

Terms of Reference - Ministerial Advisory Committee on health reform implementation

Purpose

1. The purpose of the Ministerial Advisory Committee (“**the Committee**”) on health reform implementation is to provide independent advice to Ministers on the continued implementation of the health reforms beyond Day 1 of the new system, advising on the delivery, benefits and any risk for the first 2 years of the reform [SWC-22-MIN-0089 refers].
2. The Committee is formed under section 87 of the Pae Ora (Healthy Futures) Act 2022.

Background and context

3. The Pae Ora (Healthy Futures) Act 2022 came into effect on 1 July 2022. This established the new health system entities and ways of operating, setting the foundations and expectations for a more equitable and sustainable health system to improve the health and wellbeing of all New Zealanders.
4. As the health system transitions, Te Whatu Ora – Health New Zealand, Te Aka Whai Ora – Māori Health Authority, and the Ministry of Health collectively have responsibility to deliver on the intended vision of the reformed health system as agreed by Cabinet [CAB-21-SUB-0092]. An independent assurance and advisory function will be vital to advise Ministers on implementation progress to ensure a system focus on the intended outcomes and benefits of the reform. The Committee will sit outside the entities to ensure independence but will have the knowledge and sector relationships to advise on delivery, benefits and risk.

Role

5. On 18 May 2022, Cabinet noted the intention of the Minister of Health to establish a Ministerial Advisory Committee under Section 87 of the Pae Ora (Healthy Futures) Act 2022, to “provide external advice to Ministers on progress, support requirements and risk on health reform implementation after Day 1” [SWC-22-MIN-0089 refers].
6. The Committee will provide independent advice on:
 - a. progress of Te Whatu Ora, Te Aka Whai Ora and the Ministry of Health towards embedding functions and systems, realising the reform objectives, including working as one system;
 - b. emerging risks, issues and mitigation strategies;
 - c. requirements to achieve successful implementation of the reform agenda, in the intended vision, benefits and outcomes; and
 - d. prioritisation of resources and effort across the system on reform related activities.
7. The Committee will provide regular advice to the Minister on reform implementation, which will be considered alongside ongoing direct reporting from the entities.
8. The Committee can engage directly with the entities to understand risks and progress of the reform programme to advise the Minister. This engagement may occur through the Ministry of Health, or through representatives from the entities attending the Committee’s meetings.

9. The Committee may also engage with any other person who they believe can assist in their provision of advice to the Minister.
10. The Minister may also seek the Committee's advice on any other relevant matter.
11. Section 87 committees are independent, and report directly to the Minister of Health, and are solely accountable to the Minister.
12. The Committee is not a decision making or governance body, and is not intended to advise on operational performance of the system. It is intended to provide implementation and programme advice to the Minister.
13. The Committee is expected to act consistently with the purpose and functions set out in these Terms of Reference and perform its functions efficiently and effectively.

Membership

14. The Committee will comprise of no more than six members, including a Chair.
15. Collectively, the Committee should possess the following expertise and attributes:
 - e. experience in leading large-scale transformation and/or system change, including change processes impacting people and workforce;
 - f. experience in designing, delivering and/or monitoring primary and community care services;
 - g. in-depth knowledge of the reform agenda as agreed by Cabinet, including a clear understanding of the new system operating model, and the respective roles, powers and functions of the entities;
 - h. familiarity with machinery of government and government processes;
 - i. experience in governance, management or service delivery for a healthcare provider (e.g. aged care residential or primary health organisation); and
 - j. a representative from the Hauora Māori Advisory Committee who brings an in-depth understanding of te Tiriti o Waitangi and equity as it relates to hauora and oranga Māori issues, services and support.
16. In addition, key attributes for the Chair of the Committee include:
 - a. experience in a public facing role; and
 - b. governance experience.

Operations

17. The Committee will meet on a monthly basis to carry out its functions in a timely manner. The scheduling of these meetings will be determined by the Chair and members, who will also determine the meeting procedures and processes. Members who are unable to attend a meeting of the Committee cannot be represented by a substitute or proxy.
18. The Health Transition Unit will provide initial secretariat services and administrative support until 30 September 2022. The Ministry of Health take over this function from 1 October 2022.
19. Secretariat services and administrative support to the Committee include:
 - a. setting up meetings;
 - b. collating and distributing papers;

- c. recording minutes and actions as required; and
 - d. preparing and collating appropriate information.
20. No quorum is required as the Committee is not a decision making or governance forum.

Public statements

21. Queries about the Committee and its advice will be directed to the Chair. The Chair will discuss any response with the Minister, or the Minister's office in the first instance. The Director-General of Health and the Chairs of Te Whatu Ora and Te Aka Whai Ora may be consulted or informed of any responses made by the Chair as appropriate.
22. The Chair is the sole member authorised to comment publicly on matters connected with the Committee.

General confidentiality requirements

23. For the Committee to operate effectively, members must maintain the confidence of the Committee, including maintaining confidentiality of matters discussed at meetings, and any information or documents (not otherwise publicly available) provided to it.
24. Disclosure of Committee advice to anyone outside the Committee, the Ministry of Health, the Minister or their office requires the agreement of the Chair and the Minister. The release or withholding of information is subject to the provisions of the Official Information Act 1982 and the Privacy Act 2020.

Terms and conditions of appointment

25. All appointments to the Committee will be made by the Minister and will be for a period until the end of June 2024.
26. Fees for the Chair and members will be set according to the Cabinet Fees Framework and outlined in a letter of appointment. The fees are:
- 1. \$1,150 per day for the Chair
 - 2. \$865 per day for members.
27. Any member of the Committee may at any time resign as a member by advising the Minister and the Chair in writing.
28. The Minister may, by written notice, remove a member from the Committee. This may be for a serious breach of any of these terms or any other reason. Serious breaches of these terms include (but are not limited to) a breach of confidentiality, unauthorised communication with media about the Committee, or a failure to declare or appropriately manage a conflict of interest.

Disclosure and other matters

29. Members are responsible for declaring any real or potential conflict of interest to the Committee, as soon as the conflict arises. The Chair will ensure appropriate mitigation and management of real or potential conflicts.
30. Members must ensure that they do not let advocacy of particular interests override or undermine their responsibilities or duties as members of the Committee.