

Health New Zealand Māori Health Authority

Operating model and high-level structure

April 2022



How Health New Zealand and the Māori Health Authority work together

TŌ TĀTOU WAKA HOURUA OUR DOUBLE-HULLED WAKA

The waka hourua concept in a health context is not new. We acknowledge those other waka whose bows continue to cut through waves in these waters. The fundamental premise of the analogy is to bring together two groups and draw equally on the skills, talents, attributes and leadership of each to drive improved outcomes for our communities. Our waka hourua seeks to drive transformational change for Aotearoa – New Zealand’s health system to support better outcomes and wellbeing for all of our people – whakahiko i te oranga whānau.

DRAFT

NGĀ TOHU O TE PŌ | NIGHT TIME GUIDES
(STRATEGIC INDICATORS)

NGĀ TOHU O TE RĀ | DAYTIME GUIDES
(DATA, INSIGHTS AND INTELLIGENCE)

TE HAU | THE WIND
(RESOURCING)

NGĀ RĀ | THE SAILS
(CORE FUNCTIONS)

KAIHAUTŪ | CAPTAIN
(TE AO MĀORI LEADERSHIP)

PAE TAWHITI | DESTINATION
(VISION)

KAIURUNGI | NAVIGATOR
(WHĀNAU VOICE)

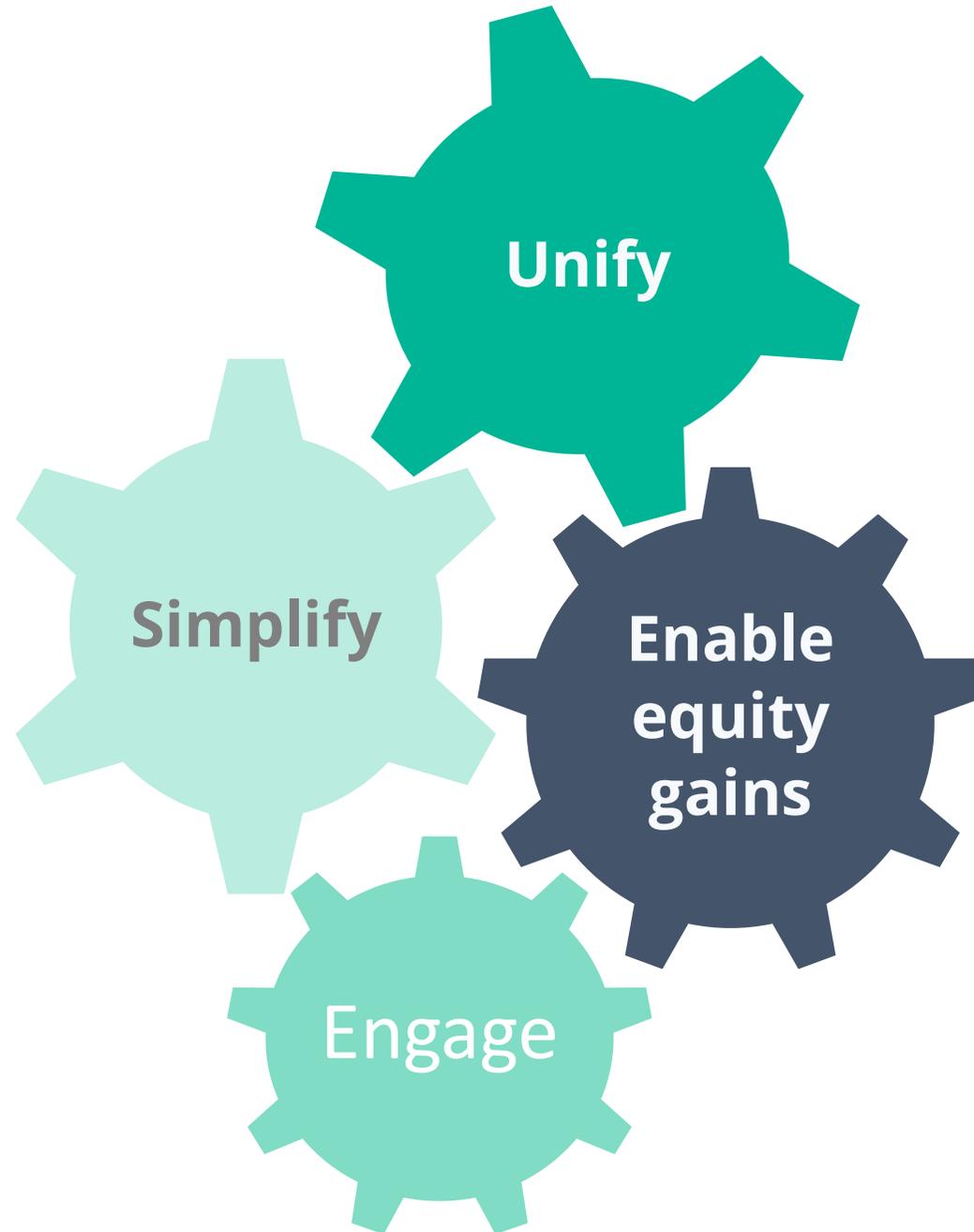
TE KAUPAPA | THE DECK
(VALUES)

NGĀ KIĀTO | CROSSBEAMS
(PRINCIPLES)

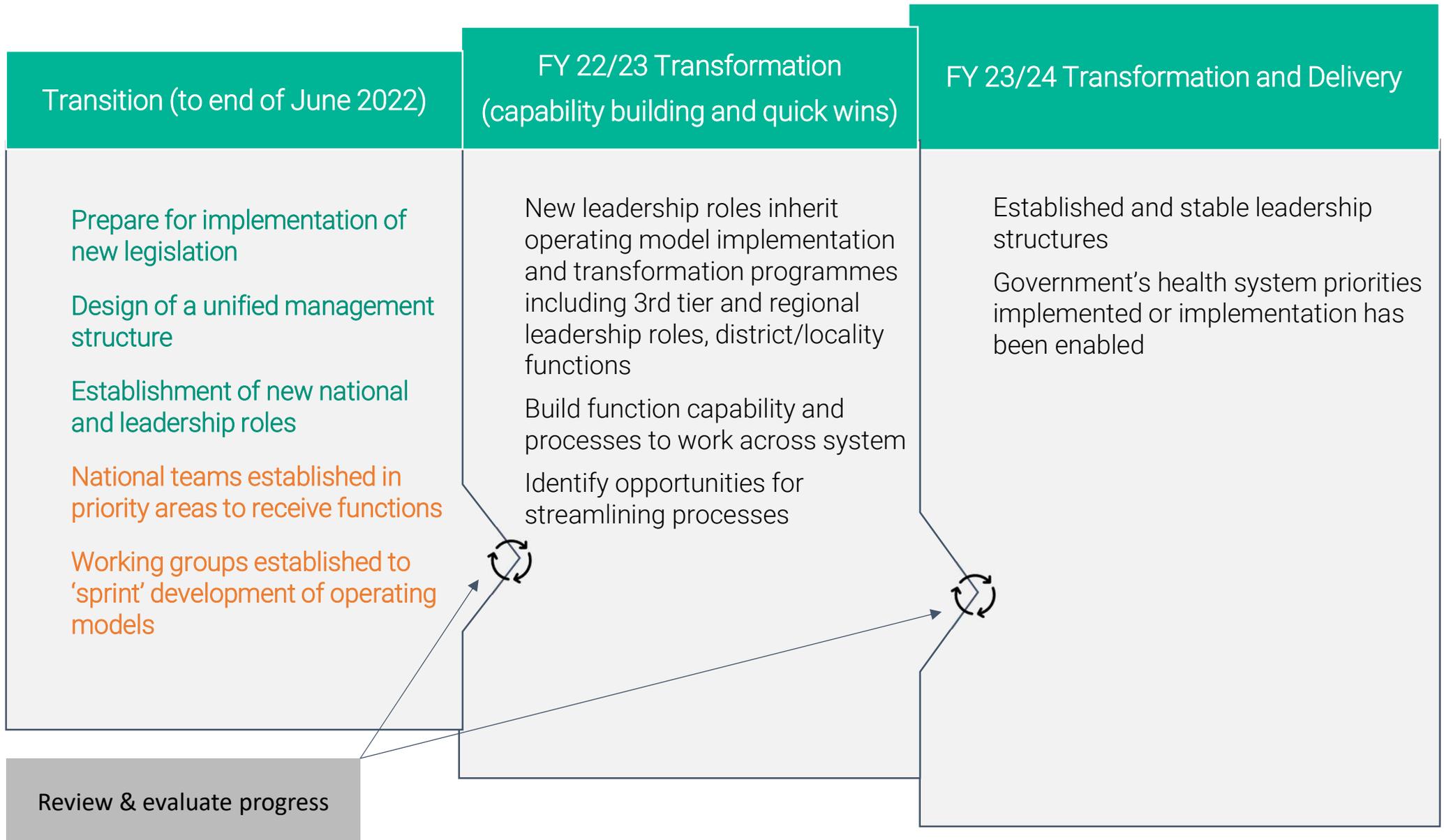
TE MOANA | OCEAN
(ENABLERS/CHALLENGES)

**Nationally planned,
regionally delivered
and locally tailored**

Principles of our approach to change



Our approach to change



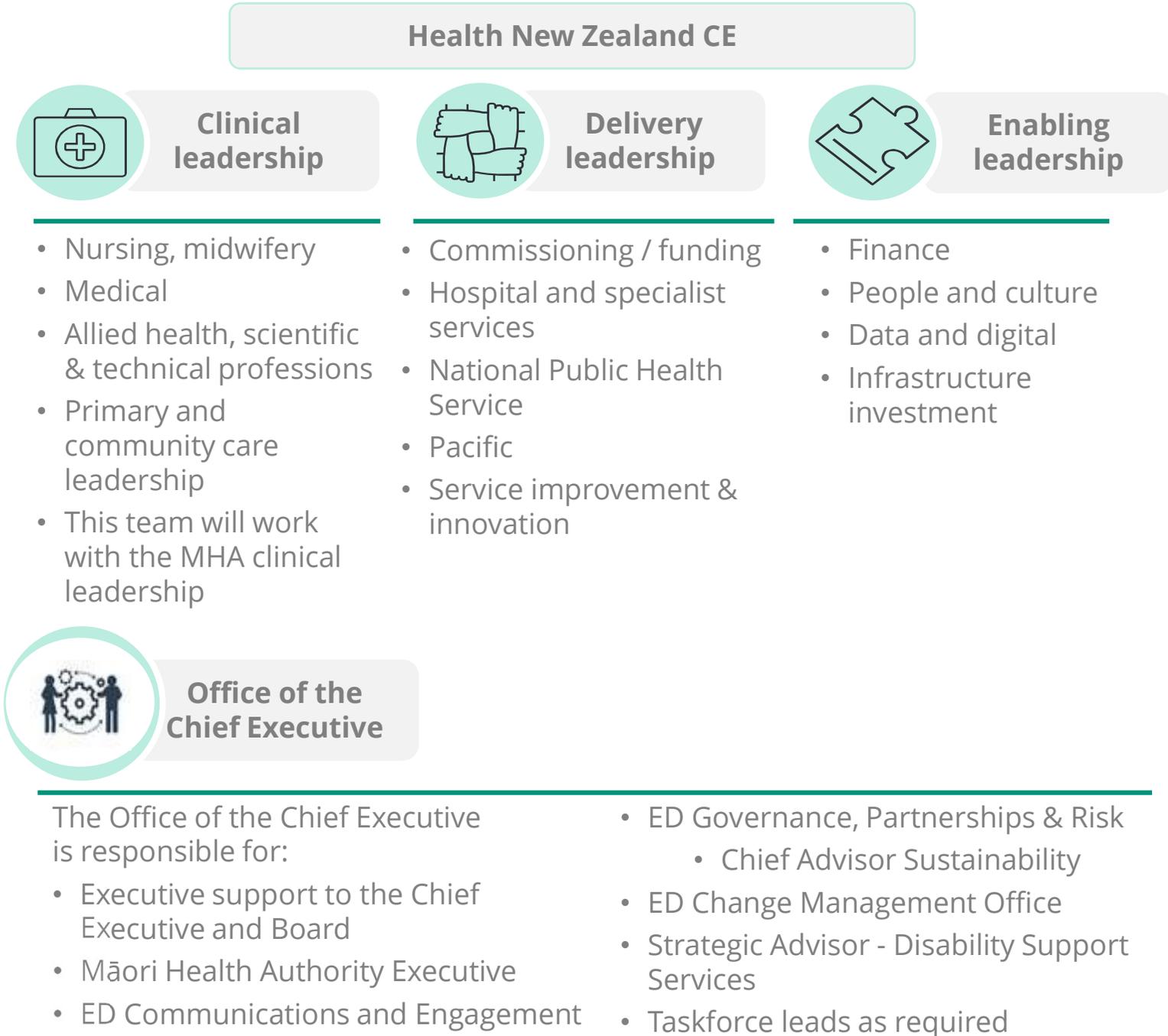
What this means for Health New Zealand's organisational structure



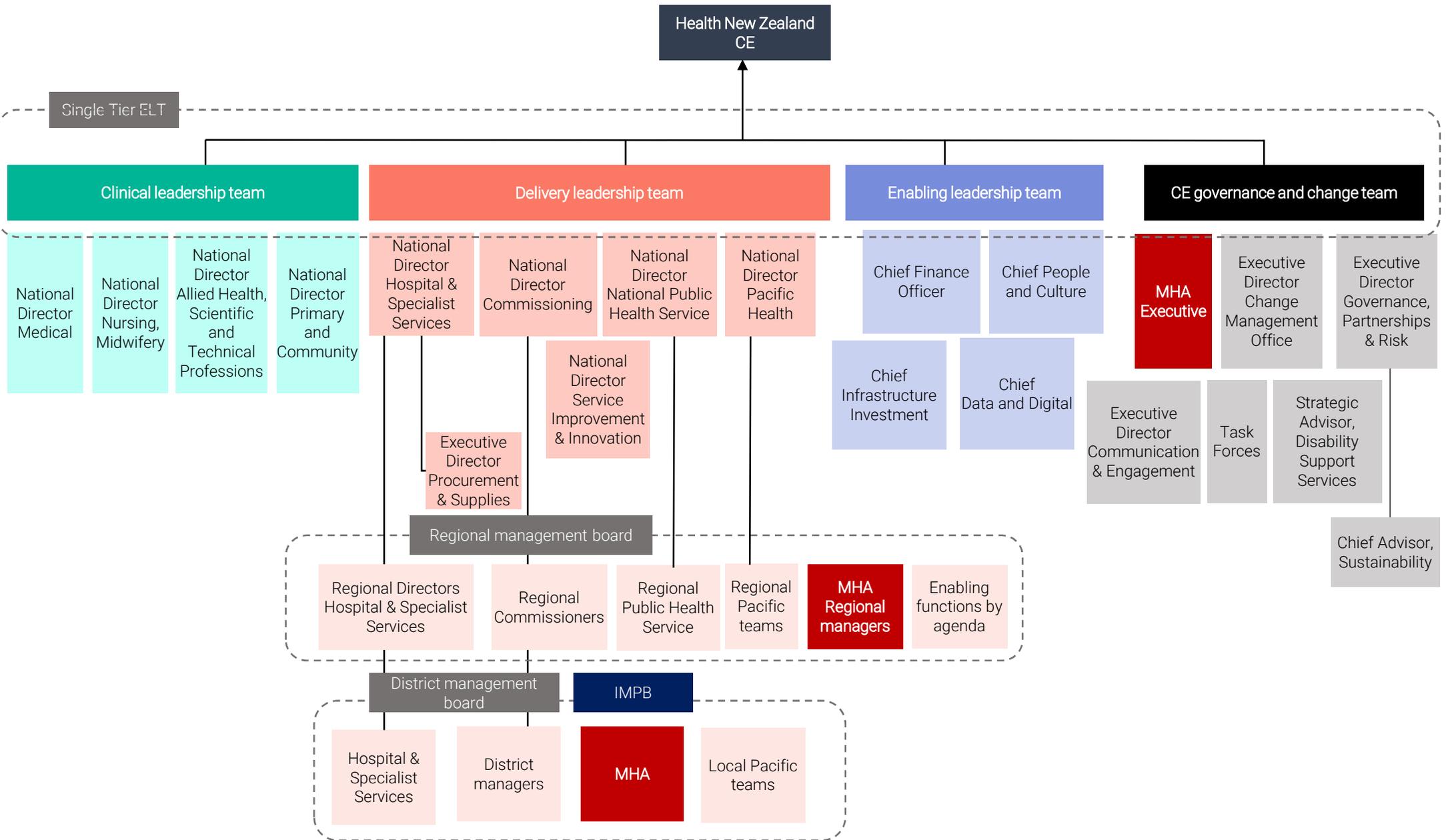
Health New Zealand Leadership Functions

Some roles will have a partner in the Māori Health Authority and some functions will agree a joint work programme with the Māori Health Authority to ensure opportunities for Māori health gain are embedded.

Single tier ELT of sub-teams



Single Tier ELT



Decisions that have been made

Clinical leadership team

Clinical leaders will chair their respective national forums. This team comprises National Directors who lead but do not have direct line management of their regional counterparts.

Clinical leadership team

National Director
Medical

National Director
Nursing, Midwifery

National Director
Allied Health,
Scientific and
Technical
Professions

National Director
Primary and
Community

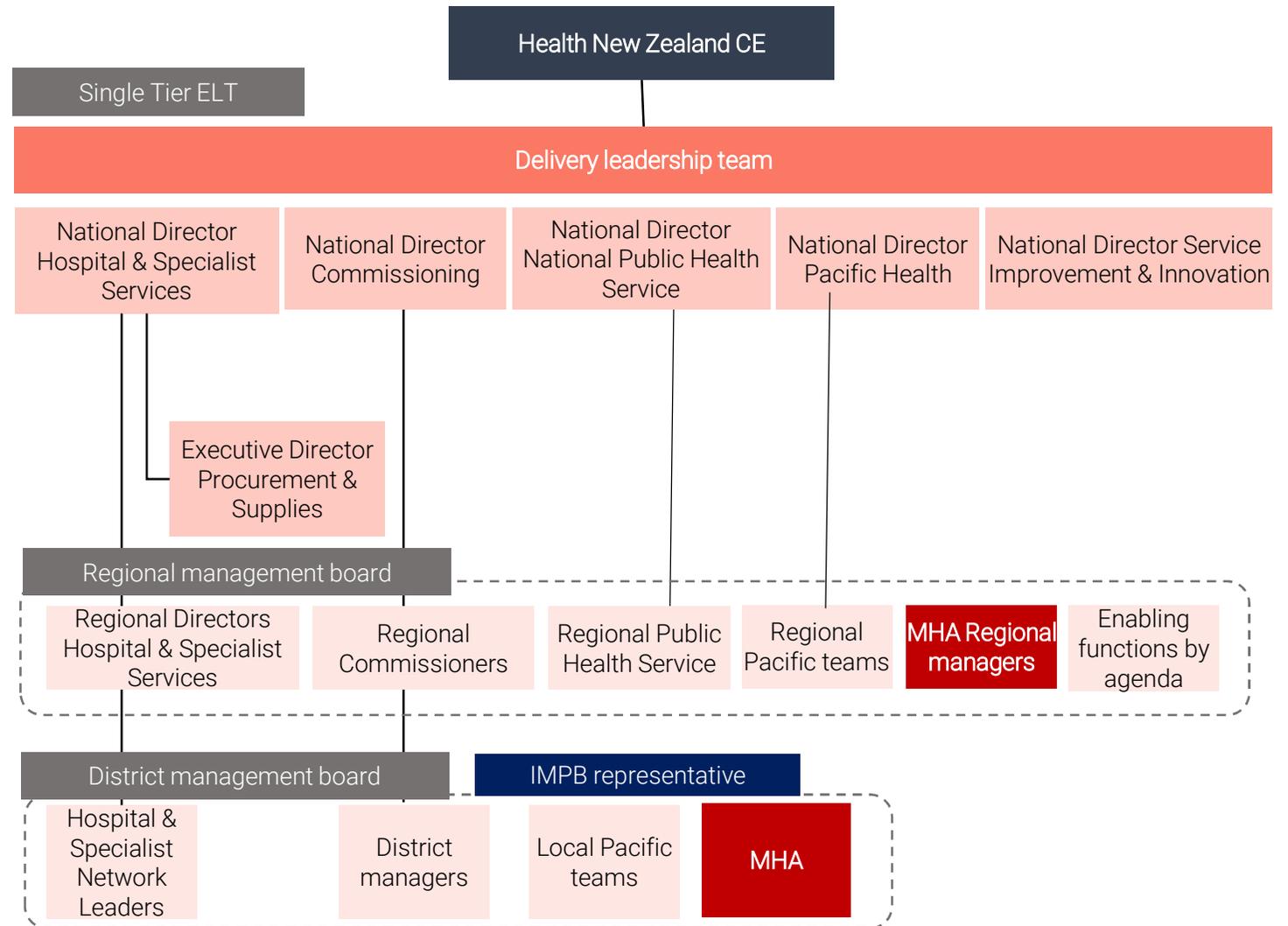


Delivery leadership team



Decisions that have been made

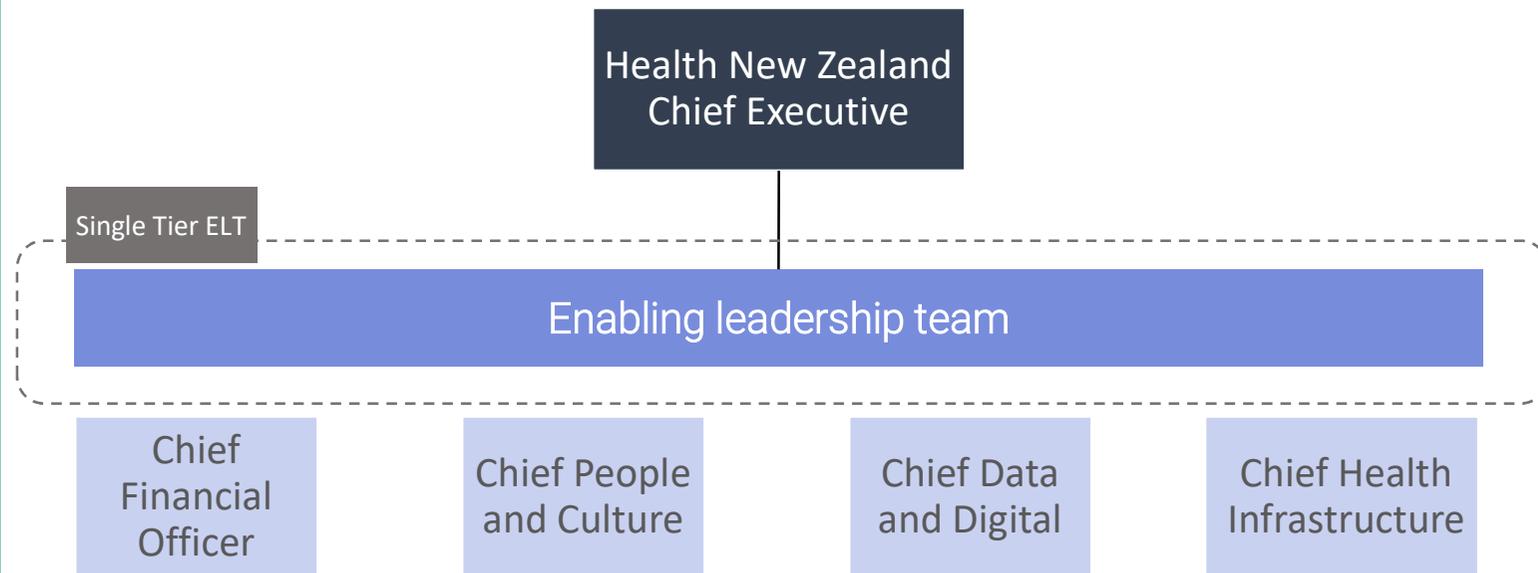
This group of leaders are responsible for operational delivery in the system. Delivery of care is either provided by HNZ through Hospital and Specialist networks or commissioned/funded and provided by other community-based services and 3rd party providers.



Decisions that have been made

Enabling leadership team

- Key enabling functions will support Health New Zealand to deliver on the ambition of the health reforms and provide health services nationally, regionally, and locally.
- These functions ensure we are meeting our budgetary responsibilities, growing our workforce, and building the infrastructure (both physical and digital assets) for the health system.



Decisions that have been made

Office of the CE Governance and Change team



- Additionally an advisor on disability support services will be established to advise the CE on how the organisation and its services can be more responsive to people with disabilities
- This may include supporting the successful implementation of the new Ministry for Disabled People

Roles within the Office of the Chief Executive

Taskforces

Three fixed-term taskforces are in the process of being established. They will act with the mandate and authority of the CE and Board to direct and task activity.

Planned Care

- centrally coordinate commissioning
- get clinical engagement on prioritisation and direct the priorities for planned care delivery over next 12-24 months
- chaired by an experienced senior leader to support the Taskforce and work with the sector to ensure consistent national implementation
- includes working with private hospital capacity in a more coordinated way

Workforce

- a National Lead to agree the key priority interventions for immediate workforce expansions
- focus on workforce at risk of service failure

Immunisation

- aims to increase the uptake of seasonal flu and childhood immunisations

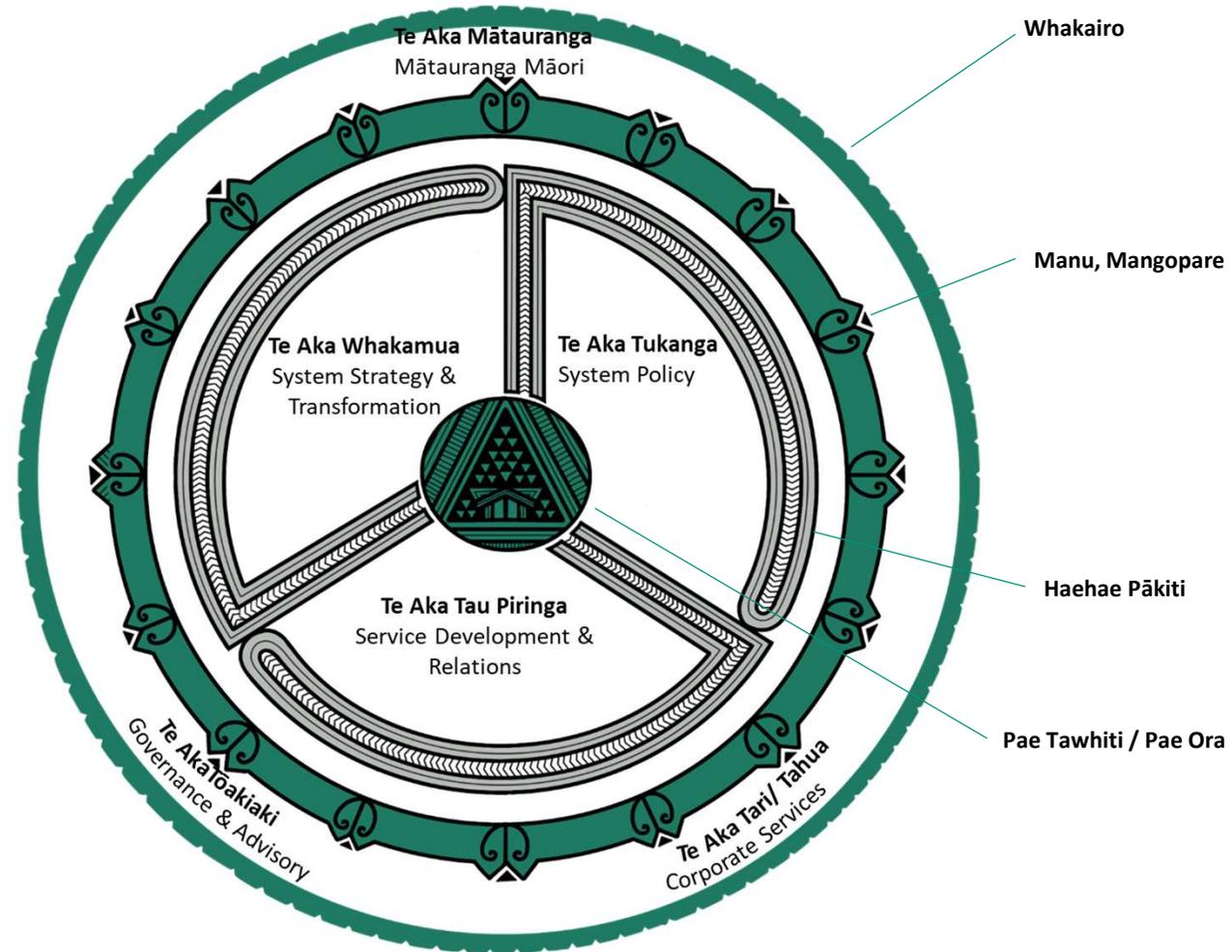
The Māori Health Authority's organisational structure



The proposed future organisational structure for the Māori Health Authority

Our 16-point wind compass

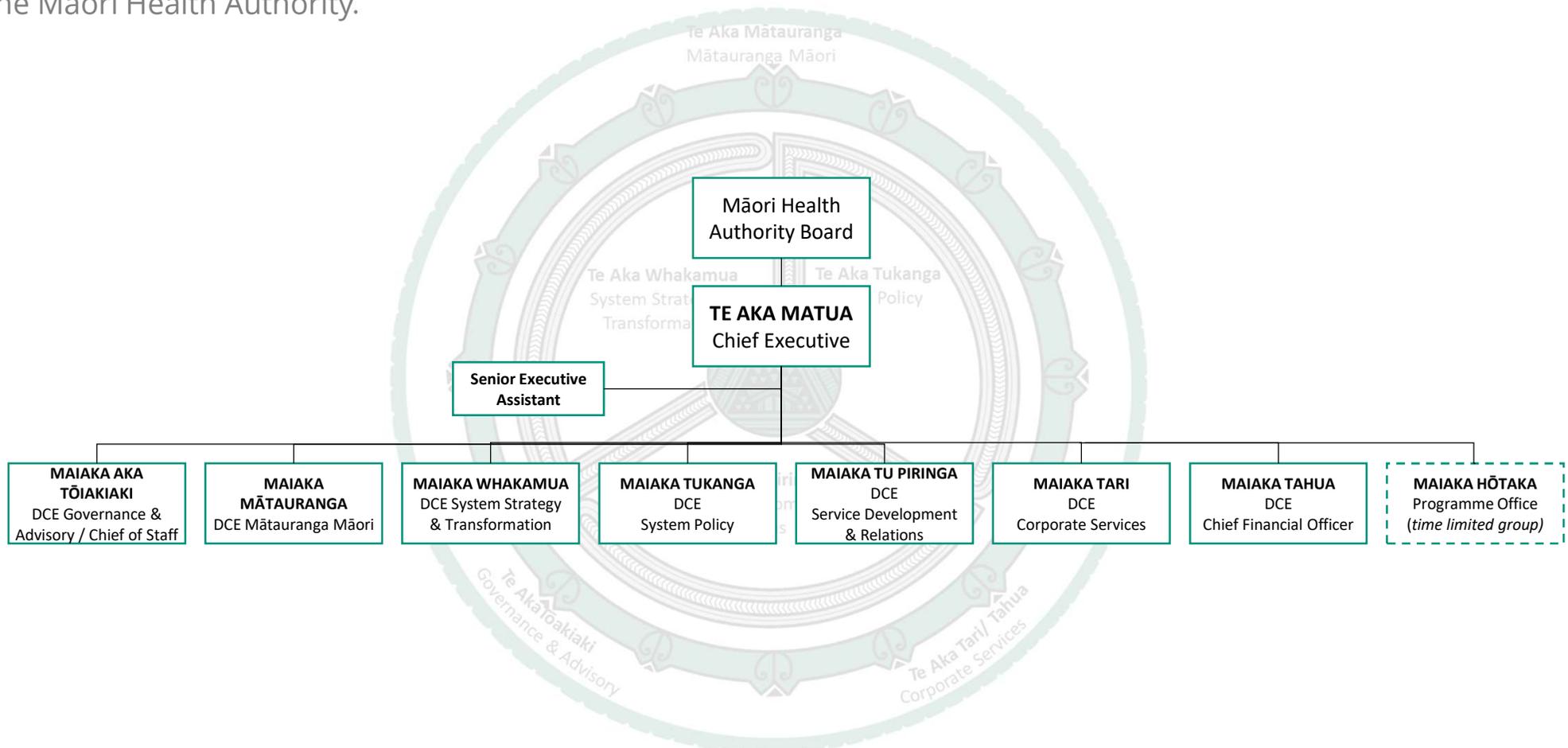
- The Māori Health Authority's proposed future organisational structure has been designed along functional lines and the five core functional building blocks. It has been organised into six proposed directorates, depicted by a sixteen-point wind compass.
- The organisational structure supports the analogy of a waka hourua on a journey to Pae Tawhiti using the traditional compass to help navigate. The design of the Māori Health Authority on the traditional compass provides clear direction and purpose.



The proposed future leadership structure for the Māori Health Authority

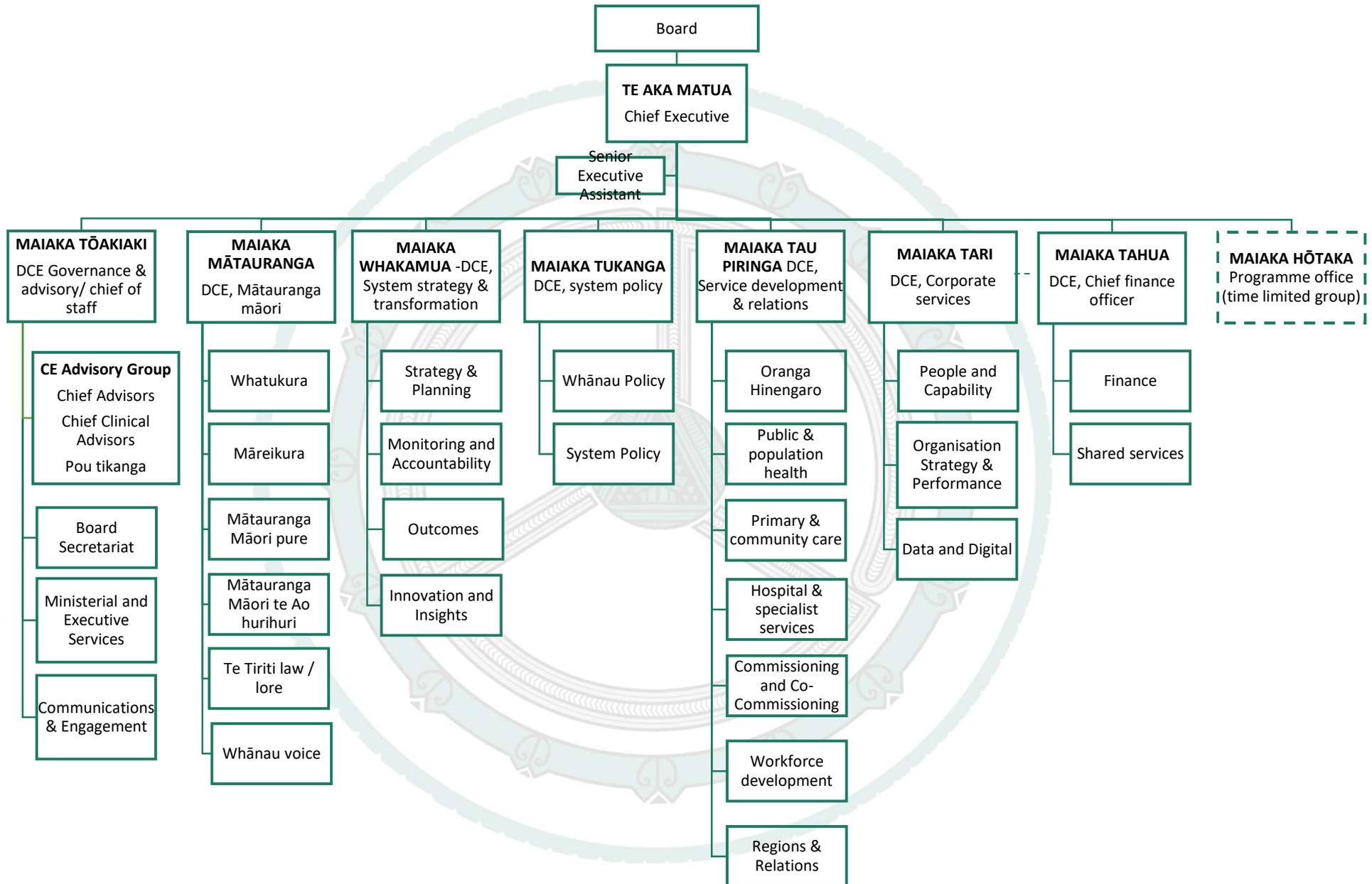
Proposed organisation structure

- The Māori Health Authority's proposed organisation structure has been designed based on a 16-point wind compass to depict our anticipated work flow. While the standard organisational diagram doesn't feature in our design on purpose, we have provided one for shared understanding of the intended national leadership form and function of the Māori Health Authority.



Interim Maori Health Authority

Our initial national organisation functional design



Note: We are continuing to work on the design of our regional and local structure in partnership with Health New Zealand and will communicate this in due course

Bringing it together at a regional and district level

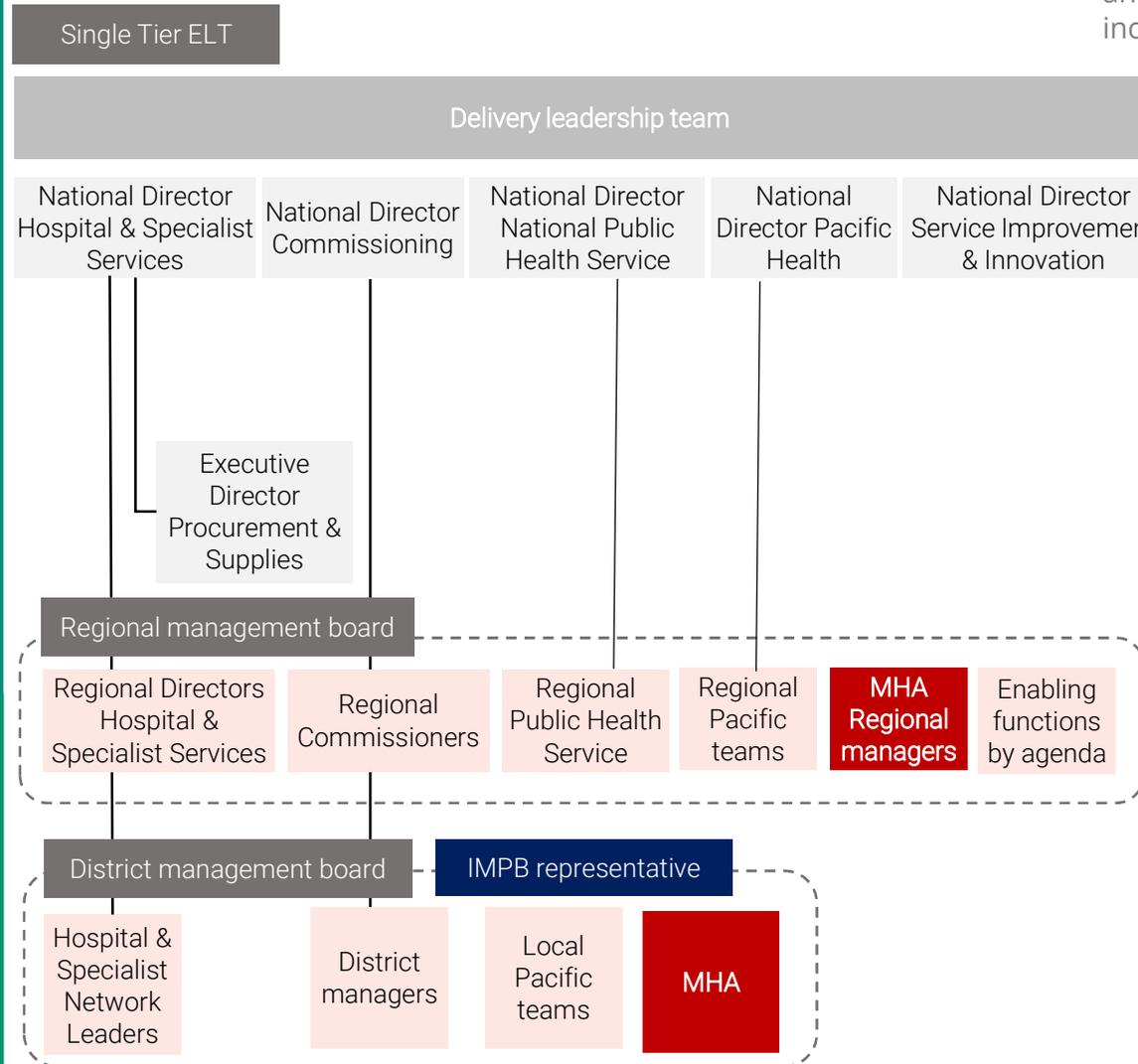


Decisions that have been made by Cabinet relating to regional functionality

Regional and local level functions

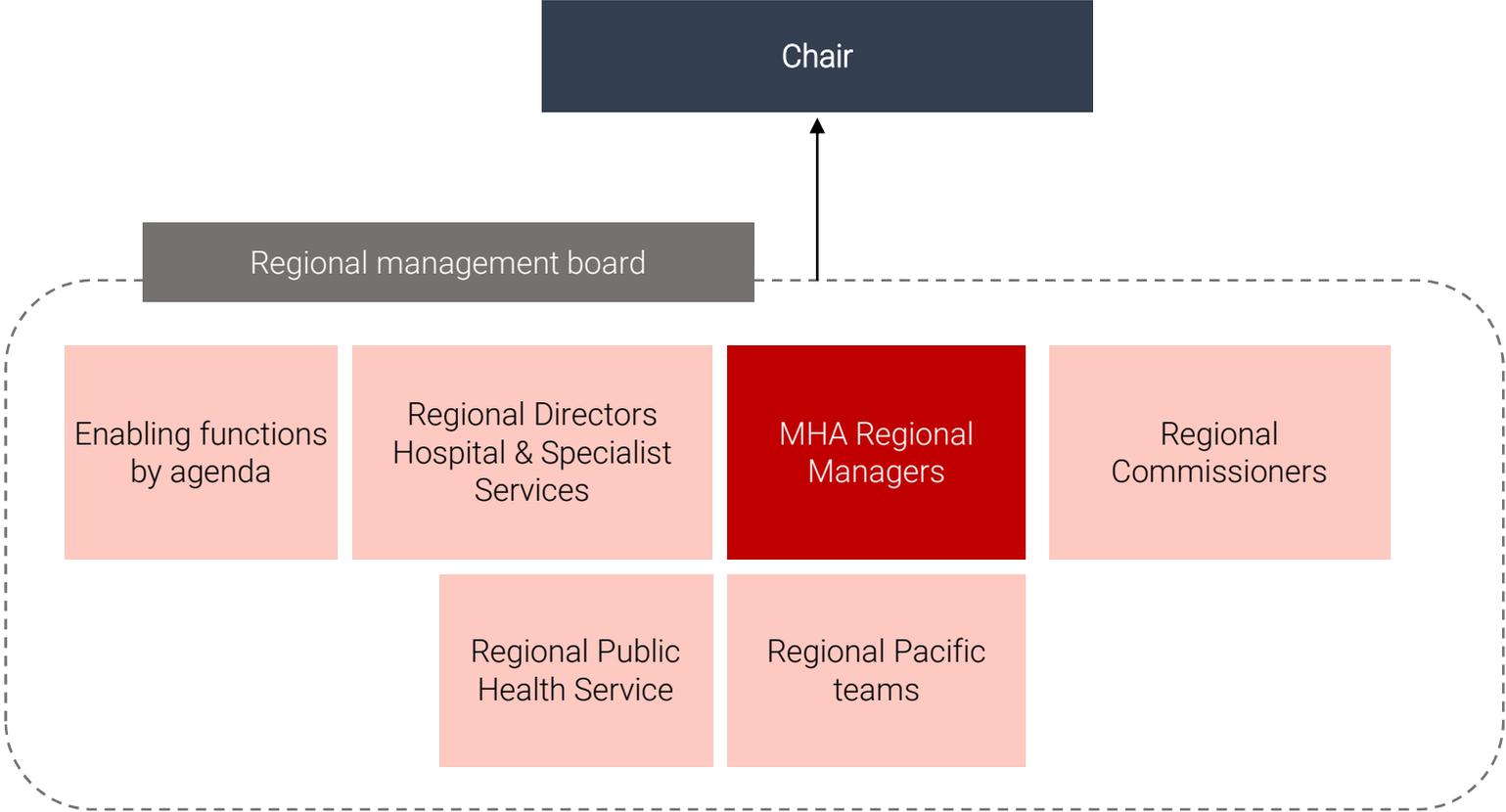
Assumptions around regional and local level functions include:

- Health New Zealand and the Māori Health Authority will work together at a regional level.
- Health New Zealand will retain the current **four regional divisions**. Each of these divisions will have two distinct arms:
 1. Commissioning primary and community services
 2. Managing the delivery of health services



How will regions work?

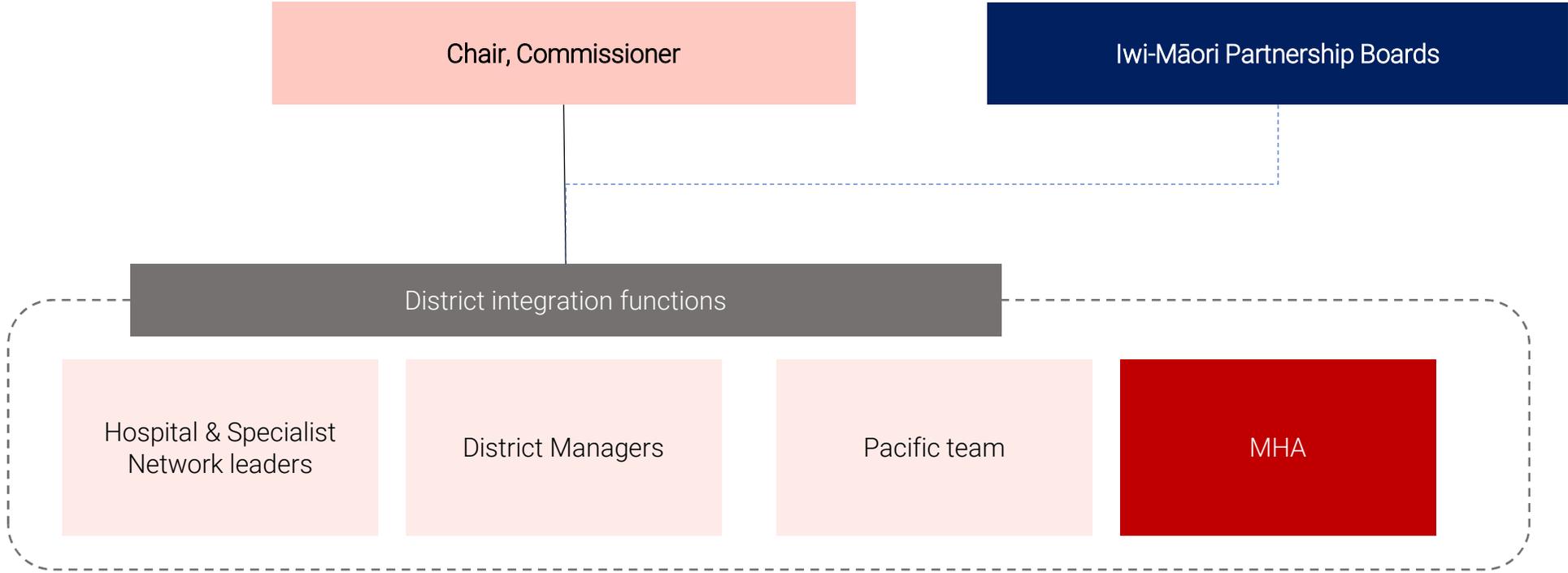
Regional integration through Regional Management Boards



These boards are supported by Regional Office Functions. Regional boards will be chaired by either the CE Health New Zealand and/or CE Māori Health Authority.

District integration through locality networks

Interfaces with Iwi-Māori Partnership Boards, Districts, Hospitals and Localities



Workstreams

Leadership Function	Workstream
Māori Health Leadership and establishment of functions in Māori Health Authority	Māori Health capacity and capability (to be established with Tumu Whakarae)
National and Regional Clinical Leadership	Clinical Leadership and Governance, Clinical Network Establishment, National Quality & Safety System establishment
Delivery Leadership	Hospital & Specialist (advisory group in place to be formalised as a working group)
	Commissioning (to be established)
	National Public Health Service (established and in progress)
	Service Improvement and Innovation (to be established)
	Pacific Health (to be established)
	System intelligence and analytics (to be established)
	Procurement & Supplies (established and in progress)
Enabling Leadership	Finance (to be established)
	People & Culture (to be established)
	Data & Digital (established and in progress)
	Health Infrastructure (established and in progress)
	Corporate Services – Sector Facing (audit and compliance, risk – to be established)
Integration	Regional and District functions (to be established)

Workstreams timeline

This work is phased:

