

Te Aka Whai Ora
Māori Health Authority

Establishment Plan

JULY 2022





TE PAE TAWHITI VISION

“Whakahiko i te oranga whānau”

This vision serves as the destination for our waka hourua – there are many routes and different conditions to chart our way through. It serves to provide hope for the whānau it seeks to serve, and inspiration.. those charged with crewing the waka hourua.

The tongikura underpinning our vision is:

E kore teenei whakaoranga e huri ki tua o aku mokopuna.

Our mokopuna shall inherit a better place than we inherited.

-Kiingi Taawhiao

Foreword

Riana Manuel
Chief Executive
Te Aka Whai Ora
Māori Health Authority

A message from the Chief Executive

Nau mai rā ki Te Aka Whai Ora

It is my great pleasure to publish this Establishment Plan in acknowledgement of the formal beginnings of Te Aka Whai Ora.

This document sets out the initial structures in place from Day 1 and demonstrates how, in partnership with Te Whatu Ora - Health New Zealand, we intend to give effect to the waka houora approach to co-design and co-commissioning for the new health system.

In accordance with the expectations of the Cabinet, the interim operating model will be refined over the coming years as new functions and relationships are established and embedded. It also sets out how regional and local delivery will work.

The relationship of Te Aka Whai Ora with Te Whatu Ora is critical to our efforts to improve Māori health outcomes and eliminate health inequities.

Equity is an underlying principle that has been designed into the core of the operating model. This aligns with our overall transition objectives – to simplify the way we work, unify our teams, make visible the voices of whanau and consumers and embed enablers of equity and sustainability.

This transformation of our health system will not be achieved without the valued efforts of our health sector workforce. We look forward to working with you to make our health system work better for all New Zealanders – now and into the future.

E hara taku toa I te toa takitahi, engari he toa takitini

Overview

The Government's vision is to build a healthcare system that achieves pae ora / healthy futures for all New Zealanders. An Aotearoa where people live longer in good health and have improved quality of life, and where there is equity in outcomes for Māori and communities with inequities.

The outcomes we are trying to achieve

We want to build a healthcare system that works collectively and cohesively around a shared set of values and a culture that enables everyone to bring their best to work and feel proud when they go home to their whānau, friends and community. In doing so, the totality of the reforms are expected to achieve five system shifts.

These are:

- 1** The health system will reinforce te Tiriti o Waitangi principles and obligations.
- 2** All people will be able to access a comprehensive range of support in their local communities to help them stay well.
- 3** When people need emergency or specialist healthcare this will be accessible and high quality for all.
- 4** Digital services will mean that many more people will get the care they need in their homes and local communities.
- 5** Health and care workers will be supported, valued and well trained for the future health system.

The improvements in outcomes we aim to prioritise that will operationalise the way system shifts are achieved include:

Equity: tackling the gap in access and health outcomes between different populations and areas of New Zealand, with a particular focus on outcomes for Māori, Pacific peoples and disabled people.

Sustainability: embedding population health as the driver of preventing and reducing health need, and promoting efficient and effective care.

People and whānau-centred care: empowering all people to manage their own health and wellbeing and have meaningful control over the services they receive, and treating people, their carers, and whānau as experts in care.

Partnership: ensuring partnership with Māori in leading the design and delivery of services at all levels of the system, and empowering all consumers of care to design services that work for them.

Excellence: ensuring consistent, high quality care in all areas, and harnessing clinical leadership, innovation, and digital and new technologies to continuously improve services.

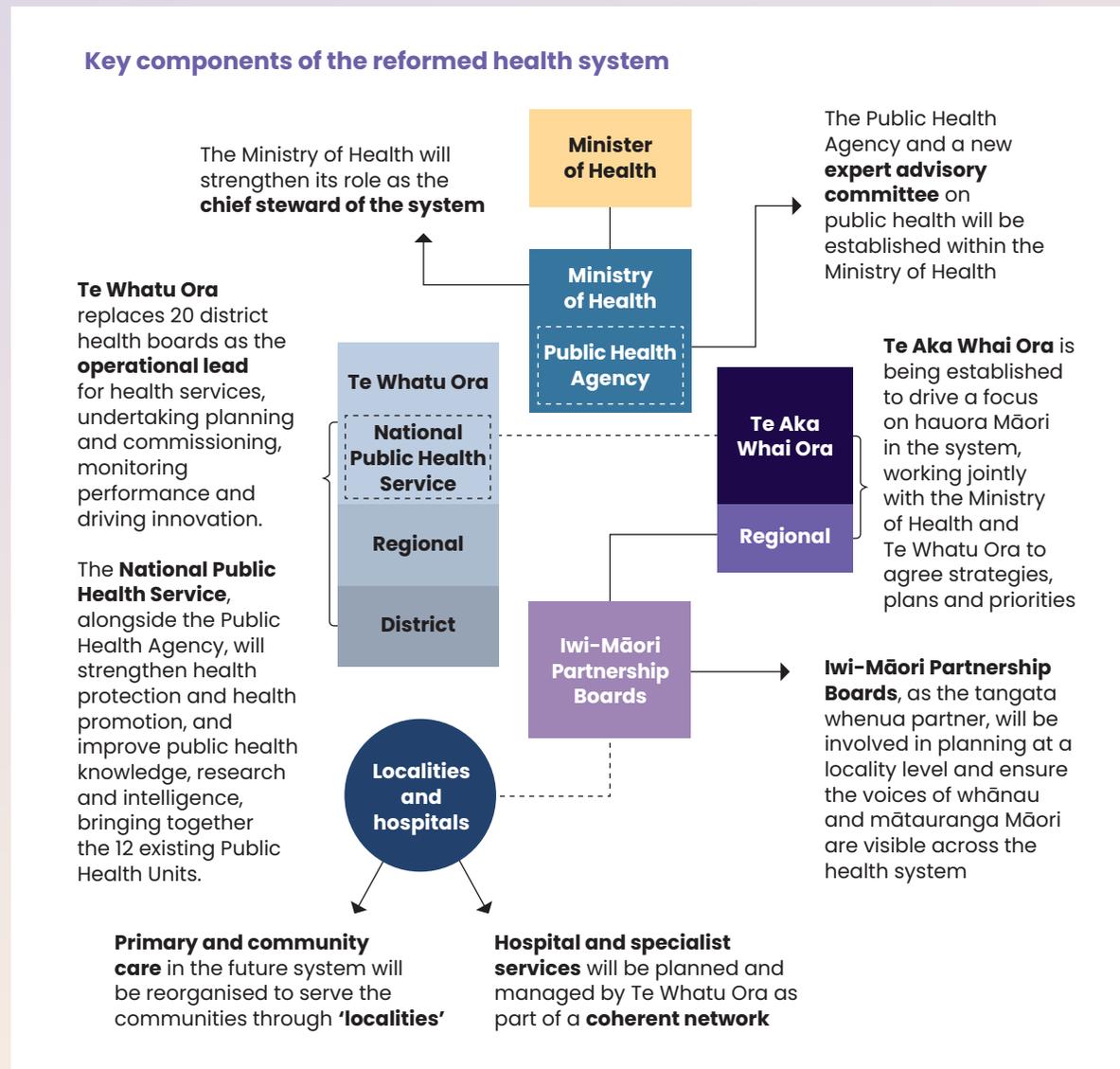
What agencies will be established and what is their role?

The establishment of entities is set in legislation through the passage of the Pae Ora Act

- The Act came into effect from 1 July 2022. The legislation sets the context for the functions of the entities displayed in the diagram to the right.
- Cabinet has agreed to a number of functions and responsibilities at a national, regional and local level for Te Whatu Ora. It will work alongside Te Aka Whai Ora at a regional level through four regional divisions. District funders, localities and Iwi-Māori Partnership Boards will ensure communities have access to primary and community care based on their aspirations and needs.

The role of the Ministry of Health

- The Ministry of Health (the Ministry) will remain the chief steward of the health system and lead advisor to the Government on matters relating to health. This includes a renewed focus on stewardship, strategy, policy, regulation and establishing a new regime for system and outcome monitoring. With regard to Hauora Māori, the Ministry will co-develop policy advice with Te Aka Whai Ora.
- The commissioning of frontline services now sits in the operational parts of the system. However, the Ministry may commission some national interventions in line with its strategic role, in agreement with Te Whatu Ora and Te Aka Whai Ora (e.g. national campaigns).



What will be in place from Day 1?

Day 1 for the reformed system is 1 July 2022

- From 1 July 2022 the Pae Ora Act replaces the New Zealand Public Health and Disability Act 2000 and formally establishes Te Whatu Ora and Te Aka Whai Ora. The District Health Boards (DHBs) and Te Hiringa Hauora / Health Promotion Agency are legally disestablished and their staff, contracts, assets and liabilities, including in relation to SSAs and organisations owned by individual DHBs, transfer to Te Whatu Ora. Shared services and other DHB-owned organisations transfer to Te Whatu Ora ownership as whole organisations.
- From 1 July, interim Regional and District Directors have been put in place in to provide transitional leadership in Te Whatu Ora as we continue to work through the operating model design work. During this time we will continue to work on our operating model design of what the future system will look like including where functions sit (local, regional, national) and potential impacts on reporting lines. Ministry of Health commissioning and operational functions have already transferred to Te Whatu Ora and Te Aka Whai Ora. This will evolve as we go through the co-design process and on the basis that a formal change process has been initiated.

Accountability mechanisms

- The Government Policy Statement and the New Zealand Health Plan will set the multi-year strategic direction for the system and form a key part of the new accountability settings. The design of functions within Te Whatu Ora and Te Aka Whai Ora will aim to deliver the objectives laid out in these accountability documents. These documents will replace the DHB Annual Plans. The Ministry will monitor system performance, and will support the Minister of Health to use ministerial intervention powers when required. Te Aka Whai Ora also has a role in monitoring Māori outcomes across the system in partnership with the Ministry.

To date, Te Whatu Ora and Te Aka Whai Ora have been focused on transitioning and setting up platforms for transformation. However, transformation won't occur straight away. Listed below are some of the key responsibilities Te Whatu Ora and Te Aka Whai Ora assume on Day 1 that signal the beginning of this transformation journey.

Te Whatu Ora – Some key Day 1 Responsibilities	Te Aka Whai Ora – Key Day 1 Responsibilities
<ul style="list-style-type: none">• Planning, delivery and commissioning of publicly-funded health services• Day-to-day operational planning and management of hospital and specialist services• Commissioning primary and community services through the four regional divisions• Driving improvements in service delivery at all levels• Defining expectations for high-quality commissioning of services throughout the system, working in partnership with Te Aka Whai Ora• Providing system-wide supporting Infrastructure and enabling functions	<ul style="list-style-type: none">• Hauora Māori strategy and policy in partnership with the Ministry of Health• Monitoring and realisation of equitable health outcomes for Māori• Development of the Māori health workforce and sector leadership strategies and work programmes, partnering with and supporting the Ministry and Te Whatu Ora• Actively hosting and supporting Iwi-Māori Partnership Boards to influence priorities and services in regions and localities• Direct commissioning of mātauranga Māori services, and co-commissioning health services with Te Whatu Ora• Leading a partnered inter-sectorial commissioning approach to deliver whānau ora through Māori health services• Supporting the Ministry and the Budget process across the health system for Māori health outcomes• Leading the performance and accountability monitoring for the health system for hauora Māori outcomes

How will Te Aka Whai Ora and Te Whatu Ora work together?

Two organisations, one vision – Pae Ora

TŌ TĀTOU WAKA HOURUA OUR DOUBLE-HULLED WAKA

The waka hourua concept in a health context is not new. We acknowledge those other waka whose bows continue to cut through waves in these waters. The fundamental premise of the analogy is to bring together two groups and draw equally on the skills, talents, attributes and leadership of each to drive improved outcomes for our communities. Our waka hourua seeks to drive transformational change for Aotearoa – New Zealand’s health system to support better outcomes and wellbeing for all of our people – whakahiko i te ora ngā whānau.



- The Waka Hourua is a developing metaphor for the relationship based on partnership between Te Aka Whai Ora and Te Whatu Ora working towards a common Pae Tawhiti (Vision).
- This update sets out how core functions – Ngā Rā (the sails) – will be established.
- Te Mauri o Rongo (Charter) and alignment of values will guide how we engage with each other and our consumers, whānau and communities.

KI TE PAE TAWHITI
OUR WAY FORWARD ►►►

From transition to transformation: our approach to building our operating model

Nationally planned, regionally delivered and locally tailored

Our approach to organisation change and considerations of function shifts are based on the following principles:

1. Enable equity gains: Achieving equity for Māori and populations or groups of people who experience poor health outcomes happens by intentionally designing equity into the way we do things, in alignment with Te Tiriti. This requires national planning to determine areas that need national consistency, coordination and possibly centralisation to realise equity gains. Regional delivery will meet national expectations while tailoring solutions to address local needs and aspirations. We will remove unwarranted variation in priority areas of inequity and where we desire national consistency, while enabling diversity of delivery models tailored to each community's local circumstances. This includes tailoring for Māori in partnership with the MHA, Pacific peoples, people living with disabilities (in collaboration with the soon to be formed Ministry for Disabled People), mental health and rural communities where geographic access is challenging.

2. Simplify the way we organise ourselves to set us up for transformation. We will bring together functions that, through consistency and standardisation, enable system efficiencies and the release of resources to frontline care. We will plan services nationally to ensure consistency of specification. We will enable regions to oversee and lead delivery and support the sharing of resources (people, funding, time) to ensure that equity of access and outcomes is improved for populations at a regional level. Local tailoring of delivery models, however, will ensure we are responsive to the diverse needs of local communities within districts. Functions will have clear accountabilities with a span of control that allows focus, clear purpose and accountability for their part of the system. Reporting lines for the purposes of support, direction, feedback and information flow will be simplified.

3. Unify our teams across geographic and professional boundaries, so that our people can work together for the benefit of patients, whānau and communities. By simplifying funding models and support networks where information and resources can be shared across districts, regions and nationally, we can focus on what is best for people. We recognise that the sum of people's experiences of healthcare is delivered by 'teams of teams' or a range of professionals that work together to contribute to those experiences. Therefore, we are taking a whole of system approach to how we work and build a culture that leverages the reform opportunity to work collaboratively. When this happens, each team will have a clear focus on their role and can support their members to do their best. More importantly, however, teams can see where they fit in the overall network of care and are able to build connections with other parts, reaching out to strengthen their relationships.

4. Engage the people who know best when redesigning parts of the operating model so those functions are positioned well for the future. We will not have all the specific details on current ways of working, workprogrammes, opportunities and risks of change across the system. So we will establish working groups to engage the experts in the system in both design and implementation of change. The detail on collective ways of working, work programmes, opportunities and risks of change will be outputs of this work. We will, however, invite external expertise to work with us so that we open ourselves up to ways of doing things that have been effective in other health systems or adjacent sectors.

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Our approach to change and operating model development

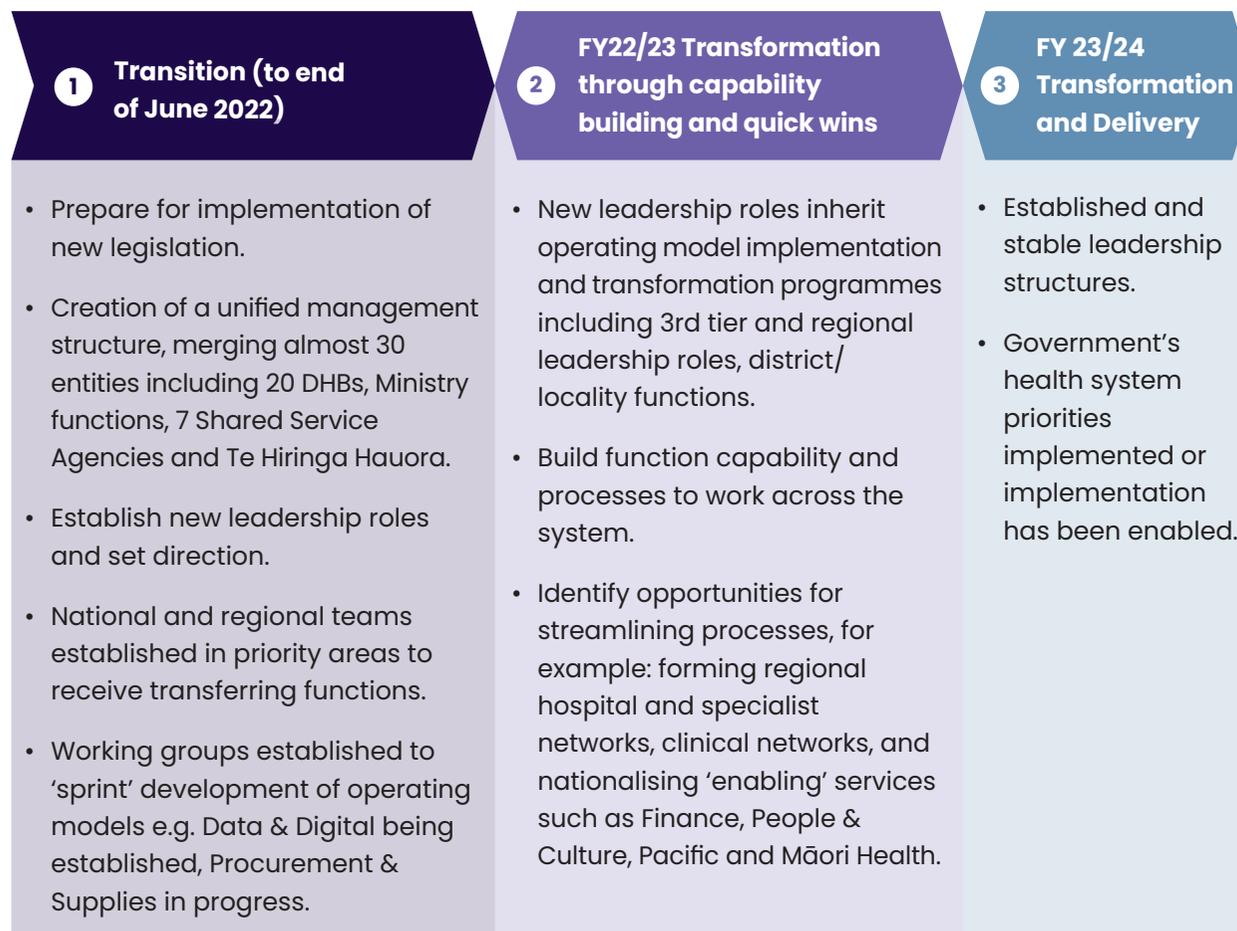
Our approach to organisation change and considerations of function shifts are based on the following principles (continued):

5. Structural change alone is not enough. The way we work together needs to change. We will need mindset changes to make the shift from the DHB environment to a collaborative national, regional, district and local networked way of working. The New Zealand Health Charter (the Charter) will set the expectations of the culture shift required from the new system. The way we work together to get the best out of our clinical and managerial leaders to share accountability for their teams and span geographical and professional boundaries will be vital to the new operating model. Where existing organisations or team values and ways of working align with the Charter, then we want to support that being retained. We also need to work across the system to support networks that span hospital, specialist, primary and community care to work together.

6. We recognise substantial engagement has been done to date on the Charter, with themes informing its drafting. Further work through co-design with unions and stakeholders will take place. In the meantime, the detail on how we will achieve the alignment of values across organisations will be progressed. We will work with leaders and staff at all levels of the system to determine and support the shifts needed in how we work together.

Phases of change

We are approaching change at a high level in the three key phases shown below. These phases are iterative in nature – various transformation activity is occurring in the transition phase.



**Organisational
structure for
Te Aka Whai Ora**



Te Aka Whai Ora

An effective health system for Māori and all New Zealanders requires Te Aka Whai Ora to provide system leadership and direction, ensuring the system delivers high quality and equitable outcomes. To ensure this occurs, Te Aka Whai Ora has a broad strategic remit to ensure the health system works well for Māori and all groups.

Information about Te Aka Whai Ora

Te Aka Whai Ora is responsible for:

- leading change in the way the entire health system understands and responds to Māori health needs
- developing strategy and policy which will drive better health outcomes for Māori, including advice to Ministers
- commissioning kaupapa Māori services and other services targeting Māori communities
- co-commissioning other services alongside Te Whatu Ora
- monitoring the overall performance of the system to reduce health inequities for Māori.

Partnership with Māori and the integration of Māori voices into health planning and priorities will be an essential feature of the new system.

Te Aka Whai Ora cannot achieve this on its own

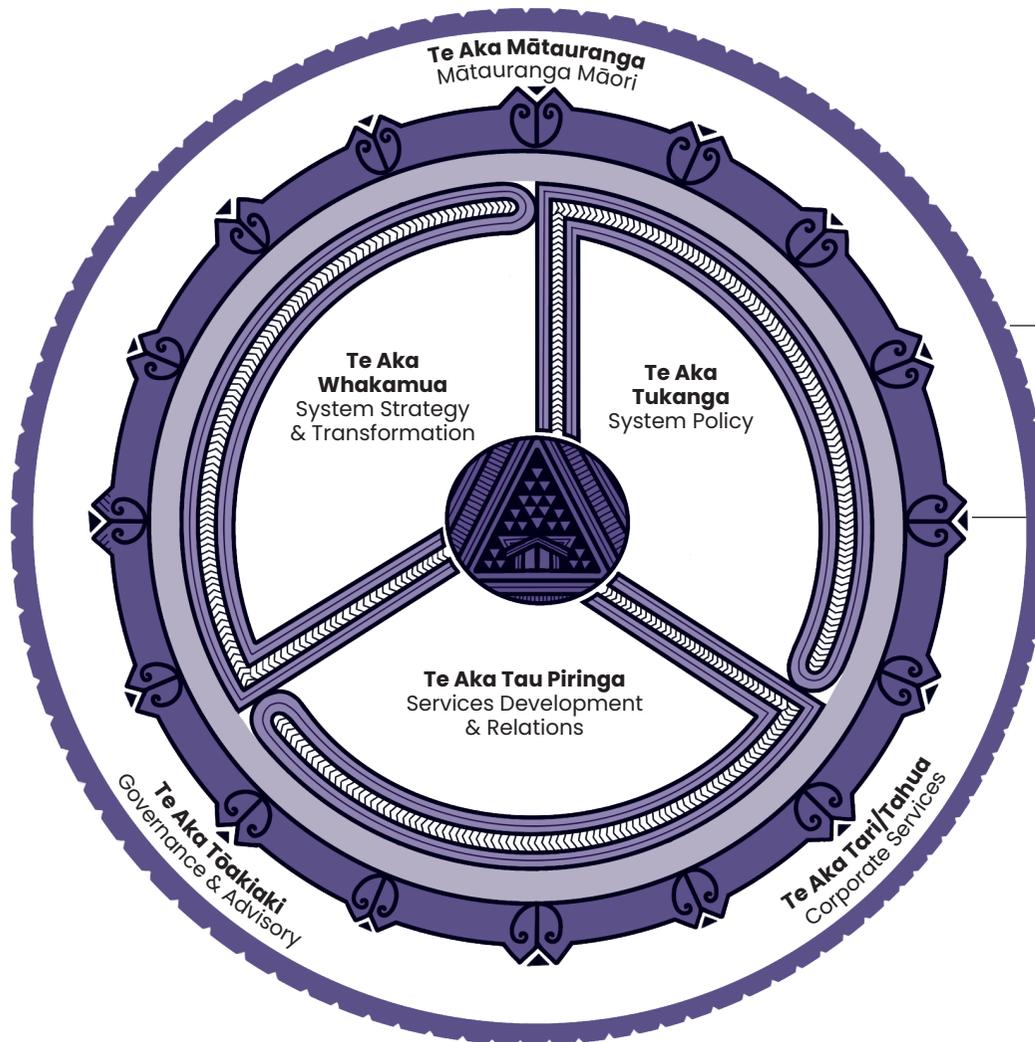
- Te Aka Whai Ora will have a co-leadership role, jointly leading with Te Whatu Ora the national planning and key operating mechanisms that the system will use.
- The system needs to ensure that hauora Māori and Māori Health equity are front and centre in operations across our system – from the Ministry to hospitals, and across localities, kaupapa Māori

providers, iwi and Māori providers and Māori communities. To do so, there is a clear requirement that outcomes and expectations for Māori health gains are set nationally and embedded into the objectives and accountabilities of Te Whatu Ora, so that all Health services are designed and delivered in support of equity and in line with our Te Tiriti o Waitangi obligations.

- Iwi-Māori Partnership Boards (IMPBs) are a key feature of the reformed system. IMPBs will have decision-making roles at a local level, and jointly agree local priorities and delivery with Te Whatu Ora. They will also be the primary source of whānau voice in the system and be able to influence regional strategies through Te Aka Whai Ora.
- On 1 July all Māori health functions within entities transition to Te Whatu Ora as part of its establishment. A process is underway between Te Aka Whai Ora and Te Whatu Ora to agree the shifting of certain Māori health functions from Te Whatu Ora to Te Aka Whai Ora. This will provide capacity for Te Aka Whai Ora to support commissioning and Māori health providers, and progress the establishment of delivery models that are responsive to Māori health needs.

The proposed future organisational structure for Te Aka Whai Ora

Our 16-point wind compass



- The proposed future organisational structure has been designed along functional lines and the five core functional building blocks. It has been organised into six proposed directorates, depicted by a sixteen-point wind compass.
- The organisational structure supports the analogy of a waka hourua on a journey to Pae Tawhiti using the traditional compass to help navigate. The design of Te Aka Whai Ora on the traditional compass provides clear direction and purpose.

Whakairo: The first/outer porowhita depicts our people and is illustrated through the notches that our carvers make when developing our whakairo. This represents our **Te Aka Tari/Tahua** (Corporate Services) including finance, people and capability, our organisational (internal) facing strategy and performance management, and our enabling services agreement with Te Whatu Ora for back-office function delivery.

Manu, Mangopare: This porowhita depicts the manu and mako that were often tohu on our journeys. They provided insight and confirmation that our destination was near. This represents two key groups:

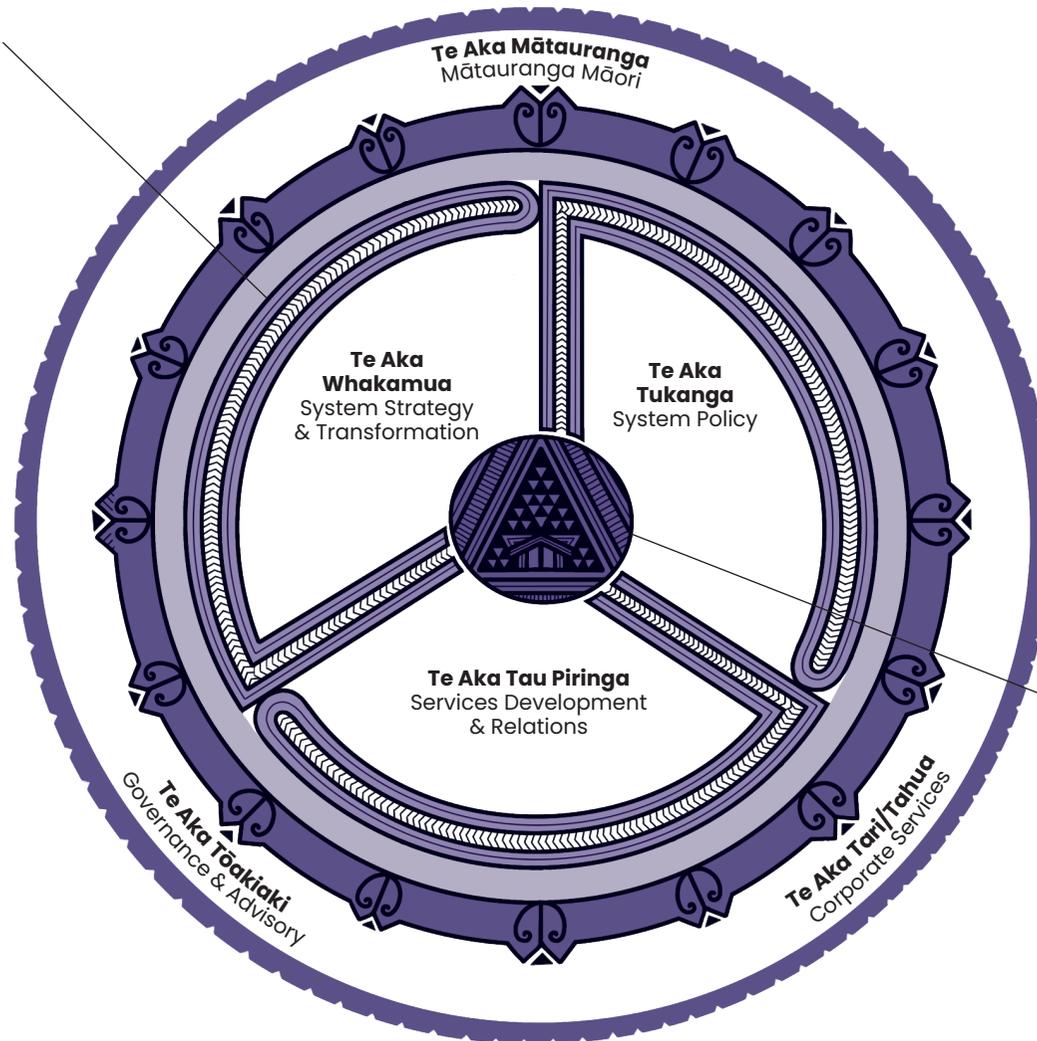
- Te Aka Mātauranga** (Mātauranga Māori) is about a Māori way of being and engaging in the world. In its simplest form, it uses kawa (cultural practices) and tikanga (cultural principles) to critique, examine, analyse and understand the world. It is based on ancient values of the spiritual realm of Te Ao Mārama (the cosmic family of the natural world) and it is constantly evolving as Māori continue to make sense of their human existence within the world. The purpose of this group is to provide internal support to staff and the board with Mātauranga Māori, including tikanga and te reo coordination, supporting external communications, and providing leadership and direction to support Te Aka Whai Ora in the pursuit of its vision and objectives.
- Te Aka Tōakiaki** (Governance and Advisory), led by a DCE who will also be our Chief of Staff, exists to provide direct support to the Chief Executive and provide advisory, ministerial and executive services for the wider organisation. This group will be responsible for Board governance, organisational governance, ministerial services, communications and engagement and house the office of the Chief Executive.

The proposed future organisational structure for Te Aka Whai Ora

Our 16-point wind compass

Haehae Pākīti: This porowhita depicts our fences and/or the pā tū that surround our kāinga. It also demonstrates direction and how we constantly move to address the needs of our organisation and journey. This concept is applied to our three organisational delivery groups:

- i Te Aka Whakamua** (System Strategy and Transformation) will align the different components of the Health Sector and broader system around a set of shared objectives and priorities to achieve Te Aka Whai Ora's vision, and to encourage and enable delivery against them. They will lead strategy for hauora Māori, deliver hauora Māori research, evaluation and innovation, partner with Te Whatu Ora on national health planning and will monitor the performance of the health system for equitable Māori health outcomes.
- ii Te Aka Tukanga** (System Policy) exists to provide policy and strategic advice to the Minister on matters relevant to Hauora Māori (s.19(1)(h) Pae Ora Act) to advance Oranga Whānau & achieve equity. They will drive system change to ensure the wider health system delivers for Māori, in a way that works for Māori, and influence all of government outcomes for Māori beyond the Health Sector to create environments that support Māori to be well and thrive. They will also lead strategic and operational updates for the Lead Minister.



- iii Te Aka Tau Piringa*** (Service Development and Relations) will span a range of delivery areas. Focus will be to design and invest in health services that work for Māori by ensuring strong iwi partnerships, developing a thriving Māori workforce, and funding Te Ao services. As such, this group will be responsible for the commissioning (co-commissioning, direct commissioning and partnered commissioning) of Te Ao Māori solutions, developing the Māori provider workforce, and establishing, supporting and maintaining Iwi-Māori Partnership Boards. Specific service-related functions in this group will include Primary and Community Care, Public Health, Oranga Hinengaro and Hospital and Specialist Services. This group will also include our regional relationship managers to co-lead with Te Whatu Ora

Pae Tawhiti/Pae ora: The final porowhita addresses our destination and in this illustration you can see the elements of our maunga, moana, awa and our wharenuī/marae/ wahaoroa. While this is not an organisational function of Te Aka Whai Ora, it is our purpose and represents the requirements that once we reach our destination, we must walk through the doors of our whare and realise the desired outcomes.

*A separate Public & Population Health Directorate is being established that will assume the public health functions currently sitting in the Services Development & Relations Directorate.

Te Aka Whai Ora further design work in progress

Over the coming months we will continue to design our operating environment, particularly our commissioning and co- commissioning responsibilities and regional structures with Te Whatu Ora

Additional information on commissioning responsibilities

Te Aka Whai Ora is continuing to work on the design for its regional operations and commissioning functions.

Regional working

- Regional managers / leadership will continue to evolve to determine how they will work with their regional counterparts at Te Whatu Ora, including commissioners to shape and form strategy, monitor hospital delivery and operate cohesively as a region.

Commissioning

- Te Aka Whai Ora commissioning functions will directly fund and direct the provision of kaupapa Māori services and other services targeted at Māori communities, whether directly and/or jointly with Te Whatu Ora.
- Te Aka Whai Ora will also lead on nationwide Māori provider development and the expansion of kaupapa Māori services, as well as having a strong mandate to encourage and invest in innovation in delivery of local services and new service models to meet Māori Health needs.
- Te Aka Whai Ora will have co-commissioning functions with Te Whatu Ora in those services that have a significant impact on Māori Health outcomes. This includes, for instance, primary health services, population health screening and immunisation programmes. While Te Whatu Ora will lead on operational matters relating to general health service commissioning,

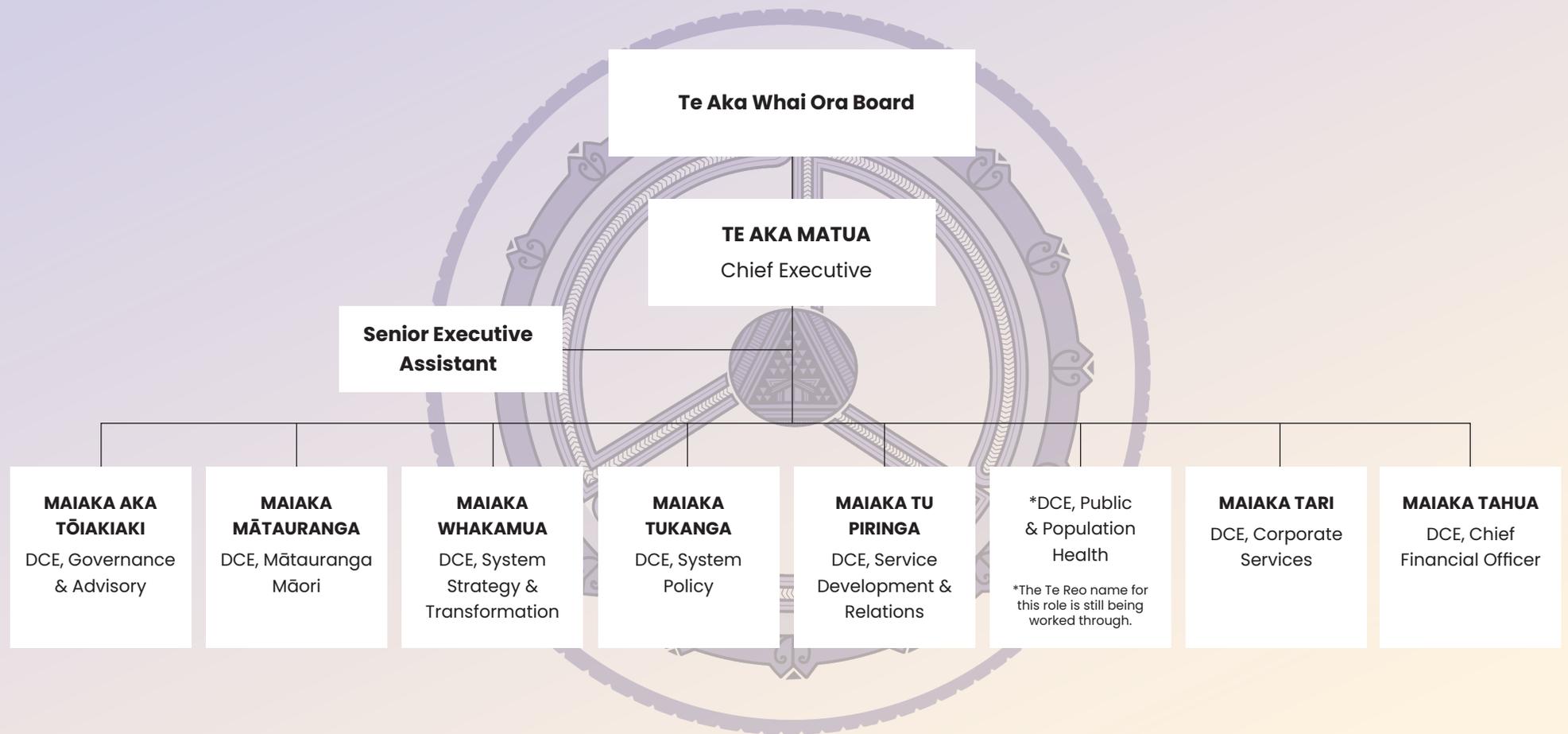
this responsibility will clearly entail delivery of improved health outcomes and equity for Māori. Te Aka Whai Ora would influence and agree these intended outcomes, set services expectations and initiatives to reduce bias, undertake monitoring, engage with iwi/Māori and approve final plans and resource allocation.

- To ensure Te Aka Whai Ora is sufficiently empowered, for instance if the services commissioned fail to deliver intended outcomes for Māori or to address inequity, there is an escalation pathway for resolution that could ultimately reach the Minister. Discharging the roles of a commissioner, co- commissioning and strategic system monitor will afford Te Aka Whai Ora an unprecedented position with relation to hauora Māori.

The proposed future leadership structure for Te Aka Whai Ora

Proposed organisation structure

Te Aka Whai Ora's proposed organisation structure has been designed based on a 16-point wind compass to depict our anticipated work flow. While the standard organisational diagram doesn't feature in our design on purpose, we have provided one for shared understanding of the intended national leadership form and function of Te Aka Whai Ora.



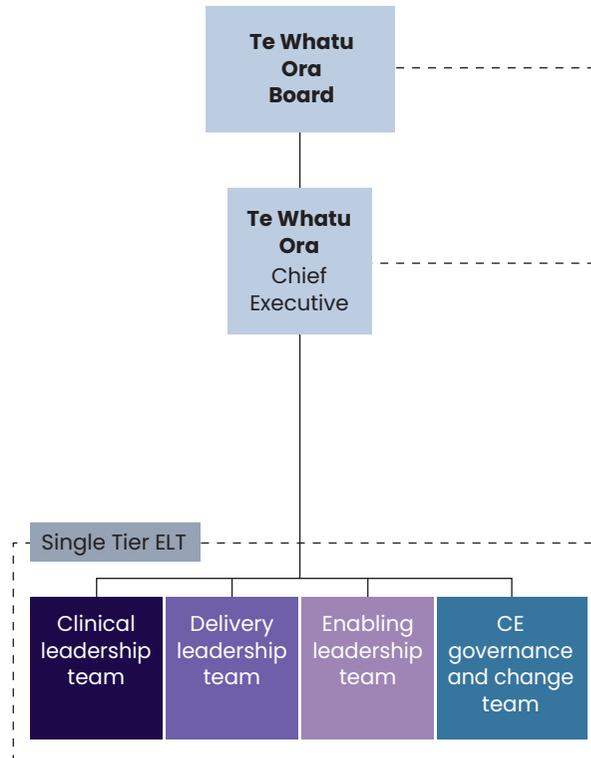
System shifts and putting it together

Te Aka Whai Ora also has a role to monitor Te Whatu Ora's delivery in partnership with the Ministry of Health.

To achieve the desired impact on Māori in some areas, Te Aka Whai Ora and Te Whatu Ora will have mechanisms for working together at all levels of both organisations.

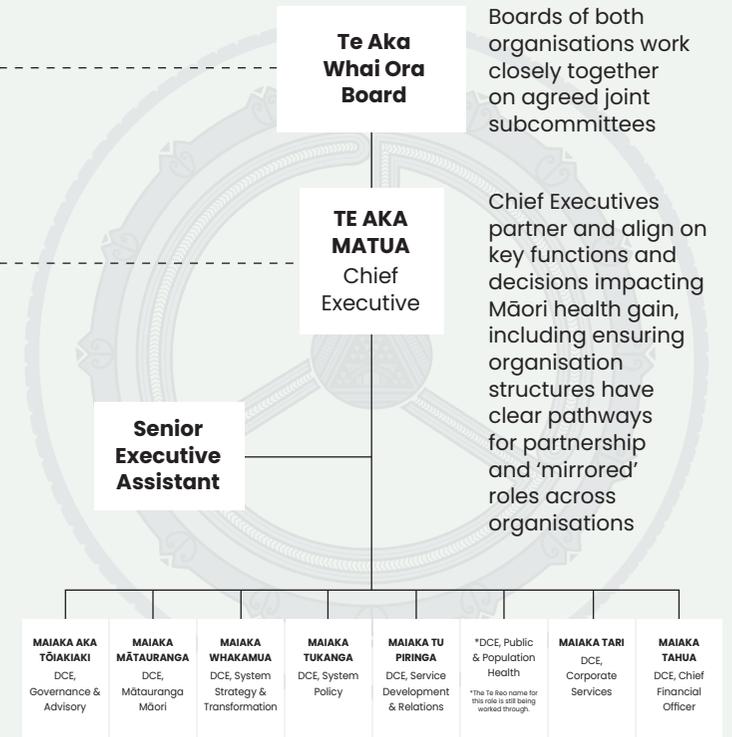
Some of these mechanisms are part of the overarching system accountability framework, such as the Government Position Statement and the New Zealand Health Plan.

Te Whatu Ora



- Delivery and Leadership Teams work jointly with Te Aka Whai Ora counterparts
- Te Aka Whai Ora Executive role present in the Governance and Change team to ensure alignment and partnership

Te Aka Whai Ora



- Some roles will have a partner in Te Aka Whai Ora and some functions will agree a joint work programme with Te Aka Whai Ora to ensure opportunities for Māori health gain are embedded. These include:
- The National Commissioner
 - National Public Health Service
 - Innovation and Improvement
 - Roles within the regional management board

Regional and local level functions

A number of assumptions were made by Cabinet on the regional and local level functions of both Te Aka Whai Ora and Te Whatu Ora

Ongoing operating model development and organisation design builds on these assumptions to create something fit for purpose and that will deliver the transformation promised by the reforms.

Decisions that have been made by Cabinet relating to regional functionality

Assumptions around regional and local level functions include:

- Te Aka Whai Ora and Te Whatu Ora will work together at a regional level.
- Te Whatu Ora will have **four regional divisions**. Each of these divisions will have two distinct arms:
 1. Commissioning primary and community services
 2. Managing the delivery of health services
- Te Whatu Ora regions will establish, within a national framework, analytics, monitoring, contract management and integration of planning for primary, community and hospital services.
- Each region will establish district offices that are located closer to communities. District offices will act as “population health and wellbeing networks”. These District Offices will also be supported by the National Public Health Service regional leads.
- Te Aka Whai Ora will have regional teams, co-located with Te Whatu Ora and embedded in regional management arrangements to ensure partnership, with approval rights for all relevant strategies and plans at the regional and locality level.
- Iwi-Māori Partnership Boards will be able to voice the aspirations and priorities of Māori communities, agree locality plans and influence regionally through their relationship with Te Aka Whai Ora.
- Primary and community care will, over time, serve communities through locality networks. Every locality will have a consistent range of core services, but how these services are delivered will be based on the needs and priorities of local communities.

How will regions work?

Regional integration through Regional Management Boards

Integration in the regions will be achieved by Te Whatu Ora and Te Aka Whai Ora establishing a regional management board that brings together the key regional leadership functions. The Regional Board may be chaired by joint CEs or a delegated Regional Director. This is to be determined. Together, the regional management board may undertake a whole of regional population health needs analysis to inform commissioning. We will undertake regional workshops with clinical, service and provider leadership to co-design how the region will work together. Functions brought together through this management board may include:

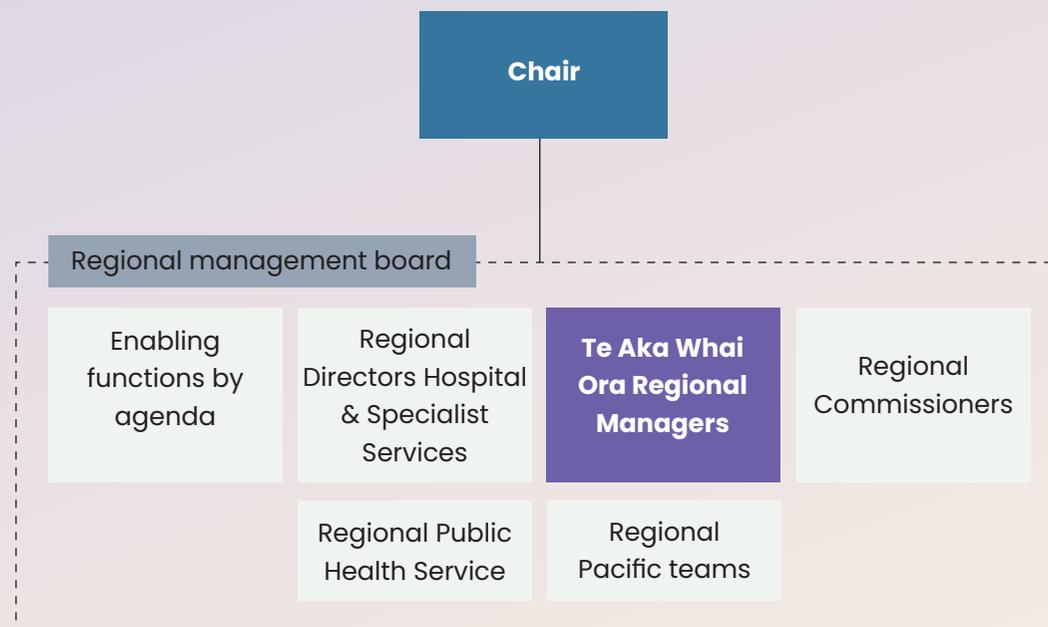
- **Enabling Regional Leaders:** business partner to enable delivery, achieve national consistency and spread of national guidance, provide capability for intelligence and analytics to support service planning and its delivery, support workforce development and people leadership, be responsible for delivery of major capital works* in region.
- **Regional Commissioners:** within delegations, commissioners fund regional and local provision of services consistent with the NZ Health Plan and service coverage expectations. They plan services, monitor, and performance manage variations in delivery. They commission private hospital capacity and are the direct reporting line for Locality leadership, supporting relationships with primary and community providers and leading regional service planning.
- **Regional Directors Hospital & Specialist Services:** potentially serve as the direct reporting line for local hospital and specialist service leaders. They establish a regional view of production capacity and its deployment, regionalise workforce development (e.g. training, clinical, education partnerships), identify variations in equity of access (shared wait lists) and deploy resources to address this, support clinical networks input to regional clinical service development, integrate capital planning for hospitals aligned with service planning** and lead execution of major capital works*. There is a presence of business partner support from enabling functions in this function.
- **Regional Directors** will work with National Clinical Leaders to establish, lead and manage regional clinical networks and their leadership in service planning, performance monitoring and outcome impacts, engage consumer views, establish MDTs and ensure input to capital and service developments.

*Joint responsibility between Regional Leader and Regional Hospital & Specialist Services

** Led by the Regional Commissioner with input from Hospital & Specialist Services and community-based providers

How will regions work? (continued)

- **Te Aka Whai Ora regional managers** work with their Te Whatu Ora counterparts to translate national Māori health priorities, support iwi engagement at the regional level, form the direct reporting line for local IMPB support teams and input priority equity gain initiatives. They also enable regional commissioning of Māori capacity and capability.
- **Regional Public Health Service** will integrate public and population health input to regional decision making, service planning and integration to ensure equity of outcomes in population health programmes. They will also provide public health protection and health promotion services to the region, unifying public health units regionally to support workforce growth, health promotion and population health programmes in localities.
- The region may have programmes of action that drive the spread and diffusion of nationally-prioritised improvement and innovation and implement regionally-agreed initiatives across the system i.e. prevention, primary and community care, hospital/specialist, coordinate regional consumer voice networks. Te Aka Whai Ora will have the same partnership arrangements as articulated across all partnered areas.



District integration through locality networks

Interfaces with Iwi-Māori Partnership Boards, Districts, Hospitals and Localities

Integration will be facilitated with and through district partners (in the interim, the previous DHB areas). This may be part of the role of regional commissioners to chair and hold local relationships.

Key relationships and partners include:

Enablers business partner with local leaders to ensure resources are allocated appropriately and local managers and clinical leaders are supported through regional teams (i.e. HR). These regional teams provide local intelligence and analytics to support local/district planning and performance management, capital planning, procurement and logistics, and data and digital innovations.

Hospital & Specialist Network leaders manage, lead and are accountable for hospital and specialist network delivery including community-based healthcare e.g. district nursing and services provided in community hubs. They also support regional clinical networks and service planning, manage acute demand, input to capital planning to support future growth and development, ensure and assure quality and safety of delivery, work with local commissioners and Māori partners to ensure responsiveness, and work with primary and community partners to support service integration, flow, and equity initiatives.

District Managers, under delegation of Regional Commissioners, manage local funding, work with and engage local provider networks and partners, support Locality networks including engagement and use of consumer voices in locality plans, integrate with hospital and specialist services, pool budgets and hold funding to support local initiatives.

Iwi-Māori Partnership Boards will partner in planning around health priorities and services at the Locality level within their rohe or coverage area; ensure the voices of whānau Māori are made visible within the health system; and embed mātauranga Māori within locality plans, which then influence and inform regional and national planning.

Pacific teams, where appropriate (i.e. dependent on population size and scale), work with local partners to support provider networks and Pacific access to services, and engage Pacific communities and consumers. As whānau voice access is established we expect to see this voice and input at these local level layers.

Consumer-led Innovation and Improvement support execution of national improvement and innovation priorities e.g. population health programmes, system flow initiatives such as acute demand, ambulatory care access, and support and enable whole-of-system engagement at the local level of consumer.

