Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Hon Andrew Little, Minister of Health:

Health and Disability System Reform Briefings February – June 2022

The following documents have been included in this release:

Title of paper: Policy Decisions for Pae Ora Bill Departmental Report: Talking Points

Title of paper: Health Reforms: Quality Functions in the Future System

Title of paper: Progress on Health System Functions Transfer

Title of paper: Health Reforms: Policy Critical Path to Day 1

Title of paper: Health Reforms: Key Policy Decisions and Delegation

Title of paper: Implementing the Intervention Framework for the Reformed Health System

Title of paper: Health Research in the Future System

Title of paper: Progress Update on Public Health Transformation Programme

Title of paper: Pae Ora Legislation Committee Report

Title of paper: Supplementary Order Paper for Pae Ora (Healthy Futures) Bill

Title of paper: Update on the Transfer of Functions from Ministry of Health to New Entities

Title of paper: Appendices to the Interim Government Policy Statement

Title of paper: Health Reforms: Role of Localities in the Reformed System

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- Section 9(2)(a), to protect the privacy of individuals;
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DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

MINISTRY OF HEALTH
MANATŪ HAUORA

Joint Briefing

PROGRESS UPDATE ON PUBLIC HEALTH TRANSFORMATION PROGRAMME

To Hon Andrew Little, Minister of Health
Cc: Hon Peeni Henare, Associate Minister of Health

Date	8/04/2022	**Priority**	Routine
Deadline	15/04/2022	**Briefing Number**	DPMC-2021/22-1853 HR20220495

Purpose

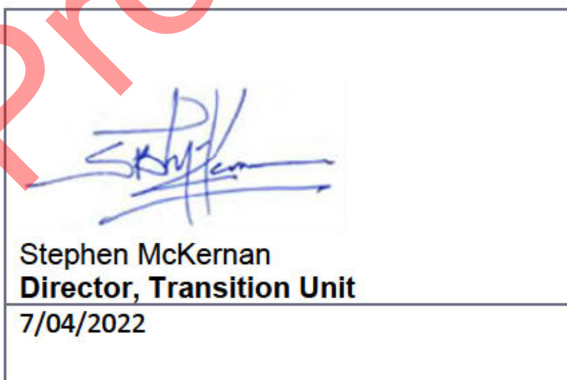
This briefing provides a progress update on the public health transformation programme and responds to feedback received from Ministers on previous advice provided in November 2021 [HR20212428, DPMC-2021/22-639]. It outlines key work areas in the continued development of the Public Health Operating Model (PHOM) and describes the pathway to Day 1 as interim entities continue with detailed design, establishment and functions transfer.

Recommendations

1. **Indicate** any topics on which you wish to receive further advice or have a discussion with officials about.

2. **Note** that any future updates regarding the public health transformation programme will be provided to you through regular reporting channels from the Ministry of Health, the Transition Unit, the interim Māori Health Authority and interim Health New Zealand.

3. **Agree** to forward this briefing to Hon Dr Ayesha Verrall, Associate Minister of Health. **Yes / No**



Stephen McKernan **Director, Transition Unit**	Hon Andrew Little **Minister of Health**
7/04/2022	...../...../....

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Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General and Chief Executive, Ministry of Health

7/04/2022

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Minister's office comments:

- ☐ Noted
- ☐ Seen
- ☐ Approved
- ☐ Needs change
- ☐ Withdrawn
- ☐ Not seen by Minister
- ☐ Overtaken by events
- ☐ Referred to

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PROGRESS UPDATE ON PUBLIC HEALTH TRANSFORMATION PROGRAMME

Executive Summary

1. A renewed focus on public health and embedding a population health approach across the system is at the heart of the reforms as we reorient the system towards prevention and equity.

2. The Public Health Operating Model (PHOM) of the future system is central to this transformation as it describes the entities' roles and responsibilities, how they work together and how public health integrates with the wider system operating model as a cohesive system working towards Pae Ora. The future landscape will have the Ministry of Health (Ministry), including the Public Health Agency (PHA), and the Māori Health Authority (MHA) co-leading and co-stewarding public health in the health system, working in partnership with Health New Zealand (HNZ), including the National Public Health Service (NPHS), who will lead national public health operations.

3. Underpinning the work is ensuring that te Tiriti and partnership with Māori is at the centre of the public health system – from strategy and policy to delivery and operations. There is also an explicit focus on embedding population and equity centred approaches for Māori, Pacific people, disabled people and other priority groups. Further, the lessons and system enhancements from the continuing pandemic response and sector engagements are informing our work.

4. The PHOM agreed in principle by you in November 2021 [HR20212428, DPMC-2021/22-639] has been guiding the continued development and implementation of the model. Key highlights include the appointment of public health leadership roles in the interim entities, the establishment of the Shared Public Health Leadership Group to oversee the transformation, well-developed strategic intent for the three entities, agreeing on proposals for functions transfer for public health and a shared working space for the entities.

5. This briefing provide progress updates on the continuing work by the entities' including organisational designs and structures, progressing with transfer of functions and staff, developing working interfaces and relationships across entities, and incorporating public health into the key features of the future health system such as the interim Government Policy Statement, the interim NZ Health Plan, localities and commissioning models and frameworks.

6. There are key risks to consider for the public health transformation. While all three interim entities are focused on Day 1 readiness, they are at different stages of maturity. The Shared Public Health Leadership Group is ensuring that entities are aligned and working cohesively in the transformation progress. The health sector is also fatigued due to the continued pandemic response, which may affect the sector's ability or desire to engage in the change. There is clear agreement that in a COVID-19 impacted sector, stable transition and support for this is the primary goal. We are focused on transparent communication with the sector about this and describing the common vision across the entities so that they are part of the journey and able to provide input throughout the process.

7. The focus from now to Day 1 is on building necessary capability and capacity in the entities and supporting the sector in the transition, acknowledging and responding to the significant contributions made by our workforce in the continued pandemic response. Details on the pathway to Day 1 are provided in this briefing. Future updates regarding the public health transformation programme will be provided to you through the regular update reports from the Ministry, Transition Unit (TU) and interim entities.

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Context

8. In November 2021, the Minister of Health agreed in principle to the developing public health operating model (PHOM) [HR20212428, DPMC-2021/22-639]. The PHOM outlined the distribution of functions, the roles and responsibilities for the system entities for public health and a high-level view of how they cohesively fit together as part of the wider health system. Feedback from the Minister of Health and Associate Ministers of Health requested:

   a. further clarity and details on the entities' roles and functions – how they differ, how priorities and decision-making flow through the system and how public health expertise will be consolidated and utilised;

   b. recognition of the importance of Whakamaua (Māori Health Action Plan 2020-25) and mātauranga Māori in public health knowledge and approaches, and the role of Iwi-Māori Partnership Boards in public health;

   c. further clarity on the role of the Director of Public Health and the Public Health Advisory Committee.

9. The Ministers also signalled support for the need for public health transformation and the guiding principles in developing and implementing the PHOM and how the entities are giving effect to the Cabinet decisions for public health. Attachment A has a summary of this context along with subsequent lessons from COVID-19 that are informing our work.

10. This briefing provides a progress update on the public health transformation programme and responds to the feedback received from Ministers on previous advice. It outlines key work areas in the continued development of the PHOM and describes the pathway to Day 1 as interim entities continue with detailed design, establishment and functions transfer.

11. Since our previous advice, a **Shared Public Health Leadership Group** has been established. This group comprises senior leaders, each reporting to their respective Chief Executives, from the Ministry including the interim PHA, interim MHA, interim HNZ including the NPHS, TU plus representatives from the public health sector. This group is overseeing and establishing the public health transformation programme and ensuring alignment across the entities, the sector and wider reform activities. The group has established clear accountabilities across the entities in the lead up to Day 1 and is ensuring cohesion and collaboration with a 'one-system' approach, which reflects how we expect public health in the reformed health system will operate across entities and system levels. This commitment to a joint working relationship is enduring and will continue in some form beyond Day 1.

Embedding te Tiriti in public health

12. The public health system must reinforce the key system shifts and priority objectives of the reforms. Central to this is giving effect to te Tiriti at all levels of public health. Therefore, the development of the PHOM has been underpinned by the aspirations of the Articles of te Tiriti, guided by the principles and aligning with the findings from Wai2575 - how this will look in practice for public health was outlined in our November advice [HR20212428, DPMC-2021/22-639].

Public health within the key guiding features of the future system

13. The public health system is critical to delivering Pae Ora as part of the broader health system, and public health is being built into key features of the new system to ensure public health is prioritised at all levels in the system.

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Government Policy Statement (GPS)

14. The GPS will outline Ministerial expectations and priorities with a focus over a three-year period. It will set parameters for system and service planning and will specify the funding track over the period. The interim GPS will cover the first two years of the new operating model. The Ministry is leading the development of the draft interim GPS, engaging with the iMHA, iHNZ and TU on public health priorities, their sequencing and their measurement, so that the interim GPS is clear about what is most important from a public health perspective. This will provide a strong strategic direction for the development of the interim NZ Health Plan and ensure public health is a priority.

NZ Health Plan

15. Core to the reform's intentions is a system shift to wellbeing and population health. Strong public health responses and a population health approach are central to achieving these and therefore are key pillars of the NZ Health Plan. The future NZ Health Plan will provide a three–year costed plan for the delivery of publicly-funded services by HNZ and the MHA. The interim Plan is focused on areas where there will be the greatest gains in Pae Ora, equity and system performance.

16. This will include how health will work with communities and other sector agencies, at national, regional and locality levels to achieve health and equity improvements. The Plan will outline public health priorities and associated actions to support the required system shifts. From 2024 it will also respond to the public health expectations and priorities in the GPS and the National Public Health Strategy which will be developed by the PHA and MHA.

17. The drafting of the interim NZ Health Plan has engaged the Boards of both iHNZ and iMHA. It will outline the priorities for the next two years and reflect the collective intention of both entities.

Budget 2022

18. While decisions on the B22 Vote Health composition are yet to be finalised, it provides an opportunity to invest in the building blocks of the new public health system. Our previous advice noted that the B22 investments for public health focus on implementation of the new structural arrangements (the PHA and the NPHS in HNZ), and building capability that is required in a high performing public health system, including retaining science and behavioural insights capability built into the COVID-19 response. The potential B22 package also includes investments into population health initiatives including for hauora Māori and Pacific people to reinforce the system direction towards population health, prevention and equity [HR 20212428, DPMC-2021/22-639].

19. s9(2)(f)(iv)

System-Wide Accountability Framework

20. Decisions made regarding the overarching accountability framework for the new system operating model provide the basis for the work on developing the relationships and how the entities will work together [DPMC-2021/22-292, DPMC-2021/22-996, DPMC-2021/22-1693

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& MOH/20220458]. Table 1 below outlines the four key elements of the System-Wide Accountability Framework and how they will be operationalised within a public health context. This highlights how public health will be at the forefront of system strategies and planning to ensure that prioritisation and decision-making are cohesively and collaboratively followed through for public health. A more detailed view is provided in Attachment B. The tables are not exhaustive of all details in the system arrangements but aim to summarise and highlight the distinct roles of the system entities and how they work in partnership within the PHOM.

21. In addition to the four elements, the Ministry (and the PHA), in partnership with the MHA, will have a key role in ensuring that legislation and regulatory levers are fit for purpose for public health. The Pae Ora Bill, which is mainly focussed on establishing the new structures in the health system, represents the first part of what is likely to be a longer-term legislative reform programme. The scope of regulatory powers for the Director-General and the Director of Public Health will continue to stay with the Ministry and the PHA. As part of the longer-term legislative reform programme, the Ministry will review the public health statutory powers in the Health Act 1956 and will consider whether any future changes are necessary to better align statutory powers and regulatory settings with the aspirations for public health.

Table 1: System-Wide Accountability Framework and how public health fits in

Four elements of the system	Public health context
Direction-setting: how expectations and requirements are set for the system and its entities.	• The GPS will be the Minister's document, with support from the Ministry and the MHA to develop this. The MHA and the PHA, as part of the Ministry, will contribute to the development of the GPS to ensure that public and population health are integral in this system direction setting mechanism. • In partnership with the MHA, the PHA will develop the National Public Health Strategy, which will outline the public health long-term vision and direction for the system which will include a focus on the determinants of health. The MHA and PHA will work closely with HNZ to ensure strategy and policy is informed by operations. • The GPS and national strategies will have explicit focus on public health as a system priority which will be reflected in system planning and service delivery. The GPS is the key vehicle for the PHA to set parameters and expectations for public health plans, frameworks or programmes that HNZ and MHA may develop and can specify if these need Ministerial approvals. In addition to the GPS and national strategies, Whakamaua (Māori Health Action Plan) will be another key direction driver for HNZ and MHA. • The Public Health Advisory Committee will be a newly established function in the system. The Committee will provide expert, science-based independent public health advice to the Minister of Health which will be critical to inform system direction-setting.
Planning: how expectations are translated into detailed, deliverable and measurable plans for services and enablers.	• MHA and HNZ will co-develop the NZ Health Plan, with contributions from the PHA, which will respond to the public and population health priorities and expectations laid out in the GPS and national strategies (including the National Public Health Strategy) and show how the entities will operationalise the priorities and expectations. • Any additional national plans or frameworks for public health deemed necessary will be developed by MHA and HNZ. These will respond to the parameters and expectations set within the GPS and NZ Health Plan and may require Ministerial approval. • HNZ and MHA will develop locality plans, working with the Iwi-Māori Partnership Boards (IMPBs). These plans will have a strong focus on population health and improving equity by strengthening alignment of activities, priorities and service delivery across sectors to address the determinants of health. They will be developed through engagement with local communities and in partnership with social sector agencies and other entities that contribute to population outcomes. The plans require IMPB agreement and will be approved by HNZ and MHA at the regional level.

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Four elements of the system	Public health context
Monitoring and reporting: how progress against plans is monitored and reported to Ministers, Parliament and the public.	• The PHA, as part of the Ministry, will have a lead system monitoring role for public health and the MHA will be the lead system monitor for hauora Māori [CAB-21-Min-0092]. This includes oversight of system delivery of outcomes and organisational performance of entities relating to public health. The PHA will also monitor progress against the National Public Health Strategy, consistent with the stewardship role of the Ministry. In partnership with the MHA, the Ministry will be a co-monitor for hauora Māori for the system and for HNZ. The MHA will be the primary monitor of progress against Whakamaua (Māori Health Action Plan) and any successor Māori health strategy. • HNZ and MHA will monitor and report on activities and performance both at a national level (NZ Health Plan and other national plans) and at the local level (by locality plans) which may include specific public health considerations and requirements. • There will be mandatory reporting requirements linked to the GPS and the NZ Health Plan to support the system-level outcomes and indicators framework as part of the broader system monitoring framework. This will ensure consistency in monitoring approach and avoid information asymmetry.
Intervention: how any risks or concerns that are identified through monitoring are addressed and by whom at an entity and cross-system level.	• HNZ and MHA, as commissioning and service delivery entities, will have internal monitoring and performance and quality improvement activities. Some of these may be public health specific based on entity priorities and monitoring and reporting requirements. They will be equipped to manage issues themselves, with appropriate supervision and support from monitoring agencies, and updates to Ministers as appropriate. • Where issues or risks need to be escalated, a cross-agency response may be necessary e.g., between HNZ and MHA or could also involve the system monitors (the Ministry and MHA). The focus will be on delivery agencies managing an initial response. Ministers will be kept more regularly informed and may need to make key decisions. • Statutory interventions should be used rarely, where levels of confidence in responding agencies do not meet Ministerial or public expectations.

Progress on the public health operating model

22. The TU and the Ministry are jointly accountable for developing the PHOM, working with the iMHA and iHNZ. The PHOM describes:

    a. the relationships and accountabilities between entities and how they will work together to discharge seamless public health functions and accountabilities across the system;

    b. the allocation and distribution of functions for public health across the entities and the system;

    c. how public health fits in with the wider system operating model and other key features of the system including localities and commissioning.

23. The PHOM agreed in principle by you in November 2021 [HR20212428, DPMC-2021/22-639] has been guiding the continuing work on developing and implementing the model. Through joint working groups, there is more clarity and shared understanding on the roles, responsibilities, boundaries and accountabilities between the entities within the PHOM. This is informing the continuing work on developing the entities' organisational designs and structures, their internal operating models and functions transfer. Progress updates on these areas are provided later in the briefing.

The relationships and accountabilities between entities and how they will work together to discharge seamless public health functions and accountabilities across the system

24. As noted in paragraph 11, a Shared Public Health Leadership Group has been established. This group is jointly leading the public health transformation programme, with a focus on building strong relationships, ensuring alignment between the entities, and integration of public health into the wider system transformation.

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25. Entities have been working through a range of matters to build shared views and alignment. For example, the entities have together:

    a. agreed a set of expectations for public health that will be critical for Day 1, covering relationships, leadership, workforce, work programmes, and engagement.

    b. continued to refine the functions, roles and responsibilities for public health across the entities to create the Public Health Accountabilities Framework, which is provided in Attachment C. This is work leading on from the functions table provided in our previous advice [HR20212428, DPMC-2021/22-639] and the System-Wide Accountability Framework. This is a developing document that outlines the high-level responsibilities for each entity in discharging the system functions. The continuing work will also describe the critical controls that need to be in place to monitor whether the key responsibilities are being met. The entities together will also examine the framework within a mātauranga Māori framework to progress the shifts underpinning the PHOM and the reforms.

    c. worked through a series of hypothetical public health scenarios to articulate how the new public health entities will work together. This is providing a more detailed view of the roles outlined in the System-Wide Accountability Framework in Table 1 and is building shared understanding of how the entities would operationalise the roles and responsibilities outlined in the Public Health Accountabilities Framework in Attachment C. The purpose of these scenarios is to articulate how the entities will work together rather than focusing on addressing the actual burden of disease. This will be a continuing area of work using live public health priorities to inform readiness for Day 1.

26. To drive system wide leadership for public and population health in transition and in the future system, the entities are continuing to work together on the following key areas:

    a. a common vision for the transformation and system wide leadership for public health. There is a clear opportunity for mātauranga Māori to be given greater prominence in the way the public health system evolves across the three entities. With the leadership of the iMHA, the entities will explore the common use of mātauranga Māori and how it will be used to inform strategy and policy through to service delivery and monitoring.

    b. refining the Public Health Accountabilities Framework that will provide the expectations, assurances and readiness criteria needed across the functions to successfully ‘go-live’ on 1 July 2022 or earlier and one that will align with the System-Wide Accountability Framework. This work is also important to inform understanding the capability and capacity requirements as the entities establish themselves for Day 1 and develop to full maturity.

    c. the leadership role of the Director of Public Health (DPH) across the health system, and the shared leadership role across the PHA and the NPHS.

    d. building a strengthened, comprehensive and robust public health knowledge, intelligence and surveillance system.

    e. supporting the ongoing system response to COVID-19 by working through allocation of future COVID-19 functions and integration of these with business-as-usual activity where appropriate.

27 s9(2)(f)(iv)

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s9(2)(f)(iv)

Leadership role of the Director of Public Health

28. There are detailed discussions underway with the current DPH, the iPHA, iMHA and iHNZ (NPHS) regarding the leadership role of the DPH across the public health system.

29. The DPH and their office will be based in the PHA. A core function of the DPH is to provide advice to the Director-General of Health on matters relating to public health. Following consultation with the Director-General, the DPH may provide advice to the Minister of Health. The DPH has a key role in influencing and advising broadly about policy settings and interventions that impact the determinants of population health (such as social, economic, environmental, commercial and cultural). This draws on the DPH's public health expertise.

30. In addition, the DPH will be part of the NPHS strategic leadership team within HNZ. The DPH will not have any direct line management role or statutory powers to direct decisions of the NPHS, but will play a key leadership and influencing role across the new public health system including the NPHS. The DPH will also have an important and enduring relationship with the MHA considering the MHA's leadership and stewardship role in public health – this is an area of ongoing discussion between the entities.

31. The Pae Ora Bill gives the DPH the functions of a Medical Officer of Health and the power to exercise them in any part of New Zealand if they are a medical practitioner specialising in public health. Each Medical Officer of Health holds statutory powers that they exercise independently within their designated authority. The DPH provides positional leadership as a critical expert in the field and would also provide informal professional leadership to Medical Officers of Health if the DPH is a designated Medical Officer of Health.

32. We are also working with the DPH on the future capability and capacity of the Office of the DPH to understand the requirements to support the DPH's broader leadership responsibilities across the public health system.

Public Health Accountabilities Framework

33. As noted in paragraph 25b, work is continuing to develop the Public Health Accountabilities Framework that clarifies the roles, responsibilities and critical controls for the entities in discharging the system functions for public health. This is clarifying the accountabilities for the functions and the relationships between the entities within the functions to enable system cohesion. For example, how the MHA and PHA would work together on developing system strategy and policy based on their co-leadership roles for public and population health; and how HNZ (NPHS) and PHA would work together to ensure strategy and policy is informed by operations and on-the-ground knowledge.

Strong progress is being made in the allocation and distribution of functions for public health across the entities and the system

Functions transfer from the Ministry

34. The agencies have made strong progress in the allocation and transfer of functions across the public health system. Following decisions agreed by the Ministerial Oversight Group in January 2022 [DPMC-2021/22-1221], the transfer process is being facilitated by the TU, with working groups made up of representatives from the Ministry (including iPHA), iMHA and iHNZ who are working through the detailed considerations. The first tranche of functions transferred to new entities on 1 March 2022. A second tranche will transfer from early May

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and will include public health programmes. Updates regarding COVID-19 response functions transfer is provided below in paragraph 41.

Functions transfer from Te Hiringa Hauora including the alcohol levy

35. The proposed Pae Ora Bill will disestablish Te Hiringa Hauora (THH, Health Promotion Agency). Its core delivery functions will transfer to HNZ to be a shared service for HNZ and MHA; relevant alcohol policy, research and oversight functions will transfer to the PHA within the Ministry; and the alcohol levy will be received by the Ministry (PHA). The entities are working together to propose how this will work operationally, and the functions, funding and FTEs that will transfer from THH to HNZ and the Ministry including the PHA.

36. s9(2)(f)(iv)

Public health intelligence and surveillance functions

37. A comprehensive and robust public health knowledge system is critical to the PHOM from strategy and policy, through to planning and service delivery, as well as the future accountability and monitoring arrangements.

38. Cabinet agreed that the PHA will lead on public health intelligence and surveillance for the system. The operational design of these functions is on-going and will include distinct roles and responsibilities for MHA and HNZ and close relationships among the three entities. In preparation for Day 1, the priority is to ensure that all critical data and surveillance systems have been identified and a plan will be put in place to maintain their functionality over the transition period.

39. To support the broader system shifts, detailed work has commenced on how to operationalise a strengthened public health knowledge and surveillance function across the system. This will determine how to bring together and consolidate the expertise and systems across the country, and building strong mechanisms for the dissemination and use of data and knowledge. This will be completed over a longer time period, following the Day 1 transition. The COVID-19 response has already established significant platforms and processes that will be built upon to support this work and the system shifts for wider public health functions related to communicable and non-communicable diseases.

40. This includes a series of workshops with stakeholders to develop a strategy and operating model for the public health laboratory science system in partnership between iPHA, iHNZ and iMHA. It is anticipated this will provide the scope and role of public health laboratories in the reformed system and the relational and operational connections between the public health laboratory leadership, iPHA and iHNZ (including the NPHS). Oversight for this work will be provided by representatives from the public health entities and the TU.

COVID-19 response functions

41. The pandemic is ongoing, and we are still in an active response. As is happening across government, the Ministry is reviewing how its current COVID-19 related operational activities will shift into the future health entities where it will form the basis of many of its functions. The lessons learnt from the COVID-19 response and the legacy of the response can be leveraged to build capability and capacity for public health priorities.

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42. On 1 April 2022, the Ministry provided you with a health report on how the Ministry is organising the COVID-19 response in 2022 [HR20220241 refers].

43. The Ministry (including iPHA) and iHNZ are working together to agree COVID-19 response functions transfers, the overall number of FTEs and timing of transfer for COVID-19 staff. This will ensure alignment with the continuing development of the PHOM, including how the planned future response, its varied functions, and the carefully managed timing of any transfer fit into the transformed public health system. You will receive the detailed advice on COVID-19 response functions transfers in April 2022.

How public health fits in with the wider system operating model and other key features of the health system including localities and commissioning

Localities

44. Localities are a critical part of the future health system and will drive a population health approach to locality planning and service delivery – integrating both health services and other services and initiatives that play a role in addressing the determinants of health.

45. iHNZ and iMHA are working together to reflect and integrate public health into the development of localities. This will bring together public health intelligence and public health expertise, alongside iwi, Māori, primary and community providers to integrate services closer to communities and ensure that they reflect community aspirations. In addition, the localities approach will inform the work of the PHA, MHA and HNZ (NPHS) to address determinants of health and wellbeing at a national level e.g., legislative reform, strategy and policy and strategic partnerships with other government agencies, thus supporting the work of localities.

46. The IMPBs are central to the new system operating model. They will have a critical role in engaging with whānau, hapū and sharing insights and perspectives to the MHA and HNZ. The IMPBs will be the local te Tiriti partners determining priorities for improving hauora Māori, agreeing locality plans and monitoring the performance of the health system and services in their localities. We anticipate the IMPBs will influence to embed mātauranga Māori within locality plans and engage broadly to address the determinants of health, which will then influence and inform regional and national planning. IMPBs will also collaborate with the MHA to support the MHA's stewardship role of hauora Māori and public health across the system.

47. Localities create a platform for embedding a population health approach through:

    a. working in partnership with iwi Māori to exercise tino rangatiratanga in planning around health priorities and services towards improving health outcomes for whānau Māori;

    b. a stronger focus on intersectoral collaboration as a powerful vehicle for social, cultural, environmental and local action to improve the health of whānau in the locality through addressing determinants of health;

    c. community partnerships to mobilise resources and influence, based on evidence that enduring health promotion models work by enabling groups of people to increase their control over their health.

Commissioning and co-commissioning

48. The MHA and HNZ will commission and co-commission primary and community care services in the future system. iMHA is exploring how it will commission in the future across a range of services and care models including mātauranga Māori and kaupapa Māori initiatives. iMHA considers commissioning for population health as a priority, recognising it is where many current Māori health providers and communities wish to expand.

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49. With the transfer of functions from both the Ministry and the sector, some public health programmes and contracts will be transferred into the commissioning functions of HNZ and the MHA. Technical public health expertise will inform the co-commissioning of services by HNZ and the MHA.

Pathway to 1 July 2022

50. On 1 July 2022 as the Pae Ora Bill comes into effect, HNZ and the MHA will assume their full range of statutory functions including the NPHS delivering all the statutory functions of current Public Health Units. The PHA will also be fully operational as a branded business unit within the Ministry.

51. For the health workforce and those who engage with health services, Day 1 might not look too different except for the new banners and structures. However, Day 1 will not be a continuation of the old system. There are different expectations and requirements for the new system in how the system as a whole and the people within it are to operate – with a one-system ethos that upholds the Articles of te Tiriti.

Key steps between now and 1 July 2022

Ministry of Health, Public Health Agency

52. The iPHA was established in August 2021 and has benefitted from an early start. The iPHA has focused on clarifying its strategic intent and high-level operating model in “Pou Whirinaki”. This document sets out the agency’s purpose and functions and will continue to evolve to provide a foundation for the PHA’s start on 1 July 2022. It is founded on both achieving equity for populations who have been poorly serviced by the health and disability sector and fulfilling the special relationship under te Tiriti, taking guidance from Whakamaua (Māori Health Action Plan 2020-25).

53. The current focus of the iPHA is now shifting towards detailed design of the operating model, in collaboration with the iMHA and iHNZ (NPHS) as they become established. This work focuses on clarifying roles, responsibilities, relationships and accountability across the PHA and its intersect with other agencies. All design elements of the operating model will be specifically reviewed by Māori, Pacific and equity experts to ensure they fulfil the special relationship under te Tiriti and support equity objectives. Key considerations are the alignment with the wider system operating model, transfer of functions and the Ministry’s internal change process. The recruitment process for the Deputy-Director General role for the PHA is underway and an appointment is expected to be made by May 2022.

54. The Terms of Reference for the Public Health Advisory Committee (PHAC) have been recently approved by the Associate Minister of Health, the Hon Dr Ayesha Verrall who has been delegated responsibility for the PHAC establishment process. An Expression of Interest process for membership of the PHAC will begin in early April. The PHAC will be established and members appointed by the beginning of July. The secretariat and support for the PHAC will be provided by the PHA and recruitment is underway for these roles.

55. It is proposed that some public and population health staff transferring from the Ministry to iHNZ and iMHA will transfer from early May as part of the second tranche of transfers. It is anticipated that the PHA will be resourced from a combination of existing Ministry positions and new positions/capability that will need to be built over a period of time. This work is part of the continuing work on functions transfer.

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Māori Health Authority

56. The iMHA is working in collaboration with iHNZ (NPHS) and iPHA to provide a mātauranga Māori informed vison for public health. This vision will describe in its broadest sense the importance of the environmental, economic, commercial, cultural and social impacts on the health and wellbeing of whānau. It will be used to inform policy, planning, service delivery and monitoring across the system.

57. The iMHA will explicitly build a public health team and capability in iMHA with visible leadership. The iMHA has identified the need to strengthen its capability and capacity to support the function of public health knowledge, intelligence and surveillance. This will support the system shifts outlined in the Pae Ora Bill and enable the iMHA to undertake its monitoring function for the system.

58. In the establishment process, iMHA has strengthened its public health capacity through appointing clinical public health leadership and health promotion expertise working across iHNZ and iMHA. The entity will continue to focus on capability building to support establishment.

59. There is explicit focus on expressing and valuing the contribution of Māori health providers, the communities they work in, and their workforce for their commitment to keeping iwi and whānau safe over the last two years. This will be a continuing focus as we work to embed and stabilise the significant shifts expected during this transition.

60. Much gain has been made throughout the COVID-19 response as we recognise the significant value and contributions of Māori health providers and an engaged Māori community in keeping people and whānau well. This will require stabilisation and retention of the investments to date. This remains a key focus area as we are building the new environments for the system and services to make the most of this built-up capacity and capability.

Health New Zealand, National Public Health Service

Supporting public health staff

61. In the shift to working as a single joined-up national public health service, the NPHS needs to balance the goal of transformational change with the impact of the ongoing COVID-19 response on the workforce, and its capacity to manage more change in a highly variable COVID-19 environment. To set the building blocks for transformation, the NPHS is:

    a. developing a clear statement of its strategic vision, informed by public health and the principles of mātauranga Māori, to build a common understanding of the purpose and vision for the NPHS. This would be developed in partnership with iMHA and support a shift to the culture of a te Tiriti and equity-based approach to public health;

    b. communicating with all staff transitioning into the NPHS so they are clear about what they can expect during the transition. This will include providing an induction pack and setting the direction of workplace culture;

    c. planning for an eventual 'front-door' for the NPHS, including early thinking about a single website, public-messages and a contact centre, with a view to implementing a national on-call centre in the future;

    d. exploring a process and timeframe for aligning the terms and conditions of staff coming into NPHS, so that people benefit from a nationally consistent approach.

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Developing an interim operating model

62. The NPHS is developing an interim operating model, which aligns with the PHOM. It will integrate the Public Health Units, Te Hiringa Hauora, screening and other population health programmes. It will integrate the operational public health capacity that has been established for COVID-19 (e.g., national contact tracing) and other infrastructure built as part of the response to ensure the PHOM is resilient to future outbreaks of infectious diseases amenable to public health intervention. It builds on the lessons from current systems, including the response to COVID-19. The interim operating model will set out the role, structure and functions of the NPHS within HNZ. It will show which functions of the service will be delivered on a national, regional and/or local basis. While development of the NPHS model is a work in progress and subject to change, it:

    a. starts with whānau and communities, with services appropriately and effectively anticipating and responding to drivers of wellbeing, and priorities of whānau and communities;

    b. recognises a range of entry points for people to connect with population and public health services. This shift includes communities, providers and workforces that whānau and communities connect with, such as Māori and Pacific providers, and kaiāwhina. This builds on the COVID-19 response and funding of Māori and Pacific providers' expertise;

    c. is co-ordinated for maximum effect, with national approaches that are interconnected regionally and locally; and

    d. could involve a regional leader in public health in each region, providing a clear line of accountability. This could sit alongside regional leadership for locality, commissioning, and the MHA's regional arrangements. The regional arrangements could also include regional functions currently carried out by Te Hiringa Hauora. This approach would provide regional leadership and co-ordination across multiple work programme areas and sharing of specialist expertise. Specific regional arrangements will be confirmed after being considered by the Boards and Chief Executives of iHNZ and iMHA.

63. The interim operating model will be developed with initial consultation and engagement over April and May, so that it can be in place for Day 1. More fundamental change in the operating model will drive better long-term transformation. However, this needs broader engagement with a longer timeframe than possible before Day 1, including consultation on employment obligations (e.g., individual and/or MECA). Discussion of more fundamental change in the operating model would need to be designed and timed to build support (and retention) of as many staff as possible. Later in 2022, we anticipate a broader engagement process, including with Iwi-Māori Partnership Boards and communities.

Sector engagement

64. Engagement with the public health sector continues to be a significant and ongoing part of the work programme. Engagement activities have been jointly undertaken by the TU and the Ministry (including the iPHA), and this will continue leading to Day 1 and include the iMHA and iHNZ. iHNZ will soon begin providing a series of messages to the public health sector focused on preparation for the transition as people will move into the NPHS.

65. Through the engagements to date, a broad range of sector groups were able to provide input into the reform programme. These have been key forums for reinforcing the key reform messages on the shifts and the importance and centrality of public health in the reformed system. We are continuing to acknowledge the significant contributions being made by the

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sector as part of the COVID-19 response. The range of sector groups include Māori and Pacific public health sector representatives, NGOs and the Public Health Clinical Network. As we move ahead with the transition and beyond, we intend to engage with a wider range of stakeholders across the public health and wider sectors, acknowledging the breadth of determinants of health that is encompassed within public health.

66. Extensive engagement with the public health sector, including with staff across the system who will be impacted by the reforms, remain challenging in the context of the current COVID-19 environment as many people play critical roles in the response.

Next steps

67. Subject to your indication on any topics, officials can provide you with further advice or have a discussion.

68. Any future updates regarding the public health transformation programme will be provided to you through the regular update reports from the Ministry, the TU and the interim entities.

Attachments:	Title
Attachment A:	Summary of the context provided in the November 2021 briefing and subsequent lessons from COVID-19
Attachment B:	System-Wide Accountability Framework and how public health fits in
Attachment C:	Public Health Accountabilities Framework

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ATTACHMENT A

Summary of the context provided in the November 2021 briefing and subsequent lessons from COVID-19

1. The November briefing covered the context that outlined the case for public health transformation [HR20212428, DPMC-2021/22-639]. In summary:

   a. a significant amount of disease burden is preventable with significant inequity in non-communicable diseases among Māori, Pacific, disabled and other groups - public health and a population health approach has a great potential to tackle these burdens.

   b. the Treaty of Waitangi is not upheld in how the current public health system operates - the developing PHOM of the future system will ensure material change for Māori and reinforce te Tiriti principles and obligations across all levels of public health which also align with the findings from Wai2575.

   c. COVID-19 has provided important lessons and legacies of system enhancements that is strongly guiding the PHOM development and implementation. These were:

      i. the importance of strong national public health leadership, coordination and infrastructure to develop a science and evidence-based approaches in responding to pandemics and other public health threats.

      ii. ensuring public health works in close collaboration with local expertise, capability and innovation, especially in Māori and Pacific communities, so that local aspirations and needs are reflected in the investments and models of care and service for people and whānau.

      iii. the effectiveness of a whole-of-government and whole-of-society response that mobilises action across sectors and communities.

      iv. the need for a multi-disciplinary workforce and a cross-sectoral and holistic approach for public health responses.

   d. given the historic underinvestment in public health, there needs to be committed, long-term investment in the national public health infrastructure, technology and workforce to uplift overall public health capability and capacity to enable effective mobilisation of resources to the areas of greatest need and co-ordinate delivery.

2. The continuing response to COVID-19 is providing key lessons that are informing the public health transformation programme in addition to the ones outlined in the previous briefing. These continue to reinforce the case for system transformation. The subsequent lessons to note are:

   a. the importance of science, insights and evidence-based approaches, especially when limiting people's freedoms.

   b. using national frameworks, policy, procedures for consistency but enabling flexibility and agility to best respond to local and community needs.

   c. embedding the significant gains made with Māori health providers and engaged Māori communities in sustaining and retaining the investments and built-up capacity and capability to date as we transition to a new environment for care and services.

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ATTACHMENT B

System-Wide Accountability Framework and how public health fits in

System element	Mechanisms	Entities' roles and how they work together	Public health context
Direction setting How Ministerial priorities, expectations and requirements are set for the system and its entities.	The **Government Policy Statement** will outline the Ministerial expectations and priorities with a focus over a three-year period. It will set parameters for system and service planning and specify the funding track over the period. **National strategies (NZ Health, Māori, Pacific, Disabled People, Women, Public Health)** will provide the long-term direction and vision of the system and inform the plans and priorities of the entities in the medium to long-term.	The Ministry and the MHA will lead advice and support the Minister in developing the GPS in line with the Minister's expectations. This will be done in collaboration with the entities it monitors. HNZ and MHA will need to give effect to the GPS. The Ministry will lead the development of the national strategies which will require Minister's approval. This work will be done in partnership with the MHA. HNZ and MHA will need to give regard to the strategies and they will inform the entities' plans and priorities over the medium to long-term.	The GPS will be the Minister's document, who will be supported by the Ministry and the MHA in developing this. The MHA and the PHA, as part of the Ministry, will contribute to the development of the GPS to ensure that public and population health are integral to this system direction setting vehicle. In partnership with the MHA, the PHA will develop the National Public Health Strategy, which will outline the public health long-term vision and direction for the system which will include focus on the determinants of health. The MHA and PHA will work closely with HNZ to ensure strategy and policy is informed by operations. The GPS and national strategies will have explicit focus on public health as a system priority which will be reflected in system planning and service delivery. The GPS is the key vehicle for the PHA to set parameters and expectations for public health plans, frameworks or programmes that HNZ and MHA may develop and can specify if these need Ministerial approvals. In addition to the GPS and national strategies, Whakamaua (Māori Health Action Plan) will be another key direction driver for HNZ and MHA. The Public Health Advisory Committee will be a newly established function in the system. The Committee will provide expert, science-based

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			independent public health advice to the Minister of Health which will be critical to inform system direction-setting.
Planning How the direction and expectations are translated into detailed, deliverable and measurable plans for services and enablers.	The **NZ Health Plan** will be a statutory plan that is aligned with budget cycles. This will outline a multi-year, costed plan for the delivery of health services showing how HNZ and MHA intend to operationalise the expectations and requirements and in the GPS. **Locality plans** are statutory plans for primary and community health services in each locality. These will support the delivery of national outcomes and objectives and outline the area's priorities to inform commissioning of services. **National plans or frameworks** for discharging some functions or health services could be developed to supplement the NZ Health Plan in specific areas (e.g. rural health, mental health and addictions).	The MHA and HNZ will co-lead the development of the NZ Health Plan which will require Minister's approval. The Ministry and relevant agencies will provide advice for the Minister's approval to ensure the Plan is within the parameters of the GPS and Government expectations and priorities. HNZ and MAH will develop locality plans and must consult the MHA, the Iwi-Māori Partnership Boards and other relevant groups to reflect local priorities and needs. The plan requires IMPB agreement and will be approved by HNZ and MHA at the regional level. HNZ and MHA will develop specific plans and frameworks as needed and these will not routinely be agreed by Ministers unless required.	MHA and HNZ will co-develop the NZ Health Plan, with contribution from PHA, which will respond to the public and population health priorities and expectations laid out in the GPS and national strategies (including the National Public Health Strategy) and show how the entities will operationalise the priorities and expectations. Any additional national plans or frameworks for public health deemed necessary will be developed by MHA and HNZ. These will respond to the parameters and expectations set within the GPS and may require Ministerial approval. HNZ and MHA will develop locality plans, working with the Iwi-Māori Partnership Boards (IMPBs). These plans will have a strong focus on population health and improving equity by strengthening alignment of activities, priorities and service delivery across sectors to address the determinants of health. They will be developed through engagement with local communities and in partnership with social sector agencies and other entities that contribute to population outcomes. The plans require IMPB agreement and will be approved by HNZ and MHA at the regional level.

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Monitoring and reporting How progress against plans is monitored and reported to Ministers, Parliament and the public.	A **system-wide monitoring framework** that will require Ministerial agreement which will ensure consistency in monitoring approach and avoid information asymmetry. The monitoring roles will span beyond the health system and include organisations with some monitoring functions (e.g. PSC, Treasury, TPK, MPP) The framework will include: **System-level outcomes and indicators framework** will set metrics and indicators to support medium-term oversight of population health and system performance. **Mandatory reporting requirements** that is linked to the GPS and the NZ Health Plan. The **NZ Health Plan** will be the principal plan by which HNZ and the MHA will deliver services over a three-year period. It is also the principal accountability document for which the entities will be monitored against.	The Ministry will lead the development of the system-wide monitoring framework which will include national outcomes and indicators frameworks and mandatory reporting requirements. This will be appended to the GPS and ensure consistency and coherent approach to monitoring and the strategic system direction. The Ministry will continue to be the lead system monitor and the monitor for the performance of the system entities, on behalf of the Minister, and will report regularly as required. The MHA will monitor the system, in cooperation with the Ministry and TPK in relation to hauora Māori and as well as monitoring HNZ performance against the agreed HNZ Māori Health Plan. The MHA will be accountable to both the Minister of Health and to Māori and will report regularly as required. HNZ will develop internal monitoring, reporting and performance management frameworks to monitor its organisational performance and oversee delivery against approved and agreed plans. It will report regularly to the Minister against progress in delivering the NZ Health Plan.	The PHA, as part of the Ministry, will have a lead system monitoring role for public health and the MHA will be the lead system monitor for hauora Māori [CAB-21-Min-0092]. This includes oversight of system delivery of outcomes and organisational performance of entities relating to public health. The PHA will also monitor progress against the National Public Health Strategy, consistent with the stewardship role of the Ministry. In partnership with the MHA, the Ministry will be a co-monitor for hauora Māori for the system and for HNZ. The MHA will be the primary monitor of progress against Whakamaua (Māori Health Action Plan) and any successor Māori health strategy. HNZ and MHA will monitor and report on activities and performance both at a national level (NZ Health Plan and other national plans) and at the local level (by locality plans) which may include public health specific considerations and requirements. There will be mandatory reporting requirements linked to the GPS and the NZ Health Plan to support the system-level outcomes and indicators framework as part of the broader system monitoring framework. This will ensure consistency in monitoring approach and avoid information asymmetry.
Intervention How any risks or concerns that are identified through monitoring are addressed and by whom at an entity and cross-system level.	An **intervention framework for the system** will outline the suite of statutory and non-statutory levers available to Ministers, the role of system actors in intervening in the system to identify and address risks and issues, and to highlight possible trigger points and escalation pathways for the use of these powers. Interventions will begin with non-statutory levers, with responses largely led by agencies while keeping Ministers informed and continue through a projected pathway to the use of statutory powers.	Broadly, the health entities operate as either: Monitoring, strategy and policy agencies, including the Ministry and the MHA. These agencies need to be high-performing to provide visibility and advice to Ministers on whether the system is delivering on its objectives, and on policy and strategic settings to address issues, but will not ordinarily be primarily responsible for the delivery of services that may require intervention. Service delivery and commissioning agencies, including HNZ and the MHA. These agencies	HNZ and MHA, as commissioning and service delivery entities, will have **internal monitoring and performance and quality improvement** activities. Some of these may be public health specific based on entity priorities and monitoring and reporting requirements. They will be equipped to manage issues themselves, with appropriate supervision and support from monitoring agencies, and updates to Ministers as appropriate. Where issues or risks need to be escalated, a **cross-agency response** may be necessary e.g. between HNZ and MHA or could also involve the

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	The progression between these levels of intervention will not be strictly linear; there will be issues which require systemic responses from the outset and so move straight to an escalated level of intervention, and in rare cases, an immediate shift to a statutory intervention. There are three broadly recognised levels of intervention: • Internal performance improvement • Cross agency involvement • Statutory intervention	have primary responsibility for planning, funding and / or managing frontline services. These agencies will also have internal performance monitoring and improvement functions.	system monitors (the Ministry and MHA). Focus will be on delivery agencies managing an initial response. Ministers are kept more regularly informed and may need to make key decisions. **Statutory interventions** may be necessary where levels of confidence in responding agencies do not meet Ministerial or public expectations. This may relate to a particular public health priority or issue. Statutory interventions offer Ministers more direct control over responses to issues.

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ATTACHMENT C

Public Health Accountabilities Framework (as at 1 April) – continuing area of work

	Strategy	Whānau & Community Experience & Engagement	Policy	Legislation/Regulation	Planning
Ministry of Health	• Develops New Zealand Health Strategy: Hauora Māori Strategy; Pacific Health Strategy: Disability Health Strategy, in partnership with MHA • Provides a framework to guide the health system in protecting, promoting, and improving people's health and wellbeing • Advises on the development of the Government Policy Statement	• Engages with consumers in line with Code of Consumer Participation (developed by HQSC)	• Details Ministerial expectations and priorities in Government Policy Statement in partnership with MHA • Leads on Health Policy advice, legislation, Cabinet and Parliamentary processes in partnership with MHA • Establishes committees under the Pae Ora Act	• National stewardship and administration of overall health regulation • Monitors if fit-for-purpose and effective • Provides advice to Minister on new/amended legislation • Supports Cabinet and Parliamentary processes, including drafting instructions • Provides advice to other agencies on regulation that impacts on health • Facilitates input from other health agencies (e.g. MHA, Health NZ/NPHS) IHR –includes Global Health input	
Public Health Agency	• Leads and coordinates national population and public health strategy and investment plan in partnership with MHA and in line with NZ Health Strategy and GPS • Leads and coordinates supporting population and public health strategies including health security frameworks • Leads and coordinates Public Health Laboratory Science strategy • Leads and coordinates long term investment strategy	• Engages with whānau and communities to inform strategy and policy development in partnership with MHA • Public Health Advisory Committee secretariat supports engagement with whānau and communities •	• Leads on public and population health policy analysis and advice, Cabinet and Parliamentary processes in partnership with MHA • Leads on cross-agency policy collaboration to address the determinants of health in partnership with MHA • Administers the Public Health Advisory Committee under the Pae Ora Act	• National stewardship and administration of public health regulation • Monitors if fit-for-purpose and effective • Provides advice to Minister on potential or new legislation • Supports Cabinet and parliamentary processes, including drafting instructions • Provides advice to other agencies on regulation that impacts on health • Facilitates input from other health agencies (MHA, NPHS) • Implements National Focal Point function under IHR	• Develops technical specifications for public health programmes to inform Health NZ planning and commissioning

				• Administers national public health regulation • Administers statutory designations	
Māori Health Authority	• Leads and coordinates national strategies (as above) and investment plan in partnership with wider Ministry • Leads and coordinates supporting population and public health strategies including health security frameworks in partnership with PHA • Leads Māori health strategy	• Engages with consumers in line with Code of Consumer Participation (developed by HQSC)	• Leads on Hauora Māori policy and provides policy and strategy advice direct to the Minister on matters relevant to Hauora Māori • Develops public health policy of significance to Māori with Ministry/PHA	• Statutory accountability for monitoring • Obligation to monitor, in cooperation with Te Puni Kokiri, monitoring the performance of the Health system • Provides advice to Minister on new/amended legislation	• Jointly develops and signs off NZ Health Plan with HNZ • Jointly develops and signs off public health emergency response plans with HNZ (tbc) • Ensures planning and service delivery respond to the aspirations and needs of whānau, hapū, iwi, and Māori

Health NZ	• Contributes knowledge to the national public and population health strategies
	• Upholds the vision and leads changes outlined in the NZ Health Plan
		• Builds regional and local cross-sector partnership capabilities
		• Co leads engagement with whānau and community, in partnership with MHA, to obtain voice/insights/aspirations
		• Engages with consumers in line with Code of Consumer Participation (developed by HQSC)
		• Develops locality plans by:
		  o consulting consumers or communities within the locality; and
		  o consulting social sector agencies and other entities that contribute to relevant population outcomes within the locality; and
		  o consulting—the Māori Health Authority; and iwi-Māori partnership boards for the area covered by the plan; and
		  o any other individual or group that Health New Zealand considers appropriate
			• Provides advice to the Minister as required
			• Provides advice to support regional and local policies across sectors in relation to the wider determinants of health
				• Implements overall health regulation	• Jointly develops NZ Health Plan (including population health and public health content) with MHA
					• Develops Pacific Health action plan and priority action plans
					• Responsible for overall health sector emergency preparedness/ response planning**
					• Sets national operational policy for population prevention and interventions (e.g. immunisations, screening) **
					• Leads intersectoral cross-agency operational planning (with MHA and PHA)
					• Develops localities plans for primary and community health services in partnership with IMPBs, with whānau and communities' voices
					• Leads health service planning to determine which health services need to be provided to specific populations

NPHS		• Strengthens and maintains national, regional and local cross-sector partnerships with whānau and communities in order to achieve community health aspirations	• Provides advice to Ministry as required, on population health matters • Provides advice to support regional and local policies across sectors in relation to the determinants of health	• Implementation, compliance and enforcement of public health legislation and regulations • Implementation of IHR • Statutory powers of medical officers of health and health protection officers, in Health Act and other Acts	• Contributes to NZ Health Plan, Disability Plan and Pacific Health plan, through HNZ • Responsible for public health emergency preparedness/ response planning** • Operational planning for delivery of Public Health services locally, regionally and nationally

**Clarification needed as to whether this is a Health NZ or NPHS responsibility

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	Commissioning	Service Delivery	Workforce	Research & Innovation	System & Public Health Intelligence
Ministry of Health			• Provides advice to Ministers regarding industrial relations • Leads strategy and policy for overall health system workforce**	• Develops/sets strategies for future research priorities in partnership with the MHA • Provides policy advice on health research in partnership with the MHA • Works alongside MBIE and the MHA to oversee the Health Research Strategy	• Stewardship of the overall health intelligence system, in partnership with the MHA, including policy advice and data strategy which includes standards, governance, data sovereignty, and analytics operating model. • Data analysis, dissemination and application to support core functions • Leads national health surveys
Public Health Agency		• Sets guidelines and technical specifications for national public health services	• Sets public health workforce strategy and policy in partnership with MHA • Designation of statutory officers	• Develops/sets strategies for future public health research priorities • Supports and facilitates inter-sectoral research and innovation, including pilot and feasibility studies prior to larger scale operational research	• Stewardship of public health knowledge and surveillance system, including strategy and policy advice, in partnership with the MHA, and with Health NZ/NPHS • Data analysis, dissemination and application of intelligence to support core functions, including national health needs assessment, monitoring and reporting on population and public health Pae Ora and equity outcomes (nationally and internationally) • Collaborates with other agencies on population and public health data
Māori Health Authority	• Commissions and/or co-commissions health services for Māori, including kaupapa Māori services	• Works in partnership with NPHS to undertake service delivery • Works in partnership with other agencies to address the determinants of health, and health and wellbeing outcomes, for Māori	• Leads the development of a te Tiriti responsive and equitable workforce capability with Māori representation in partnership with MHA • Contributes to workforce capacity/capability development, including cultural safety and surge planning in partnership with MHA • Co-develops public health workforce strategy in partnership with PHA • Jointly develops workforce component of the NZ Health Plan with HNZ	• Researches and invests in innovation prototyping and dissemination for kaupapa Māori services • Works in partnership with the Ministry on health research strategies, priorities and policy advice	• Co-leads and coordinates public health knowledge and surveillance system in partnership with PHA • Advances Māori data sovereignty and mātauranga Māori • Analysis, dissemination and application to support core functions, including co-commissioning • Facilitates access to data/intelligence for IMPBs and Māori public health service providers

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Health NZ	• Co-commissions, with MHA, services to deliver public health priorities specified by the PHA**	• Includes health promotion interventions at practitioner/service provider level, as part of delivering quality health care at an individual level (e.g. tobacco cessation interventions) • Coordinates public health laboratory services	• Jointly develops workforce component of the NZ Health Plan with MHA	• Commissions and supports service innovation and evaluation • Evaluates the delivery and performance of services provided or funded by Health New Zealand	• Maintains national health information system, including commissions data collection, data custodian, ensures connectivity and linkages • Data analysis, dissemination and application to support core functions, including planning and commissioning, regional/local health needs assessment, monitoring and reporting • Facilitates access to data/intelligence for service delivery, e.g. localities
NPHS	• Co-commissions, with MHA, services to deliver public health priorities specified by the PHA**	• Delivers national, regional, and local services in partnership with MHA, including: • Health improvement and promotion at population/community level (including by collaborating with other social sector agencies to address the determinants of health) • Preventive interventions at individual level (e.g. screening, immunisation) ** • Health responses at population/community level (e.g. health protection, leading emergency responses to public health threats)	• Leads and coordinates workforce capacity/capability development, including cultural safety and surge planning in partnership with MHA • Develops a te Tiriti responsive and equitable workforce capability with Māori and Pacific representation in partnership with MHA	• Researches and invests in innovation prototyping and dissemination of new models of public health and population health service delivery • Develops tools and technology that enable improvement and innovation • Delivers innovation and evaluation	• Public health service data collection • Analysis, dissemination and application to support core functions, i.e. public health service delivery • Operationalises surveillance – ongoing risk assessment, leads, coordinates and implements responses to threats

**Clarification needed as to whether this is a Health NZ or NPHS responsibility

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