

People Pānui

Issue 7 - April 2022

Health system reform
news and updates for the
health workforce.

In this edition

Update from Margie
and Riana

EOI for the Public
Health Expert
Advisory Group

First localities
announced

First Iwi-Māori
Partnership Board
announced

Update from Chief Executives Fepulea'i Margie Apa and Riana Manuel

Tēnā koutou e ngā kaimahi,

We were excited to be able to bring senior leaders from DHBs, Shared Services, Te Hiringa Hauora and the Ministry of Health together on Wednesday to share the operating model and high-level organisational structures for Health New Zealand and the Māori Health Authority.

There were more than 300 of us on the virtual hui – it was the first time any of us can remember having the health system leaders together in one forum in at least 20 years!

During the two and half months we've been in our roles, we've worked closely together on how Health New Zealand and the Māori Health Authority will be structured and how the two will work together.

These senior leaders were the first people to see the new tier two structures and operating model. Since then, we've focused on briefing our key national stakeholders and sharing our thinking with them. We know many of you will

be interested in knowing what the new, high-level structures are too. Your executive leadership team will be in a position to start briefing you from mid next week. For the vast majority of you, very little will change on 1 July. We still have a health system to run and the work you do now is as important as ever.

As you hear from your leader and digest the information on the new high-level structure, you may have some questions about what this means for you, your role, or your team in the future.

We will share some answers to the questions we've anticipated, along with the ones your leaders asked on your behalf during our briefing. You can find more information on the Health New Zealand website next week.

The high-level leadership structures and operating models we've decided on get us to the start line. The next step will be the detailed design around how we organise ourselves at a regional and local level. This is where you come in.

There will be multiple ways for people to feed their knowledge and experience into the co-design process to help us shape a system that realises the opportunities that a nationally planned, regionally delivered and flexible, locally tailored health service offers us. Opportunities like being able to unify across boundaries to make the best use of our resources, simplify to build consistency without bureaucracy, and to design equity into the system.

You'll hear us talk a lot about co-design and one of the leaders asked us in our briefing what this means. For us, it's being open-minded about solutions and options for doing things differently – and better. It also means expanding or building on what we do now that's working and should do more of and in more places.

Part of co-design is also reaching a common view, so we go into the next detailed design phase with a clear understanding of the problems we need to solve and opportunities to take.

Following that phase, some functions may move into new parts of the structure, some roles may do things differently and, in some cases, there might be roles that will be different to how they are now. If there are changes to things like reporting lines, role functions etc, then we will have a full change management and consultation process.

We know it's going to be a challenging winter season and we will manage the pace of change with this in mind.

No matter where you're working in the health system, you're playing an important role in supporting the health and wellbeing of New Zealanders. Thank you for everything you do.

Ngā mihi,

Margie and Riana



EOI for the Public Health Expert Advisory Group

The Ministry of Health is seeking expressions of interest for a new advisory committee to give independent public health advice to ministers.

Applications are welcome from people with a strong community focus, able to think creatively to provide solutions and can show:

- experience in applying a population health approach
- experience in Public Health or a related field
- knowledge and understanding of the principles of Te Tiriti o Waitangi and Crown obligations
- knowledge of the role of the health and disability sector in achieving equity, and improving health outcomes for populations that experience inequity.

If this sounds like you or someone you know, visit the [Ministry of Health website](#) to apply.

Applications close on 6 May 2022.

First localities announced

The new community-based model to support nationally planned, regionally delivered and locally tailored health services has been launched by interim entities Health New Zealand and the Māori Health Authority.

At a local level, communities will roll out a 'locality' approach to improving people's health and the first areas have been confirmed as:

- Ōtara/Papatoetoe
- Hauraki
- Eastern Bay of Plenty
- Taupō/Tūrangi
- Wairoa
- Whanganui
- Horowhenua
- Porirua
- West Coast

Check them out on [this handy map](#).

A locality is essentially a place-based approach to improving the health of populations, as well as a mechanism for organising health and social services to meet the needs identified by whānau, community and mana whenua.

There are three characteristics to a locality. First, it is a partnership with mana whenua, recognising their tino rangatiratanga. Second, the approach supports locally led solutions that take a holistic approach to wellbeing, acknowledging the range of other factors that impact on a person's health. Third, the locality approach will join up care across communities and improve integration with different layers of the health system.

For more information on localities, check out the localities information on the Health New Zealand website: [First areas to roll out localities approach confirmed](#)



There are many communities that have started to work in this collaborative and holistic way, and that is the essence of the locality approach. By selecting these first nine communities, we are building on great work that's already happening across New Zealand with a view to expanding and enhancing this approach. We are also focusing on communities that we need to support better as a priority.

We'll be testing the initial thinking of how the locality approach will work in practice with these first nine areas, and we'll apply these lessons as we work with other communities to develop more localities. Over time, there will be localities across New Zealand.

While this approach holds great promise for many communities, we know that many Māori whānau are especially pleased with its introduction. To achieve the change that Māori deserve, we need to do things differently. We can't keep doing the same things over and over again and expect a different result.

This approach goes right to the heart of what it means to partner on health outcomes. It means everyone who has an influence over someone's health is sitting around the table from the start, and those people then agree to shared solutions.

We are pleased to get started on the two-year programme to roll out localities. It is an approach that positions communities as jointly responsible for supporting the health and wellbeing of their own friends and whānau – and that has to be great for everyone.

First Iwi-Māori Partnership Board announced

The members of the first Iwi-Māori Partnership Board were announced on 13 April, marking a significant step towards the transformation of how the health and wellbeing of Māori are supported.

The Āti Awa Toa Iwi-Māori Partnership Board, appointed by a panel of representatives from Ngāti Toa and Te Āti Awa, are:

Hikitia Ropata (Chair) – Ngāti Toa Rangatira, Ngāti Raukawa, Te Āti Awa, Ngāti Porou

Cherie Seamark – Te Āti Awa ki Whakarongotai, Ngāti Toa Rangatira, Ngāti Tama, Ngāti Mutunga

Hinemoa Priest – Te Āti Awa, Ngaruahine ki te Rangī

Tane Cassidy - Ngapuhi

Dr Vanessa Caldwell – Kai Tahu, Te Rapuwai, Waitaha, Kati Māmoe.

Selection was based on a strong desire to create intergenerational change within the health system that will directly improve the health outcomes of Māori living in the Kapiti, Porirua and Wellington regions.

Visit www.ngatitoa.iwi.nz for more information.

The establishment of Iwi-Māori Partnership Boards (IMPBs) is a fundamental part of the transformed health system. IMPBs will play an important role in working with other organisations to determine health and wellbeing priorities for their local areas. They will engage with whānau about local health needs and share insights with the Māori Health Authority and Health New Zealand, and other health entities.

The membership of other Iwi-Māori Partnership Boards will be confirmed over the next few months ahead of their formal establishment on 1 July this year.

Get People Pānui direct to your inbox

Many of you have told us that People Pānui is most useful when it's delivering timely information that keeps you up to date with decisions and activities that impact or are important to you.

We hear you, and you'll see more of this kind of information as we aim to regularly deliver People Pānui every fortnight on a Friday.

While we're in the lead-up to 'Day 1' with email addresses straddling the Ministry, the Transition Unit and our two interim entities, the best way to ensure that you receive People Pānui 'hot off the press' is to sign up to receive it direct to your inbox.



[Sign up here.](#)