

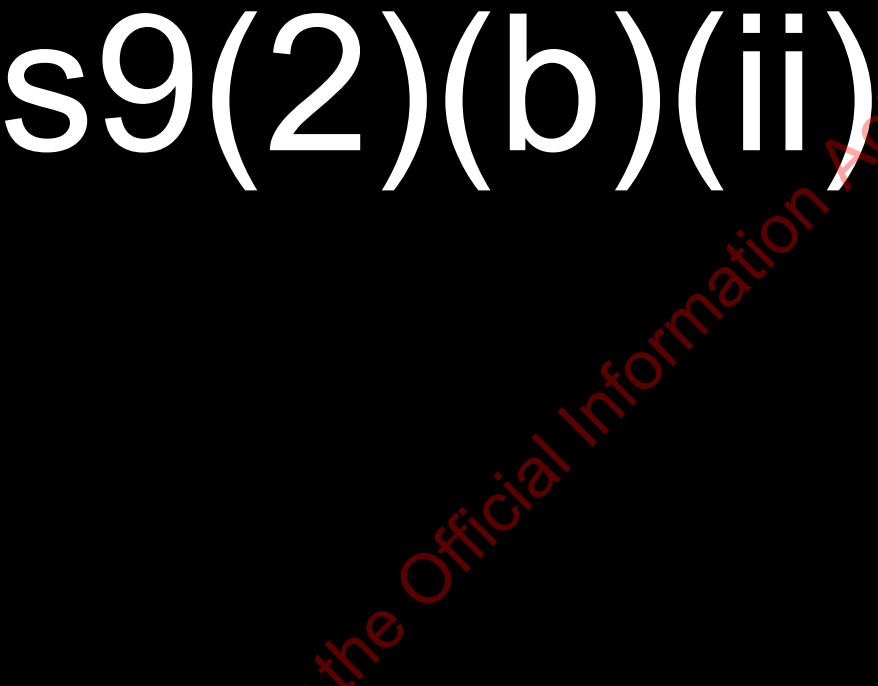

Covid-19 Vaccine Strategy
Science and Technical Advisory Group

Minutes – Wednesday 27 January 2021 (Confidential)

Date & time	10:30 am to 12:00 pm, Wednesday 27 January	
Attendees	Ian Town (Chair) David Murdoch (Deputy Chair) Sue Crengle Graeme Jarvis Peter McIntyre Nikki Moreland Helen Petousis-Harris Nikki Turner James Ussher Ian Frazer	Chriselle Braganza (MBIE) Simon Rae (MBIE) Caroline McElroy (MoH) Chris James (Medsafe) Dan Bernal (MoH) Fiona Callaghan (MoH) Kris Golding (MoH) Allison Bennet (MoH) Sarah Mitchell (MoH)
Apologies	Matire Harwood, John Taylor	

Item for discussion	Led by
Administration	
1. Apologies Matire Harwood, John Taylor	Ian Town
2. Introductions All attendees provided a brief introduction.	Everyone

Updates	
3. Immunisation planning and transition Ian Town gave an update on the Immunisation Programme underway at Ministry of Health (MoH) and the transition process from MBIE to MoH. Key points were: <ul style="list-style-type: none"> Seven workstreams have been identified at MoH, each of which will be involved in individual activities including landing the vaccines, storage, logistics, staff training, and sequencing etc. A phased handover is underway from MBIE to MoH, ranging from contract management to roll-out. This is a well-advanced, cross- agency piece of work that will be subject to written agreements. 	Ian Town

<ul style="list-style-type: none">• In anticipation of the leadership role transferring to MoH, measures have been taken to galvanise internal efforts towards the Immunisation Programme, which sits broadly within the COVID directorate.	
<p>4. Medsafe approvals</p> <p>Medsafe has been working with the four vaccine developers for several months to understand the timelines for generating data. To streamline this process, Medsafe has allocated dedicated assessors to each of the four vaccine candidates, all of which are rolling assessments. At the end of an assessment for each vaccine, Medsafe consults a ministerial expert advisory group, medicines assessment advisory committee(MAAC), for recommendations and advice.</p> <p>Key points were:</p>  <p>Discussion points:</p>  <ul style="list-style-type: none">• Medsafe is closely linked with the global regulatory community and uses expertise and assessments from regulatory colleagues. They have also been working closely with the Australia's Therapeutic Goods Administration, including discussing technical assessments and questions for the vaccine developers.• It will be crucial to have effective media communication around provisional approvals for vaccines to ensure public confidence. Medsafe is working with communications teams to ensure this occurs.	Chris James

Discussion	
<p>5. Decision to Use Framework and Terms of Reference</p> <p>Kris Golding provided an overview of the Decision to Use Framework that will be presented to Cabinet shortly. This Framework addresses the need to provide advice on which vaccines in the portfolio can be best used for particular reasons within the Immunisation Programme.</p> <p>Key points were:</p> <ul style="list-style-type: none"> • The Framework centres around four key questions that cover the context and timeline for the decision, the key pieces of information that will build the foundations of advice, and the risks and benefits. • The STAG/new expert advisory group (EAG) is expected to provide advice on key pieces of information such as science, clinical and technical assessments of the vaccine, including who to use the vaccine for (i.e. specific population groups such as children). • The COVID-19 Immunisation Implementation Advisory Group (IIAG) have been involved in the sequencing framework and will be consulted for advice on operational use, e.g. processes and implementation. • Ian Town acknowledged the STAG's ongoing commitment to providing vaccine advice and recommendations. The STAG will be briefed about the processes and timelines and will be asked to reconvene urgently on short notice to provide advice on deployment of the first tranche of vaccines. <p>Discussion points:</p> <ul style="list-style-type: none"> • s9(2)(a) recommended that Te Tiriti o Waitangi assessments should be included within all groups instead of a separate group to avoid risk of marginalisation. Ian Town explained that the IIAG is very focussed on treaty and equity issues and will provide advice on these issues in parallel with the EAG. • Clear media communication and availability of transparent science advice will be key to ensuring public confidence on the vaccines in our portfolio, especially considering the speed at which the vaccines were developed. Work is underway towards this and will feed into the national immunisation campaign. Māori providers and leaders will also be included in the communication campaign. • There was some concern regarding overlap between roles of the IIAG and the new EAG in providing advice. The terms of reference (TOR) will be updated accordingly to accurately reflect the roles of the advisory groups. • It was noted that it would be good for the STAG to have an update from the IIAG with regards to where things stand so that they are appropriately informed. <p>Actions:</p> <ol style="list-style-type: none"> 1) Ian Town to send out explanation of the role of the IIAG along with the meeting minutes to the STAG. 2) s9(2)(a) to debrief on the Framework and ensure that the risk of leaving out Te Tiriti o Waitangi issues is mitigated. 3) The TOR will be fine-tuned to capture the roles of the IIAG and the new EAG more clearly. 	<p>Kris Golding/Ian Town</p>

4) MoH has developed an A3 roadmap summarising the critical decision points and will share these with the STAG.	
<p>6. Surveillance and research</p> <p>Ian Town gave a brief overview of the cohort surveillance work proposed by s9(2)(a) from Vaccine Alliance Aotearoa New Zealand (VAANZ), which includes aspects discussed in the 2 December 2020 workshop on <i>Surveillance, post-marketing and associated needs for NZ and Polynesia</i>. A second workshop will be held in the near future with STAG members and researchers from primary and secondary care to discuss this research and the proposal from VAANZ. This work will also set expectations on New Zealand's contributions to the international literature from outcomes of our Immunisation Programme.</p>	Ian Town
<p>7. Vaccine questions for the STAG and new expert advisory group</p> <p>MoH has been receiving vaccine questions from various sources, including the Prime Minister. These can be straightforward questions or really deep technical questions, which are currently being addressed by the Science and Technical Team but will eventually need to be answered by qualified experts as part of an expert advisory group (EAG). Ultimately, MoH needs to sign off on a decision and requires the STAG/EAG to land on a position for these questions. Examples of questions were sent to the STAG before the meeting and they were requested to comment.</p> <p>Key points:</p> <ul style="list-style-type: none"> • An immunisation training package is being put together and there are some pressing questions that also require advice and answers. • It was noted that timeframes are generally very tight and the questions may need to be answered offline via email rather than during meetings. 	Caroline McElnay
<p>8. Other matters</p> <p>No other matters were raised.</p>	Ian Town
<p>9. Meeting close</p>	Ian Town

Tikanga Whakahaere

Ministry of Health Operating Model

Edition 1 – released on 18 July 2022 (revision 0)



Kia ora koutou katoa

On behalf of the Executive Leadership Team, we are pleased to share the Tikanga Whakahaere | Operating Model for Manatū Hauora.

The Tikanga Whakahaere describes how we work together at Manatū Hauora to support our new role in the reformed health system. It covers our purpose and role, our functions and the governance, capability, systems, processes and practices we require now and in the future.

The way we work will continue to be guided by ngā uaratanga | our values – these will be underpinned by six new operating principles that guide how we want to operate (see page 17).

Our Tikanga will evolve over the coming months and years. This first edition will be an important building block to enable the Ministry, as chief steward of the health system, to successfully guide the system to achieve better health and disability outcomes for all New Zealanders.

A big thank you to all of you who have contributed to the mahi to develop this Tikanga Whakahaere.

Mā pango, mā whero, ka oti te mahi.

We connect and work together collectively towards a common purpose.

Ngā mihi nui,

Dr Ashley Bloomfield
Director-General of Health

Dr Diana Sarfati
Acting Director-General of Health Designate

Contents

Context & strategy 1 Strategic context – Pae ora, the Ministry’s purpose, role and functions From page 6	The way we work 2 A resource to guide the way the Ministry of the future will work to deliver on its role in the reformed health system, including: Ngā uaratanga a ō tatou Whanonga our values and behaviours; and our operating principles – our approach to how we work From page 13	Functions 3 A collection of <i>function canvases</i> explaining the role of each Ministry function and their operating model components From page 20	Enablers 4 A summary of the key enabling systems, processes and structures which will support successful implementation of the operating model From page 50
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Document change control

The content of Tikanga Whakahaere has been reviewed and released by the Ministry Executive Leadership Team.

Updated editions of Tikanga Whakahaere will be released periodically to preserve it as an authoritative reference to guide our work.

Variations should not be made to Tikanga Whakahaere outside of these updates.

Tikanga Whakahaere

Tikanga Whakahaere comes from two words in te reo Māori – tikanga and whakahaere.

The word tikanga describes a system of values and practices that have developed over time and are deeply embedded in the social context. It means customs, practices, protocols, or ways of being and doing. Tikanga derives from the word 'tika' which means 'correct' or 'right'. So, to follow tikanga is to do things the right way.

Whakahaere means to direct, organise, conduct, manage or operate. It comes from the words 'whaka', which means 'to make', and 'haere', which means 'to go' or 'move'. Whakahaere describes intentional movement and direction, either of oneself, a group, or an object.

When we combine both terms, tikanga and whakahaere, we are describing the ways in which we will operate and work collectively as a Ministry, ensuring we are doing things the right way, and moving forward together with intention and direction, eyes fixed on the vision we are pursuing – pae ora, healthy futures for all New Zealanders.

Tikanga Whakahaere – our operating model

Tikanga Whakahaere, our operating model, describes how we will deliver on pae ora and on our purpose and role in the system.

It provides:

- context around where the Ministry of Health sits in the health system, including our purpose and role;
- clarity of how we will work to deliver on that purpose and role, including defining our core functions and ways of working - our values, behaviours and what we need to focus on;
- a platform for ongoing operating model refinement, capability and capacity building beyond 1 July 2022 and to inform directorate business planning; and
- details of where you can find further information, including policies and processes.

We expect Tikanga Whakahaere to evolve over the coming months and years. The Ministry Executive Leadership Team will maintain oversight of this, with updated editions of Tikanga Whakahaere being released periodically to preserve it as an authoritative reference to guide our work.



Tikanga Whakahaere

Tikanga Whakahaere – our operating model

Tikanga Whakahaere, our operating model, describes how we work together in the Ministry of Health.

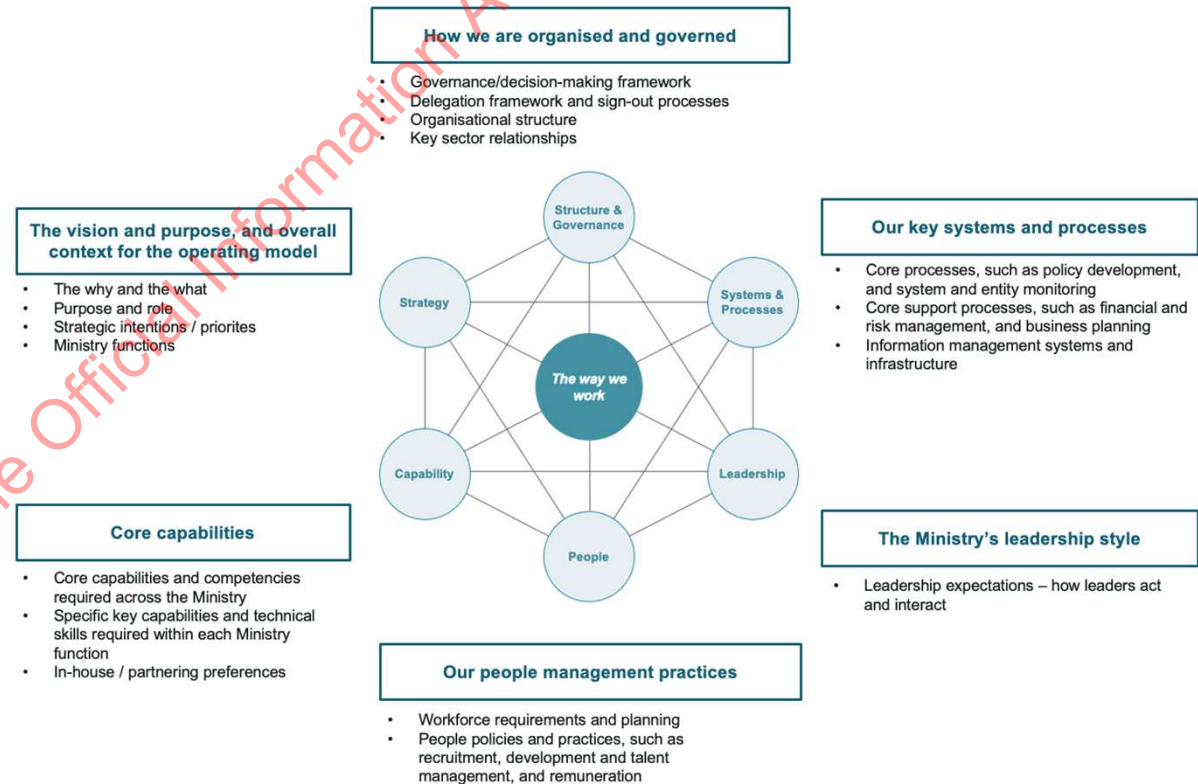
Developed using the framework shown to the right, it is designed to provide a clear connection between the Ministry's strategic intentions and operational delivery. It is a foundational enabler to help bring the health system vision, and our purpose and role to life. The Tikanga Whakahaere:

- will help us drive the required shifts in how we operate for us to deliver on our new purpose and role;
- defines our eight key functions - and how these functions will collectively work together;
- identifies key enablers that will ensure we are well set up to deliver, such as capability and skills, our key systems and processes, our team structure, and internal governance/decision-making arrangements; and
- provides us with a platform for ongoing operating model refinement, capability and capacity building; and guidance to how we design or develop the systems, processes and practices we require in the future.

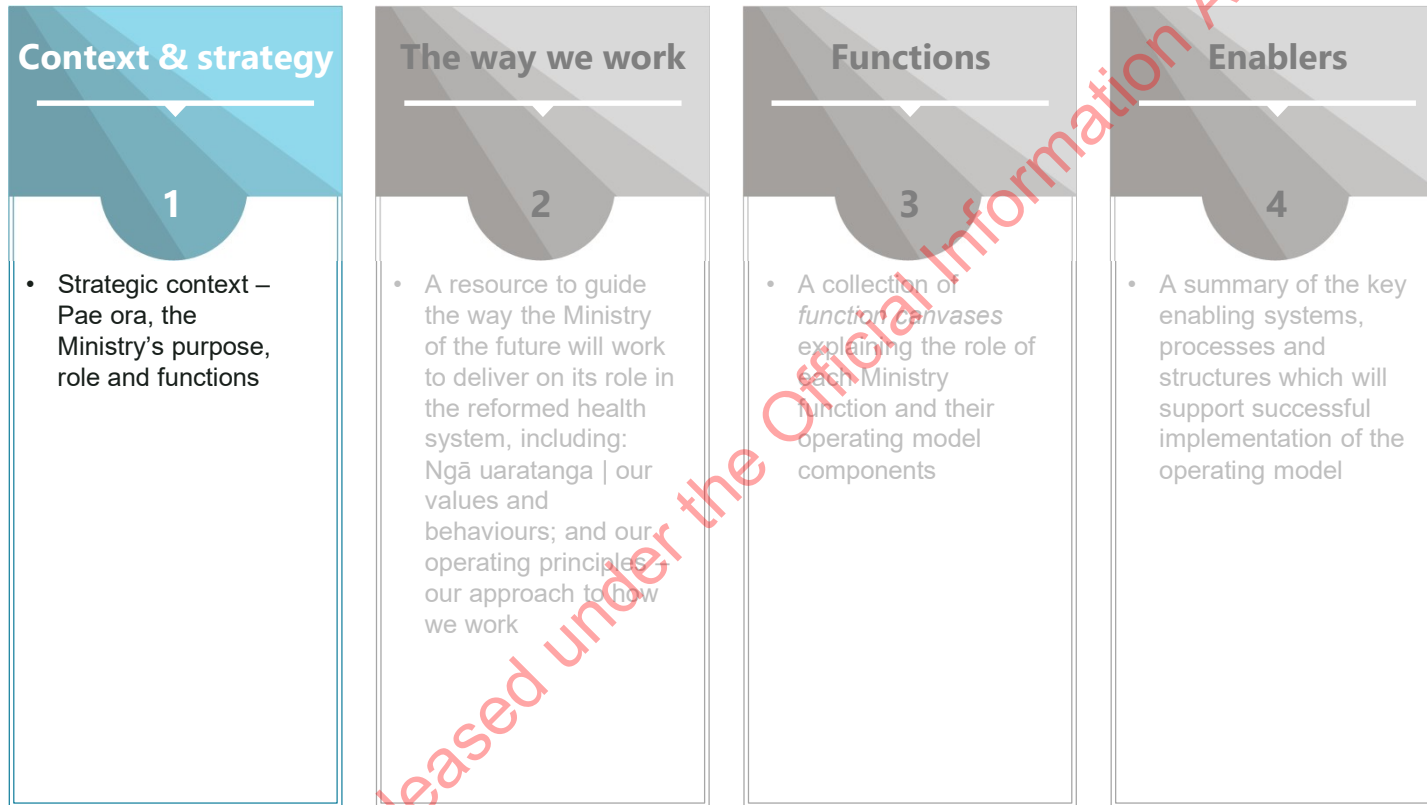
The *way we work* is guided by our enduring values – these underpin how we operate. Ngā uaratanga | our values and ō tatou Whanonga | our behaviours, are central to how we act and behave as a Ministry.

While our organisation will continue to evolve, our values will endure. Their retention helps to provide a link between the Ministry pre and post 1 July 2022.

Our operating model framework



Context & strategy



Our place in the reformed health system

Minister of Health

Manatū Hauora | Ministry of Health

Chief steward of the health system, including the performance and integrity of the system, and strategic advice on equitable investment to achieve pae ora and broader wellbeing

- ▶ Provides coherent system-level leadership that aligns priorities and focus across the health system and across government in relation to health and wellbeing
- ▶ Drives system strategy and performance
- ▶ Government's primary advisor on health, priority setting, policy and system performance, and the Crown's Te Tiriti o Waitangi responsibilities and obligations in the health system
- ▶ Principal source of horizon scanning and government-level leadership, including leading on advice on the determinants of health and wellbeing and taking a medium and long-term investment focus on health and wellbeing
- ▶ Regulates the health system
- ▶ Includes Public Health Agency, which leads public health strategy, policy, regulation, intelligence and surveillance

Te Aho o te Kahu Cancer Control Agency*

- ▶ Provides advice to Government, Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora about the future design and function of cancer services and options for resolving operational issues
 - ▶ Undertakes national initiatives to improve cancer outcomes for New Zealanders
- *Departmental agency hosted by the Ministry

Te Whatu Ora Health New Zealand

- ▶ Replaces 20 district health boards
- ▶ Operational lead for health services
- ▶ Plans, delivers and commissions services
- ▶ Plans and manages hospital/specialist services jointly with Te Aka Whai Ora
- ▶ Commissions primary and community services
- ▶ Provides National Public Health Services including the delivery of health promotion, protection and prevention

Te Aka Whai Ora Māori Health Authority

- ▶ Leads change in how the health system understands and responds to Māori health needs and the development of services to meet those needs
- ▶ Hauora Māori strategy and policy
- ▶ Monitors equitable health outcomes for Māori
- ▶ Plans and co-commissions all health services in partnership with Te Whatu Ora
- ▶ Develops Māori health workforce
- ▶ Supports iwi-Māori partnership boards
- ▶ Commissions and co-commissions kaupapa Māori services

Refocusing the Ministry's role

Following the Government's decisions on the Pūrongo Whakamutunga | the Health and Disability System Review Final Report, a number of changes to New Zealand's health system are underway.

The Pae Ora (Healthy Futures) Act heralds change to the structure and orientation of the health system. This includes refocusing the Ministry's role to account for the other system changes.

Our enduring role continues – and much remains the same, including:

- Being the strategic advisor to Minister (and Minister's 'agent');
- Regulator, including statutory roles (for example, Director of Public Health and Director of Mental Health);
- System performance and monitoring;
- Strategy and policy leadership;
- Crown Entity monitoring and appointments; and
- Being the administering department of Vote Health.

Key aspects for the Ministry's updated role include:

- A refocusing of the Ministry's role to focus on system leadership and stewardship responsibilities;
- Delivering on an expanded health sector entity monitoring role;
- The establishment of a dedicated Public Health Agency; and
- Growing our ability to understand and advise on overall system performance.



Further information can be found on the Ministry intranet

Ministry purpose – *the what*

The overall objective of the reformed health system is to achieve pae ora (healthy futures for all), which aspires to ensure holistic wellbeing for individuals, whānau and population groups – with a particular focus on Māori, Pacific people and disabled people, including tāngata whaikaha.

Pae ora is a holistic concept that includes three interconnected elements: mauri ora (healthy individuals), whānau ora (healthy families) and wai ora (healthy environments).

Pae ora – *the why*

In 2014, pae ora was conceived by Tā Mason Durie as the new vision for the refreshed He Korowai Oranga, New Zealand's Māori Health Strategy. Its original meaning was 'healthy futures for Māori', however, the term has now been extended through the Pae Ora Healthy Futures Act to mean 'healthy futures for all'.

The word pae has many meanings, although in this context it describes the horizon. Therefore, pae ora is the healthy horizon, or future, that we are collectively pursuing across the entire health and disability sector.

Reaching this horizon, and thereby achieving pae ora means that New Zealanders will live longer in good health, have improved wellbeing and quality of life, be part of healthy, inclusive and resilient communities, and live in environments that sustain their wellbeing. Achieving this will require all entities in the reformed health system to work collectively and in collaboration with each other, with the communities our system serves, with iwi, hapū and Māori communities, and with the wider organisations that contribute to the health and wellbeing of our whānau.

We have an unprecedented opportunity to reset our shared expectations for how we operate. The new system design must place te Tiriti and improved outcomes for Māori at its heart. It will strengthen Māori leadership and decision-making at all system levels, increase access to kaupapa Māori and whānau centred services, and work towards equity in health and wellbeing.



Ministry purpose – *the what*

Chief steward of the health system, including the performance and integrity of the system, and strategic advice on equitable investment to achieve pae ora and broader wellbeing



As chief steward of the system, the Ministry exists to:

- provide coherent system-level leadership that aligns priorities and focus across the health system and across government in relation to health and wellbeing
- drive system strategy and performance
- be government's primary advisor on health, priority setting, policy and system performance
- be the principal source of horizon scanning and government-level leadership, including leading on advice on the determinants of health and wellbeing and taking a medium and long-term investment focus on health and wellbeing
- be the regulator of the health system

In order to deliver on the core purpose, the Ministry has four key roles

We lead



- The system leader for health and wellbeing
- Strategic direction for the health system
- Ensure government agenda guides the system
- Connect health outcomes to wider government wellbeing priorities

We convene



- Convene the senior leadership of the system
- Lead improvement in ways of working across agencies in the health system and wider wellbeing system
- Convene government agencies on matters that impact on health and equitable health outcomes

We assess



- System-level assessment of the value of the investment in contributing to wellbeing for all populations and achieving equity
- System responsiveness and integrity, including Te Tiriti obligations
- System performance and strategy
- Monitoring the performance of Crown entities

We advise



- Primary advisor to government (and its agencies) on the determinants of health and on the health system's contribution to broader wellbeing
- Advice on the operation of the system and improvements to delivery and system cohesion

Kaitiakitanga

Kaitiakitanga means guardianship, stewardship, and protection. It is a way of managing the environment, based on a Māori world view. The root word of kaitiakitanga is tiaki which means to guard, keep, nurture, and protect. A kaitiaki is a guardian who is charged with the responsibility of protecting the natural environment. These individuals or groups are typically given that role by their iwi, hapū, or whānau.

However, in a contemporary setting, the term kaitiakitanga has been extended beyond the context of the natural environment to include the stewardship of people, work, and organisations.

A Māori worldview on stewardship

In te ao Māori, everything – human and non-human; animate and inanimate – is infused with mauri and connected through whakapapa. Mauri is commonly referred to as the ‘life-force’ or essence that everything possesses, whereas whakapapa has been described as the ‘skeletal structure of Māori knowledge’ through which the Māori worldview is encapsulated. Mana is the authority, control, power, influence and spiritual power – mana is a supernatural force in a person, place or object.

Through whakapapa, you can locate where mana lies and the subsequent role of kaitiakitanga. Thus, whakapapa sets out a hierarchy of rights and obligations to sustain and enhance mauri.

Understanding mātauranga Māori and whakapapa provides intricate descriptions of everything in the world and how they associate, relate and connect to each other. This is essential for understanding kaitiakitanga because if we are connected to everything in the world, we have a responsibility to take care of it.

The Ministry as kaitiaki and steward

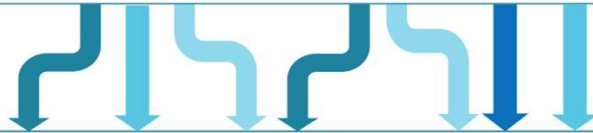
The Ministry of Health has an obligation as kaitiaki and steward of the health and disability system to enable the mana of people, nurture their mauri, and achieve pae ora – healthy futures. Much like a kaitiaki for a natural environment, we have a responsibility to steward, nurture, and take care of the wider system, ensuring all people, entities and programmes are enabled to thrive and reach their full potential.

So, kaitiakitanga in the context of our role as the Ministry of Health, speaks to our commitment to stewarding the wider health and disability system, providing system-level leadership and actively guiding our waka on its journey towards pae ora.

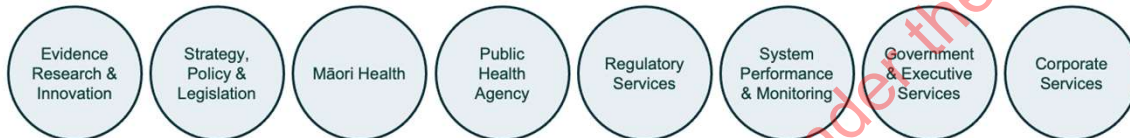
Ministry functions


Ministry Functions from 1 July 2022

- | | |
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| ① Evidence, research and innovation (page 22) | ⑤ Regulatory functions (page 36) |
| ② Strategy, policy and legislation (page 27) | ⑥ Public health functions (page 39) |
| ③ Māori health (page 30) | ⑦ Government and executive functions (page 44) |
| ④ Health system performance and monitoring (page 33) | ⑧ Corporate functions (page 47) |



Ministry Directorates from 1 July 2022



 Further information can be found on the Ministry intranet

Functions versus organisational structure

The Executive Leadership Team (ELT) has identified eight interdependent and connected functions to deliver on the Ministry's purpose and roles.

At a high level, these functions group together related activities that the Ministry undertakes – *the things we do*.

On the other hand, organisation structure (including our directorates) defines how our teams are organised and how our reporting lines work.

ELT has deliberately chosen to closely align our organisational structure with the eight functions, so, as illustrated to the left, there is considerable overlap between our functions and structure. However, this is not an absolute alignment and a number of functions, or components of functions, will be delivered by more than one team / role across the Ministry.

To bring this all together, in addition to ELT providing overall leadership, the Ministry also operates a **functional (cross-directorate) leadership model to reinforce collaboration and ensure decisions and actions across the Ministry are aligned and cohesive**. Each function is led by a head of professional or internal 'steward' with accountabilities that extend beyond their direct directorate or team.

Functional leads are accountable for ensuring consistent and connected practice across the organisation. They will also maintain oversight of standards, systems, processes and functional capability development.

As an example, strategy and policy *functions* span the Strategy, Policy and Legislation and Māori Health directorates and the Public Health Agency, as well as mental health policy (currently in the System Performance and Monitoring directorate).

- The Deputy Director-General (DDG) of the Strategy, Policy and Legislation directorate is the strategy, policy and legislation functional lead and will take a pan-enterprise view of the function; maintain a view of work in progress; ensure collaboration occurs across the function; and lead the relationship with other government agencies as functional lead; *whereas*
- DDGs of the Public Health Agency and the Māori Health are the functional leads for specialised strategy and policy development. They will engage with other entities and stakeholders on that strategy and policy.

Our functional leads

Evidence,
research
and
innovation



Dean Rutherford
DDG Evidence,
Research and
Innovation

Strategy,
policy and
legislation



Maree Roberts
DDG Strategy, Policy
and Legislation

Māori health



John Whaanga
DDG Māori Health

Health
system
performance
and
monitoring



Robyn Shearer
DDG System
Performance and
Monitoring

Regulatory
functions



Clare Perry
DDG Regulatory
Services

Public
health
functions



Andrew Old
DDG Public Health
Agency

Government
and
executive
functions



Sarah Turner
DDG Government and
Executive Services

Corporate
functions



Celia Wellington
DDG Corporate
Services

Clinical leadership



Lorraine Hetaraka
Chief Nursing Officer



Robyn Carey
Chief Medical Officer

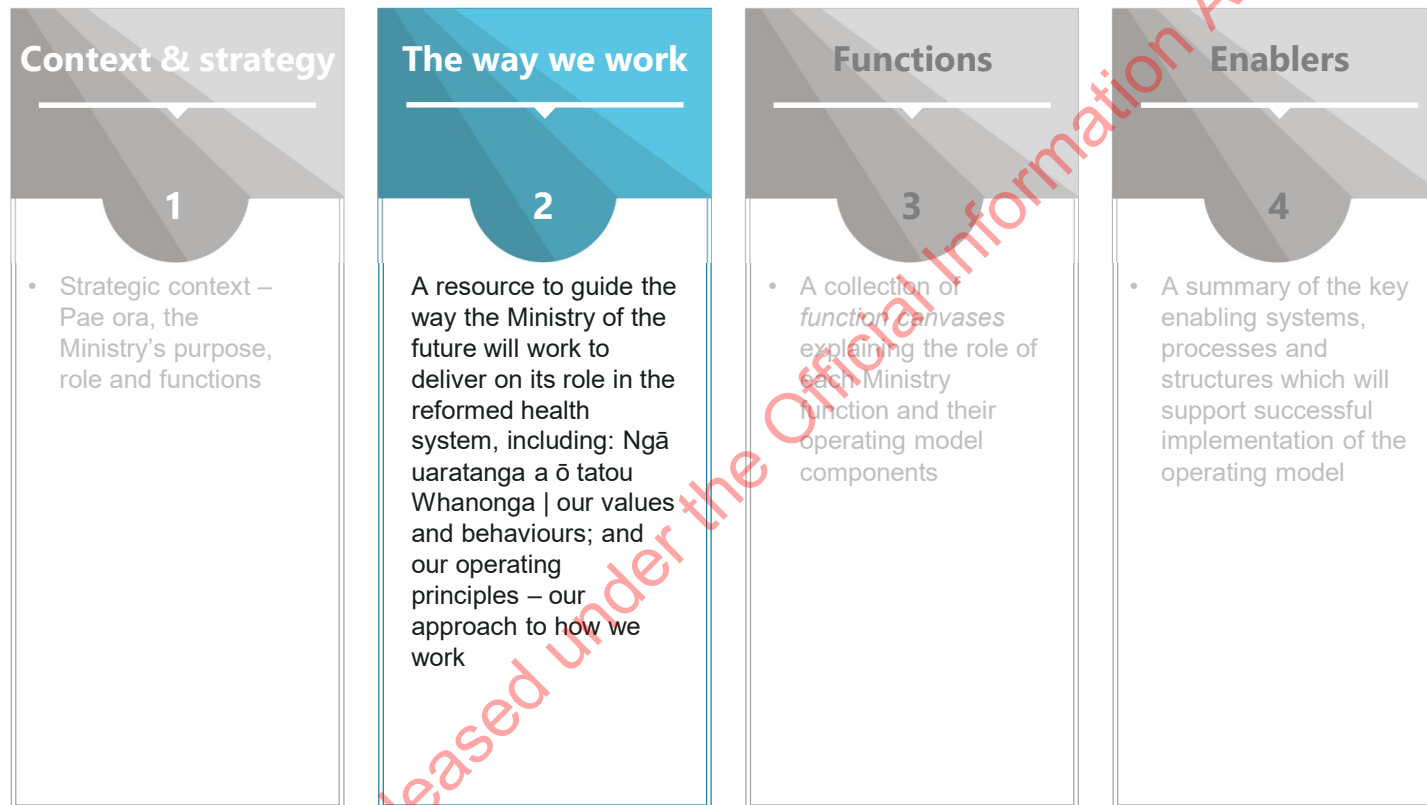


Martin Chadwick
Chief Allied Health
Professions Officer

Functional lead accountabilities include

- Taking a strategic, pan-enterprise view of the function and its role;
- Convening the elements of the function in order to build and maintain connections, including through the communities of practice and other fora;
- Maintaining a view of work ongoing across the function;
- Ensuring collaboration occurs across the function; and
- Articulating and embedding best practice within the function.

The way we work



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Ngā uaratanga a ō tatou Whanonga

Our Ministry values and behaviours

The way we work is guided by our values – these underpin how we operate. Ngā uaratanga | our values and ō tatou Whanonga | our behaviours, are central to how we act and behave as a Ministry.

While our role and way of working is evolving, these values will continue to endure within the Ministry. Their retention helps to provide a link between the Ministry pre and post 1 July 2022, while also continuing to reflect the context within which our sector operates.



Manaakitanga

We show care, inclusion respect, support, trust, and kindness to each other.

*“He aroha whakatō he aroha puta mai”
If kindness is sown,
then kindness you shall receive*



Kaitiakitanga

We preserve and maintain an environment that enables the Ministry and our people to thrive.

*“Ka mua, ka muri”
The past is clearly visible but the future is not
The future comes out of the past
The only constant is change*



Whakapono

We have trust and faith in each other to do the right thing.

*“He tangata kī tahi”
A man who speaks once
A person who says something and sticks to it*



Kōkiri Ngātahi

We connect and work together collectively towards a common purpose.

*“He waka eke noa”
We are all in this together
“Mā pango, mā whero, ka oti te mahi”
Many hands make light work*



Further information can be found on the Ministry intranet

Ngā uaratanga a ō tatou Whanonga



Manaakitanga

Ko tā tātou

He whakarite wā mō te whakawhanaungatanga
He whaiwhakaaro ki ngā hiahia o ētahi atu
He whakarongo ki ngā whakaaro o ētahi atu
He whakaae ki ngā rerekētanga o ētahi atu

E kore tātou

E whakamotu i ētahi atu, e kore hoki e whakatū uepū motuhake
E korou kore ki ētahi atu
E whakatuanui i ngā kōrerorero
E whakawā, e aukati rānei

Together we will...

Make time for whakawhanaungatanga
Be mindful of each other's needs
Ensure everyone has an opportunity to contribute
Embrace the differences of others

Together we won't...

Isolate others or make cliques
Show a lack of concern for others
Dominate the conversation
Unfairly judge or be biased



Kaitiakitanga

Ko tā tātou

He whakamaioha ki ngā whakatutukitanga a ētahi atu
He whakapūmau i te ngākau pai
He tautoko i ngā tangata e hia āwhina ana
He pōwhiri i ngā āheitanga katoa hei whakawhanake i a tātou

E kore tātou

E whakatakē i ngā mahi a ētahi atu
E whakapūmau i te whakaaro whakatakē
E whakataumaha rawa i te tangata ki te mahi
E ātete i ngā panonitanga o te Manatū

Together we will...

Show appreciation for the efforts and achievements of others
Have a positive attitude
Offer support when someone is in need
Welcome opportunities to learn and grow

Together we won't...

Diminish or put down others' efforts
Dwell on the negative
Overload people
Be resistant to change

Ngā uaratanga a ō tatou Whanonga



Whakapono

Ko tā tātou

He whakarite kia wātea ai te kōrero i ngā pātai, ngā take, me ngā hē
He kawē i ō tātou takohanga, he whakatinana i te kōrero
He waiho mā te tangata anō āna ake mahi e kawē
He rapu i ngā tirohanga rerekē hei whakawhanake i a tātou

E kore tātou

E kaha whakahē i ngā whakaaro o ētahi atu
E uapare, e huna i muri i ētahi atu
E āta whakariterite i te kaimahi
E whakautu i te whakatika ki te ngākau kino

Together we will...

Ensure questions, issues and mistakes are safe to share
Take responsibility and do what we say we will
Let others determine how they will complete the task
Seek out diverse perspectives that may challenge our own

Together we won't...

Be overly critical of others
Shift blame and hide behind others
Micromanage
React poorly to constructive feedback



Kōkiri Ngātahi

Ko tā tātou

He tūhono i ngā mahi huri noa i te Manatū
He mahi ngātahi me ō tātou hoa haere mai i te tīmatanga o te kaupapa
He āta whakamahere
He toha i ngā akoranga me ngā māramatanga ki ō tātou hoa mahi

E kore tātou

E mahi taratahi
E whakakake, e whakahīhī
E waiho mā te tūponotanga te mahi e whakatutuki
E kaiponu, e pana hoki i ō tātou hoa mahi

Together we will...

Connect work across the Ministry
Engage early with our partners and communities
Plan effectively
Share insights and learning with each other

Together we won't...

Work in isolation
Think we know best
Leave things to chance
Protect our patch

Our operating principles

The move to deliver on the Ministry's reframed role offers an opportunity to be deliberate about how we operate.

To do that the Executive Leadership Team has agreed six operating principles that describe the way we approach our work – *how we want to operate*.



Strong relationships

- We build strong and high functioning relationships with our sector partners
- We work collectively across the system to deliver on a shared vision
- We value the perspectives which different actors within the system offer
- We understand that success can only be achieved through collective and cohesive effort



Future-focused

- We proactively look up and out, in order to anticipate issues, identify opportunities and drive innovation
- We are deliberate in trying to keep up with innovation and developments, responding to emerging trends and planning for the future
- We are confident to seek out and experiment with new and different ways of thinking and doing



Grounded in Te Tiriti

- We place te ao Māori and Treaty-based frameworks as key cornerstones of our work
- We work to develop our cultural capability and understanding of mātauranga Māori
- We actively work to support the building of closer partnerships between Māori and the Crown
- We are predisposed to considering all our work through an equity lens



System-wide thinkers

- We have a sophisticated understanding of the system and how to drive performance
- We think holistically about system performance in order to identify opportunities for improvement
- We foster a culture of collective leadership across the system
- We look to actively engage on and influence the determinants of health outcomes across government



Connected & integrated

- We actively work to bring the breadth of skills and knowledge within the Ministry to bear when developing advice
- We value and seek out the knowledge, experience and perspectives of others
- We look to build ways of working that encourage us to work more collaboratively on the things that matter



Evidence-led

- We foster a culture of knowledge development, innovation and sharing across the health system
- We are influential through our use of evidence, analytics and insights
- We support the development of capability, tools and practices that allow for better quality decision making at all levels of the system

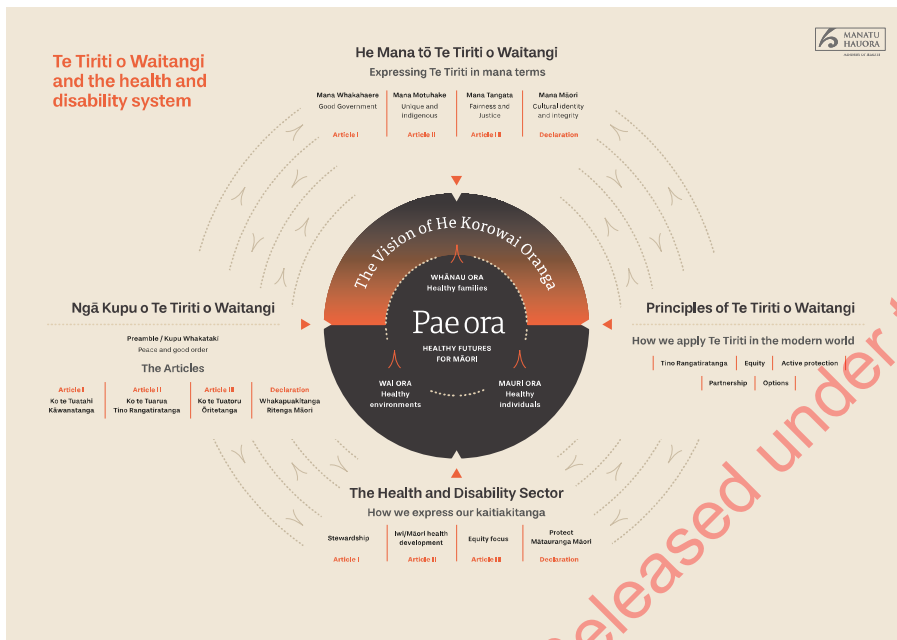
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Our Te Tiriti o Waitangi framework

Grounded in Te Tiriti


The health system is committed to fulfilling the special relationship between Māori and the Crown under Te Tiriti o Waitangi.

The Ministry of Health has a responsibility to contribute to the Crown meeting its obligations under Te Tiriti. The Ministry's Te Tiriti o Waitangi framework provides our statement confirming our commitment and provides high-level direction for how we will go about delivering; our expression of Te Tiriti; and our approach to achieving these goals.



Imagining our future

Thinking about the the operating principles, we asked six members of staff to imagine how they will be applied.

 Extended versions can be found on the Ministry intranet.



Strong relationships

All of the aspirations of the health and disability reforms rest on the quality of our relationships with each other. A Ministry that puts whakawhanaungatanga at the heart of its work is a Ministry that is setting up for success. He hono tangata e kore e motu; ka pā he taura waka e motu.

Graham Bidois Cameron

Deputy Director and Chief Advisor, Hauora Māori, Public Health Agency



Future focused

I believe being future focussed is a sign of an organisation doing well! It's about getting ahead of issues, implementing new solutions and being willing to take a few risks. That means working closely with colleagues across the Ministry and the health system.

Dean Rutherford

Deputy Director-General, Evidence, Research and Innovation



Grounded in Te Tiriti

Being grounded means having a strong connection with who you are. I am looking forward to us as a Ministry deeply understanding our stewardship role for Māori health and being 'Tiriti confident' in all that we do. At the heart of our leadership is enabling Māori whānau to flourish as Māori.

Cheree Shortland-Nuku

Manager, Māori Strategy and Policy, Māori Health



System wide thinkers

If we get this right, we can get the huge 'ship' that is the health system to shift towards better delivery of health services, and better outcomes for all New Zealanders; especially with better focus on the system level and longer-term outcomes.

Jess Smaling

Associate Deputy Director-General, System Performance and Monitoring



Connected & integrated

I'm excited about a Ministry where we are not separated by artificial divides, but rather where, in everything we do, we look across our new functions and bring the right expertise, tools and information together at the right time in order to achieve the best outcomes we can.

Michelle Ingram

Principal Advisor, Health and Disability Intelligence



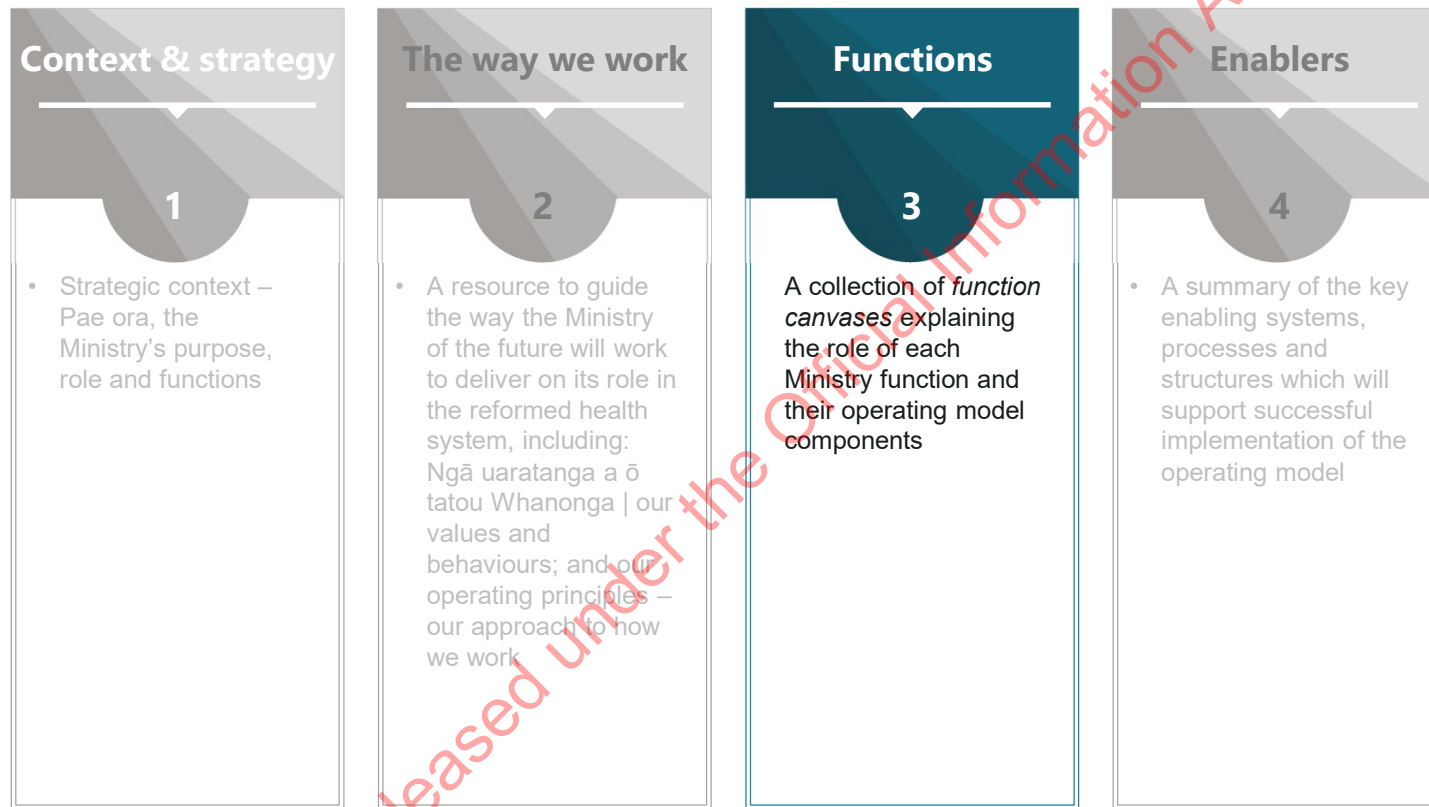
Evidence-led

We can't do our jobs effectively without robust evidence. That means reaching out to experts across the Ministry, the Māori Health Authority and Health New Zealand to access the best data and insights to inform our strategy and policy work. We'll need to make an even bigger effort to stay connected and tap into the rich information from different perspectives.

Steve Waldegrave

Group Manager, COVID-19 Policy

Functions



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Function directory

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Ministry functions

The Ministry Executive Leadership Team has identified eight interdependent and connected functions to deliver on the Ministry's purpose and roles.

At a high level, these functions group together like activities that the Ministry undertakes – *the things we*.

The pages that follow in this section provide a high-level view of how each function is intended to operate.

We anticipate that each function canvas will evolve as the reformed system is embedded and this may result in updated editions of Tikanga Whakahaere released periodically.

Further work will include:

- Continuing to identify where functions/ activities need to be closely connected because they are related parts of a business process or an organisational “system” and/or there is a need for functional leadership oversight; and
- Continuing to define capability requirements as we better understand how and where work will be delivered.

1 Evidence, research and innovation

Purpose

Evidence, research and innovation have a powerful impact on shaping the way that a health system performs and delivers care, and on the health and wellbeing outcomes that are ultimately achieved.

The Evidence, research and innovation (ERI) function promotes and provides high-quality analytics, research, evidence and science advice to better inform strategy and decision-making and drive innovation within the New Zealand health and disability system. It is therefore a key enabler towards the realisation of pae ora – healthy futures for all New Zealanders.

The role of the overarching ERI function is to provide leadership in each of these areas across the system, and to ensure that the Ministry can best harness the collective knowledge of the various disciplines based on the needs of a specific situation.

The function includes several distinct but inter-related sub functions that are distributed across the organisation (including within the Public Health Agency (PHA), the ERI directorate, the System Performance and Monitoring directorate, and the Māori Health directorate).

ERI functional leadership is provided by the Deputy Director-General, Evidence, Research and Innovation.

ERI sub-functions

Analytics & insights

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Research & innovation

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Science advice

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Health economics

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Digital innovation

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Indicators of success

- The Ministry is recognised as providing effective system-level leadership for health science advice, health economics, analytics and health research and innovation;
- The Ministry, the Māori Health Authority (MHA) and Health New Zealand work collaboratively to provide system-level leadership for research and innovation;
- Together, the Ministry and the MHA set strategic direction for health research in NZ so that it benefits Māori, and allows mātauranga Māori and kaupapa Māori research to flourish as part of the wider knowledge system;
- New Zealand has a 'learning health system' that generates and applies high-quality evidence, continually evolves and is willing to take advantage of new and innovative approaches;
- ERI are core parts of the Ministry's identity;
- The Ministry uses analytics, insights and high-quality national and international research and evidence to address knowledge gaps in and evaluate service delivery, strategy and policy development, and to drive improvements in system performance, quality and safety;
- The Ministry continues to provide strong strategic and technical leadership and scientific and economic advice to Ministers and decision-makers; and
- The Ministry and the wider health system are future focused, using scientific advances and emerging technologies to be agile and fit-for-purpose, and to prevent and be prepared for what lies ahead.

1 Evidence, research and innovation

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

The function:

- Partners across the Ministry to support the analytics, evidence, research and innovation needs of all functions;
- Works closely with the Public Health Agency and the Strategy, Policy and Legislation, Māori Health, System Performance and Monitoring, and Regulatory Services directorates to develop and implement strategy and policy for health research and innovation;
- Shares and develops evidence research and innovation (ERI) capability, co-ordinates work, and works collectively to enhance the Ministry’s approach to generating and applying analytics and insights, evidence, research and innovation and health economics; and
- Provides scientific intelligence, advice and recommendations to inform Ministry-wide strategies and decisions and address science-related issues of the day.

As a function that spans multiple directorates, a key role is to ensure that ongoing and upcoming work that is supported by the function across the Ministry is visible and well-connected – the operating model is flexible, bringing the best team together to problem solve.

In the health system

The function:

- Provides system-level scientific leadership on matters impacting on health and wellbeing and leads health economics and analytics capability development through cross-sector networks;
- Provides system-level, strategic leadership for health research and innovation in collaboration with Māori Health Authority, and together with Health New Zealand as operational lead, enables the health system to become an evidence-driven, Te Tiriti-led, learning health system with a thriving research and innovation environment; and
- Works to ensure ERI functions are embedded, connected and influential across all levels of the health system.

Across government

The function:

- Acts as the government ‘hub’ for health research, evidence, innovation, analytics and insights and economics, working with partner agencies to address complex issues that affect health and wellbeing;
- Contributes a health knowledge perspective to cross-cutting government priorities (e.g. in providing science advice through the Prime Minister’s Chief Science Advisors Forum | He Rauhinga Tohu Putaiao Forum) through strong links with analytics functions in the social sector, as collaborators and as customers; and
- Provides a health economics perspective to the development of policy and evaluation of outcomes.

1 Evidence, research and innovation

Capability requirements

A broad range of health science, health economics, analytics and health research and innovation skills are needed to deliver. Key areas for development include:

- Strategic leadership;
- Kaupapa Māori expertise;
- Research and evaluation expertise;
- Research commissioning and monitoring;
- Digital innovation expertise;
- Stakeholder engagement;
- Programme & project management;
- Enhanced economics capability;
- Specific technical & analytical skills e.g. geospatial; and
- Enhanced scientific advisory capability.

Functional responsibility for key systems and processes

- Analytics Operating Model for the Ministry and Health Sector Analytics;
- Delivery of National Health Surveys;
- Establishing Ministry research priorities and commissioning research;
- Strategic leadership of the New Zealand Health Research Strategy; and
- Lead system analytics using the Integrated Data Infrastructure (IDI).

Future focus areas and actions

1 Build an effective operating model for the function	2 Increase the use of evidence to set the agenda	3 Establish the system leadership role
<ul style="list-style-type: none"> • Fill critical gaps in research commissioning and expertise, broadening the scope of science advisory capacity and capability, and building adequate resource across the whole function; • Build a shared understanding of roles and functions within the Evidence, Research and Innovation (ERI) directorate and across the Ministry, so the function can be collaborative and complementary in how ongoing priorities and needs are identified and addressed; • Establish strong connections between the ERI Directorate and ERI functions in other directorates (e.g. with the Public Health Authority to ensure public health knowledge, analytics science and insights are part of the overall Ministry approach); and • Ensure the underlying systems, processes, funding (including for research) and other resources are in place to enable success. 	<ul style="list-style-type: none"> • Establish effective channels for proactively communicating evidence, insights and knowledge, in order to inform priority areas and decision-making within the Ministry and across the system; • Develop a framework for identifying the Ministry's research priorities, and then identifying and widely sharing these priorities; and • Where relevant, commissioning research and/or evaluation in priority areas. 	<ul style="list-style-type: none"> • Establish the Ministry as a credible and effective leader for ERI across the system. A key, immediate priority is developing strong strategic relationships with the Māori Health Authority (MHA), and with Health New Zealand (HNZ as the operational lead); • Establish effective governance for research and innovation across these agencies; • Engage across the sector to foster and build connections with and across those with a role in ERI; promote the widespread development of evidence-driven policy and practice and a culture of innovation and enquiry; and • Work with the MHA and the PHA to identify emerging health threats and science-related issues. • Lead, co-ordinate and grow analytics and health economics capability across the system. • Lead cross-agency, multi-disciplinary science, evidence, insights and health-related work programmes. • Work closely with the MHA and the Māori Health directorate on progressing and refreshing health research strategy; • Provide advice on the infrastructure needed to support research within the health system, and work with HNZ to progress; and • Establish and growing connections across government to enable knowledge sharing opportunities.

1 Evidence, research and innovation

Analytics & insights

Purpose

Enables evidence-based decision-making through customer driven, timely, focused analytics that answer key questions in a fit for purpose manner.

Key contributions

- Provides a range of operational and strategic analytics, both in advance of, and in response to events and interventions;
- Key systems and processes delivered by the function include:
 - leadership of the Ministry's and health sector's Analytics Operating Models (which set standards for the delivery of analytics);
 - leadership of Ministry data dissemination; and
 - delivery of National Health Surveys.

Future focus

- Ongoing delivery of operational and strategic analytics;
- Build strong connections between the various teams delivering analytics across the Ministry and the sector;
- Develop a co-ordinated and prioritised analytics work programme; and
- Identify and invest in the capability required to deliver better quality analytics and insights.

Research & innovation

Purpose

Leads and supports a thriving environment for health research and innovation in the health system and supports the Ministry to gather and generate evidence (including from evaluation) to produce high quality strategy, policy and advice.

Key contributions

- Provides system-level leadership for health research and innovation, in collaboration with the Māori Health Authority (MHA) and health New Zealand (HNZ);
- System lead for health research strategy and policy;
- Monitors and evaluates the delivery of health research from within health services;
- Supports the prioritisation of, and commissions and coordinates, the Ministry's research and evaluation activities; and
- Provides the Ministry's research and methodological expertise and advice.

Future focus

- Build a strong strategic and working relationship with the MHA; establishing cross-agency leadership and governance for health research with the MHA and HNZ; developing a shared work programme;
- Work with the MHA to develop a Māori Health Research Strategy, and with MHA and HNZ, begin scoping and planning for a mid-term refresh of the NZ Health Research Strategy 2017-2027;
- Identify and connecting existing R&I activity across the Ministry; working across the Evidence, Research and Innovation directorate and the Ministry to understand needs and develop ways of operating; establishing internal governance; and
- Establish a resource base (people and funding) that will allow the Ministry to deliver successfully on its Research and Innovation role.

Science advisory

Purpose

Provides scientific leadership, advice and recommendations to the Ministry and Ministers, and evaluates evidence and insights to inform decision- and policy-making.

Key contributions

- Provides strategic leadership and oversight for the Research and Innovation function;
- Works with the wider Ministry, the MHA, the PHA, and the health sector to provide scientific advice;
- Provides independent strategic and technical scientific and intelligence advice to Ministers and other key system leaders and decision makers on emerging and current health and science-related issues; and
- Leads knowledge mobilisation, undertakes 'pure science' deep dives where necessary, and drive rapid evidence synthesis to inform immediate concerns or priorities.

Future focus

- Provide leadership and oversight for first-year key deliverables of the Research and Innovation function, and subsequent medium- and long-term deliverables;
- Build the necessary scientific and technical capacity and capability within the Office of the Chief Science Advisor, and the wider health research team;
- Build a shared, cross-agency, multi-disciplinary research, science and innovation work programme in emerging high priority areas;
- Provide strategic direction to the Health Research Council to align its funding with Ministry-identified health priorities; and
- Work with the Ministry of Innovation Business & Employment to inform health-related RSI policies as part of the Te Ara Paerangi Future Pathways programme.

1 Evidence, research and innovation

Health economics

Purpose

Provides and supports the use of a health economics lens to decision-making, with a focus on the trade-offs needed to achieve objectives and an emphasis on improving equity.

Key contributions

- Works across the Ministry, health system and public sector to provide economic advice, including on the impact of health on the economy and the economy on health;
- Advises Ministers and other system leaders on the economic dimensions of strategy, policy and operations; and
- Supports the system to maintain a strategic focus on value for money and financial sustainability, aligned with Treaty obligations.

Future focus

- Lead development of health economics capability across the health system, with a focus on building a consistent and robust approach to incorporating equity within economic analysis;
- Support system performance and entity monitoring through the development of financial sustainability and productivity measures; and
- Provide robust and evidence-based economic advice.

Digital innovation

Purpose

The digital innovation sub-function provides strategic/thought leadership for digital innovation across the system, and ensures the opportunities and risks presented by technology are used to inform health system policy and practice.

Key contributions

- Uses technology knowledge, insights and international trends to inform policy and regulation (including credentialing);
- Articulates how digital innovation informs our stewardship role (e.g. on the use of AI, genomics, robotics, medical devices, biologics and 3D printing); and
- Contributes to the Ministry's monitoring function through assurance that Crown entities are deploying digital tools in a way that is appropriate and safe.

Future focus

- Develop effective working relationship with data and digital function at HNZ (recognising their technical and operational heft that will inform the Ministry's stewardship role);
- Establish networks within the Ministry and across the health system to ensure a joined-up approach to digital innovation (e.g. to ensure system leadership for credentialing of innovative technologies); and
- Undertake horizon scanning of technology opportunities and risks in partnership with other Evidence, research and innovation function sub-functions.

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2 Strategy, policy and legislation

Purpose

Together the Strategy, policy and legislation function supports Ministers to identify, develop and deliver their priorities:

- **Strategy** sets the longer-term vision, overall direction, aims and objectives for the health and well-being of the people of New Zealand, the health sector, and the areas of need within it. It sets high-level parameters for how the direction is achieved through long-term investment priorities and system levers and guides collective action towards the vision. Strategy includes horizon scanning of trends, issues, risks and opportunities, using the understanding from these activities to ensure that strategy is evolving and developing to stay relevant to the goals and context.
- **Policy** translates strategy into the tools, rules, requirements and legislation to achieve the direction. Drawing on the policy-making toolkit – including engagement, evidence and evaluation, design thinking, innovation, and behavioural insights – policy advises on the most effective combination of system levers to support the required actions. The policy function is also involved in monitoring the delivery of policy priorities.
- **Legislation** is one of the levers used when all practical options for achieving a policy objective or addressing a problem have been considered and the objective or problem cannot be adequately addressed through other arrangements. Regulatory solutions must be in the public interest and should deliver, over time, a stream of benefits or positive outcomes in excess of its costs or negative outcomes.

Strategy, policy and legislation functional leadership is provided by the Deputy Director-General, Strategy, Policy and Legislation.

Indicators of success

- Decision-makers are advised on the vision and direction of the system; on priorities within the overall direction and how to achieve them; on adaptations or adjustments needed to reflect changing contexts; and on the resources and investment that will be required;
- People are brought together from across the Ministry, the health system and government agencies – as well as diverse stakeholders and priority population groups – both to inform and build understanding of the direction, system strategies, policy priorities and the development of options for decision-makers, and public accountability processes;
- Strategies and policy priorities reflect the existing Māori health strategy and Ministry's treaty position statement;
- System performance information and evidence from a range of sources, including mātauranga Māori and clinical expertise, contribute to the vision and system direction and underpin policy advice. They inform the selection of analytical frameworks and methodologies used to define policy objectives. Shared intervention logic models demonstrate the relationship between proposed interventions and their intended effects, and provide the basis for evaluation and assessment; and
- Decision-makers are advised on any adjustments needed to system direction, aims, objectives and priorities. Advice includes recommended actions when the system as a whole, or parts of the system or specific interventions, are not performing as expected, as well as trends, issues, risks and opportunities that may need to be addressed. In these ways strategy and policy contribute to the continuous improvement of the health system.

2 Strategy, policy and legislation

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

The function spans strategy and policy teams across the Ministry, including those specific to Māori health; the Public Health Agency; and mental health. The function will ensure that the Ministry's advice is joined up, coherent, consistent and aligned.

The function:

- Works with the System Performance and Monitoring directorate and other parts of the Ministry to determine roles and responsibilities in the system performance monitoring cycle. Entity and system monitoring are both inputs to, and informed by, strategy and policy activities; and
- Works with the evidence, research and innovation function. Data, knowledge and evidence functions are critical inputs to strategy and policy and are, in turn, informed by them.

Regulatory stewardship is a shared responsibility between the Strategy, Policy and Legislation directorate (with its strategic role to ensure that the regulatory system is coherent and fit for purpose) and the Regulatory Services directorate (which brings an operational perspective to understand specific issues to be addressed through regulatory reforms).

In the health system

- The function works collectively with the Māori Health Authority (MHA) policy function on hauora Māori and works closely with both Health New Zealand and MHA to provide policy advice that integrates seamlessly with operational delivery;
- As the strategy and policy lead in the health system, and as a government department, the Ministry is the only entity in the system that can lead legislative change;
- Advice is informed by the voices of Māori, other priority groups, clinical expertise and health system consumers more generally – either through direct or indirect engagement; and
- To maintain a system view, the function will understand the roles and perspectives of all health entities.

Across government

The function:

- Engages with other agencies and sectors on the equitable improvement of New Zealanders' health and wellbeing, particularly in relation to the determinants of health and wellbeing;
- Leads relationships with other agencies on strategy and policy issues and policy capability. (Also, the function is the lead conduit for social sector governance, e.g. Social Wellbeing Board, Joint Venture for Family Violence and Sexual Violence.); and
- Continues to work with The Treasury and Te Kawa Mataaho Public Service Commission on resourcing, investment, accountability and machinery of government issues.

2 Strategy, policy and legislation

Capability requirements

- Retain – Subject matter knowledge; government systems and processes; political context and priorities; analytical and advice skills; and
- Strengthen – Te Tiriti analysis; equity; systems thinking; investment advice; population lenses (e.g. disability; older people); clinical input to policy advice; regulatory stewardship.

Functional responsibility for key systems and processes

- Strategy;
- Policy;
- Legislative strategy and programme; and
- Investment and Budget strategy

Future focus areas and actions

1 Continued focus & advice	2 Build on, and add to, skills base	3 Move to a system level strategy & policy role	4 Deliver on reformed system accountabilities and priorities
<ul style="list-style-type: none"> • Continue to support Ministers to identify, develop and deliver their priorities and remain trusted advisors to Ministers and senior leaders; • Policy advice will continue to incorporate Te Tiriti o Waitangi and te ao Māori analysis and focus on equitable outcomes; and • Retain our all of government focus on the determinants of health and continue to be the policy leads on legislative change, investment, and Budget priorities. 	<ul style="list-style-type: none"> • There is a unique opportunity to build on the strengths and expertise of our people. Build on the things we've learned from leading the COVID-19 policy response and as lead advisors on strategy and policy for the health and disability system reforms; and • Build on and add to the skill base to operate successfully in this new system: stronger, more consistent and sophisticated Te Tiriti o Waitangi analysis based on partnership and engagement with Māori; ability to apply population, service delivery, life course and outcomes lenses to our work; systems thinking including the intended role of and inter-relationships among system entities; futures thinking; design thinking; stakeholder engagement; data analysis; shared understanding of the intervention logic for the reforms. 	<ul style="list-style-type: none"> • With the Ministry's strengthened role as chief steward, move quickly into a system-level strategy and policy role that provides direction and advice on the Government's aims, objectives and priorities for achieving the intent of the health system reforms; • Frame strategy and policy advice in the context of the health and wellbeing of people and whānau; and • Learn to assess how the system is performing as a whole, the inter-relationships among policy settings and levers, and the adjustments needed over time. 	<ul style="list-style-type: none"> • Design and implement the overall accountability framework for the reformed system, develop an investment strategy that supports the reformed system, and advance the policy work needed to give effect to the Cabinet-agreed system shifts.

3 Māori health

Purpose

Exercising the Ministry's **kaitiakitanga** function for Māori health. As the Minister's chief steward for Māori health this function will provide assurance that the health system is meeting its obligations under Te Tiriti, addressing Māori health aspirations and achieving equity for Māori. The Māori health function includes:

- **Leadership** - Facilitating mana whakahaere (good governance) and collaboration across the organisations of the health system; a focus on kaitiakitanga, for the system and across government, supporting the role of the Deputy Director General Māori Health; and leading Māori-Crown relationships for the health sector, with iwi directly and through the Hauora Māori Advisory Committee (HMAC) and the Iwi Māori Partnership Boards (IMPBs).
- **Māori health strategy and policy** - Te Tiriti policy and overall policy impacting Māori health, incl. the determinants of health; managing the ongoing delivery of Whakamaua, incl. key projects like Ao Mai Te Ra and the Mātauranga Māori framework; jointly developing the next hauora Māori strategy with Te Aka Whai Ora; and policy collaboration with the Te Aka Whai Ora and the Public Health Agency.
- **Māori health monitoring and insights** - A focus on Māori health needs, informed by robust analytics and insights; monitoring the delivery and impact of Whakamaua; inputting into the Ministry's entity accountability processes and performance monitoring; and conducting system performance monitoring in collaboration with Te Aka Whai Ora and Te Puni Kōkiri.
- **Engagement** - Facilitating the key Ministerial and governance relationships in Māori health incl. supporting the role of the HMAC; advising and support the Minister with the delegation for Māori health; leading the health systems input into wider Māori-Crown relations, incl. Waitangi Tribunal kaupapa inquiries.
- **Te Tiriti and equity capability** - Build and deepen Te Tiriti and equity policy tradecraft across the Ministry; increase the maturity in research, analytics and monitoring approaches for Māori health; and build the Ministry's overall competence and practice in the area of Te Tiriti and Māori health.

Māori health functional leadership is provided by the Deputy Director-General, Māori Health.

Indicators of success

- Te Tiriti and Māori health equity are embedded in cross-agency health policy advice, service design, governance and accountability settings;
- The Ministry works in partnership with iwi and Māori to protect and improve Māori health and wellbeing;
- The Ministry maintains a strong focus on Māori health needs and system performance informed by robust analytics and insights;
- Leadership is provided for Māori health across the Ministry, entities and government on multi sector policy and strategy;
- Health sector strategies and investment priorities are developed for a focus on Pae Ora (healthy futures) for Māori;
- The Hauora Māori Advisory Committee successfully carries out its governance and Ministerial advisory role; and
- Te Aka Whai Ora, Te Whatu Ora and the other health entities* are enabled to succeed in achieving Pae Ora (healthy futures) for Māori.

1. Health entities as defined in the Act: Health New Zealand, HQSC, the Māori Health Authority, Pharmac, or NZBOS

3 Māori health

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

The function:

- Works across the Ministry to ensure a coherent and deep understanding of Te Tiriti and equity and its application across functions;
- Collaborates with strategy and policy functions, including within the Public Health Agency (PHA), to ensure all policy reflects Tiriti obligations and the aspirations of Māori;
- Collaborates with the Health system performance and monitoring function to support the monitoring and performance of health entities;
- Works with the Evidence, research and innovation function to develop a strong focus on Māori health needs across general research and insights; and
- Collaborates with the PHA to protect Maori health and address the determinants of health for Māori.

In the health system

The function:

- Leads engagement with the Te Aka Whai Ora, including collaboration with its policy and sector monitoring functions;
- Continues to lead Māori-Crown relationships across the health sector and facilitate Waitangi Tribunal processes as well as the health sector’s input into wider Māori-Crown relations;
- Facilitates key Ministerial and governance relationships, including supporting the role of the Hauora Māori Advisory Committee; and
- Provides subject matter expertise in the area of Māori health, policy, strategy and insights and provide links with wider government agencies focused on Māori development and wellbeing (e.g. Te Puni Kōkiri, Te Arawhiti).

Across government

The function:

- Collaborates with co-monitoring agencies, including shared sector performance monitoring with Te Puni Kōkiri; and
- Builds and maintains cross government linkages to tackle the determinants of health for Māori (intersect with PHA).

3 Māori health

Capability requirements

- Specialist knowledge of Te Tiriti, equity and its application to Māori health;
- Cultural and relational skills for leading and managing Māori-Crown relations; and
- Māori health specific aspects of policy, strategy, monitoring and insights that incorporates Te Tiriti analysis, mātauranga Māori and has cultural integrity.

Functional responsibility for key systems and processes

- Hauora Māori Advisory Committee secretariat;
- Hauora Māori strategy development, coordination and monitoring (on behalf of the Ministry); and
- Lead health sector input into Waitangi Tribunal processes.

Future focus areas and actions

1 Māori health key responsibilities in the new system	2 Notable areas for collaboration with Te Aka Whai Ora
<ul style="list-style-type: none"> • Support the Minister in determining, reviewing and monitoring the health strategies, especially the Hauora Māori Strategy; • Support the Minister in setting and approving the Māori health priorities in the key accountability documents (e.g. GPS, NZHP, etc.); • Support the Hauora Māori Advisory Committee to facilitate the effective governance of Te Aka Whai Ora; • Lead Waitangi Tribunal processes and broader Māori-Crown relations across the health sector; • Develop policy advice and provide subject matter expertise and insights in the area of Māori health; • Monitor the performance of the health sector for Māori; and • Contribute to the Ministry's monitoring of the Te Aka Whai Ora, Te Whatu Ora and the other health Crown entities. 	<ul style="list-style-type: none"> • Preparing the next Hauora Māori strategy for the Minister; • Monitoring the performance of the health sector for Māori with Te Puni Kōkiri; • Monitoring the performance of Health New Zealand; • Building and maintaining relationships with iwi, hapū and Māori communities; • Providing policy advice on matters relevant to hauora Māori; and • Developing the next iteration of Whakamaua: Māori Health Action Plan to implement the updated Hauora Māori strategy.

4 Health system performance and monitoring

Purpose

The Health system performance and monitoring function leads the assessment and provision of advice on the performance of the health of the system, including monitoring the activity of other entities in the system. The function includes Crown entity monitoring, system performance, clinical leadership, and system quality and safety.

- **Crown entity monitoring** supports responsible Ministers to oversee and manage the Crown's interests, and relationship with the entities. Monitoring Crown entities (e.g. Te Whatu Ora – Health New Zealand) and agents (e.g. Te Aka Whai Ora – Māori Health Authority) will offer strategic insights on models of good governance, entity financial and non-financial performance, and identify opportunities or risks for Ministers' consideration. It provides advice on the efficiency and effectiveness of expenditure, including delivery of infrastructure projects, and ensure that any statutory responsibilities given to Ministers are exercised.
- **System performance** monitors system performance including continuity of services through the system reforms, improvements in national consistency, and progress against the New Zealand Health Plan. This function provides advice on clinical quality and safety, drivers and levers to inform system improvements. This function also undertakes specific financial performance monitoring of entities, including Budget performance, delivery against appropriations, and the efficiency and effectiveness of expenditure under appropriations. System performance advice will be informed by patients' outcomes and lived experiences, research, analytics and insights from across the Ministry. The outputs, along with clinical expertise, system experience and evidence-based practice, provide insights for future planning, equity improvements, policy and strategy, regulatory or legislative development work. It also provides assurance that HNZ's health workforce employment relations strategy and plans support delivery of the Health Workforce Strategy.
- **Clinical** ensures strategy, policy, regulation, legislation, and system monitoring and performance is informed by evidence-based clinical expertise, lived experience, and health system experience. The function provides clinical and professional leadership and advice across the Ministry and sector partners to support equitable health outcomes for Māori, and for all people of Aotearoa, and convenes clinical professions to help influence the future direction of the system.
- **System quality and safety** provides advice and assurance that all parts of the overarching quality systems are in place, fit for purpose and working well together.

Health system performance and monitoring functional leadership is provided by the Deputy Director-General, System Performance and Monitoring.

Indicators of success

- Ministers have assurance that Crown entities are managing entity-specific and system level risks;
- Crown entities and agents monitoring provides foresights regarding the implication of current decisions on both future entity and system results;
- Engagement with Boards provide value-add by way of new information that helps them in their role;
- Monitoring deep dives and strong connections in the health system inform our understanding of the drivers and levers for critical performance;
- Key future influences for patient health, and health system performance are identified and understood;
- Ministers have assurance that the system is heading in the desired direction (as per the GPS and NZ Health Strategy);
- System activity is driving positive change or improvements in patient's health journeys;
- There is a balance between our stewardship and convenor role *versus* monitoring and analytical role;
- There is clarity around the effectiveness of services in addressing health issues improving access and ensuring affordable and sustainable care is in place; and
- The perspectives of clinical leadership and clinical quality are reflected in decision-making.

4 Health system performance and monitoring

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

The function:

- Collaborates with other functions (including Strategy, policy and legislation, Public health, Māori health and Corporate functions (finance)) throughout the system performance, and Crown entity and Agent monitoring cycles to ensure appropriate expertise and insight is incorporated;
- Provides advice across the Ministry in order to ensure the perspectives of clinical leadership and clinical quality and safety are reflected in decision-making; and
- Collaborates with the Evidence, research and innovation function (research and innovation) on opportunities for improving the quality and safety of the system.

In the health system

The function:

- Provides system performance and monitoring leadership in the health system;
- Builds strong relationships and provides visible leadership across the health system to enhance the system performance and monitoring role;
- Maintains strong connections with the sector and sector clinical leadership to ensure a feedback loop exists to provide a real-world perspective to the Ministry; and
- Maintains key strategic relationships with regulatory authorities, professional associates and member organisations.

Across government

The function:

- Works in collaboration with the Treasury, specifically on financial risks and sustainability associated with health system performance and monitoring; and
- Works with other system monitors to promote a ‘one health team ethos’, alongside appropriate independence in monitoring, to ensure a proportionate focus on the risks and issues of most significance and priority is maintained, including external advice from the Treasury, Te Kawa Mataaho - Public Service Commission, the Māori Health Authority, Te Puni Kōkiri, Audit New Zealand, Health Quality and Safety Commission, Health and Disability Commission, and Mental Health and Wellbeing Commission.

4 Health system performance and monitoring

Capability requirements

- Retain – Subject matter expertise; clinical expertise and health system experience; government systems and processes; political context and priorities; monitoring against expectations and appropriations; and
- Strengthen – Data capture and analysis; relationship management and facilitation; understanding of strategic drivers of performance.

Functional responsibilities for key systems and processes

- Crown entity monitoring, financial and non-financial;
- System performance, including workforce and infrastructure;
- Clinical leadership; and
- Quality and safety assurance.

Future focus areas and actions

1 Build an effective operating model for the function	2 Embed Crown entity and agent monitoring framework	3 Embed the system performance approach	4 Develop the approach to delivering the clinical and quality and safety role
<ul style="list-style-type: none"> • Build a shared understanding of the purpose and role(s) of the health system performance and monitoring function to identify and address future needs and priorities, and to ensure collaboration and integration between sub-functions and with functions across the Ministry; • Build underlying systems and processes and incorporate/renew governance structures • Establish relevant professional/peer networks; and • Identify resource capability and capacity needs to manage work complexity and its frequency; develop and implement the workforce plan for the System Performance and Monitoring directorate. 	<ul style="list-style-type: none"> • Embed the initial outcomes framework to set the focus for system and entity monitoring and stewardship; • Implement the new systems and processes based on design principles and refine new ways of working; • Roll out stakeholder engagement and relationship management approach; • Refresh agreed forward agenda and risk register to support engagements; and • Establishment of Strategic Advisory Monitoring Group. 	<ul style="list-style-type: none"> • Implement the System Performance cycle (including financial and non-financial performance monitoring) with the new agencies; • Kick off new monthly/quarterly reporting cycles • Institute monitoring for HNZ's delivery of health workforce employment relations strategy and plans, to ensure they support delivery of the Health Workforce Strategy; and • Implement a Capital specific monitoring regime including delivery of projects. • Assess Capital settings and develop and implement required changes. 	<ul style="list-style-type: none"> • Maintain key strategic relationships with regulatory authorities, professional associations, member organisations and sector clinical leaders; • Establish processes for providing clinical expertise and insights from lived and health system experience into the system performance and monitoring function; • Bring together clinical roles from across the Ministry, through a professional and peer network, in order to give a greater collective voice to clinical; and • Work with other functions to establish systems and processes to create a collective view of how safe our system is.

5 Regulatory functions

Purpose

Responsible for ensuring public safety through regulation of providers, therapeutic products, and services, often with a requirement for statutory independence or arms-length operations. Regulatory functions include service and provider regulation, therapeutic products regulation, and servicing a range of ministerial and statutory committees.

- **Service and provider regulation** ensures safety and quality through the approval, monitoring, certification, licencing and review of Responsible Authorities, services and providers. Services include new health & disability services such as assisted dying and abortion services. Providers include health and non-health organisations managing ionising radiation; and
- **Therapeutic products regulation** ensures safety and quality through the approval, certification, audit and licencing, compliance and post-market monitoring of regulated therapeutic and natural health products; and
- **Servicing a range of ministerial and statutory committees**, including delivering on functions associated with statutory roles such as the Director of Radiation Safety, the Director of Mental Health, the Registrar for Assisted Dying, the Director of Public Health.

Functional leadership for regulatory functions is provided by the Deputy Director-General, Regulatory Services.

Indicators of success

- The Ministry is recognised as providing effective system-level leadership for services, provider and therapeutic products regulation;
- Ministers, health professionals and the public are assured about the quality and safety of regulated products and services;
- Regulatory frameworks are risk based and promote and enable evidence-based decisions;
- Regulatory functions, in particular quality standards and practice requirements, are reflective of Te Tiriti obligations, Māori perspectives and whānau-centred approaches;
- Relevant health/oversight and technical advisory committees are provided with the appropriate supports and information to help them in their respective roles;
- With the input of the function, fit-for-purpose regulatory schemes are developed to support improved and equitable health outcomes, enable efficient delivery of services, and protect New Zealanders from harm; and
- Innovation is enabled in a risk proportionate way (while adhering to current legislation).

5 Regulatory functions

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

The function:

- Works closely with the Strategy, policy and legislation function to ensure legislation will provide for fit-for-purpose regulatory schemes that are consistent with international standards of regulation and provide a framework that is right touch/risk based;
- Collaborates with the Evidence, research and innovation function to support analytical capability and evidence;
- Collaborates with the Māori Health function to ensure that approval processes promote inclusion of Māori and Māori data sovereignty; and
- Provides insights and evidence from audit, inspections and statutory committees to inform the Ministry-wide strategies and decisions relating to quality, clinical and monitoring functions.

As the function spans multiple directorates, including those specific to the Public Health Agency and to mental health, a key feature will be to ensure that current and future work is supported to ensure that the Ministry is joined up, coherent, consistent and aligned.

In the health system

The functions:

- Ensure accountabilities, information sharing, and integration of overlapping functions are clear and formalised between the Ministry, Health New Zealand, and the Māori Health Authority, including ethics, safety and risk accountabilities and approval processes;
- Build and maintain collaborative relationships within New Zealand and with related regulators internationally, including use of confidential information sharing agreements; and
- Support health/oversight and technical advisory committees.

Across government

Regulatory functions ensure accountabilities, information sharing, and integration of overlapping functions are clear and formalised between the Ministry and other agencies (e.g. ACC, HQSC, the Ministry for Primary Industries, the Ministry for Business Innovation and Employment (MBIE), where appropriate.

5 Regulatory functions

Capability requirements

- Retain – Professional technical skills to deliver regulatory functions, including clinical technical; auditing; quality systems, and analytical skills;
- Strengthen – Strategic advisory skills and Te Tiriti analysis and advisory skills to strengthen the regulatory stewardship function; and
- A specialist team for implementation of Therapeutic Products will be required once legislation is passed.

Functional responsibility for key systems and processes

- Regulatory schemes and supporting systems;
- Relevant quality assurance services, including Standards and codes of practice; and
- Regulatory stewardship responsibility to be built to support the Strategy, policy and legislation function’s legislative stewardship component.

Future focus areas and actions

1 Continue to deliver regulatory & safety functions	2 Build an effective operating model for the function	3 Support the Ministry’s regulatory stewardship role	4 Contribute to system performance & innovation through modern practice
<ul style="list-style-type: none"> • Review Standards, guidance and codes of practice; • Plan and implement new and revised regulatory schemes and supporting systems; • Operate comprehensive regulatory schemes for services, providers and therapeutic products which includes approval, certification, audit and licencing, compliance and post-market monitoring functions; • Prepare and maintain regulatory guidelines reflecting sound science and promoting evidence-based decisions; • Investigate complaints about health and disability providers, therapeutic products, and services; and • Exercise statutory powers and support statutory roles and committees (including ethics) described in legislation. 	<ul style="list-style-type: none"> • Build a shared understanding of roles and accountabilities across the Ministry to ensure the function can be collaborative and complementary in the identification of priorities and needs; and • Develop a work programme to design/articulate the regulatory functional model, including systems, processes, governance terms of reference, capability requirements. 	<ul style="list-style-type: none"> • Actively work with relevant functions across the Ministry to adopt a whole-of-system, lifecycle view of regulation, and take a proactive, collaborative approach to the monitoring and care of the regulatory frameworks within which the Ministry has policy or operational responsibilities; • Establish a regulatory community of practice to contribute to the design and implementation for changes to current and new regulatory systems, and share good regulatory practice; and • Conduct a gap analysis of the Ministry’s regulatory systems with Strategy, policy and legislation function. 	<ul style="list-style-type: none"> • Apply accepted international standards to regulatory requirements; • Ensure processes are consistent, transparent and minimise the duplication and costs of regulatory activity; and • Work with the Evidence research and innovation function (Digital Innovation) to investigate increased use of digital platforms.

6 Public health functions

Purpose

Public health is the science and art of promoting health, preventing disease and prolonging life through the organised efforts of society. Within the reformed health and disability system, the Ministry has a key role to play in public health and will be focused on: addressing health determinants and the health and wellbeing aspirations of communities; protecting against community health risks and threats across Aotearoa and internationally; preventing illness and premature mortality; and promoting health and well being.


The Public Health Agency (PHA) has been established as a distinct branded business unit within the Ministry to lead and coordinate across the whole system to ensure stronger national, regional and local responses to threats to the health of New Zealanders.

The role and mandate of the PHA, as described in the Pae Ora Act 2022, is:

- (a) to provide systems leadership across the public health sector; and
- (b) to advise the Director-General on matters relating to public health, including (i) personal health matters relating to public health; and (ii) regulatory and strategic matters relating to public health.

These will be delivered through distinct public health functions and with other functions from across the Ministry.

Public health functional leadership is provided by the Deputy Director-General of the Public Health Agency.

 See the Public Health Agency Pou Whirinaki and Operating Blueprint for more information on how the Agency will operate.

Public health functions



Indicators of success

- Public health leadership is influential and active across agencies, stakeholders and the wider health sector and across government
- Collaborative action is facilitated and delivered on population health approaches across other sectors that have a direct influence over determinants of health;
- Outcomes are prioritised within all programmes and activities to enable equity to be attained for Māori, Pacific peoples, disabled peoples, and other population groups that experience inequitable health;
- The health and wellbeing of Aotearoa is prioritised across agencies, leading to a significant shift in inequities and health outcomes for all New Zealanders
- Effective leadership is provided to the National Public Health Service (Te Whatu Ora) to enable successful delivery of public health promotion, prevention and protection programmes to the community
- Links are strengthened between science, public health and policy, particularly in relation to surveillance and the role of laboratories;
- Public health capabilities and infrastructure is enhanced to ensure Aotearoa is able to raise health outcomes, eliminate inequity and protect health in future generations
- The Ministry effectively contributes to the special relationships under Te Tiriti o Waitangi through partnership with the Māori Health Authority (MHA) and with iwi, hapū, Māori communities and Kaupapa Māori partners (facilitated through the MHA).
- New expert advisory committee on public health is supported to provide independent advice to the Minister, the PHA and HNZ.

6 Public health functions

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

The function:

- Connects effectively and builds key relationships across Manatū Hauora and remains consistent with the wider stewardship of the health and disability system; and
- Aligns and builds cross-functional Ministry work programmes in order to deliver successfully on its key functions. This includes activity with the Māori health; Strategy, policy and legislation; Evidence, research and innovation (ERI); Regulatory; and Health system performance and monitoring functions.
- Specifically, public health functions:
 - build a shared work programme with the Māori health function to advance equity for Māori;
 - with ERI, actively participate in the sharing of insights and intelligence gathered through its work in order to inform policy, strategy and the Ministry’s overall view of system performance;
 - support and enable the Ministry to contribute to domestic and international health strategic planning (including the World Health Organisation and National Health Emergency Plan); and
 - establish effective business partnering relationships with those functions which the PHA needs to support its operations.

In the health system

The functions:

- Provides direction for the system by setting the priorities that guide the planning and commissioning cycle; and specifying public health programmes to be commissioned and delivered by Health New Zealand (HNZ); and
- Works collaboratively with the Māori Health Authority to develop national public health strategies and equity focussed priorities.

Through the Director of Public Health role, provides direct leadership to, and influence, the National Public Health Service within HNZ.

Across government

The functions:

- Actively works to better understand the circumstances in people's environments that can affect their health, wellbeing and quality of life; and
- Seeks to play a leadership role in actively addressing the wider determinants of health (social, economic, commercial, cultural, digital, environmental (including climate change) and occupational) in partnership with communities and other sectors. This includes ensuring communities health and wellbeing aspirations are prioritised and realised.

6 Public health functions

Capability requirements

Public Health as a discipline comprises a range of capabilities that combine under the term “public health”.

Key capabilities needed to be developed or accessed over time include:

- Strategic leadership;
- Policy and regulatory;
- Research and evidence;
- Cultural competency;
- Insights and analytics;
- Performance monitoring;
- Knowledge transfer;
- Relationship management; and
- Community engagement.

Functional responsibility for key systems and processes

- Delivery of the National Public Health Strategy;
- Delivery of public health policy advice;
- Development and coordination of issue/population-specific national strategies (e.g. National Pandemic Plan);
- Leadership and coordination of the public health knowledge and surveillance system; and
- Support to the Public Health Advisory Committee.

Future focus areas and actions

<p>1 Establish the capability necessary to deliver</p> <ul style="list-style-type: none"> • Make a concerted effort to attract and retain the specific public health skills and resources to enable delivery of Pou Whirinaki; and • Work in partnership with others and deliver outcomes through a model of cross-functional teams, maximising the contribution of partners within and across the sector. This includes continuing to implement new ways of working across the Ministry and the wider sector. 	<p>2 Embed Te Tiriti o Waitangi</p> <ul style="list-style-type: none"> • Embedding Te Tiriti o Waitangi across the work of the public health functions and the outcomes the functions will work towards (as expressed in Whakamaua: Māori Health Action Plan 2020 – 2025) will be a key focus. 	<p>3 Continue to build effective relationships</p> <ul style="list-style-type: none"> • Ensure that the PHA and what it contributes is well understood across the Manatū Hauora and the wider system; • Success for Ministry public health functions and the wider Public Health sector is reliant on strong, collaborative relationships. Actively invest in building on our strong foundations for those relationships will be critical in the next 6-12 months; and • Invest in building systems and processes that will allow the public health functions to contribute effectively both within Manatū Hauora and across the system. 	<p>4 Develop a cohesive approach to the knowledge and surveillance system</p> <ul style="list-style-type: none"> • Build a framework to deliver an effective and well-functioning public health knowledge and surveillance system, including setting standards, supporting data governance/ sovereignty, and incorporating mātauranga Māori and tofa loloto knowledge and data; and • Extend existing good practice across areas of non communicable disease and continue to build connections that access data on determinants of health and well being across government and communities.
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6 Public health functions

Public health systems leadership

Purpose

Provides stewardship and strategic leadership across the core public health functions through the Public Health Agency Deputy Director-General (DDG), Office of the Director of Public Health (DPH), and partnerships with the MHA, NPHS and wider public health sector.

Key contributions

- Population and public health leadership and stewardship across functional areas;
- DDG provides overall leadership and advice to the Director General of Health on public health matters including public health workforce strategy; and
- DPH provides leadership across the system and has key role to contribute national leadership of NPHS and independent advice to Ministers.

Future focus

- Develop the partnership and engagement approach within Manatū Hauora, and with Māori Health Authority (MHA) and NPHS, and across government;
- Develop shared governance arrangements through the Public Health Leadership group; and
- Support and partner in the development of the public health workforce strategy.

Public health strategy

Purpose

Sets government direction for population and public health in partnership with the MHA and other stakeholders, including articulating the vision, long term objectives and systemwide shifts that are required, and how they will be delivered to achieve pae ora and equity for whānau and communities.

Key contributions

- Population health expertise and knowledge from across the sector;
- Cross government and cross sector partnerships enabling the engagement of the public health ecosystem; and
- Support Manatū Hauora with system performance monitoring and Ministerial advice on investment planning.

Future focus

- Lead and contribute to the development, implementation, monitoring and evaluation of national and international public health, NZ health sector, and cross-sectoral strategies focused on equity and determinants;
- Develop a new national public health strategy for Aotearoa aligned with the NZ Health Plan; and
- Lead and enable the delivery of activities relating to the government policy statement relating to public health.

Public health policy and regulation

Purpose

Leads population and public health advice to decision-makers, in partnership with the MHA and consultation with other stakeholders, and administers public health legislation and regulation, to achieve pae ora and equity of outcomes for whānau and communities.

Key contributions

- Lead the coordination of national and international policy advice;
- Collaborate and provide advice on wider Manatū Hauora policy, health and disability sector policy, and cross-sectoral policy focused on equity and determinants; and
- Lead and coordinate advice to international bodies (e.g. WHO) and the Pacific region and monitors and reports on compliance with international obligations.

Future focus

- Establish the PHAC and develop a multi year work programme;
- Develop population and public health policy advice on key topics as identified in the work programme;
- Engaging in the development and co-ordination of the reforms to the global health architecture for health protection & prevention, preparedness and strategic response; and
- Collaborates with other government agencies on population and public health issues, particularly in relation to equity and determinants.

6 Public health functions

Public health intelligence, surveillance and knowledge

Purpose

Leads, co-designs, and develops public health intelligence and knowledge to inform strategy, policy, regulation, monitoring and the broader health system response, including population and public health actions.

Key contributions

- Engage and build mātauranga Māori and tofa loloto leadership and intelligence across the system;
- International and national science, data sets and soft intelligence;
- Bring together information and insights across the domains of health protection, health improvement, health outcomes; and
- Bring together expertise and thought leadership to ensure insights and action is science based.

Future focus

- Develop the national framework and system enablers for public health intelligence, surveillance and knowledge;
- Develop the governance arrangements across the components incorporating stakeholder and communities' perspectives, embedding mātauranga Māori and tofa loloto leadership and knowledge; and
- Further resource and enhance the operating environment and capacity of public health ISK to ensure clarity of contribution from across the public health ecosystem.

Population Health and Equity

Purpose

To actively support iwi and Māori communities to achieve their wellbeing aspirations under te Tiriti o Waitangi; understand the distribution of health outcomes within and between populations, and the underlying causes, and to work with the populations experiencing inequity to achieve their wellbeing aspirations; and address the broader determinants of health through cross-sectoral collaboration.

Key contributions

- Populations who are underserved including Māori health, Pacific health and disabled people; and
- Partner from across the public health ecosystem including those who have direct influence over health determinants and risk factors.

Future focus

- Lead strategy that enables Māori community aspirations and Te Tiriti articles to be embedded in all public health system activity;
- Develop a strategic public health response to ensure communities can lead, and self determination and control is embedded in the work programme and the outcomes we seek to achieve;
- Develop and drive a work programme to support and prioritise health determinants; and
- Contribute to an engagement strategy within Manatū Hauora to enable the elevation of community voice and aspiration to be realised for communities underserved and with current inequity in health.

7 Government and executive functions

Purpose

Government and executive functions support the Ministry to put its best foot forward with Ministers, to adhere to the norms and conventions of being a government Ministry, and to ensure that the Director-General (DG) and Executive Leadership Team maintain high integrity and good organisational governance. Government and executive functions have a powerful impact on shaping the organisational culture and tone (as set from the top). The functions are key enablers towards the realisation of *pae ora – healthy futures for all New Zealanders*.

- **Director-General office and advisory** ensures the DG receives candid, timely advice, on issues or products, with a particular focus on risk, and is able to put his/her best foot forward with key stakeholders.
- **Communications and engagement** leads and supports all Ministry communications and engagement (including for the Public Health Agency) and all associated processes and channels. Delivers communications expertise from technical specialists in the field.
- **Legal** provides legal, privacy and enforcement services, advice / recommendations to the Ministry and Ministers. Only staff in the Ministry with legal training who may provide, or engage, external legal advice.
- **Organisational governance** ensures the organisational governance arrangements are orthodox and adhered to. All government agencies need good decision-making arrangements and relevant governance arrangements for all significant functions and responsibilities.
- **Ministerial servicing** provides support to Ministers through a high quality service focussed on appointments, written products; and the delivery of high quality in-office private secretary support.
- **Public service integrity** provides and supports services that are key tools and processes for public service integrity. Serve as the functional lead for some services delivered elsewhere, but have strong connection back into core public service integrity (legislative requirements).
- **Director-General initiatives** provides support to the Director-General for delivery of delicate, sensitive, or high risk initiatives. It also serves as a neutral functional hub within the Ministry for matters that need a neutral home (e.g, secretariat support for independent reviews).

Government and executive functions functional leadership is provided by the Deputy Director-General, Government and Executive Services.

Indicators of success

- The DG receives advice on issues requiring their attention that may otherwise result in organisational or reputational risk. No surprises;
- The organisation has strong and consistent brand and reputation with all the comms and engagement activity led and supported from the centralised function; Ministry communications are appropriately targeted and contribute to the achievement of the work programme, including strategic priorities;
- Our digital channels and communications are fit for purpose and enable us to be the system steward and chief advisor to the government;
- The organisation has well-oiled governance machineries that provide assurance to the DG and other relevant players (OAG, RAC) that that the organisation has sound governance arrangements in place;
- High quality legal advice supports the Ministry to do the right thing and to identify, and manage, risks early;
- Ministers are pleased with timely support and advice that meet our output agreement standards and are of high written quality (especially government services and communications);
- Timely and quality responses to OIA and Privacy Act requests. Feedback from the Ombudsman, the Privacy Commissioner, and the Public Service Commission that the Ministry is meeting, or exceeding expectations in relation to OIAs and Privacy Act Requests;
- Capability and capacity exists to deliver on key DG special projects or oversight initiatives; and
- Board and RA appointments are handled with due diligence and care and Ministers are pleased with the service.

7 Government and executive functions

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function delivers and connects across the Ministry

- The functions are the Ministry’s centre of expertise in machinery of government and work with others across the Ministry, build strong relationships with Deputy Director-Generals and their offices, and are able to provide guidance and expertise alongside our centralised co-ordination function;
- The centralised role enables the provision of support to others to take a whole-of-Ministry view in what they do;
- Communications is one of the five levers for government, so this function plays an important communications and engagement leadership role where all communications and engagement activity is guided and supported across the Ministry;
- As functional lead for Ministry-wide governance, government and executive functions work with other functions to ensure there is alignment between whole of Ministry and function-specific governance processes; and
- Many of these functions and services rely on directorate-based subject matter experts for input. The functions need to be well connected across the Ministry to ensure technical input is generated and internal customers are delighted with our products.

In the health system

The function:

- Provides leadership across entities wherever products or services span across more than one sector agency (e.g. integrity services and ministerial servicing);
- Works with CEs of Responsible Authorities and with Chairs of Crown entities to manage the appointments process of new board members;
- Provides support to other agencies on all machinery of government matters where required, including lead Private Secretary support; and
- Leads for the health system – vetting applications for children’s workers and declarations on eligibility.

Across government

The function:

- Participates in professional forums across government (legal, government services, organisational governance networks); and
- Works with the wider public service to support the Ministry to have the highest standards of integrity.

7 Government and executive functions

Capability requirements

- Machinery of government knowledge, incl. on statutory appointments;
- Public sector legal expertise;
- Relationship management skills;
- Risk identification and management;
- Best practice governance principles and processes; and
- Top level written communication skills.

Functional responsibilities for key systems and processes

- Centre of expertise for machinery of government (and associated tools and processes);
- Lead for relationships with ministers' offices and arrangements for Ministerial meetings and agenda processes;
- Owner of sign-out processes for external facing products (ministers and communications) ;
- Owner for all legal processes and advice;
- Ministry Governance and associated processes;
- Ministry communication and engagement; and
- Statutory appointments.

Future focus and actions

1 Run / maintain	2 Grow / strengthen	3 Reset / rebuild
<ul style="list-style-type: none"> • Maintain servicing across Ministers offices (ongoing); • Maintain communications support of functions and key priorities as well as servicing the communications requirements of Ministers offices (ongoing); • Maintain support to the Director-General (DG); • Maintain legal advice to functions, Director-General and executive; • Maintain statutory appointments activity; • Continue sharing Ministry-wide intel and ways of working across the function. 	<ul style="list-style-type: none"> • Ensure that all Ombudsman recommendations are implemented and actioned; as well as implementing the findings from the Martin Jenkins review of Government Services; • Create management and senior bench-strength in the team to take the business unit to the next level; • How Crown appointments reflect a Te Tiriti and equity as well as diversity focus; • Identify new opportunities for the function to be the model or centre of excellence public service systems and processes, in particular working with other functions at the beginning rather than end of processes; and • Implement the 2021 review of Health Legal. 	<ul style="list-style-type: none"> • Reset and implement the organisational governance arrangements for the new Executive Leadership Team' • Our communications and engagement strategy, including our channels (including new Intranet and website); • Post-COVID and with a new DG, reset the role and purpose of the DG Advisory function; and • Expertise and capability in some areas including bench strength below GMs.

8 Corporate functions

Purpose

Together, the Corporate group of functions has a kaitiaki role across the Ministry – protecting and looking after our organisation so we have great people, processes and technology. Our functions provide high-quality advice, services and support to enable the business to run efficiently and achieve organisational excellence. It provides key functions that support the wider Ministry to carry out its stewardship role under the new Pae Ora – Healthy Futures legislation.

- **Finance and procurement** provides strategic and day-to-day finance and procurement related activities), including effective management of Vote Health and monitoring health system financial performance
- **Ministry Strategy & Performance** supports the Executive Leadership Team to develop the Ministry's organisational strategy, undertake strategic and business planning, and provides assurance and performance reporting so that ELT can effectively govern the execution of the strategy. It also supports the Ministry with delivery of its enterprise project and programme management requirements.
- **Human resources** leads the development and delivery of people strategies, programmes and processes including culture development, building people/leadership capability, organisation design and change management, and enhancing people productivity and performance throughout the employee life cycle.
- **Operations** leads the Ministry's health, safety and wellbeing system and strategy, national property and facilities portfolio, office services functions, business continuity and incident management
- **Risk and assurance** leads the management, development and implementation of an efficient, effective and sustainable risk and assurance management framework and is responsible for Protective Security oversight and governance for the Ministry.
- **Information Technology and Knowledge Services** ensures the provision of ICT services for the Ministry including cyber security, and management of our knowledge and information assets.

Corporate functional leadership is provided by the Deputy Director-General, Corporate Services.

Indicators of success

- The Ministry has a clear and well-articulated organisational strategy and work programme that can be delivered in a financially sustainable way and with the appropriate capability to deliver;
- Ministers have confidence that Vote Health is being managed effectively;
- The Director-General and members of the ELT receive timely advice on issues requiring their attention that may otherwise result in corporate/organisational risk;
- The Ministry is acknowledged as a great place to work, the rate of staff retention is high, and the working environment is attractive to high performing candidates;
- Managers and the Ministry's people have the tools, resources and capabilities required to perform their role effectively;
- Business improvement is embedded within the Ministry's culture;
- The Ministry knows and understands its core functions and the key resources (the processes, facilities, ICT, people etc) required to maintain them under any circumstances (all risks);
- Equity and Te Tiriti is front and centre of the behaviour of, and decisions made by, the Corporate functions;
- The Ministry is a safe and inclusive place to work ;
- Organisational risk is managed effectively;
- The working environment (physically, virtually and culturally) supports the Ministry to deliver effectively on its role; and
- The Ministry is compliant with all requirements across all activities.

8 Corporate functions

We are reliant on strong and high functioning relationships with iwi, hapū and Māori, health system entities and other government agencies if we are to deliver on our shared vision. We also need to be deliberate about working together, using our collective skills, knowledge and experience, to deliver successfully on our roles. **Further work** will be undertaken over the next six months to better understand where functions/activities need to be closely connected, because they are related parts of a business process or an organisational “system”, they are highly interdependent, or they provide functional leadership.

How the function will deliver and connect across the Ministry

The Corporate functions lead, convene, assess and advise on internal processes and ensures policies are in place to identify and manage our people, assets, risks and security across the Ministry. They partner with others across the Ministry and build strong relationships with leaders (including with Deputy Director-Generals and their offices) to develop a deep understanding of the requirements of the organisation, functions and directorates. This includes:

- Providing systems and processes that are efficient, consistent, easy to understand and are complied with;
- Reviewing business partnering arrangements to ensure all functions with the Ministry are supported;
- Delivering timely and accurate advice to the Director-General and Executive Leadership Team (ELT) in relation to risks related to Corporate functions;
- Improving efficiencies by actively looking for opportunities for system/business improvement across all Corporate functions;
- Using design thinking when looking at system improvements, so that users are at the centre of the approach;
- Connecting with employee-led networks when designing/developing policies and procedures related to people to ensure any people related changes are representative of all Ministry people;
- Proactively measuring and reporting (lead and lag indicators) on employee engagement to ELT and people leaders; and
- Focusing on how the Corporate functions, communicate and request information from across the Ministry rather than people leaders / Managers of Office of the Deputy Director-General receiving numerous requests.

In the health system

Corporate functions:

- Work closely with other areas involved in the Health system performance and monitoring function in assessing overall Crown entity performance; and
- Collaborate with appropriate parties where possible to share information, resources and tools to enable the delivery of efficiencies across Corporate functions.

Across government

Corporate functions:

- Work with Treasury to provide high quality and strategically aligned bids and accompany advice; and
- Collaborate with Te Kawa Mataaho for guidance and advice on the delivery of public service functions.

8 Corporate functions

Capability requirements

Professional/technical skills to deliver corporate services, including:

- Strategic planning;
- Human resources, organisational development, employment relations;
- Health, safety and well-being
- Business Continuity;
- Financial management;
- Programme and project management;
- Risk and assurance;
- Physical and cyber security;
- IT, knowledge services;
- Procurement;
- Property and facilities management; and
- Business planning and project/programme support.

Functional responsibility for key systems and processes

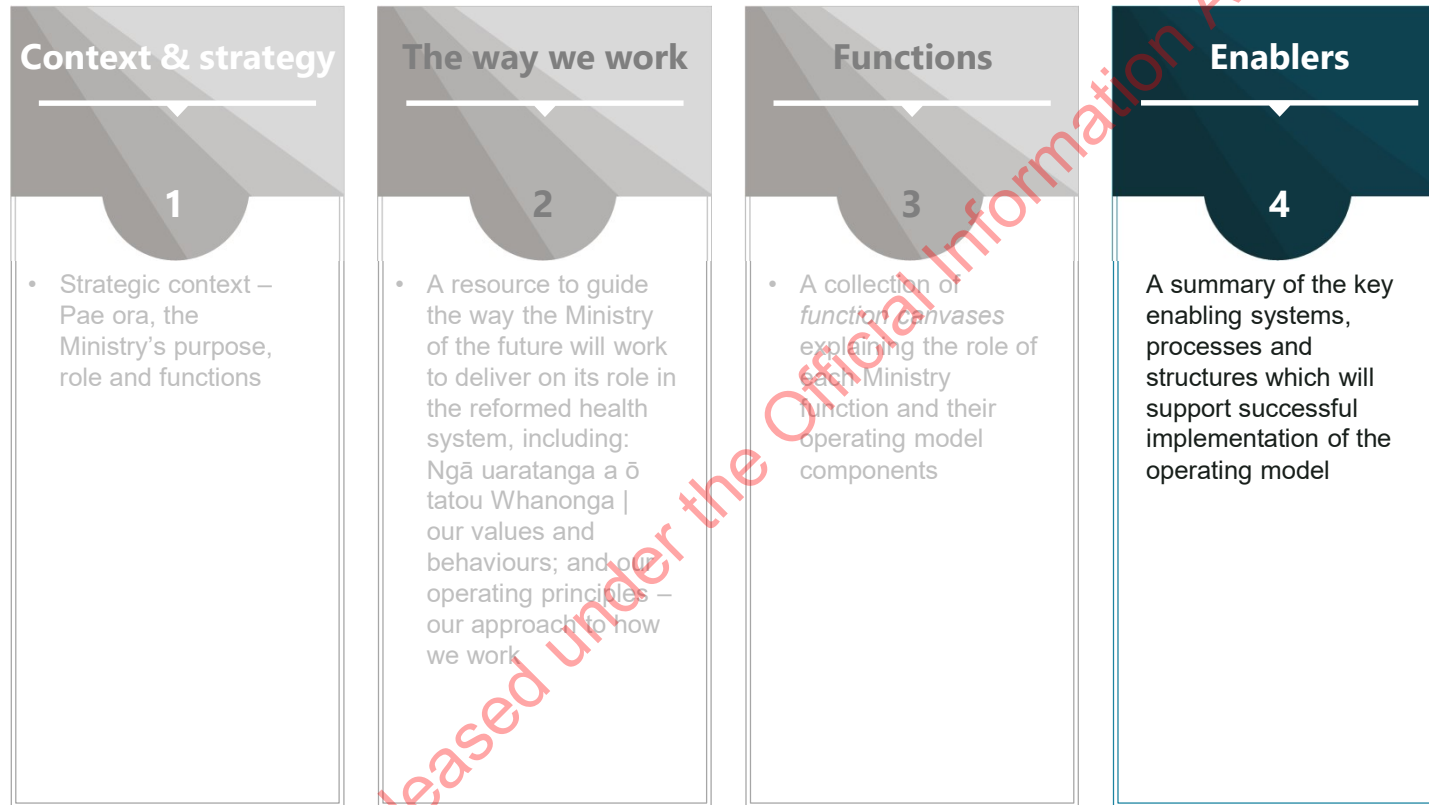
Include:

- Financial systems and processes;
- Risk management and Internal Audit;
- IT and knowledge management;
- Enterprise programme and project management;
- Business continuity and incident management;
- Business planning and reporting; and
- People systems & processes, including payroll, recruitment, remuneration, performance management; and organisational and talent management/development.

Future focus areas

1 Reset / rebuild	2 Run / maintain	3 Grow / strengthen
<ul style="list-style-type: none"> • Reset workplace culture so people are engaged, clear on what they need to deliver and how we work together; • Review of internal processes to identify areas of system improvement; • A coordinated business partnering model to ensure its customer centric, sustainable and avoids siloed behaviours; • Ensure capability and capacity in place to support Tikanga Whakahaere; • Better use of data and information for actionable insights; and • Modernised IT systems which will enable the work and collaborate. 	<ul style="list-style-type: none"> • Deliver the basics well; • Ensure information and communication is easy to understand and targeted to the right audience; • Embed flexibility and agility in to the way we work; and • Ensuring internal customer is at the heart of what Corporate functions do. 	<ul style="list-style-type: none"> • Increase confidence in understanding and implementation of Te Tiriti to widen the lens on how people and assets are managed; • How we connect people skills with others who need this skillset; • Professional development to retain talent; • Strengthening the relationships with internal stakeholders to be a trusted partner to support effective decision making; • People and asset sustainability including where possible automation of processes; and • Create a hub where health agencies co-exist (e.g. sharing of resources, people, property).

Enablers



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Enablers directory

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Enablers

Our enablers are the key systems, processes and structures which support successful implementation of the operating model

The pages that follow in this section provide a high-level canvas view of these enablers.

We anticipate that each enabler canvas will evolve as the reformed system is embedded and this will be reflected in updated editions of Tikanga Whakahaere.

1 Ministry organisation structure

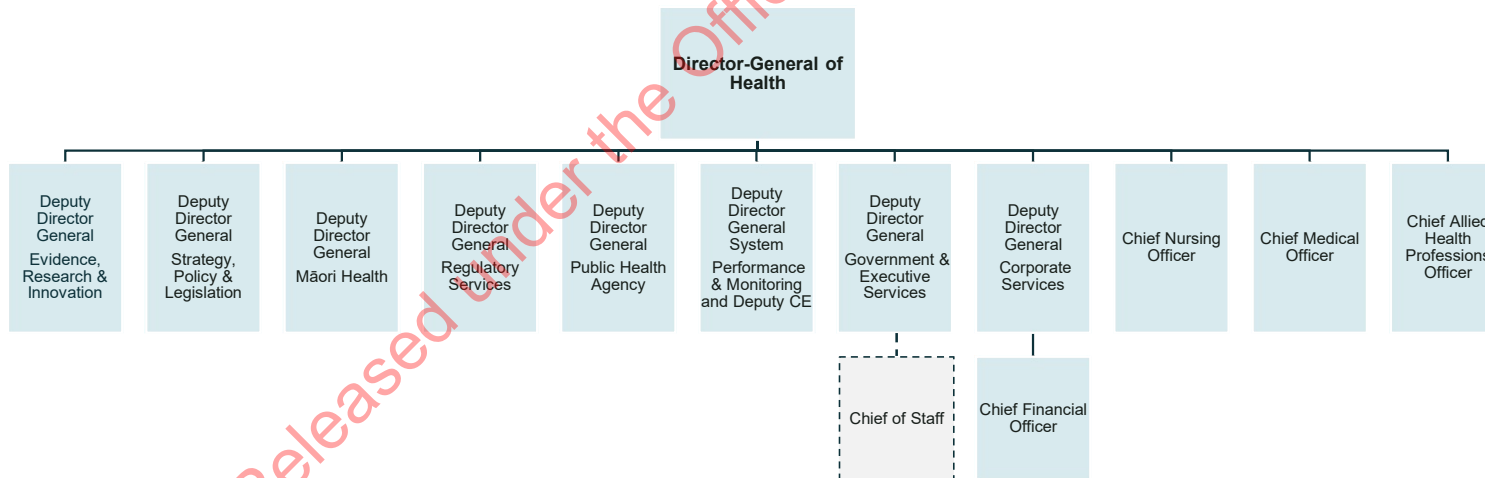
The Ministry put in place a high-level organisational structure from 1 July 2022 which has been informed by the core functions of the Ministry. The structure comprises eight directorates plus the Chief Clinical Officers (Chief Medical Officer, Chief Nursing Officer and the Chief Allied Health Professions Officer).

The organisational structure has been developed as an enabler to the other parts of Tikanga Whakahaere. It will need to flex as the new operating model is developed, understood and implemented.

Organisational structure will be supported by functional leadership and is not intended to act as a constraint to cross-directorate working. This will be an important component to the Ministry working effectively and efficiently to deliver on its role and purpose.



Executive Leadership Team (ELT)



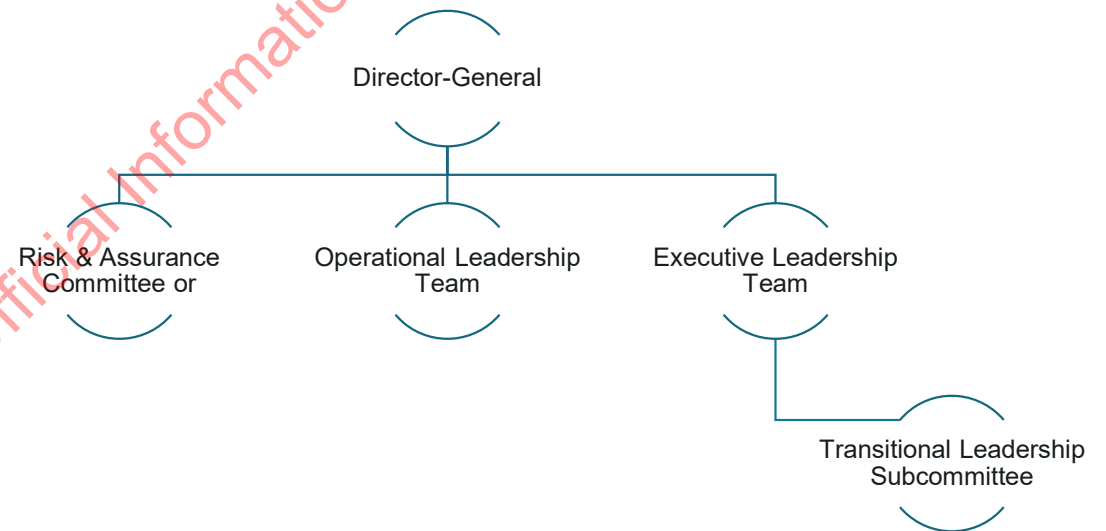
A full organisation structure can be found on the Ministry intranet.

2 Governance


Governance:

- Determines **purpose, strategy** and **direction**;
- Holds decision makers **to account**;
- Ensures **compliance** and adherence to organisational **values**;
- Ensures the organisation is well-positioned to **deliver**;
- Ensures enterprise **risk** is managed;
- Keeps us **safe**; and
- Takes an **enterprise view** rather than project oversight view so that all activities and initiatives are **aligned** and **integrated**.

Key Ministry governance entities



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 Further information can be found on the Ministry intranet.

2 Governance

	Operational Leadership Team	Executive Leadership Team	Transitional Leadership Subcommittee	Risk and Assurance Committee
Role	Oversees enterprise-wide governance and operational management decisions that require collective consideration and sets organisational strategies accordingly.	Sets the strategic direction of the Ministry and leads the Ministry's health system stewardship role by discussing strategic priorities, ensuring a joined-up view of for monitoring system performance and ensuring equity.	Temporary subcommittee of the Executive Leadership Team to direct, oversee, seek assurance, and make decisions on the strategy, implementation, and performance of the Ministry's transformation programme.	Provides independent, impartial advice, and insights into strategic and organisational risk management to help the Ministry better understand and manage risk.
Membership	<ul style="list-style-type: none"> • DG (Chair) • DDG Government & Executive Services (Deputy Chair) • DDG Corporate Services • DDG Strategy, Policy & Legislation • DDG Regulatory Services • DDG Public Health Agency • DDG System Performance & Monitoring • DDG Evidence, Research & Innovation • DDG Māori Health • CFO 	<ul style="list-style-type: none"> • DG (Chair) • DDG Government & Executive Services (Deputy Chair) • DDG Corporate Services • DDG Strategy, Policy & Legislation • DDG Regulatory Services • DDG Public Health Agency • DDG System Performance & Monitoring • DDG Evidence, Research & Innovation • DDG Māori Health • CFO • Chief Nursing Officer • Chief Medical Officer • Chief Allied Professions Officer 	<ul style="list-style-type: none"> • DDG, Strategy, Policy & Legislation (Chair) • DDG, Government & Executive Services (Deputy Chair) • DDG System Performance & Monitoring • DDG Māori Health • DDG Corporate Services • GM System Accountability • GM DHB Planning, Funding and Accountability • Programme Director Transformation PMO • Standing attendee: DG 	<ul style="list-style-type: none"> • External member 1 (Chair) • External member 2 • External member 3 • DG • CFO • DDG Corporate Services • DDG Government & Executive Services
Frequency	Fortnightly	Monthly	Weekly	Quarterly
Focus areas	<p>Oversight of organisational performance, health and safety reporting, and organisational capability initiatives</p> <p>Approval of business planning and budgets</p> <p>Approval of remuneration frameworks and internal employment relations principles and agreements</p> <p>Monitoring ministerial satisfaction results and Ministry's OIA/WPQ practices</p> <p>Oversight of strategic risks and priorities and ensuring the organisation is on track</p> <p>Approval of organisational policies and strategies</p> <p>Monitoring the Ministry's property portfolio</p>	<p>Setting goals and strategic direction for the health system</p> <p>Managing budget process for the whole health system</p> <p>Visibility of equitable health outcomes</p> <p>Identifying national priorities</p> <p>Oversight of stakeholder relations</p> <p>Providing advice and setting priorities for system industrial relations, workforce strategy, policy and regulation</p> <p>Providing advice to Ministers on long-term implications of health policy and the state of the health system</p>	<p>Direction setting – by considering proposals, work programmes and applying a critical lens to ensure the programmes are robust, ensuring the Ministry transformation programme heading towards achieving the vision of the Health and Disability System Reforms</p> <p>Oversight and support of the overall programme delivery including change management, and communications and engagement</p> <p>Providing a supportive and constructive forum for the presentation and management of significant delivery risks and issues</p>	<p>Policy, control, and compliance frameworks.</p> <p>The effectiveness of controls and identifying potential improvements to control practices.</p> <p>Suitability and coverage of Ministry internal audit and other assurance programmes.</p> <p>External audit plan and findings and the Ministry's response.</p> <p>Ministry of Health enterprise governance arrangements.</p> <p>Ministry cyber-security risk management and response capability</p>

2 Governance

Weekly Health Issues and Priorities Meeting

Duration and frequency

Half an hour – once a week.

Purpose

To surface immediate risks and issues and transition them into a mitigation or management process.

Chair

Deputy Director-General Government and Executive Services.

Attendees

- All DDGs;
- Chief of Staff;
- Communications representative (Group Manager, Communications and Engagement); and
- Advisor from Director-General's Office.

Supported by

Director-General Advisory, who will track and chase any issues requiring follow up (note: this is a difference from the normal ELT secretariat model).

Format and operation

Quick-fire update on any major risk / worry areas that need to be on the radar and immediately moved into a management plan.

The focus is on the 'vital few' major risk areas; there is no obligation for each Executive Leadership Team (ELT) member to have something to raise at each meeting. To maximise the 30 minutes, discussions will be limited to 1-2 items.

When a risk is identified three questions will be asked:

- Is immediate action required?
- What needs to be done to manage or mitigate the risk?
- Who is responsible for seeing it through?

Actions will be recorded by the Director-General's Office and followed up (by email if possible and appropriate, depending on the sensitivity of the risk) to ensure actions are in train and / or if any support is needed.

In most cases risks will not need to be re-discussed at the next meeting because they will be in a managed process that is actively being overseen by the Director-General (via his office). To prevent ELT from losing sight, a quick wrap-up or update on managed issues will be provided at the next ELT.

The Director-General's Office will keep an informal action list to maintain line of sight of active risks / issues and provide regular updates to the Director-General and DDG Government and Executive Services.

3 Leadership

Leadership expectations

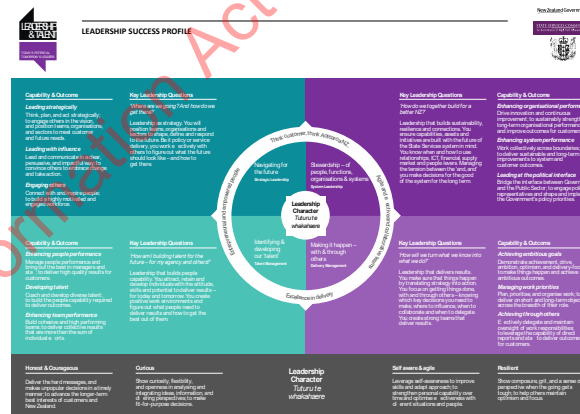
Leadership expectations at the Ministry are consistent with the Te Kawa Mataaho Leadership Success Profile (LSP). The LSP describes what 'good' leadership looks like at all levels within the New Zealand public sector.

Within the Ministry we have seven leadership profiles:

- Individual Contributor;
- Team Leader;
- Technical Leader;
- Manager;
- Group Manager;
- Director; and
- Executive.

Leadership profiles identify expectations for how a leader will 'Lead Self', 'Leads Others', and 'Lead the Ministry'.

While all elements of the LSP are important, your Position Description will provide you with details of the competencies particularly relevant to your leadership role.



Further information can be found in your Position Description and at: <http://www.publicservice.govt.nz/leadership-success-profile>

4 HR and finance delegations

HR delegations

The Ministry of Health Schedule of HR Delegations for People Leaders sets of the decision-making designation of people leaders as delegated by the Director-General.

HR delegations are allocated across various levels of the organisation, including Director-General, Deputy Director General, Group Managers, Directors, Managers and Team Leaders, and cover the following categories:

- HR policies;
- Employment agreements;
- Recruitment and secondments;
- Remuneration;
- Allowances and expenses;
- Managing attendance;
- Managing annual and sick leave;
- Managing other leave;
- Performance management;
- Code of Conduct;
- Managing wellness, health and safety;
- Change management;
- Union memberships; and
- Ending employment.

Finance delegations

Delegations of Department Expenditure (DE) and non-DE financial expenditure are allocated across various levels of the organisation, including Director-General, Deputy Director General, Group Managers, Directors, Managers and Team Leaders, and cover the following categories:

- Delegations of DE financial expenditure include the following categories:
 - Operating expenses;
 - Consultants and contractor services; and
 - Fixed asset leases / premises rentals and rent renewals. And
- Delegations of non-DE financial expenditure include the following categories:
 - Non-Departmental output expenses;
 - Non-Departmental capital; and
 - Legal expenses.


5 Ministerial servicing delegations

The following details sign-off levels for Official Information Act replies (both Ministerial and agency); Parliamentary questions; Ministerial correspondence; direct replies; briefings; other materials sent to Ministers' offices; and some communication products, such as media responses.

	Director-General	DG Advisory reviewing role (see note 2 below)	Deputy-Director General	Group Manager	Manager
OIAs	Review or sign where specific to DG or significant risk (by exception)	Review high risk OIAs and determine when to alert DG	Sign out for high media, political or reputational risk	Sign out where potential media interest and possible follow-up requests	Sign out low risk Discussed with DDG
OPQs & WPQs	Review or sign where specific to DG or significant risk (by exception)	Review all OPQs for risk and review lists of WPQs to determine which to review in detail - determine when to alert DG	Sign out for high media, political or reputational risk	Sign out all PQs unless DDG sign-out needed	X
DG Correspondence	All for DG sign-out that aren't otherwise delegated.	All for DG sign-out	Sign out for high media, political or reputational risk (but not DG sign-out)	X	X
Ministerial Correspondence	Review in exceptional cases	Review high risk (on request and by exception)	Sign out for high media, political or reputational risk	Sign out all unless DDG sign-out needed	Sign out low risk
Briefings (see note 1 below)	Review most and sign for significant decision, issue or risk	Review all briefings for Minister and advise DG	Approve and sign out all briefings (unless DG sign out indicated)	Exception only	X
Other material to Minister offices	Review by exception and on request	Responsible GM to decide whether DG Advisory should be copied (e.g. where there is potential for risk or it is a useful line of sight on matters of Ministerial interest)	Sign out for high media, political or reputational risk	Approve sending unless DDG sign out needed	Under delegation by GM
Communications e.g. media responses	Review high risk	Review on request to determine need for DG review Communications and Engagement may escalate high risk issues directly to DG if warranted; or in discussion with Ministers offices; or are matters that directly involve DG i.e. stand-ups.	Sign out for high media, political or reputational risk	Approve all unless DDG sign-out needed	Under delegation by DDG

Notes to the table

- Briefings including health reports, aide memoires, publications; and
- Director-General Advisory (DGA) is a small team consisting of the Director-General's Chief of Staff and advisors. DGA provides strategic advice and support to the Director-General (DG) and Executive Leadership Team. This includes managing the flow of advice to the DG and advising the DG on papers for Ministers, leading specific initiatives on behalf of the DG (for example on sensitive, urgent or high-risk matters), advising Directorates on how they can effectively support the DG and Ministers, and maintaining key relationships.

 Further information can be found on the Ministry intranet.

6 Key relationships

The Ministry has relationships with Crown entities, other government entities, cross-government initiatives and other stakeholders. In many instances several parts of the Ministry will have working relationships with the same stakeholder. To ensure consistency and accountability across the Ministry, the diagram below sets out the Ministry’s approach to managing key relationships with stakeholders.

Crown entity Board Chairs and Chief Executives

Who leads the Ministry’s relationship?

The Director-General (DG) and the Deputy Director-General (DDG) of the System Performance and Monitoring directorate (SPM).

Other Executive Leadership Team members may engage with the Board Chairs and/or Chief Executives on an as needs basis and with agreement of the DG / DDG SPM.

Other government entities / initiatives

Who leads the Ministry’s relationship?

Each member of the Executive Leadership Team leads the relationship with other government agencies as functional lead.

For example, the DDG Strategy, Policy and Legislation leads the relationship with other government agency policy shops, while the DDG Public Health Agency leads the relationship with other government agency policy shops on public health policy specifically.

Examples of Ministry stakeholders (not an exhaustive list)

Crown entities	Other government entities / initiatives	Other
<ul style="list-style-type: none"> Te Whatu Ora Te Aka Whai Ora Te Aho o Te Kahu PHARMAC Health and Disability Commission Health Quality and Safety Commissioner 	<ul style="list-style-type: none"> Health Research Council (Note: MBIE is regulator) Mental Health and Wellbeing Commission Responsible authorities (Midwifery, Pharmacy, Osteopathic Councils) Plus others 	<ul style="list-style-type: none"> ACC Archives NZ Crown Law ESR Kainga Ora Law Commission Ministry for Disabled People Ministry for the Environment
	<ul style="list-style-type: none"> Privacy Commission Public Service Commission Social Wellbeing Agency Sport NZ Statistics NZ Treasury Waka Kotahi 	<ul style="list-style-type: none"> Government Property Group Health Workforce Advisory Board Joint Venture on Family Violence and Sexual Violence Mental Health Wellbeing Board
		<ul style="list-style-type: none"> Ministers’ offices NZ Aged Care Association Office of the Auditor-General New Zealand and Audit NZ Ombudsman

7 Business planning

Business planning is an annual process to develop a Ministry-wide work programme. It aims to provide helpful planning structure to Directorates, and a baseline from which to track progress and success. Progress is reported quarterly to the Operational Leadership Team and is organised by the Ministry Strategy and Performance (MSP) team in the Corporate Services directorate.

Changing how we plan and deliver our work as a Ministry will take time and we intend to take a deliberate approach, including:

- Strengthen kaitiakitanga role - re-positioning our approach to prioritisation and business planning to take account of the increased kaitiakitanga role;
- Take an enterprise view - moving away from work programmes structured around directorates towards an approach that cuts the work programme by focus area or priority;
- More deliberate controls - establishing clearer controls around how new items are added to the work programme;
- Agile and adaptive - working alongside leadership and governance to help ensure the Ministry's resources are being utilised to best effect, and develop systems and processes which can support cross-enterprise working arrangements; and
- Develop a forward look - supporting efforts to help identify positional work that needs to be reflected in the Ministry's future pipeline.

2022-23 Financial Year

2022-23 will have a unique planning cycle, with a two stepped business planning process.

Step 1 – focus on 31st July – 31st December 2022

The focus on the first 6 months will allow stability for the Ministry to continue delivering on the remaining actions from the 2021/22 Business Plan and for the directorates within the new Ministry structure to establish themselves, including their purpose and role within Tikanga Whakahaere.

MSP will undertake workshops with all directorates' Senior Leadership Teams to get clear visibility of what must be achieved between July and December, for example, immediate pae ora commitments. These workshops will be held in conjunction with Finance to ensure we are working within our financial means and also with People & Capability from a resourcing and capability perspective.

Step 2 – Longer term planning for the next 18 months

Work will also be undertaken to take a longer-term perspective to incorporate the iGPS and inform the Strategic Intentions of the Ministry.

Once the Ministry has settled into its role and structure, together with a new Director-General, a longer-term work programme can be developed. This 18-month plan would complete the 2-year interim timeframe that the reformed health sector is following.

8 Risk and assurance

The purpose of risk management is the creation and protection of value through improving organisational performance, encouraging innovation, and supporting the achievement of objectives.

For the Ministry, risk management is an integral function of good management and governance. It adds value to the Ministry by identifying and managing threats and opportunities that could affect the achievement of objectives and helps to realise the benefits of pae ora and the New Zealand Health Reforms.

Risk is present in all activities we undertake and cannot always be avoided. To deliver the right health outcomes for New Zealand, risk must be taken, but it must be taken with full consideration and managed within acceptable levels.


Risk and assurance activities at the Ministry:

- provide independent assurance to the Ministry Risk and Assurance Committee and the Executive Leadership Team that the risk management, governance and internal control processes and control environment are effective; and
- include the facilitation and leadership of an Enterprise Risk Management approach providing Internal Assurance (Internal Audit), Health & Safety risk oversight, project and portfolio oversight and guidance (Enterprise Project Management Office), Organisational Performance Reporting, and ICT risk management and assurance, for example.

The Ministry develops and operates an annual assurance plan that is consulted with management, endorsed by the Risk and Assurance Committee and approved by the Executive Leadership Team.

Each year, the Assurance Plan is established by considering the key focus areas, strategic objectives, regulatory and statutory changes and significant projects underway within in the Ministry.

While this approach is unlikely to change in principle as it remains good practice, there is an opportunity for revisiting the operating model against the backdrop of the sector reforms.

 Further information can be found on the Ministry intranet.

8 Risk and assurance

The Three Lines of Defence Model (3LoD1) helps organisations identify structures and processes that best enable them to achieve their strategic objectives and facilitates strong governance and risk management. The three lines work together to allow for the reliability, coherence, and transparency of information needed for making informed and risk-based decisions.

Audit and assurance activities at the Ministry provide independent 3rd Line-of-Defence (LoD) assurance to the Ministry Risk and Assurance Committee and Executive Leadership Team that the risk management, governance and internal control processes and control environments are effective.

The Ministry's internal control framework is anchored to the Policies and Standards approved by the Executive Leadership Team to ensure the Ministry operates effectively.

The capability to ensure provision of fit-for-purpose 1st LoD assurance resides with line-management and associated governance arrangements for both business-as-usual activities, and for sponsored projects or programmes delivering change or investment outcomes.



9 Visual identity

Visual identity is a collection of visual elements that serve to represent and differentiate a brand. More specifically, it refers to any visible components such as a logo or brand colours that help stakeholders identify a brand.

Ministry branding and logo are used in a number of areas including physical and digital stationery items (letterheads, templates and envelopes); digital channels (website, intranet, social media); publications and reports; email signatures; and signage (e.g. on the building at 133 Molesworth Street).

From 1 July 2022 the Ministry's visual identity and logo was updated to ensure it is fit for purpose – making it simpler to use, enabling it to work well on social and digital media, and to incorporate the new Public Health Agency (PHA). Updates include:

- using te reo as the primary version to reflect the Ministry's commitment to Maihi Karauna, the Crown's strategy for Māori language revitalisation, and a strong, thriving Māori language;
- removing the karaka (orange) from the logo to give it a cleaner look; and
- introducing new tiles that are suitable for digital media.

Implementation of the change will occur over time, with printed items (such as stationery, access cards and signage) updated as they come up for reprint or scheduled renewal.

The Ministry's Te Reo logo is the primary version.



The New Zealand Government

The New Zealand Government Identity is to be used alongside the Ministry logo in all external documents.



Medsafe

Separate branding is used on Medsafe documentation, collateral and website, etc.

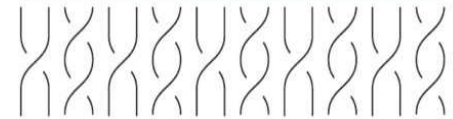


Public Health Agency

A new kowhaiwhai/pattern has been developed for the Public Health Agency (PHA). While the PHA sits within Manatū Hauora, it has its own look to support its leadership role in public health across the sector.

The PHA's unique graphic elements will be used alongside the Ministry logo.

Pou Whirinaki – Kōwhaiwhai



Whakamaua

The Whakamaua brand and associated digital assets were initially created for the Whakamaua: Māori Health Action Plan 2020-2025 and Whatua: Engagement for the development of Whakamaua: Māori Health Action Plan 2020-2025 documents.

The brand should be used in the design of publications and communications material that support the implementation of Whakamaua: Māori Health Action Plan 2020. If you would like to use this design system in your work, contact the Ministry Design Team.



He Korowai
Oranga

Further information on visual identify guidelines can can be found on the Ministry intranet or from designnteam@health.govt.nz

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