Te Whatu Ora Health New Zealand

National Public Health Service (NPHS) Consultation Document

Draft 0.1

30 March 2023

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SECTION 1: Executive Summary & Foreword

Tungia te ururua, Kia tupu whakaritorito te tupe o te harakeke : Clear the undergrowth so that the new shoots of the flax will grow.

To change and to do things differently, we will need to leave some ways behind us.



Before you begin to review the details of this document, I want to acknowledge our existing strengths as a National Public Health Service (NPHS). We have outstanding people working in our service who can innovate, develop and maintain meaningful relationships and make important contributions to Pae Ora. This has been particularly evident over the last three years as public health has been at the fore of keeping our communities safe and well. This service is resilient, with dedicated people all

wanting to achieve and enable our whanau and communities to improve their lives and live well.

I have heard from many of you over these past months. You have shared your frustrations with our current ways of working, but what has come through clearly is your passion for what you do; I want to thank you for sharing your views with me and the team. Your feedback has been helpful and has contributed to the thinking in developing this change proposal.

I see many benefits to the proposed structure I am sharing with you now, but as with all consultation processes, the real value is hearing your views and feedback on how we can improve the proposal to optimise our structure to deliver Pae Ora and ensure we can work as effectively and efficiently as possible to enable you all to support our communities in the future.

We won't have got the structure completely right and as always I'm being very upfront and honest in saying that this is genuine

consultation and we need your help and thinking to ensure we get it "righter"!

Where we've come from

The NPHS brings together the people, skills and functions from 12 Public Health Units who worked within District Health Boards. Te Hiringa Hauora (Health Promotion Agency), the national Public Health Advocacy Team, and operational teams from Manatū Hauora (Ministry of Health) - including the National Immunisation Programme, National Screening Unit, much of the COVID-19 Directorate and some components of environmental health, border health and intelligence.

Our new system, and the drivers for change

At the heart of the health system reforms is a commitment to embedding the special relationship between the Crown and Māori under Te Tiriti o Waitangi. Alongside Te Aka Whai Ora and the Public Health Agency within Manatū Hauora, the NPHS recognises our obligation to ensure that public and population health ensures all New Zealanders can achieve Pae Ora; that we partner with and invest in Iwi and Māori communities to support their aspirations for tino rangatiratanga; and in all of our work ensure we are advancing equity for lwi and Māori communities. We are committed to developing and building a Tiriti dynamic workforce that will realise these obligations.

In addition to our commitment around Te Tiriti, we are also conscious of the interim Government Policy Statement (iGPS) on health. We are guided by the priority areas from the iGPS in considering our proposed future structure.

The NPHS is primarily responsible for operational planning and

delivery, and Te Aka Whai Ora also holds some delivery functions. We've been working with Te Aka Whai Ora to identify detailed operating models and structures at national, regional and local levels. This includes considering how we will work to support lwi Māori Partnership Board aspirations at local levels. In partnership with the Public Health Agency, Te Aka Whai Ora also has a policy, strategy and monitoring function.

The NPHS has formed around functional pillars of Prevention. Protection, Promotion and Intelligence, that will collaborate as a team of teams. This includes new national functions like health protection and intelligence; new ways of working such as supporting Regional Integration Teams; and strengthened priorities such as delivering on our Te Pae Tata action areas to address the wider determinants of health, how we collaborate to deliver equity particularly for Māori and Pacific peoples, as well as ensuring we deliver equity for Māori as an Article III Te Tiriti right. This will require that we re-align some of our existing resources so we can work better together and re-organise ourselves to deliver effective public health services as efficiently as we are able.

We are now at the point that we need to bring our people together in the right roles, the right teams and the right functions to bring our NPHS operating model to life. We need to quickly build our capacity in some areas.

Our new operating model

Our NPHS operating model integrates the functions for which NPHS is now responsible, and improves opportunities for collaboration by developing a networked national, regional and local design. You

SECTION 1: Executive Summary & Foreword (continued)

will see in the proposed structure diagrams where we link in with key roles within Manatū Hauora and Te Aka Whai Ora.

Development of our new operating model, including our proposed structure

Operating model development started over a year before Te Whatu Ora was established on 1 July 2022 when the Public Health Clinical Network put forward papers on what the NPHS could look like. The transition team, involving many of our NPHS kaimahi, took this guite a bit further over the first half of 2022. Finally, the NPHS Leadership Team has developed further detail on structure through seeing how things currently work, and understanding the functions of other parts of the new health system.

Through our proposed design, we aim to embed strong relationships with other Delivery Business Units within Te Whatu Ora like Commissioning, Pacific Health, Service Improvement and Innovation, Clinical structures and Hospital and Specialist Services. We are supported by Te Whatu Ora's Enabling Business Units for Finance, People and Culture, Legal and Communications. We are also strongly aligned with Te Aka Whai Ora's structure for public and population health.

Scope

This section comments on the scope of our proposal where comments apply across more than one area of NPHS. In section 2 of this document, there are further comments on scope relating to specific areas.

I have already largely recruited our NPHS leadership team (Tier 3; those people who report directly to me). This document sets out our Tier 3 structure and proposes further leadership roles across Tiers 4 and 5 that support these leaders and teams to deliver our work programme. It also proposes where reporting lines may shift so that we can integrate functionally similar teams across the NPHS.

In this initial phase you can see we have proposed changes mostly at a leadership level. This has meant we have needed to propose a change in reporting lines for many to ensure there is continuity of leadership. While we acknowledge this may be disruptive it also affords us the time to get your feedback on initial structures and the way we are thinking of organising ourselves before we look at future phases. Discussions are actively underway in regard to the many fixed term roles that are part of our COVID-19 response. We are proposing some change in reporting lines for these roles within this consultation, but these are subject to the outcome of discussions with Ministers and we will provide further information as soon as possible. We all recognise how challenging it is for you without long-term funding certainty and we are working as hard as we can on that. The NPHS will require some of our current COVID-19 roles in the long term to deliver functions that have become our core responsibilities since the pandemic started. I want to say thank you to those working in this area for your patience and understanding.

Enabling functions such as Data and Digital, People and Culture, Finance, Legal and Internal Communications are not part of this consultation as these roles will be included in the consultation documents from those respective Business Units.

After engaging with Te Whatu Ora Communications and Engagement team, it has been agreed we will keep our existing communications team within the Promotion function, to fulfil health promotion campaigns and marketing functions across the health sector.

This and other communications roles within the current NPHS may be subject to further adjustments as the broader Communications and Engagement team undergoes consultation in due course.

After engaging with Te Whatu Ora Commissioning teams, it has been agreed that NPHS would retain the majority of the commissioning cycle within public health services, where it relates to our core functions. We are proposing a purchasing team that would work with Commissioning to ensure that NPHS's purchasing of services is in line with the wider Te Whatu Ora commissioning approach.

We know there have been many different arrangements for specific parts of public health service delivery in our previous health system, and that some of these delivery teams are intricately embedded in other Business Units such as Hospital & Specialist Services (H&SS) or Commissioning. There is a broad intention to have more consistent alignment of public health services within NPHS, but this has not all been able to be achieved within the timeframe of this document. We intend to continue work on these areas. As an example, we are undertaking work (with H&SS and Te Aka Whai Ora) to understand where public health nurses are located across the system, and how we could better align public health nursing leadership and service delivery. We intend to have more information available within a few months.

A review of administrative support functions including Executive Assistants within NPHS will occur at a future time to ensure support is consistent across our service.

SECTION 1: Executive Summary & Foreword (continued)

It is important to note that engaging in this consultation process will mark a great step forward in creating the service we all aspire to, but this is only the start of the transition to an improved way of working. Once we have confirmed our new structure, further work will be undertaken to ensure the teams they are responsible for are fit for purpose and there may be some further consultations as we work through this process. We must also ensure we take the time to focus on embedding the structure, the culture change we strive for, and the process and system improvements which will all contribute to our future success as an organisation.

Feedback

Your feedback is important – we want to hear from you to capture your feedback. We will be using the online feedback tool 'What Say You?'

Your feedback is invited on everything proposed in this paper and further detail of how to feedback can be found in section 6 of this document.

Hui/fono will be arranged as part of the engagement process for NPHS as you may prefer to provide feedback via this mechanism. Main points will be captured from these sessions and uploaded into the 'What Say You' feedback tool.

Engagement

The NPHS Leadership Team will host online sessions where you can learn more about the proposal for the NPHS and the operating modelboth in its entirety and concentrating on specific parts. They are also undertaking a large number of in-person meetings around Aotearoa to provide you an opportunity to ask questions and

understand the proposal; most of you will have the opportunity to attend an in-person session near or at your usual place of work. Your feedback is vital to ensuring that we give ourselves the best possible starting point to support our transformation.

Acknowledgement of change

Alongside the excitement of opportunities for strengthened public health in the new health system, we are very aware that there is uncertainty about what proposed changes might mean, and also concern about the impact and timing of changes on a sector that has been through a lot in recent times.

For roles that are proposed to be disestablished, we acknowledge the distress that this can cause. It is very important to note that where there are proposed role disestablishments, there are also a significant number of proposed new roles being established. A disestablished position does not necessarily mean the same thing as redundancy. We want our NPHS people to know that we are proposing our roles so that they fit the new system, and we encourage our NPHS people to apply for any confirmed new roles. New roles will be based at any of our locations unless there is a robust justification why this is not feasible.

Our leaders are fully committed to working with you to help to work through the impact of changes, once decisions are made. We know it will take time to fully implement our new ways of working, and our leaders stand ready to embrace that alongside you.

At the heart of our future success is the culture we create to ensure this is a place where we all feel valued and enjoy working. I want us to work together to build a culture that is collaborative and innovative and where accountabilities and responsibilities for every role are clear.

I want us to create a safe environment, where we are not afraid to call one another out on unsafe practices or behaviours that don't fit our values and I want to see increased sharing of ideas, innovation and improvement to the way we deliver to our community.

Your feedback in creating this improved structure and cultural ways of working is vital to this change process being successful so we are providing an approach that is as engaging as possible. We will provide a number of opportunities for you to engage with us and for us to provide support to you when required, so please look out for these details.

Ngā mihi

Nick Chamberlain



SECTION 2: Our Proposal

Simplify to Unify

Our next phase of change aims to achieve nationally planned and co-ordinated consistency, to empower regional implementation and integration, and to enable locally tailored delivery of care. We are working towards flat structures over time, with minimal layers. In this next phase we aim to:



Achieve nationally planned and co-ordinated consistency

by reducing duplication, establishing centres of expertise and co-ordinating national networks to enable consistency.



Empower regional implementation and integration

through Regional Integration Teams and Networks to enable service planning at a regional level and contribute towards equitable access and coverage.



Enable locally tailored delivery of care

through Localities establishment, hospital networks and partnerships with local communities.

The changes we are proposing across our enabling and delivery teams aim to achieve:

Enabling services: Reduced duplication through nationally co-ordinated and regionally integrated business support, streamline to reduce frontline time spent on non-clinical activity.

Delivery services: Clear accountability for delivery of patient facing care, organised to identify and reduce inequity of access across regions and population groups, networked to support clinical leadership and patient/whānau voice in decision making. Before describing the proposed future state, it is worthwhile clarifying leadership levels within the organisation and appropriate terminology.

| Term | Definition | | | |
|--------|--|--|--|--|
| Tier 1 | Chief Executive of Te Whatu Ora | | | |
| Tier 2 | Direct reports to Chief Executive – National Directors | | | |
| Tier 3 | Direct reports to Executives – Regional Directors and functional Directors | | | |
| Tier 4 | Direct reports to regional Directors and functional Directors – Group Managers | | | |
| Tier 5 | Direct reports to Group Managers | | | |

Please note these are not related to financial delegation levels.

Proposed Future State

Our proposed changes flow from our proposed operating model. The NPHS operating model has developed over the past year:

- We used the Pae Ora Bill and related Cabinet decisions to confirm the functions that the NPHS would be responsible for, alongside those of Te Aka Whai Ora and the Public Health Agency.
- From there, we developed a 'day 1 operating model' that focused on ensuring we had a safe landing space for the teams that shifted to NPHS.
- · Our new Tier 3 leaders (the people in the NPHS Leadership team) have worked to understand the detail of their teams, how work is done, and who was involved. They did this by talking to and learning from our teams; many of our people have been involved in workshops or meetings or provided information to help with this process. Work continues to be done to ensure we have a detailed understanding of functions.
- Meanwhile, our change team collaborated with wider Te Whatu Ora and Te Aka Whai Ora teams to ensure we avoided duplication and gaps with respective operating models.

SECTION 2: Our Proposal

· We shared our proposed future state operating model with you at the end of January in one of our wānanga, and via email.

The above work, and feedback along the way, has driven the proposed structures outlined in this consultation document.

What came through in our operating model development was a strong understanding of how public health values are reflected in our people, and a sense of pride in areas of work that have made a difference to our communities. There was also an expression of frustration at some current system designs limiting public health aspirations of equity and wider well-being, including limiting collaboration opportunities.

Our proposed structure continues our tradition of strong local public health, with a focus on connecting local teams with communities and working with neighbours as part of a regional public health service. We are proposing a number of regional roles to support this regionally co-ordinated service. We want to address the variation in capacity and in some cases skills between our local public health services, and our proposed structure would reduce this variation by sharing our specialist resources to provide equitable services across the motu.

In addition to regionally co-ordinated public health services, we propose some nationally focused teams to support, enable and provide a consistent backbone of specialist advice, co-ordination and national programmes for the benefit of the whole country. We have been gifted national responsibilities such as health protection and intelligence, and with the COVID-19 pandemic becoming part of our 'new normal', we are proposing to integrate the interim Outbreak Response and Protection teams. We are also proposing to re-organise the structures within the national health promotion and health prevention functions, to ensure that those teams reflect and can fully participate in our NPHS way of working.

We envisage our actions should be built on strong evidence. To enable this, we are proposing to bring our local public health intelligence workforce into four regional teams within the Intelligence function. It is proposed they would join intelligence colleagues currently working in the Prevention and Promotion functions, for whom we also propose changing reporting into the Intelligence function.

Benefits

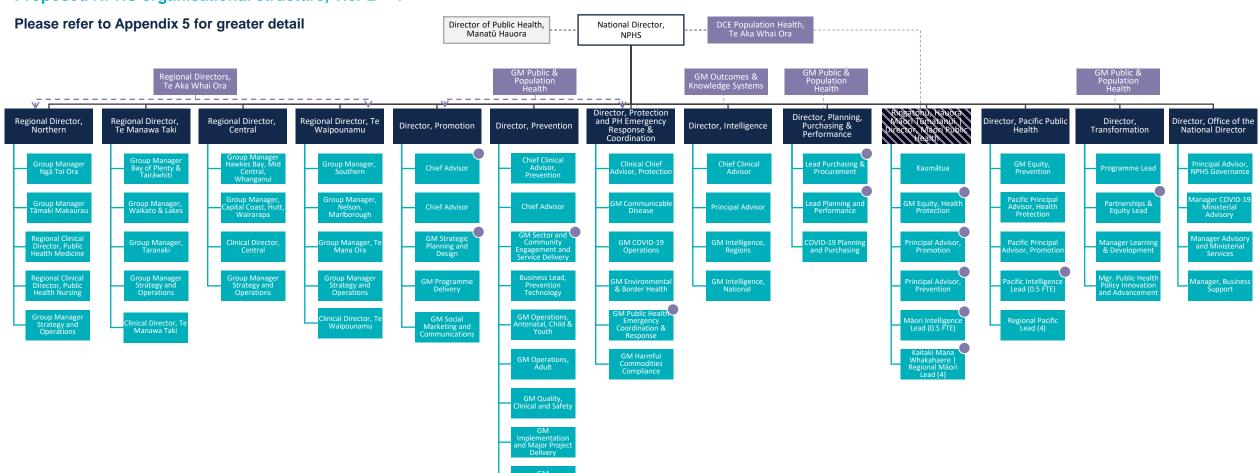
As part of our new operating model, our proposed new structure would contribute to Pae Ora through allowing the NPHS to:

- have a strong equity focus;
- support us to deliver on our Tiriti obligations;
- support our people to deliver high quality public health services wherever they work within the service:
- · help unlock the opportunities that being a national service provides us by developing ways to enhance and share best practice;
- work into, and with, wider teams within Te Whatu Ora and Te Aka Whai Ora;
- optimise our efficiency by bringing together similar functions, reducing unnecessary duplication and standardising where it makes sense to do so;
- retain local public health teams, but provide better regional co-ordination through developing our regional services and national support, so that local teams are able to focus on connecting with and enabling communities to achieve well-being; and
- unleash the potential of population health by integrating previously separate services, so that we can start to deliver better health for our communities and better value for the health system.

Identified by Te Aka Whai Ora as a critical role for equitable outcomes for Māori Te Aka Whai Ora role

Role with accountabilities to Te Aka Whai Ora

Proposed NPHS organisational structure, Tier 2 - 4



Office of the National Director

The Office of the National Director plays a key role in supporting the National Director, governance cycle, and co-ordination of National Director-led products. It is the home for advisory and Ministerial services relating to the NPHS.

The Office also provides advisory and business support to the Leadership Team members, including in developing NPHS-wide processes and practices to enable the operational and business delivery of a high functioning NPHS. The Office also supports Directors to ensure we have high quality written advice and business casing across the NPHS.

The team maintains some key linkages with wider Te Whatu Ora stakeholders, such as the Office of the Chief Executive, Government services team, governance secretariats and the Enabling Business Units and business partners. Beyond this, the Office ensures we have strong relationships and collaboration with Te Aka Whai Ora, the Public Health Agency, Manatū Hauora and wider stakeholders.

Proposed changes:

- New Roles as outlined in Appendix 2.
- The bringing together of business support functions from other areas of NPHS to provide a central point of support.

Hauora Māori Tūmatanui Māori Public Health and Pacific Public Health

The Hauora Māori Tūmatanui function ensures that our obligations under Te Tiriti o Waitangi and advancing equity for Māori are embedded in all aspects of the NPHS work programmes and that staff are equipped to achieve this.

To support our NPHS workforce to succeed as public health leaders and as people of culture we propose a Village Model across NPHS. In Hauora Māori Tūmatanui, that is the Papa Kāinga Model that ensures professional and cultural leadership and support to all Māori workforce across the NPHS. This proposed structure allows Hauora Māori Tūmatanui to support NPHS in:

- enacting our obligations under Te Tiriti o Waitangi;
- supporting lwi and Maori communities to realise their well-being aspirations;
- rapidly expanding and developing our Māori workforce; and
- growing and developing the capability of our non-Māori workforce to provide a culturally safe service.

Whakawhanaungatanga is central to the success of the NPHS operating model. Te Aka Whai Ora is establishing a Public and Population Health Team and our Ringatohu, Hauora Māori Tūmatanui/Director, Māori Public Health will have a reporting line to Te Aka Whai Ora. The Hauora Māori team in the Public Health Agency and the Māori Health Directorate of Manatū Hauora are important partners.

Although many Pacific communities are thriving, overall, Pacific peoples in New Zealand experience significant and long-standing health inequities compared with many other groups. Achieving equitable health outcomes for Pacific peoples is a priority for the National Public Health Service, therefore a Pacific Public Health function would support and enable the wider National Public Health Service to succeed and empower Pacific Communities.

In the Pacific Public Health function, the Village Model is the Fonofale Model that ensures professional and cultural leadership and support to all Pacific workforce across the NPHS. This structure allows the Pacific Public Health function to support all of NPHS in:

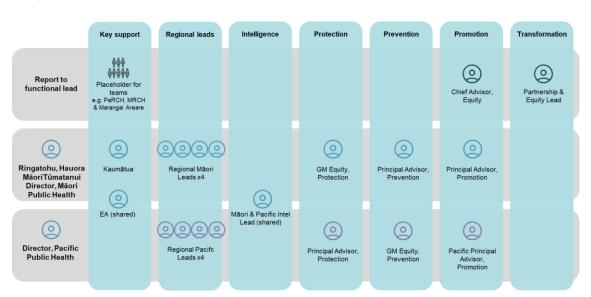
- providing flexible and responsive Pacific support and advice to the whole of NPHS;
- coordinating and integrating a Pacific health approach across NPHS;
- supporting aiga and Pacific communities to realise their well-being aspirations;
- further building and developing our Pacific Public Health workforce; and
- growing and developing the capability of our non-Pacific workforce to provide a culturally safe service.

Talanoa is central to the success of the NPHS operating model. The Pacific Public Health function will

SECTION 2: Our Proposal (continued)

work in collaboration with Te Whatu Ora's Pacific Health Business Unit and the Public Health Agency's Pacific team as important partnerships.

The proposed equity roles at Tier 4 within the NPHS would predominately report to the Ringatohu, Hauora Māori Tūmatanui | Director Māori Public Health and / or Director Pacific Health as outlined in the diagram below. We are keen to achieve our Te Tiriti-dynamic aspirations and embed an equity by design approach for all population groups into all our work and this design allows a critical mass of some of our key staff to support that momentum. Equity as a whole-of-NPHS responsibility is organised as an Equity Nucleus in a Community of Practice to provide leadership, best practices, support and training in relation to equity. The Equity Nucleus gives our external partners, including Te Aka Whai Ora, Ministry of Pacific Peoples and Whaikaha, some visibility of the NPHS work programme. The Equity Nucleus is led by the Directors of Hauora Māori Tūmatanui and Pacific Public Health.



Proposed Changes:

- New Roles as outlined in Appendix 2.
- Hauora Māori Tūmatanui proposes a matrix across Intelligence, Promotion, Prevention and Protection and the Regional functions. These positions are organised in two Kaupapa teams:
 - Te Ope Mana Taurite: focused on equity for Māori, supporting an equity community of practice and the relationship with Pacific Public Health; and
 - Te Ope Tiriti o Waitangi: focused on NPHS's Tiriti obligations, equity as an Article III right and supporting Te Aka Whai Ora.

Intelligence

The Intelligence function enables data-driven and evidence-based decisions. The current intelligence workforce is highly skilled yet sparse and dispersed, with some services having extensive analytical or evidence teams, and other services and communities having access to little to none. The work programmes, processes and products of our Public Health analytical teams vary in content, depth and approach.

We are proposing a new way of working that brings together the people in our data, analytics, intelligence and evidence functions, into a unified national intelligence function. This focus on national, regional and local collaboration would ensure consistent evidence, information and intelligence is available in all regions, and there is sharing of work and best practice. The individuals in NPHS Intelligence would be one team, who work towards a shared strategic direction and collaborate on shared work programmes. Our proposed activities are outlined below.



Intelligence core activities

These are the key activities for the NPHS Intelligence function. The order is not a linear process, and all activities influence each other and therefore can't be seen in isolation. Some people in the NPHS Intelligence team are across all activities, whereas others specialise in some.

| Partner | Plan and transform | Work with data | Communicate |
|---|--|---|---|
| Strategically and operationally partner with key stakeholders across the wider data, intelligence and public health system to ensure we deliver trusted intelligence that is fit for purpose. Our main partners: 1. Data and Digital We articulate NPHS Intelligence's unique needs and influence decisions on things like shared infrastructure, data governance (including Māori, Pacific and other data sovereignty), and data lifecycle management so that they can act as enablers for the NPHS Intelligence vision 2. Local public health teams and service providers, communities, Equity and Te Tiriti partners We listen to understand needs, gaps and aspirations 3. Experts We collaborate with a wide range of experts to help contextualise, provide insight, peer review and validate our processes and products | Work strategically to set the direction and priorities for NPHS Intelligence, and to continuously improve the quality of intelligence processes and products. Coordinate and oversee work programmes Create strategic and sustainable solutions to improve the Intelligence system, such as the automation of reports, use of software, and the uplift of products Best practice standards and guidelines Peer review Sharing knowledge and capability Evaluate impact of intelligence products Iterate questions, evolve and develop products that are fit-for-purpose | Ask the right questions, transform data into usable information, and contextualise data and information to provide meaningful intelligence. 1. Prepare • Critically evaluate problems and scenarios to ask informed questions, develop and validate analysis plans • Prepare the data for analysis - understand the reliability and credibility of the data and information 2. Analyse • Analyse to transform data into useable information • Use predictive analytics to look ahead as well as understand the current state • Triangulate different data sources and information to come to a comprehensive understanding, to create meaningful intel 3. Interpret • Contextualise information with experts to create intelligence, including with stories from communities and providers, to understand the issue and create models to enable effective public health action | Communicate and disseminate the findings Collaborate with end users to tailor the presentation of findings Use reports, dashboards, narratives, websites and other media to disseminate findings Work with intelligence end users to receive and integrate feedback on findings and presentation Ensure intelligence created contributes to the body of evidence, through publication and dissemination |

Develop our workforce

Grow and strengthen our workforce, through collaboration and other development opportunities.

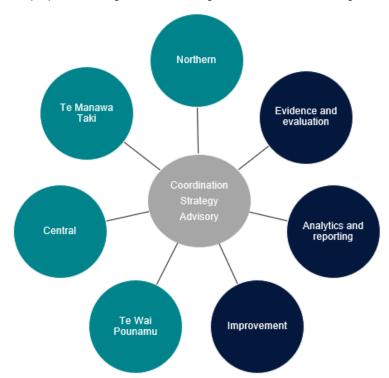
- · Build capacity and capability
- Shared learning and development opportunities
- Create options for rotations and secondments, within NPHS and with our partners (e.g. from ESR to NPHS)

SECTION 2: Our Proposal (continued)

A co-ordinated approach for Intelligence would allow for capacity and skillsets to be placed where the need is, and for individuals and teams from across the system to come together to work on common projects or for learning opportunities. A shared strategic direction would help to identify and prioritise Intelligence initiatives for the benefit of teams in all locations, support an overarching work programme to achieve Pae Ora for all communities, and reduce ad hoc and duplicative work.

Proposed Changes:

We propose creating a national Intelligence team of teams, using a hub and spoke model.



Key elements of this model include:

- Central co-ordination and advisory function to reduce duplication, create consistency, support processes and platforms for the sharing of best practice and intelligence products, and provide oversight over a shared work programme. It would have a key role in creating networks and Communities of Practice, and provide the linkage to Intelligence functions in other agencies including Te Aka Whai Ora, Manatū Hauora, the Public Health Agency, ESR, and Te Whatu Ora's Service Improvement and Innovation Business Unit.
- Bringing together the teams currently in Outbreak Response, Prevention and Promotion teams into the national Analytics and Reporting, Evidence and Evaluation, and Improvement teams. This would allow for the creation of core analytical teams that can work together on issues that cross programme or disease boundaries, and explore opportunities for efficiencies, improvements and shared learnings.
- Bringing together our analytical and evidence workforce in local Public Health services to create four regional Intelligence teams. This would provide a core group that can work together to provide access to high quality intelligence for all parts of a region, and the sharing of capacity and capability. While those currently working in local services or in specific programmes would become part of a virtual regional team, remaining located and embedded in the local service is crucial - to be the eyes and ears for the region or function, and to continue supporting the team on the ground. NPHS Intelligence also needs to work with local experts and teams to make sure the data is understood and interpreted correctly. This includes clinicians, equity leads, epidemiologists, researchers, community groups, and others. There would also be close collaboration with Data and Digital, and intelligence teams in Te Whatu Ora and Te Aka Whai Ora, to reduce duplication.

The hub and spoke diagram above describes how we would work together as teams of teams. We expect this to evolve over time.

SECTION 2: Our Proposal (continued)

Regional Public Health Services

The bulk of the NPHS workforce sits in local Public Health Services, under the leadership of four Regional Directors, who also form part of the Te Whatu Ora Regional Integration Teams and the NPHS Leadership Team.

Regional Directors envisage a regional public health service where most of our people continue to work locally, supported by a team who co-ordinate strategy and operations for the region. In proposing this regional structure, Regional Directors have been mindful to balance available resources whilst also trying to progress the desired system shifts. The model proposed is built around the need to ensure that the way we work builds on current best practice, expertise and moves towards a networked approach to improve how we deliver for whānau and communities. Regional Directors are also mindful that the Regional Integration Teams provide a valuable mechanism to contribute to and influence broader regional work across the health system, and our structure must enable quality participation in that forum.

Proposed Changes:

- New Roles as outlined in Appendix 2.
- Group Managers across our regions are proposed to lead our 'team of teams' in delivering innovative public health across the core functions for their communities and whānau. These roles are different to the current Service Managers in that they will focus on public health leadership and relationships with communities, localities, and IMPBs with the day-to-day management of business operations transferred to a small regional team. This move provides efficiencies in administration and releases the public health leaders to find opportunity to deliver innovative services that address equity, especially for Māori whānau and communities. We intend to confirm a te reo name for the Group Manager roles.
- New regional Clinical Director roles, with a flexible split in FTE between medical and nursing leadership in each region.
- A new Group Manager Strategy and Operations role in each region to lead lead a team that will provide the planning, policy, reporting, operations, strategy, communications and public health emergency management support for the region. . We intend to confirm a te reo name for these roles.

- There are two proposed changes to the current local public health service boundaries in the Central and Te Manawa Taki regions (see organisation charts). We propose public health teams are configured to support optimal service levels to communities, including communities where the greatest health gains are sought, and assist the public health recovery of regions most impacted by recent weather events. This will enable collaboration with other parts of Te Whatu Ora, at local or regional level to support cross-system delivery and accountability. We are aiming to align with other health service delivery arrangements to the greatest extent possible. Where there are residual differences in local boundaries, we are working with our colleagues in other parts of the system to ensure that there is seamless service delivery for communities.
- The proposed Regional Māori Leads and Regional Pacific Leads, outlined under the Māori and Pacific Directors above, along with the Group Managers, Managers Strategy and Operations and Clinical Directors would form part of the NPHS regional leadership team.
- At a local level, under the leadership of the Group Managers, we propose Manager Community and Whānau Well-being roles, Manager Health Protection roles, Medical Leads and Nursing Team Leads to support public health nursing teams in areas where this service sits within NPHS. In the Northern Region it is proposed that instead of local Medical and Nursing Team Leads there is both a fulltime Clinical Director Public Health Medicine and a Clinical Director Public Health Nursing. This reflects the unique situation in this region.
- · At a regional level, under the leadership of each Group Manager Strategy and Operations, would be a team that supports the delivery of high quality public health services including three roles focusing on operations, planning, policy and performance, and public health emergency management. The Northern region would have a Manager Clinical Operations to support the large clinical team, but it is proposed that this role would provide advice to service leads in other regions.
- · Intelligence workforce would shift into the Intelligence function but continue to provide operational support for the day-to-day intelligence needs of the region.

SECTION 2: Our Proposal (continued)

Transformation

The Transformation team supports our people through change to deliver a future focused NPHS working towards Pae Ora.

As a newly established team for the reform period, we have a mix of roles to deliver our NPHS establishment work programme. Learning and development, and an embedded approach to partnership ways of working in our programmes, will be needed long-term across the NPHS and those roles/teams are not proposed to change. We have a number of roles which are fixed term because they are linked to specific projects to help establish core NPHS infrastructure in the first years of the new system. These are not proposed to change because they are already time-limited to their specific project.

Proposed Changes:

- New Roles as outlined in Appendix 2.
- The Transformation team includes the Public Health Innovation and Advancement Team (PHIAT) (formally the Public Health Advocacy Team). The health sector change has meant a need to emphasise the role that this team plays in coordinating and leading tactical approaches to specialist policy input from within the NPHS, and linking with Te Aka Whai Ora and other teams within Te Whatu Ora to do this. There is correspondingly less emphasis on the communication aspect of policy strategy, and as a result we propose an adjustment to the roles in this team to ensure the leadership, evidence-to-policy and co-ordination aspects are highlighted.
- The proposal for the PHIAT roles would allow the team to have a co-ordinated point of contact between NPHS and the Public Health Agency, Te Aka Whai Ora policy team, wider Te Whatu Ora advisory teams, and our NPHS regional policy teams, so that the NPHS delivers robust input to those agencies that lead on policy development. As this team would lead the co-ordination between NPHS regions, it also aims to ensure that our four proposed Regional Public Health Policy Advice and Strategy Managers are able to be tightly aligned with advice that they give into local or regional policy processes.

Promotion

The Promotion function delivers and influences Te Tiriti-led, evidence-based health promotion initiatives that support all New Zealanders to live healthy lives.

We work directly with whānau and communities to design and deliver this work across the health promotion continuum, and influence our colleagues, partners, stakeholders and other participants in the health system to embed health promotion in the work they do.

Proposed Changes: We are proposing a reshaped national Promotion function, with a strong focus on connecting to our local public health services and teams across Te Whatu Ora and Te Aka Whai Ora, but with many of our core functions remaining. Much of what we're proposing to change relates to our new context within Te Whatu Ora and the NPHS, and looking to make sure our unique capabilities can be used to embed health promotion across NPHS.

Proposed Changes:

- · As discussed in the Intelligence section, we're proposing that some of our research and evidence teams will move to Intelligence to make sure we're taking an evidence-led approach to all our services across NPHS. We're proposing to keep some specialist skills within Promotion where they're closely aligned to particular work programmes, such as Alcohol, and all our programme teams would continue to work closely with their research, evidence, and evaluation colleagues.
- Social Marketing and Communications would continue to be a critical part of what we do. We see opportunities to bring together the social marketing function/s across the NPHS and Te Whatu Ora. There are also opportunities for the Communications function within NPHS to work with colleagues across the national Promotion, Prevention and Protection functions, as well as with Te Whatu Ora's Communications and Engagement team through our business partner relationships.
- National health promotion plans would work in a matrixed way, drawing on evidence and expertise from the Intelligence function, and coordinating with regional leads on planning and delivery of health promotion. The matrix approach also allows for linkages with Prevention and Protection in a responsive manner, this is particularly so for the Social Marketing and Communications functions of Health Promotion.

SECTION 2: Our Proposal (continued)

- A new Group Manager Strategic Planning and Design is proposed. This role would provide strategic leadership and advice on Health Promotion initiatives, informed by evidence and the intersection with Te Tiriti and equity. Their teams would challenge thinking and approaches to ensure Health Promotion programme approaches are innovative and bold, and reflect the most recent advice, research and understanding of determinants of health, Te Tiriti and equity. They would work across NPHS and would provide the connection point for regional Health Promotion leadership from our local public health services.
- We propose a Group Manager Programme Delivery. This role would be responsible for overseeing the successful delivery of Health Promotion programmes for Aotearoa. Teams reporting to the GM, Programme Delivery would be structured to reflect priority areas within Te Pae Tata, including Maternal and Child Health, Youth Well-being, Mental Health, Alcohol, and Well-being.
- The two Chief Advisor roles are proposed to ensure that the connections across the NPHS, Public Health Agency and Te Aka Whai Ora are maintained and strengthened and to ensure continuity of health promotion at a national level. The first role is Chief Advisor Te Tiriti and Equity; this role would provide critical linkages across the public health system and ensure that Te Tiriti and equity is at the forefront of all health promotion activities at a national and regional level, linking across national and regional teams. The second role is Chief Advisor Social Environments; this role would continue to ensure that as a health promotion function the wider determinants of health stay at the forefront of planning and delivery nationally and regionally by acting as a connector, particularly with the Public Health Agency and other relevant agencies, depending on the work programme.

Our Corporate Services function, which has supported our operation as a standalone Te Hiringa Hauora, is not shown in the structure we are consulting on. We expect this function to be included in Enabling Business Unit consultation processes, and for teams to be able to comment on any proposed change at that time. This means no change is proposed to these teams as part of this consultation.

Prevention

In Prevention, our purpose is to enhance and maintain the wellness of people and their whānau in Aotearoa across their life journey. We do this work by partnering with our providers to deliver high quality, equitable and mana-enhancing Prevention services.

Currently Prevention is comprised of two separate business units, the National Screening Unit (NSU) and the National Immunisation Programme (NIP). We're proposing to bring these business units together where there are opportunities to share capabilities to better plan and deliver services, but maintain distinct and strong national clinical and operational leadership to ensure there is clear ownership and accountability of the critical services we deliver.

We see some opportunities to take a life course approach, and Screening and Immunisation both require a focus on accessibility throughout the life journey of the individual and their whānau. These touchpoints often provide an opportunity for an integrated service delivery model depending on the stage of an individual's life journey. Such an approach also better reflects how commissioning and service collaboration will happen between NPHS. Commissioning and Te Aka Whai Ora.

Our goal in bringing together the design of these services is to build a foundation that allows for further services to be incorporated as part of our preventative services package and create a more holistic approach to the delivery of prevention services and better support population well-being.

Te Tiriti o Waitangi and equity will be the key focus across the Prevention function. This means ensuring that equitable accessibility to Prevention services is embedded from strategy to implementation. To ensure this is delivered on, the function is working towards a co-governance model within its internal governance structures (operational, project and clinical governance).

Proposed Changes:

· We are proposing to consolidate national functions that can be shared most efficiently between immunisation and screening, including sector and community engagement and service delivery, operations, quality, clinical and safety and major project delivery.

SECTION 2: Our Proposal (continued)

Most critically though, we need to maintain the uniqueness of different parts of immunisation and screening, and ensure we maintain programme specific leadership and expertise. These functions would be supported by a Chief Advisor and a Chief Clinical Advisor that would provide strategic, population health and clinical advice across the Prevention portfolio. Communications would continue to provide strong campaign, engagement, and communications expertise for all Prevention programmes.

We are proposing the following over-arching national functions:

- Sector and Community Engagement and Service Delivery would serve as an advisory and operational support for the function and be focused on forming a strong link between regions and the national teams. We will leverage the existing system-wide relationships of the people of Prevention to build the new engagement model and practices:
 - At a national level, the function would focus on connection with Te Aka Whai Ora and into wider Te Whatu Ora including the Commissioning Business Unit.
 - In the regional area, the function would have specific roles that would link into spaces and key roles such as the Commissioning Wayfinders.
 - At a local level, we expect the Prevention function to predominantly act as a provider of supportive national technology, communication, workforce development and other services that support local providers to deliver services that match their populations' needs.
 - In addition, this function includes future service design and innovation as well as national service planning. This would be underpinned by the 'life course model'. The function would maintain close links to our partners in Te Aka Whai Ora, Te Aho o Te Kahu, the Public Health Agency, Whaikaha and the wider health system to ensure there is a joined-up approach.
- Operations would be focused on local and regional operational planning and delivery. The key role here would be to provide national coordination across the delivery of Prevention services and the maintenance of the services.
- Implementation and major project delivery would serve as the change management branch of delivery. It would support the implementation of future thinking from the Innovation function. This

- may involve major changes to service design or more day-to-day change management within technology.
- Quality, clinical and safety this function would provide clinical oversight across all functions to ensure the Business Unit is delivering on evidence-based services. The function would also collaborate with NPHS Intelligence for the continuous monitoring and evaluation of Prevention services and lead and co-ordinate on incident management and consumer complaints. In addition to this function, a Chief Clinical Advisor for Prevention will sit on the leadership team to provide overarching clinical leadership of the Prevention function, with specific population health and clinical programme expertise sitting in the quality, clinical and safety teams.

Health Protection and Public Health Emergency Co-ordination and Response

This proposed combined function includes Communicable Disease Control, Environmental Health, Border Health, compliance activities related to harmful commodities (e.g. tobacco and vaping) and public health emergency co-ordination and response. Health Protection forms part of an integrated approach to public health.

Currently the functions are distributed across regional and national Health Protection and Outbreak Response services. In addition, new functions have been transferred to Te Whatu Ora from Manatū Hauora. There is also significant COVID-19 infrastructure relating to the Government's response to COVID-19.

The aims of this function are to:

- · prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats:
- protect and reduce harm from harmful commodities, such as tobacco and alcohol;
- · empower whānau and communities through access to healthy environments;
- ensure a Te Tiriti responsive workforce that reflects the population we serve with a workforce that are well trained, skilled, engaged and technically and culturally competent;
- · enable evidence-based decisions that empower people to take action and make decisions at the right level;

- develop and adopt common procedures, data sets, and digital tools; and
- provide national readiness and response for public health emergencies.

The national team would enable regional and local delivery by:

- providing national expertise in health protection to benefit the whole country;
- implementing the learning and experience from COVID-19 including co-ordination of public health readiness and response;
- responding to strategic priorities around harmful commodities such as vaping and tobacco compliance;
- driving consistency, efficiency and equitable outcomes across public health services; and
- ensuring the provision of critical mass cover, for 24/7 on-call health protection services.

Proposed Changes:

- Integrating the Health Protection and Outbreak Response teams into a new function Health Protection and Public Health Emergency Co-ordination and Response.
- The majority of health protection delivery would continue to be provided through regional public health services and strong linkage and networking across the function will be enabled.
- New Roles as outlined in Appendix 2.

Health Protection and Public Health Emergency Co-ordination and Response core functions

| | Health Protection and Public Health Emergency Co-ordination and Response core functions | | | | | | |
|----------|--|--|---|---|---|--|--|
| | Environmental Health | Border | Communicable Disease | Compliance and Enforcement | National Public Health Emergency Management and Coordination | | |
| National | National identification, assessment and reduction of environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances Commissioning of specialist advise or environmental health services eg PH engineering National coordination of communicable & environmental health risks where national response required | Border Executive Board management Integrated Targeting and Operations Centre (ITOC) management Provide specialist advice and guidance in relation to border Develop specification and guidance for border including Border section of EHPM Support policy/legislative changes, e.g. Biosecurity Act review, COVID-19 Enable transition to BAU border Enable networks of practice in Border Contribute to and Implement Strategic Approach to Health at Border Support border health national training Provide Integrated Targeted Operation Centre (ITOC) roles at International Border | Identify, assess and reduce communicable disease risk Provide specialist Communicable Disease advice Develop national operational guidelines e.g. CD manual National coordination of communicable & environmental health risks where national response required | Monitor and enforce compliance with legislation and regulation, e.g. tobacco, alcohol, and vaping Support, monitor and enforce compliance with legislation and regulation Develop National strategies for harmful commodities | Prepare and coordinate national plans and responses to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics Develop and maintain/execute national emergency management support Interface with policy on the development of policy, risks assessments, plans and funding Management of ministerial and media requirements | | |
| Regional | | | | Coordinate regional compliance and enforcement activity in line with national standards and plan, in collaboration with Director Protection | Coordinate regional response to public health emergencies | | |
| Local | Deliver environmental health services Identify community specific needs and address or escalate Contribute to environmental health communities of practice Feedback on environmental health policy | Deliver Border services Identify community specific needs and address or escalate Contribute to Border protection communities of practice Feedback on Border protection policy | Deliver communicable disease services Identify community specific needs and address or escalate Contribute to Communicable Disease communities of practice Feedback on Communicable Disease policy | Deliver Compliance and Enforcement services Identify community specific needs and address or escalate Contribute to Compliance and and Enforcement communities of practice Feedback on Compliance and Enforcement policy | Respond to public health emergencies Identify community specific needs and address or escalate Contribute to emergency working groups that may be stood up practice Feedback into response and communication policy and plans NPHS Discussion Document 18 | | |



Planning, Purchasing and Performance

Reflecting our deepened understanding of the service purchasing (contracting) function of NPHS, a Tier 3 position has been established for this function.

The position will play an integral role in the commissioning cycle, particularly for Promotion and Prevention (immunisation and screening) services. Whilst these other parts of NPHS will continue to hold accountability for the full commissioning cycle in their respective areas, this role will lead a team that would ensure that any purchased services are managed in an appropriate manner that also considers the wider system context. For example, screening services that are currently contracted to local providers need to be considered in the context of the wider impact on the local service landscape. This role will link strongly with Commissioning, Te Aka Whai Ora and Pacific Health parts of the system to enact that co-ordinated thinking.

In addition, this role will be responsible for the NPHS planning and performance functions. This includes developing and oversight of NPHS priorities and strategy and oversight of the benefits and outcomes of our work.

Teams under this new role will ultimately include planning, performance and purchasing teams that currently sit in other parts of NPHS. This includes COVID-19 planning and purchasing teams as longerterm consideration of COVID-19 roles is confirmed.

Within NPHS, this function will interact with regional strategy and operations managers to ensure local and regional work programmes align with national counterparts.

SECTION 3: New positions

To support this proposal, consideration has been given to the responsibilities for proposed new positions.

Outline position descriptors for the proposed new positions have been developed and can be found at Appendix 1 of this document. These are not fully formed position descriptions; they are intended to serve as a role descriptor of leadership responsibilities and position scope.

Post consultation and consideration of feedback, full position descriptions will be prepared and sized for remuneration purposes prior to being confirmed in any final decision document.

These new positions are opportunities for individuals who are significantly affected by the proposals and we welcome any feedback on what is being proposed. Our key intention is to retain the skills, expertise and knowledge from across the organisation.

SECTION 4: Impact of Proposal – existing positions

In creating the new roles detailed in Appendix 1, we are proposing to disestablish a number of positions from within the existing districts and ex shared services teams. A list of these positions is provided in Appendix 2. We would like to reinforce that these are proposals and that no final decisions have been made. We will continue to work with each significantly affected individual to ensure that they have the necessary support during the change process.

A list of roles for those whose reporting line would remain within the NPHS Business Unit, but would change, can be found in Appendix 2.

It is also evident that there are a wide range of individual roles and whole teams that currently sit within and report to the leaders of our existing district and ex shared services NPHS teams that are better aligned to other Business Units within Te Whatu Ora. Each of these Business Units will be going through their own change proposals and it is recommended that those individuals and teams take the opportunity to read the change proposals for those Business Units when they become available. Whilst it has been challenging to establish a definitive list of the individual roles and teams that this relates to, a list is provided in Appendix 2.

Given the nature of this change and the bringing together of all the districts and ex-shared service agencies into Te Whatu Ora, there will be a potential impact to a number of current positions. Given the complexity of the systems, how positions are grouped together in districts and the quality of the data across the multiple payroll systems, it has been challenging to identify all of the roles and the impact on them. There may be inaccuracies in terms of position titles, people being missed etc. We apologise in advance for any inaccuracies in the data and ask that if you identify inaccuracies that you raise them as soon as possible through the consultation process.

The following definitions are used in Appendix 2 to describe the different scale of impacts:

| Impact | Explanation | | | |
|--|--|--|--|--|
| No impact | The position would remain unchanged. | | | |
| Impacted | A position would be impacted where there would be some changes to the current position if the proposal was confirmed. However, the changes would not be significant, and the position would remain substantially the same. The terms and conditions of employment would be no less favourable and the salary for the position would be the same. | | | |
| | Examples of these types of changes could include a change in position title, reporting lines or mapping to new positions. Individuals in these impacted positions would be reconfirmed into the position, with any relevant changes. | | | |
| Significantly Affected - disestablished | A position would be significantly affected where the current position would incur significant change to its scope, location, terms and conditions or will not exist in the new structure. A position would also be significantly affected if it is proposed that there would be fewer of the same or substantially the same positions in the proposed new structure. | | | |

When reviewing and undertaking an impact assessment we have considered the level of change to existing roles, their scope, function and deliverables, complexity, number of direct reports, budget etc.

SECTION 5: Proposed disestablishment, recruitment and selection processes

The proposals contained in this document include potential disestablishment of a number of positions, and the creation of new roles. This section outlines our proposed approach to career transition support, the disestablishment process, recruitment and selection into new roles and other related matters.

Career Transition Service

Career advisory support will be available from the beginning of the consultation process to all employees whose roles are proposed to be disestablished. Although no final decisions have been made about the disestablishment of any positions, we want to ensure that those who are significantly affected by these proposals have as much time as possible to consider all of their options and seek support.

The Career Transition team will:

- Provide support and advice to significantly affected employees;
- Link employees to external support including career coaches, training, and other external support such as CV writing, interview skills support, etc; and
- Link employees to well-being supports including EAP.

Disestablishment process

Once we reach the final decision stage, new structures will be confirmed. We will follow the below process with those employees whose roles are confirmed to be disestablished:

- Employees will be given 1 month's notice of the intention to disestablish the position, followed by their contractual notice period;
- Pay in lieu of notice may be given on a case-by-case basis; and
- Employees who are made redundant are able to return to Te Whatu Ora in the future.

Retraining

- Reasonable support will be provided to employees whose roles are disestablished and who wish to retrain; and
- If employees wish to retrain into clinical frontline roles, we will consider increased training support. If you would like to consider this, please contact the Career Transition Support Centre.

Recruitment and selection processes

Once we reach the final decision stage, final structures will also be confirmed along with any new roles. The process we propose for recruitment and selection into these roles is:

- Position descriptions will be available at final decision stage and will be sized to determine their salary level. Prior to this, during consultation stage, brief descriptors will be available which give a high-level view of the role and responsibilities;
- Employees whose position is disestablished will be considered for new roles in the new structures in the first instance with recruitment and selection processes to be undertaken within the first four to six weeks after the final decision document is issued:
- During this period, we will run an expression of interest process for new roles for employees whose roles have been disestablished;
- Disestablished employees will be able to apply for any suitable roles and will undergo only 1
 interview where possible we will endeavour to ensure that all relevant hiring managers are
 present for this interview, and that it is structured to ensure that both the interviewee and
 interviewer are able to make a comprehensive assessment of suitability for the role(s);
- During the consultation process, the recruitment team will also make an assessment of other
 current vacancies and consider whether any of those should be 'paused' to allow for
 employees whose roles have been disestablished to be considered for them. This
 assessment will be made on the basis of similarity of the vacancy to disestablished roles.
 Where there is a business critical need for the position to be filled immediately, and the
 vacancy may be suitable for employees whose roles have been disestablished, interim
 appointments will be made to the position;

- Following the above EOI process, any roles which have not been filled will be advertised through our normal channels. At this stage, other internal candidates will also be able to apply for those new roles; and
- Reasonable time off (on pay) will be provided to significantly affected staff to attend career support sessions, retraining or interviews (including with external organisations), throughout the consultation process, during feedback review and after the final decision has been issued.

Terms and conditions of redeployment into new IEA roles

For employees whose roles are disestablished through this process and who are redeployed to a new role with Te Whatu Ora in a position covered by an Individual Employment Agreement (i.e. a role not covered by a MECA), the following would apply:

- Appointments to new positions not covered by a MECA will be based on the current Te Whatu
 Ora IEA; and
- No terms and conditions of the employee's previous employment agreement will be grandparented; and
- Salary equalisation will only be offered where it is a term of the individual's previous employment agreement.

Please note that as the employment relationship will be continuing, any accrued leave will be carried over to the new position.

SECTION 6: Getting involved – using the 'What Say You' tool to provide feedback

Your feedback is invited and forms a vital part of our consultation process. We want to hear from you.

Please consider:

- Not just 'what' but also 'how' we get to the next stage of where we're trying to go.
- What opportunities do you see that we may have missed?
- · What are the risks that you see that we need to consider?
- Are there other alternatives ways we should be considering? If yes, please let us know along with the benefits of an alternative approach.

Individuals who are directly and significantly affected by the proposal will be advised individually (where possible) or in regional group meetings. Where applicable unions will also be invited to attend these meetings. Significantly affected individuals will also receive an individual letter and a copy of this discussion document.

Individuals who are more broadly impacted (e.g. a proposed change of line manager) will receive a letter only. At that point the discussion document will be shared more widely across the all of the various Business Units of Te Whatu Ora.

All significantly affected and impacted individuals will also be pre-registered with 'What Say You' to enable them to feedback on the proposed changes.

Consultation is your opportunity as part of this formal process to provide your feedback on the proposal. The level of detail in this discussion document is provided so that you have access to all relevant information about the proposed changes and how the proposal could potentially affect you. Your feedback will be used to ensure we have considered all available options in determining the best way to move forward and structure ourselves to meet the healthcare needs of our communities.

For your feedback to be most effective, we suggest the emphasis is on suggesting alternatives and outlining the benefits those alternatives would bring. When providing feedback, we ask that you be constructive in your comments, suggestions and alternatives. While there is no way to guarantee that we will make a final decision which everyone agrees with, all matters you raise will be carefully considered.

The consultation commences with the release of this discussion document. Please provide feedback using our online portal 'What Say You' by close of business Friday 28th April 2023.

Those not significantly affected or impacted and wanting to provide feedback can register and provide feedback through 'What Say You' via our Consultation Hub (https://tewhatuora.wsy.nz/). This site provides more information on 'What Say You': a participant guide, how to register and FAQs. If you have questions or require help, please contact enabling.consultation@health.govt.nz.

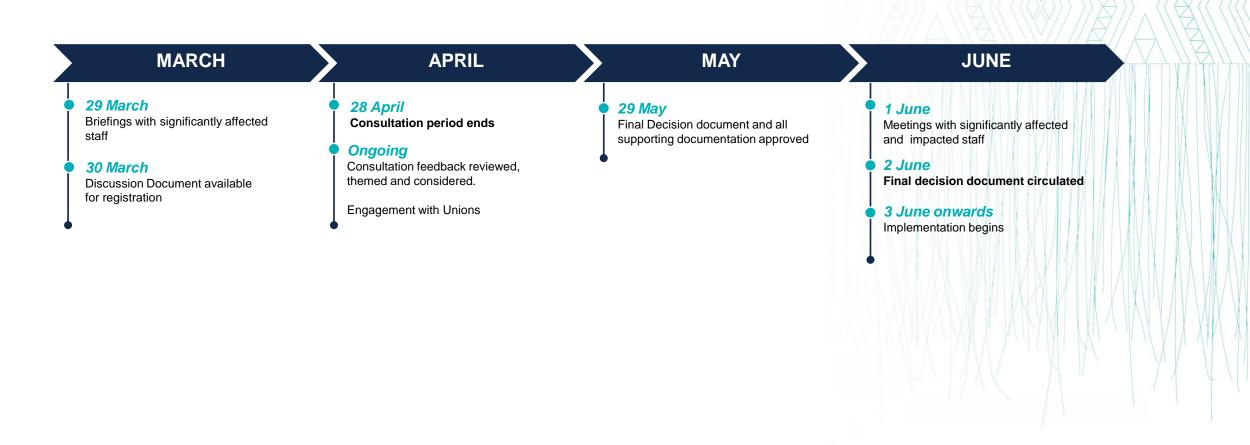
During the consultation period further webinars and Q&A sessions will be run so that individuals can be provided with more information, ask questions and raise issues and concerns around the content of the Discussion Document.

Should individuals have questions around their specific situation then they should reach out to their local People & Culture lead, their P&C Business partner or Advisor, their manager or their union representative. Once we have considered all the feedback, we will begin to confirm the outcome of this consultation process.

We are aiming to make final decisions on this proposal, and the flow-on implications by 2 June 2023.

Thank you for taking the time to look through this proposal. We look forward to hearing your thoughts.

SECTION 7: Indicative Timeframe



SECTION 8: Support and well-being

As outlined in earlier sections, our environment has evolved, and as such we need to adapt to ensure our health care services are meeting our community and patients' needs now and into the future.

It is important to seek support and reach out if/when you need to. Make time to read the proposal and the supporting information. Please ask for support anytime you need it and encourage your colleagues to do the same. Talk about how you are feeling. Talk to your manager, colleagues, your union representative or friends and family.

Sometimes a colleague may be more vulnerable to the impacts of change because of other things happening in their lives. If you have concerns about anyone's well-being, contact P&C for advice. If you are a manager or team leader and are concerned about one of your team members, please talk to them or seek advice from your People & Culture team.

Additionally, Employee Assistance Programme (EAP) confidential counselling services are also available to you for personal support in every district. Please reach out to your current provider to access this free service as they will be able to provide practical strategies and assistance in support of personal and workplace issues, workplace changes, life transition and career planning, budgeting and financial assistance, and personal legal advice.

Well-being check-ins with all significantly affected staff (those that are proposed to be disestablished) will be available following the notification meeting. This will give staff a forum to discuss any individualised support that they need.

Career Transition Service

For those significantly affected i.e. their position is proposed to be disestablished, we will offer wraparound support including career advisory support to assist in identifying all possible options for these individuals.

The Te Whatu Ora Career Transition Centre services provide proactive practical help, advice and support to employees who are going through proposed changes in their roles due to change management processes.

Going through change can be daunting, and the prospect of finding another position can feel overwhelming, especially if the job change was unexpected. With emotions high, career transition services provide a professional, independent, and impartial sounding board for employees to consider their career options moving forward.

The Career Transition Service will work in partnership with specific groups of employees to provide confidential, holistic, and tailored 1:1 career coaching, facilitated workshops, tools and resources to support employees at every stage as they go through this process.

The team of career transition coaches will work with employees to make well thought out career decisions based on their key strengths, interests, values and needs, attributes, and career opportunities that are available to them. The goal is to empower our employees to successfully move onto the next stage of their careers.

The Career Transition Coach will work with a group of employees in many ways including on how to:

- · deal effectively with personal change;
- · identify core values, capabilities, skills and experience;
- · prepare and plan for the next chapter of their careers;
- explore preferred career options and evaluate alternative career options;
- develop personal marketing tools such as LinkedIn, CVs and covering letters;
- · prepare for an effective job search campaign;
- network strategically;
- consider and evaluate new career opportunities and support them to complete their applications successfully; and
- understand the dynamics of the interview process and negotiating their salary package.

The Career Transition Service will provide group workshops on a range of career related topics, 1:1 tailored coaching and resources and tools to help affected employees to define their key strengths, understand their passions and key values and drivers for the future, and help them to secure a new job opportunity as soon as possible.

APPENDIX 1: Proposed new positions

To support this proposal, consideration has been given to the responsibilities for proposed new positions. The below outlines the proposed new positions, core purpose and some examples of deliverables.

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|---|---|--|
| Group Manager, Public Health Service x1 Tāmaki Makaurau x1 Ngā Tai Ora | 1 | Lead the local service 'team of teams' in delivering innovative public health services, across the core functions, for their communities and whānau; build and maintain effective intersectoral and lwi Māori relationships; and lead a new way of working that is aligned with Pae Ora. | Provide leadership for teams within a local public health service to engage effectively with whānau and communities, as well as others across health, social services, local government and NGO sectors; lead and manage a workforce that is organised and structured around equity needs and activity; provide leadership for stakeholders; lead a change in the way we work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups, and that achieves the goals of Pae Ora. | NPHS Regional Director Northern |
| Manager Community & Whānau Wellbeing x1 Tāmaki Makaurau x1 Ngā Tai Ora | 2 | Manage a multidisciplinary team of public health practitioners whose focus enables whānau and communities to lead lives of wellness by delivering effective health promotion and prevention activities, including addressing the social determinants of health to progress Pae Ora goals. | Manages a multi-disciplinary team that meets the needs of whānau and communities; develops a whānau -centred way of working; develops and maintain relationships with internal and external partners and stakeholders; provides public health leadership; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager - Tāmaki Makarau & Ngā Tai Ora, respectively |
| Manager Health Protection x1 Tāmaki Makaurau x1 Ngā Tai Ora | 2 | Manage a team of public health practitioners that provide evidence-based all-hazard health protection interventions and advice, including environmental health, communicable diseases, border health and harmful commodities (including alcohol and tobacco). | Manage health protection operations effectively; develop and maintain relationships with internal and external partners and stakeholders; provide public health leadership; support local and regional public health emergency readiness, response and recovery; work with national leads in health protection and regional networks; collaborate with local whānau and community wellbeing teams; and work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager - Tāmaki Makarau & Ngā Tai Ora, respectively |

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|--|
| Group Manager, Strategy & Operations, Northern | 1 | Lead a team that is responsible for ensuring the regional public health service has efficient and effective business operations, planning and reporting and has effective and timely communications. | Leads business and operational management for the region; leads regional public health planning; provides evidence based public health policy advice and strategy, including in support of the Regional Integration Team; relationship management with internal and external partners and stakeholders; ensures effective public health emergency readiness, response and recovery; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | NPHS Regional Director Northern |
| Manager Regional Operations - Northern | 1 | Leads the region's operational management including business planning and service delivery, communications, workforce development, business system and process improvement projects. | Ensure the effective financial management and integrity of accounting, budgeting, financial reporting and forecasting for the Operations Team; provide liaison for business and finance management, including capital requirements planning; maintain public health communications; lead development of the regional workforce development strategy and oversee its delivery; lead the development of business and operational plans, frameworks and protocols to support the region's strategic direction and service delivery. | Group Manager, Strategy & Operations, Northern |
| Manager Regional Planning, Policy & Performance - Northern | 1 | Ensures the planning and reporting requirements of the regional public health service are delivered including project planning, quality assurance, risk identification and management; provides policy advice; and supports the delivery of the region's strategic priorities and projects. | Oversees business planning, KPI monitoring and reporting; delivers public health advice into the work of the Regional Integration Team; ensures evidence-based policy advice is provided for local and regional public health policy submissions; develops and maintains strong working relationships with internal and external stakeholders; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager, Strategy & Operations, Northern |

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|--|
| Manager Clinical Operations - Northern | 1 | The primary purpose of the role is to provide leadership and effective day-to-day operational management of clinical teams. The role is based within the northern region as this role is important for supporting a large medical team, however, it is proposed that this role will provide advice to service leads in other regions. | Works in partnership with the Regional Clinical Director to effectively manage the clinical team's allocation of work; supports the effective multidisciplinary ways of working to minimise duplication and overlap of regional clinical service delivery requirements; ensures service delivery by clinical teams across regions supports delivery on the desired outcomes of NPHS; works with the Kaiwhakahaere Umanga and NPHS Finance Team to manage the region's clinical team's budget to ensure financial management is both effective and efficient. | Clinical Director Public Health Medicine - Northern |
| Manager Regional Public Health Emergency Management, Northern | 1 | Leads local and regional public health emergency readiness, response and recovery. In addition, this role would lead regional planning and exercising with regional NPHS leadership and local teams, particularly health protection teams, as well as cross-health system and government partners; co-ordinates effective and timely management of public health threats. | Ensures effective regional public health emergency management; ensures that lessons identified in exercises and responses are addressed in readiness for future emergencies; works collaboratively with national public health emergency management in the NPHS Health Protection and Public Health Emergency Management team; and support effective stakeholder engagement for public health emergency management that delivers equity. | Group Manager, Strategy & Operations, Northern |
| Regional Clinical Director – Northern x1 Public Health Medicine 1 x Public Health Nursing | 2 | Works with the Regional Director to provide clinical leadership, professional oversight and lead clinical governance for the regional public health service; ensures consistency, quality, and safety of the planning and delivery of core public health service functions within the region. | Provide professional leadership across clinical roles in public health services, including clinical education and professional development; provide clinical support to the Regional Director and the Regional Leadership Team, to ensure clinical quality and safety and service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership; and help grow our Māori and Pacific clinical public health workforce. | NPHS Regional Director - Northern |

Regional – Te Manawa Taki

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|---|--|
| Group Manager, Public Health Service x1 Bay of Plenty & Tairāwhiti x1 Lakes & Waikato x1 Taranaki | 3 | Lead the local service 'team of teams' in delivering innovative public health services, across the core functions, for their communities and whānau; build and maintain effective intersectoral and lwi Māori relationships; and lead a new way of working that is aligned with Pae Ora. | Provide leadership for teams within a local public health service to engage effectively with whānau and communities, as well as others across health, social services, local government and NGO sectors; lead and manage a workforce that is organised and structured around equity needs and activity; provide leadership for stakeholders; lead a change in the way we work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups, and that achieves the goals of Pae Ora. | NPHS Regional Director Te Manawa Taki |
| Manager Community & Whānau Wellbeing x1 Bay of Plenty x1 Tairāwhiti x1 Lakes x1 Waikato x1 Taranaki | 5 | Manage a multidisciplinary team of public health practitioners whose focus enables whānau and communities to lead lives of wellness by delivering effective health promotion and prevention activities, including addressing the social determinants of health to progress Pae Ora goals. | Manages a multi-disciplinary team that meets the needs of whānau and communities; develops a whānau -centred way of working; develops and maintains relationships with internal and external partners and stakeholders; provides public health leadership; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager – for Bay of Plenty & Tairāwhiti; Waikato & Lakes; and Taranaki, respectievly |
| Manager Health Protection x1 Bay of Plenty & Tairāwhiti x1 Lakes & Waikato x1 Taranaki | 3 | Manage a team of public health practitioners that provide evidence-based all-hazard health protection interventions and advice, including environmental health, communicable diseases, border health and harmful commodities (including alcohol and tobacco). | Manage health protection operations effectively; develop and maintain relationships with internal and external partners and stakeholders; provide public health leadership; support local and regional public health emergency readiness, response and recovery; work with national leads in health protection and regional networks; collaborate with local whānau and community wellbeing teams; and work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager – for Bay of Plenty & Tairāwhiti; Waikato & Lakes; and Taranaki, respectively |

Regional – Te Manawa Taki

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|--------|---|--|--|
| Medical Team Lead (0.2 FTE) x1 Bay of Plenty x1 Tairāwhiti x1 Lakes x1 Waikato x1 Taranaki | 5x 0.2 | Provide leadership and professional support to the local public health medical team; a clinical partner to the Group Manager, providing them and local teams with professional public health medicine advice. | Provide professional leadership across medical roles in local public health teams, including clinical education and professional development; is a clinical partner to the Group Manager, providing them and local teams with professional public health medicine advice, and ensuring clinical quality and safety, service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership. | Group Manager – for Bay of Plenty & Tairāwhiti; Waikato & Lakes; and Taranaki, respectively |
| Nursing Team Lead (0.5 FTE) x1 Bay of Plenty x1 Tairāwhiti x1 Lakes x1 Waikato x1 Taranaki | 5x 0.5 | Provide leadership and professional support to the local public health nursing team; a clinical partner to the Group Manager, providing them and local teams with professional nursing advice. | Provide professional leadership across nursing roles in local public health teams, including clinical education and professional development; is a clinical partner to the Group Manager; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership. | Group Manager – for Bay of Plenty & Tairāwhiti; Waikato & Lakes; and Taranaki, respectievly |
| Group Manager Strategy & Operations, Te Manawa Taki | 1 | Lead a team that is responsible for ensuring the regional public health service has efficient and effective business operations, planning and reporting; has effective and timely communications. | Leads business and operational management for the region; leads regional public health planning; provides evidence based public health policy advice and strategy, including in support of the Regional Integration Team; relationship management with internal and external partners and stakeholders; ensures effective public health emergency readiness, response and recovery; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | NPHS Regional Director Te Manawa Taki |

Regional – Te Manawa Taki

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|---|
| Manager Regional Operations, Te Manawa Taki | 1 | Leads the region's operational management including business planning and service delivery, communications, workforce development, business system and process improvement projects. | Ensures the effective financial management and integrity of accounting, budgeting, financial report and forecasting for the Operations Team; provide liaison for business and finance management, including capital requirements planning; maintain public health communications; lead development of the regional workforce development strategy and oversee its delivery; lead the development of business and operational plans, frameworks and protocols to support the region's strategic direction and service delivery. | Group Manager Strategy & Operations, Te Manawa Taki |
| Manager Regional Planning, Policy & Performance, Te Manawa Taki | 1 | Ensures the planning and reporting requirements of the regional public health service are delivered including project planning, quality assurance, risk identification and management; provides policy advice; and supports the delivery of the region's strategic priorities and projects. | Oversees business planning, KPI monitoring and reporting; delivers public health advice into the work of the Regional Integration Team; ensures evidence-based policy advice is provided for local and regional public health policy submissions; develops and maintains strong working relationships with internal and external stakeholders; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager Strategy & Operations, Te Manawa Taki |
| Manager Regional Public Health Emergency Management, Te Manawa Taki | 1 | Leads local and regional public health emergency readiness, response and recovery. In addition, this role would lead regional planning and exercising with regional NPHS leadership and local teams, particularly health protection teams, as well as cross-health system and government partners; co-ordinates effective and timely management of public health threats. | Ensures effective regional public health emergency management; ensures that lessons identified in exercises and responses are addressed in readiness for future emergencies; works collaboratively with national public health emergency management in the NPHS Health Protection and Public Health Emergency Management team; and supports effective stakeholder engagement for public health emergency management that delivers equity. | Group Manager Strategy & Operations, Te Manawa Taki |

Regional – Te Manawa Taki

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|---|--|---|
| Regional Clinical Director, Te Manawa Taki | 1 | Works with the Regional Director to provide clinical leadership, professional oversight and lead clinical governance for the regional public health service; ensures consistency, quality, and safety of the planning and delivery of core public health service functions within the region. | Provide professional leadership across clinical roles in public health services, including clinical education and professional development; provide clinical support to the Regional Director and the Regional Leadership Team, to ensure clinical quality and safety and service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership; and help grow our Māori and Pacific clinical public health workforce. | NPHS Regional Director, Te Manawa Taki |

Regional - Central

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|--|--|-----------------------------------|
| Group Manager, Public Health Service | 2 | Lead the local service 'team of teams' in delivering innovative public health services, across the core functions, for their | Provide leadership for teams within a local public health service to engage effectively with whānau and communities, as well as others across health, social services, local government and NGO sectors; | NPHS Regional Director Central |
| x1 Hawke's Bay, MidCentral & Whanganui | | communities and whānau; build and maintain effective intersectoral and lwi Māori relationships; and lead a new way of | lead and manage a workforce that is organised and structured around equity needs and activity; provide leadership for stakeholders; lead a change in the way we work to achieve health equity for Māori, as well | |
| x1 Capital Coast, Hutt Valley & Wairarapa | | working that is aligned with Pae Ora. | as Pacific, Whaikaha, and other groups, and that achieves the goals of Pae Ora. | |

Regional - Central

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|---------|---|---|--|
| Manager Community & Whānau Wellbeing x1 Hawke's Bay x1 MidCentral & Whanganui x1 Hutt Valley & Capital Coast x1 Wairarapa | 4 | Manage a multidisciplinary team of public health practitioners whose focus enables whānau and communities to lead lives of wellness by delivering effective health promotion and prevention activities, including addressing the social determinants of health to progress Pae Ora goals. | Manages a multi-disciplinary team that meets the needs of whānau and communities; develops a whānau -centred way of working; develops and maintains relationships with internal and external partners and stakeholders; provides public health leadership; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager for Hawke's Bay, MidCentral & Whanganui and Capital Coast, Hutt Valley & Wairarapa, respectively |
| Manager Health Protection x1 Hawke's Bay, MidCentral & Whanganui x1 Hutt Valley, Capital Coast & Wairarapa | 2 | Manage a team of public health practitioners that provide evidence-based all-hazard health protection interventions and advice, including environmental health, communicable diseases, border health and harmful commodities (including alcohol and tobacco). | Manage health protection operations effectively; develop and maintain relationships with internal and external partners and stakeholders; provide public health leadership; support local and regional public health emergency readiness, response and recovery; work with national leads in health protection and regional networks; collaborate with local whānau and community wellbeing teams; and work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager for Hawke's Bay, MidCentral & Whanganui and Capital Coast, Hutt Valley & Wairarapa, respectively |
| Medical Team Lead x1 Hawke's Bay x1 MidCentral & Whanganui x1 Hutt Valley & Capital Coast x1 Wairarapa | 4 x 0.2 | Provide leadership and professional support to the local public health medical team; a clinical partner to the Group Manager, providing them and local teams with professional public health medicine advice. | Provide professional leadership across medical roles in local public health teams, including clinical education and professional development.; is a clinical partner to the Group Manager, providing them and local teams with professional public health medicine advice, and ensuring clinical quality and safety, service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership. | Group Manager for Hawke's Bay, MidCentral & Whanganui and Capital Coast, Hutt Valley & Wairarapa, respectively |

Regional - Central

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|---------|---|--|--|
| Nursing Team Lead x1 Hawke's Bay x1 MidCentral & Whanganui x1 Hutt Valley & Capital Coast x1 Wairarapa | 4 x 0.5 | Provide leadership and professional support to the local public health nursing team; a clinical partner to the Group Manager, providing them and local teams with professional nursing advice. | Provide professional leadership across nursing roles in local public health teams, including clinical education and professional development; is a clinical partner to the Group Manager; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership. | Group Manager for Hawke's Bay, MidCentral & Whanganui and Capital Coast, Hutt Valley & Wairarapa, respectively |
| Group Manager Strategy & Operations, Central | 1 | Lead a team that is responsible for ensuring the regional public health service has efficient and effective business operations, planning and reporting; has effective and timely communications. | Leads business and operational management for the region; leads regional public health planning; provides evidence based public health policy advice and strategy, including in support of the Regional Integration Team; relationship management with internal and external partners and stakeholders; ensures effective public health emergency readiness, response and recovery; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | NPHS Regional Director, Central |
| Manager Regional Operations, Central | 1 | Leads the region's operational management including business planning and service delivery, communications, workforce development, business system and process improvement projects. | Ensure the effective financial management and integrity of accounting, budgeting, financial reporting and forecasting for the Operations Team; provide liaison for business and finance management, including capital requirements planning; maintain public health communications; lead development of the regional workforce development strategy and oversee its delivery; lead the development of business and operational plans, frameworks and protocols to support the region's strategic direction and service delivery. | Group Manager Strategy & Operations, Central |

Regional - Central

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|--|
| Manager Regional Planning, Policy & Performance, Central | 1 | Ensures the planning and reporting requirements of the regional public health service are delivered including project planning, quality assurance, risk identification and management; provides policy advice; and supports the delivery of the region's strategic priorities and projects. | Oversees business planning, KPI monitoring and reporting; delivers public health advice into the work of the Regional Integration Team; ensures evidence-based policy advice is provided for local and regional public health policy submissions; develops and maintains strong working relationships with internal and external stakeholders; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager Strategy & Operations, Central |
| Manager Regional Public Health Emergency Management, Central | 1 | Leads local and regional public health emergency readiness, response and recovery. In addition, this role would lead regional planning and exercising with regional NPHS leadership and local teams, particularly health protection teams, as well as cross-health system and government partners; co-ordinates effective and timely management of public health threats. | Ensures effective regional public health emergency management; ensures that lessons identified in exercises and responses are addressed in readiness for future emergencies; works collaboratively with national public health emergency management in the NPHS Health Protection and Public Health Emergency Management team; and support effective stakeholder engagement for public health emergency management that delivers equity. | Group Manager Strategy & Operations, Central |
| Regional Clinical Director, Central | 1 | Works with the Regional Director to provide clinical leadership, professional oversight and lead clinical governance for the regional public health service; ensures consistency, quality, and safety of the planning and delivery of core public health service functions within the region. | Provide professional leadership across clinical roles in public health services, including clinical education and professional development; provide clinical support to the Regional Director and the Regional Leadership Team, to ensure clinical quality and safety and service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership; and help grow our Māori and Pacific clinical public health workforce. | NPHS Regional Director Central |

Regional - Te Waipounamu

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|---|---|--|
| Group Manager, Public Health Service x1 Southern x1 Nelson Marlborough x1 Te Mana Ora | 3 | Lead the local service 'team of teams' in delivering innovative public health services, across the core functions, for their communities and whānau; build and maintain effective intersectoral and lwi Māori relationships; and lead a new way of working that is aligned with Pae Ora. | Provide leadership for teams within a local public health service to engage effectively with whānau and communities, as well as others across health, social services, local government and NGO sectors; lead and manage a workforce that is organised and structured around equity needs and activity; provide leadership for stakeholders; lead a change in the way we work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups, and that achieves the goals of Pae Ora. | NPHS Regional Director Te Wai Pounamu |
| Manager Community & Whānau Wellbeing x1 Southern x1 Nelson Marlborough x1 Te Mana Ora | 3 | Manage a multidisciplinary team of public health practitioners whose focus enables whānau and communities to lead lives of wellness by delivering effective health promotion and prevention activities, including addressing the social determinants of health to progress Pae Ora goals. | Manages a multi-disciplinary team that meets the needs of whānau and communities; develops a whānau -centred way of working; develops and maintains relationships with internal and external partners and stakeholders; provides public health leadership; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager – for Southern, Nelson Marlborough, & Te Mana Ora, respectively |
| Manager Health Protection x1 Southern x1 Nelson Marlborough x1 Te Mana Ora | 3 | Manage a team of public health practitioners that provide evidence-based all-hazard health protection interventions and advice, including environmental health, communicable diseases, border health and harmful commodities (including alcohol and tobacco). | Manage health protection operations effectively; develop and maintain relationships with internal and external partners and stakeholders; provide public health leadership; support local and regional public health emergency readiness, response and recovery; work with national leads in health protection and regional networks; collaborate with local whānau and community wellbeing teams; and work to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager – for Southern, Nelson Marlborough, & Te Mana Ora, respectively |

Regional - Te Waipounamu

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|--------|---|---|--|
| Medical Team Lead (0.2 FTE) x1 Southern x1 Nelson Marlborough x1 Te Mana Ora | 3x 0.2 | Provide leadership and professional support to the local public health medical team; a clinical partner to the Group Manager, providing them and local teams with professional public health medicine advice. | Provide professional leadership across medical roles in local public health teams, including clinical education and professional development.; is a clinical partner to the Group Manager, providing them and local teams with professional public health medicine advice, and ensuring clinical quality and safety, service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership. | Group Manager – for Southern, Nelson Marlborough, & Te Mana Ora, respectively |
| Nursing Team Lead (0.5 FTE) x1 Southern x1 Nelson Marlborough x1 Te Mana Ora | 3x 0.5 | Provide leadership and professional support to the local public health nursing team; a clinical partner to the Group Manager, providing them and local teams with professional nursing advice. | Provide professional leadership across nursing roles in local public health teams, including clinical education and professional development; is a clinical partner to the Group Manager; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership. | Group Manager – for Southern, Nelson Marlborough, & Te Mana Ora, respectively |
| Group Manager Strategy & Operations, Te Wai Pounamu | 1 | Lead a team that is responsible for ensuring the regional public health service has efficient and effective business operations, planning and reporting; has effective and timely communications. | Leads business and operational management for the region; leads regional public health planning; provides evidence based public health policy advice and strategy, including in support of the Regional Integration Team; relationship management with internal and external partners and stakeholders; ensures effective public health emergency readiness, response and recovery; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | NPHS Regional Director Te Wai Pounamu |

Regional - Te Waipounamu

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|---|
| Manager Regional Operations, Te Wai Pounamu | 1 | Leads the region's operational management including business planning and service delivery, communications, workforce development, business system and process improvement projects. | Ensure the effective financial management and integrity of accounting, budgeting, financial reporting and forecasting for the Operations Team; provide liaison for business and finance management, including capital requirements planning; maintain public health communications; lead development of the regional workforce development strategy and oversee its delivery; lead the development of business and operational plans, frameworks and protocols to support the region's strategic direction and service delivery. | Group Manager Strategy & Operations, Te Wai Pounamu |
| Manager Regional Planning, Policy & Performance - Te Wai Pounamu | 1 | Ensures the planning and reporting requirements of the regional public health service are delivered including project planning, quality assurance, risk identification and management; provides policy advice; and supports the delivery of the region's strategic priorities and projects. | Oversees business planning, KPI monitoring and reporting; delivers public health advice into the work of the Regional Integration Team; ensures evidence-based policy advice is provided for local and regional public health policy submissions; develops and maintains strong working relationships with internal and external stakeholders; and works to achieve health equity for Māori, as well as Pacific, Whaikaha, and other groups. | Group Manager Strategy & Operations, Te Wai Pounamu |
| Manager Regional Public Health Emergency Management, Te Wai Pounamu | 1 | Leads local and regional public health emergency readiness, response and recovery. In addition, this role would lead regional planning and exercising with regional NPHS leadership and local teams, particularly health protection teams, as well as cross-health system and government partners; co-ordinates effective and timely management of public health threats. | Ensures effective regional public health emergency management; ensures that lessons identified in exercises and responses are addressed in readiness for future emergencies; works collaboratively with national public health emergency management in the NPHS Health Protection and Public Health Emergency Management team; and supports effective stakeholder engagement for public health emergency management that delivers equity. | Group Manager Strategy & Operations, Te Wai Pounamu |

Regional - Te Waipounamu

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|--|
| Regional Clinical Director – Te Wai Pounamu | 1 | Works with the Regional Director to provide clinical leadership, professional oversight and lead clinical governance for the regional public health service; ensures consistency, quality, and safety of the planning and delivery of core public health service functions within the region. | Provide professional leadership across clinical roles in public health services, including clinical education and professional development; provide clinical support to the Regional Director and the Regional Leadership Team, to ensure clinical quality and safety and service innovation and monitoring; lead, develop and maintain the clinical workforce ensuring appropriate practice standards and professional conduct; lead and champion a Te Tirirti dynamic approach to clinical leadership; and help grow our Māori and Pacific clinical public health workforce. | NPHS Regional Director Te Wai Pounamu |

Promotion

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|--|---|---------------------------|
| Chief Advisor | 2 | Establish and nurture strong relationships with partners, government and across sectors. Provide Tiriti led leadership, analysis and advice on all health promotion initiatives to support goals of Pae Ora. | Ensure all work reflects our responsibilities to the priority of equity. Provide expert guidance and support health promotion communication and engagement with Māori and Pacific stakeholders. Support innovation in service development and delivery. | Director Health Promotion |
| Group Manager Strategic Planning & Design | 1 | Lead a team that develops strategies and approaches to design and plan innovative and bold health promotion programmes. Approaches will reflect the most recent advice, research and understanding of determinants of health, Te Tiriti and equity. | Champions the design of innovative and future-proofed programmes across policy and culture change. Takes a proactive approach to health promotion planning and design. | Director Health Promotion |

Promotion

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--------------------------------------|-----|--|--|--|
| Programme Design Lead | 1 | Oversee the design of innovative and bold health promotion programmes, and ensure they can be effectively delivered by NPHS teams. | Engage across NPHS to ensure programmes are informed by evidence, and connect with programme delivery teams and the wider NPHS to ensure programmes can be effectively implemented nationally, regionally and locally. | Group Manager Strategic Planning & Design |
| Manager Social Environment | 1 | Provide leadership on determinants of health and ensures health promotion programme design reflects the most recent advice, research and understanding of determinants of health, Te Tiriti and equity. | Co-ordinate and engage with Ministers, government agencies and other key industry sector stakeholder groups. | Group Manager Strategic Planning & Design |
| Manager Maternal and Child Health | 1 | Lead the successful delivery of Health Promotion programmes that support Pae Ora for māmā and tamariki. | Work in a networked way with other national, regional and local NPHS teams to support integrated and effective programme delivery. | Group Manager Programme Delivery |
| Group Manager Programme Delivery | 1 | Oversee the successful delivery of Health Promotion programmes for Aotearoa, which work to promote health and well-being, prevent illness and injury and achieve Pae Ora – ensuring a Te Tiriti o Waitangi lens is applied to all programme delivery and building the capability of programme teams to embed behaviours that see Māori aspirations enacted and manifested. | Oversee and support Operations Group business planning processes and implementation of programmes and projects, and ensure budget and reporting requirements are met to required standards. | Director Health Promotion |
| Manager Alcohol | | Lead the successful delivery of Health Promotion programmes that address the harms caused by alcohol. | Work in a networked way with other national, regional and local NPHS teams to support integrated and effective programme delivery. | Group Manager Programme Delivery |

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|--|--|--|
| Chief Clinical Advisor Prevention | 1 | Provide clinical leadership to Health Protection & Public Health Emergency Co- ordination and Response to enable the delivery of NPHS's strategic agenda. Strategic planning of prevention service delivery programmes and leadership of the clinical governance framework for prevention. | Provide consistent trusted clinical population and public health advice and system leadership. Build strong communities of practice, facilitate strengthened relationships and clinical leadership. | Director Prevention |
| Chief Advisor | 1 | Provide strategic advice and guidance to the prevention leadership team. Lead the oversight and direction on key pieces of prevention work for the Board, ELT and Ministers. | Provide consistent trusted quality population and public health advice and system leadership. Works closely with Chief Clinical Advisor on strategic planning and operational delivery. | Director Prevention |
| Group Manager Sector & Community Engagement and Service Delivery | 1 | Lead and manage the sector engagement, delivery and logistics functions across the regions for prevention programmes. Lead and support the development needs of the group to ensure appropriate capacity and capability. | Maximisation of stock volumes, stock quality and management of cold chain. Provides trusted and consisent leadership for sector and community engagement. Identifies and implements strategic improvement opportunities. | Director Prevention |
| System Engagement Lead – Northern | 2 | Lead the workstream for the region under direction of the NPHS Regional Director to support delivery of screening and immunisation at regional and local levels. | Work closely with partners across Te Whatu Ora, Mānatu Hauora and Te Aka Whai Ora. | Group Manager Sector & Community Engagement and Service Delivery |
| System Engagement Lead – Te Manawa Taki | 2 | Lead the workstream for the region under direction of the NPHS Regional Director to support delivery of screening and immunisation at regional and local levels. | Work closely with partners across Te Whatu Ora, Mānatu Hauora and Te Aka Whai Ora. | Group Manager Sector & Community Engagement and Service Delivery |

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|--|---|--|
| System Engagement Lead – Central | 2 | Lead the workstream for the region under direction of the NPHS Regional Director to support delivery of screening and immunisation at regional and local levels. | Work closely with partners across Te Whatu Ora, Mānatu Hauora and Te Aka Whai Ora. | Group Manager Sector & Community Engagement and Service Delivery |
| System Engagement Lead – Te Waipounamu | 2 | Lead the workstream for the region under direction of the NPHS Regional Director to support delivery of screening and immunisation at regional and local levels. | Work closely with partners across Te Whatu Ora, Mānatu Hauora and Te Aka Whai Ora. | Group Manager Sector & Community Engagement and Service Delivery |
| Manager Planning Innovation & Consumer | 1 | Leads the planning of Prevention Services alongside regions and localities with the goal of achieving coverage rates focussed on Māori and Pacific. Works strategically to identify opportunities for innovation and change. Lead the direct communications strategy and approach. | Utilise intelligence, monitoring and consumer engagement to identify opportuniites for change and innovation to lift immunisation and screening rates. Leads data sharing practices, consumer and data insights. | Group Manager Sector & Community Engagement and Service Delivery |
| Business Lead Prevention Technology | | The business Lead Prevention is responsible for providing strategic leadership to deliver new and enhanced technology products and services to support and improve service delivery across prevention that impacts population outcomes. | The role will provide strategic and operational advice to the Director, project teams, functions and across Te Whatu Ora to embed best practice and ensure digital projects are aligned across business areas and deliver efficient services and change to meet evolving needs. This role will also be responsible for the change function across projects for Prevention and is the key interface with the Data and Digital teams. | Director Prevention |

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|--|---|------------------------------------|
| Group Manager Operations, Antenatal, Child & Youth | 1 | Provide operational leadership to ensure equitable delivery of antenatal, new born screening programmes and childhood immunisations. Focus on achieving equitable health outcomes for Māori and Pacific. | Provides advice and uses detailed knowledge of immunisation and screening issues to inform service delivery programme development. Team capability and capacity management. Compliance and financial management responsibilities. | Director Prevention |
| Group Manager Operations, Adult | 1 | Provide operational leadersip to ensure equitable delivery of cancer screening programmes including COVID-19 and annual flu campaigns. Focus on achieving equitable health outcomes for Māori and Pacific. | Provides trusted, consistent and high quality advice across adult cancer screening programmes and adult immunisations. Service development planning, risk management and monitoring of programme outcomes. Implementation of Breast Screen Aotearoa recommendations and system improvement opportunities. | Director Prevention |
| Manager Adult Immunisation | 1 | Lead the programmes of work to deliver on Government priorities, including lifting immunisations rates for Māori and Pacific. Provide operational leadership to ensure equitable delivery of adult vaccination programmes including COVID-19 and the annual flu campaigns. | Work with providers to monitor programme outcomes, drive innovation and apply a continuous quality improvement approach. | Group Manager Operations, Adult |
| Group Manager Quality, Clinical and Safety | 1 | Provides clinical and quality leadership across all prevention teams. Leads implementation of quality framework and standards, operational standards. Programme leadership and outcome monitoring. Leads and monitors Incident and adverse prevention events. | Work with providers to monitor programme outcomes, drive innovation and apply a continuous quality improvement approach. | Director Prevention |

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|--|--|---|
| Manager Quality & Safety | 1 | Lead the implementation of the quality framework, quality standards and operational standards as well as tools for providers to support safe and trusted programme delivery. | Responsible for the workforce portfolio. Work with providers to monitor programme outcomes, drive innovation and apply a continuous quality improvement approach. Leads and monitors prevention incidents and adverse events. | Group Manager Quality, Clinical & Safety |
| Manager Clinical | 1 | Leads a team that provides prevention clinical leadership. Provides high quality clinical advice and leads clinical workstreams to implement and improve key projects. | Ensures clinically sound decisions are made across prevention. Work with expert advisory groups to receive the best practice advice to inform programme development. | Group Manager Quality, Clinical & Safety |
| Group Manager Implementation & Major Project Delivery | 1 | Leads, delivers and implements major prevention projects. Ensures that the governance framework is in place with appropriate oversight and support of governance secretariat functions. | Operational responsibilities for overall delivery of change and technology programmes. Collaborative working relationships established and maintained with our partners nationally, regionally and locally. Manages the capability and capacity of the team. | Director Prevention |
| Manager Governance & Secretariat | 1 | Establish and operate the governance and advisory group infrastructure to support prevention programmes. Ensures governance framework is comprehensive, complete and consistently applied. | Provides secretariat functions for governance, steering and advisory groups across Prevention. Manages machinery of government processes to ensure timely and quality advice is delivered. | GM Implementation & Major Project Delivery |

Health Protection & Public Health Emergency Co-ordination Response

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|--|--|---|
| Director Protection & Public Health Emergency Co- ordination & Response | 1 | Provides leadership to Health Protection and Public Health Emergency Response Portfolio to enable the delivery of NPHS's strategic agenda. Prevent and mitigate the impact of communicable diseases, environmental, chemical and radiological threats, harmful commodities and threats at the border. | Establish the Public Health Emergency Co-ordination and Response function. Manages the response to national security system events. Manages specialist advice. Ensures delivery of critical transformation projects. Manages ITOC roles at international border and MIQ facilities as required. | National Director, NPHS |
| Clinical Chief Advisor Health Protection | 1 | Provide clinical leadership to Health Protection and Public Health Emergency Coordination and Response to enable the deliver of NPHS's strategic agenda. Prevent and mitigate the impact of harmful commodities by providing health protection leadership, specialist advice and co- ordination to NPHS Leadership Team, Regions, Te Whatu Ora and wider social and government sector. | Support the delivery of the Group's work plan, influencing outcomes and managing risks and pressures. Develop and implement a Harmful Commodities Strategy for NPHS. Co-ordinate regional compliance and enforcement activity. Establish national standards on compliance and enforcement activities. Provide operational policy development. | Director – Health Protection & Public Health Emergency Co-ordination & Response |
| Public Health Medicine Specialist | 1.6 | Provide specialist public health clinical advice to Health Protection and Public Health Emergency Readiness and Response to enable the delivery of NPHS's strategic agenda. | Support the response to potential or actual public health emergencies. | Clinical Chief Advisor – Health Protection |
| Group Manager Communicable Disease | 1 | Provide leadership to Communicable Disease Portfolio to enable the delivery of NPHS's strategic agenda. | Deliver the response to potential or actual national security system events and health emergencies. | Director Protection & Public Health Emergency Co- ordination & Response |

Health Protection & Public Health Emergency Co-ordination Response

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|--|--|---|
| Manager Communicable Disease | 1 | Manages the Communicable Disease team to enable the delivery of NPHS's strategic agenda. Prevent and mitigate the impact of Communicable disease by providing health protection leadership, specialist advice and co-ordination. | Support the delivery of the Group's work plan. Manage work plan priorities to ensure timely delivery. Manage risks and workflow pressures. | General Manager Communicable Disease |
| Group Manager Covid-19 Operations | 1 | Provide leadership to Covid-19 team to enable the delivery of NPHS's strategic agenda. | Delivery of operational Covid-19 services including Care in the Community and Testing. Transition of Covid-19 response. | Director Protection & Public Health Emergency Co- ordination & Response |
| Group Manager Environmental & Border Health | 1 | Provide leadership to the Environmental Health and Border Health Portfolio to enable the delivery of NPHS's strategic agenda. Prevent and mitigate the impact of communicable diseases, environmental, chemical and radiological threats, harmful commodities and threats at the border. | Delivery of health protection leadership, specialist advice and co- ordination for NPHS Leadership Team, Regions, Te Whatu Ora and wider social and government sector on environmental and border health issues. Team capability and capacity management. Participates in Team on-call afterhours roster. | Director Protection & Public Health Emergency Co- ordination & Response |
| Manager Border Health & Quarantine | 1 | Manage the Border Health Portfolio to enable the delivery of NPHS's strategic agenda. | Support the delivery of the Group's work plan. MIQ facilities managed within budget. ITOC roles provided at border. Covid-19 Border Operations transitioned. | General Manager Environmental and Border Health |

Health Protection & Public Health Emergency Co-ordination Response

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|--|--|---|
| Readiness & Recovery Manager | 1 | Provide a strategic focus for the activation/deactivation of Incident Management Team (IMT) working toward Pae Ora Prevent and mitigate the impact of public health threats and hazards by providing health co-ordination to NPHS Leadership Team, Regions, Te Whatu Ora and wider social and government sector. | Support the delivery of the Group's work plan. Preparation and coordination of the activation/deactivation of the Incident Management Team (IMT). Schedule and facilitate national response meetings/forums. Lead and manage projects working with internal and external agencies, communities and people affected by a public health emergency. Sector-wide collaboration in development of national operations solutions to support the preparedness activities. | General Manager Public Health Emergency Coordination and Response |
| Group Manager Harmful Commodities Compliance | 1 | Provide leadership to the compliance of harmful commodities to enable the delivery of NPHS's strategic agenda. Prevent and mitigate the impact of harmful commodities by providing health protection leadership, specialist advice and coordination. | Develop and implement the Harmful Commodities Strategy for NPHS operations. Regional compliance and enforcement activities. Develop and implement national standards on compliance and enforcement activities. Operational policy development. | Director Protection & Public Health Emergency Co- ordination & Response |
| Principal Advisor Harmful Commodities Compliance | 1 | Provide leadership to the compliance of harmful commodities to enable the delivery of NPHS's strategic agenda. Prevent and mitigate the impact of harmful commodities by providing health protection leadership, specialist advice and coordination. | Support the delivery of the Group's work plan, influencing outcomes and managing risks and pressures. Develop and implement a Harmful Commodities Strategy for NPHS. Co-ordinate regional compliance and enforcement activity. Establish national standards on compliance and enforcement activities. Provide operational policy development. | Group Manager Harmful Commodities Compliance |

Health Protection & Public Health Emergency Co-ordination Response

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|---|
| Senior Advisor – Harmful Commodities Compliance | 2 | Support compliance of harmful commodities to enable the delivery of NPHS's strategic agenda. Prevent and mitigate the impact of harmful commodities by providing health protection leadership, specialist advice and coordination. | Co-ordinate regional compliance and enforcement activity. Establish national standards on compliance and enforcement activities. Provide operational policy development. | Group Manager Harmful Commodities Compliance |

Intelligence

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|--|--|
| Group Manager Intelligence Regions | 1 | Leads a team that brings together regional NPHS intelligence functions as a team of teams. Develops and leads the work regional programme on surveillance of communicable and non-communicable diseases, environmental and other hazards, risk factors, determinants of health and our preventative care services. | Lead the establishment of the intelligence function and structure across the regions. Contribute to the delivery of work programmes by providing advice, support and oversight across the NPHS intelligence work programme. | Director NPHS Intelligence |
| Manager Intelligence Northern | 1 | Overall management and operation of NPHS intelligence, reporting and analytics products and staff within a region. | The regional intelligence team is well supported. Capability and capacity management of team workloads. Quality assurance and continuous improvement focus is maintained. | Group Manager Intelligence, Regions |

Intelligence

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|---|---|---|
| Manager Intelligence Te Manawa Taki | 1 | Overall management and operation of NPHS intelligence, reporting and analytics products and staff within a region. | The regional intelligence team is well supported. Capability and capacity management of team workloads. Quality assurance and continuous improvement focus is maintained. | Group Manager Intelligence, Regions |
| Manager Intelligence Central | 1 | Overall management and operation of NPHS intelligence, reporting and analytics products and staff within a region. | The regional intelligence team is well supported. Capability and capacity management of team workloads. Quality assurance and continuous improvement focus is maintained. | Group Manager Intelligence, Regions |
| Manager Intelligence Te Waipounamu | 1 | Overall management and operation of NPHS intelligence, reporting and analytics products and staff within a region. | The regional intelligence team is well supported. Capability and capacity management of team workloads. Quality assurance and continuous improvement focus is maintained. | Group Manager Intelligence, Regions |
| Manager National Analytics & Reporting | 1 | Leads the team that establishes, manages and continuously improves the reporting and analytics work programme and outputs for the national functions of NPHS. | Management of work plans, team support and risk management. | Group Manager Intelligence, National |
| Manager National COVID Analytics & Reporting | 1 | Leads a team to plan and deliver COVID-19 and COVID-19 vaccine intelligence products. | Management of work plans, team support and risk management. | Group Manager Intelligence, National |
| Manager National Intelligence Improvement | 1 | Leads a team to plan and deliver critical NPHS intelligence projects across the range of public health functions. | Management of work plans, team support and risk management. Legislative compliance, planning and continuous improvement focus. | Group Manager Intelligence, National |

Intelligence

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---------------------------|-----|---|--|---|
| Manager Evidence National | 1 | Leads a team responsible for providing evidence to inform service delivery and decision-making across the range of public health functions. | Lead the establishment of the National Evidence and Evaluation function, and management of work programmes including continuously improving processes and outputs. | Group Manager Intelligence, National |

Māori Public Health

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--|-----|--|--|----------------------------------|
| Māori Intelligence Lead | 0.5 | Servicing the intelligence needs of Hauora Māori Tūmatanui function, acting as relational bridge to the Intelligence function & supporting the Intelligence function to be responsive to Māori. | Ensuring Public Health intelligence is informed by, and reflects our aspirations to achieve Pae Ora, the reduction of inequities, and our obligations under Te Tiriti. Provides guidance to the Director of Intelligence and intellident function in the development and delivery of data, insights, and health intelligence products for Māori. | Director, Māori Public Health |
| Kaitaki Mana Whakahaere Regional Māori Lead | 4 | A strategic leader within Regional NPHS Leadership Teams, responsible to the Regional Director and accountable to the Ringatohu, Hauora Māori Tūmatanui. Leads a team that implements Māori Public Health priorities in the regions and is a key NPHS relationship lead with IMPBs, iwi and Māori communities in their region. | Providing Tiriti expertise and advice to NPHS regional and local initiatives and services that impact on iwi and Māori communities. As required, providing advice and expertise in relation to kawa, tikanga & te reo Māori. Bringing a regional and local perspective to Hauora Māori Tūmatanui. Assisting in raising NPHS workforce capability in embedding Te Tiriti and understanding and implementing Māori equity. Facilitating strengthened relationships, engagement and communications for NPHS regionally and locally with IMPBs, iwi and Māori communities. | Director, Māori Public Health |

Pacific Public Health

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---------------------------|-----|---|---|-------------------------------------|
| Pacific Intelligence Lead | 0.5 | Servicing the intelligence needs of Pacific Public Health function, acting as relational bridge to the Intelligence function and supporting the Intelligence function to be responsive to Pacific. | Ensuring Public Health intelligence is informed by, and reflects our aspirations to achieve Pae Ora, and the reduction of inequities. Provides guidance to the Director of Intelligence and the function in the development and delivery of data, insights, and health intelligence products for Pacific. | Director, Pacific Public Health |
| Regional Pacific Lead | 4 | A strategic leader within Regional NPHS Leadership Teams, responsible to the Regional Director and accountable to the Director of Pacific Public Health. Leads a team that implements Pacific Public Health priorities in the regions and is a key NPHS relationship lead with Pacific providers, NGOs and Pacific communities in their region. | Providing advice to NPHS regional and local initiatives and services that impact on Pacific communities. As required, providing advice and cultural expertise. Bringing a regional and local perspective to Pacific Public Health function. Assisting in raising NPHS workforce capability in understanding and implementing Pacific equity. Facilitating strengthened relationships, engagement and communications for NPHS regionally and locally with Pacific communities. | Director, Pacific, Public Health |

Transformation

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|--------------------------|-----|--|--|---|
| Principal Policy Advisor | 1 | To develop and implement systems to co- ordinate and navigate NPHS's input to public health policy development. Supports regional and local policy teams to effectively engage across sectors. Leads the provision of specialist public health policy analysis and advice particularly the commercial determinants of health. | Anticipates policy implications of future consequences and trends. Co- ordinates submissions and briefing papers to influence public health decision making. | Manager Public Health (Policy) Innovation & Advancement |

NPHS Office of the National Director

| Position Title | FTE | Core Purpose | Responsibilities | Reporting to |
|---|-----|---|---|--|
| Manager Advisory & Ministerial Services | 1 | Leads a team of 8-15 direct reports to ensure high quality and timely advice is available to Ministers, Te Whatu Ora Board, Executive Leadership team and the NPHS leadership team to enable informed decision-making. Ensure OIAs, PQs and ministerials are delivered on time and meet requirements. Focus on achieving equitable health outcomes for Māori. | Develop and manage quality and performance standards, processes and workflows to produce high quality and ministerial products aligned to statutory deadlines. | NPHS Director Office of the National Director |
| Senior Advisor Ministerial Services | 2 | Commissions input to support the development of advice to Ministers and senior leaders. Co-ordinates and reviews government services requests to support the NPHS leadership team. | Manages the processes, standards and timelines for ministerial servicing requests. Assists in developing strategy and policy advice for Te Whatu Ora leaders and Ministers. | Manager Advisory & Ministerial Services |
| Advisor Ministerial Services | 3 | Supports the development of advice to Ministers and senior leaders. Supports the co-ordination and review processes for government services. | Assists in managing the processes, standards and timelines for ministerial services requests. Assists in collation and co-ordination of responses to requests. | Manager Advisory & Ministerial Services |
| Senior Business Advisor | 3 | Provides analysis and develops business solutions to support business operations projects. | Business analysis and investigative work to understand business problems, build business requirements and develop quality business relationships with stakeholders across the organisation. | Manager Business Support |

Appendix 2: Potential Impacts to Existing Positions

It is considered these existing positions would be impacted as follows should this proposal be implemented after this consultation process.

Given the nature of this change and the bringing together of all the districts and ex shared service agencies into Te Whatu Ora, there will be an impact to a number of current positions. Given the complexity of the system, how positions are grouped together in districts and the quality of the data across the multiple payroll systems, it has been challenging to identify all of the roles and the impact on them. We anticipate that in some cases, this data may be inaccurate in terms of position titles, people in positions etc. which will have led to potential inaccuracies in the impact tables. There may also be some individuals and teams who we have missed as part of this change process.

We apologise in advance for any inaccuracies in the data and if this is the situation then please tell us so we can update the proposal and our systems accordingly. You can do this by posting the details as a question on the 'What Say You' portal page. Note that you can tick "Don't publish this question". This means that your post will NOT be shown to other participants.

Appendix 2: Positions potentially significantly affected - disestablished

It is proposed the following existing positions will be significantly impacted and due to the level of change, it is proposed these positions are disestablished.

| District | FTE | Position Title | Reports To | Proposed Impact |
|-----------------------|-----|---|--|-----------------|
| Northland | 1 | Service Manager | Regional Director Northern | Disestablished |
| Northland | 0.2 | Clinical Director Tai Whānui *Vacant | Service Manager | Disestablished |
| Auckland | 1 | General Manager | Regional Director Northern | Disestablished |
| Auckland | 0.3 | Nurse Director | Regional Director Northern | Disestablished |
| Bay of Plenty / Lakes | 1 | Business Manager | Regional Director Te Manawa Taki | Disestablished |
| Bay of Plenty / Lakes | 1 | Health Services Development Manager | Business Manager | Disestablished |
| Bay of Plenty / Lakes | 1 | Toi Te Ora Pou Oranga Ake *Vacant | Business Manager | Disestablished |
| Bay of Plenty / Lakes | 0.3 | Clinical Director | Regional Director Te Manawa Taki | Disestablished |
| Waikato | 1 | Director Public Health | Regional Director Te Manawa Taki | Disestablished |
| Waikato | 1 | Manager PHAD | Director Public Health | Disestablished |
| Taranaki | 1 | Operations Manager Public Health | Regional Director Te Manawa Taki | Disestablished |
| Tairāwhiti | 1 | Group Manager *Vacant | Regional Director Te Manawa Taki | Disestablished |
| Tairāwhiti | 1 | Operations Manager Public Health | Group Manager | Disestablished |
| Central | 1 | Service Manager Public Health | General Manager RPH | Disestablished |
| Central | 1 | General Manager RPH | Regional Director Central | Disestablished |
| Central | 1 | Manager Service Delivery | Regional Director Central | Disestablished |
| Central | 1 | General Manager, Population Health | Regional Director Central | Disestablished |
| Nelson Marlborough | 1 | Public Health Service Manager | Regional Director Te Waipounamu | Disestablished |
| Nelson Marlborough | 1 | Strategic Advisor Public Health | Interim Public Health Service Manager | Disestablished |

| District | FTE | Position Title | Reports To | Proposed Impact |
|--------------------|------|--|------------------------------------|-----------------|
| Waitaha Canterbury | 1 | General Manager | Regional Director Te Waipounamu | Disestablished |
| Southern | 1 | Service Manager | Regional Director Te Waipounamu | Disestablished |
| Southern | 1 | Team Leader Policy Strategy & Support | Service Manager | Disestablished |
| | | NATIONAL 1 | TEAMS | |
| Promotion | 1 | General Manager Alcohol | Director Promotion | Disestablished |
| Promotion | 1 | Kai Okohāpai Te Tiriti o Waitangi | Director Promotion | Disestablished |
| Promotion | 0.85 | Manager Business Development | General Manager Operations | Disestablished |
| Promotion | 0.9 | Manager Business Development | General Manager Operations | Disestablished |
| Promotion | 1 | Manager Alcohol | General Manager Alcohol | Disestablished |
| Promotion | 1 | Manager Alcohol Policy & Advice | General Manager Alcohol | Disestablished |
| Prevention | 1 | Group Manager NSU | Director Prevention | Disestablished |
| Prevention | 1 | Clinical Director Screening | Director Prevention | Disestablished |
| Prevention | 0.7 | Chief Clinical Advisor | Director Prevention | Disestablished |
| Prevention | 1 | GM Quality Contracts & Workforce | Director Prevention | Disestablished |
| Prevention | 1 | GM Strategy & Planning | Director Prevention | Disestablished |
| Prevention | 1 | Quality Manager | Group Manager NSU | Disestablished |
| Protection | 1 | GM Public Health Operations | Director Outbreak Response | Disestablished |
| Transformation | 1 | National Lead Public Health Advocacy | Director Transformation | Disestablished |
| Transformation | 1 | Snr Specialist Communications & Public Affairs | Director Transformation | Disestablished |

It is proposed the following positions will be impacted as a result of a change in line management, but will remain in the NPHS Business Unit. Although this reflects some change, these proposed changes are not significant and the positions remain required and in the proposed future structure.

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-----------|-------|--|----------------------|---|
| Northland | 0.7 | Public Health Registrar | Service Manager | Change of reporting line to Manager Clinical Operations |
| Northland | 1.5 | Administration Support/Typist | Service Manager | Change of reporting line to Group Manager Ngā Toi Ora |
| Northland | 1 | Team Leader – Te Tai Hapori | Service Manager | Change of reporting line to Manager Community & Whānau Wellbeing |
| Northland | 0.825 | Public Health Medicine Specialist | Service Manager | Change of reporting line to Manager Clinical Operations |
| Northland | 1 | Team Leader Te Taiao Healthy Environments | Service Manager | Change of reporting line to Manager Health Protections |
| Northland | 1 | Lead – Te Tai Mahere Public Health Surveillance Planning & Policy | Service Manager | Change of reporting line to Manager Intelligence Northern |
| Auckland | 1 | Māori Liaison Advisor | General Manager | Change reporting line to Regional Māori Equity Lead |
| Auckland | 1 | Personal Assistant | General Manager | Change reporting line to Group Manager Tāmaki Makaurau |
| Auckland | 1 | Manager Medical Operations | General Manager | Change of reporting line to Clinical Operations Manager |
| Auckland | 1 | Manager Public Health Intelligence | General Manager | Change of reporting line to Manager Intelligence Northern; change in number of direct reports |
| Auckland | 1 | Environmental Health Manager | General Manager | Change reporting line to Manager Health Protection |
| Auckland | 1 | Manager Health Improvement | General Manager | Change reporting line to Manager Community and Whānau Wellbeing |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|----------|-----|--|---|---|
| Auckland | 1 | Manager Communications | General Manager | Change of reporting line to Regional Operations Manager |
| Auckland | 1 | Pacific Lead | General Manager | Regional Pacific Equity Lead |
| Auckland | 0.8 | Communicable Diseases Manager | General Manager | Change reporting line to Manager Health Protection |
| Auckland | 1 | Operations Manager | General Manager | Change reporting line to Manager Regional Operations |
| Auckland | 1 | Manager (PHS) Policy & Research Programme | Manager (PHS) Public Health Intelligence | Change of reporting line to Manager Regional Policy & Strategy |
| Auckland | 3 | Project Manager (ARPHS) | Public Health Intelligence Manager | Change of reporting line to Manager Regional Planning, Policy and Performance |
| Auckland | 1 | Team Administrator – Non-Clinical | Public Health Intelligence Manager | Change reporting line to Manager Strategy and Operations |
| Auckland | 1 | Nurse Educator SN | Communicable Diseases Manager | Change of reporting line to Clinical Director Public Health Nursing |
| Auckland | 1 | Nurse Consultant – Workforce and Practice Development | Communicable Diseases Manager | Change of reporting line to Clinical Director Public Health Nursing |
| Auckland | 2 | Team Administrator – Non-Clinical | Communicable Diseases Manager | Change of reporting line to Manager Health Protection |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|--------------------------|-----|------------------------------|--|--|
| Bay of Plenty / Lakes | 1 | Public Health Planner | Business Manager | Change reporting to Manager Regional Planning, Policy and Performance |
| Bay of Plenty / Lakes | 0.8 | Administration Support | Business Manager | Change reporting line to Group Manager Waikato Lakes |
| Bay of Plenty / Lakes | 3 | Administration Support | Business Manager | Change reporting line to Group Manager Bay of Plenty Tairāwhiti |
| Bay of Plenty / Lakes | 1 | Advisor | Health Services Development Manager | |
| Bay of Plenty / Lakes | 1 | Advisor | Health Services Development Manager | Change reporting line Manager Regional Planning Policy and Performance |
| Bay of Plenty / Lakes | 1 | Advisor | Health Services Development Manager | Change reporting line to Manager Health Protection Bay of Plenty Tairāwhiti |
| Bay of Plenty / Lakes | 0.2 | Environmental Health Manager | Clinical Director | Change reporting line to Health Protection Manager Bay of Plenty Tairāwhiti |
| Bay of Plenty / Lakes | 1 | Manager | Business Manager | Change reporting line to the Manager Community and Whānau Wellbeing Bay of Plenty or Lakes |
| Bay of Plenty / Lakes | 1 | Medical Officer of Health | Clinical Director | Change reporting to Bay of Plenty or Lakes Medical Team Lead |
| Bay of Plenty / Lakes | 0.8 | Medical Officer of Health | Clinical Director | Change reporting to Bay of Plenty or Lakes Medical Team Lead |
| Bay of Plenty / Lakes | 1.8 | Physician | Clinical Director | Change reporting to Bay of Plenty or Lakes Medical Team Lead |
| Bay of Plenty / Lakes | 1 | Senior Medical Officer | Medical Officer of Health | Change reporting to Bay of Plenty or Lakes Medical Team Lead |
| Bay of Plenty / Lakes | 1 | Social Marketer | Health Services Development Manager | Change reporting line to Manager Regional Operations |
| Bay of Plenty / Lakes | 1 | Team Leader | Business Manager | Change reporting line to Manager Community and Whānau Wellbeing Bay of Plenty |
| Waikato | 1 | Administrator | Director Public Health | Change reporting line to Group Manager Waikato Lakes |
| Waikato | 1.9 | Analyst | Manager PHAD | Change reporting line to Manager Intelligence Te Manawa Taki |
| Waikato | 0.8 | Clinical Director | Director Public Health | Change reporting line to Medical Team Lead Waikato |
| Waikato | 1 | Clinical Nurse Specialist | Director Public Health | Change reporting line to Manager Health Protection Waikato Lakes |
| Waikato | 2 | Graphic Designer | Manager PHAD | Change reporting line to Manager Regional Operations |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|----------|-----|--|-------------------------------------|---|
| Waikato | 1 | Health Protection Manager | Director Public Health | Change reporting line to Manager Health Protections Waikato Lakes |
| Waikato | 1 | Health Improvement Manager | Director Public Health | Change reporting line to Manager Community and Whānau Wellbeing Waikato |
| Waikato | 1 | Māori Equity Public Health Advisor | Director Public Health | Change reporting line to Group Manager Waikato Lakes |
| Waikato | 1FT | Operation Manager | Director Public Health | Change reporting line to Manager Community and Whānau Wellbeing Waikato |
| Waikato | 1 | Personal Assistant | Director Public Health | Change reporting line to Group Manager Waikato Lakes |
| Waikato | 1FT | Registrar | Director Public Health | Change reporting line to Medical Team Lead Waikato |
| Waikato | 0.8 | Researcher | Manager PHAD | Change reporting line to Manager Regional Planning Policy and Performance |
| Waikato | 1 | Senior Analyst | Manager PHAD | Change reporting line to Manager Intelligence Te Manawa Taki |
| Waikato | 1 | Senior Compliance Sup Officer | Director Public Health Service | Change Reporting line to Manager Health Protection Waikato Lakes |
| Waikato | 2 | Senior Public Health Advisor Heath Policy and Equity | Manager PHAD | Change reporting line to Manager Regional Planning Policy and Performance |
| Waikato | | Specialist (Public Health Medicine Specialist / Medical Officer of Health) | Director Public Health | Change reporting line to Medical Team Lead Waikato |
| Taranaki | 0.8 | PA to Medical Officer of Health | Operations Manager Public Health | Change of reporting line to General Manager Taranaki |
| Taranaki | 0.8 | Medical Officer of Public Health | Operations Manager Public Health | Change of reporting line to Medical Team Lead Taranaki |
| Taranaki | | Public Health Medicine Specialist / Medical Officer of Health | Operations Manager Public Health | Change of reporting line to Medical Team Lead Taranaki |
| Taranaki | 1 | Senior Public Health Advisor | Operations Manager Public Health | Change of reporting line to General Manager Taranaki |
| Taranaki | 0.9 | Manager Regulatory Services | Operations Manager Public Health | Change of reporting line to Manager Health Protection Taranaki |
| Taranaki | 1 | Population Health Analyst | Operations Manager Public Health | Change of reporting line to Manager Intelligence Te Manawa Taki |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-------------------------|-----|--|---|---|
| Taranaki | 0.8 | Senior Public Health Advisor | Operations Manager Public Health | Change reporting line to Manager Community and Whānau Wellbeing Taranaki |
| Tairāwhiti | 1.6 | Advisor | Operations Manager Public Health | Change reporting line to Manager Community and Whānau Wellbeing Tairāwhiti |
| Tairāwhiti | 1 | Analyst | Group Manager | Change reporting line to Manager Regional Planning Policy and Performance |
| Tairāwhiti | 1 | Assistant | Operations Manager Public Health | Change reporting line to Manager Community and Whānau Wellbeing Tairāwhiti |
| Tairāwhiti | 1 | Co-ordinator | Operations Manager Public Health | Change reporting line to Manager Community and Whanau Wellbeing Tairāwhiti |
| Tairāwhiti | 2 | Health Promotion Officers | Operations Manager Public Health | Change reporting line to Manager Community and Whanau Wellbeing Tairāwhiti |
| Tairāwhiti | 2 | Health Protection Officers | Operations Manager Public Health | Change reporting line to Manager Community and Whanau Wellbeing Tairāwhiti |
| Tairāwhiti | 1 | Population Health Administrator | Operations Manager Public Health | Change reporting line Manager Community and Whanau Wellbeing Tairāwhiti |
| Tairāwhiti | 2 | Physician Specialist (Public Health Physician / Medical Officer of Health) | Operations Manager Public Health | Change reporting line to Medical Team Lead Tairāwhiti |
| Central - Hawkes Bay | 1 | Clinical Director | General Manager Population Health | Change reporting line Group Manager Hawkes Bay, Midcentral & Whanganui |
| Central - Hawkes Bay | 1 | Executive Assistant | General Manager Population Health | Change reporting line to Group Manager Hawkes Bay, Mid Central and Whanganui |
| Central - Hawkes Bay | 1 | Haumaru Whānau Team Leader | General Manager Population Health | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 | Nurse Director - Māori Health | Acting Executive Director Māori Health | Change reporting line to Medical Team Lead Hawkes Bay, MidCentral & Whanganui |
| Central - Hawkes Bay | 1 | Team Leader - Pūmau Whānau Vacant | Acting Executive Director Māori Health | Change reporting line to Manager Community & Whānau Wellbeing Hawkes Bay |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-------------------------|--------|------------------------------------|---------------------------------|---|
| Central - Hawkes Bay | 0.5 | Moss - Public Health | Clinical Director | Change reporting line to Medical Team Lead Hawkes Bay, MidCentral & Whanganui |
| Central - Hawkes Bay | 1 | Tūai Kōpū Programme Coordinator | Team Leader - Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 | Māori Health Improvement Advisor | Health Promotion Coordinator | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 0.7 FT | Cultural Liaison Advisor - Pacific | Nurse Manager | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 FT | Kaiwhakarite | Team Leader - Pūmau Whānau | Change reporting line to Group Manager Hawkes Bay, MidCentral & Whanganui |
| Central - Hawkes Bay | 1 | Health Promotion Advisor | Special Projects Lead | Change reporting line to Regional Planning & Performance Manager |
| Central - Hawkes Bay | 1 FT | Kaitakawaenga | Team Leader - Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 FT | Kaitakawaenga | Team Leader - Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 FT | Māori Health Improvement Advisor | Health Promotion Coordinator | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 | Public Health Medicine Registrar | Acting Clinical Director | Wairarapa |
| Central - Hawkes Bay | 1 | Kaitakawaenga Tūai Kōpū | Team Leader Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 0.8 | Kaitakawaenga Tūai Kōpū | Team Leader Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 0.8 | Kaitakawaenga Bsp | Team Leader Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-------------------------|-----|--------------------------------------|---------------------------------------|---|
| Central - Hawkes Bay | 0.8 | Kaitakawaenga Bsp | Team Leader Pūmau Whānau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 0.5 | Medical Typist | Special Projects Lead | Change reporting line to Manager Health Protection |
| Central - Hawkes Bay | 1FT | Nir Administrator | Mana Ora Mana Māori Ops Manager | Change reporting line to Manager Health Protection |
| Central - Hawkes Bay | 0.6 | Public Health Medicine Specialist | General Manager Population Health | Change reporting line to Group Manager Hawkes Bay, MidCentral & Whanganui |
| Central - Hawkes Bay | 0.7 | Safe Sleep Coordinator | ActingTeam Leader Kauika Pūmau | Change reporting line to Manager Community and Whānau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | 1 | Smokefree Team Leader | General Manager | Change reporting line to Manager Community and Whanau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | | | Population Health | Change in direct reports |
| Central - Hawkes Bay | 0.8 | Special Projects Lead | General Manager Population Health | Change reporting line to Manager Community and Whānau Wellbeing Mid Central and Whanganui |
| Central - Hawkes Bay | 1 | Team Leader Outreach Screening | General Manager, Population Health | Change reporting line to Manager Community and Whanau Wellbeing Hawkes Bay |
| Central - Hawkes Bay | | | | Change in direct reports |
| Central - Hawkes Bay | 1 | Team Leader Health Protection | General Manager Population Health | Change reporting line to Manager Health Protection |
| Central - Hawkes Bay | 1 | Locum | Acting Clinical Director | Change reporting line to Medical Team Lead Hawkes Bay, MidCentral & Whanganui |
| Midcentral | 0.6 | Clinical Lead | Service Manager Public Health | Change reporting line to Nurse Lead MidCentral Whanganui |
| Midcentral | 0.9 | Health Promotion Co-ordinator | Service Manager Public Health | Change reporting line to Manager Community and Whānau Wellbeing Mid Central and Whanganui |
| Midcentral | 1 | Administration Coordinator | Service Manager Public Health | Change reporting line to Manager Regional Operations |
| Midcentral | 1 | Clinical Nurse Manager | Service Manager Public Health | Change reporting line to Nurse Lead MidCentral, Whanganui |
| Midcentral | 0.9 | Coordinator Public Health Regulation | Service Manager Public Health | Change reporting line to Manager Health Protection |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|--------------------------|------|--|---|---|
| Midcentral | 1 | District Immunisation Programme Manager | General Manager Communities Localities and Commissioning | Change reporting line to Manager Community and Whānau Wellbeing Mid Central and Whanganui |
| Midcentral | 1 | Medical Lead Public Health | Service Manager Public Health | Change reporting line to Group Manager Hawkes Bay, MidCentral & Whanganui |
| Midcentral | 0.5 | Medical Officer of Health | Medical Lead Public Health | Change reporting line to Medical Team Lead Hawkes Bay, MidCentral & Whanganui |
| Midcentral | 0.4 | Physician | Chief Medical Officer | Change reporting line to Medical Team Lead |
| Midcentral | 1 | Quota Refugee Resettlement Navigator | SERVICE MANAGER PUBLIC HEALTH | Change of reporting line to Group Manager Hawkes Bay MidCentral Whanganui |
| Midcentral | 1 | Registrar | Medical Lead Public Health | Change reporting line to Medical Team Lead Hawkes Bay, MidCentral & Whanganui |
| Midcentral | 0.9 | Sexual Health & Well Child Promoter | Clinical Nurse Manager | Change reporting line to Manager Community and Whānau Wellbeing Mid Central and Whanganui |
| Midcentral | 1 | Specialty Clinical Nurse | SERVICE MANAGER PUBLIC HEALTH | Change reporting line to Nurse Lead MidCentral Whanganui |
| Central – Hutt Valley | 1 | CHOD Public Health | General Manager RPH | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 1 | Clinical Nurse Leader | Manager Service Delivery | Change reporting line to Nurse Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 1 | Public Health Advisor - Wai | COVID Team Leader and Operations Lead | Change reporting line to Manager Community and Whānau Wellbeing Wairarapa |
| Central – Hutt Valley | 1 | Registrar - Public Health | CHOD- Public Health | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 0.6 | MOSS- Public Health | CHOD- Public Health | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 1 FT | Covid Team Leader and Operation Lead | Manager Service Delivery | Change reporting line to Manager Community and Whānau Wellbeing, Capital Coast and Hutt Valley S Discussion Document 60 |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|--------------------------|------|--|--------------------------------------|--|
| Central – Hutt Valley | 0.87 | Public Health Advisor | Team Leader Analytical and Policy | Change reporting line to Manager Regional Planning Policy and Performance |
| Central – Hutt Valley | 1 | SMO Public Health | CHOD Public Health | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 1 | Team Leader Communicable Disease & Housing | Manager Service Delivery | Change reporting line to Manager Health Protection |
| Central – Hutt Valley | 1 | Clinical Nurse Leader | Manager Service Delivery | Change reporting line to Nursing Team Lead, Hutt & Capital Coast |
| Central – Hutt Valley | 1 | SMO Public Health | CHOD Public Health | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 1 | SMO Public Health | CHOD Public Health | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Central – Hutt Valley | 1 | Team Leader Child Health C&C | Manager Service Delivery | Change reporting line to Manager Community and Whānau Wellbeing, Capital Coast and Hutt Valley |
| Central – Hutt Valley | 1 | Team Leader Immunisation | Manager Service Delivery | Change reporting line to Manager Community and Whānau Wellbeing, Capital Coast and Hutt Valley |
| Central – Hutt Valley | 1 | Team Leader Analytical and Policy | General Manager RPH | Change reporting line to Manager Intelligence Central |
| Central – Hutt Valley | 1 | Team Leader Business Support | General Manager RPH | Change of reporting line to Regional Operations Manager Central |
| Central – Hutt Valley | 1 | Team Leader Health Protection | Manager Service Delivery | Change of reporting line to Manager Health Protection |
| Central – Hutt Valley | 1 | Māori Equity Lead | General Manager RPH | Change reporting line to Kataki Mana Whakahaere (Regional Māori Lead), Central |
| Central Whanganui | 0.8 | HPO Nutrition and Physical Activity | Clinical Nurse Manager | Change reporting line to Manager Community and Whānau Wellbeing Hutt and Capital Coast |
| Central Whanganui | 0.8 | Health Promoter | Clinical Nurse Manager | Change reporting line to Manager Community and Whānau Wellbeing Hutt and Capital Coast |
| Central Whanganui | 1 | Health Promotion Tobacco | Clinical Nurse Manager | Change reporting line to Manager Community and Whānau Wellbeing Hutt and Capital Coast |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-----------------------|------|--|------------------------------------|---|
| Capital and Coast | 1.56 | House Officer - General Surgery | RMO Coordinator | Change reporting line to Medical Team Lead Capital Coast, Hutt Valley & Wairarapa |
| Nelson Marlborough | 1 | CNS Team Leader Communicable Diseases | Public Health Service Manager | Change reporting line to Manager Health Protection |
| Nelson Marlborough | 1 | Covid 19 Coordinator Team Leader | Public Health Service Manager | Change reporting line to Group Manager Nelson Marlborough |
| Nelson Marlborough | 1.8 | Health In All Policies Advisor | Strategic Advisor Public Health | Change reporting line to Manager Planning Policy and Performance |
| Nelson Marlborough | 1 | Health Promotions Manager | Public Health Service Manager | Change reporting line to Manager Community and Whānau Wellbeing |
| Nelson Marlborough | 1 | Medical Officer of Health/Public Health Physician | Public Health Service Manager | Change of reporting line to Medical Clinical Lead Nelson Marlborough |
| Nelson Marlborough | 1 | Public Health Analyst | Strategic Advisor Public Health | Change reporting line Manager Intelligence Te Waipounamu |
| Nelson Marlborough | 1 | Public Health Medicine Specialist | Public Health Service Manager | Change of reporting line to Medical Clinical Lead Nelson Marlborough |
| Nelson Marlborough | 1.4 | Public Health Medical Specialist MOOH | Public Health Service Manager | Change of reporting line to Medical Clinical Lead Nelson Marlborough |
| Nelson Marlborough | 1 | Team Leader Health Protection | Public Health Service Manager | Change reporting line to Manager Health Protection |
| Nelson Marlborough | 1 | Personal Assistant Team Lead | Public Health Service Manager | Change reporting line to Group Manager Nelson Marlborough |
| Waitaha Canterbury | 3.6 | Managers | General Manager | Change reporting line to Manager Community Whānau and Wellbeing |
| Waitaha Canterbury | 0.8 | Manager | General Manager | Change reporting line Manager Planning Policy and Performance |
| Waitaha Canterbury | 0.5 | Manager | General Manager | Change reporting line to Manager Community and Whānau Wellbeing |
| Waitaha Canterbury | 1 | Māori Relationship Manager | General Manager | Change reporting line to Manager Community Whānau and Wellbeing |
| Waitaha Canterbury | 1 | Medical Specialist | General Manager | Change reporting line to Group Manager Te Mana Ora. Change of direct reports. |
| Waitaha Canterbury | 1 | Medical Specialist | Medical Specialist | Change reporting Chief Clinical Advisor Health Protection |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-----------------------|-------|---|---|---|
| Waitaha Canterbury | 1 | Personal Assistant | General Manager | Change reporting line to Group Manager Waitaha Canterbury |
| Waitaha Canterbury | 0.9 | Team Leader | Manager | Change reporting line to Manager Intelligence Te Waipounamu |
| Waitaha Canterbury | 0.8 | Team Leader | Manager | Change reporting line to Manger Regional Public Health Policy and Strategy |
| Waitaha Canterbury | 1 | Team Leader | General Manager | Change reporting line to Manager Community Whānau and Wellbeing |
| Southern | 4.5 | Administration Officers | Service Manager | Change reporting line to Manager Community Whānau and Wellbeing |
| Southern | 1 | Administrative Assistant | Service Manager | Change reporting line to Manager Community Whānau and Wellbeing |
| Southern | 2 | Health Promotion Advisor | Team Leader Policy Strategy and Support | Change of reporting line Manager Planning Policy and Performance |
| Southern | 1 | Pou Whakatere | Service Manager | Change reporting line to Kaitaki Mana Whakahaere (Regional Māori Lead), Te Waipounamu |
| Southern | 1 | Professional Leader for Health Protection | Service Manager | Change reporting to Manager Health Protections |
| Southern | 0.5 | Professional Leader Health Promotion | Service Manager | Change reporting line to Manager Community and Whānau Southern |
| Southern | 2 | Public Health Analyst | Team Leader Policy Strategy and Support | Change reporting line Manager Intelligence Te Waipounamu |
| Southern | 2.6 | Public Health Physician | Service Manager | Change reporting to Medical Team Lead Southern |
| Southern | 1.4FT | Public Health Physician | Service Manager | Change reporting to Medical Team Lead Southern |
| Southern | 1FT | Public Health Researcher/Analyst | Team Leader Policy Strategy and Support | Change reporting line Manager Intelligence Te Waipounamu |
| Southern | 1 | Public Health Team Leader | Service Manager | Change reporting line to Manager Community Whānau and Wellbeing |
| Southern | 1.8FT | Registrar | Service Manager | Change reporting line to Medical Team Lead Southern |
| Southern | 1 | Senior Communications Advisor | Service Manager | Change to reporting line to Manager Regional Operations |
| Southern | 0.8 | Service Administrator | Service Manager | Change reporting line to Group Manager Southern |
| Southern | 1.15 | Specialist | Service Manager | Change reporting line to Medical Team Lead Southern |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|-----------|-----|---|--|---|
| Southern | 0.5 | Violence Intervention Programme Team Leader | Service Manager | Change reporting line to Manager Community and Whanau Wellbeing Southern |
| Southern | 1 | Team Leader Regulatory and Protection | Service Manager | Change reporting line to Manager Health Protection |
| | | NATION | AL TEAMS | |
| Promotion | 1 | Channel Manager *Currently vacant | General Manager Communications, Digital & Marketing | Change of reporting line to Manager Digital Enablement |
| Promotion | 1 | Marketing Team Lead | Marketing Manager (Acting) | Change of reporting line to Manager Social Marketing |
| Promotion | 1 | Manager Child/ Youth Wellbeing | General Manager Operations | Change of reporting line to Group Manager Programme Delivery Change in job title to Manager Youth & Wellbeing |
| Promotion | 1 | Manager Mental Wellbeing | General Manager Operations | Change of reporting line to Group Manager Programme Delivery |
| Promotion | 1 | Manager Wellbeing Through Prevention | General Manager Operations | Change of reporting line to Group Manager Programme Delivery |
| Promotion | 1 | Manager Health Resources | General Manager Communications Digital and Marketing | Change of reporting line to Group Manager Social Marketing and Communications |
| Promotion | 1 | | Manager Alcohol Policy and Advice | Change of reporting line to Manager Alcohol |
| Promotion | 1 | • | General Manager Insights and Evaluation (Acting) | Change of reporting line to Manager Alcohol |
| Promotion | 1 | Advisor – Alcohol Harm Prevention | Manager Alcohol Policy and Advice | Change of reporting line to Manager Alcohol |
| Promotion | 1 | Principal Kaupapa Māori Researcher/Kairangahau | General Manager Insights and Evaluation (Acting) | Change of reporting line to Programme Design Lead |
| Promotion | 1 | Principal Advisor Tagata o le Moana | Kai Okohāpai, Te Tiriti o Waitangi | Change of reporting line to Programme Design Lead |
| Promotion | 1 | Senior Advisor Pasifika Advice and Partnerships | Kai Okohāpai, Te Tiriti o Waitangi | Change of reporting line to Programme Design Lead |
| Promotion | 0.8 | Senior Policy Advisor | Manager Alcohol Policy and Advice PH | Change of reporting line to Manager Alcoholussion Document 62 |
| Promotion | 1 | Principal Advisor Alcohol | Manager Alcohol Policy and Advice | Change of reporting line to Manager Alcohol |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) | |
|------------|-------------|---|--|---|--|
| Prevention | 1FT | Advisor | GM Vaccine Safety and Research | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.8 | BSA IT Implementation Manager | Group Manager NSU | Change reporting line to Group Manager Adult Operations | |
| Prevention | 0.4FT | Chief Clinical Advisor | Director Prevention | Change reporting line to Group Manager Strategy and Service Delivery | |
| Prevention | 0.4 FT | Chief Clinical Advisor | GM Strategy and Planning | Change reporting line to Group Manager Strategy and Service Delivery | |
| Prevention | 1 | Clinical Lead | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.6FT | Clinical Lead Bowel Screening | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | I () /I ⊨ I | Clinical Lead Gynaecology/Colposcopy | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.5FT | Clinical Lead Pathology/Laboratories | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.4 | Clinical Lead Breast Screening | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 1 | Delivery Lead | Director Prevention | Change reporting line to Group Manager Implementation and Major Delivery Projects | |
| Prevention | 1 | Delivery Lead Prevention | Director Prevention | Change reporting line to Group Manage Implementation and Major Delivery Projects | |
| Prevention | 1 | Executive Assistant | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 1 | Executive Assistant | Group Manager NSU | Change reporting line to Group Manager Adult Operations | |
| Prevention | 1 | Lead Contracting | GM Quality, Contracts and Workforce | Change reporting line to Group Manager Strategy Service Design and Innovation | |
| Prevention | 1 FT | Manager | GM Quality Contractors and Workforce | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 1 FT | Manager | Group Manager Operations | Change reporting line to Group Manager Sector and Community Engagement, job title change to Manager Distribution and Logistics | |
| Prevention | 1 | Manager | Group Manager NSU | Change reporting line to Group Manager Adult Operations | |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) | |
|------------|-------|--------------------------------------|------------------------------------|--|--|
| Prevention | 1 | Manager | Group Manager NSU | Change reporting line to Group Manager Adult Operations. Loss of some direct reports | |
| Prevention | 1 | Manager Immunisation NIP | Group Manager Operations | Reporting line change to Group Manager Operations Antenatal Child and Youth. Job title change to Manager Childhood Immunisation | |
| Prevention | 0.8FT | PH Physician Monitoring & Evaluation | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.2FT | Primary Care Lead | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.6 | Primary Care Lead | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 1 | Principal Advisor | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 0.9 | Principal Advisor Vacant | Programme Manager NCSP | Change reporting line to Group Manager Operations Adult. | |
| Prevention | 0.6FT | Principal Advisor | GM Strategy and Planning | Change reporting line to Group Manager Strategy and Service Delivery | |
| Prevention | 1FT | Principal Advisor | GM Vaccine Safety and Research | Change reporting line to Group Manage Quality, Clinical and Safety | |
| Prevention | 0.6 | Principal Technical Specialist | Clinical Director Screening | Change reporting line to Group Manager Quality, Clinical and Safety | |
| Prevention | 1 | Programme Delivery Manager | Quality Manager | Change reporting line to Group Manager Implementation and Major Project Delivery | |
| Prevention | 1 | Programme Manager AN & NB | Group Manager NSU | Change reporting line to Group Manager Antenatal, Child and Youth. Title change to Manager Antenatal and Childhood Screening. Change of one direct report. | |
| Prevention | 1 | Programme Manager NCSP | Group Manager NSU | Reporting line change to Group Manager Adult Operations. Title change to National Cervical Screening. Change of 2 direct reports. | |
| Prevention | 1FT | Project Coordinator | GM Quality Contracts and Workforce | Change reporting line to Group Manager Quality Clinical and Safety | |
| Prevention | 1FT | Public Health Medicine Registrar | Clinical Director Screening | Change reporting line to Group Manager | |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) | |
|--|------|--|---|---|--|
| Protection and PH Emergency Response and Co-ordination | 1 | Manager, National Investigation Service | Interim Director Outbreak Response | Change of reporting line to Group Manager Communicable Disease | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | COORDINATOR | General Manager Response & Coordination | Change of reporting line to Group Manager Public Health Emergency Coordination and Response | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | Chief Clinical Advisor | Group Manager Tracing, Testing & Supply | Change of reporting line to Chief Clinical Advisor Health Protection | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | Acting Group Manager | Interim Director Outbreak Response | Change of reporting line to Group Manager COVID 19 Operations | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | Senior Advisor | Principal Advisor | Change of reporting line to Group Manager Communicable Disease | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | General Manager Response & Coordination | Interim Director Outbreak Response | Change of reporting line to Director Protection and PH Emergency Response and Coordination | |
| Protection and PH Emergency Response and Co-ordination | 1 | Manager - Environmental Health | Interim Director Health Protection | Change of reporting line to Group Manager Environmental and Border Health | |
| Protection and PH Emergency Response and Co-ordination | 1 | Principle Advisor - Border | Interim Director Health Protection | Change of reporting line to Manager Border Health and Quarantine | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | Principal Advisor - ITOC | Interim Director Health Protection | Change of reporting line to Group Manager Environmental & Border Health | |
| Protection and PH Emergency Response and Co-ordination | 1 | Senior Advisor - Environmental Health | Interim Director Health Protection | Change of reporting line to Group Manager Environmental & Border Health | |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) | |
|--|------|-----------------------------------|--|--|--|
| Protection and PH Emergency Response and Co-ordination | 1 | Principal Advisor | | Change of reporting line to Group Manager Communicable Disease | |
| Protection and PH Emergency Response and Co-ordination | 1 FT | Principal Advisor | Principal Advisor | Change of reporting line to Group Manager Communicable Disease | |
| Intelligence | 1 | Manager Research & Insights | General Manager Insights and Evaluation (Acting), Promotion | Change of reporting line to National Evidence Manager | |
| Intelligence | 1 | Analyst | Manager | Change of reporting line to Intelligence Manager Te Manawa Taki | |
| Intelligence | 1 | Researcher Manager | | Change of reporting line to Intelligence Manager Te Manawa Taki | |
| Intelligence | 1 | Analyst | Manager | Change of reporting line to Intelligence Manager Te Manawa Taki | |
| Intelligence | 1 | Manager | General Manager | Change of reporting line to Intelligence Manager Northern Changes to direct reports. | |
| Intelligence | 0.8 | Advisor | Manager | Change of reporting line to Intelligence Manager Northern | |
| Intelligence | 1 | Analyst | Manager | Change of reporting line to Intelligence Manager Northern | |
| Intelligence | 0.8 | Medical Specialist | Medical Specialist | Change reporting to Intelligence Manager Te Waipounamu | |
| Intelligence | 0.9 | Team Leader | Manager | Change reporting to Intelligence Manager Te Waipounamu | |
| Intelligence | 0.8 | Public Health Analyst | Team Leader | Change reporting to Intelligence Manager Te Waipounamu | |
| Intelligence | 1 | Medical Specialist | Medical Specialist | Change reporting to Intelligence Manager Te Waipounamu | |
| Intelligence | 1 FT | Senior Advisor | GM vaccine Safety and Research | Change reporting to Manager Quality and Safety | |
| Intelligence | 1 | Team Leader Analytical and Policy | General Manager RPH | Change reporting line to Intelligence Manager Central | |
| Intelligence | 0.5 | Health In All Policies Advisor | Special Projects Lead | Change reporting line to Intelligence Manager Central | |

| District FTE | | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|--------------|------|---|--|---|
| Intelligence | 1 | Lead - Public Health Surveillance Planning & Policy Team | INTERIM SERVICE MANAGER | Change reporting to Intelligence Manager Northern |
| Intelligence | 1 | Public Health Analyst | STRATEGIC ADVISOR PUBLIC HEALTH | Change reporting to Intelligence Manager Te Waipounamu |
| Intelligence | 1 | Public Health Analyst | Team Leader-Policy Strategy And Support | Change reporting to Intelligence Manager Te Waipounamu |
| Intelligence | 1 | Public Health Researcher/Analyst | Team Leader-Policy Strategy And Support | Change reporting to Intelligence Manager Te Waipounamu |
| Intelligence | 1 | Public Health Analyst | Team Leader-Policy Strategy And Support | Change reporting to Intelligence Manager Te Waipounamu |
| Intelligence | 1 | Population Health Analyst | Operations Manager Public Health | Change reporting to Intelligence Manager Te Manawa Taki |
| Intelligence | 1 FT | Advisor | GM vaccine Safety and Research | General Manager, Intelligence, National |
| Intelligence | 1 | Senior Analyst | Manager - PHAD | Change reporting to Intelligence Manager Te Manawa Taki |
| Intelligence | 1 | Analyst | Manager - PHAD | Change reporting to Intelligence Manager Te Manawa Taki |
| Intelligence | 0.9 | Analyst | Manager - PHAD | Change reporting to Intelligence Manager Te Manawa Taki |
| Planning etc | 1 FT | Portfolio Manager | | Change of reporting line to Purchasing and Procurement Lead |
| Planning etc | 1 FT | Portfolio Manager | | Change of reporting line to Purchasing and Procurement Lead |

| District | FTE | Position Title | | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|--------------------------------------|------|----------------------|---|--|
| Ringatohu Hauora, Maori Tumatanui | | Māori Equity Lead | General Manager RPH | Change of reporting line to Regional Māori Lead, Central |
| Ringatohu Hauora, Maori Tumatanui | 1 | Kaumātua | Kai Okohāpai, Te Tiriti o Waitangi, HPA | Change of reporting line to Director Māori Public Health |
| Ringatohu Hauora, Maori Tumatanui | 1 | Advisor(Phs) | General Manager Auckland | Change of reporting line to Regional Māori Lead, Northern |
| Ringatohu Hauora, Maori Tumatanui | 1 | Pou Whakatere, | Service Manager, Southern | Change of reporting line to Regional Māori Lead, Southern |
| Ringatohu Hauora, Maori Tumatanui | 1 FT | Chief Advisor Equity | | Change of reporting line to Director Māori Public Health |
| Ringatohu Hauora, Maori Tumatanui | 1 FT | GM Equity | Acting Director Protection | Change of reporting line to Director Māori Public Health |
| Pacific Public Health | 1 FT | GM Equity | Acting Director Prevention | Change of reporting line to Director, Pacific Public Health |
| Pacific Public Health | 1 FT | Pacific Lead | General Manager, Auckland | Change of reporting line to Regional Pacific Equity Lead, Northern |
| Transformation | 1 FT | Project Manager | National Lead, PHA | Change of reporting line to Manager, Public Health Policy Innovation & Advancement. Change of title to Senior Policy Analyst |
| Office of The National Director | 1 | Principal Advisor | Director Office of the National Director | Change of reporting line to Manager Advisor and Ministerial Services |
| Office of The National Director | 1 | Advisor | Director Office of the National Director | Change of reporting line to Manager Advisor and Ministerial Services |
| Office of The National Director | 1 FT | Manager Advisory | | Change of reporting line to Director Office of the National Director |
| Office of The National Director | 1 FT | Team Leader | Director Office of the National Director | Change of reporting line to Manager Business Support |
| Office of The National Director | 1 FT | Advisor | Director Office of the National Director | Change of reporting line to Manager Business Support |
| Office of The National Director | 1 FT | Team Leader | Director Office of the National Director | Change of reporting line to Manager Business Support |
| Office of The National Director | 1 FT | Senior Advisor | Director Office of the National Director | Change of reporting line to Manager COVID 19 Ministerial Advisory |
| Office of The National Director | 1 FT | Senior Advisor | Director Office of the National Director | Change of reporting line to Manager Business Support |

| District | FTE | Position Title | Currently Reports to | Proposed impact (Change of reporting line; change of title, redeployment to new position) |
|---------------------------------------|------|--------------------------|---|---|
| Office of The National Director | 1 FT | Business Adviser Finance | Group Manager Operations, Outbreak Response | Change of reporting line to Manager COVID 19 Ministerial Advisory |
| Office of The National Director | 1 FT | Senior Advisor | Group Manager Operations, Outbreak Response | Change of reporting line to Manager COVID 19 Ministerial Advisory |
| Office of The National Director | 1 FT | Advisor | Group Manager Operations, Outbreak Response | Change of reporting line to Manager COVID 19 Ministerial Advisory |
| Office of The National Director | 1 FT | Advisor | Group Manager Operations, Outbreak Response | Change of reporting line to Manager COVID 19 Ministerial Advisory |
| Office of The National Director | 1 | Advisor | Director Office of the National Director | Change of reporting line to Manager Advisor and Ministerial Services |

Appendix 2: Positions & Teams proposed to move to different Business Units

The following individual roles and whole teams are better aligned to other Business Units within Te Whatu Ora and it is recommended these individuals and teams refer to the change proposals for the Business Units annotated below when they become available. Note that no changes are proposed to these roles until the proposals for the relevant Business Unit (as noted below) are released.

| District | Team/Position Title | Business Unit | Would report to |
|-------------|-----------------------------|-----------------------|--|
| | Tuai Kopu Programme | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Coordinator | Innovation | Hawke's Bay |
| | | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Kaitakawaenga - Tuai Kopu | Innovation | Hawke's Bay |
| | Cultural Liaison Advisor - | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Pacific | Innovation | Hawke's Bay |
| | | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Kaiwhakarite | Innovation | Hawke's Bay |
| | | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Kaitakawaenga | Innovation | Hawke's Bay |
| | | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Kaitakawaenga | Innovation | Hawke's Bay |
| | Māori Health Improvement | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Advisor | Innovation | Hawke's Bay |
| | Māori Health Improvement | Service Improvement & | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | Advisor | Innovation | Hawke's Bay |
| | | Service Improvement & | Nursing Team Lead Hawkes Bay, MidCentral & |
| Hawkes Bay | Nurse Director Māori Health | Innovation | Whanganui |
| | | | Manager Community & Whānau Wellbeing |
| Tairawhiti | Analyst | Commissioning | Tairawhiti |
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Auckland | Smoke Free Co-ordinator | Services | Tamaki Makaurau |
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Auckland | Smoke Free Practitioner | Services | Tamaki Makaurau |
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Auckland | Smoke Free Practitioner | Services | Tamaki Makaurau |
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Auckland | Smoke Free Practitioner | Services | Tamaki Makaurau |
| Counties | Smoke Free Referrals Co- | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Manukau | ordinator | Services | Tamaki Makaurau |
| Counties | Portfolio Manager, Smoke | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Manukau | Free | Services | Tamaki Makaurau |
| | Smoke Free Project Co- | Hospital & Specialist | Manager Community & Whānau Wellbeing, |
| Hawke's Bay | ordinator | Services | Hawke's Bay |
| | Smoke Free Co-ordinator, | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Hawke's Bay | Maternal & Child | Services | Hawke's Bay |

| District | Team/Position Title | Business Unit | Would report to |
|------------------|----------------------------|--|---|
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Hawke's Bay | Smoke Free Liaison Nurse | Services | Hawke's Bay |
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Hawke's Bay | Smoke Free Team Leader | Services | Hawke's Bay |
| Nelson | Smoke Free Engagement Co- | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Marlborough | ordinator | Services | Marlborough |
| Nelson | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Marlborough | Smoke Free Manager | Services | Marlborough |
| | Hospital Smoke Free | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| Northland | Facilitator | Services | Northern |
| | | Hospital & Specialist | Manager Community & Whānau Wellbeing |
| South Canterbury | Smoke Free Team Leader | Services | Waitaha |
| Counties | | Hospital & Specialist | |
| Manukau | PaRCH Team | Services | Director, Pacific Public Health |
| | | Hospital & Specialist | , |
| Waitemata | Pacific Project Manager | Services | Director, Pacific Public Health |
| | Service Manager Population | | Manager Community and Whanau Wellbeing |
| Southern | Health | Commissioning | Southern |
| | | , and the second | |
| Southern | Service Administrator | Commissioning | No change |
| Southern | Medical Officer x2 | Commissioning | No change |
| Southern | SMO x2 | Commissioning | No change |
| | | | |
| Southern | Unit Manager | Commissioning | No change |
| Southern | Public Health Nurse | Commissioning | No change |
| Southern | Quality Assurance Lead | Commissioning | No change |
| Southern | Nurse Practitioner | Commissioning | No change |

How was the proposed NPHS structure developed?

- The NPHS leadership team has developed the proposed structures based on what we will need to deliver to achieve Pae Ora, including our actions under Te Pae Tata. This includes new ways of working together across NPHS, as well as with other Business Units such as Commissioning and Pacific Health, and our government partners including Te Aka Whai Ora and the Public Health Agency.
- These initial drafts are also based on feedback we received from teams across NPHS through workshops and informal team discussions on what is currently working, what is not working, and suggestions on changes that people want to see.
- In preparing for consultation, we have drawn on the HR systems of 29 organisations to identify who our kaimahi are and the roles that you perform. We know there may be some people who haven't been identified in the structure or haven't been put into the right team. If this is you, we apologise and ask for help during this consultation phase to let us know so we can get our structures right.
- These proposed structures are very much 'drafts' and are being used to inform the basis for discussions with our teams. This is a genuine consultation and we want to hear from you about any issues, opportunities and ways we could do things differently.

What are the intended benefits of the proposed structure?

- Some of the key features of the proposed structure include:
 - enabling us to operate in Te Tiriti-dynamic ways, including the formation of our Māori Public Health team, strengthened Maori leadership and decision-making, and increased access to kaupapa Māori and whānau-centred services;
 - delivering on equity, including the establishment of our Pacific Public Health team and role alignment to support the whole of NPHS to become even more equity-focused;
 - strong local services that can work closely alongside local communities, and that are regionally co-ordinated to address any gaps in services and capacity through the sharing of specialist knowledge and skills across the region:

- whānau and community-centred approaches, so that we can be more 'communityoriented' rather than 'service-oriented'. This will enable us to better partner with communities, consider their range of needs, and plan for health services more holistically;
- unleashing the potential of population health by integrating previously separate services, so that we can deliver better health for our communities and better value for the health system. This includes developing ways to enhance and share best practice, optimising our efficiency by bringing together similar functions, reducing unnecessary duplication and standardising where it makes sense to do so; and
- working into, and with, wider teams within Te Whatu Ora and Te Aka Whai Ora.
- We are keen to hear your ideas on ways the structure can better deliver on these priorities, as well as our other priorities set out in Te Pae Tata.

Where can I find out more about the new structure?

- You can access all the consultation documents on your local intranet or the Te Whatu Ora intranet, depending on where you are based.
- We'll be having discussions on the proposed structures and how they could work in workshops and drop-in sessions. You'll be able to ask any questions you might have and hear from others in the team. Further information is in the engagement plan.
- Any questions can be sent to NPHSpeople@health.govt.nz and we will then circulate common questions and answers to all our kaimahi.

What sort of feedback is most helpful?

- Are there other alternatives ways we should be considering? If yes, please let us know along with the benefits of an alternative approach.
- What opportunities do you see that we may have missed?
- What are the risks that you see that we need to consider?
- Are there roles or functions we have missed?

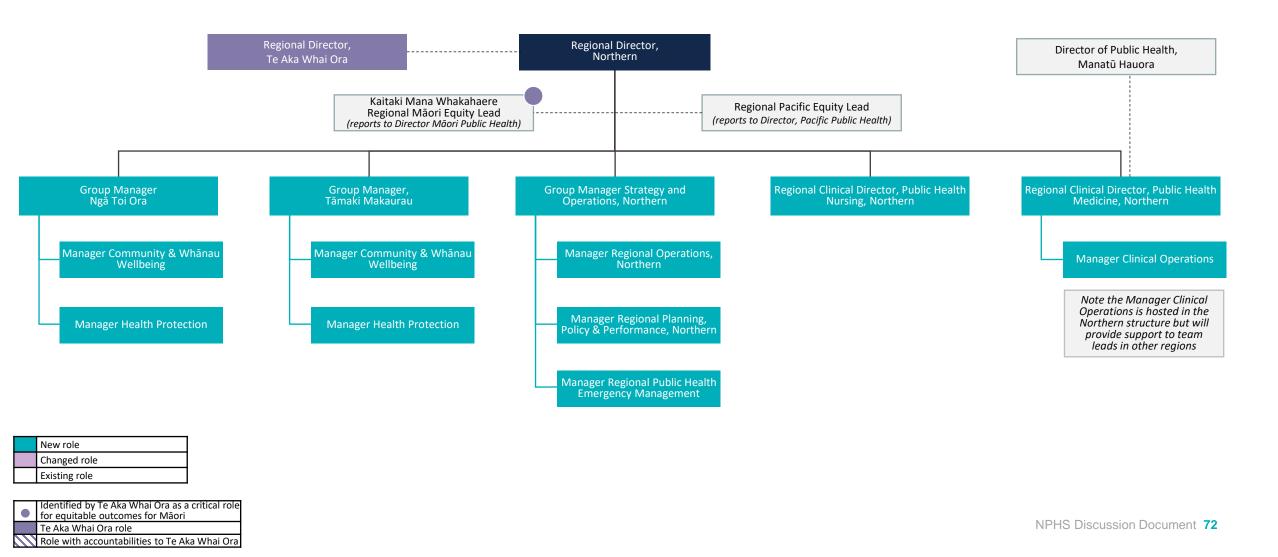
- What will happen to the interim roles funded by the COVID-19 budget beyond June 2023?
- We are currently confirming the extension of COVID-19 funding beyond June 2023 with Ministers, and how this needs to be allocated.
- Our COVID-19 team members provide critical services and the NPHS will require some of our current COVID-19 roles in the long term to deliver functions that have become our core responsibilities since the pandemic started. Service continuity in these areas will continue to be a critical priority for NPHS, with a particular focus on the vital role our Māori and Pacific COVID-19 workforce continues to play for our communities.
- We acknowledge how challenging it is for you without long-term funding certainty and we are working as hard as we can on this. We will let you know as soon as we can about what is happening with the funding and relevant roles.
- Why are medical leads listed at 0.2 FTE and nursing leads at 0.5 FTE in regions?
- These proposed roles are listed for the leadership component of the roles only.
- We anticipate that those roles would be full-time people that have a component of their FTE dedicated to team leadership.
- We want to get better alignment between local services about our clinical leadership roles, which have very varied FTE associated with the leadership components at present.
- When will the other layers of the proposed NPHS structure be released?
- Our priority is working through your feedback to get to a decision document relating to this consultation. This current proposal already considers how the majority of our NPHS teams would work in relation to our new operating model. Although we will review the remainder of our structure in line with the final decision document, we expect that would be a comparatively smaller proposal.

| Engagement Activity | Location | Venue | Date | Time | NPHS Attendees |
|-----------------------------------|----------|-------|-------------------|-------------|--|
| All Staff Online Hui | Virtual | Teams | Thursday 30 March | 2-3pm | Nick Chamberlain, Maria Poynter |
| Protection & Outbreak Response | Virtual | Teams | Monday 3 April | 1-2pm | Matt Hannant, Maria Poynter |
| Promotion & PH Communications | Virtual | Teams | Monday 3 April | 2-3pm | Kathrine Clarke, Maria Poynter |
| Regional | Virtual | Teams | Monday 3 April | 3-4pm | Hayden McRobbie, Natasha White, Paula Snowden, Vince Barry. Graham Cameron, Api Poutasi, Juliet Rumball-Smith |
| Prevention | Virtual | Teams | Tuesday 4 April | 8.30-9.30 | Astrid Koornneef, Nick Chamberlain |
| Intelligence | Virtual | Teams | Tuesday 4 April | 11-12noon | Juliet Rumball-Smith, Maria Poynter |
| Transformation +OND | Virtual | Teams | Tuesday 4 April | 1-2pm | Maria Poynter, Saskia Patton |
| Equity Nucleus | Virtual | Teams | Wednesday 5 April | 2.30-3.30pm | Graham Cameron, Api Poutasi, Maria Poynter |

| Engagement Activity | Location | Venue | Date | Time | NPHS Attendees |
|---------------------|------------------------------------|-----------|---------------------------------------|---------|------------------|
| Northern Region | Virtual | Teams | Monday 3 April | 9am | Hayden Mc Robbie |
| | Auckland Regional Public Health | In person | Friday 31 March & Mon 17 April | All Day | Hayden Mc Robbie |
| | Northland | In person | Thursday 20 April | All Day | Hayden Mc Robbie |
| Te Manawa Taki | Tauranga | In person | Friday 31 March & Tuesday 11 April | All Day | Natasha White |
| | Taranaki | In person | Wednesday 5 & Thursday 13 April | All Day | Natasha White |
| | Hamilton | In person | Thursday 6, Friday 14 & 20 April | All Day | Natasha White |
| | Gisbourne | In person | Tuesday 18 April | All Day | Natasha White |
| | Rotorua | In person | Wednesday 19 April | All Day | Natasha White |
| Central Region | Virtual | Teams | Mon 3 April | All Day | Paula Snowden |
| | Hawkes Bay | In person | Thurs 6 April | All Day | Paula Snowden |
| | 3DHB (Lower Hutt) | In person | Tues 11 April | All Day | Paula Snowden |
| | Palmerston North | In person | Wed 12 April | All Day | Paula Snowden |
| Te Waipounamu | Virtual | Teams | Fri 31 March | All Day | Vince Barry |
| | Christchurch | In person | Mon 3 April | All Day | Vince Barry |
| | Nelson | In person | Thurs 6 April | All Day | Vince Barry |
| | Dunedin | In person | Thurs 13 April | All Day | Vince Barry |

Appendix 5: Detailed proposed organisational structures

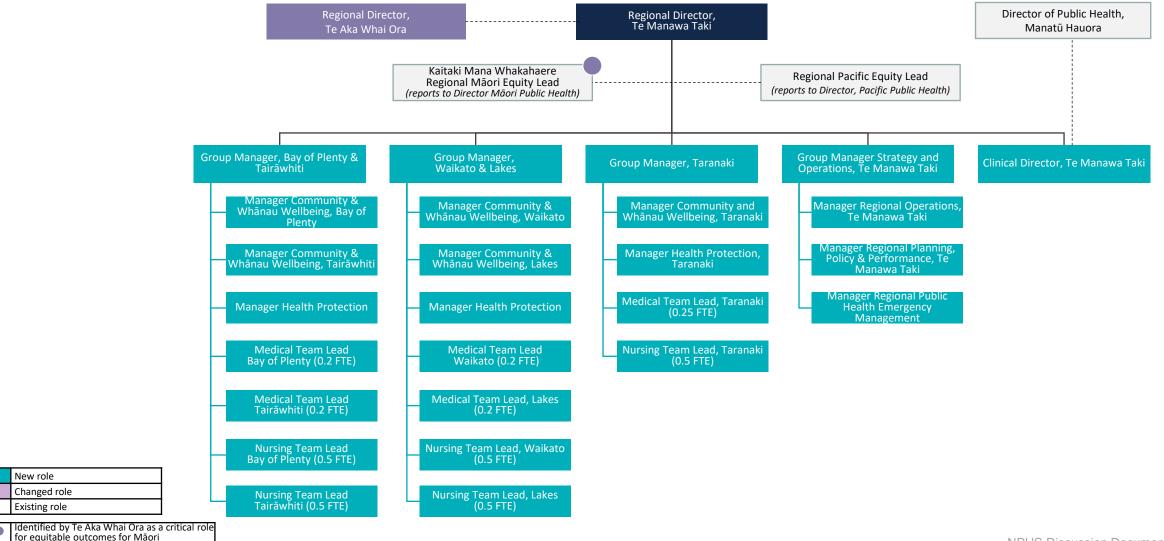
Proposed Tier 3 – 5 organisational structure, Northern Region, NPHS



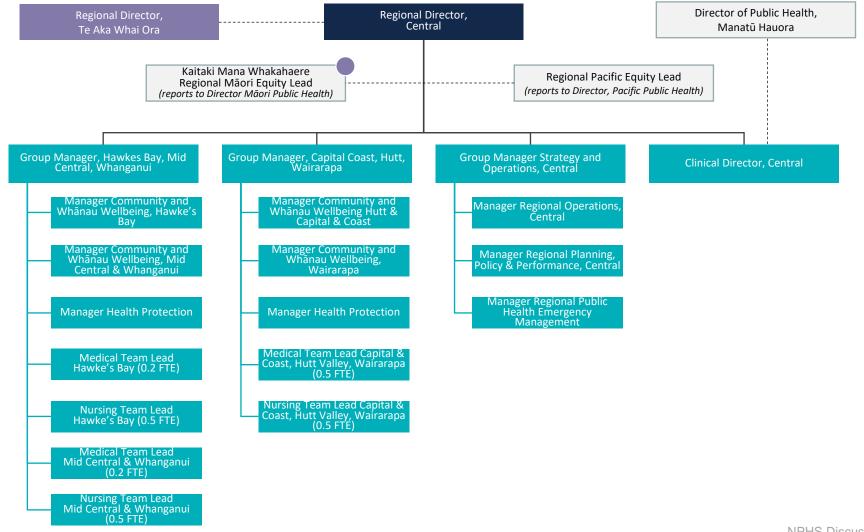
Proposed Tier 3 – 5 organisational structure, Te Manawa Taki Region, NPHS

Te Aka Whai Ora role

Nole with accountabilities to Te Aka Whai Ora



Proposed Tier 3 – 5 organisational structure, Central Region, NPHS

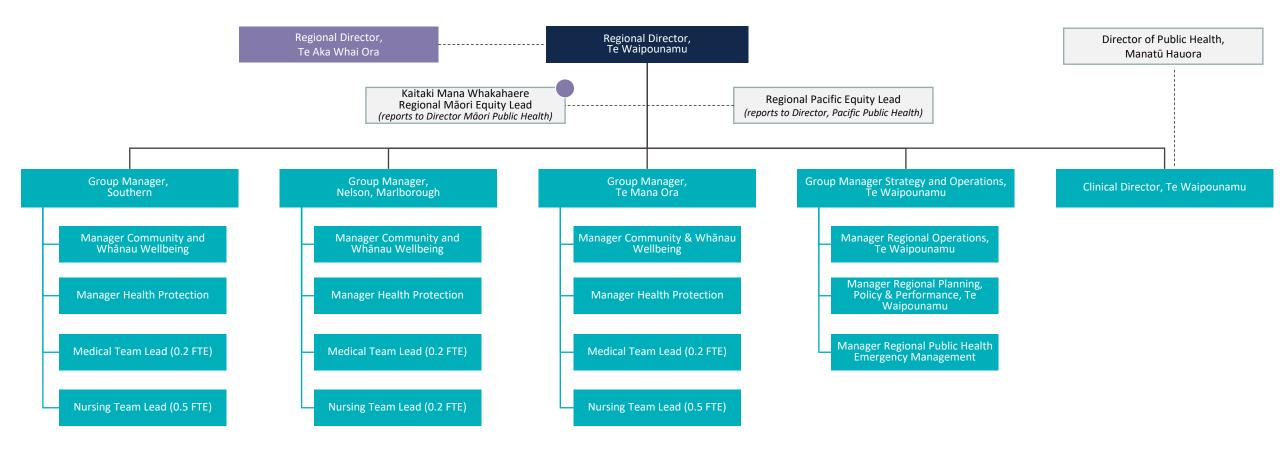


Role with accountabilities to Te Aka Whai Ora

New role

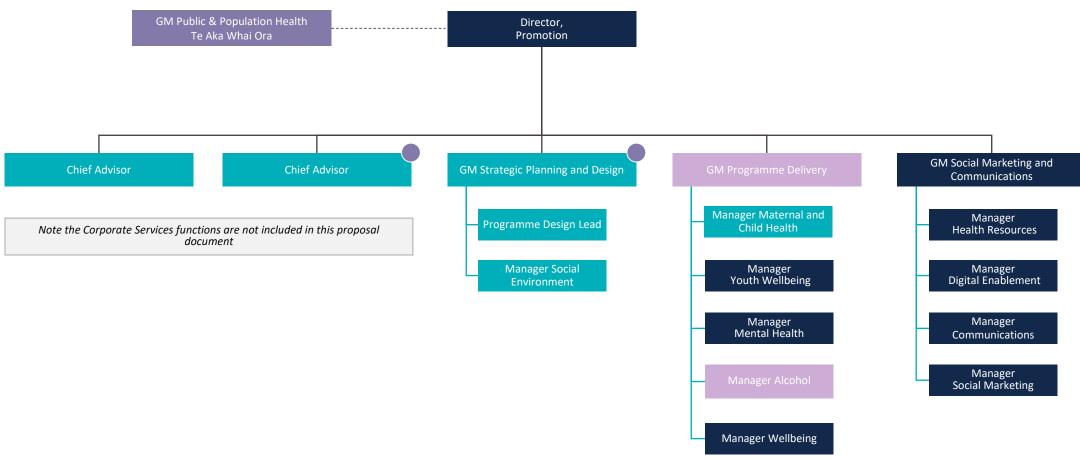
Changed role

Proposed Tier 3 – 5 organisational structure, Te Waipounamu Region, NPHS



| | New role | |
|---|---|--|
| | Changed role | |
| | Existing role | |
| • | Identified by Te Aka Whai Ora as a critical role for equitable outcomes for Māori | |
| | Te Aka Whai Ora role | |
| | Role with accountabilities to Te Aka Whai Ora | |

Proposed Tier 3 – 5 organisational structure, Promotion, NPHS

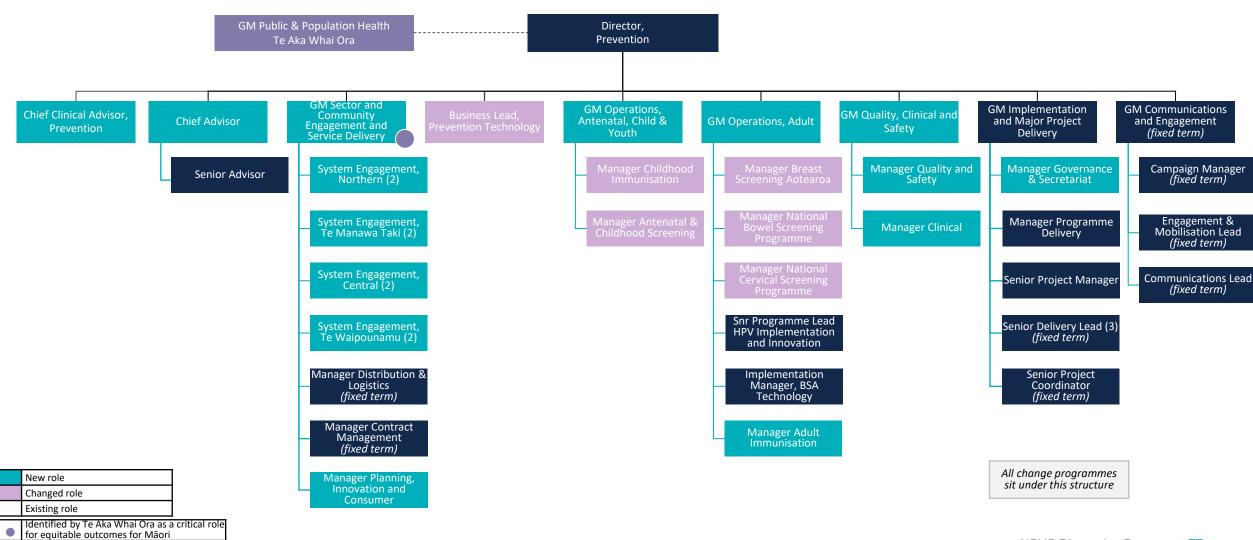


| New role | |
|--|------------|
| Changed role | |
| Existing role | |
| Identified by Te Aka Whai Ora as a critical role for equitable outcomes for Māori | |
| Te Aka Whai Ora role | |
| Role with accountabilities to Te Al- | a Whai Ora |

Proposed Tier 3 – 5 organisational structure, Prevention, NPHS

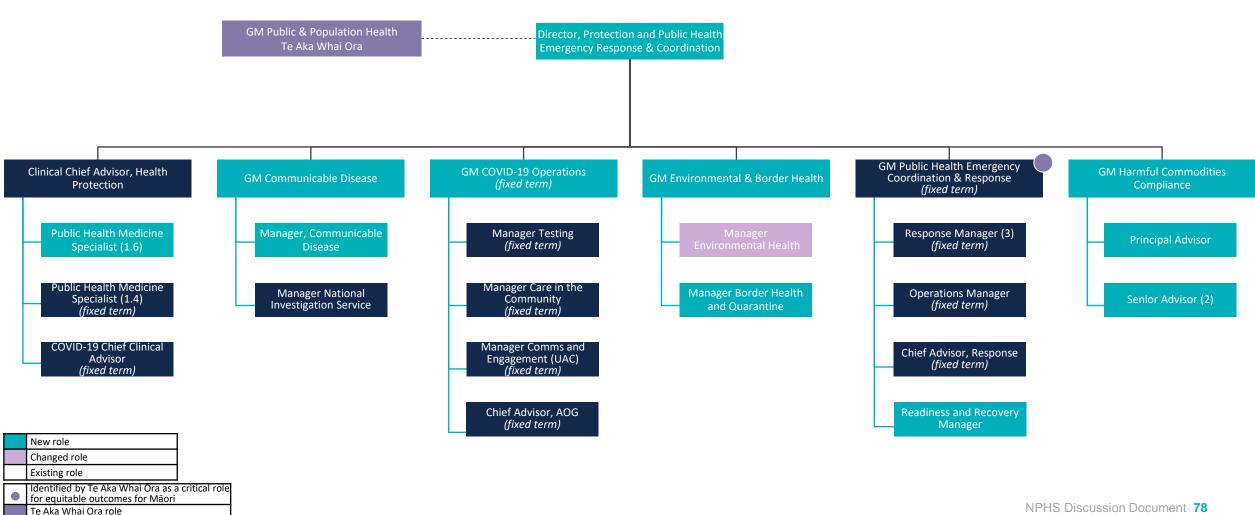
Te Aka Whai Ora role

Role with accountabilities to Te Aka Whai Ora



Role with accountabilities to Te Aka Whai Ora

Proposed Tier 3 – 5 organisational structure, Protection and Public Health Emergency Response & Coordination, NPHS

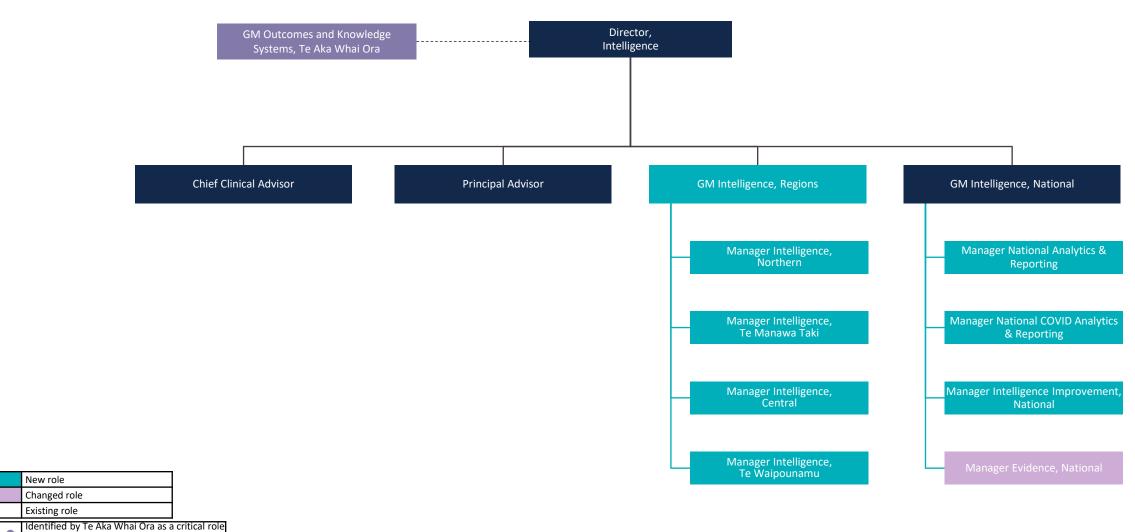


Proposed Tier 3 – 5 organisational structure, Intelligence, NPHS

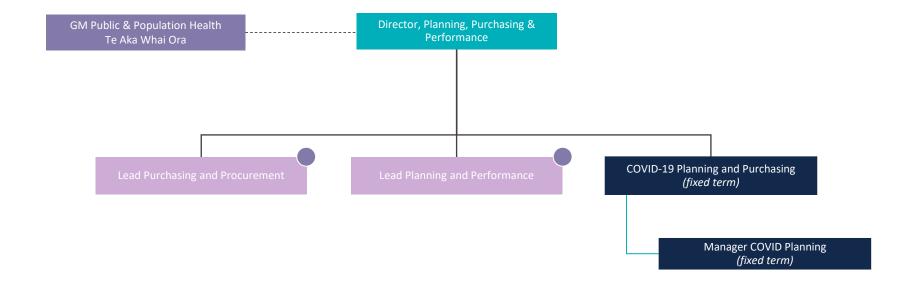
for equitable outcomes for Māori

Role with accountabilities to Te Aka Whai Ora

Te Aka Whai Ora role

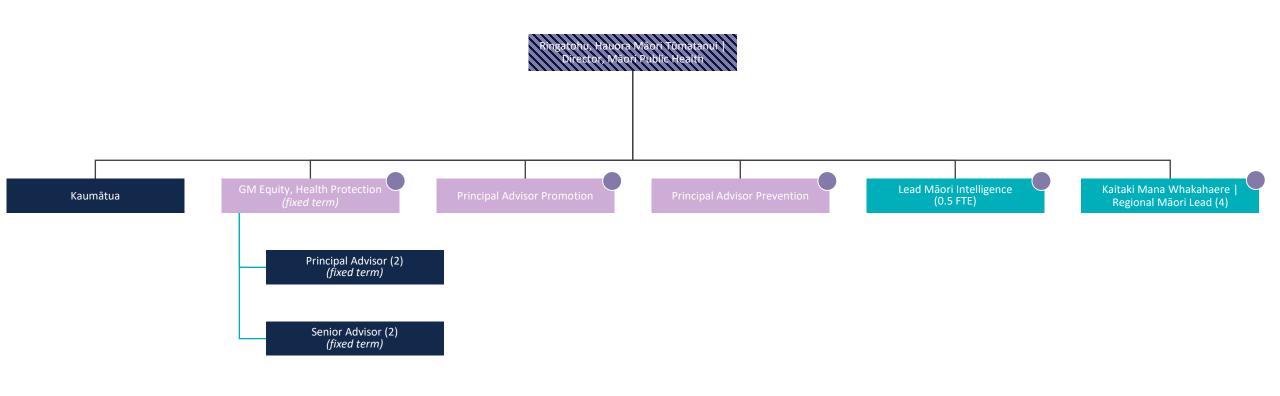


Proposed Tier 3 – 5 organisational structure, Planning, Purchasing & Performance, NPHS



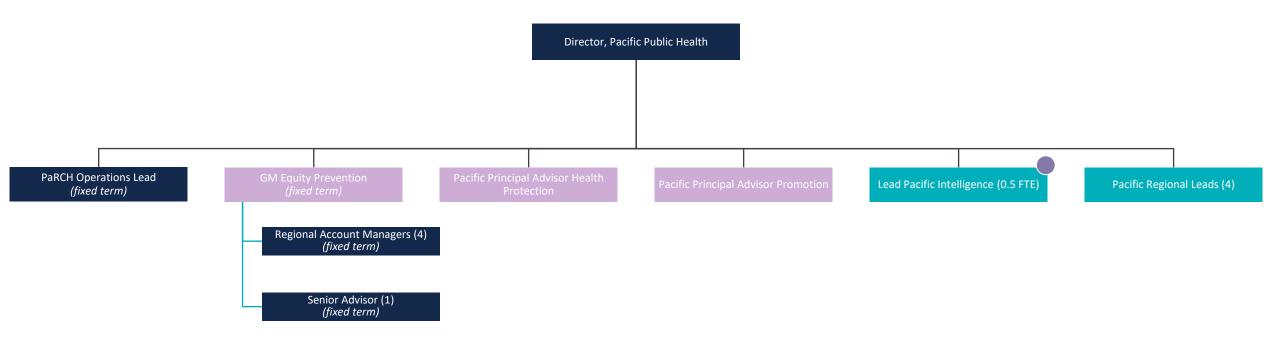
| | New role | |
|---|---|---------------|
| | Changed role | |
| | Existing role | |
| • | Identified by Te Aka Whai Ora as a for equitable outcomes for Māori | critical role |
| | Te Aka Whai Ora role | |
| | Role with accountabilities to Te Ak | a Whai Ora |

Proposed Tier 3 – 5 organisational structure, Hauora Māori Tūmatanui | Māori Public Health, NPHS



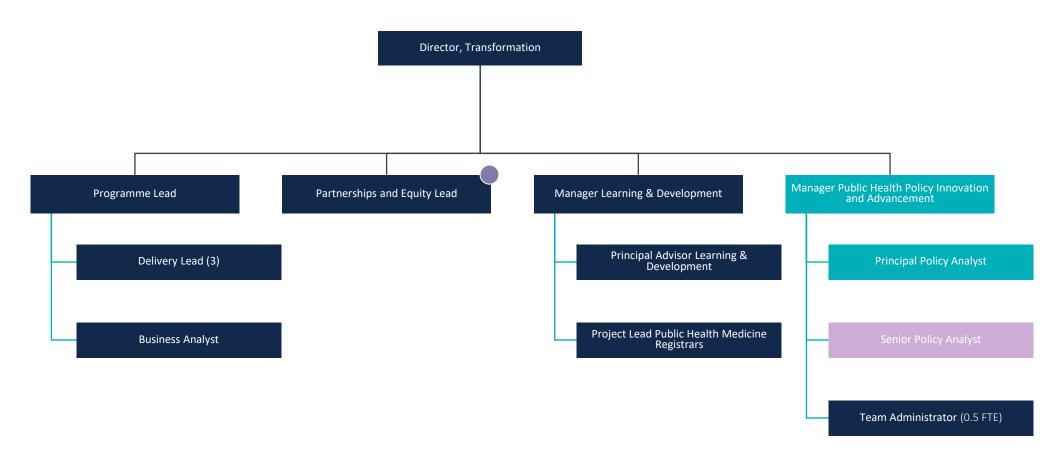
| New role | |
|---|-------------|
| Changed role | |
| Existing role | |
| Identified by Te Aka Whai Ora as a critical role for equitable outcomes for Māori | |
| Te Aka Whai Ora role | |
| Role with accountabilities to Te Al | ka Whai Ora |

Proposed Tier 3 – 5 organisational structure, Pacific Public Health, NPHS



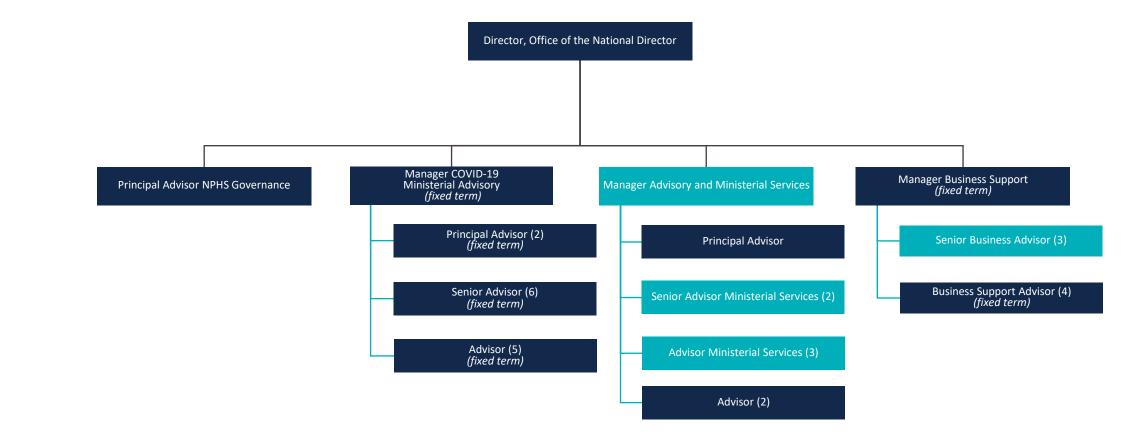
| | New role | |
|--------|---|---------------|
| | Changed role | |
| | Existing role | |
| • | Identified by Te Aka Whai Ora as a for equitable outcomes for Māori | critical role |
| | Te Aka Whai Ora role | |
| \sim | Role with accountabilities to Te Ak | |

Proposed Tier 3 – 5 organisational structure, Transformation, NPHS



| | New role | |
|---|---|------------|
| | Changed role | |
| | Existing role | |
| • | Identified by Te Aka Whai Ora as a critical role for equitable outcomes for Māori | |
| | Te Aka Whai Ora role | |
| | Role with accountabilities to Te Ak | a Whai Ora |

Proposed Tier 3 – 5 organisational structure, Office of the National , NPHS



| | New role | |
|---|---|---------------|
| | Changed role | |
| | Existing role | |
| • | Identified by Te Aka Whai Ora as a for equitable outcomes for Māori | critical role |
| | Te Aka Whai Ora role | |
| | Role with accountabilities to Te Ak | a Whai Ora |