

Te Whatu Ora
Health New Zealand

Te Aka Whai Ora
Māori Health Authority

Building the future of health

Virtual hui

2 August 2023

Karakia

Kia whakairia te tapu
Kia wātea ai te ara
Kia turuki whakataha ai
Kia turuki whakataha ai
Haumi e. Hui e. Tāiki e!

*Restrictions are moved aside
So the pathway is clear
To return to everyday activities*

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Building the future of health

- Riana Manuel, Chief Executive Te Aka Whai Ora
- Margie Apa, Chief Executive Te Whatu Ora
- Richard Sullivan, Interim Chief Clinical Officer for Te Whatu Ora
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- Mary Clearly-Lyons, Interim Group Manager, Clinical Networks
- Carlton Irving, Te Whiri Kaha, Māori Clinical Forum

2 August 2023

Workforce Plan Released

The situation at a glance

We need to take action to make our health workforce more sustainable – and this plan outlines how:

Over the next year we are going to deliver on this funded Plan, focused on the next 365 days – which will start to lift pressure on our people, and take steps towards the more radical change we will need over time.

In the longer term we will need more enduring, systemic transformation to achieve sustainability – including closing our current and anticipated workforce gaps, and ensuring the right skill mix and representation across our workforce.

Based on the **best information we have** available, we have estimated what we think the gap is for some of our key health workforces – both in shortage today, and in what we think we are likely to need by 2032. **These views are whole of system.**

What's the gap today?

4,800	Nurses
1,050	Midwives
1,700	Doctors (incl. GPs)
170	Pharmacists
120	Sonographers
200	Anaesthetic technicians
220	Dental / oral health practitioners
30	Radiation therapists
30	Clinical / cardiac physiologists

These are only **our best estimates of what we need**, based on the data we have available. This data makes some major assumptions, including that our models of care, training pathways and retention approaches will not change.

Growing the workforce

To maintain current staffing levels, we estimate we will need to recruit or train **1,400** more health professionals a year just to meet anticipated population growth¹.

To reflect our expected population demographics in 2033² we need to grow the proportion of Māori and Pacific in our health workforce:



Te Whatu Ora district workforce³
9% Māori 5% Pacific 86% Other

New Zealand Population in 2033
19% Māori 10% Pacific 71% Other

To make that happen, we will need to make big shifts over time

How we retain our people to keep them well at work, to make a career in health attractive, rewarding and enduring.

How we invest flexibly applying funding to where it's most needed across workforces.

How we recruit with more adaptive immigration settings, culturally safe HR practices, and greater reliance on the whānau- and community-driven pathways into health that we know work for our young people.

How we train to use on-the-job training, earn as you learn models and better retraining and development pathways.

How we regulate to enable innovation, with the need for a sustainable workforce built into how we think about safety.

How we work to shift models of care to maximise impact using the workforce we have, and shift towards interprofessional practice.

In doing so, we will deliver on our commitments under the interim New Zealand Health Plan – Te Pae Tata, and on our part of the Manatū Hauora Health Workforce Strategic Framework.

Te Aka Whai Ora

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Workforce Plan

- Streamline pathways for tauira Māori into health careers
- Strengthen hauora Māori workforce pathways from whānau, hapū and iwi
- Support for kaimahi Māori to thrive in the workplace,

“It is important that we focus on building a workforce representative of Aotearoa. A sustainable workforce where Māori can see themselves in our workforce.” Associate Health Minister Peeni Henare.

Streamline pathways for tauira Māori into health careers

Māori retention, and growing programmes that already support tauira Māori into health.

We want to make sure Māori are supported to see themselves in health careers, cultivate the skills they need to succeed in health, and to have confident, accessible first steps towards a health career.



Strengthen hauora Māori workforce pathways from whānau, hapū and iwi

Earn-while-you-learn pathways for Māori into health roles.

We will provide a suite of supports across the drivers of Māori attrition, to make sure Māori students are supported through their journey in study, and successfully complete their tohu and transition well into mahi.



Support for kaimahi Māori to thrive in the workplace

We want to ensure our kaimahi Māori have the best opportunities to grow and develop once they're in work, so we can retain and grow them.

We will focus on kaimahi Māori retention and development within their chosen profession and into areas of leadership and governance across the health sector, inclusive of primary and community care and iwi.



Best possible outcome

A key feature of the Plan focuses on growing pathways for Māori in health. This includes support for Māori students to choose hauora pathways and see them through to completion.

(photo: 18 schools and 235 students from across Tamaki Makaurau attended June Pūhoro STEMM programme)





Ngā mihi

Te Aka Whai Ora
Māori Health Authority

Establishing National Clinical Networks

June 2023

Email: NationalClinicalNetworks@health.govt.nz

[National Clinical Networks – Te Whatu Ora - Health New Zealand](#)

Our Context

Aotearoa is in the midst of reshaping our health system to address long-standing inequities.

We have committed to a system where:

- the health system will reinforce Te Tiriti o Waitangi principles and obligations
- all people will be able to access a comprehensive range of support in their local communities to help them stay well
- everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live
- digital services will provide more people with the care they need in their homes and communities
- health and care workers will be valued and well-trained for the future health system.

Role of networks

Te Pae Tata sets out how we will deliver these system shifts and highlights networks as key to achieving the third shift:

Everyone will have equitable access to high quality emergency and specialist care when they need it, wherever they live:

“By establishing inclusive leadership and networks that drive equitable access regionally and nationally. This includes ensuring the system is consistent and people can access the care they need from the hospital networks, through ambulance and air transport, and through telehealth consultations.”

Te Pae Tata identifies three types of networks:

- **National strategic networks:** drive solutions to complex problems with guidance around improved service performance, health outcomes and equity, in areas like early years and long-term conditions.
- **National service networks:** drive consistency in delivery of specialist and hospital services. These service networks will ensure that the quality and outcomes of care are consistent across Aotearoa, while recognising that some variance can help tailor care to community needs.
- **Regional hospital and specialist networks:** will ensure 24-hour by 7-day hospital and specialist services are available and sustainable everywhere. They will minimise unnecessary duplication, clarify referral and discharge pathways, coordinate care, improve quality and reduce waste.

National Clinical Networks Purpose

National Clinical Networks

These are the national service networks envisaged by Te Pae Tata.

The networks will:

- Partner with health agencies to drive system shifts - particularly consistency in delivery of hospital and specialist services.
- Be mandated to drive change through the development of national standards and models of care.
- Be enabled by Te Ao Māori and Pacific frameworks and a greater diversity of expert voices, dedicated clinical time and Te Whatu Ora programme management support.



How

Ensuring clinical kaimahi have a strong voice in the design, planning and delivery of health services

leading to...

Joined-up clinical leadership working across local and regional boundaries to take a 'national interest' approach that delivers system shifts.

Focus of the networks

- To identify ways to address variation in service quality and outcomes and addressing inequity.
- To develop innovative, efficient, and evidence-based solutions that will inform investments and workforce planning and be applied nationally.
- To collaborate with relevant national, regional, and local stakeholders to identify what care and services are required at different levels, who should provide these services, and how the services or care should be delivered.

Network Profile



Membership

- ✓ Co-clinical leads - one each appointed by Te Whatu Ora and Te Aka Whai Ora
- ✓ Interprofessional leadership and membership, including primary care
- ✓ Representation from each of the four regions and the rural sector
- ✓ Mechanisms to ensure strong whānau, consumer and community engagement/representation



Supported by

- ✓ Up to 0.2 FTE clinical time for each co-clinical lead
- ✓ Te Aka Whai Ora cultural expertise and guidance to apply Te Tiriti o Waitangi in practice
- ✓ Te Whatu Ora HSS managerial leadership and programme management
- ✓ Te Whatu Ora Service Improvement and Innovation provides data, evidence, improvement expertise and helps produce dashboards and reports
- ✓ Terms of Reference



Organisational structure and network accountabilities



Organisation structure and partnerships

- ✓ Accountable to the national Hospital and Services Director for System Delivery
- ✓ Overseen by programme oversight group, chaired jointly by clinical leaders of Te Whatu Ora and Te Aka Whai Ora
- ✓ Co-leads professionally accountable to, and work closely with, the national clinical leadership and members of the National Clinical Leaders Forum
- ✓ Partnership with Service Improvement & Innovation to access data and evidence and to produce dashboards and reports
- ✓ Partnerships and relationships with strategic and regional networks
- ✓ Other system-wide partnerships and relationships as needed



Network accountabilities and reporting requirements

- ✓ Terms of Reference and membership reviewed every two years, or as determined by the oversight group co-chairs.
- ✓ Produce a three-year national strategic plan and an annual work plan, approved by the oversight group.
- ✓ Purposeful workplans will focus on improving care, supporting equal health outcomes and incorporate specific advice for Māori, Pacific, Tangata Whaikaha and rural populations.
- ✓ The Network's performance against its plans will be reviewed annually.

Network Establishment

While we have decided how to establish the first tranche of networks, our approach to establishing future networks – including how many there will be and how they might be grouped - will evolve as we test ideas with different specialist services.

Tranche 2 & 3 networks represent early thinking only. National services will take a networked approach but need further thinking about how they are supported.

Tranche 1a

- Trauma
- Stroke
- Cardiac
- Renal

Tranche 1b

- Radiation oncology
- Ophthalmology
- Infection services
- Critical Care
- Radiology
- Addiction

Tranche 2a

- Urology
- Vascular Surgery
- Paediatrics
- Maternity & Neonates (Incl NICU)
- Rural Health
- Dermatology

Tranche 2b

- Mental Health
- Rheumatology
- Respiratory
- ENT (Ear, Nose, Throat)
- Pathology

Tranche 3

- Diabetes
- Cancer
- Sexual Health
- Dementia
- Gynaecology
- Orthopaedics
- Neurology
- Oral Health
- Immunology

National Services

- Renal Transplant
- Solid Organ Transplant
- Hyper Acute Stroke
- Clinical Genetics
- Chronic Pain
- Surgical Mesh
- Gender Reassignment

Establishment Timeline

Quarter 1 (July-September)	Quarter 2 (October-December)	Quarter 3 (January-March)	Quarter 4 (April-June)
Establishing programme office	Establishment of programme office completed	Tranche 2 co-leads appointed	Tranche 3 co-leads appointed
EOIs for tranche 1a and tranche 1b co-leads open	Tranche 1 network membership determined	Tranche 2 membership determined	Tranche 3 members appointed
All tranche 1 co-leads appointed	EOIs for tranche 2 co-leads open	EOIs for tranche 3 co-leads issued	Tranche 1 and 2 workplans agreed with oversight group
		Tranche 1 and 2 workplans being developed	Tranche 3 work planning starts

While the new operating model is being established, existing and emerging networks will continue to progress current priorities

Work with other existing and emerging networks and national services continues

National Clinical Networks

Our Pae Ora System Shifts

- Equity for all New Zealanders
- Partnership
- Excellence
- Sustainability
- Person and whānau-centred care

Timeline

Phased approach over 12+ months

First tranche established from mid 2023 - involves transitioning the existing cardiac, stroke, renal and trauma networks and working with 6-7 emerging networks

EOI process for the co-lead roles for first networks will open in June. Te Whatu Ora and Te Aka Whai Ora will each appoint a co-lead for all the networks

Further EOI processes will follow

National Clinical Network Overview

GOAL: Joined-up national clinical leadership to drive system shifts - particularly ensuring equitable access to high quality emergency and specialist care.

MANDATE: Development of national standards and models of care

ENABLERS: Te Ao Māori and Pacific frameworks and a greater diversity of expert voices: hospital and primary care experts from across professional disciplines, consumer and whānau voice
Dedicated clinical time and programme management support, partnerships within and across health agencies.



Network Organisation structure

Hospital and Specialist Services

National Clinical Networks Oversight Group
Te Whatu Ora and Te Aka Whai Ora co-leadership

National Networks Clinical co-leads
Regional services representation
Local voice - consumer and whānau

Regional Services Networks



Te Aka Whai Ora
Māori Health Authority

TE WHIRI KAHA

Māori Clinical Forum

June 2023

Email: info@teakawhaiora.nz

[Te Whiri Kaha Māori Clinical Forum | Māori Health Authority](#)

Te Whiri Kaha: Māori Clinical Forum

- Te Aka Whai Ora is establishing Te Whiri Kaha to connect Māori clinicians from across the health system in a facilitated forum to provide, thoughtful evidence based active and informed discussion
- Key purpose is to advise Te Aka Whai Ora and Te Whatu Ora on complex challenges in healthcare sector
- Te Whiri Kaha functions under the authority of the Te Aka Whai Ora and its four national Clinical Leads: Chief Medical Officer Dr Rawiri Jansen, Chief Nursing Officer Nadine Gray, Chief Midwife Heather Muriwai and Chief Allied Health lead Carlton Irving.

Māori Clinical Forum

Te Aka Whai Ora is establishing

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Role of Te Whiri Kaha

Te Whiri Kaha **DOES**:

- bring together clinicians and individuals from across the range of professional and non-regulated disciplines and backgrounds to generate informed, impartial and integrated advice
- Influence and inform system-wide issues that affect Māori populations
- Influence and advise on service implementation and delivery, service quality, workforce development, service sustainability and access for Māori to culturally appropriate care
- consider Hauora Māori needs and aspirations collectively to bring a holistic view outside of the usual silos.

Te Whiri Kaha **DOES NOT**:

- provide advice on industrial matters
- provide advice on specific operational matters of individual Health service providers
- comment upon Health Service Providers' performances
- advocate for individual clinicians or departments within Health Service Providers, and
- lobby on behalf of professional bodies or organisations.

Proposed Te Whiri Kaha membership

CATEGORY 1: Non-regulated Kaimahi (e.g., Kaiawhina, Rongoa practitioners)	Five nationally from across the regions (10%)
CATEGORY 2: Front-line clinicians across all disciplines including Junior / new entrants and emerging leaders	35 from across the country (70%)
CATEGORY 3: Administrators, leaders, researchers, clinical management, Kaumātua/Kuia, Tangata Whaikaha and Rangatahi, whānau advocates	10 from across the country (20%)
Exec Committee selected from the 50	

Next steps

- Issue call for Expressions of Interest from anyone wishing to be considered for one of the categories – so Te Whiri Kaha can be selected
- Finalise our budget to cover costs of coordinator and fees for members
- Initiate our first meeting to complete Terms of Reference for Te Whiri Kaha (draft TOR prepared) and select Executive
- Develop draft work plan outlining areas of interest of members (e.g. workforce, child health, mental health, specialist services)



Ngā mihi nui

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Questions?

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