

# Summary of actions against draft recommendations from independent Future-Focused Ministry report

Area of focus	Recommendation	Action
System stewardship and leadership <i>Enabling a stronger and more definitive stewardship role for Manatū Hauora.</i>	Manatū Hauora should clearly define and communicate to internal and external stakeholders what its refocused stewardship role means in the new health system. This means providing clarity on the scope of system stewardship and how Manatū Hauora intends to discharge its role.	Agreed. Included in scope of transformation programme (stewardship and partnership workstream).
	Manatū Hauora should drive the reform agenda and provide a common understanding of the reformed system and the associated transition path across health and government.	Agreed. Included in scope of the System Reform Integration Office (SRIO).  Over the past 6 months, the SRIO has led the development of the System Reform roadmap. A process has been established (led by the SRIO) across health agencies to update and report on the roadmap quarterly to Ministers and Cabinet.
	Manatū Hauora should take a more active approach to stewarding health across government and other sectors, leading and supporting cross-sectoral activities that impact social and wider determinants of health.	Agreed. Included in scope of transformation programme (stewardship and partnership workstream).

Area of focus	Recommendation	Action
<p>Matrix organisational design</p> <p><i>Manatū Hauora design for high performance</i></p>	<p>Manatū Hauora should consider reorganising itself into a cross-functional 'matrix' model that would better support its refocused roles and future direction. The key elements of this matrix model are:</p> <ol style="list-style-type: none"> <li>1) Using directorates to focus effort on the core roles as agreed by Cabinet, supported by specialist portfolios of system priorities and enabling skills.</li> <li>2) Creating a series of System Priority Portfolios, where high priority specialist skills and knowledge sit. This includes creating a formal group for Māori Health.</li> <li>3) Embedding system performance with strategy and policy functions</li> <li>4) Enhancing the focus on monitoring by creating a regulation and monitoring directorate</li> <li>5) Creating a data and insights portfolio with enhanced data and analytics capability</li> <li>6) Creating an enabling portfolio that delivers corporate, government and executive functions.</li> </ol>	<p>Mostly agreed and actioned within phase 1 organisational design decisions.</p> <ol style="list-style-type: none"> <li>1) Agreed. Phase 1 design decisions are based on this 'matrix' model. The transformation programme is tasked with bringing the model to life through new and improved ways of working and lifting capability where required (culture and capabilities workstream and ways of working workstream).</li> <li>2) Agreed and actioned within phase 1 organisational design decisions.</li> <li>3) Agreed and actioned within phase 1 organisational design decisions.</li> <li>4) Agreed and actioned within phase 1 organisational design decisions.</li> <li>5) The new operating model includes a portfolio for evidence, research and insights which includes analytics and insights.</li> <li>6) Not implemented. Instead of structural change, the transformation programme includes an initiative targeted at process optimisation across Ministry enabling functions to improve efficiency (ways of working workstream).</li> </ol>

Area of focus	Recommendation	Action
<p>Future-focused monitoring and system performance</p> <p><i>Reorganising system performance and monitoring</i></p>	<p>Manatū Hauora should reorganise its system performance and monitoring functions to best deliver on its revised roles and responsibilities:</p> <ol style="list-style-type: none"> <li>1) Teams focused on system performance should be embedded alongside strategy and policy functions</li> <li>2) Teams focused on monitoring should be embedded alongside regulation as part of the proposed regulation and monitoring directorate.</li> <li>3) Entity financial monitoring should be embedded alongside the monitoring function</li> <li>4) There should be an overall uplift in both system performance and monitoring capability to deliver revised roles.</li> </ol>	<p>Mostly agreed and actioned within phase 1 organisational design decisions.</p> <ol style="list-style-type: none"> <li>1) Agreed and actioned within phase 1 organisational design decisions.</li> <li>2) Agreed and actioned within phase 1 organisational design decisions.</li> <li>3) Not implemented, and current structure maintained. The new operating model will enable our financial expertise to be centralised within the finance function that is accountable for overall financial performance against the Vote and work closely alongside the monitoring team in a business partner model. Capability needs will be reviewed.</li> <li>4) Agreed. Funding confirmed via capability bid drawdown of Budget 2022 contingency. Included in scope of transformation programme to implement (culture and capabilities workstream).</li> </ol>
<p>Re-organising the corporate, government and executive functions</p> <p><i>Streamlining Manatū Hauora Corporate, Government and Executive functions</i></p>	<p>Manatū Hauora should combine its Corporate Services and Government and Executive Services directorates into a single Ministry Operations directorate</p>	<p>Not implemented. Instead of structural change, the transformation programme includes an initiative targeted at process optimisation across Ministry enabling functions to improve efficiency and ways of working (ways of working workstream).</p>
	<p>Manatū Hauora should establish clear expectations and guidelines on the purpose and use of the Office of the Deputy-Director Generals across the organisation.</p>	<p>Agreed. Included in scope of transformation programme (design and resources workstream).</p>
<p>Culture re-set</p> <p><i>Resetting the organisational culture to support a high-performing future-focused Ministry</i></p>	<p>Manatū Hauora should embark on a deliberate culture change programme to reset organisational culture, values and behaviours.</p>	<p>Agreed. Included in scope of transformation programme (culture and capabilities workstream).</p>

Area of focus	Recommendation	Action
Ways of working internally <i>Improving how Manatū Hauora works as a high-performance future-focused Ministry</i>	Manatū Hauora should adopt new ways of working to share resources, capability and expertise across teams while also retaining a critical mass of specialist expertise.	Agreed. Included in scope of transformation programme (ways of working workstream and culture and capabilities workstream).
	Manatū Hauora should establish disciplines of using the capability of teams that hold accountability for specific functions and have clearly defined services levels and avoid duplicating the capability and processes within directorates.	Agreed. Included in scope of transformation programme (design and resources workstream and ways of working workstream).
Planning and delivery oversight <i>Improving organisational planning and internal oversight of delivery</i>	Manatū Hauora should establish a cohesive whole-of-organisation planning and prioritisation approach that sets the organisation's collective priorities.	Agreed. Included in scope of transformation programme (ways of working workstream).
	Manatū Hauora should review how it commissions and governs work internally to empower leaders at all levels to have ownership and clearer accountabilities.	Agreed. Included in scope of transformation programme (ways of working workstream).
Working as one system <i>Relationships and ways of working with Te Whatu Ora and Te Aka Whai Ora</i>	Manatū Hauora should identify and pursue opportunities to share specialist resources with Te Whatu Ora and Te Aka Whai Ora as part of the 'one-system' ethos.	Agreed. Included in scope of transformation programme (stewardship and partnership workstream).
	Manatū Hauora should establish mechanisms to access leading practice and expertise from local and global experts.	Agreed. Included in scope of transformation programme (stewardship and partnership workstream).
	Manatū Hauora should consider opportunities to formalise collaboration between leaders of health system entities at all levels	Agreed. Included in scope of transformation programme (stewardship and partnership workstream).
	Manatū Hauora should clarify the scope of responsibilities for leaders who are or should be interfacing with other entities as part of their substantive roles	Agreed. Included in scope of transformation programme (stewardship and partnership workstream).

Area of focus	Recommendation	Action
<p>Capability across Manatū Hauora</p> <p><i>Uplifting key capabilities across Manatū Hauora to support a future-focused Ministry</i></p>	<p>Manatū Hauora should consider uplifting key capabilities including Te Tiriti and equity, horizon scanning, future-focused strategic thinking, reform stewardship, relationship and stakeholder management, data analytics and insights, clinical leadership and expertise, Māori health, and system performance and monitoring.</p>	<p>Agreed. Funding for capability uplift secured via capability bid drawdown of Budget 2022 contingency. Implementation included in scope of transformation programme (culture and capabilities workstream).</p>
	<p>Manatū Hauora should grow its Māori leadership and expertise within a central Māori Health Group and</p> <ol style="list-style-type: none"> <li>1. Retain a central critical mass of Māori leadership and expertise within a central Māori Health Group</li> <li>2. Build specialist Māori capability into relevant Manatū Hauora teams and functions</li> <li>3. Work alongside Te Ake Whai Ora to agree how capability could be shared for common functions</li> </ol>	<p>Agreed. Included in scope of transformation programme (all workstreams).</p>
	<p>Manatū Hauora should continue to invest in developing cultural safety and competency across the organisation, upskilling all staff on the strategic and practical application of Te Tiriti o Waitangi and equity for Māori in all facets of work.</p>	<p>Agreed. Included in scope of transformation programme (culture and capabilities workstream).</p>
	<p>Manatū Hauora should undertake a dedicated programme of work to uplift capability across both system performance and monitoring to be a more effective and efficient monitor and steward.</p>	<p>Agreed. Included in scope of transformation programme (culture and capabilities workstream).</p>

Area of focus	Recommendation	Action
<p>Resourcing for a future-focused Ministry</p> <p><i>Resizing Manatū Hauora in relation to its refocused purpose and role</i></p>	<p>Resourcing for a future focused Ministry needs to be considered in light of other recommendations including new ways of working and the proposed matrix organisation design that includes a lesser number of directorates and the establishment of high performing groups or business suits for priority portfolios.</p> <p>The recommended size ranges are proposals based on high-level analysis done to date and benchmarks of other similar public sector organisations. Manatū Hauora would need to complete a more in-depth review of roles as well as the efficiency of their processes to confirm the target range and implementation approach. Note that as at 28<sup>th</sup> February 2023, the current size of Manatū Hauora is 758.64 FTE (occupied FTE and backfill contractors)</p> <p>The initial areas of focus should be:</p> <ol style="list-style-type: none"> <li>1. Closing available vacancies where the roles are not currently being backfilled</li> <li>2. Resizing the combined size of the Corporate, Government and Executive function to 120-150FTE</li> <li>3. Optimising the efficiency of processes and ways of working.</li> </ol> <p>Based on the noted considerations and the initial focus areas, Manatū Hauora should consider resizing its overall size to 550-600FTE (including back fill contractors) over the next three years.</p>	<p>Partially agreed.</p> <p>We don't accept the findings from the benchmarking exercise undertaken by the independent reviewers as this was based on comparative data more than 6 years old, and the basis of the costs included by EY in the Ministry's back office were not aligned to the taxonomy adopted for BASS.</p> <p>We do accept that we can be more efficient as an organisation and that improvements in our ways of working, capability and process efficiency should lead to reductions in FTE over time.</p> <p>Work is in progress to close vacancies not being backfilled and to set the baseline establishment of the Ministry now and for the future, and to rationalise our reliance on consultants and contractors.</p> <p>Process optimisation opportunities are included in the scope of the transformation programme (ways of working workstream).</p>

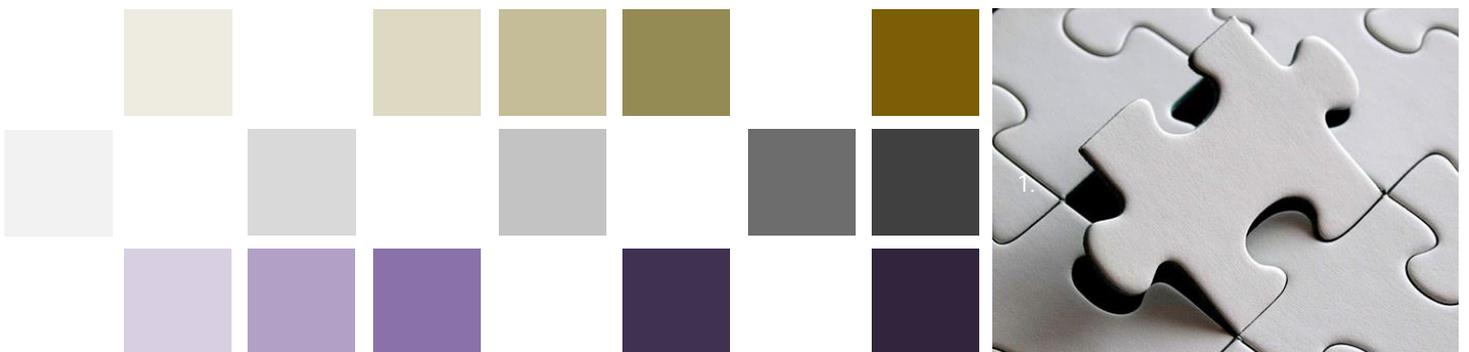
# Public health accountability framework review

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Current state analysis: document review

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PROACTIVELY RELEASED



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# 1. Steps to the current organisation structures

The starting point for understanding the current state has been a review of the key documentation that each entity has relied on in defining its approach to delivery of functions. The picture we draw from the combination of legislation, Cabinet papers and implementation document is one of a complex, three-way partnership between a semi-autonomous business unit in the Ministry of Health, Te Aka Whai Ora (which has a particularly strong interest in equity and public health) and Te Whatu Ora's National Public Health Service (NPHS).

There is nothing simple about this picture, with numerous points of co-ordination, possible lack of clarity in decision-making and complex arrangements for sharing critical enablers.

## 1.1 Pae Ora (Healthy Futures) Act 2022 sets the scene

The Pae Ora (Healthy Futures) Act 2022 (the Act) includes health sector principles all entities must have regard to in exercise of their functions.

1. Equity for Māori and other population groups of access, service, and outcomes.
2. Engagement in design, development, delivery, and monitoring of services.
3. Opportunities for Māori to exercise decision-making authority on matters important for them.
4. Providing a choice of quality services to Māori and other population groups.
5. Protecting and promoting population health including protection, prevention and early intervention, equitable health improvement of physical and mental health, collaboration across entities to address (promote/prevent) wider determinants of health.

Part 2 of the Act sets out the role of constituent entities of the new health system including functions of the Minister, Te Aka Whai Ora (the Māori Health Authority), and Te Whatu Ora (Health New Zealand), along with Iwi Māori Partnership Boards, together with formal plans and strategy documents expected of the entities.

The role of the Minister, through their Ministry of Health team, includes: setting the three-yearly Government Policy Statement; determining the New Zealand Health strategy and five specific strategies (Hauora Māori, Pacific, women's, rural, health of disabled people); approving the New Zealand health plan, charter, and consumer and whānau engagement code; establishing committees; and using, where needed, intervention powers.

The Public Health Agency (PHA) functions are described as:

- to provide system leadership across the public health sector
- to advise the Director-General on public health matters including personal health, regulatory and strategic matters.

Te Aka Whai Ora's objectives are stated as: (1) to ensure planning and service delivery respond to the aspirations and need of whānau, hapū, iwi and Māori in general, (2) to design, deliver and arrange services to achieve the purpose of the Pae Ora Act and best possible health outcomes for Māori, and

(3) to promote Māori health, prevent, reduce and delay the onset of ill health for Māori including by collaborating with other organisations and agencies to address determinants of health.

Te Whatu Ora's objectives mirror those of Te Aka Whai Ora: (1) To design, arrange and deliver services to meet the purpose of the Act, (2) to secure community participation in health improvement and service planning, and (3) to promote health, prevent, reduce, and delay the onset of ill health including by collaborating with other organisations and agencies to address determinants of health.

The Act sets out 21 functions for Te Aka Whai Ora and 20 for Te Whatu Ora:

Table 1 Summary of the functions of Te Aka Whai Ora and Te Whatu Ora

<b>Te Aka Whai Ora</b>	<b>Te Whatu Ora</b>
Provide policy and strategy advice to the Minister on matters relevant to hauora Māori	
Jointly develop the NZ Health Plan	Jointly develop the NZ Health Plan
Improve service delivery and outcomes at all levels for Māori	Improve service delivery and outcomes at all levels for all people
Collaborate with other agencies to improve outcomes and address wider determinants of health for Māori	Collaborate with other agencies to improve outcomes and address wider determinants of health
Own and operate services	Own and operate services; provide or arrange provision of services at national regional and local levels
Commission services for kaupapa Māori services and other services for Māori	Develop and implement commissioning frameworks; set requirements and specifications
Review locality plans and participate in processes determining localities & plans	Develop and implement locality plans
Design and deliver programmes to improve capacity and capability of Māori health providers and the Māori health workforce	Undertake health workforce planning
Collaborate with entities to improve capacity and capability of the health workforce in relation to hauora Māori	Collaborate with entities to improve capacity and capability of the workforce
Undertake and promote public health measures, including commissioning services to deliver public health programmes	Undertake and promote public health measures, including commissioning services to deliver public health programmes specified by the PHA
Support and engage with IMPBs	Work with the Te Aka Whai Ora in delivering functions, engage with IMPBs
Contribute to health planning documents	Contribute to health planning documents
Evaluate services it delivers or provides	Evaluate services it delivers or provides
Provide accessible public information for Māori about the performance of the sector	Provide accessible public information about services
Monitor the delivery of hauora Māori services by Te Whatu Ora and provide public reports	

Te Aka Whai Ora	Te Whatu Ora
Monitor (with Ministry and Te Puni Kōkiri) the performance of the sector in relation to hauora Māori	
Undertake and support health research	Undertake and support health research

Within the legislation, the descriptors of which agency undertakes each public health function are high level. The PHA is tasked to be the system leader and advisor to the Minister, and specific responsibilities for health promotion, prevention and addressing the wider determinants of health are to be undertaken by both Te Aka Whai Ora and Te Whatu Ora.

More detail about the intent of the reforms relating to public health functions exists within advisory papers developed by the Transition Unit that informed Cabinet decisions on establishment. These are useful guidance. However, as the legislation does not prescribe detailed functional arrangements, the entities have flexibility to develop the detail of arrangements to best suit their combined objectives.

**The key Cabinet decisions were:**

1. Establishing PHA as a branded unit within the Ministry to lead on public and population health policy, strategy, regulatory, intelligence, surveillance, and monitoring functions.
2. Establishing NPHS within Health NZ to strengthen, centralise and co-ordinate public health operations and determine and evaluate, alongside MHA, public health programmes based on specifications provided by PHA.
3. Retention of DG role in the Ministry and associated statutory powers, with DPH continuing as a statutory role in the Ministry with a key leadership role in PHA and NPHS.
4. Health promotion of Te Hīringa Hauora (Health Promotion Agency) as a shared function for Te Whatu Ora and Te Aka Whai Ora, with some functions going to PHA.
5. Establishing an expert Public Health Advisory Committee supported by PHA and Ministry to provide expert advice to the Minister regarding public health.<sup>1</sup>

## 1.2 Transition Unit’s Cabinet Paper proposes a partnered model with shared capability

In November 2021 Cabinet agreed in principle to a proposed public health target operating model prepared by the Department of Prime Minister and Cabinet Transition Unit, along with Budget 2022 investment proposals informed by the proposed distribution of roles and functions.

The intent was to align every lever – strategy, policy, legislation, resourcing, data and knowledge, surveillance technology, workforce – to reorient the system towards prevention and equity. It was proposed the PHA lead the public and population health response with Te Aka Whai Ora and NPHS, anchored in the principles of:

- one cohesive system with clear roles and partnerships

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<sup>1</sup> Set out in attachment B of Health Reforms: Public Health Transformation joint briefing to Ministers 5/11/2021

- population health as the system driver reflecting influences on health being largely beyond healthcare
- focus on people, whānau and communities
- Te Tiriti and hauora Māori
- health equity.

COVID learnings highlighted the need for a dedicated multi-disciplinary workforce to plan for and manage outbreaks, recognising the pivotal role Māori and Pacific providers can play. As part of the COVID directorate transition, science and insights capability would shift from the Ministry of Health's COVID directorate to become a PHA information, knowledge, and surveillance function.

**The model in summary proposes:**

- The PHA and MHA will **work in partnership** with joint development of strategies, policies and monitoring frameworks, and joint work programmes and subcommittees.
- Te Aka Whai Ora and NPHS **will have shared capabilities and leadership** including Te Aka Whai Ora leveraging Te Whatu Ora and NPHS capabilities and shared services, a joint work programme, and co-commissioning some public health services.
- The PHA and NPHS have shared capabilities and leadership through a shared Director of Public Health, joint working groups and subcommittees.
- **Critical enablers are shared** between the three entities: system and health intelligence, joint governance arrangements, workforce, and system-wide public health leadership.

### 1.2.1 The Public Health Agency within the Ministry of Health 'leads'

The model proposes in summary (para 28) that the PHA **in conjunction with Te Aka Whai Ora** will "lead on":

- population and public health policy – including the policy framework
- strategy – including establishing a public health strategy
- regulatory
- intelligence
- surveillance
- monitoring.

### 1.2.2 Te Aka Whai Ora works in partnership

The role of Te Aka Whai Ora is described as working in partnership with PHA and Te Whatu Ora (paras 34–35) to:

- **help** ensure mana motuhake (self-determination) becomes core to public health
- **help** ensure the aspirations of whānau, hapū and iwi shape the way all services (kaupapa Māori and whole of population public health) are delivered

- **work with** Te Whatu Ora to ensure system responsiveness to whānau and community through locality networks
- **work with** the other entities to ensure strategy, policy and planning functions are responsive to whānau and communities.

### 1.2.3 The National Public Health Service within Te Whatu Ora leads operations

The role of the NPHS is described as leading national public health operations with Te Aka Whai Ora and the Director of Public Health (para 39 and following).

- Operationalising core public health functions with and for communities based on strategic direction set by PHA and Te Aka Whai Ora.
- Implementing public health regulations.
- Developing nationally consistent operational policy.
- Developing innovative delivery models.
- Bringing technical public health expertise to inform commissioning and locality plans.
- Evaluating public health services.
- Driving new approaches to health promotion through Te Hiringa Hauora nationally and the NPHS regionally and locally.

The Director of Public Health role is said to 'play a critical role connecting the PHA and NPHS'.

### 1.2.4 Shared responsibilities and enablers

All parts of the public health system are to 'incorporate' te ao Māori (Māori worldview), tikanga (ways of working), and mātauranga Māori (knowledge and research).

Responsibilities for a fit-for-purpose public health knowledge system and established channels for whānau, hapū, and iwi engagement are described as the responsibilities of all three agencies.

The target operating model proposed is with the intent to achieve a vision for 'on the ground' material change in community public health (para 37) for communities and whānau including: self-determination in the design and delivery of public services; equity of opportunity to live, work and play in healthy environments; promotion, protection and prevention investment, policy, and services to stay well; healthy air, water, food, housing and protection from infectious disease; representation in the public health workforce; and agency and control (including partnership in planning and delivery of public health services, shaping own environments, and information, tools and resources to manage own wellbeing).

The enablers of this on-the-ground vision are stated (para 38) as:

- strong public health capacity and capability in Te Aka Whai Ora
- resources, funding, and leadership
- strong internal capability and capacity for hauora Māori in the PHA
- strong internal capability and capacity for hauora Māori in the NPHS
- joint development and planning of work programmes.

Five functions are described as 'spanning all entities'

1. **Strategy and policy** – the PHA and Te Aka Whai Ora lead; NPHS contributes.
2. **Commissioning** is led by Te Whatu Ora/NPHS and Te Aka Whai Ora to deliver national plans and technical specifications developed by the PHA.
3. **Public health knowledge and intelligence** – as a cornerstone of
  - a) PHA strategy surveillance and monitoring functions
  - b) Co-commissioning by Te Aka Whai Ora and Te Whatu Ora/PHA,
  - c) NPHS operational functions
  - d) Locality plans developed with the support of Te Whatu Ora and Te Aka Whai Ora
4. **Monitoring and reporting** – PHA role for strategy and policy, Te Aka Whai Ora role for system responses and hauora Māori outcomes, Te Whatu Ora/PHA role for service delivery.
5. **Health promotion** – Te Hiringa Hauora (NPHS) approaches to wellbeing promotion, and Ministry initiatives such as Healthy Families NZ and Healthy Homes.

At the time of this Cabinet briefing a commitment was made (para 58d) to undertake further work to determine what knowledge and surveillance functions sit in each entity, with who and how information is collected, managed, and used to optimise use and avoid duplication.

The following partnership and governance mechanisms (para 58b) are outlined:

- the PHA system oversight role
- leadership embedded across all entities
- partnership mechanisms to support co-ordination and collaboration
- a focus on Te Tiriti and hauora Māori driving PHA and NPHS behaviours
- a place at the table with decision making powers, as well as signoff powers for Te Aka Whai Ora for policy, strategy, plans, frameworks, and standards significant to hauora Māori unless they say otherwise
- joint steering or advisory groups across governance and executive leadership
- development of joint plans and programmes
- system-wide priorities and direction setting
- a framework outlining planning roles and responsibilities
- possibly, a national plan for public health services with specific monitoring and reporting requirements 'integrated with the wider and higher-order planning monitoring and reporting approaches'.

Investments were outlined to establish the functions across each entity, as well as set-up costs for change management and process improvement support.

The further work committed to at that time (para 68 and following) was in relation to:

- more detailed handover points between PHA and NPHS including the role of DPH in NPHS
- role, structure, and functions of NPHS within Te Whatu Ora, regional arrangements, and transfers from Te Hiringa Hauora, the Ministry of Health, and the Ministry's COVID directorate
- distribution of public health knowledge and surveillance system functions across the public health entities
- partnership mechanisms
- roles of NGOs, Māori and Pacific providers and others in the public health landscape
- day one configuration and the sequencing of changes.

According to a later briefing to Cabinet on 8 April 2022, Ministers in response to these proposals asked for further clarity on entity roles and functions – how they differ, how priorities and decision-making flow through the system, and how public health expertise will be consolidated and utilised, and clarity on the role of the DPH and Public Health Advisory Committee (para 8).

### 1.3 Further detail provided to Ministers

That later briefing of 8 April on the progress of establishment describes the shared public health leadership group, the role of the Government Policy Statement (GPS) as a vehicle for the PHA to set parameters and expectations of Te Aka Whai Ora and Te Whatu Ora plans and programmes. It commits to a National Public Health Strategy to be developed by PHA and Te Aka Whai Ora.

The ministerial paper expands on arrangements within a system-wide accountability framework for public health across four elements of direction setting (setting expectations and requirement for the system and entities), planning (translating expectations into detailed deliverable measurable plans for services and enablers), monitoring and reporting (progress against plans to Ministers, Parliament, public), and intervention (how risks or concerns identified are addressed by entities and system-wide).

#### Direction setting

- Te Aka Whai Ora and PHA to contribute to GPS.
- PHA in partnership with Te Aka Whai Ora develop National Public Health Strategy to outline long-term vision and focus on determinants of health, informed by Te Whatu Ora/NPHS operational insight.
- Public health advisory committee advice to Ministers to inform direction setting.

#### Planning

- Te Aka Whai Ora and Te Whatu Ora co-develop NZ Health Plan with contributions from PHA.
- Te Aka Whai Ora and Te Whatu Ora develop any additional national plans or frameworks deemed necessary.
- Te Aka Whai Ora and Te Whatu Ora develop locality plans with, and approved by, IMPBs and at regional level.

## Monitoring and reporting

- PHA leads system monitoring for public health.
- Te Aka Whai Ora leads system monitoring for hauora Māori.
- PHA monitors progress against the National Public Health Strategy as Ministry steward.
- Te Whatu Ora and Te Aka Whai Ora report on activities and performance at national and local level.
- Mandatory reporting requirements linked to GPS and NZ Health Plan support system level outcomes and indicators framework consistent with broader system monitoring framework.

## Intervention

- Te Whatu Ora and Te Aka Whai Ora internal monitoring, and performance and quality improvement activities.
- Escalation for cross-agency response, when necessary, across Te Whatu Ora and Te Aka Whai Ora, could involve Ministry but focus will be on delivery agencies managing initial response.
- Ministers kept regularly informed and may need to make key decisions.
- Statutory intervention powers used rarely where agencies' response does not meet ministerial or public expectations.

The paper expands on the intended role of the DPH and the ODPH based in the PHA, providing advice to DG of Health and to the Minister. The role is to influence and advise broadly about policy settings and interventions that impact the determinants of health. The DPH is part of the strategic leadership team of NPHS but is not to have any direct management role, or statutory powers to direct NPHS decisions. It will be a leadership and influencing role across the system, and relationship with Te Aka Whai Ora.

The paper noted Cabinet agreement that the PHA will lead on public health intelligence and surveillance and describes ongoing operational design of functions with distinct roles and responsibilities for Te Aka Whai Ora and Te Whatu Ora and close relationships among the three entities.

The paper separately notes work on how to operationalise a public health knowledge and surveillance function across the system for communicable and non-communicable diseases with strong mechanisms for dissemination and use of data and knowledge. It confirms this will be ongoing work after establishment of the entities.

## The summary of continuing work for establishment of the new system was set out as:

- Common vision with mātauranga Māori more prominent.
- Refining the draft public health accountabilities framework.
- Developing the leadership role of DPH across the system, across PHA and NPHS.
- Building a strengthened, comprehensive, and robust public health knowledge intelligence and surveillance system.
- Allocating and integrating COVID-19 functions with BAU activity.

## 1.4 The current accountability framework

The Public Health Operating Model (PHOM) draft accountability framework (the framework) was informed by the Pae Ora Act and subsequent Cabinet paper proposals and decisions. The framework sets out the contextual information and responsibilities of Manatū Hauora (Ministry of Health), the Public Health Agency (PHA), Te Aka Whai Ora (Māori Health Authority), Te Whatu Ora (Health New Zealand), and the National Public Health Service (NPHS). We focus on the PHA, Te Aka Whai Ora, and the NPHS's accountabilities given these three entities are in scope for this project.

The accountabilities framework is reasonably high level. It designates responsibilities and functions to the organisations, setting out the roles they are expected to cover. However, it lacks sufficient granularity to define clear boundaries between activities. For example, there is no clear definition of operational activity. Where there is a grey area within operational activity, as is the case with surveillance (given it has roles for both strategic and operations aspects), there can be friction between parties as to who is responsible for certain activities.

The following subsection discusses the accountabilities of each organisation as described in the framework.

### 1.4.1 Regulation, strategy, and policy

The strategy, policy, and regulatory responsibilities assigned to each organisation provide key context for their respective roles in the new health system. We describe each component with respect to each organisation's role and joint responsibilities.

#### Regulation

The entities' roles and legislative obligations are described in the Pae Ora Act. These roles and obligations are described in detail above; however, it is useful to examine how these translate into the current accountability framework.

Table 2 summarises the legislative accountabilities of the three entities.

1. Under Manatū Hauora, the PHA is the kaitiaki of public health. It leads the stewardship and administration of New Zealand's public health regulation.
2. Te Aka Whai Ora has a broader obligation to the health sector, ensuring partnership and consideration of equity for Māori across all health legislation and strategy.
3. The NPHS is required to implement and enforce compliance with public health legislation.

Table 2 Summary of the three parties' legislative accountabilities under the current accountability framework

Organisation	Legislative accountabilities
The Public Health Agency	<ul style="list-style-type: none"> <li>• National stewardship and administration of public health regulation.</li> <li>• Monitor if fit for purpose and effective.</li> <li>• Advise Minister on new/amended legislation.</li> <li>• Support Cabinet and parliamentary processes.</li> <li>• Provide advice to other agencies on matters relating to health.</li> <li>• Facilitate input from Te Aka Whai Ora and the NPHS.</li> <li>• Implement the National Focal Point function.</li> <li>• Administer the national public health regulation.</li> <li>• Administer statutory designations.</li> </ul>
Te Aka Whai Ora	<ul style="list-style-type: none"> <li>• Accountability for monitoring.</li> <li>• Monitor the performance of the health system.</li> <li>• Advise Minister on new/amended legislation.</li> </ul>
The National Public Health Service	<ul style="list-style-type: none"> <li>• Implementation, compliance, and enforcement of public health legislation.</li> <li>• Implement the International Health Regulations for preventing and controlling the spread of disease and public health hazards.</li> <li>• Statutory powers of medical officers of health and health protection officers.</li> </ul>

## Strategy

Strategies are identified as key documents within Pae Ora legislation which inform the Government Policy Statement and the New Zealand Health Plan. The legislation does not mention a population and public health strategy, but it is included in Cabinet briefings. Under the framework, the PHA leads and coordinates the national population and public health strategy and any supporting strategies. This role is done in partnership with Te Aka Whai Ora to honour the Treaty obligation of partnership.

Te Aka Whai Ora has a broader role than just population and public health. Its partnership role extends to the wider Ministry and across Te Whatu Ora as well as providing advice directly to the Minister. This wider role includes leading the development of the Māori health strategy.

The NPHS has no explicit discernible strategic obligations within the framework in line with Te Whatu Ora's wider role in translating strategy into plans and implementing plans and running operational services.

## Policy

All three organisations are involved in policy and have responsibilities associated with their specific roles. All organisations provide policy advice on matters relevant to each. The PHA—as steward and administrator of public health regulation—leads public and population policy analysis and advice. This advice is provided in partnership with Te Aka Whai Ora.

The PHA also administers the Public Health Advisory Committee under the Pae Ora Act, which provides independent advice to the Minister, including on policy and strategy.

Te Aka Whai Ora leads hauora Māori policy and strategy advice as part of its partnership role. The aim is to ensure partnership with Māori is rooted in policy and strategy to ensure equitable health outcomes for Māori. Te Aka Whai Ora also leads the development of public health policy “that is of significance to Māori” (it is hard to envisage public health policy that is not of significance to Māori).

The NPHS provides policy advice to Manatū Hauora as required on subjects relating to population health and provides advice that supports regional and local policies across sectors related to the determinants of health.

## 1.4.2 Planning, commissioning, and service delivery

The planning, commissioning, and service delivery accountabilities assigned to each organisation are detailed below.

### Planning

The NZ Health Plan (the plan) will outline the health system’s transformation. Te Aka Whai Ora and Te Whatu Ora co-author the plan, and the NPHS as part of Te Whatu Ora will supply input into the plan. Under the framework, Te Aka Whai Ora will ensure the planning and delivery in the plan respond to the needs of whānau, hapū, and iwi. In contrast, the framework states NPHS has more of a contribution role. It supplies input relating to operational aspects of the NZ Health Plan.

Te Aka Whai Ora will also partner with the NPHS (within Te Whatu Ora) to develop and sign off emergency preparedness and response plans. These plans will cover the public health aspect of New Zealand’s emergency response planning.

The NPHS leads the operational planning for delivery of public health services locally, regionally, and nationally. This planning responsibility follows the NPHS’s role of delivering public health services to communities.

The PHA does not have an explicit role in planning.

### Commissioning

The NPHS and Te Aka Whai Ora co-commission services to deliver public health prioritises. Te Aka Whai Ora also commissions work for Māori, including kaupapa Māori services. We note Te Aka Whai Ora’s commissioning and co-commissioning roles are not limited to public health services.

However, a key aspect of the commissioning cycle led by Te Whatu Ora is to develop the technical specifications for public health services and programmes, and the framework assigns the lead role to the PHA in developing these technical specifications.

### Service delivery

The PHA sets the guidelines for national public health services. However, the NPHS, in partnership with Te Aka Whai Ora, delivers local public health services. These services include:

- health improvement and promotion (at the population and community level)
- preventative interventions (at the individual level)

- health responses (at the population and community level).

Te Aka Whai Ora also works in partnership with the other agencies to address the determinants of health and wellbeing outcomes for Māori.

### 1.4.3 Intelligence, surveillance, and knowledge, and whānau and community voice

The intelligence, surveillance, and knowledge (ISK), and community and whānau voice accountabilities in the framework are described below.

#### Intelligence, surveillance, and knowledge

ISK is used to inform the health system on the most effective ways to improve population and public health outcomes and equity. It informs public health strategy and policy, regulation, and monitoring of health system actions.

The PHA is described as the steward of the ISK system. It provides strategy and policy advice in partnership with Te Aka Whai Ora and the NPHS. Together, **the three entities supply analysis of intelligence to support the core functions** of the public health system.

- The PHA uses data analysis for national health needs assessment and monitoring public health and equity outcomes.
- Te Aka Whai Ora uses analysis for co-commissioning.
- The NPHS uses analysis to support public health service delivery.

The NPHS collects the public health service data to use in ISK. It also operationalises surveillance, including ongoing risk assessments and leading, coordinating, and implementing responses to public health threats.

Te Aka Whai Ora has a further role within ISK to facilitate access to data and intelligence for Iwi Māori Partnership Boards and Māori public health service providers.

#### Whānau and community voice

The PHA will, in partnership with Te Aka Whai Ora, engage with community and whānau to inform strategy and policy.

Te Aka Whai Ora is responsible to engage with consumers under the Health Quality & Safety Commission code of consumer participation, and has a key role with Te Whatu Ora in co-leading engagement with whānau and communities to obtain voice, insights, and aspirations

Te Whatu Ora has an extensive in whānau and consumer voice accountabilities across services and localities. NPHS has a role to strengthen and maintain national, regional, and local cross-sector partnerships with whānau and communities. These partnerships maintained by NPHS will enable the communities to better achieve their health aspirations.

## 1.5 Workforce, and research and innovation

There are three key areas within workforce where the three organisations collaborate:

- The public health workforce strategy and policy is co-developed by the PHA and Te Aka Whai Ora.
- Te Tiriti responsive and equitable workforce capability is co-developed by the NPHS and Te Aka Whai Ora.
- Workforce capacity and capability development is led by the NPHS with contribution from Te Aka Whai Ora.

The PHA is also required to designate statutory officers, defined as individuals appointed under the Mental Health (Compulsory Assessment and Treatment) Act 1992 on the advice of the Director of Mental Health or Director of Area Mental Health services.

The **PHA develops and sets strategies for future public health research priorities**. It also facilitates and supports intersectoral research and innovation. Te Aka Whai Ora works in partnership with Manatū Hauora on wider health research strategies, priorities, and policy advice. In addition, Te Aka Whai Ora researches and invests in prototyping and dissemination of kaupapa Māori services.

## 1.6 Resourcing

We were unable to source accurate resourcing figures for the NPHS and the PHA. Instead, we examine the figures published for Manatū Hauora and Te Whatu Ora. Resourcing for the Te Aka Whai Ora, Manatū Hauora, and Te Whatu Ora can be observed from the 2023 budget for health. For the 2023/24 fiscal year:

- Te Aka Whai Ora is allocated a \$616 million appropriation to 'deliver hauora Māori services'.
- Manatū Hauora is allocated a \$238 million appropriation to 'undertake its stewardship of the health system'. Of this figure, \$107 million was allocated to public health and population health leadership.
- Te Whatu Ora is allocated \$20,878 million to deliver hospital and specialist services, and primary, community, public, and population health services. Of this figure, \$8,158 million was for the delivery of primary, community, public, and population health services (Manatū Hauora, 2023).

Resourcing can also be shown by the relative levels of staffing in each organisation. Te Aka Whai Ora has 142 FTEs as at December 2022 (Te Aka Whai Ora, 2022) across seven directorates, one of which leads on public and population health. In contrast, Manatū Hauora has 863 and Te Whatu Ora has in excess of 2,000 (Manatū Hauora, 2022). This staffing differential suggests large variances in the capacity and therefore capability of each organisation.

## 1.7 Entity operating models

	The Public Health Agency	Te Aka Whai Ora	The National Public Health Service
<b>Kaupapa</b>	Pae ora (healthy futures) for all.	<ul style="list-style-type: none"> <li>• Manifesting the aspirations, objectives and imperatives of whānau, hapū and iwi.</li> <li>• Directing and guiding the entire health system to understand and respond to needs of whānau Māori.</li> <li>• Upholding the wairua of collective contribution – leading to greater health and wellbeing for all.</li> <li>• Indigenising the health system – driving growth within the Māori workforce by supporting our existing staff, and ensuring Māori have a clear pathway into health mahi. <a href="#">Source</a></li> </ul>	<ul style="list-style-type: none"> <li>• Enable whānau and communities to lead lives of wellness.</li> </ul>
<b>Strategic intent</b>	Contribute to the Ministry of Health as kaitiaki in ensuring the health and disability sector fulfils the special relationship between Māori and the Crown under Te Tiriti o Waitangi.	<ul style="list-style-type: none"> <li>• Achieve equity in health outcomes.</li> <li>• Embed Te Tiriti o Waitangi across the health sector.</li> <li>• Keep people well in their communities.</li> <li>• Develop the health workforce of the future.</li> <li>• Ensure a financially sustainable health sector.</li> <li>• Lay the foundations for the ongoing success of the health sector. <a href="#">Source</a></li> </ul>	<ul style="list-style-type: none"> <li>• Protect, promote and improve the health of all New Zealanders.</li> <li>• Achieve equity in health outcomes among New Zealand’s population groups, including by striving to eliminate health disparities, in particular Māori.</li> <li>• Build towards pae ora (healthy futures) for all New Zealanders.</li> </ul>
<b>Functions</b>	Public health strategy, public health policy, and regulation, ISK, population health, equity, and determinants, and public health leadership.	Develop strategies and align the components of the health sector, commission and develop health services to ensure Māori get the health services they need, monitor and hold others to account to ensure the delivery of equitable hauora Māori outcomes, enable and champion the perspectives and experiences of whānau Māori, and partner and influence to drive system change to ensure the health system delivers for Māori. <a href="#">Source</a>	Influence and implement strategy, policy and legislation, engage with whānau and communities, develop and empower the public health workforce, plan and purchase public health services, deliver prevention services, deliver promotion services, deliver protection services, and produce operational public health intelligence.

## 1.8 Director of Public Health's role as an independent advisor

We note that there is currently work being undertaken to inform an operating model for the ODPH and, as part of that, clarify the right level of involvement across strategic and operational matters. The early work on the ODPH operating model has articulated the current DPH role as follows:

The DPH has a statutory advisory role to the DG for public health matters. These include personal and regulatory matters relating to public health. The DPH can also independently give advice to the Minister.

The DPH is based in the PHA but is also supported by the NPHS. The NPHS must ensure the DPH has access to ongoing awareness of domestic operational public matters. To do so, the NPHS must ensure the DPH is aware of operational public health matters, provide the DPH with insights on matters commissioned (and prioritised) by the DPH, and provide the DPH with bi-directional insights on policy impact and policy requirements.

The Office of the Director of Public Health (ODPH) supports the DPH in their statutory role as described in the Health Act and the Pae Ora Act. This support is part of ODPH's role in national public health clinical leadership. Other parts of the ODPH's national public health leadership include to:

- provide professional leadership to Medical Officers of Health, including oversight and assurance
- provide functional clinical public health leadership, including being an essential voice for direction setting and decisions, and bringing sector insights and understanding, to inform strategy direction and policy from a multidisciplinary point of view
- act as a conduit between national entities relevant for public health and determinants of health, including ensuring dissemination of knowledge and enabling collaboration. This conduit role extends to international entities.

The ODPH sits within the PHA. The ODPH supports the DG and Minister in their statutory roles. The ODPH also provides clinical public health input on public health strategy and legislation, and curates this input into cross-agency multi-disciplinary work.

The ODPH collaborates with the NPHS and Te Whatu Ora. The collaboration involves designing and delivering on strategic, tactical, and operational clinical national public health leadership to deliver national public health. The ODPH is expected to lead the strategic work and support the operational work.

The ODPH also collaborates with Te Aka Whai Ora. These two parties collaborate to design and deliver on equitable national clinical public health leadership. The goal is for clear roles and responsibilities to enable holistic and integrated national public health. The ODPH is expected to lead the clinical perspective within a mātauranga Māori context and support the wider hauora Māori points of view.

All three entities—the ODPH, the NPHS, and Te Aka Whai Ora—are expected **to collaborate across three key areas** to deliver national public health leadership.

- The first is to agree on a joint working programme with clear roles and
- The second is to participate in joint learning on clinical national public health, integrated national public health, and equity.
- The final area is to work together to support medical officers working in the health system on clinical matters.

We note that there is currently work being undertaken to address whether the DPH has a role in operational matters, or whether it should be solely focused on strategy and policy, given that it resides in the PHA.

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## 2. Concluding comments

This overview of the legislation and rounds of advice to Ministers provides important context to the development of the initial accountability framework, providing some of the early decisions and underlying intentions. The framework has been one source of sense making for the new organisations in their establishment and has informed work on the operating frameworks of each agency. Many of those now in leadership across the agencies were not part of the process to develop it, and we put this summary alongside the findings from extensive discovery interviews and focus groups to diagnose the areas where the existing framework is not proving sufficient to achieve cohesion and clarity in what is by design a complex, multi-agency partnership with distributed functions and thus high collective action needs.

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