

Briefing for decision

Health New Zealand: Candidate Selection Paper

Date due to MO:	29 May 2025	Action required by:	3 June 2025
Security level:	IN CONFIDENCE	Reference:	H2025066896
To:	Hon Simeon Brown, Minister of Health		
Consulted:	Health New Zealand: <input type="checkbox"/>		
Proactive release:	This title is proposed by the Ministry of Health for proactive release: <input type="checkbox"/>		

Contact for telephone discussion

Name	Position	Telephone
Sarah Turner	Deputy Director-General, Government and Executive Services – Te Pou Whakaterere Kāwanatanga	9(2)(a)
Stasha Mason	Manager, Statutory Appointments and Integrity Services, Government and Executive Services – Te Pou Whakaterere Kāwanatanga	9(2)(a)

Minister's office to complete:

- Approved Decline Overtaken by events
 Needs change Seen
 See Minister's Notes Withdrawn

Comment:

Briefing for decision

Health New Zealand: Candidate Selection Paper

Security level: IN CONFIDENCE **Date:** 29 May 2025

To: Hon Simeon Brown, Minister of Health

Purpose of report

1. This paper invites you to indicate your preferred candidates for appointment to the board of Health New Zealand (Health NZ), following the conclusion of the interviews and due diligence checks. It also advises on the remaining steps to complete the appointment process.

Background

2. In February 2025, you indicated your intention to transition Health NZ from the current Commissioner model to a statutory board at the end of the Commissioner's term (27 July 2025).
3. In response, the Ministry of Health initiated a recruitment process in March 2025 in accordance with the Public Service Commission – Te Kawa Mataaho *Board Appointment and Induction Guidelines* for the Chair, Deputy Chair and member positions on the Health NZ board.
4. On 7 May 2025, you confirmed your preferred candidates to progress to the due diligence stage. Interviews were conducted between 20 and 23 May, with panel composition and interview questions tailored by position and the five priority skill areas identified as critical for the success of the new board: governance, financial expertise, health system expertise, commercial expertise, and clinical leadership.
5. All interviews have now been completed with your selected candidates. This paper sets out the key considerations we have taken into account as part of an overall governance strategy for Health NZ, provides a summary of interview and panel feedback and seeks your decisions on which candidates to appoint.
6. Note that due diligence processes including referee checks, online presence checks, conflict of interest declarations and Ministry of Justice criminal conviction checks have been completed or are nearing completion.

Governance strategy for the board of Health New Zealand

7. A full summary of each candidate, including panel feedback and our recommendations, is provided at **Appendix A**. A skills matrix is included at **Appendix B**. The recommended candidates collectively provide strong coverage of all five priority role requirements: governance, financial expertise, health system expertise, commercial expertise and clinical leadership. In addition, some candidates would also bring significant legal expertise.

Transition approach

8. A structured transition to re-establishing the board will ensure stability, maintain accountability to you as Minister, and allow for a considered and managed transfer of governance responsibilities to the new board and associated governance architecture. Additionally, it should enhance stakeholder confidence while minimising disruption to Health NZ's operations.

s 9(2)(g)(i)

9.

10.

Board composition

11. The board can have up to eight members under the Pae Ora (Healthy Futures) Act 2022, but the Ministry recommends that the board comprise no more than six members at this time: a chair, a deputy chair, and four additional members. This should ensure a cohesive governance group that can effectively reach decisions on the strategic direction of Health NZ. A six-member board will be sufficient to provide strong governance oversight across all critical areas while ensuring focus on the key challenges and opportunities currently facing the organisation.
12. Additional member appointments can be made in the future to address any specific skills that may be later identified as helpful for the board (eg, significant infrastructure expertise or additional commercial sector experience). This could be done through selecting people from the current cohort of candidates, rather than going back to market, or could include entirely new candidates sourced through a new process.

Governance support opportunities

13. In order to set the board up for the best chance at success there are additional governance design elements that are currently being considered that could strengthen the governance model and help to respond to the issues faced by Health NZ. We have taken these into account when developing our candidate recommendations for the board.
14. The appointment of a Crown manager (either financially focused and/or focused on the interface between the board and the executive) would assist in the transition from the Commissioner arrangements to a board, by ensuring that some critical areas are still subject to significant oversight while the board is getting up to speed. A Crown observer could also be used to ensure that your priorities are regularly communicated and considered at the board table, and to provide you with another avenue of information and oversight.

15. 9(2)(f)(iv)

16. s 9(2)(g)(i)

Appointment terms

17. We strongly recommend staggered term lengths for all appointments to ensure that not all members terms expire simultaneously and to encourage the retention and continuity of some institutional knowledge over time.
18. Successive governments have usually chosen to exercise restraint in making significant appointments in the three-month period before a general election. Appointing any candidate for a one-year term will therefore mean that their term will likely expire in the 2026 period of restraint prior to the general election. This could be addressed by appointing some members for ten-month terms.

Next steps

19. Once you have confirmed your preferred candidates, the Ministry will finalise any outstanding due diligence checks, and prepare formal appointment documentation, including a draft Cabinet paper for consideration by the Cabinet Appointments and Honours Committee on 24 June 2025. This paper will be provided to your office by 9 June 2025.

Recommendations

We recommend you:

- a) **indicate** your preferred candidates for appointment to the Health New Zealand board, using the candidate selection table at **Appendix A** **Yes/No**
- b) **note** the due diligence and interview findings outlined in **Appendix A** and the skills matrix at **Appendix B** **Yes/No**
- c) **agree** that the Ministry proceed to prepare the appointment documentation and Cabinet paperwork for your consideration, based on your selected candidates. **Yes/No**



Sarah Turner
Deputy Director-General
Government and Executive Services –
Te Pou Whakatere Kāwanatanga
Date: 29 May 2025

Hon Simeon Brown
Minister of Health
Date:

PROACTIVELY RELEASED

Appendix A: Panel feedback and candidate selection table

Feedback from the interview panels

- The panel responsible for the Chair and Deputy Chair positions comprised: Audrey Sonerson, Director-General of Health; Sir Brian Roche, Public Service Commissioner; Struan Little, Deputy Secretary Budget and Public Services, the Treasury; and Tā Mark Solomon, Deputy Chair, Hauora Māori Advisory Committee.
- The panel responsible for the member positions comprised: Simon Medcalf, Deputy Director-General, Regulation and Monitoring; Fergus Welsh, Chief Financial Officer; and Sarah Turner, Deputy Director-General, Government and Executive Services; all from the Ministry of Health.
- The Manager of the Ministry's Statutory Appointments and Integrity Services, team observed all candidate interviews to ensure continuity in the approach across both panels.
- Collectively, the key conclusions from the panels' assessments are outlined below.
s 9(2)(g)(i)

Recommendations overview

- Overall, the interviews were successful in identifying a good range of appointable candidates. We have ranked the candidates in the table by order of our assessment of suitability.
- We have identified seven preferred candidates, including a Chair candidate, following the interviews, but we recommend you choose six of them to appoint to the board at this time.
- We have identified three strong candidates from amongst the seven preferred candidates for the Deputy Chair role. Regardless of which of these candidates you choose to appoint as Deputy Chair, we recommend appointing the other candidates as board members as they would all bring significant and useful expertise.

Conflicts of interest overview

- s 9(2)(a), s 9(2)(ba)(i)
-
-

- s 9(2)(a), s 9(2)(ba)(i)

-

-

-

-

-

-

-

PROACTIVELY RELEASED

Candidate selection table

Candidate	Role considered for	Priority skills covered	Interview and due diligence summary	Ministry recommendation	Term length	Minister decision
<p data-bbox="201 863 240 1346">Recommended for appointment now</p> <p data-bbox="854 436 2101 1675">PROACTIVELY RELEASED</p>						

Candidate	Role considered for	Priority skills covered	Interview and due diligence summary	Ministry recommendation	Term length	Minister decision
Recommended for potential future appointment						
	s 9(2)(a), s 9(2)(g)(i)					

PROACTIVELY RELEASED

	Candidate	Role considered for	Priority skills covered	Interview and due diligence summary	Ministry recommendation	Term length	Minister decision
Appointable but not recommended	s 9(2)(a), s 9(2)(g)(i)						
Not recommended	PROACTIVELY RELEASED						

Appendix B: Candidate skills matrix

Recommendation	Governance	Financial expertise	Health system expertise	Commercial expertise	Clinical leadership	Legal expertise	Comment including other relevant skills/experience	Gender	Age Range	Region	Ethnicity	Iwi (if applicable)
Recommended for appointment now	s 9(2)(a), s 9(2)(g)(i)											
Recommended for potential future appointment												

PROACTIVELY RELEASED

Recommended and shortlisted candidates	Governance	Financial expertise	Health system expertise	Commercial expertise	Clinical leadership	Legal expertise	Comment including other relevant skills/experience	Gender	Age Range	Region	Ethnicity	Iwi (if applicable)
Appointable but not recommended	s 9(2)(a), s 9(2)(g)(i)											
Not recommended	PROACTIVELY RELEASED											