

# Building the future of Health:

Questions & answers from the stakeholder hui.

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## Workforce

**Q. How will Te Whatu Ora manage staff shortages in the allied health professions in the short and longer term? Will you be working with Immigration NZ to help solve this issue?**

**Answer:** Yes, we will be working with Immigration NZ. As we are a national entity, we will plan to address this nationally, particularly as growing the Allied health profession is an important opportunity for the health system. The National Directors of Allied Health group have already begun to implement some actions, we want to support this to ensure nationally consistent application.

## Community and Whānau voice

### **Q. How will the whānau voice be incorporated, especially regarding mental health and overall health across the system?**

**Answer:** The voices of consumers and patients are important for transformation. We need diversity of delivery models as our community's work, think and behave differently. This was particularly evident through COVID-19. The voices of whānau are important to us and will drive a diverse range of responses.

### **Q. How will children's voices be heard?**

**Answer:** The future for our new equitable health care system will be clearly guided by ensuring a strong consumer and whānau voice is woven into our work at a local, regional and national level. The aim is for consumers, wider communities and whānau, including those who are traditionally under-represented, to be supported based on their specific needs. We want to ensure expectations and needs are actively heard and all communities are involved across the future system, as it continues to develop.

## Reform Evaluation and improvement

### **Q. What will be the role of the Māori Health Directorate of Manatū Hauora in relation to Te Aka Whai Ora and Te Whatu Ora?**

#### **Te Whatu Ora – New Zealand Health**

**Answer:** [Te Whatu Ora – Health New Zealand](#) leads the day-to-day running of the health system across New Zealand, with functions delivered at local, district, regional and national levels. It has woven the functions of 20 former District Health Boards into its regional divisions and district offices, ensuring continuity of services in the health system.

Te Whatu Ora manages all health services, including hospital and specialist services, and primary and community care. Hospital and specialist services are planned nationally so they can be delivered more consistently across the country. It also manages national contracts.

Primary health, wellbeing and community-based services are planned and then purchased through the four regional divisions of Te Whatu Ora. Each region works with its district offices, located closer to local communities, to develop and implement plans based on local needs to improve the health and wellbeing of communities.

Te Whatu Ora is also responsible for improving services and outcomes across the health system. We do this in partnership with Te Aka Whai Ora – the Māori Health Authority.

Community and consumer feedback plays an important part of in all of this. These are important voices, and we hope to see a wider national response in helping to open dialogue and seek feedback about what is and isn't working well, to ensure we continue to work towards a more effective system.

Equity is at the heart of our goals. This must be seen via actionable, visible, and measurable improvements, calling out areas in which vulnerable communities need tangible and consistent care.

### **Te Aka Whai Ora – Māori Health Authority**

Te Aka Whai Ora – [Māori Health Authority](#), was established alongside Te Whatu Ora – Health New Zealand, and has shared responsibility for decision-making, planning and delivery. Local iwi-Māori partnership boards help shape appropriate health and wellbeing services to meet the needs of local communities by being an influencing and decision-making voice for iwi and Māori at a local level, supporting Te Tiriti partnerships throughout the system.

This is the first time in the history of New Zealand that a deliberate, equity focused opportunity has been crafted, to bring together partners and organisations to work collaboratively with Te Whatu Ora and Manatū Hauora. We are committed to all services functioning equitably, with the principles of Te Tiriti at their heart.

### **Manatū Hauora (Ministry of Health)**

[Manatū Hauora's](#) (Ministry of Health) role as chief strategic advisor and kaitiaki (steward) of Aotearoa New Zealand's health and disability system has been strengthened and some of the things it does have changed.

Statutory roles such as the Director of Public Health and Director of Mental Health remain within the Ministry.

A national process is underway for the Manatū Hauora (MoH), to monitor how it is doing, ensuring it delivers it's goals, and that the resources being used are for the good of communities. Primarily it will strive for a unified and equitable national health care system, across all regions and to simplify decision making, to streamline and optimise the results to support local areas as they join, giving them what they require to offer tailored health care based on the needs of their communities.

**Q. How will you know if the reform is successful? How will you report on progress?**

**Answer:** There are three main areas of success:

1. Unified as a national health care system and simplifying decision making.
2. Supporting local areas to tailor services that provide for their communities as best they can. This includes getting feedback directly from communities and consumers.
3. Achieving equity through actionable and measurable improvements.

A national process is underway where the Ministry of Health will undertake a monitoring function to report on progress. It will help ensure continuity of service and that resources are being used for the good of communities. Further to this, Te Whatu Ora will have its own goals. The development of indicators for these goals is underway.

## Service Delivery

**Q. How will the new structure ensure consistency of service delivery? Particularly for older people in our community and NASCs. How will Te Whatu Ora ensure support for family carers?**

**Answer:** National work is underway by NASCs which looks at models of care for the health of older people. We need to find where there is variation and where we can support consistency. For example, some communities will have a lot of home-based care that we can strengthen. Other communities may have a different mix of services such as primary care providers who support early discharge or home care.

While every community has its own unique features, we are seeking to achieve equity and consistency nationally, regardless of how care is provided locally. This will ensure we achieve the outcomes we want to achieve with people being supported at home for longer, shorter lengths of stay in hospital and helping whānau make decisions with their loved ones.

We are forming a national team within the commissioning team to assist us in evaluating where we should go to support this consistency.

## Planned Care Taskforce

**Q. Will the Planned Care taskforce be looking at how to meet the needs of people who have never succeeded in getting onto waiting lists, as well as those that are on the lists? Is it an ambition of the reform that waiting lists for operations will be completely eliminated?**

**Answer:** The Planned Care Taskforce has developed a [Reset and Restore Plan](#), identifying opportunities both regionally and nationally to reduce wait times for people to have either a first specialist assessment, planned surgery or diagnostic appointment. The Taskforce will recommend several measures in the short, medium and long term to allow the health system to get back on track, to reducing existing wait lists, as well as improving and increasing access to wait lists.

There will always be wait lists as people are prioritised for treatment according to clinical need, however The Planned Care Taskforce's aim is to ensure all patients who need access to surgery receive it in a clinically acceptable timeframe.

The plan was approved by the chief executives of Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority at the end of October 2022.

## Localities

**Q. Can you please provide more detail on how localities will be established? What are the set of key requirements for defining a locality?**

**Answer:** Three additional localities which were part of the prototype long-listing process are now also progressing through the establishment phase with further refinements to their original proposals. The next stage will be collating whānau voice to identify needs, aspirations and priorities to inform the locality plans and support the service development and initiatives component of localities. Further advice will include recommendations on pre-requisites for a locality to be established and will highlight the key system enablers such as establishing provider networks, provider network services, finalised Te Pae Tata and the Te Whatu Ora and Te Aka Whai Ora commissioning operating model.

**Q. How will Iwi Maori Partnership Boards work with Localities?**

**Answer:**

With the establishment of the Iwi Māori Partnership Boards (IMPBs), we want to support our communities as they work through their own processes. They will work at a locality level, supporting the communities they serve to get what they need, when they need it.

Across the 14 IMPBs currently being developed, some are still discussing what their formation will look and the processes for membership, but are encouraging iwi representation, health care providers who may not be from that Mana Whenua area, and other people of expertise and specialists to apply.

Te Aka Whai Ora will work together with our iwi Māori partners and provide help as needed but do not want to dictate how this happens or who the appointees will be, but rather collaborate with the Boards to ensure they are ready to go.

**Q. What is happening with the establishment of districts?**

**Answer:** To begin reforming the health system, the 20 DHBs were disestablished, and their functions were merged into Te Whatu Ora – Health New Zealand, which now leads the day-to-day running of the system for the whole country. Te Whatu Ora also assumed the operational functions of the Ministry of Health, such as managing national contracts.

Te Whatu Ora manages all health services, including hospital and specialist services, and primary and community care. Hospital and specialist services are planned nationally and delivered more consistently across the country. Primary health, wellbeing and community-based services are planned and then purchased through four new regional divisions of Te Whatu Ora. Each region works with their district offices, located closer to local communities, to develop and implement plans based on local needs to improve the health and wellbeing of communities.

**Q. How will Te Whatu Ora develop Localities with communities**

**Answer:** The Pae Ora Act requires Te Whatu Ora – Health New Zealand to identify localities across all of New Zealand by July 2024 and have locality plans developed by July 2025. Before determining a locality, Health New Zealand and Te Aka Whai Ora – Māori Health Authority must consult relevant local authorities and iwi-Māori partnership boards.

Iwi and the local community determine their own geographic area that will become the 'locality'. Localities are small enough to still have a local feel for the people that live there. Everyone in Aotearoa will fit into a locality that reflects their community.

The localities approach replaces the way things were done through District Health Boards (DHBs) and Primary Healthcare Organisations (PHOs). The people who were doing that work are still involved, but they will now work differently.

It is the work that happens within the area, or locality, that will make a difference to people's health and wellbeing:

- Iwi and communities will be involved in deciding on the health priorities for their community.  
For example – one locality might have a need for more diabetes support – and it will be up to local partnerships to agree on whether dedicated services are needed.
- The care and support that is delivered will be joined up across different health and wellbeing providers.  
For example – someone’s GP, local pharmacist and in-home nurse will work better together to provide the wraparound care and support that person needs.
- Health and wellbeing providers will be connected to other community organisations that have a role in supporting people. This will ensure that we can better support whānau needs across areas like housing, employment and finances, alongside healthcare.

The locality plans will bring together national expectations with the priorities, needs and contexts of mana whenua and local communities. Once signed off, locality plans will support the procurement of services through commissioning by Te Whatu Ora and Te Aka Whai Ora.

**Q. Will we see a change in traditional provider roles and service models over time, and the commissioning and development of new roles and services to meet community need?**

**Answer:** Funded health services will be subject to quality and audit requirements, and these will be monitored by the entities responsible for commissioning these services (either Te Whatu Ora or Te Aka Whai Ora).

**Q. Localities seem to be unknown by the general population and even some clinical staff. What plans are there to inform everyone, particularly those areas that are in the process of developing a locality?**

**Answer:** There has been a lot of development behind the scenes, supporting the first Localities both with their applications and getting properly established. We understand that many people would like to know more about what has been happening in the Localities space. The best place to receive regular updates and news is via our regular virtual Chief Executive hui and our fortnightly stakeholder update newsletter, where Margie and Riana provide the latest developments within Te Whatu Ora and Te Aka Whai Ora. You can register to receive the newsletter and invites to the hui [here](#).

**Q. When do you envisage that the Localities will be up and running within our communities across NZ?**

**Answer:** New localities are being established across New Zealand. There are now 12 locality districts with more coming online as we progress. By 2024 every region will have set up their own Locality.

**Q. Do you see any issues with locality boundaries overlapping with others?**

**Answer:** Locality boundaries may overlap and this will allow greater flexibility for those seeking support from Healthcare Providers who are supporting more than one Locality.

## Rongoa Māori

**Q. Will the allocated Rongoa Māori funding be dispersed across hauora Māori initiatives or will it be used specifically for delivery of Rongoa Māori and who will that be determined by?**

**Answer:** We have just over 150 Māori practitioners across NZ, and a huge thanks goes out to them for all the hard work over these last few years. We plan support for the whanau voice, to ensure equitable outcomes for Māori, and will be looking for diverse voices and delivery approaches to meet the different need of all Māori communities.

To better support Māori Health Providers, Te Aka Whai Ora will look at developing more sustainable contracts to make making funding processes for services or commissioned services easier to apply for, and ensure we fund those who need it most. Rongoa Māori services and the process to apply for those providers needs to be developed along with putting in place a system to grow and nurture this workforce.

Te Aka Whai Ora wants to support Māori staff and to see what we can add to the frontline workforce to give them the help they really need. Te Aka Whai Ora has begun this with Budget 21 funding, to help better explore and recognise those things not currently utilised in the health sector and develop them with partners to deliver more equitable and diverse health care.

## Tāngata whaikaha / Disabled People

**Q. How will Te Whatu Ora and Te Aka Whai Ora ensure that the voice of Tāngata whaikaha and disabled people is represented in localities and partnership arrangements and how confident is Te Whatu Ora in its capacity and capability to meet the health needs of disabled people?**

**Answer:** We have an opportunity to support those already working to serve the disabled community and create nationally consistent services. This includes recruiting a Chief Advisor for Disability into Te Whatu Ora who will be able to work with disabled people, consumer groups and other disability advisors.

While Whaikaha, the Ministry of Disabled People, has been set up, all health service provision will come into Te Whatu Ora. This means that Te Whatu Ora still has work to do to, such as ensuring accessibility of facilities and information provision to enable appropriate health care for disabled people. Working with consumer advocacy groups is also important to amplify the voices of people with disabilities.

**Q. Why don't the two authorities share corporate functions (HR etc) which would save some money.**

**Answer:** There is an agreed Memorandum of Understanding (MoU) between Te Whatu Ora and Te Aka Whai Ora for Te Whatu Ora to provide certain enabling functions to Te Aka Whai Ora including finance, HR and ICT. The purpose of the MoU is to support the shared service customer relationship between Te Whatu Ora and Te Aka Whai Ora, to ensure the efficient and effective use of resources, and set out the relationship principles based on Waka Hourua and Te Mauri o Rongo – the Health Charter.

The approach to developing the MoU has been underpinned by the fundamental principles of partnership, transparency, honesty and collaboration in all aspects of our working relationship. Both parties are committed to working together to ensure the MoU achieves its aims of Te Whatu Ora supporting Te Aka Whai Ora, and delivering a range of services in a professional and cost effective manner.

## IT – Data and Digital

**Q: Will there be a unified IT system and information portal system that will help save time and money in the future and help improve efficiency in this space?**

Currently there is variation in IT systems across regions, we are aiming for consistency of access and unifying this nationally. It will take some time to achieve this.

We are working to have full visibility over all investments across the country, and to identify if we are missing opportunities to consolidate and simplify our data and digital environment.

Information sharing is also a focus. This will enable health professionals who are supporting patients across regions, to access the information they require. We need to take opportunities to unify systems.

## Public Health

**Q. Explain Public Health in the reformed system, in particular the Public Health Agency. Why does it sit in the Ministry of Health? What is its relationship and accountabilities with Te Whatu Ora and Te Aka Whai Ora, and with the NPHA's expert advisory committee?**

**Answer:** The Public Health Agency (PHA), within Manatū Hauora provides public and population health leadership across the health and disability sector and beyond. It influences the wider determinants of population health to enable people, their whānau and environments to be healthy and improve their wellbeing. It will work collaboratively with other government departments and agencies to address the wider determinants of health such as income, education, employment, food insecurity and housing. The PHA is sitting within Manatū Hauora because public and population health strategy and monitoring the impact on Pae Ora, is a part of their responsibility as steward of the health system.

The National Public Health Service (NPHS), within Te Whatu Ora, delivers national, regional and local programmes of health promotion, protection and prevention. It brings together functions from Te Hiringa Hauora, the Ministry of Health, and the Public Health Units into a unified operational service. The NPHS and its partners will work alongside whānau, communities and other sectors to consider all the factors that impact on health and wellbeing, and deliver national, regional and local programmes to achieve pae ora.

The two agencies work together with Te Aka Whai Ora to strengthen public and population health, promote wellbeing, understand communities' aspirations, achieve equity, and enable all New Zealanders to live longer, healthier lives. The Director of Public Health will be based in the Public Health Agency, as well as being part of the NPHS strategic leadership team.

The new Public Health Advisory Committee will provide the Minister of Health and Associate Ministers with independent, public-facing, science-based public health advice. It will prioritise equity-based approaches, including considering underlying factors that affect the health of people and communities. Members will be informed by, and reflect the perspectives of, Māori and Pacific peoples and

the wider community as they employ creative solutions to drive better health outcomes. The secretariat will be supported by the Public Health Agency, in Manatū Hauora.

## Ethnic Communities

**Q. Ethnic communities including those from Asian backgrounds are NZ's fastest growing ethnic group. So, it's increasingly important that their health issues are not overlooked. Is there any plan/strategy for this fast-growing population group?**

**Answer:** Many of the districts have plans for Asian health and these remain in place. Te Whatu Ora is committed to ensuring that all communities have access to the services they need. We are working with the Ministry of Ethnic Communities to inform this work. In the first two years the focus is on those communities who experience the greatest health inequities, being Māori, Pacific and Tangata Whaikaha/disabled people.

**Q. What is planned to increase the voice of Māori and Pasifika in decision-making in the acute health sector? For example, seeking real action on waiting list disparities**

**Answer:** On 5 September 2022, the Minister of Health released the 'Code of Expectations for health entities' engagement with consumers and Whānau'. This document outlines how Te Whatu Ora and other health entities are to work with communities to plan and deliver health services.

Here is the link: [https://www.hqsc.govt.nz/assets/Consumer-hub/Publications-resources/HQSC\\_Code-of-expectations\\_English\\_V2e\\_220810\\_WEB.pdf](https://www.hqsc.govt.nz/assets/Consumer-hub/Publications-resources/HQSC_Code-of-expectations_English_V2e_220810_WEB.pdf)

The Code of Expectations is required under the Pae Ora (Healthy Futures) Act 2022 and is designed to ensure New Zealanders have a say in how health services are delivered. All health entities will need to report annually on how the code has been followed.

It will take time to implement this new code of practice. We are currently working through this process and will add updates to the Te Whatu Ora website in due course.

## Te Pae Tata

**Q. How will Te Whatu Ora and Te Aka Whai Ora be working with NGOs, charities, and the new Ministry Whaikaha to provide support for people with disabilities, for example early intervention support?**

**Answer:** Te Pae Tata – the Health Plan, includes a clear focus on health equity and outcomes for Disabled People. Te Whatu Ora and Te Aka Whai Ora will work with Whaikaha – Ministry for Disabled People, and the community to ensure the implementation of this plan meets the needs of the community.