

People Pānui

Issue 4 - 22 December 2021

Health system reform news and updates for the health workforce.

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Update from Minister of Health, Hon Andrew Little



Kia ora,

As we wrap up 2021 it's pleasing to look back on the progress we've made towards transforming how we provide healthcare to New Zealanders. We've achieved a lot, including standing up two new interim entities, Health New Zealand and the Māori Health Authority, that will both play a key role in driving the upcoming changes and creating a fairer, more equitable and consistent health service.

I'm also pleased that, this week, the Chief Executives to head up these two entities have been announced. Fepulea'i Margie Apa has been appointed as Chief Executive of Health New Zealand and Riana Manuel has been appointed as Chief Executive of the Māori Health Authority. Both have more than two decades of experience in the health sector, which I'm confident sets us up well for success.

You can read more about Margie and Riana below.

Our plans to transform Aotearoa New Zealand's health system are ambitious, and crucial to making it happen is, you, our dedicated health workforce.

Over the last few weeks I've been pleased to meet with members of the health workforce as part of a national roadshow sharing information about the reform. Some similar questions have emerged during these meetings, including why we're reforming the health system now,

when we're responding to a pandemic, and what the changes mean for those of you working in the health workforce.

On the first point, COVID-19 has shone a light on why a strong and effective public health response, and a strong health system are so important for our future. It has also provided examples of what we can achieve when different parts of the system work together with a common goal.

The transformation of the health sector will enable us to take a whole-of-country view to planning and delivering services while strengthening public and population health. It will work to address long-standing inequities and ensure the system operates with efficiency and consistency.

I know that our health system, and the people that work within it, are under pressure. But we simply can't wait to implement the changes that will address inequity and inconsistency. Making these changes now will mean we can respond to future demands and challenges more effectively, and we simply don't have the luxury of time to wait until the pandemic is over to get started.

To the second point, I've been clear that the health system is understaffed. We need to do things differently to get the most out of what we have, as well as attracting people to work alongside you in the health workforce. We need more people in the health workforce, not fewer.

While the new entities Health New Zealand and the Māori Health Authority both come into effect on 1 July 2022, we will minimise disruption as much as possible during the transition to ensure the sector can continue to focus on providing the healthcare that New Zealanders need.

Thank you to everyone who has taken the time to attend these health reform roadshow sessions. It's really encouraging to note that over 3,800 people have participated in the roadshows, and had the opportunity to learn more about this once-in-a-generation transformation of the health system. For those of you keen to learn more about the reform, look out for more information in the New Year about future engagement sessions.

Finally, as many look forward to the summer break for rest and relaxation, I know the situation is very different for the health workforce. Illnesses and ailments do not go on holiday and our health system continues to tick over providing the support people need. Thank you for your enduring commitment to supporting our whānau. And if you're not able to take a break over the holiday period, I hope one is on the cards for the not-too-distant future.

Ngā mihi,

Hon. Andrew Little, Minister of Health

Chief Executives announced for interim entities



This week the Boards of the interim entities Health New Zealand and the Māori Health Authority announced the new Chief Executives of both organisations.

Fepulea'i Margie Apa has been announced as the Chief Executive for Health New Zealand, which will be the country's largest employer, bringing together the country's 20 DHBs, public health units, shared services agencies, and Te Huringa Hauora to deliver a nationally coordinated system with a strong local focus.

Margie has more than two decades of experience in the health sector and is currently Chief Executive of Counties Manukau District Health Board.

"To be part of a transformation that will, ultimately, improve people's lives is a tremendous opportunity and I will work to ensure that change doesn't distract us but enables us to do what we come to work for everyday – to improve health and wellbeing outcomes for all New Zealanders with a focus on achieving health equity for our most vulnerable," Margie said.

"I look forward to working with our experienced, dedicated and talented people throughout the country to simplify and build resilience in our system, and in doing so free-up our health professionals to focus their time and energy on what they do best."

The Māori Health Authority will be an independent statutory entity working alongside Health New Zealand to support improved outcomes for Māori.

Current Chief Executive of the Hauraki Primary Health Organisation and iwi-based not-for-profit Te Korowai Hauora o Hauraki, Riana Manuel, has been announced as the Chief Executive of the Māori Health Authority.

"My motivation comes from connecting and engaging with local communities, because that is where you really see the impact of change," Riana said.

"As a person who has been raised in my village (Manaia), I understand the need to effect change at a local level and am also aware of how local initiatives by Māori for Māori often have the biggest impact.

"I am proud to be stepping up into the Chief Executive role of the transformational Māori Health Authority. The opportunity ahead of us is immense and we'll be working closely with Health New Zealand to implement the changes that New Zealanders deserve."

Both Margie and Riana expect to start their new roles in the first quarter of 2022. While both Health New Zealand and the Māori Health Authority are currently set up as interim entities, they will become permanent on 1 July when the legislation enacting the health reform comes into effect.

How data and digital will change the way we work

In the last edition of the People Pānui we outlined what we call the five key system shifts that we're focused on to reform Aotearoa New Zealand's health system.

Essentially, these are areas where, if we make significant changes (or shift how things are done) it will have a big impact on the system. Making better use of data and digital technology is one of those five key areas.

The Health and Disability System Review carried out in 2019 highlighted issues with the way that data and digital was being used in the health system. In short, the review found there hadn't been enough investment into this area, meaning systems were siloed, data couldn't easily be shared and opportunities to take advantage of new technology that would help improve people's access to healthcare were being missed.

In terms of data, while there's a lot of data collected at the moment, we often don't make good use of it. As part of the reform we want to see better sharing of data throughout the system, which will help clinicians and those working in the health sector make better decisions for patients.

To enable this sharing of data, we also need better systems to make it happen – focusing on integration across different organisations and service providers – this is where technology comes in. We also want to see real-time information about risk and performance to support healthcare responses that are embedded with a population-health focus.

Technology can also drastically change how people access health services, and we want to see more of this in the new system. For example, health services delivered over a digital (virtual) environment can remove numerous barriers to people receiving care. It will remove the need for people to travel to get the care they need, and locations that struggle to attract and retain healthcare workers can take advantage of knowledge and expertise, delivered over a digital environment. Making progress in this area will require addressing some barriers that exist in some places, including lack of connectivity (blackspots/ no wifi), access to devices and digital literacy. The important thing is that investment in digital services does not leave people behind.

Getting the use of data and digital right is a big job, and it will take time to get it right. As a first step the Transition Unit is working to support Health New Zealand, when it becomes a permanent entity on 1 July 2022, to set up the right structures and environment to uplift digital and data maturity quickly.

Procurement and Supply Chain project team established

As the health system prepares to move to the reformed structure in July next year various teams are being established to ensure a smooth transition. This includes a new project team brought together to focus on procurement and supply chain.

The transformation of the health sector presents an opportunity to work more seamlessly across boundaries and organisations, removing duplication and inconsistency.

With this in mind, the purpose of the project team is to develop the building blocks that will ensure effective delivery across the health system, aligning with the future structure and operating model of Health New Zealand and the Māori Health Authority.

The end goal is to develop a simplified and integrated model for procurement and supply chain that is nationally coordinated, delivered nationally, regionally and locally – with positive and equitable outcomes for all health system users.

The aim is to have a proposal for the Interim HNZ Board by 31 March 2022.

The project team consists of 16 members from across the health system, with a governance group of seven members.

Procurement and Supply Chain Project Team:

Wendy McEwan
MOH / Project Lead

Kelvin Watson
MOH / National

Andrew Davies
Pharmac / National

Jakkie Van Wyk
NZPHL / National

Rod Treadwell
NZPHL / National

Alberto Areas
Healthsource / Northern

Ian Dodson
Healthsource / Northern

Kirk Freeman
ADHB

Garron Smith
Waikato

Mark Hawthorne
Waikato

Russell Little
BoP

Horst Fischer
CCDHB/HVDHB

Kevin Broughton
NMDHB

Renee Montgomery
CDHB

Ross Kennedy
CDHB

Ian Caird
SDHB

Governance Group:

Peter Bramley
Chair / Lead CEO

Roger Jarrold
Ex Sector

Chris Morgan
Ex Sector / ACC

Laurence Pidcock
MBIE

Sarah Fitt
Pharmac

Steve Fisher
NZHPL

Wendy McEwan
MoH / Project Lead

The Transition Unit visits Hutt Valley and Capital & Coast DHBs

The Transition Unit recently visited the Hutt Valley and Capital & Coast District Health Boards as part of the ongoing programme to share information about the health reform with the workforce.

The focus of the session was an overview of the reform with insights from the Health Reform Transition Unit director, Stephen McKernan. The Transition Unit has been set up to lead the move into the new system in 2022.

Helen Mexted, Director of Communications and Engagement at the Hutt Valley and Capital & Coast DHBs said it was valuable for staff to hear about the upcoming changes from those heading the reform programme.

“Senior leaders and clinicians heard about the plans to design a more equitable system with community and the whānau voice at its heart,” Helen said.

“Staff were able to ask questions, which was valuable. The discussion covered off the role of clinical governance in the design and delivery of services, locality-based engagement and commissioning, addressing workforce challenges, and how national and regional specialist services would work in the new system.”

The visit to the DHBs supports the wrap up of the Transition Unit’s national roadshow which has included 20 different sessions, reaching more than 3,800 of the health workforce. You can read more about this national roadshow below.

National roadshow wraps up

Last week saw us wrap up our Future of Health national roadshow for the year. The sessions gave us the opportunity to connect with around 3,800 of you from 20 different locations across the motu. That meant a lot of pātai!

We’ve been asked a large number of questions during the roadshow sessions, and while we’ve addressed as many as we could on the spot, we have undertaken to provide some follow-up detail. In this edition we share some information about transitioning kaupapa Māori contracts, workforce planning and specialist care.

You can also [read the ones we covered in previous issues](#).

A big thank you to the more than 500 of you who took the time to complete the online survey after joining one of the roadshows. This feedback meant we could keep refining the sessions to better hit the mark. We also asked you what you want to hear more about. Your insights and suggestions are helping with our workforce engagement planning for early 2022.

You’ve asked for more information: Key areas of interest from the roadshows

Transitioning kaupapa Māori provider contracts to the new entities

The current thinking is that contracts with kaupapa Māori providers will largely shift to the Māori Health Authority (MHA) and services will continue to be funded by them.

Over time, the MHA will work with providers to review these contracts as we know many are overly prescriptive, fragmented and do not include adequate reflection of Te Ao Māori, tikanga and kaupapa Māori perspectives that they have always wanted to include within their services.

There will also be some other contracts that the Ministry funds that are likely to shift to MHA as well, like Māori provider development scheme funds, targeted mental health funding and early years funding.

There will be a large number of core primary care contracts that shift to Health New Zealand or that are co-commissioned with the Māori Health Authority.

Improvements to workforce planning

Under the new structure, there will be a much more joined-up approach to workforce planning. Health New Zealand will provide a single, national view of the staffing needs making it easier to ensure we have the right people with the right skills in the right place.

We will also be able to take a system-wide approach to growing our Māori, Pacific and disability workforce, including recruitment, training, career and leadership pathways.

Specialist care in the regions

The intention is to enhance access to specialist care in the regions. We know that in the current system, services and staff working in rural locations have been isolated. The plan is to make sure that specialists in the regions are part of a wider and supportive network with opportunities to train and link into metropolitan centres as needed.

Wrapping up our national roadshow

Our final roadshow took place in Hastings, where we spoke to Otago University students who joined the session.

Tell us about what you learnt by attending the Health Reform update event:

Laura: “I was reasonably well informed before this session, but I found the data and digital update really useful.”

Jackson: “I had heard the system was going to be reformed but didn't know much. I found the session really useful, lots of new information.”

Nic: “Some of it went over my head to be honest. But it was really good to hear from so many different specialists involved in the reform. I know I'll need to speak like them once I graduate!”



(From left to right) **Max Anderson**, **Jackson Ranapiri**, and **Nic Sinnott** – medical students from Otago University, taking part in the Tūruki Māori Health intern programme run by the Hawke's Bay DHB – and **Laura Gemmell** - Hawke's Bay DHB's Māori workforce advisor who oversees the intern programme.