are identified as needing more support before being ready to place into work, they will be referred onto the relevant MSD employment programme.
- Where the WAA identifies information about the type of work a client is able to undertake, or the workplace modifications needed for them to gain employment, these clients will receive support to be placed in suitable employment.

58 Where a client has transferred from JS-WR to JS-HCD and has completed a WAA, that client will remain in Case Management. MSD, including Case Managers and Regional and Health and Disability teams, will work with clients to refer them to appropriate services; this may include health and employment services and providers and/or appropriate employment opportunities.

59 In addition to the above touchpoints for the target cohort, MSD will also be increasing touchpoints for its staff in phase one. Where young JS-WR clients seek to transfer to JS-HCD, case managers supporting those clients will be required to seek advice from an RDA or RHA on each case. MSD's RDA and RHA will determine referrals to MSD's employment programmes or WAA for those clients who new or transferring to JS-HCD. If they are in the target group, this advice will support the assessment of the appropriate pathway

under phase one for the client and ensure MSD staff are well informed of the client's needs. This will contribute to the sound management of the gateway onto JS-HCD for the target cohort.

60 Please refer to **Appendix Three** for a visual aid outlining the proposed process of phase one of the coalition agreement.

The proposed approach will introduce more rigour to the assessment of work capacity for young people on JS-HCD

61 Having the target cohort be assessed by a new pool of vocational experts and complete a WAA will strengthen the process of assessing their work capacity. The additional designated staff touch point and the new vocational expert will create rigour as it may result in more people being referred to designated health practitioners for a second opinion. This additional step will highlight any disparities between a client's work capacity as identified on their WCMC and the work capacity as assessed through the WAA.

62 Please note that clients referred on to employment programmes will not complete a WAA with MSD but will receive comparable support from our partnered providers.

63 When a WAA is required, clients who do not participate and have no good and sufficient reason for not participating will be issued an obligation failure, and a sanction may be imposed. Clients are given notice of the obligation failure and have five working days in which to dispute the obligation failure decision. A sanction is applied the day after the notice period ends. A deterioration in a person's heath condition, or unavoidable delays in them being able to seek appropriate treatment, is an example of a good and sufficient reason for not being able to comply with their obligation.

For phase one, we recommend starting small

64 There is an opportunity to be effective and deliberate in how we target phase one of the coalition agreement. For phase one, we propose supporting young people aged 18-24, in particular two specific target groups:

- Nationwide: those who have newly transferred onto JS-HCD from JS-WR with work capacity of 15–30 hours per week
- Auckland and Central regions: those who have been on JS-HCD for less than 52 weeks and identified as having between 15-30 hours work capacity.

65 As noted above, these groups are at risk of remaining on benefit for an average of 21 future years over the remainder of their working age lives. Research also indicates that intervening early is especially important for young and people with mental health conditions.

66 Phase one will target clients who are already in dedicated case management. This ensures that those clients being supported through case management and who have presented with a medical certificate are channelled into support within MSD to access wider services and programmes. This will work to ensure these clients are not becoming entrenched on JS-HCD. Officials consider this cohort to be at significant risk and by intervening early when a client presents with a medical certificate (with capacity to work), phase one ensures these clients will be supported into employment that they are capable of engaging with.

67 In order to expand the scope of phase one (for example, more regions, a broader target group, or stronger thresholds and gateways into JS-HCD) further resource, legislative changes or additional services for the target cohort may be needed.

There will be trade-offs associated with phase one of this alternative approach

68 Officials recognise that the scale of impact of phase one is limited. However, to reach a larger number of clients, trade-offs with MSD's employment case management will be needed. In April 2024, you decided to allocate 53,000 spaces across MSD's employment case management resources to JS, Youth JS-WR, JS-WR with children, and clients on JS for over two years [REP/24/4/306 refers]. This decision meant that MSD's employment case management resources were not allocated to clients on JS-HCD.

69 MSD's employment case management resources are essential for supporting clients on benefit into employment. Given current resourcing only JS-WR clients who are already under dedicated employment case management but transferring to JS-HCD will receive MSD employment case management. If you wish to further expand the case management reach of phase one, you will need to decide whether you wish to trade-off MSD's case management resources between JS and JS-HCD. Clients referred to programmes such as Here Toitu will get one on one support, but not from MSD case managers.

70 The goal of phase one is to support the target cohort closer to and into employment. Some may be able to move into fulltime employment with the right support. However, a more realistic goal for others will be employment-related training, part-time employment or a move from JS-HCD to JS-WR. This is because the proposal targets young people who have reduced work capacity and who are unable to work full-time.

71 While moving into part-time work can be beneficial for this cohort, the JS settings incentivise fulltime work. Where a JS recipient earns over the threshold for JS ($160 gross per week; just under 7 hours at the minimum wage) their benefit will be abated at 70 cents for every dollar earned. This

may disincentivise some who could from working additional hours and moving closer to fulltime employment.

72 Most (71 percent) young people aged 18–24 on JS-HCD are receiving this benefit because their work capacity is reduced or severely limited due to a psychological or psychiatric condition. The fluctuating and chronic nature of mental health conditions may limit the hours these clients work or the duration of employment outcomes. While suitable workplace accommodations may help support sustainable employment, it will take time to work with this cohort and to see positive outcomes. Success will also depend on the availability of appropriate health services and supports, such as counselling or other psychological therapy.

Officials can implement phase one in approximately three months...

73 You have indicated that you wish for phase one of the coalition agreement to be implemented quickly. Given the small scale and use of existing resources, officials consider it is possible to implement the proposed solution within three months of your decision.

74 Officials will report back to you on the success of phase one in September 2025. Time is needed for the target cohort to progress through the new pathways (such as participating in MSD employment programmes) before any outcomes can be measured or how the change has operated can be assessed.

...however, the proposed approach to phase one may not sufficiently fulfil the wording of the coalition agreement

75 While officials are confident that we can deliver phase one in three months, the proposed approach to phase one as outlined in this report may not go far enough towards explicitly fulfilling the wording and intent of the coalition agreement for your coalition partners.

76 Officials require direction from you on whether you want us to develop a more substantive proposal that better aligns with the wording of the coalition agreement and focusses on managing the gateway onto JS-HCD and SLP.

77 If you want this advice, sufficient time and substantial policy resource will be needed to undertake this work. Developing a proposal that closely aligns with the wording and intention of the coalition agreement will be a substantive piece of policy work and will require a lot of resourcing from MSD. Moreover, unless the assessments carried out by the approved doctors are linked to return to work supports, employment outcomes are likely to be limited.

MSD is undertaking other work which aims to support young people on JS-HCD

78 Please note, should you agree to phase one, there will be interactions between this work and the Traffic Light System and Welfare that Works.

79 There is an opportunity to connect Welfare that Works to the current proposal to support young JS-HCD recipients into work. The WAAs undertaken as part of phase one could feed into and support the Welfare the Work plans for young people on a benefit.

80 Young JS-HCD recipients working with MSD employment service providers will also be able to demonstrate they are meeting their work or work preparation obligations under the Traffic Light System.

81 Should you agree to progress with phase one, officials will work to identify synergies between these initiatives and the proposed approach to phase one of the coalition agreement. We will work to identify how these initiatives could support and strengthen one another and to reduce duplication of work.

Next steps

82 Should you agree to phase one, officials will begin implementation immediately. Once operational, officials will work to monitor the outcomes of this change and report back to you. In particular, we will monitor changes to the target cohort's work capacity and movement into employment, as well as monitoring where this intervention is most effective. Given the nature of the cohorts' barriers to work it will take some time for these outcomes to be achieved in many cases.

83 Following the implementation of phase one, officials will, in line with your priorities, focus on the development of phase two of the coalition agreement. Phase two will utilise the learnings and reflections from phase one and may involve the expansion of the phase one proposal to other regions and a larger target cohort. Officials will report back to you with early advice on what phase two of the coalition agreement may look like by September 2025.

84 Should you direct officials to undertake a more substantive piece of policy work that more closely aligns with the wording and intent of the coalition agreement, officials would like to meet with you to discuss how you would like us to approach this work. Following this meeting, officials will begin preparing this advice immediately and we will report back to you on the resourcing, funding, legislative and timeframe requirements of this work.

Appendix

85 Appendix One: Breakdown of data on young people aged 18–24 on JS-HCD (as at April 2024).

86 Appendix Two: High Level Benefit Flows

87 Appendix Three: MSD's proposal for phase one of the approved doctors coalition agreement.

File ref: REP/24/5/486.

Author: Shannon Mower, Senior Policy Analyst, Disability Policy.

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Appendix One: Breakdown of data on young people aged 18 – 24 on JS-HCD (as at end of April 2024)

Total young people aged 18 – 24 on JS-HCD as at end of April 2024 = 10,398.

Benefit category	Volume by sub-category	Percentage of total JS-HCD recipients
Primary incapacity group (top five most common incapacities)	Psychological or psychiatric conditions – 7,437	72%
	Accident – 462	4%
	Musculo-skeletal system disorder – 393	4%
	Nervous system disorders – 378	4%
	Digestive system disorders – 225	2%
Gender	Male – 4,500	43%
	Female – 5,427	52%
	Gender diverse – 471	5%
Ethnicity[4]	European – 5,379	52%
	Māori – 3,039	29%
	Pacific Peoples – 777	7%
	Asian – 201	2%
	MELAA – 75	1%
	Other ethnicity – 267	3%
	Not specified – 1,548	15%
Duration on benefit	0-6 months – 2,772	27%
	6-12 months – 2,076	20%
	12-18 months – 1,539	15%
	18-24 months – 1,005	10%
	24+ months – 3,009	29%
Region	Northland – 390	4%
	Auckland Metro – 3,114	30%
	Waikato – 975	9%
	Taranaki – 453	4%
	Bay of Plenty – 855	8%
	East Coast – 489	5%
	Central – 597	6%
	Wellington – 936	9%
	Nelson – 462	4%
	Canterbury – 1,401	13%
	Southern – 714	7%
	Other – 12	0%

[4] Please note that ethnicity does not equal 100 percent because MSD uses 'total ethnicity', which allows a client to select multiple options for their ethnicity.

Appendix Two: High Level Benefit Flows

High Level Benefit Flows

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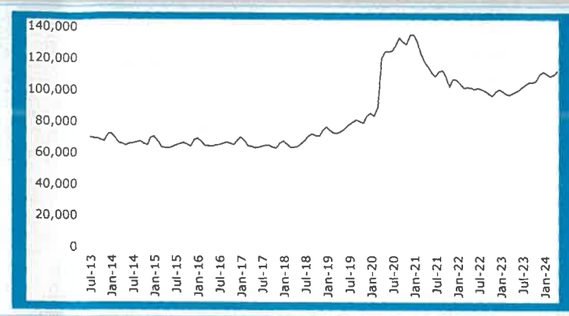
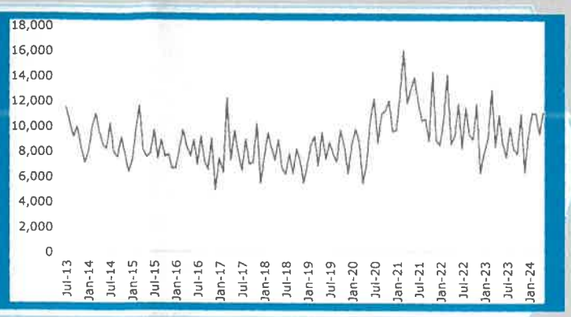
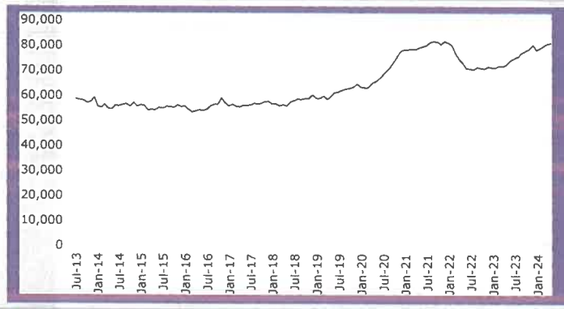
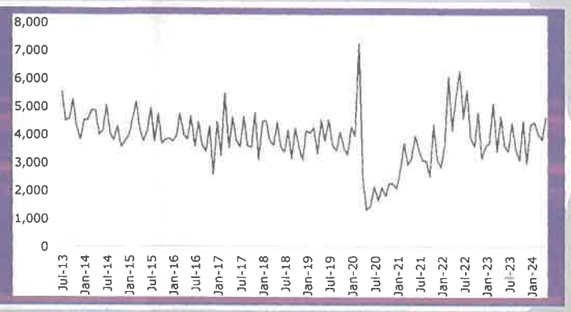
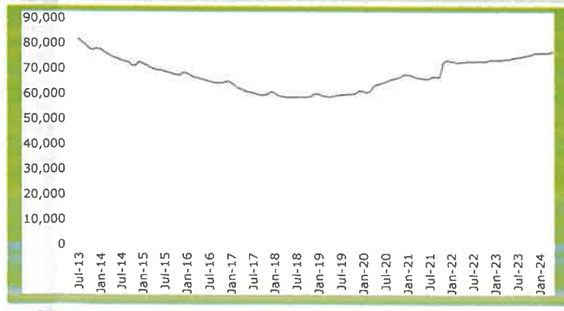
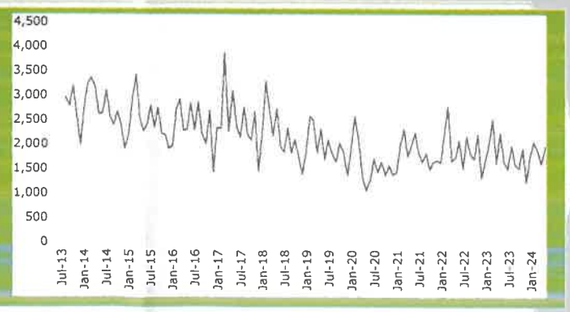
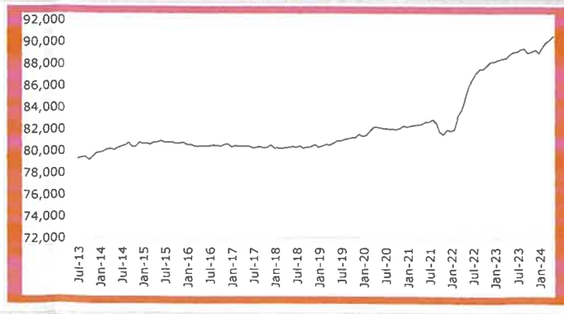
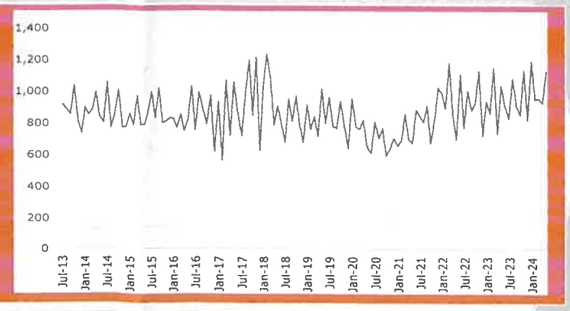
Benefit type and volume	Percentage of exits/transfers average/month over 12 months	Case management and work obligations	Total number of recipients July 2013 – January 2024	Total number of exits July 2013 – January 2024
Jobseeker Support – Work Ready (JS-WR) *108,294* *As at March 2024*	Exited main benefit: 6.6% Transfer to JS-HCD: 1.8% Transfer to SPS: 0.2% Transfer to SLP: 0%	Around 60,000 clients can be actively case managed at any one time		
Jobseeker Support – Health condition, Injury, Disability (JS-HCD) *79,692* *10,300 who are aged 18-24* *As at March 2024*	Exited main benefit: 2.6% Transfer to JS-WR: 1.3% Transfer to SPS: 0.2% Transfer to SLP: 0.8%	Proposed to retain around 6 clients a year in case management and refer another 204 to employment programmes		

Our proposed changes would see more clients exiting JS-HCD into employment, or moving to another benefit type with new work obligations

Sole Parent Support (SPS) *76,338* *As at March 2024*	Exited main benefit: 1.6% Transfer to JS-WR: 0.5% Transfer to JS-HCD: 0.1% Transfer to SLP: 0%	Work preparation obligations until the youngest child is 3, client transfers to JS-WR when their youngest child is 14		
Supported Living Payment (SLP) *102,090* *As at March 2024*	Exited main benefit: 0.6% Transfer to JS-WR: 0% Transfer to JS-HCD: 0% Transfer to NZS: 0.4%	These clients do not have work obligations (on medical grounds)		

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Appendix Three: MSD's proposal for phase one of the approved doctors coalition agreement

Proposed approach for phase one

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Key:
- **WCMC** Work Capacity Medical Certificate
- **RHA/RDA** Regional Health Advisor & Regional Disability Advisor
- **DHP** Designated Health Practitioner
- **WAA** Work Ability Assessment
- **ESP** Employment Support Programme
- **CM** Case Manager

Overview of phase one

Applies for / transfers to JS-HCD	Provides WCMC	Application / transfer processed	Assigned to dedicated staff	Referral takes place
Young person receives JS-WR and then provides a WCMC (transfers)	Young person provides a WCMC to MSD RHA/RDA advice and second opinions from a DHP can be sought if required	MSD process the application or transfer and assign the appropriate work obligations to the young person, depending on their capacity to work	**New** Young person continues to engage with their CM to manage their referral to **pathway 1**	**New** **The young person is referred to one of the two pathways (as appropriate)**
Young person applies for JS-HCD due to a health condition, injury or disability			**New** Young person is identified by MSD as part of this cohort and is referred to an RHA/RDA to manage their referral to **pathway 2**	

Young person doesn't participate in pathways

Does not participate – If they don't participate in the assigned activity and there is no good and sufficient reason, an obligations failure will be initiated (they have 5 working days to dispute this decision before a sanction of payment occurs). The young person can recomply by participating in the agreed upon activity.

Unable to participate – If they are unable to participate or the activity is not suitable. They will be contacted after an agreed upon time to determine if they are now able to participate. This is conditional on them still having part-time work capacity (15-30 hours).

Client Pathways

Employment and vocational support

1 Work Ability Assessment

Referred to a contracted provider to undertake a **Work Ability Assessment.**

The WAA will identify the number of "next steps" which can be undertaken by the persons Case Manager so they can continue to work with the client and support them into employment or training.

Note:
- a structured interview and Self-Assessment must be completed before a referral can be made
- in some cases a WAA may be substituted for an alternative work assessment with a contracted provider

2 Employment Support Programmes

Referred to an appropriate **Employment Support Programme** who partner with Primary Health Organisations, DHBs, Iwi, Community and Regional Providers. Some of the programmes available are:

- Here Toitū – based in Auckland and Central
- E Ara E – based in Auckland

Clinical advisory pool

Designated Health Practitioner

Provide an independent medical opinion on a client's work capacity for suitable employment. A second opinion is sought when a HP has indicated this on a client's WCMC e.g when they feel they are not best suited to complete the assessment, or when MSD requires it to establish/review entitlement to benefit or capacity to work.

Regional Health Advisor & Regional Disability Advisor

Support staff to make decisions on appropriate services and health interventions. They support people with health conditions or disabilities and advise on health and disability issues associated with benefit eligibility. Staff must seek advice before a second opinion from a DHP is sought, except when the client's HP has requested a second opinion on their WCMC. Their advice can be sought by MSD staff at any time.

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Proposed approach for phase one – scenarios

MINISTRY OF SOCIAL DEVELOPMENT
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The scenario below demonstrates a client's journey through pathway 1 that MSD can/will offer to young people with health conditions or disabilities:

Transfer to JS-HCD

There are approximately 0.5 clients who transfer to JS-HCD in this cohort across all regions per month

Sam

- 23 years old
- Receiving JS for 6 months
- Provides a WCMC
- Diagnosed with musculoskeletal disorder
- Engaged in Case Management for the past 3 months

WCMC provided	Case Management	Advice sought	Second opinion	Transfer processed	Case Management	Referral to pathway	Outcome
Sam provides their WCMC to their CM at an appointment – which indicates they are able to work **15 - 30 hours** per week	Sam has been engaging with their CM for some time as they have been searching for work No indication of a health condition prior to receiving WCMC	Sam's CM engages with an RHA/RDA to seek advice about Sam's recently diagnosed medical condition	Based on the information held on Sam's WCMC and record the RHA/RDA requests a second opinion	DHP confirms Sam is able to work for 15-30 hours per week with limitations (low impact work e.g no lifting) WCMC and transfer to JS-HCD processed	CM continues to engage with Sam, acknowledging their health condition and determines the appropriate return to work support If Sam does not want to participate then they could face a sanction of benefit (obligations failure)	**New** Referred to **pathway 1** & completes a WAA. Their CM continues to engage with Sam about the outcome of their WAA and supports them through their next steps **WAA**	**Sam continues to work with their CM and becomes ready to enter into meaningful and sustainable employment**
		RHA/RDA advice	**Referral to DHP**				

The scenario below demonstrate a client's journey through pathway 2 that MSD can/will offer to young people with health conditions or disabilities:

New to JS-HCD

Approximately 17 clients from this cohort in the Auckland and Central regions will go through this pathway per month

Johnny

- 19 years old
- Ceased full-time work
- Diagnosed with anxiety & depression
- Submitted a JS-HCD application

Visits Health Practitioner	WCMC received	Application processed		Referred to RHA/RDA	Appointment with designated staff	Referral to pathway	Takes part in programme
Johnny's GP completes a Work Capacity Medical Certificate (WCMC) and indicates he is able to work **15 - 30 hours** per week	WCMC is submitted to MSD	JS-HCD is granted – and part time work obligations assigned (of at least 15 hours a week)	**2 weeks after JS-HCD grant**	**New** Johnny is identified as part of the group that would likely benefit from early intervention. A referral to an RHA/RDA is completed **RHA/RDA**	**New** RHA/RDA contacts Johnny to complete the referral to **pathway 2** If Johnny does not want to participate then he could face a sanction of benefit (obligations failure)	**New** Johnny agrees to take part in an Employment Support Programme and the RHA/RDA completes the referral **ESP**	Johnny begins to take part in an Employment Support Programme

Pathway journey

In this case Johnny is referred to: **Here Toitū**

Referral completed	First meeting with Kaimanaaki	Dedicated support		Outcome
Kaimanaaki (Dedicated Health Navigator) from Here Toitū: - completes an eligibility check - books an initial meeting - gains Johnny's consent	Johnny meets with Kaimanaaki and completes a 'Wellbeing Star' assessment, which includes health and employment barriers and develops initial action plan	Coordinated by the Kaimanaaki, a Dedicated Support Team works with the GP to achieve health, employment, training, and education goals set in the wellbeing action plan. - **Kaimanaaki**: Facilitates goal setting, wellbeing management, and access to other health services. - **Kaitohutohu (Dedicated MSD Case Manager)**: Connects to MSD products and services for health and employment needs. - **Work Retention Specialist**: Supports employment retention, redeployment and upskilling.	**May spend up to 12 months in programme**	**Johnny has found part-time work at a local bakery** **Kaimanaaki have followed up with Johnny to see how he is going (post-exit support)**

How can we meet this commitment with minimum resourcing burden on MSD?

REP/24/3/175 presents four possible areas the Minister could explore to achieve the coalition commitment to "*develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefit"*:

Areas	Focus	Examples
One	Investigate improvements to the existing process for assessing work capacity.	Through technical improvements to the existing work capacity assessment process and through issuing guidance to community-based health practitioner on good practice in certifying work capacity.
Two	Investigate increasing referrals to designated health practitioners.	Through requiring all JS-HCD recipients who reach a particular threshold, such as duration or number of Work Capacity Medical Certificates to be assessed by MSD's pool of designated health practitioners
Three	Investigate enhancing the existing pool of designated health practitioners.	Through expanding MSD's pool of designated health practitioners to include practitioners with vocational and mental health expertise and addressing how they work (for example, team-based assessments).
Four	Develop a new pool of health practitioners.	Through developing an entirely new pool of approved doctor to replace MSD's pool of designated health practitioners.

Of the four areas for exploration noted above, area one would be the least resource intensive for MSD. This is because option one encompasses operational improvements that are already factored into MSD's baseline operations. We acknowledge that area one would not necessarily match the wording of the manifesto commitment. However, area one could include greater use and visibility of MSD's designated health practitioners.

Is there a way we could take a staged approach to this and if so, what would be the approximate timing e.g., get Cabinet agreement for the LEG, introduce the LEG, implementation etc… even if we're looking at a 2-year work programme?

Staging

The first three areas may be able to be completed as a sequential package. We can provide further advice on feasibility once we have a clearer understanding of the Minister's objectives for this work programme.

If the Minister is interested in progressing these three areas as a package, we recommend starting with area one, to identify issues with, and improvements to, assessing work capacity, before progressing with further areas if need be. If area one proves to be effective and the Minister considers it to meet her coalition commitment priority, officials won't not need to progress with the remaining areas identified. Given the direction to focus on less resource intensive options for this work programme, we recommend the Minister progress with area one.

Area four is a standalone initiative for the Minister's consideration, independent of the other three areas. We do not recommend progressing it as part of a staged package.

Timing

Area one could be progressed in the short term and without legislative change. To make improvements to the existing process for assessing work capacity, MSD would require between 6 to 12 months from when the Minister indicates she wishes to progress with the improvements (note this timeframe is indicative).

Could this LEG change be done with other LEG change e.g., the Traffic light work?

Area one and two do not require legislative change, however, areas three and four would require legislative changes.

We recommend this work be completed on a slower track within the Minister's three-year term given competing priorities and because it is not expected to have a positive impact on the Jobseeker targets. The coalition agreement is *to "develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefit".* If the Minister's objective in relation to the coalition agreement is to ensure that people are on the correct benefit, then we recommend that the Minister discuss area one with her colleagues as an alternative.

If the Minister has other objectives for work related to the coalition agreement, we can develop advice related to those. Any proposal requiring legislative change could be progressed in 2025, dependent on Cabinet decisions and any future advice.

Does the current practice and proposed changes impact each of the benefit categories in a different way e.g., JS HCD, SLP, JS work ready? By this I mean if we change the practice could it potentially push people who would normally get JS HCD into SLP or JS work ready etc?

The impact of the approved doctors work on JS-HCD and SLP numbers will depend on the scale at which the use of designated health practitioners are increased through this work programme. As it stands, the number of referrals to MSD's pool of designated health practitioners is low – approximately 163 clients were seen by MSD's designated health practitioners in the past year. MSD would need to refer considerably more clients to our pool of designated health practitioners for there to be a notable change to JS-HCD and SLP numbers. As it stands, area one would not see any increase to the use of MSD's designated health practitioners.

We are not in a position to provide further detail on this question until we have direction from the Minister on her objectives for this work programme and an indication on what the future trajectory for this work programme would look like. However, the impact of change resulting from the approved doctors work on different benefit categories is something we intend to investigate further as this work programme progresses.

Report

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Date: 26 March 2024 **Security Level:** IN CONFIDENCE

To: Hon Louise Upston, Minister for Social Development and Employment

Reference: REP/24/3/175

Seeking your direction on the approved doctors manifesto commitment work programme

Purpose of the report

1 This report seeks to understand your intended objectives and your direction on the pathway forward for the New Zealand National Party and ACT New Zealand coalition agreement commitment for the Government to "develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefit".

Executive summary

2 The Ministry of Social Development (MSD) currently uses a work capacity assessment process for determining initial and ongoing eligibility for Jobseeker Support - health condition, injury or disability (JS-HCD) and the Supported Living Payment (SLP). As at December 2023, there were 80,100 clients on JS-HCD and 101,502 clients on SLP.

3 To receive JS-HCD or SLP, MSD clients must obtain an initial work capacity medical certificate (WCMC) (or other relevant medical assessments) from a prescribed health practitioner, which is usually their own General Practitioner (GP). MSD received approximately 348,989 WCMCs in 2023. JS-HCD clients are required to provide WCMC more frequently as their period of medical coverage is shorter.

4 The information on the WCMC is usually sufficient for MSD to determine eligibility for JS-HCD or SLP. Where eligibility is unclear (for example, due to insufficient information), MSD can refer clients to MSD regional teams, and then, if needed, to a pool of designated health practitioners for an MSD-funded independent work capacity assessment. In 2023, only 163 people were referred onto a Designated Health Practitioner assessment.

5 MSD last made improvements to the work capacity assessment process in January 2022. Prior to this, MSD required JS-HCD clients to supply WCMCs at mandatory review periods of every four weeks for the first 8 weeks and then every 13 weeks after that. Since January 2022, a JS-HCD client's review period has been based on the recommendation of the client's health practitioner. For clients, this change led to fewer unnecessary visits to their health practitioner, less costs and fewer instances when they have a gap in their payments. For health practitioners, this has reduced the burden on their limited capacity, with fewer appointments being used solely for the purpose of renewing a medical certificate.

6 Officials have identified four areas that could be explored to fulfil your coalition agreement. These areas focus on either improving MSD's current work capacity assessment process in varying ways, or a significantly more ambitious approach of introducing a new pool of approved health practitioners to replace MSD's pool of designated health practitioners. Each area comes with possible trade-offs across the Social Development and Employment portfolio – how you choose to progress will depend on your objectives for this work programme and the resources you wish to dedicate to this work. These areas of exploration will all come with a financial cost and have an impact on the health sector.

7 The four areas that you could explore in progressing this work programme are as follows:

- Investigate improvements to the existing process for assessing work capacity (for example, improving guidance to health practitioners on the effects of employment on health and well-being and good practice in certifying work capacity).
- Investigate increasing referrals to designated health practitioners (for example, MSD could require all JS-HCD recipients who reach a particular threshold, such as duration or number of WCMCs, to be assessed by the existing pool of designated health practitioners).
- Investigate enhancing the existing pool of designated health practitioners (for example by expanding the pool to include practitioners with vocational expertise) and how they work (for example, team-based assessments).
- Develop a new pool of health practitioners to replace MSD's existing pool of designated health practitioners.

8 Officials would like to meet with you to discuss your objectives and priorities for this work programme, and the issue/s you are aiming to address through this work to inform the development of options.

Recommended actions

It is recommended that you:

1 **note** the coalition agreement to develop an approved pool of doctors will have interlinkages with several aspects of MSD's existing work capacity assessment process for determining initial and ongoing eligibility for health and disability benefits

2 **note** that, as part of the work capacity assessment process, MSD already uses a pool of designated health practitioners that provide second opinions on work capacity assessments to inform eligibility for JS-HCD and SLP

3 **note** officials have identified four areas that could be explored to fulfil your coalition agreement – how you choose to proceed will depend upon your objectives for the work programme, as well as the resources you want to commit to this work. These factors will all influence the options officials examine and report back on in the future.

4 **agree** to meet with officials to discuss your objectives and priorities and the issue/s you are aiming to address through this work to inform the development of options

AGREE/DISAGREE

5 **note** this work programme will have health workforce implications and will therefore be relevant to the Health portfolio

6 **agree** for officials to engage with key stakeholders during options development for this work programme

AGREE/DISAGREE

7 **note** that officials will provide advice on improving employment outcomes for the cohort of clients on JS-HCD and SLP for health conditions and disabilities.

H. J. Fenton

26/03/24

Harry Fenton
General Manager
International, Disability and Generational Policy

Date

20240424

Hon Louise Upston
Minister for Social Development and Employment

Date

The Government has committed to developing a pool of approved doctors for assessing health and disability benefit entrance

9 The New Zealand National Party and ACT New Zealand coalition agreement commits the Government to "*develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefit*".

Individuals receiving health and disability related benefits of working age make up the largest cohort of MSD clients

10 Clients on working-age benefits with health conditions or disabilities make up the largest group of working-age beneficiaries that MSD supports. As at December 2023, there were 80,100 clients on JS-HCD and 101,502 clients on SLP because their work capacity is impacted by a health condition or disability. Common characteristics of the JS-HCD and SLP client cohort can be found in **appendix one**.

MSD has a staged assessment process for assessing initial and ongoing eligibility for health and disability benefits

Initially clients get a work capacity medical certificate from their health practitioner

11 For the purpose of this report and progressing the above coalition agreement, we are focusing on those health and disability related benefits which require a work capacity assessment in order to determine eligibility. This means we are focusing on SLP and JS-HCD and not other supplementary assistance, such as MSD's Disability Allowance.

12 Clients applying for JS-HCD must provide a WCMC, or a medical certificate with equivalent information. This medical certificate can also be used to determine eligibility to SLP on the ground of having a health condition, injury or disability or being totally blind.

13 Prescribed health practitioners determine the client's work capacity based on their clinical assessment of the client's health condition, injury or disability and capture this information in the WCMC which is sent to MSD. The cost for this assessment is met by the client. Prescribed health practitioners (who can provide medical certificates for the purposes of JS-HCD) are defined by MSD as medical practitioners, nurse practitioners, midwives (for pregnancy related conditions) and dentists (for dental conditions). However, most clients see a General Practitioner (GP) for this assessment.

14 It should be noted that most GPs do not receive training in how to conduct these types of assessments. This is not a part of routine medical education and usually falls within the realm of providers such as occupational health specialists or occupational therapists, or vocational assessors.

15 The WCMC helps MSD determine whether or not a client qualifies for JS-HCD (and SLP, if applicable), the timing of subsequent work capacity assessments, and what work exemption and other relevant obligations apply to the client.

16 Clients provide subsequent medical certificates if their health condition, injury or disability continues to impact their capacity to work after their initial WCMC has expired. Before the end of the medical coverage period, a client must provide a current medical certificate with a new medical coverage period to continue receiving JS-HCD. The client may no longer qualify for JS-HCD from the date their medical coverage in their medical certificate expires. Clients are notified before their expiry date and told that if they are still unable to work full-time they must see their health practitioner.

17 MSD processes a large volume of WCMC each year – approximately 348,989 WCMCs were processed in 2023. Most WCMC are provided by JS-HCD recipients as the duration of their medical coverage is generally shorter than for SLP. After the initial work capacity assessment, the majority of SLP clients have their work capacity reassessed every two years, but some are never reassessed[1].

Staff can seek advice from MSD regional health staff for certain cases

18 In certain instances, MSD staff can refer the case to an MSD Regional Health Advisor (RHA) or Regional Disability Advisor (RDA) who are able to contact the client's health practitioner or discuss the case with the Principal Health Advisor and Principal Disability Advisor. MSD's RHAs and RDAs generally come from a clinical or disability background and their involvement is an important step in the work capacity assessment process.

19 MSD staff can refer a case to an RHA or RDA for any of the following reasons:

- The health practitioner indicates on the medical certificate that a second opinion is appropriate.
- Benefit eligibility is unclear.
- Capacity for work is unclear.
- A Work Readiness Assessment recommends the referral.
- For any other appropriate reason.

Where a second opinion is considered necessary, MSD staff can refer a case to MSD's designated health practitioners

[1] This includes those who are totally blind or terminally ill or have a severe intellectual or cognitive impairment or a disorder that has reached a stage of deterioration to extent that condition severely impacts on their ability to function and is unlikely to improve.

20 If a formal second opinion is considered necessary, the RHA or RDA can then refer the client to one of MSD's designated health practitioners.

21 Designated health practitioners are appointed by MSD. This pool includes a range of health practitioners beyond general practitioners such as occupational therapists. This helps to alleviate the pressure on a restricted workforce and also uses the skills, knowledge and expertise of allied health providers who often have a deeper understanding of vocational assessments than general practitioners. However, the majority of the designated health practitioner pool are GPs.

22 The role of MSD's pool of designated health practitioners is to provide an independent medical opinion on a client's work capacity. This independent opinion can be requested to provide a:

- second opinion for MSD if more clarity subsequent to the original opinion from the prescribed health practitioner is required
- second opinion for the client if they disagree with the original opinion from their prescribed health practitioner
- alternative opinion for the prescribed health practitioner if they feel that their objectivity has been compromised by the doctor-patient relationship
- second opinion for any other appropriate reason.

23 Approximately 163 clients were seen by MSD designated health practitioners in the past year, which equates to a cost of $40,753.

24 Please refer to **appendix two** for an overview of a client's pathway onto a JS-HCD or SLP.

MSD removed mandatory medical review periods for JS clients in 2022

25 Prior to January 2022, MSD required JS-HCD clients to supply medical certificates at mandatory review periods of every four weeks for the first two months and then every 13 weeks after that.

26 Since January 2022, a client's review period has been based on the recommendation of the client's health practitioner. This allows health practitioners to advise on a client's capacity to work and when the client should next be reassessed based on their individual work capacity. For clients, this process can mean fewer unnecessary visits to their health practitioner, less costs, and there may be fewer instances when they have a gap in their payments. MSD also sought to reduce pressure on the health sector by allowing the medical review period to be based on the recommendation of the client's health practitioner.

MSD also provides a Work Ability Assessment for JS-HCD clients to inform understanding of a client's work capacity

27 MSD also offers a Work Ability Assessment, or equivalent support, for some JS-HCD clients. This is an independent assessment undertaken by a suitably qualified health or medical practitioner on what work a client can do and the support and services they need to find and stay in work. Note that Work Ability Assessments or their equivalents are not available in all regions.

There are opportunities to improve MSD's work capacity assessment process and the use of designated health practitioners

28 Assessing work capacity is complex. A person's work capacity is influenced by the interactions between their health or disability-related functional abilities and occupational demands. The onset or change in a person's health or disability may reduce their functional abilities, limiting the activities they can comfortably perform in the workplace. Occupations themselves demand different levels of functional abilities. Work capacity impacts on the individual's set of potential occupations and associated earnings. Where people have a reduced work capacity and other work barriers, especially less education, the range of occupations available to them is often more limited.

29 While MSD has a process for assessing work capacity, it relies heavily on assessments undertaken by the person's health professional. Health professionals play an important role in assessing work capacity, however, there are well-recognised limitations with relying solely on health professionals to assess work capacity.

30 Officials have identified several opportunities for improvement across MSD's staged work capacity assessment process:

- Prescribed health practitioners (typically GPs) may lack vocational expertise and time to assess how a person's functional abilities would interact with different occupational demands. As such, they are not well placed to assess work capacity on their own. Assessing work capacity is particularly challenging where there is a high reliance on subjective information, when co-morbidities exist, and when the severity of a condition fluctuates. Mental health conditions are an example of this.
- Prescribed health practitioners do not have good oversight over or knowledge of the supports and services that MSD offer to support clients into work.
- JS-HCD or SLP recipients are eligible for mainstream employment supports and programmes, but few are directed to them. MSD have some employment supports specifically for people with health conditions and disabilities, such as Here Toitū and other Oranga Mahi (discussed in appendix three). These are limited in scale as the types

of supports to help people with health conditions often require significant investment.

- MSD's other tools to assess a potential client's work capacity (e.g. Work Ability Assessments) are not widely available.

31 Officials have also identified several issues with MSD designated health practitioner pool and how we utilise them for work capacity assessments:

- Very few designated health practitioner assessments occur, because currently there must be a specific reason for requesting an assessment, meaning they have limited impact on the overall numbers of JS-HCD and SLP recipients.
- As designated health practitioners do not receive training from MSD on how to conduct work capacity assessments, and many do not have specialist vocational expertise, there is concern that many practitioners in the pool simply sign-off clients without critical appraisal and serve as a pathway directly onto SLP.
- Most designated health practitioners are GPs and not experts in vocational health, and recruitment into the pool is limited. Widening the availability of skill sets within the pool of designated health practitioners would be beneficial if supporting return to work is a goal, for example, by including expertise in vocational assessment and rehabilitation.
- Remuneration for designated health practitioners has not been updated since 2014, which makes the prospect of undertaking this work less appealing to health practitioners[2].
- The work of designated health practitioners is not audited. This means that MSD cannot necessarily be confident that the quality of designated health practitioners' work capacity assessments meets MSD expectations and best practice.

32 The issues with MSD's work capacity assessment process, and with how MSD uses designated health practitioners (as outlined above), could be addressed through this work programme. However, all options for improvement would need buy in from the health sector. The possible ways you could progress this work programme are outlined below.

[2] There is an internal memorandum currently in process that recommends reviewing the fees of designated health practitioners in order to better recruit and train practitioners for this work.

There are four broad areas officials could explore in seeking to fulfil your coalition agreement

33 Officials have identified four possible areas you could explore to achieve the coalition commitment to "*develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefit*".

33.1 Investigate improvements to the existing process for assessing work capacity (for example, MSD could improve guidance for health practitioners on the effects of employment on health and well-being, and good practice in certifying work capacity).

33.2 Investigate increasing referrals to designated health practitioners (for example, MSD could require all JS-HCD recipients who reach a particular threshold, such as duration or number of WCMC's, to be assessed by the existing pool of designated health practitioners).

33.3 Investigate enhancing the existing pool of designated health practitioners (for example, expanding the pool to include practitioners with vocational expertise) and how they work (for example, team-based assessments).

33.4 Develop a new pool of health practitioners to replace MSD's existing pool of designated health practitioners.

34 There are a suite of improvements that officials could make to MSD's current approach to work capacity medical assessments and the use of designated health practitioners, ranging from minor to more significant interventions. The scope of these improvements will depend upon your intended objectives for this work programme, the issue/s you are aiming to address through this work, and the magnitude of changes you intend to make to the system.

35 It is important to note that areas three and four may require the expansion of which health practitioners can be utilised for the purposes of work capacity assessment. This expansion would require legislative changes to the Social Security Act 2018, as this Act currently sets out the definition of 'prescribed health practitioner'.

36 Regardless of how you want to progress, engagement with key stakeholders, such as Te Whatu Ora, the Royal New Zealand College of General Practitioners, and other health practitioners' professional bodies will be needed. Such engagement is important as New Zealand's health workforce is currently facing workforce constraints and this work programme, depending on the scale, runs the risk of exacerbating these issues.

The area officials focus on will depend upon your objectives for this work programme

37 Officials would like to meet with you, at your earliest convenience, to discuss your objectives for this work programme and the issue/s you are aiming to address through this work.

You may wish to reduce benefit inflow and ensure clients are placed onto the appropriate benefit

38 How and when work capacity is assessed, including how stringent the assessment is, can influence which clients come onto health and disability benefits (benefit inflow) but there are trade-offs.

39 If your objective for this work programme is to reduce the inflow into health and disability benefits, this could be achieved by tightening the entrance assessment processes. However, tightening the gateways into health and disability benefits by requiring additional assessments or a higher entry threshold is likely to see people transferring to other benefits (e.g., JS instead of JS-HCD) where the work obligations may not match their work capacity. There is little evidence that restricting inflow to health and disability benefits will increase work incentives for people with health conditions and disabilities.

40 Additional assessments, particularly if not matched with return to work supports, would also be of limited value in supporting return to work and face health workforce capacity constraints.

41 Any changes made to these processes will need to be undertaken carefully to ensure the work capacity assessment process is not made too stringent and to avoid incorrect benefit allocation for MSD clients. Likewise, it is important to note that any changes to these systems are likely to require additional FTE and will increase churn within the system.

You may wish to reduce dependency on JS-HCD or SLP by enhancing employment outcomes (benefit outflow)

42 While the approach to work capacity assessment can influence which clients come onto health and disability benefits, changing the work capacity assessment process alone has been shown to have limited influence on the number of individuals that exit JS-HCD and SLP (benefit outflow).

43 If reducing benefit dependency for this group is your main objective, solely changing the work capacity assessment process is unlikely to have a significant impact on benefit outflow. To see an improvement in health and disability benefit outflow and employment outcomes, changes to work capacity assessments will need to be paired with sufficient, timely and appropriate return to work support.

44 There are comparatively low-cost improvements that can be made to MSD's work capacity assessment process, such as issuing guidance to health practitioners. However, improving assessment alone is unlikely to improve employment outcomes. If your objective for this work programme is to improve employment outcomes, improving access to employment supports for people with health conditions will involve balancing resources across both your priority groups and objectives and interventions which are effective for people with health conditions.

Return to work support for people with health conditions and disabilities requires a holistic approach

45 Return to work support for people with health conditions and disabilities can be complex. There is no easy or simple way to improve labour market participation for clients on JS-HCD and SLP. However, an approach that includes the following is a useful way forward:

- Providing adequate social protection while supporting the transition to the labour market.
- Intervening early in the course of a health problem or disability to support employment outcomes. Employment support may need to be integrated with health services. However, it is also beneficial to ensure people have access to mainstream employment initiatives (e.g., job-search support, training).
- Reducing financial disincentives for JS-HCD and SLP recipients to work.

46 Not all the levers to support return to work sit with MSD. Employment outcomes are also supported by:

- intervening early to prevent workers exiting the labour market
- focusing on reducing the gap in education and skills between people with and those without health conditions or disabilities – the education and skills gaps start early in life
- having health services that better support employment outcomes[3]
- having supportive employers (e.g., employers that make workplace accommodations to support employment and retention; provide workplaces that are supportive of health and wellbeing).

[3] Persistent challenges include: service gaps, delays and inconsistencies leading to people not receiving adequate support to retain or enter employment; cost barriers to accessing a range of health services for those on low incomes, even after taking account of relevant current assistance and subsidies; non-financial barriers (e.g. service proximity, cultural fit of services, stigma) leading to people most in need do not taking up supports and services; siloed services making integration of welfare and health support difficult to achieve [REP/19/7/654 refers].

MSD offers some employment programmes for clients on JS-HCD and SLP, however these are limited in scale and availability

47 Finding and putting in place effective measures to support benefit recipients with health conditions and disabilities into work and to reduce the flow of people onto JS-HCD and SLP has been challenging. New Zealand is not alone in these challenges – many countries face similar issues.

48 MSD does provide some integrated programmes for clients on JS-HCD and SLP, such as Here Toitū and Individual Placement and Support (IPS). Further information on these supports is available in **Appendix Three**.

Depending on how you choose to progress this work programme, trade-offs may be required

49 Depending on how you choose to progress this work programme, trade-offs may need to be made with your other priorities under the Social Development and Employment Portfolio.

50 MSD has finite resources to progress your priorities. Some approaches presented in this paper are more resource intensive than others. For example, replacing the current approach with a new pool of approved doctors would require significant financial investment and would take much more resources to develop and implement than other approaches. Comparatively, making improvements to MSD's existing process for assessing work capacity would be less expensive, require less resources to design and would be faster to implement.

51 Further work is needed to scope and analyse the four approaches presented in this paper, including an analysis of the trade-offs associated with each option. In conducting this analysis, officials will consider:

- your objectives for this work programme
- the cost of each option
- the time it would take to develop and implement each option
- interactions with your other priorities under the Social Development and Employment Portfolio.

52 In considering which approach to progress with, you will need to keep in mind your other priorities and which priorities are the most important to you. Future advice to you on this work programme will contain an analysis of the likely trade-offs associated with progressing this work programme and each option. However, before we can provide this information, we will need an indication from you on which option you wish to investigate further.

53 Regardless of how this work programme is progressed, careful consideration will be needed to avoid exacerbating the ongoing workforce constraints facing New Zealand's health workforce:

- New Zealand's health workforce is currently facing a shortage of medical practitioners (including those working in primary care) and this is reaching critical levels.
- There is also an increased demand on primary care capacity, partly due to increasing population numbers and partly due to increased complexity of health issues in the population.
- Research also indicates that GP workforce requirements are increasing.

Next steps

54 Officials will meet with you at your earliest convenience to discuss your objectives and priorities for this work programme, and the issue/s you are aiming to address through this work. Following this meeting, officials will develop advice on the scope of potential options and our intentions for engagement with key stakeholders.

55 Officials will provide you with advice on improving employment outcomes for recipients of JS-HCD or SLP benefits in the coming months.

Appendix

56 Appendix One: Common characteristics of JS-HCD and SLP recipients.

57 Appendix Two: Client journey map for entrance onto JS-HCD and SLP.

58 Appendix Three: Information on MSD support for clients with health conditions and disabilities.

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Appendix One: Common characteristics of JS-HCD and SLP recipients

Table 1: Common characteristics of JS-HCD and SLP recipients.

Characteristics	JS-HCD	SLP
Most recipients are over 40 years old	60 percent are over 40 years old	71 percent are over 40 years old
Most recipients are single, without dependent children	84 percent are single, without dependent children	84 percent are single, without dependent children
Māori make up a significant proportion of recipients	31 percent are Māori	25 percent are Māori
Most recipients have work preparation or no work obligations	90 percent have work preparation obligations and 8 percent have part-time work obligations	Almost all have no work preparation obligations
Few have earnings while on benefit	87 percent have no declared earnings. Of those declaring earnings, many earn less than $80 per week but most are declaring more	85 percent have no declared earnings. Of those declaring earnings, most earn less than $80 per week
Long-term receipt of benefit is common for these recipients	55 percent have remained on the benefit for more than two years	88 percent have remained on the benefit for more than two years
Mental health conditions are common for these recipients, especially amongst younger recipients	Mental health conditions are the primary incapacity group for 50 percent of recipients For recipients 18-29 years old, 71 percent have a mental health condition as their primary incapacity	Mental health conditions are the primary incapacity group for 40 percent of SLP recipients For recipients 18-29 years old, 57 percent have a mental health condition as their primary incapacity

Appendix Two: Client journey map for entrance onto health and disability related benefit

PHASE 1

Seeking a Work Capacity Medical Certificate

The client engages with MSD, seeking support for their health condition/s and/or disability/s.

The client visits a registered medical or nurse practitioner to discuss their health condition/s and/or disability/s seeking a Work Capacity Medical Certificate. The registered medical or nurse practitioner e-lodges the Work Capacity Medical Certificate (sent directly to MSD). The certificate will indicate a time-period during which the client is unable to work.

PHASE 2

Inflow onto JS-HCD or SLP

The client is granted benefit (JS or JS-HCD) and may be eligible for a medical reassessment or SLP.

The client can provide additional information for review by the Regional Health and Disability Team, internal review, or second opinion (Designated Health Practitioner).

MSD can also refer the client for a second opinion to a Designated Health Practitioner (e.g. when there is insufficient information to clearly establish eligibility for a particular benefit).

PHASE 3

OPTIONAL: Referral to MSD's Designated Health Practitioners

MSD's designated health practitioner assesses the client and completes a Designated Health Practitioner report, which is sent to MSD.

The client's eligibility for JS-HCD or SLP is established by MSD.

The client may need to meet work obligations if on JS-HCD.

If the client reviews this decision, they would be referred for a Medical Appeal Board review (recommendation is final and binding – both parties)

PHASE 4

OPTIONAL: Participate in MSD initiative

Depending on their personal circumstances (such as their region), the client may be offered the opportunity to participate in an MSD initiative, e.g., an employment support programmes.

The client may work with an MSD case manager or employment co-ordinator while on their support programme. A Work Broker may be engaged when the client is work ready.

PHASE 5

Reassessment of work capacity

For JS-HCD clients the reassessment period is set based on a client's health practitioner recommendation. MSD generally accepts this recommendation unless there is any inconsistency. Where there is uncertainty cases are referred to the RHAs or RDAs.
Before the medical coverage period ends, clients must provide a current medical certificate with a new medical coverage period to continue getting JS-HCD.

For SLP clients their work capacity is either never reassessed (if the client qualifies to be given simplified access) or reassessed every two years.

PHASE 6

Exit paths off benefit

Common trajectories for JS-HCD clients:

- Exit benefit to full-time work
- Exit to JS as work capacity improves
- Exit to SLP as work capacity deteriorates
- Remain on JS-HCD (some may work part-time)

Common trajectories for SLP clients:

- Exit SLP to New Zealand Super
- Exit to work or transfer from SLP-Carer to another benefit if they are no longer providing full-time care.
- Stop receiving SLP due to death

Appendix Three: Information on MSD employment supports for clients with health conditions and disabilities

Here Toitū

Here Toitū is based on integrated service models that are proven internationally – the programme is a free 12-month dedicated support service for people currently on a benefit or at risk of receiving a benefit due to health conditions or disabilities. The programme is available across Auckland, Canterbury and Mid-Central regions, and serviced almost 400 clients from July 2023 to December 2023. Participants of Here Toitū are supported with:

- identifying well-being goals using the Star Wellbeing Assessment Tool
- maintaining current employment, career development, training, and employment opportunities
- providing a dedicated navigation and support team to enable clients to access appropriate health and social services as needed
- a Flexi-fund to provide financial assistance for specific identified whānau needs.

Evaluations of Here Toitū have shown the programme is an effective collaboration between health and employment services. The tailored, stepped approaches used enabled clients to work at their own pace to address health, wellbeing, and other needs required to progress to employment or training.

Oranga Mahi programmes

Here Toitū and IPS fall under the umbrella of the Oranga Mahi programmes. Oranga Mahi was established in 2016 and serves MSD clients with health conditions and disabilities needs. The programme is a suite of services delivered in partnership with health and community organisations. The Oranga Mahi programmes have been piloted and evaluated in specific regions and are not available nationally for all MSD clients currently. The goal of the Oranga Mahi programme is to develop, deliver and test evidence-based and innovative health and employment services for disabled people and people with health conditions. The programmes under Oranga Mahi served approximately 1,000 clients from July 2023 to December 2023.

An evaluation of the Oranga Mahi suite of services has shown that Oranga Mahi achieves improvements in wellbeing, with improvements in employment preparation or work readiness. However, it has demonstrated some, but fewer, employment outcomes. Participants in Oranga Mahi reported positive wellbeing outcomes across nearly all trials – some clients participating in the programme who improved their work-readiness and evaluation suggest this would not have been possible without first improving wellbeing.

While these programmes support work readiness for a cohort that need extra help, their reach and availability are limited. Through a comprehensive review of Active Labour Market Programmes, officials identified a clear gap in employment

supports for disabled people including people with health conditions. Subsequent work recommended employment products such as introducing vocational rehabilitation, expanding Oranga Mahi and Here Toitū and exploring tailored health and disability employment supports for people furthest from the labour market. Officials can provide you with further advice/information on the evidence around what suite of interventions can get people with health conditions and disabilities into employment.

If your objective for this work programme is to support benefit outflow and employment outcomes for this cohort, then further financial investment in integrated, targeted, and tailored employment programmes for this cohort will be needed. The support and interventions associated with this cohort come at a higher cost and further support would require new funding through Budget. This may involve trade-offs with investment to support other cohorts into work.

Officials can provide you with advice in the coming months on improving employment outcomes for the cohort of clients on JS-HCD and SLP for health conditions and disabilities.

Talking points: Approved Doctors Work Programme

Topic	Content
Purpose of this meeting	We are interested in understanding your objectives for the approved doctors coalition agreement and the issues you are aiming to address through this work. We would like to understand of the four areas outlined in the approved doctors report (REP/24/3/175), which you would like us to explore. Before we begin policy work, we are interested in understanding the future trajectory you wish the coalition agreement to take.
Questions for Minister	• What are your objectives for the approved doctors coalition agreement? • What issues are you aiming to address through the approved doctors work? • What are your expectations for how MSD could meet the coalition agreement? To what extent do you wish for us to work towards meeting the intent of the coalition agreement? • Of the four areas noted in the approved doctors report, which avenue are you interested in us perusing? If you feel none of these areas sufficiently meet the intent of the coalition agreement, could you please advise on an approach you are interested in us perusing?
Possible areas of exploration to progress the coalition agreement	Work capacity medical certificates underpin access to MSDs health and disability benefits. Most are completed by a person's own health practitioner. Designated health practitioners are used where someone's work capacity remains unclear, and usually only MSDs regional health and disability advisers cannot resolve the problem. There are currently very few referrals to designated doctors, approximately 163 clients were referred to MSD's designated health practitioners in 2023. MSD have identified possible areas to explore regarding the use of designated health practitioners which may change depending on your objectives and your appetite for change within the system. Changes to use of designated health practitioners range from minor to more significant interventions.

	Four areas of exploration were outlined in the approved doctors report (REP/24/3/175): • Investigate improvements to the existing process for assessing work capacity (for example, improving guidance to health practitioners on the effects of employment on health and well-being and good practice in certifying work capacity). This work would build on work MSD has already undertaken in this area. • Investigate increasing referrals to designated health practitioners (for example, MSD could require all JS-HCD recipients who reach a particular threshold, such as duration or number of WCMCs, to be assessed by the existing pool of designated health practitioners). • Investigate enhancing the existing pool of designated health practitioners (for example by expanding the pool to include practitioners with vocational expertise) and how they work (for example, team-based assessments). • Developing a new pool of health practitioners to replace MSD's existing pool of designated health practitioners.
There are a range of factors to consider in choosing an area to explore	These include: • Impact on the number of people receiving health and disability benefits and possible flow-ons to other benefits. • Impact on employment outcomes for those referred to a designated doctor. • Impact on your other priorities. • Legislative requirements. • Resource requirements.
Impact on the number of people receiving health and disability benefits and possible flow-ons to other benefits	Referrals to MSD's designated health practitioners would need to substantially increase to have any impact on the numbers of clients receiving JS-HCD and SLP. Previous widespread use of designated health practitioners for Invalids Benefit clients (now SLP) was discontinued due to cost and because their decisions were rarely different from the clients own health practitioner. The widespread use of designated doctors to assess the work capacity of JS-HCD clients could have flow-ons to SLP. This tends to be what happens currently.

	There may be flow on implications to JS-WR although the scale of the impacts is uncertain. Currently when JS-HCD clients are required to renew their medical coverage some transfer to JS-WR if their work capacity has improved. It is unclear whether this rate would change with the greater use of designated health practitioners. Any clients assessed as not having reduced work capacity would be eligible for JS-WR. Some JS-HCD clients may choose to avoid the assessment and move to JS-WR. If reducing benefit dependency for this group is your main objective, solely changing the work capacity assessment process is unlikely to have a significant impact on benefit outflow. Routinely referring clients to MSD's designated health practitioners who they do not have a personal relationship with may distressing for some, particularly those with mental health conditions.
Impact on employment outcomes for those referred to a designated doctor	The impact on employment outcomes of clients being assessed by a designated health practitioners are likely to be minimal. Evidence indicates work capacity assessment alone is insufficient to support return to work for this group. To see an improvement in health and disability benefit outflow and employment outcomes, any changes to work capacity assessments will need to be paired with sufficient, timely and appropriate employment products and services.
Caution re: impact of work programme on JS and JS-HCD targets	The increased use of designated health practitioners to assess work capacity is likely to impact the JS targets in two ways: • Some people currently receiving JS-HCD will flow on to JS-WR if the use of designated health practitioners to assess work capacity happens at scale. • If designated health practitioners are to be used at scale this will require reprioritisation of resourcing to support delivery.
Resource requirements for work programme	MSD has finite resources to progress your priorities. The areas for exploration presented in the approved doctors paper are presented in order of their resource requirements and the severity of intervention. If you wish to progress with areas that require more resources, trade-offs with your other priorities may be needed.

	Note that MSD pays for designated health practitioners visits (currently $250 per appointment). A significant increase in referrals to designated health practitioners will likely require a budget bid. We can provide further analysis on resourcing required and trade-offs once we understand the trajectory you wish this work to take.
Legislative change for each area of focus	Legislative changes may be required depending on which area you wish to explore: • Area one – no legislative change required. • Area two – legislative change is likely required. • Area three – legislative change may be required, depending on the extent of the changes made. • Area four – legislative change may nor may not be required, depending on the extent of the changes made. Further analysis will be required to understand whether legislative change is needed and to understand the extent of this legislative change. We can undertake this analysis once we have an understanding of the direction you wish this work to take.
Caution re: capacity of the health sector	Regardless of how this work programme is progressed, careful consideration will be needed to avoid exacerbating the ongoing workforce constraints facing New Zealand's health workforce: • New Zealand's health workforce is currently facing a shortage of medical practitioners, and this is reaching critical levels. • There is an increased demand on primary care capacity, partly due to increasing population numbers and partly due to increased complexity of health issues in the population. • GP workforce requirements are increasing. Depending on your direction, officials will engage with key health stakeholders during the development of options for this work programme, such as Te Whatu Ora, the Royal New Zealand College of General Practitioners, and other health practitioners' professional bodies. This will help officials to ensure that the impact of this work on the health sector is managed.

Topic	Talking Points
MSD's designated doctor pool	MSD has 91 designated doctors on it's books but many of these are not actively engaged. There is an issue with quality of decision making (e.g. lack of vocational expertise, tendency to recommend granting SLP). After today, 25 designated doctors will have completed the refresher training on MSD supports and undertaking work capacity assessment. Designated doctors are doing this work in addition to their main jobs (most are GPs). Most will do at most 1-2 assessment per year. There is limited capacity amongst GPs to take on additional work and few have the skills to undertake vocational assessments. Creating multi-disciplinary pools e.g., using OTs, mental health specialists etc along with GPs will reduce some of the reliance on GPs and improve quality of decisions.
Work capacity assessments for JS-HCD vs SLP	Work Capacity Medical Certificates, completed by a persons health practitioner (not all of whom are doctors), underpin initial and ongoing eligibility for JS-HCD and SLP. A persons assessed work capacity determines whether they receive JS-HCD or SLP which is paid at a higher rate. A persons assessed work capacity determines whether they receive JS-HCD or SLP (which is paid at a higher rate), their work obligations and how frequently their work capacity is reassessed. Clients receiving JS-HCD would be in full-time employment but due to a health condition, injury or a disability, are limited in their capacity to seek, undertake, or be available for full-time employment. JS-HCD recipients have either deferred or part-time work obligations. Over 90% have deferred work obligations because they have no capacity to work, or only the capacity to work for less than 15 hours per week. The frequency of work capacity reassessment for JS-HCD recipients is based on the recommendation of their health practitioner. Clients receive SLP when they are permanently and severely incapacitated to work. Permanent means the health condition, injury or disability of a client is expected to continue for at least 2 years. Severely means that a client cannot regularly work 15 hours or more per week in open employment. SLP recipients have their work capacity reassessed every 2 years or never. They do not have obligations to look for work.

	Note many JS-HCD recipients have received this benefit for two or more years but they do not meet the threshold for SLP because: • their work capacity may fluctuate or they may recover meaning they could work more than 15 hours per week periodically or permanently at some point. • it is difficult to determine if there the health condition, injury or disability will last more than two years. Note where a person is assessed as being able to work full time and they meet the other eligibility criteria they would be granted JS-WR.
Assessment alone is insufficient to improve employment outcomes	Work capacity is the interaction between a person's health condition or disability and the work they are expected to undertake. Periodically assessing peoples work capacity can prompt some people to leave benefit. However, just assessing a client's work capacity does not address the barriers people have to returning to work. If the objective is to see improved employment outcomes for beneficiaries, work capacity assessments need to be: • Undertaken by a health professional with vocational expertise (Most GPs are not vocational experts. Nevertheless, they are used to determine a person's work capacity because they are widely available whereas vocational health experts are not);. • Paired with referrals to employment or return-to-work supports and services, including health services where relevant. Outcomes are better the earlier intervention occurs and where health and employment supports are integrated. Early intervention is particularly important for young people and those with mental health conditions. 70% of young people aged 18–24 on JS-HCD are receiving the benefit for mental health reasons.
NZ's health workforce is facing a capacity crisis	Progressing the approved doctors coalition agreement will require MSD to expand the pool of designated doctors. Current use of designated doctors is low. Expanding the designated doctors workforce will be challenging given the current workforce challenges faced by New Zealand's health system – there are well documented shortages of key healthcare professionals, across both hospital settings and in primary care. Health New Zealand's 2023

	workforce plan identified a short fall of 1700 FTE doctors across the whole health system.
Ministry of Health recommend using a various health professionals, such as GPs, Occupational Therapists, Nurses, Vocational health Professionals to assess work capacity	The Ministry of Health's advice on progressing the approved doctors coalition agreement is that we should promote an inter-professional approach where providers are encouraged to deliver team-based care rather than being dependent on a particular healthcare profession. The Ministry of Health has the view that this approach would create greater sustainability, whilst also recognising the range of specialist knowledge that exists across all health professions. This approach would enable providers to identify the needs of an individual and ensure that the right clinician is available to provide the appropriate assessment and/or care. It is important that clinicians can utilise their full scope of practice as this leads to greater capacity within the system. Individual professions remain important; The Ministry of Health maintain that the roles of different professions are complimentary and that interprofessional teams can deliver better outcomes more efficiently. A pool comprised of solely doctors, in line with the approved doctors coalition agreement, would not be achievable considering the workforce constraints facing New Zealand's health workforce. Instead, a pool of clinicians could be developed involving a range of various health professionals, such as GPs, Occupational Therapists, Nurses, Vocational health Professionals etc.
Should the Minister agree to a more substantive proposal, further targeted engagement will be needed.	Officials have already undertaken preliminary engagement with the Royal New Zealand College of General Practitioners and the Ministry of Health on the approved doctors coalition agreement. Should the Minister agree to officials developing a more substantive proposal that explicitly aligns to the wording and intent of the coalition agreement, then further targeted engagement with organisations and unions that represent health practitioners, such as the Ministry of Health and Health New Zealand, will be needed.
Outcomes from assessments by approved doctors generally do not differ from outcomes of assessments by GP	Prior to 2007, MSD required all applicants for the Invalids Benefit (now SLP) to undergo an assessment from a designated doctor. A review of this process found that results of the work capacity assessment conducted by designated doctors were not dissimilar from an assessment conducted by a the clients own health practitioner. This process was also

	costly. As is the case now MSD covers the costs of a client being assessed by a designated doctor. As a result, MSD moved to only using designated doctors in instances where the information provided by the client's health practitioner on the medical certificate was insufficient to determine work capacity and benefit eligibility. If the Minister selects the more substantive piece of policy work that closely aligns to the working and intent of the coalition agreement, careful consideration will need to be given to this work so that the same effect is not replicated.
MSD provided initial advice on an alternative approach to using a pool of approved doctors.	We could add more rigour to our current system and provide return to work support for young JS-HCD recipients but there is a need to start small. For phase one, officials propose supporting young people aged 18-24, in particular, two specific target groups: • Nationwide: those who have newly transferred onto JS-HCD from JS-WR with work capacity of 15–30 hours per week • Auckland and Central regions: those who have been on JS-HCD for less than 52 weeks and identified as having between 15-30 hours work capacity. By starting small MSD will be able to deliver the initiative within MSD's current resourcing and funding settings.
MSD will require additional funding to expand phase one	Phase one could be expanded under phase two through growing the geographical reach or through incorporating other cohorts on JS-HCD. Additional funding/resources, legislative changes or additional services for the target cohorts would be required if the Minister wants to expand phase one. This may need to be sought through a future Budget initiative.

From:	Sarah Palmer
To:	Megan Farrow
Cc:	Harry Fenton; i_request (MSD); Shannon Mower; Dee Collins; Adelaide Gleadow
Subject:	RE: Information on Approved Doctors
Date:	Monday, 24 February 2025 5:07:37 pm
Attachments:	image001.jpg

Thanks heaps Megan!

Sarah Palmer
Private Secretary (Social Development and Employment, Disability Issues) | Office of Hon Louise Upston
Phone: s9(2)(a)

From: Megan Farrow s9(2)(a)
Sent: Monday, 24 February 2025 4:18 PM
To: Sarah Palmer s9(2)(a)
Cc: Harry Fenton s9(2)(a) i_request (MSD) <i_request@msd.govt.nz>; Shannon Mower s9(2)(a) ; Dee Collins s9(2)(a) ; Adelaide Gleadow s9(2)(a)
Subject: Information on Approved Doctors

IN-CONFIDENCE

Kia ora Sarah,

As requested, please find attached a (almost) one-pager on Approved Doctors to support Liam's conversation with coalition partners on this coalition agreement.

Give me a call if you have any questions or happy to set up a time tomorrow to discuss.

Dee will send her paper on the other coalition agreement separately.

Many thanks,

Megan

Megan Farrow (she/her)
Disability Policy Manager
International, Disability & Generational Policy
Ministry of Social Development | Te Manatū Whakahiato Ora
s9(2)(a) s9(2)(a)

"Develop an approved pool of doctors who can issue medical certificates to go onto a health and disability related benefit".

For the quarter ending December 2024, there were 92,922 clients on Jobseeker – Health Condition and Disability (JS-HCD) and 94,164 clients on Supported Living Payment (SLP). Between September 2024 and December 2024, the number of clients on JS-HCD rose by 5,161 clients, or 5.7%. SLP numbers rose by 279 clients, or 0.3%.

To date, MSD has progressed the Approved Doctors coalition agreement in the following ways:

- Provided policy advice to the Minister for Social Development and Employment on 26 March 2024 and 19 June 2024.
- Initiated Phase One of the coalition agreement by focussing on increasing employment touchpoints for youth on JS-HCD across two cohorts:
    - Nationwide: those who have newly transferred onto JS-HCD from JS-WR with work capacity of 15–30 hours per week.
    - Auckland and Central regions: those who have been on JS-HCD for less than 52 weeks and identified as having between 15-30 hours work capacity.

Under current MSD settings, work capacity medical certificates are issued for MSD clients by 'prescribed health practitioners', defined as general practitioners, registered nurses, midwives and dentists.

To progress the coalition agreement, MSD officials require clarity on the following questions:

- What is the underlying problem the coalition agreement is aiming to address?
- How does the Minister interpret the meaning of "approved" and "doctors" as outlined in the coalition agreement? Does this mean approved by MSD and by 'doctors' does this mean 'prescribed health practitioners', GPs or another group?
- Which income support benefits is "health and disability related benefits" referring to - JS-HCD and SLP or just one of those?

MSD already has a pool of Designated Health Practitioners (DHP) – who provide an independent medical opinion on a client's work capacity. This independent opinion can be requested for numerous reasons, including to provide a second opinion for MSD if more clarity on the original opinion from the client's prescribed health practitioner is required and to provide an alternative opinion for the prescribed health practitioner if they feel that their objectivity has been compromised by the doctor-patient relationship.

New Zealand’s health workforce is currently facing a shortage of medical practitioners, and this is reaching critical levels. Regardless of how the coalition agreement is progressed, careful consideration will be needed to avoid exacerbating the ongoing workforce constraints facing New Zealand’s health sector.

MSD will be unable to progress the coalition agreement if the interpretation of the agreement is literal. Officials require clarification on the intent of the agreement, so we can prepare feasible policy proposals for your consideration.

s9(2)(f)(iv)

From: Sarah Palmer
To: Shannon Mower
Cc: Ben Yung; Harry Fenton; s9(2)(a)
Subject: RE: REP/24/5/486 - Progressing the approved doctors coalition agreement report
Date: Wednesday, 31 July 2024 8:51:15 am
Attachments: REP 24 5 486 Progressing the approved doctors coalition agreement signed.pdf

Morning Shannon,

Please find the signed report attached. As discussed at officials, she's agreed to all recs.

Can you please come back to me via email with updated timing for rec's 6-8 by mid next week?

I'll also come back to you with further commissioning on rec 4 – hopefully in a few days.

Thanks,
Sarah

From: Shannon Mower s9(2)(a)
Sent: Monday, July 29, 2024 12:26 PM
To: Sarah Palmer s9(2)(a)
Subject: FW: REP/24/5/486 - Progressing the approved doctors coalition agreement report

IN-CONFIDENCE

From: Shannon Mower
Sent: Wednesday, June 19, 2024 11:47 AM
To: s9(2)(a)
Cc: Ben Yung <s9(2)(a); Sarah Palmer s9(2)(a)
Subject: REP/24/5/486 - Progressing the approved doctors coalition agreement report

Kia ora Julia,

Please find attached REP/24/5/486 - Progressing the approved doctors coalition agreement. I have attached a pdf and word copy, and the hard copies are in the Minister's bag. Please let me know if you require anything further.

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

MSD purpose:
Manaaki tangata, manaaki whānau
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From: Shannon Mower
To: s9(2)(a)
Cc: Ben Yung; Sarah Palmer; Diane Anderson
Subject: Touching base on REP/24/5/486 - Progressing the approved doctors coalition agreement
Date: Friday, 5 July 2024 1:08:00 pm
Attachments: REP245486 - Progressing the approved doctors coalition agreement report.msg

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Kia ora Julia,

I hope you are well.

I wanted to touch base with you on REP/24/5/486 - Progressing the approved doctors coalition agreement. As you will see in the attached email, we provided this report to your office on 19 June 2024. I understand the Minister has not yet had a chance to read this paper.

I understand the Minister is particularly interested in deadlines and how these connect to her priorities. s9(2)(g)(i)

We have been trying to get onto the officials agenda to discuss the paper with the Minister, however, we have not yet been successful in securing a spot. Are there any other opportunities to get the Minister across this paper? I was wondering if it would be possible to include the paper in her next weekend bag, so MSD can be provided with some direction on how she would like us to progress the work programme.

Please let me know if there is anything we can do to support this.

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

MSD purpose:
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From:	Shannon Mower
To:	s9(2)(a)
Cc:	Ben Yung; Sarah Palmer
Subject:	REP/24/5/486 - Progressing the approved doctors coalition agreement report
Date:	Wednesday, 19 June 2024 11:46:00 am
Attachments:	REP-24-5-486 - Progressing the approved doctors coalition agreement.docx REP-24-5-486 -Progressing the approved doctors coalition agreement.pdf Appendicies for REP-24-5-486.pdf

Kia ora Julia,

Please find attached REP/24/5/486 - Progressing the approved doctors coalition agreement. I have attached a pdf and word copy, and the hard copies are in the Minister's bag. Please let me know if you require anything further.

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
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MSD purpose:
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We help New Zealanders to be safe, strong and independent

From: s9(2)(a)
To: Shannon Mower
Subject: RE: Update on approved doctors paper
Date: Wednesday, 19 June 2024 9:13:40 am
Attachments: image001.jpg

Thanks for the update Shannon. Yes the Minister does have other papers being prepared for her weekend bag but my aim is to get this one in. I'll let you know if it doesn't go through.
Thanks
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Shannon Mower s9(2)(a)
Sent: Tuesday, June 18, 2024 8:58 AM
To: Julia Bergman s9(2)(a)
Subject: Update on approved doctors paper

IN-CONFIDENCE

Kia ora Julia,

I hope you are well.

I just wanted to give you an update on the approved doctors paper. Simon, Viv and Debbie met end of last week and decided on a direction for the paper. I have been working to update the paper and we are on track to provide it for the weekend bag by 3pm tomorrow. The key changes I have made to the paper are as follows:

- added in a section offering the Minister the option of directing MSD to undertake substantive policy work towards a proposal that more closely aligns with the wording and intent of the coalition agreement, noting however, that this will require additional resources, funding, legislative changes and that this will take considerable time to develop.
- updated the recommendations to reflect this, and included a noting recommendation that should the Minister select this option, we will need to meet with her to discuss how she would like us to approach this work.
- included an additional A3 which provides a high-level overview of benefit flows

I just wanted to double check with you, does the Minister have other papers to contend with in her weekend bag this wekeend? Do you think it is likely the Minister will read the paper this weekend? If the Minister slects the option for a more substantive piece of policy work, we are hoping to get onto the officals agenda for next Monday to dicuss with her how she would like us to approach this work.

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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From: s9(2)(a)
To: Shannon Mower
Cc: Sarah Palmer
Subject: RE: Updates on the approved doctors paper
Date: Tuesday, 11 June 2024 12:13:16 pm
Attachments: image001.jpg

Thanks for the heads up Shannon. See how you go but if you're unable to get the paper signed off by COP tomorrow I would appreciate a draft so I can prep the middle office.

Thanks so much
Julia

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Shannon Mower s9(2)(a)
Sent: Tuesday, June 11, 2024 10:54 AM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: Updates on the approved doctors paper

IN-CONFIDENCE

Kia ora Julia,

I hope you are well.

I just wanted to give you an update on how we are tracking on the approved doctors paper, due 3pm tomorrow (12/06/2024). We are tracking well with the proposal for phase one of the coalition agreement and have aligned the proposal to the Minister's expectations regarding a focus on young people aged 18 – 24 on JS-HCD. However, the DCEs of Policy and Service Delivery and MSD's CE are due to discuss the proposal this afternoon. This may impact on timeframes of the paper, but we will make sure to work closely with you on this should there be an impact.

If you would like me to send through some information so can get across the proposal outlined in the paper earlier than the deadline tomorrow, please do let me know. I could send you an email outlining the proposal, or a draft copy of the paper should this be useful.

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
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From: s9(2)(a)
To: Sarah Palmer
Cc: Harry Fenton; Shannon Mower; Diane Anderson; i request (MSD)
Subject: RE: Approved Doctors
Date: Thursday, 23 May 2024 4:29:45 pm
Attachments: image001.jpg

Fantastic thanks Sarah.

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Sarah Palmer <s9(2)(a)>
Sent: Thursday, May 23, 2024 4:28 PM
To: Julia Bergman s9(2)(a)
Cc: Harry Fenton s9(2)(a); Shannon Mower s9(2)(a); Diane Anderson s9(2)(a)
Subject: RE: Approved Doctors

IN-CONFIDENCE

Kia ora Julia,

Thanks for sending through the commissioning and just confirming that we don't need to attend officials on Monday as we have enough of a steer to proceed with this work.

We'll pull together advice for you on 5 June providing advice on how she can take a phased approach to starting on the 'pool of approved doctors' coalition agreement focusing on young people on JS-HCD.

This will include:
- the data you requested
- information on what the first phase could look like
- next steps and timeframes

Cheers
Sarah

Sarah Palmer – Manager, Disability Policy (she/her)
s9(2)(a) | The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

From: Julia Bergman s9(2)(a)
Sent: Wednesday, May 22, 2024 4:35 PM
To: Harry Fenton s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: Approved Doctors

Hi Harry
As discussed, in a meeting today (that was focused on the JS target and Traffic Light Settings) we ended up discussing the Approved Doctors work. Below are my notes from the meeting.

Approved Doctors:
- How can we do the approved doctors early and what does phase one look like
- s9(2)(f)(iv) - s9(2)(g)(i)
- s9(2)(f)(iv)
- s9(2)(f)(iv)

s9(2)(f)(iv)

- **ACTION:** Get the Minister the numbers of sign ons of JS HCD under 25 and current numbers of designated doctors - looking at new sign ons first

Next steps: Next stage of advice in next two weeks (due Wednesday 5 June) outlining how this work can be done faster and options for what phase one could look like.

I know we were trying to get a discussion on an officials meeting after the minister signed the original paper and indicated she wanted a discussion however given the discussion today I would need some guidance from you regarding what remains that we need to discuss/confirm with the minister to be able to develop the next set of advice?

Once you've had a look lets chat tomorrow morning.

Thanks so much
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

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Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Shannon Mower
To: s9(2)(a)
Cc: Sarah Palmer
Subject: RE: Meeting with Minister Upston to discuss the approved doctors coalition agreement
Date: Wednesday, 15 May 2024 2:40:00 pm
Attachments: image001.jpg

Kia ora Julia,

That's very understandable. Thanks for the steer – we will keep working at getting on the agenda.

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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From: Julia Bergman s9(2)(a)
Sent: Wednesday, May 15, 2024 1:58 PM
To: Shannon Mower s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: RE: Meeting with Minister Upston to discuss the approved doctors coalition agreement

Hi Shannon
I'm sorry this item keeps getting bumped but it's just about competing priorities. The minister is aware work can't progress without this discussion and it will be discussed eventually so just keep proposing it for the agenda and when time permits we'll get the discussion.

Thanks for checking in.
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Shannon Mower s9(2)(a)
Sent: Wednesday, May 15, 2024 1:28 PM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: Meeting with Minister Upston to discuss the approved doctors coalition agreement

IN-CONFIDENCE

Kia ora Julia,

I hope you are well.

I wanted to touch base with you on an officials meeting with Minister Upston to discuss the approved doctor coalition agreement. The Minister agreed to meet with us to discuss the approved doctors coalition agreement through an agreement rec in REP/24/3/175, attached for your reference.

We have been trying to enter an item onto the agenda for the Minister's officials meetings held on Mondays. However, we have been unsuccessful in achieving this. We are unable to progress work on this coalition agreement until we meet with the Minister, as we need her direction on the future

trajectory she would like this work to take.

Do you have any insight into when the Minister will be available to meet with us? Or, do you feel another approach may be needed?

Kia pai tō rā,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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From: s9(2)(a)
To: Shannon Mower
Cc: Sarah Palmer; Harry Fenton; MSD_REPORT_NUMBER_REQUESTS (MSD); Viv Rickard; i_request (MSD); Rhonda Blood
Subject: REP/24/3/175 Seeking your direction on the approved doctors manifesto commitment work programme
Date: Tuesday, 30 April 2024 1:55:30 pm
Attachments: image001.jpg
REP 24 3 175 Seeking your direction on the approved doctors manifesto commitment work programme.pdf

IN-CONFIDENCE

Hi Shannon
Please find attached the signed copy of REP/24/3/175 Seeking your direction on the approved doctors manifesto commitment work programme. Note the minister has agreed to further discussion and for officials to engage with stakeholders during options development. I'll come back to you about when we might discuss.

Thanks
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Shannon Mower s9(2)(a)
Sent: Tuesday, March 26, 2024 10:39 AM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a) ; Harry Fenton s9(2)(a)
MSD_REPORT_NUMBER_REQUESTS (MSD) <MSD_REPORT_NUMBER_REQUESTS@msd.govt.nz>; Viv Rickard s9(2)(a) i_request (MSD) <i_request@msd.govt.nz>; Rhonda Blood s9(2)(a)
Subject: REP/24/3/175

IN-CONFIDENCE

Kia ora,

Please find attached a PDF and word copy of REP/24/3/175, Seeking your direction on the approved doctors manifesto commitment work programme. The physical copies are in the 3pm bag.

Please feel free to reach out if you have any questions regarding this report.

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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From: Shannon Mower
To: s9(2)(a)
Cc: Sarah Palmer; i request (MSD)
Subject: RE: REP/24/3/175
Date: Friday, 26 April 2024 2:14:00 pm
Attachments: Approved Doctors - response to political advisor questions.docx
image001.jpg

Kia ora Julia,

Please find attached our response to the questions you raised in your original email regarding the approved doctors report. Please let me know if there is anything further you need on this request.

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

MSD purpose:
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From: Julia Bergman s9(2)(a)
Sent: Friday, April 26, 2024 11:01 AM
To: Shannon Mower s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Basic word doc is perfect thanks Shannon. Much appreciated.
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

---

From: Shannon Mower s9(2)(a)
Sent: Friday, April 26, 2024 10:54 AM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Kia ora Julia,

We are pulling together a response to the questions you outlined in your email. I am wondering, what would be the most useful format for us to provide a response in? We have a basic word document answering the questions at the moment, but we are happy to change this into a cover note or another format if that would be more useful for you.

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

MSD purpose:
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From: Julia Bergman s9(2)(a)
Sent: Wednesday, April 24, 2024 3:14 PM
To: Shannon Mower s9(2)(a)
Cc: Sarah Palmer s9(2)(a) >; i_request (MSD) <i_request@msd.govt.nz>
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Yes thanks Shannon.
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
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From: Shannon Mower s9(2)(a)
Sent: Wednesday, April 24, 2024 3:09 PM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a) ; i_request (MSD) <i_request@msd.govt.nz>
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Kia ora Julia,

Thanks for that, Friday would work for us. Is that 3pm Friday?

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

MSD purpose:
Manaaki tangata, manaaki whānau
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From: Julia Bergman s9(2)(a)
Sent: Wednesday, April 24, 2024 2:01 PM
To: Shannon Mower s9(2)(a)
Cc: Sarah Palmer s9(2)(a) ; i_request (MSD) <i_request@msd.govt.nz>
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Hi Shannon
Thanks for the email. Is it possible to get it on Friday as Paul intends to put the paper into her weekend bag?

Thanks
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

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From: Shannon Mower s9(2)(a)
Sent: Wednesday, April 24, 2024 1:40 PM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a) ; i_request (MSD) <i_request@msd.govt.nz>
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Kia ora Julia,

I hope you are well.

Could we please have an extension on this request?

We are still working on pulling together a response that considers all the questions you've laid out and how the approved doctors work could fit with other legislative work that's underway across MSD policy.

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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From: Julia Bergman s9(2)(a)
Sent: Thursday, April 18, 2024 1:02 PM
To: Shannon Mower s9(2)(a)
Cc: Sarah Palmer s9(2)(a) ; i_request (MSD) <i_request@msd.govt.nz>
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Hi Shannon
Apologies this paper hasn't been able to progress through the office yet. We've had a lot of high priority papers so those without hard deadlines are a bit harder to get through.

The middle office have however read the paper and are happy with it's contents but have asked for a bit of additional information please. This doesn't need to be added to the paper but if you could please provide to me in an email by 3pm next Wednesday 24th that would be much appreciated.

They're looking for comment on the following:

- How can we meet this commitment with minimum resourcing burden on MSD?
- Is there a way we could take a staged approach to this and if so what would be the approximate timing eg, get Cabinet agreement for the LEG, introduce the LEG, implementation etc… even if we're looking at a 2 year workprogramme
- Could this LEG change be done with other LEG change eg, the Traffic light work?
- Does the current practice and proposed changes impact each of the benefit categories in a different way eg, JS HCD, SLP, JS work ready? By this I mean if we changes the practice could it potentially push people who would normally get JS HCD into SLP or JS work ready etc?

Please feel free to give me a call if you'd like to discuss.

Thanks so much
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment
Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

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From: Shannon Mower s9(2)(a)
Sent: Thursday, March 28, 2024 10:22 AM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a)
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Kia ora Julia,

Nice to hear from you, I hope you're doing well over in the Minister's Office.

Ideally, we'd like to have a decision from the Minister on this paper by next Tuesday, 2 April 2024. This is because we need to keep progressing the coalition agreement work at pace – we'd like to arrange an officials meeting with the Minister to discuss her objectives for the work programme and the issue/s she is aiming to address through the work at her next convenience.

However, I understand the Minister will have a lot of competing priorities at the moment, so if this is not possible, please let me know when she would next be able to read the paper and send through a decision.

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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From: Julia Bergman s9(2)(a)
Sent: Thursday, 28 March 2024 10:05 am
To: Shannon Mower s9(2)(a)
Subject: RE: REP/24/3/175

IN-CONFIDENCE

Thanks very much for this paper Shannon. Is there any particular deadline by which the minister needs to consider/approve this?

Thanks so much
Julia

-

Julia Bergman
Private Secretary (Social Development and Employment) | Office of Hon Louise Upston
Minister for Social Development and Employment

Minister for Child Poverty Reduction
Minister for Community and Voluntary Sector

Phone: s9(2)(a)
Email: s9(2)(a) Website: www.Beehive.govt.nz
Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

From: Shannon Mower s9(2)(a)
Sent: Tuesday, March 26, 2024 10:39 AM
To: Julia Bergman s9(2)(a)
Cc: Sarah Palmer s9(2)(a) ; Harry Fenton s9(2)(a) MSD_REPORT_NUMBER_REQUESTS (MSD) <MSD_REPORT_NUMBER_REQUESTS@msd.govt.nz>; Viv Rickard s9(2)(a) ; i_request (MSD) <i_request@msd.govt.nz>; Rhonda Blood s9(2)(a)
Subject: REP/24/3/175

IN-CONFIDENCE

Kia ora,

Please find attached a PDF and word copy of REP/24/3/175, Seeking your direction on the approved doctors manifesto commitment work programme. The physical copies are in the 3pm bag.

Please feel free to reach out if you have any questions regarding this report.

Thank you,

Shannon Mower – Senior Analyst Disability Policy (she/her)
International, Disability, and Generational Policy
The Aurora Centre | 56 The Terrace | PO Box 1556 | Wellington | New Zealand

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