Interim
HEALTH NEW ZEALAND
HAUORA AOTEAROA
He hinonga taupua

Questions and answers from 9 May Stakeholder Hui 3pm

Organisational Structure and Leadership

Q. When will sub-structures under national roles be clarified?

There are a number of 12-week design sprints being established or already underway – for example Data & Digital, Procurement & Supply Chain relating to designing the structures that will sit under the national roles. It is expected that these initial designs will have been developed in July and August, followed by a further period of consultation before everything is finalised. For the next three to six months, we may need to consider putting in interim structures and individuals into roles at a national level to provide transition support and stability while we go through the design and consultation processes.

Q. How will the following fit into leadership?

- **Director of Māori health**
- **Primary care leadership roles**
- **Population health leadership**
- **Mental health and addictions clinical leadership**

Consideration of all of the identified leadership roles will form part of a 12-week design process for the future structures and operating models.

Q. What are the functions of Regional and District management boards?

Consideration of this will form part of the 12-week design process.

Health Workforce

Q. How will wellbeing of the health workforce be considered?

We appreciate that our workforce is under pressure, and their wellbeing is a key priority. There are a lot of moving parts to this, and we're mindful about creating further disruption with large scale changes. Our intention is to develop a change roadmap which we will share with the everyone in the workforce as soon as we can, so that everyone understands when the changes are going to occur. Each organisation is conscious of the challenges in their workforce areas and has put in place a variety of resources and tools to support their teams during this period.

Q. Where will roles be advertised?

Health New Zealand is working alongside search firms Kerridge & Partners and Mana Recruitment to manage the appointments to its executive team.

All corporate office HNZ and MHA positions for the new health system, as well as Expressions of Interest and backfills into departmental agency roles, are being advertised on a new interim Careers website: **https://careers.tas.health.nz/**

Don't worry if you lose the link – just visit the Health New Zealand website (under About Us) or the Māori Health Authority website and click on the Vacancies tab.

Q. What will happen to support services/non-clinical staff?

People in these workforces are hugely important and valued members of our teams. From 1 July there will be very little change for these staff – they will continue to report to their current managers, be part of their current team, and deliver the services they do already.

Q. How will pay parity issues be addressed?

There is significant work-in-progress regarding pay parity across the whole of the public sector. We will continue to work alongside the Ministry of Health and Ministers to influence and support these conversations from a health-specific perspective.

Q. How will we ensure health workforce retention?

We are keenly aware of retention challenges. We are prioritising the co-design work in enabling functions as quickly as possible so we can reduce uncertainty for people. We are committed to retaining the knowledge, skills and expertise of individual people within the system believe this transformation will be an exciting one –there will be many great roles and project opportunities for people to contribute to in coming weeks, months, and years.

Primary and Community Services

Q. How do GPs fit into localities?

General practice is a core element of provider networks serving localities and will be supported to work closely with other community-based health services, such as WellChild teams, pharmacists, dietitians, physiotherapists and hauora Māori providers, to respond to and meet the needs of people in their local communities. There will also be greater integration across social agencies.

Q. What is happening to PHOs?

PHOs remain part of the system from 1 July.

Q. How will NGOs and charities fit into the new system and how will they be supported?

There will be commissioning of services that are critically important so that work can continue.

Q. How will integration of primary and community care occur?

Through the development of community health services.

Health System Structure

Q. How will services such as National Travel Assistance work in the new system?

Consideration of this will form part of the 12-week sprint design process.

Q. How do Pacific providers fit in this structure?

Existing relationships will continue with Health New Zealand.

Q. Will the Māori Health Authority be working with Health New Zealand to make sure health services work better for Māori staff delivering services for Māori?

Yes, this is a primary function of the Māori Health Authority – to work in partnership with Health New Zealand and monitor the effectiveness of services for Māori and impact on Māori health outcomes. The MHA will monitor through data and information, research, evaluation, whānau voices and provider feedback.

Q. Do users get to choose what services/system they are under?

Existing systems will continue to operate but over time a wide range of improvement programmes will ensure consumer needs can be met more effectively.

Change Management

Q. How do DHBs best support and minimise the impact of the change impact for users?

We are very aware of the challenges and pressures on the current system and are mindful of balancing these against ensuring we enable transformation to realise the objectives of the reforms. Our aim is to manage and minimise the level of disruption through a change work programme which will ensure that we consider these challenges, and the sequencing and timing of any future changes.

Commissioning and Contracts

Q. Can you give more insight into HNZ's focus on commissioning?

In essence, health services will be planned, designed, procured and monitored in partnership with the MHA.

HNZ will by default lead on whole of population commissioning and operational matters relating to general health services. However, where these have a significant impact on Māori health outcomes, the MHA will co-commission. Commissioning responsibility entails the delivery of improved health outcomes and equity for Māori; the MHA will inform and agree those intended outcomes, set service expectations to reduce bias, undertake monitoring, engage with iwi/Māori, and approve final plans and resource allocation.

HNZ and the MHA may agree that the MHA should lead co-commissioning of whole of population services that have a particular impact on Māori – in which case, joint decision-making processes would be agreed between the entities.

Q. Will there be greater scrutiny and focus on commissioning and contracts to focus on provision of quality care and value-based outcomes?

Yes, the commissioning framework proposes that effectiveness, sustainability, efficiency and acceptability of services will be used to inform commissioning decisions. Another key focus will be equity, in particular demonstrating that our health services are compliant with the Ti Tiriti The Treaty of Waitangi and can meet the needs of Māori.

Q. Will contracts be consolidated where agencies have multiple contracts to deliver the same services in different regions?

Work has yet to commence on this; however, reducing compliance and multiple requirements from the same providers will be important to tackle in the medium term. This is a key objective of the Procurement and Supply Chain team.

Q. Where providers have the same contract across DHBs, will this be consolidated into one?

No work has commenced on this– though reducing compliance and multiple requirements from the same providers will be an important area to tackle over the medium term.

Q. Does the contract extension for providers apply to alliances?

Alliances will continue as they are in the short term until the PHO agreement is disaggregated (as identified in the upcoming interim New Zealand Health Plan. However, our expectations of them may change in the short term with a greater focus on Localities and extending the scope of those involved in Locality partnerships. In general, procurement and supply contracts will be transferred as they are, and rationalised over time.

Q. How will the MHA and HNZ decide which contracts sit under which entity?

That has been decided: in essence all agreements held by a Māori health provider (except the four national agreements which are negotiated nationally) will either transfer on 1 July to MHA or later in the year (likely October 2022).

Q. What will happen to DHB obligations for contracts post 1 July?

All obligations transfer to HNZ and/or MHA, depending on which of those entities the contracts are transferred to. This will apply to Shared Service contracts and DHB contracts.

Q. How will you engage with potential vendors for HNZ?

Design with consumers, clinicians, providers, communities and iwi is a cornerstone of the co-commissioning approach, to ensure an understanding of need and targeting resources to improve outcomes and equity of access. Work is progressing to gain a closer understanding of how this engagement will occur.

Q. For services that might have a large influx of patients, how will they be resourced to ensure they have enough equipment?

The existing procurement and supply chain services provided by the DHBs and Shared Services will continue after 30 June as before, with only the name of the legal entity changing.

Q. How will you ensure that there is no delay in payment of suppliers for services, with DHB Chief Executives stepping down on 1 July?

All payment systems will continue to operate as they currently do, with Sector Operations transferring to HNZ.

Q. With funding being locked until 2024, how do we get additional funding to support increased demand for services?

Health has received a significant budget boost; the entities will be required to work within this budget and also invest in areas that make a particular impact on health inequities. This will include upstream initiatives, workforce initiatives, and additional services where required and within budget. There is also an intention to improve procurement efficiency in the provision of frontline services.

Consumer Voice

Q. Will consumer and community input take place at the local and regional level?

Yes. The reformed health system will prioritise and embed the consumer and whānau voice in planning, design, delivery, and evaluation of health services at the local, regional and national level. The Māori Health Authority will also work with Iwi Māori Partnership Boards. IMPB's will act for communities to represent and bring the voice of whānau to the system.

Q. How can populations with unmet needs engage in the codesign process?

As part of the health reforms, the Health Quality and Safety Commission has established a national Consumer Health Forum. The forum has been established to support consumers and whānau to have a voice at every level of the health system. It will link health entities with a diverse network of consumers and provide a forum for consumers and whānau to connect and share information and ideas. You can join the forum at **Join the health forum: Health Quality & Safety Commission (hqsc.govt.nz)**

Localities will be a key place where communities with unmet needs can engage in local planning and priority setting. Locality plans will need to be informed by local community needs and priorities and this will be documented in the Locality plans.

COVID-19

Q. Are there plans to embed the transformational change that has occurred during COVID-19?

We will harness the innovations and learnings from the way we approached COVID-19. During COVID, we recognised that our models needed to be very different, and we put significant focus on going to our communities to listen and learn from them, and on thinking differently. This is something we will continue to do. And we will continue to challenge our previous norms, so that we can be agile and innovative.

Day One

Q. How will HNZ and MHA be launched on Day 1?

The establishment of HNZ and the MHA will be marked with a range of activity, including stakeholder engagement and workforce-focused hui. There will also be media coverage of the enactment of the Pae Ora Healthy Futures Bill and the creation of a national health system and the MHA.

Regions and Localities

Q. Have the regional boundaries been defined and when will they be announced?

We will retain the same four regions – known as Northern, Te Manawa Taki, Central and Southern – as organising networks for the health system.

Q. Are regions based on geography, electoral or old DHB boundaries?

These are based on existing DHB regional areas.

Q. Why do we need regions when we have a small national population?

Although New Zealand has a small national population, the use of regions will help simplify the way we organise ourselves to set us up for transformation. Regions will bring together functions that, through consistency and standardisation, enable system efficiencies and the release of resources to frontline care. They also assist in planning services nationally to ensure consistency of specification. It's also important that we balance national consistency and local flexibility so that services can be both sustainable and tailored to community needs. This is why we will enable regions to oversee and lead delivery and support the sharing of resources to ensure equity of access and improvement of outcomes at a regional level – while also ensuring that the local tailoring of delivery is responsive to the diverse needs of local communities within districts.

Q. Who decides who can join each locality?

Each locality will work with the Regional Commissioners and the National Localities Team that work across Health New Zealand and the Māori Health Authority, to design and develop its initial infrastructure, including the key agencies that will form its locality partnership. Iwi/mana whenua will be a key partner in the process.

Q. What is the role of a locality?

The role of a locality is to drive new models of primary and community care to strengthen community wellbeing and equitable outcomes. Whānau, iwi/mana whenua and communities will have a strong locality voice on what health services are provided for them, and how they will be provided.

To do this, an area will be defined as a locality and place-based health care will be delivered to its community. Key agencies will form locality partnerships, which will collaborate and set priority health outcomes, service improvements, and wellbeing initiatives for the community. This is inclusive of local government and social agency partners.

People will be encouraged to get involved in designing the health and wellbeing services that work for them, and have real influence over the services they receive, through participation in local planning and the opportunity to engage in national consumer forums.

A three-year Locality Plan will be developed to fulfil whānau and the community's priorities and will be agreed in partnership with Iwi Māori Partnership Boards, Health New Zealand, and the Māori Health Authority. The Plan will detail how the priorities and goals set for a locality will be achieved.

Q. Are there opportunities for new locality 'prototypes' to be trialled in the next 6 to 12 months?

The first nine localities will be the only ones conceived of as prototypes. All others established after them will be considered localities from the start.

It is anticipated that localities will be established continuously each quarter through to July 2024. Health New Zealand and the Māori Health Authority will progress locality establishment based on a set of key requirements (still under development), which will be applied across the country, identifying areas where

there is a higher level of maturity and priority populations to be served. Priorities will initially be given to areas where there are high Māori and Pacific populations and rural communities, and then to areas that have progressed locality design.

Other Sectors

Q. Will information be shared between the health sector, the Ministry of Social Development and Ministry of Education?

One of the key changes in the reforms is that people will be able to get the healthcare they need closer to home, that this care will connect with other services, and will take into account wider influences on health and wellbeing such as whether people live in a dry, warm, healthy home or not. Work to achieve this will design and enhance ways for the health care system to connect more closely with, for example, social agencies, education and housing to fulfil the ambitions of the Pae Ora (Healthy Futures) legislation.

Q. How can agencies outside the health sector engage with HNZ and MHA?

Priorities for HNZ include working with agencies outside the health sector: those with shared populations such as the New Zealand Police and Oranga Tamariki. Collaborating with other agencies and organisations to address the wider determinants of health is identified as a health sector principle under the Pae Ora (Healthy Futures) legislation.

Q. Is there any liaison between HNZ and MHA and the Ministry of Education regarding localities?

We welcome engagement with Ministry of Education. Engagement with local schools will be part of this work.

Q. What structures have the mandate and capacity to engage with non-healthcare determinants of health and health equity?

The Public Health Agency will consider this as its primary responsibility with work to take place in localities.

Reform Success

Q. If there is a change of Government, is it possible that the MHA will be abolished?

It is a core part of our democracy that Governments can make changes to legislation through the Parliamentary process – which includes the Pae Ora (Healthy Futures) Act which establishes the Māori Health Authority. Governments might choose to do so in future as the health system and the context it operates in evolve and based on the priorities of the Government of the day.

Health Plan

Q. When will the interim Health Plan be released?

The interim NZ Health Plan will be released at the end of July after confirmation from the Minister of Health.

Q. Where does climate change fit into the overall vision?

HNZ is fully committed as a priority to supporting New Zealand's international obligations under the Paris Agreement through meeting the requirements of the Carbon Neutral Government Programme (CNGP) and the Climate Change Response (Zero Carbon) Amendment Act 2019.

Q. How will the Health Plan support the transformation of mental health and addiction?

Oranga hinengaro | People living with mental health problems and addictions has been identified as a key area of improvement. It will form part of the overall approach to population health and wellbeing across the system. It will also be a crucial part of localities and embedded through Pae Ora.

Q. What are plans for national services such as midwifery?

Existing relationships with the Ministry of Health will continue with Health New Zealand. Stronger models of care will be developed with midwifery as a priority.

Mental Health

Q. How will psychological services under HNZ be implemented and monitored?

These services will continue to be provided as part of our normal frameworks.

Q. How will you ensure that mental health and psychology are prioritised and do not get lost in the allied health workforce?

The mental health workforce has been identified as a priority as part of the interim New Zealand Health Plan.

Q. How will HNZ address the increasing needs of maternal mental health?

Maternal mental health is recognised in the interim Health Plan through improvements in maternal health pathways and investment in services. We will also develop comprehensive maternal models of care to support Māori and Pacific women.