Health New Zealand and the Māori Health Authority

Operating model and high-level structure slide deck – Notes for people leaders

Slide 2 – Waka hourua [How Health New Zealand and the Māori Health Authority work together]

The Waka Hourua is a developing metaphor for the relationship based on Partnership between Health NZ and the Māori Health Authority 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.

The Waka Hourua as presented here is in its early stages of development and will evolve as a framework for engagement.

MOH is part of the 'fleet'.

Note that this is a draft, and creative development of this imagery and narrative specifically for MHA and HNZ is underway.

Slide 3 – Principles of our approach to change

Unify: Unify our teams across geographic and professional boundaries, so that our people can work together for the benefit of patients, whānau and communities.

Equity: We will remove unwarranted variation in priority areas of inequity and support diversity of delivery models to meet local circumstances. This means national planning will determine areas that need national consistency, coordination and possible centralisation to realise equity gains; and regional delivery will meet these national expectations, while tailoring where appropriate to local needs and aspirations.

Simplify: Bring together functions that through consistency and standardisation will allow the release of resources to frontline care. 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.

Underpinning all these principles is engagement. We will **engage** the people who know best when redesigning parts of the operating model so those functions are positioned well for the future.

Slide 4 - Our approach to change

We are approaching change at a high level in three key phases.

These are iterative in nature, with a variety of transformation activity occurring in the **Transition** phase. The details in green have already been completed. The details in orange are underway.

Day 1 (1 July 2022) marks the beginning of the **Transformation** journey.

Slide 6 – Health New Zealand leadership functions

Our health system comprises a 'team of teams' – HNZ will have a single tier Executive Leadership Team of sub-teams including **Clinical leadership**, **Delivery leadership**, **Enabling leadership**. There will also be an **Office of the Chief Executive**.

Mechanisms for working together between HNZ and the MHA will be embedded throughout the organisation.

Some roles will have a **partner** in the MHA and some functions will agree a **joint** work programme with the MHA to ensure opportunities for Māori health gain are embedded.

Roles shown in red in the coming slides indicate where there is overt connection between HNZ and the MHA.

Slide 7 – Single Tier ELT

The **National** and **Leadership** roles for HNZ are presented in this diagram. This structure is confirmed. These are new roles and will be advertised shortly.

(NB. Existing DHB CE roles will disestablished by legislation on 1 July.)

There is opportunity to develop and design the detailed functions that sit underneath these roles at a national, regional and local level and co-design them.

Slide 8 – Clinical leadership team

The clinical leadership team ensures executive decisions are informed by technical and professional expertise. This team will work with the MHA clinical leadership team.

The clinical leadership team is also responsible for bringing together an effective clinical governance framework, to support improved patient outcomes, experience and safety.

It is tasked with forming a professionally-led, collective approach to the national implementation of workforce and model of care changes, while modelling multi-disciplinary working.

This team works with Chief of People & Culture to align with wider workforce development.

Slide 9 – Delivery leadership team

This group of leaders is responsible for operational delivery. Delivery of care is either provided by HNZ through Hospital and Specialist networks or commissioned/funded and provided by other community-based services and third-party providers. It is essential in ensuring we continue to provide continuity of services for everybody regardless of the phase of transition or change.

In our delivery system, we want to:

- Enable the spread and diffusion of improvements, innovations, and transformations across the system.
- Reduce unwarranted variation in care and focus on equity improvement.
- Support the diversity of delivery models in regions and tailored to local communities.

The structure of these functions implements Cabinet's decisions for regional and local leadership.

For the purposes of this function, Hospital & Specialist networks **includes the community health services provided by staff employed by DHBs (e.g. district nursing, community mental health).**

The **National Director Hospital and specialist Services** is responsible for operational delivery and people leadership is accountable for performance of care provided by public health hospital networks across the country. All hospital & specialist services provided in publicly-funded hospitals

or what is known as 'Provider Arms' report to this role nationally. This function includes the provision of community-based care provided by employed staff e.g. district nursing and community mental health.

Executive Director, Procurement and Supplies reports to the National Director, Hospital & Specialist Services to ensure that the national systems for procurement and supply have the appropriate clinical engagement and monitors performance against expectations for hospital and specialist networks (who is the client of this function). The **Chief Finance Officer** will also have a role in the oversight of this national shared service.

Commissioning

- Led by a National Commissioner who will be responsible for the NZ Health Plan, national service planning and development, funding and standards which enable the contracting, procuring and monitoring of services in alignment with our health and equity priorities.
- Within the national commissioning office, leadership teams will be established for priority service areas, often working in a joint venture or co-commissioning with the MHA. These include:
    - Primary and community care
    - Mental health & addiction
    - Māma, pepi and tamariki
    - Health of older people
    - Acute care
    - Rangatahi and young adults
    - Ambulatory and planned care
    - LTCs

National Director National Public Health Service implements the operating model currently being developed by the national public health network. This service has joint management oversight with the MHA. The work undertaken in this process is well advanced and will confirm a structure based on workshops and development with the public health leadership community across the country.

National Director Pacific Health is responsible for Pacific commissioning, workforce development, provider development and ensuring localities are effective for Pacific populations. The establishment of this business unit ensures that funding flows directly to Pacific providers and communities and delivery is responsive. It is the intention that all Pacific functions within DHBs (both provider arm and commissioning teams) will report to the National Director, Pacific Health but remain locally based.

The **National Director Service Improvement and Innovation's** role is to lead service and model of care changes in our system. They will achieve this by identifying, in partnership with the Māori Health Authority, areas of unwarranted variation that should be targeted through national programmes of action to reduce poor outcomes and improve equity and quality of care. The role may also include **health analytics functions** that support a data-driven approach to performance management and internal monitoring. The National Director for Service Improvement and Innovation will strengthen national **Consumer Networks** to ensure that improvement is led by the voice of consumers.

Slide 10 – Enabling leadership team

The **Enabling Leadership Team** ensures that frontline delivery services (hospitals and specialist, localities) have the necessary resources to do their job well.

The roles in this team will have an agreed Service Level Agreement in place with the Māori Health Authority on support and sharing of functions.

The **Chief Financial Officer** oversees the structure and systems for national and regional financial management functions. They work closely with the CFO of the MHA to ensure alignment of financial reporting. It is expected that all current DHB finance functions and teams will report nationally to the CFO. **The CFO will lead a national working group with finance teams to confirm the operating model.**

The **Chief People and Culture** is responsible for ensuring HR business partnerships are well embedded to support regional and local delivery. It is expected that the current Human Resource and People and Culture teams will report to this role. **A working group of GMs, HR from the merging entities will develop the operating model.**

The **Chief Data and Digital** - focus of national work to date has been to ensure Day 1 implementation of data and digital corporate infrastructure is in place. The data and digital directorate from the Ministry of Health has transferred to the HNZ business unit including Sector Operations. **A working group has been established with an independent Chair to engage all data and digital/IS and IT teams in entities being merged to develop the operating model for this function.** This includes what functions should be led nationally and business partnering models that will enable regional and local delivery. This group includes **all CIO leadership in DHBs and shared services.**

The **Chief Health Infrastructure** manages the infrastructure investment capital pipeline and ensures the execution and delivery of agreed capital projects. The current Health Infrastructure Unit functions were transferred in April to HNZ from the Ministry of Health. **These functions will be strengthened and expanded and may be integrated with national and regional capacity overseeing capital planning and project execution.**

Slide 11 - Office of the Chief Executive

A number of functions sit within the **Office of the Chief Executive**. Some of these are transitionary, as we implement the new organisational structure and associated work programmes, e.g. taskforces.

The functions include Ministerial and Government support, key compliance and accountability responsibilities such as the corporate secretariat, legal, risk management, and privacy, communications and engagement.

Slide 12 – Taskforces

Taskforces also sit within the Office of the Chief Executive. Taskforces are established where there are urgent pressures that cannot wait for leadership functions to be established.

Slide 13 – The Maori Health Authority's organisational structure

The Māori Health Authority 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 Health NZ
- monitoring the overall performance of the system to reduce health inequities for Māori.

Slide 14 - The proposed future organisational structure for the Māori Health Authority

1. The first/outer porowhita (Whakairo) 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 shared services agreement with Health New Zealand for back-office function delivery

2. 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) which is about a Māori way of being and engaging in the world).

3. Haehae Pākiti: This porowhita depicts our fences and or the pā tū that surround our kāinga. It also shows 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:

    a. Te Aka Whakamua (System strategy and transformation)

    b. Te Aka Tukanga (System Policy)

    c. Te Aka Tau Piringa (Service Development and Relations)

4. 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 wharenui/marae/waharoa. While this is not an organisational function of the MHA, 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

Slide 15 - The proposed future leadership structure for the Māori Health Authority

Maiaka Mātauranga Māori: The purpose of this group is to provide internal support to staff and the board with Mātauranga Māori, including tikanga and te reo co-ordination, supporting external communications, and providing leadership and direction to support MHA in the pursuit of its vision and objectives.

Maiaka Whakamua (Governance and advisory): This group, led by the DCE whom 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.

Maiaka Tu Piringa (Service Development and relations): - This group will be span a range of delivery. 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.

Slide 18 - Regional and local level functions

Regional working

- **The same four regions** - known as Northern, Te Manawa Taki, Central and Southern – will remain as organising networks for the health system, but patient flows that make sense to those communities will be enabled.
- Noting that the Māori Health Authority and iwi may see regional boundaries differently. The flow of care for Māori where their regional boundaries may differ to meet the needs of iwi will be supported.
    - The HNZ regions establishes (within a national framework) analytics, monitoring, contract management and integration of planning for primary, community and hospital services.
    - Each region will have district offices that are located closer to communities. District offices will act as "population health and wellbeing networks" and be supported by the National Public Health Service regional leads.
    - The MHA will have regional teams, co-located with HNZ 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 of Māori communities, and influence regionally through their relationship with the MHA.
    - 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.
- Specific roles are explored in following slides

Slide 19 - How will regions work?

Integration in the regions will be achieved by HNZ and the MHA establishing a regional management board that brings together the key regional leadership functions.

Together, the regional management board may undertake whole of regional population health needs analysis to inform commissioning.

There will be regional workshops with clinical, service and provider leadership to **co-design** how the region will work together.

Functions brought together through this management board are:

Hospital & Specialist Services
Regional Directors ensure hospital and specialist services are supported to establish health intelligence and analytics, regional clinical networks and other capability to support coordination of activity across hospital and specialist networks. Regional Directors are supported by business partnering functions from the Enabling leadership team to support operational management.

Commissioning
Regional Commissioners in geographic areas ensure translation of national settings and the performance management/oversight of provision. Regional Commissioners ensure enabling functions are providing appropriate business partnering to support regional and local service delivery

The **National Director Pacific Health** may establish regional teams where there is a critical mass of Pacific populations.

Slide 20 - District integration through locality networks

Integration will be facilitated with and through district partners (in the interim, the DHB areas).

It may be part of the role of Regional Commissioners to chair and hold local relationships.

District Managers will be determined as part of ongoing operating model development. District Managers work within their regional contexts to ensure national settings are applied consistently and where appropriate, tailored for local populations. They will partner with their MHA counterpart to agree areas for co-commissioning, coordinate and support Māori providers while aligning to Iwi-Māori Partnership Board settings and priorities.

Local hospital & specialist Clinical Leaders will be established in each District hospital leadership team. **Each hospital and specialist network retains their current local clinical leaders.**

Transition workshops will be run in each region. Clinical, consumer, iwi partners and management leadership will be invited to work with us to refine the functions that will be concentrated at a regional level and how to best support local hospital/specialist networks.

Slide 21 – Workstreams

Workstreams have already been identified, and in some cases established for further operating model development. Working groups have Chairs and include members from outside the health system to challenge us and provide fresh perspectives. Workstreams will 'sprint' or dedicate concentrated time to develop these models within a defined period of time.

Slide 22 - Workstream timeline

This outlines the order and progress of preparation for Day 1. Work has begun on the operating model development, while other workstreams will commence in the coming months.

Day 1 is the start of our transformation journey.

Working groups will provide recommendations to the CE. As required, recommendations will be subject to a fair and reasonable consultation process across the sector.