

# Aide-Mémoire

## Meeting with DPMC and Health officials about Mental Health portfolio scope – 22 February 2024

<b>Date due to MO:</b>	20 February 2024	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024035807
<b>To:</b>	Hon Matt Dooney, Minister for Mental Health		
<b>Consulted:</b>	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

### Contact for telephone discussion

Name	Position	Telephone
<b>Robyn Shearer</b>	Deputy Director-General, Clinical, Community and Mental Health   Te Pou Whakakaha	s 9(2)(a)
<b>Kiri Richards</b>	Associate Deputy Director-General, Mental Health and Addiction, Clinical, Community and Mental Health   Te Pou Whakakaha	s 9(2)(a)

# Aide-Mémoire

## Meeting with DPMC and Health officials about Mental Health portfolio scope – 22 February 2024

**Date due:** 20 February 2024

---

**To:** Hon Matt Doocey, Minister for Mental Health

---

**Security level:** IN CONFIDENCE      **Health Report number:** H2024035807

---

**Details of meeting:** Thursday 22 February 2024, 12.00–12.45pm, Room 4.1 Executive Wing

**Purpose of meeting:** This meeting is an opportunity for you to meet with officials from the Department of the Prime Minister and Cabinet (DPMC) and the Ministry of Health to look at your Mental Health portfolio and interactions with other portfolios, including your Associate Minister of Health portfolio.

Attendees will include:

- DPMC: Ben McBride, Policy Advisory Group Advisor (Health portfolio)
- Ministry of Health | Manatū Hauora: Robyn Shearer and Kiri Richards.

**Comment:** **Your Mental Health portfolio scope has been confirmed**

- In early February 2024 the Rt Hon Christopher Luxon, Prime Minister, wrote to you confirming his agreement to and clarification of the scope of your Mental Health portfolio.
- Due to the Mental Health portfolio being new there is acknowledgement that the portfolio roles and responsibilities may need to evolve over time. Consultation with the Office of the Prime Minister and the Prime Minister's approval would need to be sought if further clarification is needed, or additional Ministerial functions or duties need to be transferred to the Mental Health portfolio.
- The information appended to this aide-mémoire sets out the scope of your Mental Health portfolio, the key organisations you have relationships with in relation to this portfolio, and the interface between the Mental Health portfolio and other portfolios.

### **Role of the DPMC Policy Advisory Group**

- The Policy Advisory Group in DPMC (also referred to as 'PAG') acts as the Prime Minister's policy 'eyes and ears'. Its advisors provide the Prime Minister with advice on emerging policy issues and support the Prime Minister's office.

- The DPMC PAG Advisor and officials from the Ministry will be able to clarify your Mental Health portfolio roles and responsibilities and answer any questions you may have.
- This aide-mémoire discloses all relevant information.



Robyn Shearer  
Deputy Director-General  
**Clinical, Community and Mental Health |**  
**Te Pou Whakakaha**

PROACTIVELY RELEASED

# Mental Health portfolio scope and implications

## Scope of your Minister for Mental Health portfolio

1. The scope of your Mental Health portfolio includes responsibility for and oversight of strategic and policy matters within the health system relating to mental health and addiction services and supports. This includes matters and activities relating to alcohol and other drug use, gambling harm, addiction, and suicide prevention and postvention.
2. Your portfolio also includes oversight of and an ability to make policy and priority decisions for mental health and addiction funding within Vote Health (captured in further detail below).
3. You have also been delegated several statutory powers previously held by the Minister of Health. We can provide you with further detail about these powers as needed. These include the areas of mental health [H2023032982 refers], substance addiction [H2023032982 refers], and the Mental Health and Wellbeing Commission.
4. Appendix One provides an overview of the health agencies and entities responsible to you as Minister for Mental Health and also to the Minister of Health.
5. As referenced in more detail below, there is a strong interface between the Mental Health and Health portfolios. This includes directing health entities and funding responsibilities, but also working closely with the Minister of Health to provide a mental health & addiction perspective in specific areas, such as the health workforce and infrastructure.

## Relationship with the Ministry of Health

6. The Ministry of Health is the steward of New Zealand's health system, including the mental health and addiction system. The Ministry is the lead regulator, monitor and advisor to ministers on health and supports you to achieve your priorities for mental health.
7. As Minister for Mental Health, you can direct us in relation to where you want us to prioritise our resource for mental health and addiction work, most of which sits within the Clinical, Community and Mental Health Directorate led by Robyn Shearer. You can direct us in relation to strategy and policy matters you would like us to progress and areas of system performance you would like us to investigate on your behalf, however we do hold some independent statutory functions that are not subject to Ministerial direction (eg, in relation to administering mental health and addiction-related legislation).
8. We are your first port of call for any mental health and addiction related queries related to strategic, policy, regulatory or system performance and monitoring matters and can be a conduit of requests from other entities and government agencies.
9. We can also provide a critical lens across health entity and system performance and can provide you with advice and assessments in relation to health entity reporting and information. The Ministry monitors health entities' performance as Crown entities.
10. We also service you through providing advice and support, for instance in drafting responses to correspondence you receive in your capacity as a Minister, drafting responses

to parliamentary questions and providing supporting information and suggested talking points for meetings you are attending (including with crown entities).

## Relationship with Crown entities

*You are the responsible Minister for the Mental Health and Wellbeing Commission*

11. The Mental Health and Wellbeing Commission | Te Hiringa Mahara is an independent system monitor that reports to you as part of your Minister for Mental Health role.
12. As an independent Crown entity, the Mental Health and Wellbeing Commission is independent of government policy.
13. As responsible Minister you have a range of levers under the Crown Entities Act 2004 to support performance and accountability from the Mental Health and Wellbeing Commission. Levers include:
  - a. setting its strategic direction and annual performance requirements (eg, through annual Letters of Expectation and Statements of Intent/ Statements of Performance Expectations)
  - b. monitoring strategic directions and results (eg, through the Ministry as monitoring agent, discussing results with the Mental Health and Wellbeing Commission, and requesting information from it)
  - c. board appointments, remuneration and removals (eg, appointing chairs and members, and setting terms and conditions of appointment). As with other statutory appointments, to finalise appointments you will need to seek approval through the Cabinet Appointments and Honours Committee.

*Directing health entities with respect to mental health and addiction related matters*

14. Health New Zealand | Te Whatu Ora, the Health Quality and Safety Commission | Te Tāhū Hauora, PHARMAC, the Health Research Council and the New Zealand Blood and Organ Service are all crown agents. This means they must give effect to government policy when directed by the responsible Minister (the Minister of Health).
15. The Māori Health Authority | Te Aka Whai Ora is an independent statutory entity. It has a number of functions, duties and powers set out in its establishing legislation, and must also perform any other functions relevant to its objectives that the responsible Minister directs in accordance with section 112 of the Crown Entities Act. Noting that work is underway to transition the Māori Health Authority's functions to Health New Zealand and the Ministry as part of the work to disestablish the entity.
16. The mental health and addiction functions within these entities have a strong interface with the Health portfolio. Hon Dr Shane Reti, the Minister of Health, is the responsible Minister for the health entities under the Crown Entities Act 2004. This means he is responsible for setting their strategic direction, monitoring strategic direction and results, and board appointments, remuneration and removals (unless delegated to an Associate Minister of Health).
17. The Pae Ora Act 2022 identifies key documents for setting direction in the health system that are either issued or approved by the Minister of Health as responsible Minister. These include:

- a. the six Pae Ora strategies (with the current strategies having a 10-year horizon)
  - b. the Government Policy Statement, which sets out the Government's priorities and objectives for the publicly funded health sector for a three-year period
  - c. the New Zealand Health Plan, a three-year costed plan for the delivery of services by Health New Zealand and the Māori Health Authority approved by the Minister of Health.
18. The Minister of Health also provides annual Letters of Expectations to health entities.
  19. You will likely have the most interaction with Health New Zealand and the Māori Health Authority in relation to their role in planning, commissioning and providing (publicly funded) mental health and addiction services. Additionally, the Māori Health Authority has a policy role in ensuring health planning and service delivery responds to the aspirations and needs of Māori.
  20. While broad direction for work undertaken by Health New Zealand and the Māori Health Authority is formally set by the Minister of Health through the mechanisms described above, it is expected the Minister of Health will consult with you on mental health and addiction related matters.
  21. This means you should have the opportunity to include your priorities and targets within these high-level direction setting documents. Incorporating your mental health and addiction priorities through these channels avoids creating multiple avenues of direction for health entities. Also, if your mental health and addiction priorities and targets are not reflected in these formal accountability documents, there is a risk that health entities will prioritise other directives through those documents over work related to your mental health and addiction priorities.
  22. While it is important to ensure mental health and addiction is appropriately reflected in formal accountability documents, you can also set clear expectations for Health New Zealand and the Māori Health Authority through your direct engagements with the entities and/or via the Ministry. You can require information, reporting and assurance from health entities on service delivery and operational matters.
  23. You can contact Health New Zealand and the Māori Health Authority for advice and support related to planning, commissioning and provision of mental health and addiction services, as well as material to support you with sector and service engagements.

### **Responsibility for mental health and addiction funding**

24. As previously advised, mental health and addiction related funding includes ringfenced mental health and addiction funding as well as other funding such as through the alcohol levy and the problem gambling levy. This funding sits across multiple appropriations within Vote Health (see H2023033583 for further information about current financial arrangements).
25. As per the Public Finance Act 1989, each appropriation can only be the responsibility of one Minister and can only be administered by one department. The Minister of Health therefore currently retains overall sole responsibility for Vote Health and all of the appropriations currently within Vote Health. This means the Minister of Health is also responsible for Vote Health and relevant bids through annual Budget process, but is expected to consult with you on the preparation of Budget proposals with implications for mental health and addiction.

26. You have oversight of and an ability to make policy and priority decisions for existing mental health and addiction funding within Vote Health. This means you can direct health entities to deliver on funding commitments that have been made in terms of achieving a particular outcome or output, provided it is within the original policy parameters for that funding, aligned with the directions set out in the Government Policy Statement and New Zealand Health Plan, and is within existing funding envelopes.
27. For example, you could direct Health New Zealand to use funding appropriated for mental health and addiction workforce development to achieve a particular outcome or output such as increased number of training places for psychologists. You cannot however direct health entities to fund a particular named provider.
28. You would be acting on behalf of the Minister of Health in relation to funding matters and are expected to keep the Minister of Health informed and updated about any matters which have fiscal implications given he retains overall responsibility of Vote Health funding.
29. This means if you wanted to, for instance, direct health entities to use funding outside of the original appropriated purpose or to increase funding going towards mental health and addiction, you will need to discuss this with the Minister of Health in the first instance. You may also need to seek approval from the Minister of Finance and Cabinet to progress new policy initiatives with repurposed funding.
30. The Ministry is working with the Treasury to develop advice on alternative funding arrangements to support your Mental Health portfolio, such as creating a new appropriation or appropriations within Vote Health to capture mental health and addiction expenditure. We expect to provide this advice to you by the end of March 2024. Any such changes would be able to be approved by the Minister of Health and the Minister of Finance. Ministers may however wish to update the Prime Minister of the change, particularly if there were also proposed to be any changes to Ministerial responsibility for any appropriations.

## **Associate Minister of Health portfolio**

31. In addition to your Minister for Mental Health portfolio, the Minister of Health has delegated several health system related functions and responsibilities to you as part of your Associate Minister of Health role. This includes responsibility for:
  - a. rural health, eating disorders, nutrition and physical activity, neurodiversity, youth and rainbow health
  - b. a series of appointments: to the Psychologists Board, Psychotherapists Board, and Chinese Medicine Council and Dietitians Board under the Health Practitioners Competence Assurance Act 2003; to the Expert Advisory Committee on Drugs under the Misuse of Drugs Act 1975; to the Radiation Safety Advisory Committee under the Radiation Safety Act 2016; to the national and regional health and disability ethics committees under the Pae Ora (Healthy Futures) Act 2022; to the Advisory Committee on Assisted Reproductive Technology under the Human Assisted Reproductive Technology Act 2004
  - c. matters relating to: membership of the Medical Council under the Health Practitioners Competence Assurance Act; membership of the Health Practitioners Disciplinary Tribunal under the Health Practitioners Competence Assurance Act; the roles of the Health and Disability Commissioner and Deputy Commissioners under the Health and Disability Commissioner Act 1994

- d. recommendations to the Governor-General about regulations pursuant to section 170(1) of the Health Practitioners Competence Assurance Act in relation to the Medical Council or the Health Disciplinary Tribunal.
- 32. You will be supported in your Associate Minister of Health portfolio by officials from the Ministry, Health New Zealand, and the Māori Health Authority.
- 33. You can contact the Ministry and any other relevant health Crown entities such as Health New Zealand on matters relating to the above areas that you have been delegated responsibility for.
- 34. There is an expectation that any significant policy decisions, such as those with fiscal, regulatory, or legislative implications, and public announcements related to your delegated responsibilities be discussed with the Minister of Health prior to any decisions or announcements being made.

## **Relationship between your Ministerial portfolios**

- 35. Two of your other Ministerial portfolios have a potentially close relationship to your Minister for Mental Health and/or Associate Minister of Health portfolios.
  - a. The Accident Compensation Corporation (ACC) provides accident compensation entitlements, including for mental injury (defined in legislation as a clinically significant behavioural, cognitive or psychological dysfunction) linked to a specific accident or event. There are common providers for many services funded by ACC and by Health New Zealand and shared workforces. Health New Zealand provides many emergency and acute services for people covered by the ACC scheme. ACC also funds counselling services for people after a physical injury or sexual abuse. Administrative and policy support for your ACC portfolio is provided by the Ministry of Business, Innovation and Employment.
  - b. The Youth portfolio plays a key role in advocating and championing young people across government and the youth sector. Supporting both the physical and mental health of young people is a key priority for the health system. Administrative and policy support for your Youth portfolio is provided by the Ministry of Youth Development (which is a unit within the Ministry of Social Development) and the Child and Youth Policy Team within the Ministry of Social Development.

## **Interface with other Ministerial portfolios**

- 36. A large number of Ministerial portfolios in addition to the Health, ACC and Youth portfolios interface with your Mental Health portfolio. Work across areas such as education, social development (including matters related to disabled people), the justice sector, vulnerable children's issues, and housing will have some matters that could strongly impact on people's mental health.
- 37. It is expected that other responsible Ministers across government consult you on any strategy and policy matters relevant to your Mental Health portfolio, as well as keeping you updated on the implementation and progress of new initiatives. Officials can support you with communications to your Ministerial colleagues to outline these expectations, as confirmed by the Prime Minister, and any associated engagements.
- 38. Similarly, you may want to regularly engage with other Ministers to ensure mental health and addiction is appropriately prioritised and addressed within their portfolios.



# Appendix One:

Figure 1: Health agencies and entities responsible to the Minister for Mental Health and Minister of Health

