

Kia hiwa rā! Kia hiwa rā! Kia hiwa rā i tēnei tuku!

Kia hiwa rā i tērā tuku! Kia hiwa rā! Kia hiwa rā!

Information Pack Interim Boards The Māori Health Authority & Health New Zealand

BACKGROUND

In 2018 the New Zealand Government commissioned the Health and Disability System Review/Hauora Manaaki Ki Aotearoa Whānui to identify how to strengthen the health system to ensure every New Zealander can access the right care at the right time.

A comprehensive process of consultation and engagement with a diverse group of communities and stakeholders occurred throughout New Zealand and the final report was passed to government in March 2020.

In summary the review confirmed the following:

- The needs of Māori have not been served well and Māori continue to have persistently poorer health outcomes
- Pasifika and a number of priority populations have also been underserved
- Consumer preferences of where and how services should be delivered has consistently not been met
- The system is very fragmented, overly complicated and
- Is facing significant financial pressures that are impacting its sustainability

In response to the reviews findings, in April 2021 the government confirmed its decision to embark on a once in a generational health and disability system reform.

HEALTH AND DISABILITY SYSTEM REFORM

At a whole of system level there are four major changes that will help steward the reform agenda.

This also includes the creation of new organisations to ensure the new system provides consistent, high-quality health services for everyone, particularly for Māori and groups who have been traditionally underserved and have poorer health outcomes than other New Zealanders.

The four major changes are as follows:

MINISTRY OF HEALTH

A strengthened Ministry of Health will be responsible for advising the Government and monitoring the performance of the public health and disability system. It will set the strategic direction and develop national policy and it will be responsible for regulation and ensuring financial stability.

It will monitor overall system performance, hold organisations to account for delivery, and support the Minister to intervene where necessary. However, it will no longer directly fund and commission health services.

HEALTH NEW ZEALAND

The role of commissioning community and primary care services as well as the delivery of hospital and specialist health services will be the responsibility of a new Crown entity, Health New Zealand. It will replace the existing 20 district health boards and become New Zealand's first truly national public health and disability service.

Whilst nationally governed and led, Health New Zealand will operate on the basis of four regions and will also have district offices throughout the country which will ensure it is truly in touch with the needs of all New Zealanders. Each of the four regional divisions of Health New Zealand will be responsible for overseeing and managing a network of hospitals as well as commissioning primary and community care services in their region.

MĀORI HEALTH AUTHORITY

The system must work in true partnership with Māori to improve services and achieve equitable health outcomes. To help enable this future a new organisation, the Māori Health Authority will be established and take its place alongside Health New Zealand and the Ministry of Health. Effectively it will lead system stewardship for hauora Māori.

As well as monitoring the state of Māori health and helping develop health policy, particularly hauora Māori policy, the Māori Health Authority will have the power to directly commission or co-commission health services for Māori and to partner with Health New Zealand in other key aspects of the health and disability system.

PUBLIC HEALTH

A new Public Health Agency will be formed and located inside the Ministry of Health and will lead public health strategy, policy, analysis and monitoring.

There will also be a new national public health service within Health New Zealand, comprising the 12 public health services across the country. The national public health service will commission public health programmes and will provide services that protect and improve the health of the population, particularly in communities with the greatest health needs.

THE MĀORI HEALTH AUTHORITY & HEALTH NEW ZEALAND

The Māori Health Authority & Health New Zealand are proposed to eventually be established as standalone government organisations governed by Boards. The formal legal status of the Māori Health Authority is still under consideration. In the case of Health New Zealand it is likely to be established under the Crown Entities Act 2004. The establishment of both the Māori Health Authority and Health New Zealand, under new primary legislation, is expected to occur by 1 July 2022.

In the interim, both organisations will exist as departmental agencies hosted by the Ministry of Health but reporting directly to the Minister of Health. Both departmental agencies will have an appointed Acting Chief Executive (CEO) and will be supported by “Boards” exercising a quasi-governance role as committees under section 11 of the New Zealand Public Health and Disability Act 2000.

Once the two new organisations are established on 1 July 2022, the section 11 committees will be replaced by government appointed Boards that will report directly to the Minister of Health. It is anticipated that there will be significant continuity between the section 11 appointees (to be known as the interim Boards) and the Boards appointed after “go live” in July 2022.

In this document the section 11 committees will hereafter be referred to as the interim Boards.

The size and scale of Health New Zealand will be significant and will have substantial commissioning and delivery responsibilities. It will be the largest Crown Entity in the public sector. At a high level, Health New Zealand will have a workforce of approximately 70,000 staff working across New Zealand’s public hospitals, community and primary care services and the wider public health and disability system. It will oversee approximately \$20 billion in annual operational expenditure and manage \$10 billion in assets.

The Māori Health Authority will be a ground-breaking organisation designed to give Māori a vehicle to shape health outcomes for Māori and to give effect to Te Tiriti o Waitangi. It will embody partnership in its contribution to the New Zealand public health and disability system, both collaborating with Health New Zealand and the Ministry of Health and acting as an agent for tino rangatiratanga, with joint accountabilities to the Crown and Māori.

In doing so it will both act as a policy and strategy agency, providing advice alongside the Ministry of Health, and as a commissioner of care across the health and disability system. The Authority’s final budget and workforce are yet to be determined but will represent a sizeable part of the health and disability system with co-commissioning responsibilities over most services. It will start with a substantial workforce and oversee an initial commissioning budget of over \$100 million over four years, which may ramp up significantly over time.

EXPRESSIONS OF INTEREST

The Minister of Health is now calling for nominations for the interim Māori Health Authority and Health New Zealand Boards.

The appointment process for the two interim Boards is being stewarded by the Health Reform Transition Unit within the Department of Prime Minister and Cabinet supported by the Ministry of Health.

A Steering Group selected and led by Sir Mason Durie has agreed a Māori-centred process to identify and shortlist nominees for the interim Māori Health Authority board. This will include reaching out directly to Iwi and the Māori health sector, supplemented by other recruitment channels.

In addition to facilitating this process the Steering Group will also provide advice and oversight to the appointment of all candidates, including Maori candidates to the interim Health New Zealand Board.

The HardyGroup (HG) and Atahaia Consulting are working in partnership to support the appointment process across both boards.

Both governing interim Boards will need to be exceptionally high performing, drawing on a diversity of expertise from New Zealand's most experienced leaders who are able to both expertly guide a very significant public sector reform to successful establishment as well as govern two significant, new public sector agencies.

Ultimately they will exercise significant strategic governance and system leadership responsibility over the provision of high quality, safe and effective health services that robustly address health inequity.

Each interim Board will comprise eight members, including a Chair, and it will be a requirement that each member brings with them several areas of expertise, an overview of which is detailed below.

Additionally there will be unique and specific requirements for each interim Board and for the Māori Health Authority all directors should identify as Māori. Further, the Chair or Deputy Chair of the Māori Health Authority will also be appointed as one of the members of the interim Health New Zealand Board.

INTERIM BOARD CAPABILITIES, LEADERSHIP AND EXPERIENCE

Prospective candidates must possess **several** of the following capabilities to be considered as potential interim Board members for either of the new organisations:

- Deep understanding of Te Tiriti, Te Tiriti based principles and frameworks, particularly as they apply in healthcare settings
- Credibility with and experience of working in close partnership with Iwi and Māori communities
- Connections with and understanding of Te Ao Maori, Matauranga Maori and Tikanga Maori
- Credibility with and understanding of working in close partnership with Pacific leaders and communities
- Credibility with the disabled community and / or lived experience of disability
- Deep expertise in commissioning for primary and community care
- Credibility in leadership and/or governance at a whole of system, national level and a comprehensive understanding of Crown entity governance
- Health system knowledge or experience at a senior leadership and/or governance level, preferably nationally
- Extensive commercial experience and strong financial acumen related to large, complex organisation's and/or systems
- Strategic leadership capability evidenced in innovation, transformation and change at scale
- Senior leadership experience working extensively with and/or for government
- Prominent standing and respect in their area or areas of expertise
- Significant understanding of health data and digital management and preferably experience in health technology and innovation
- Comprehensive understanding of the health reform and the new model

INTERIM BOARD COMPOSITION

It is envisaged that the interim Health New Zealand Board will likely be comprised of:

- A Chair
- Director/s with a health leadership and/or clinical background
- Director/s with deep expertise in commercial literacy, finance and/or funding
- Director/s with deep expertise in commissioning for primary and community care
- Director/s with significant understanding of health data and digital management and preferably experience in health technology and innovation
- Director/s with experience working with and/or for government.
- Director/s with understanding of the role of governance in organisational performance

It is envisaged that the Māori Health Authority interim Board will likely be comprised of:

- A Chair
- Director/s with a health leadership and/or clinical backgrounds
- Director/s with experience in kaupapa Māori health service delivery
- Director/s with significant experience in Whānau Ora and cross-sectoral health initiatives
- Director/s with deep expertise in commercial literacy, finance and/or funding
- Director/s with deep expertise in commissioning for primary and community care
- Director/s with significant understanding of health data and digital management and preferably experience in health technology and innovation

INTERIM BOARD WORK PLAN AND OPERATIONS

Scope of work and resourcing

The interim Boards will be responsible for undertaking the foundational work that will enable the two organisations to run independently when they “go live”, which is expected to be 1 July 2022. This will include formalising the system operational relationships between the Ministry of Health and the two new organisations.

For the interim Health New Zealand Board this is likely to include providing advice and finalising the initial Health Charter and New Zealand Health Plan with involvement and sign off from the Maori Health Authority; organisational details such as name and brand; appointment of the permanent CEO; organisational design and functions including establishment of shared services arrangements, formal arrangements with Iwi Māori Partnership Boards, and other third parties; establishment budgets and agreement on expectations for year one operations related to the initial New Zealand Health Plan; establishing the “go live” internal and external operating framework including accountability and co-creation arrangements with the Māori Health Authority for and to Maori; co-creation of Health New Zealand’s Maori Health Services Improvement Plans with signoff from the Maori Health Authority; overseeing specifically identified operational projects enabled by the reform operating model which will commence prior to July 2022; and establishment matters associated with “go live”.

Responsibilities for the interim Māori Health Authority Board are likely to include organisational details such as name and brand; appointment of the permanent CEO; organisational design and functions including establishment of shared services arrangements and accountability, co-creation and sign off arrangements

with the Ministry of Health and Health New Zealand; formal arrangements with Iwi Māori Partnership Boards; co-creation and sign off of the Health Charter, New Zealand Health Plan and the Maori Health Service Improvement Plans of Health New Zealand; establishing accountability arrangements from the Māori Health Authority to Māori; establishment budgets and agreement on expectations for year one operations; establishing the “go live” internal and external operating framework; overseeing specifically identified commissioning and operational projects enabled by the reform operating model which will commence prior to July 2022; and establishment matters associated with “go live”.

The work of the interim Boards will be supported by an Acting CEO who will be appointed by the Public Services Commissioner, plus resource from the Health Reform Transition Unit within the Department of Prime Minister and Cabinet and personnel from the sector who will be brought in to undertake the necessary work.

To support the interim Board’s work programs the interim Boards will have their own secretariate support personnel. The Ministry of Health will host the interim Boards (technically Section 11 committees) which will include taking responsibility for accommodation needs during this interim period, plus providing finance, personnel and systems support as needed.

Time Commitment

The work program will require a significant investment of time through until 1 July 2022. It is envisaged that this could be up to 2-3 days a week for the Chair, 1-2 days a week for the deputy Chair, and 1 day per week for individual directors. The work will involve formal meetings as well as workshops and forum.

For the Chair and deputy Chair there could also be significant stakeholder interaction.

Meeting will be both in person and virtual and while many will be in Wellington, they will also be held in other geographies.

Fees and expenses

Fees are still to be finalised and approved but will recognise the time involved during the establishment period. Fair and reasonable expense costs associated with individual members' participation will also be met. These expense costs will include, for example, travel, accommodation, meals.

Appointments

Members will be appointed by and accountable to the Minister of Health. Appointments will follow a standard Cabinet process whereby the Minister will take a paper to the Appointments and Honours Committee of Cabinet (APH) seeking approval for the appointment of Committee members. Appointments will be published in the Gazette and appointment letters issued from the Minister.

USEFUL LINKS

[https://dpmc.govt.nz/our-business-units/transition-unit/response-health-and-disability-system-review/backgroundPūrongo whakamutunga Final Report](https://dpmc.govt.nz/our-business-units/transition-unit/response-health-and-disability-system-review/backgroundPūrongo%20whakamutunga%20Final%20Report)