



PSA submission to Te Whatu Ora

Proposal for Consultation:

Commissioning

## Introduction

### The Public Service Association

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 85,000 members. We are a democratic organisation representing members in the public service, the wider state sector, local government and non-governmental organisations working in the health, social services and community sectors. We have over 25,000 members at Te Whatu Ora

The PSA believes that maintaining high functioning, valued and experienced work force provides for a quality service for stakeholders and the clients who use the service.

### PSA Approach to Restructurings and Reviews

The PSA recognises that change will be necessary to achieve the 5 key system shifts of the health reforms and that change will be a feature of creating Te Whatu Ora.

As a union, the PSA is not resistant to change and has considerable experience of change proposals and their effects upon staff and service delivery. Our focus is on:

- **Employment and job security:**
  - Minimising job losses and maximising opportunities for redeployment, development and training.
  
- **Worker voice:**
  - Ensuring PSA members can have a say in the decisions about whether and what change is needed;
  - Ensuring PSA members can have a say in determining any formal process for implementing any change.
  
- **Fairness and transparency:**
  - Ensuring change processes are procedurally fair and transparent.
  - Ensuring decision making processes are transparent.
  
- **Ensuring any change promotes sustainable services, high performing productive workplaces and decent jobs:**
  - Mobilising members' knowledge to improve the efficiency and quality of services and jobs.
  - Once the change has been implemented, monitoring the impact on workloads and services.

A collaborative approach to change produces better outcomes and maintains productivity. How change happens and how workers are engaged in design and delivery of new structures is crucial. The importance of clear communication around change processes is a core principle for the PSA, it has also repeatedly been upheld by the courts. Goddard CJ adopted the following propositions from a 1993 Court of Appeal judgement (Communication and Energy Workers Union v Telecom NZ Ltd [1993] 2 ERNZ 429) as a guide to employers and employees.

If there is a proposal to make a change, and such change requires to be preceded by consultation, it must not be made until after consultation with those required to be consulted. **They must know what is proposed before they can be expected to give their views'** (see Port Louis Corporation).

This does not involve a right to demand assurances but there must be sufficiently precise information given to enable the person to be consulted to state a view together with a reasonable opportunity to do so. This may include an opportunity to state views in writing or orally.

The requirement for consultation is never to be treated perfunctorily or as a mere formality. The person or body to be consulted must be given a reasonably ample and sufficient opportunity to express views or to point to problems or difficulties (see Port Louis Corporation).

Consultation must be allowed sufficient time.

### This submission

The submission reflects feedback from workers at Te Whatu Ora: delegates, members and non-members. Two surveys were carried out, one entirely qualitative and one qualitative and quantitative.

This submission opens with comments on the process of this restructure as a whole, particularly the lack of information. Then it moves onto the specific proposal for Commissioning. This includes concrete suggestions for change as well as examples

### Our members support the health reforms

Our members have always been very supportive of the goals of the health reforms and embraced the benefits a unified health system could bring. Our submissions to the Pae Ora Healthy Futures Bill were enthusiastic and our members welcomed the formation of Te Whatu Ora and Te Aka Whai Ora.

As long as it's tika and pono and enables us to expand into areas that have never been accessible to our kaimahi before, change is something I'm all for if it means improving our services.

Our members still see the value of the changes that were promised. Our members were most positive when they were speaking about the possibilities of reforms and the changes that they wanted to see:

I hope that systems/areas from the old DHBs be streamlined so that we are all working from the same systems

Hopefully a focus will be on more equitable care, and less duplication of roles.

Hopefully it will help with transfer of staff through the hospitals and repeated information / training for them, repetitive training done once.

This submission will outline the very negative experiences our members have had with the restructuring process. We emphasise that this negativity comes as a result of the experiences people who supported the goals of the reforms have had within Te Whatu Ora and of these reforms. The mismatch between support for the goals of the reforms and negative experiences of the process shows the imperative of Te Whatu Ora taking this feedback seriously and amending their practices.

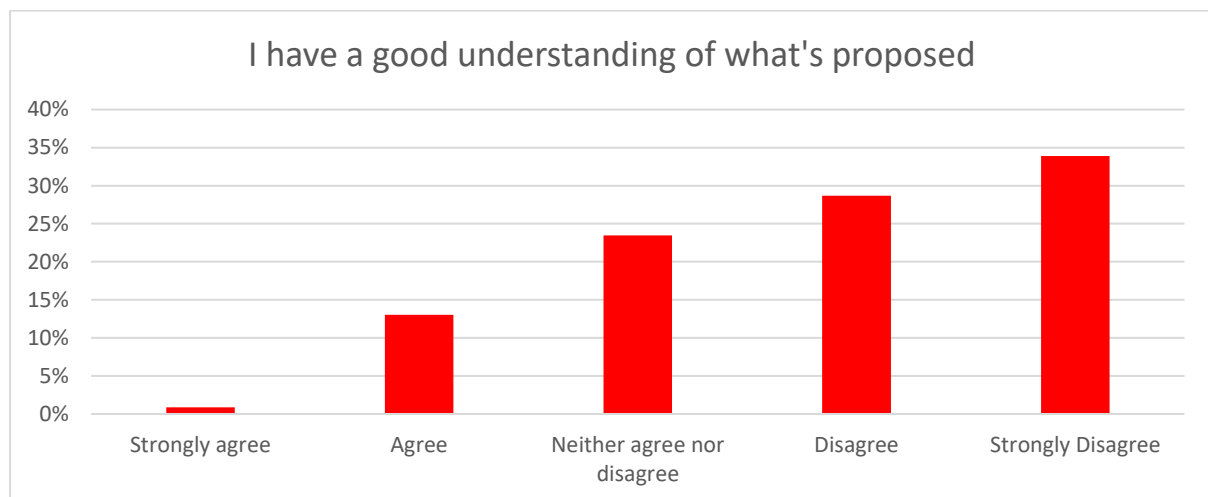
## The Change Management Process – Overall

This section is about Te Whatu Ora’s change process overall. Our members had a range of experiences’ and there were obviously a range of practices across geographical areas and consultation documents. This summary speaks to the dominant themes members raised.

### Our members don’t have the information they need

The information is too vague to make an informed comment.

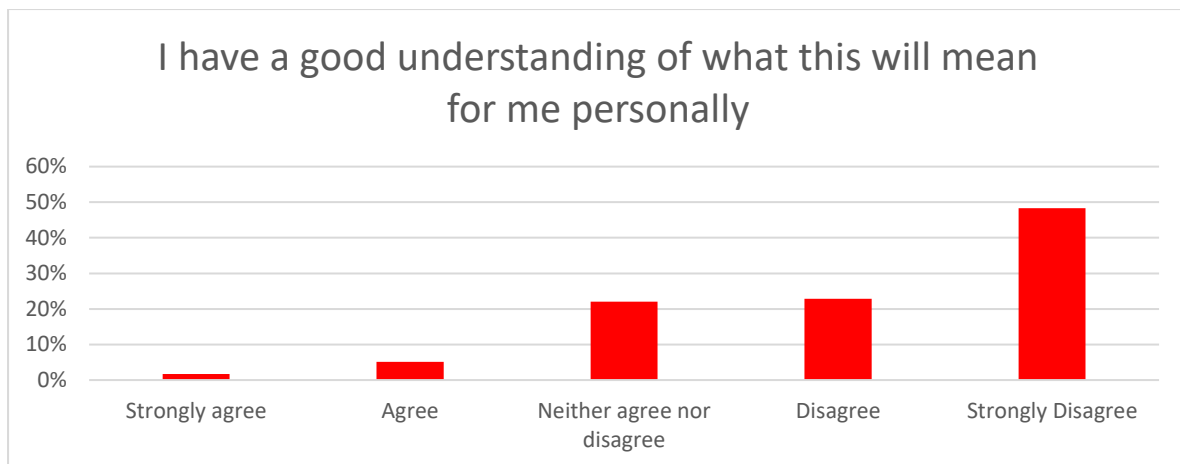
I don't know what's going on and I'm afraid I'll lose my job.



The most overwhelming response from our members was that they did not understand the change proposal and did not know what impact it would have on their work. The two comments quoted above were repeated over and over again, as members were very clear that neither the information, nor the way it was presented were clear. Just 16 per cent of those who responded to our survey said that they felt they had a good understanding of the proposal.

Our members were very clear that the proposals had not been effectively communicated to them. They specifically mentioned the language of the document and the approach of all staff hui as obstacles. Members mentioned that the approach of all staff hui further suggested that management did not understand the current state. Members described questions not being answered and lack of clarity in communication.

Communication to our members has not been done well with a lack of understanding about the changes and what it specifically means for them and a lack of clarity around the operating model. Just 7% of members agreed that they understood what it meant for them personally.



*In our members' voice*

The more consultation I have, the more confused I am about where my role and that of my counterparts across the region will fit.

We have no idea what is going on in our department in regards to proposed line change as no one got back to us after we gave feedback. We are left in limbo.

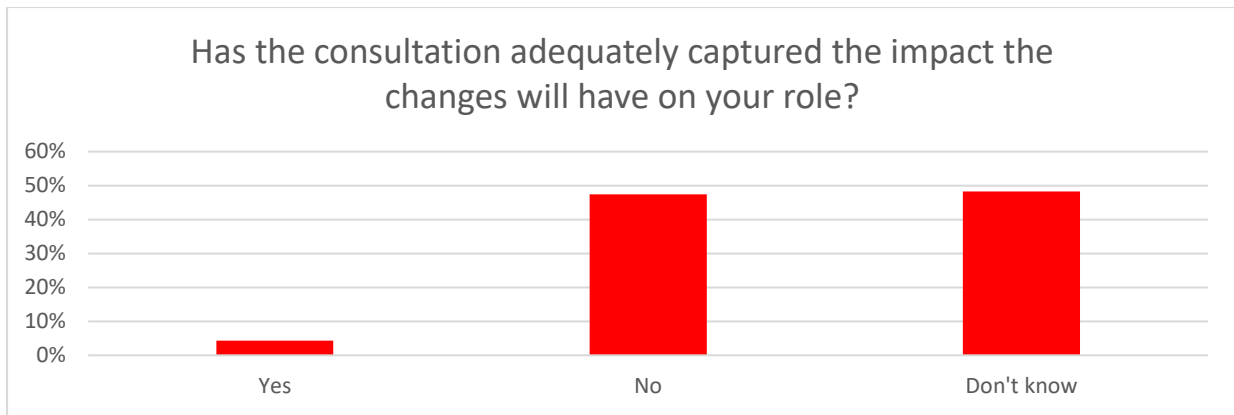
They have held hui to discuss changes but I have been unable to attend or watch any of these during work hours. We cannot watch the recordings either because we don't have a computer operating system that can play them and also have no sound on work computers (and also no time to watch them). They need to distribute a written summary of the changes and what the implications are for each department , and allow adequate time for feedback

I feel like my manager hasn't had enough information at any point during this process to support me well. She's been very in the dark, which I don't think is her fault. - - There has been a massive quality of information to take in, which has a lot of jargon in it. This has meant it has taken considerable time and effort to understand the proposal.

**Te Whatu Ora's approach to consultation**

The confusion members described is not coincidental, but a result of a series of decisions that Te What Ora has made about its approach to restructuring. This round of consultation and restructuring focus on the top 5 tiers of leadership only. Our members pointed out again and again that work had not been done to consider and communicate the implications for the rest of the organisation.

The decision to restructure from the top down is defensible (although some members strongly criticised it), but the decision to present those decisions without full consideration of the rest of the organisation is not. As one member put it: "We have been asked to give feedback on something that we can't see ourselves in."



*In our members' voices*

They've worked from a top down approach and haven't considered the bottom up.

It seems the restructure is affecting upper and middle management at the moment. There's no discussion about the impact this will have at a grass roots level.

The process has been very poorly handled. While the intention is reasonable, and the proposal for my team's future structure makes sense to me, I cannot gauge the overall impact because of changes to associated roles in the regions and in the national office.

*Lack of information of current state*

Many members repeatedly made clear that the proposals did not show a good understanding of their work or the current state. They emphasised that without a good understanding of the current state it was impossible to understand how to undertake reform.

The lack of knowledge about the current state significantly damaged the process of consultation. Consultation documents went out with errors and members were unable to discover if they were affected and how. There were example of good consultation and examples where the document was based on clear knowledge of the current state. To effectively to design a new system or consult on changes a full picture of the existing state of the organisation is needed.

*In our members' voices:*

They need to find out what roles/ functions people are actually do first, prior to map people correctly to roles/ function. There is no job sizing to find out workload, priority work programmes and key projects.

Our regional director had many face to face meetings with our management and staff since June last year. The intelligence director (the directorate I'm likely to move into) held a series of workshops in November and December last year.

I spent an exceptionally long time not receiving any communications and being told that 'no communications meant my job wouldn't change' - until I saw that I

had no place in the future state. The reason provided to me was that I started in February - but it's a trivial activity to get a list of new starters and communicate with them directly to let them know their communications would be delayed.

This has been overlooked and I can not see a role that will pick up that responsibility.

Not enough information provided to determine if the proposed structure is going to be good or bad for me at this stage

No time to look at how this effect me, as my role isn't actually correctly mapped correctly in here.

The proposed restructure is being done to us rather than with us. We have been restructured by people who do not understand the capacity and capability required to deliver on the mahi. There should have been more conversations with teams and senior leaders within teams to understand what is needed. This still needs to happen.

It is the worst I have seen in the last 20 years, and I've seen dozens. Head Office have no idea of my role, and when I contribute to papers that are apparently to help them understand they seem to be incapable of understanding. Real time decisions are being made without understanding the system.

There should be a face to face visit to understand what some roles are about. Centrally created structure is too idealistic , there are many jobs in the background that will not be done under the new structure, there will be nobody to do them

How do I have faith in the process if the fundamentals information about their staff aren't even correct. My position description does not include the all the clinical advice that I provide to teams across Te Whatu Ora and MOH.

### *Impact on members*

Our members outlined that this lack of consideration for them and the work that they do in the consultation documents had an impact on them. Te Whatu Ora is communicating about its values in terms of who it considers as part of change and how it communicates that change, and our members are receiving the message loud and clear.

### *In our members' voices*

It was disrespectful not to engage with the managers and their teams about the work they do prior to designing the new structure. So much of what we do is not represented in the new structure. Is this their way of saying that what we do doesn't matter and is therefore not worth continuing? That's what it feels like anyway!

The leadership group's lack of empathy in addressing the restructuring process is troubling, and at times, difficult to comprehend. It is particularly concerning

when a leader dismisses the situation, despite the evident and meaningful impact on our team.

### *Additional issues with restructuring*

In addition, to the big picture issues with the process already discussed, our members raised a number of other issues with the process of restructuring.

### *Approach to allocating staff to new roles*

Our members expressed concern with the approach to allocating staff to new roles was damaged by the lack of information about the current state outlined above. There was also concern that the wave process was not designed with workers' needs in mind – nor to minimise job losses and maximise job security.

### *In our members' voices*

They should have sought clarity around what actual duties people with job titles did as it is no use then coming back with this so called further consultation ...to possibly still employ the people with a different job title. The angst and stress that this process is causing is huge and shows a very real lack of care and integrity. - The fact that people cannot apply for 'new' roles until they have been disestablished is inappropriate shocking

My concern is that those in the later waves of consultations might miss out on new job opportunities in the earlier waves. - I have non-clinical skills that are not tied to a particular function so if I am disestablished, I could have applied for roles in the earlier waves of consultations. I understand that it would be difficult to change the whole organisation in a single wave but I'm not sure they are acting in good faith with those in the later waves

### *IEAs*

The proposed approach to workers on IEAs outlined on page 24 of the document is not compatible with good faith obligations under the ERA.

### *Equity*

Our members raised equity issues with the process and wanted to ensure that workers were fully supported in appropriate ways throughout the process.

Employees' who were currently pregnant or on parental leave and whose roles were proposed to be disestablished expressed particular concern about their concerns they would be treated equally and the impact of going through the process at this time.

### *In our members' voices*

There should have been kaumatua at each feedback meeting to look after cultural protocols including karakia.

Employees with accessibility needs and/or being neurodivergent would be heavily impacted by this kind of change but it does not seem to be enough level of specific considerations and supports.



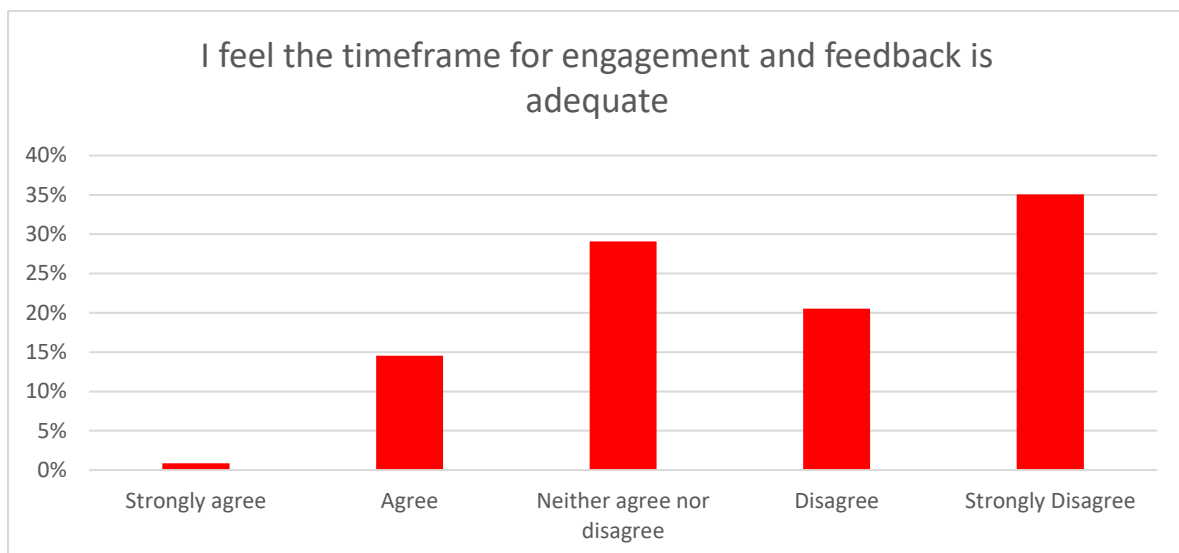
I am currently pregnant. I can't afford to lose my job, and yet I can't see that any consideration has been given to people in my position - either about to go on parental leave, or already on parental leave. It took a month to get answers to (some) of my questions about how I will be protected through this process, but some questions remain unanswered some 5-6 weeks after submitting them. How can I be sure that I won't be discriminated against because I am going on parental leave?

### *Timeframe*

Our members were very clear that the timeframe for the consultation was inadequate. We appreciate that when this was raised the Commissioning and then the National Public Health Service consultations were extended by 5 working days.

### *In our members' voice*

Time frame for consultation included school holidays and public holidays and many people taking leave at different times made it hard to meet and discuss changes and prepare responses collectively.



### *Format for feedback*

Members expressed concern about the limited options for expressing feedback and in particular the limited option for collective feedback.

Members also expressed concerns about the on-line consultation tool. There were questions about its functionality. Members expressed concern that they were being required to learn a new tool at a very stressful time, and other members had not been successful in using the tool.

The fact that they had to set up a login made people some members sceptical that it was anonymous. Some members mentioned that they had not put in feedback, or only wanted to submit feedback through us for this reason. This should concern Te Whatu Ora for two reasons, first an anonymous tool does not provide any function if people do not believe in it and what we've learned from our members suggests that there are workers who were too afraid to provide feedback.

Second, members' fear that they could be targeted for speaking up provides key information about the current climate at Te Whatu Ora.

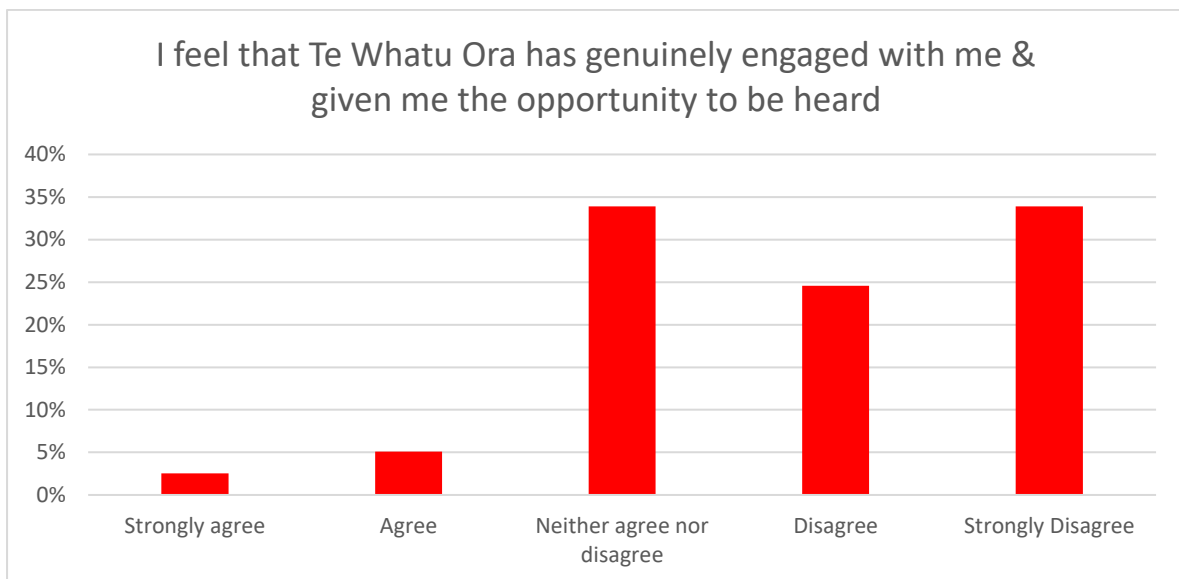
*In our members' voices'*

There should be options to put in written feedback, recorded verbal feedback, one to one meetings, meetings as a small team, meetings at different levels (eg senior leadership, advisor level, programme management level etc). We need to have the opportunity to feedback verbally either one-to-one, and as smaller team as well as with larger teams. There should also be an opportunity to provide detailed reports to the consultation team.

I have been so swamped with BAU work that I haven't had time to learn how to use What Say You well enough to then provide feedback.

What Say You is a terrible tool - I shouldn't have to invest significant time to learn how to use a feedback tool in order to then give feedback. This could have been, and should have been, a lot simpler

People are frightened to provide comment or ask questions in case they are targeted and disestablished.



**Impact on Workers**

A restructuring process that is badly run comes at a cost. Our members outlined the impact that the process had had on them, their teams and their work. Te Whatu Ora can ill afford to pay the cost of losing workers and less resilient teams.

As well as an institutional cost, this approach to restructuring has had a personal cost. Our members articulated again and again the impact that the change process had had on them and their colleagues.

*In our members' voices*

The recent restructuring has had a profound impact on our teams' effectiveness, significantly undermining the resilience and cohesion we developed as a team in response to the challenges of the COVID-19 pandemic etc.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner.

The way I found out I was impacted was second hand by a colleague in another region who received their email 12 hours ahead of mine. I feel totally disrespected and traumatised.

Increased levels of anxiety and uncertainty ripple through all staff. Does not feel like a transparent process.

This process has left me feeling very undervalued and makes me wonder if I really want to work for an organisation that treats their staff in such a manner

Do you understand that by lifting and shifting people with no clear understanding of their roles you are creating huge stress and distress. It is not good enough to keep saying sorry

I am about to be restructured as I am in the next wave and it is increasingly stressful.



### What would a better process look like?

Te Whatu Ora does not need to reinvent the wheel, or be innovative in its approach to change processes (although it would be appropriate for Te Whatu Ora to be an exemplar when it comes to meaningful actions to promote workers wellbeing through a change process). Te Whatu Ora needs to follow well established principles to engage with workers in a meaningful way.

One of the more optimistic comments from our members outlines the choice Te Whatu Ora has now:

I think it's necessary to restructure in order to create better collaboration and efficiencies. Change is uncomfortable but is a reality of life. Te Whatu Ora understandably cannot provide detail about where lower tiers will sit until they sort out the upper levels, so a lot of us don't really quite know where we will stand in the long run. I think Te Whatu Ora have been honest and transparent. Time will tell whether they genuinely listen to feedback from staff

## The Change Management Process - Commissioning

Members in Commissioning raised the same concerns that have already been outlined. They emphasised that the document did not show any knowledge of what they already do. They emphasised the importance of the work they do for achieving the goals of The Te Pae Ora Healthy Futures Act and Te Pae Tata and the importance of ensuring that that work continues.

I think there should be direct input from the current teams in place to determine the outcomes of some of the roles being dis established and reconfiguring of people currently sitting in certain portfolios to transfer into roles that reflect their current job attributes so that key and essential networks, contacts and capabilities that are fundamental to the communities and services which the system is proposing to cater to are not lost and really key, individual people are not being forced to look elsewhere when they could most suitably be transferred into these new roles that are a rebrand of what they are already doing now.

### Inequitable treatment of roles

Roles have been mapped in an unequal way. Several members have identified that similar or identical roles have been treated differently, with a small number being mapped to new roles and others disestablished: "Based on my situation this process looks to be unfair and without much basis (a few roles have been reassigned, most not, some equivalent roles treated differently)." The situation is made worse by the lack of clear information about the current state, or clear explanation about mapping. One of the fundamental principles that PSA advocates for in change processes is fairness and transparency – treating equivalent roles differently with no explanation is completely unacceptable.

### *In our members' voices*

There is very weak/nil rationale for why certain roles have been mapped to a new role whereas others (admittedly most) are proposed to be disestablished. Some identical roles (i.e. not simply role type/title, but also issue area) are being treated differently under the proposal. This is unjustifiable, it's unfair. It's also misaligned with the preamble information that states current terms and conditions will not be the same following the change.

### Impact of unclear information

Our members ability to give concrete feedback on the proposal was hampered by the lack of information. Much of the feedback members provided was asking for further information, or expressing concerns that the practicalities about how systems would work had not been considered. The change document does not provide an operating model, just isolated bits and pieces of

information. The change document has not provided sufficient information for members to make an informed decision in this consultation.

#### *In our members' voices*

Generally I am in agreement with the direction of change (to lift up local/regional workforce for stronger bespoke locally tailored decisions) - however it is unclear how the new proposed organisation structure will support this.

#### Lack of clarity around roles

One of the barriers to providing feedback is that lack of information about the proposed new roles. There was no information about scope or banding, so members were left to guess. For example, at the moment there are areas where both Service Development Manager and Programme managers are on the same bands, are the same sized jobs and both report to a General Manager. That does not seem to be reflected in the new structure but without information on job size and banding it is impossible to fully understand what is being proposed. Our members are limited in the feedback they can give without a clear statement about the scope of the roles.

#### *In our members' voices*

It's very unfair not to have given people information about job sizing earlier in the process.

**Recommendation: That Te Whatu Ora completes a subsequent round of consultation on a revised proposal for Commissioning based on feedback received. This proposal must be based on high quality information about the current state and include the entire structure of the organisation, not just the top tiers.**

## Member Feedback on Commissioning Proposal

Some of our members expressed support for the broad approach being taken. Members particularly praised the following aspects:

- The life course approach
- The mentally well team
- Focus on reducing inequality
- Less duplication

#### *In members' voices*

I like the life course approach. I am pleased there is a mentally well team.

Focus on reducing equity is great.

Hopefully a focus will be on more equitable care, and less duplication of roles.

A more streamlined approach that sits under the life course approach to health and wellbeing.

I think looking strategically across the country is good, but that doesn't mean that a fraction of the workforce can manage all the roles. Alignment is a good idea and reducing duplication.

I agree that stream-lining is required as it is pointless to have 20 ex-DHB teams doing commissioning work when we are now one organisation. I like the life course approach to the directorates within the commissioning team.

I think it will save money in the long run by reducing duplicated roles.

Less duplication of work

### *Matauranga Māori and lived experience roles*

Our members were concerned that the structure did not provide sufficient expertise in Te Ao Māori. In this proposal Māori roles and expertise are disestablished throughout the districts and there are just two replacements the Director Māori Health and their Chief Advisor. These very high level positions will not be able to replace the on the ground work that is currently being done. In order to realise the key shift of embedding Te Tiriti o Waitangi across the health system, there needs to be Māori expertise across all areas of commissioning.

Our members also questioned where other equity and lived experienced roles fitted into this structure. There was concern that important projects, such as rainbow health, that had been hard fought for, no longer had a home.

### *In our members voices*

Te Aka Whai Ora are understaffed and can't do Commissioning's work for us. Centralised function is not good enough. They've taken all these roles out – one director and one chief advisor for all of commissioning – 2 FTE at a very very high level. No visibility of any specificity of these key roles. This is the old way of doing things that resulted in inequities.

Significant Māori leadership and high Māori representation at each level (Directorate/Group/Team) within Commissioning needs to be put in place otherwise we will continue to fail to meet our obligations under the Pae Ora Act.

Te Whatu Ora National and Regional have a responsibility to improve equity in our own right, and not rely on the capacity of Te Aka Whai Ora to do this for us. Therefore I ask – where are our Māori roles to support the teams to improve our capability as an organization. Equity is everybody's responsibility at the end of the day.

The project that I'm working on is completely invisible in the new structure. Rainbow health needs a home.

Rainbow health is completely invisible in the new structure and yet is strongly signaled as a priority population group within Te Pae Tata. Rainbow health needs a home, and this seems like the perfect opportunity to weave the various threads supporting various Rainbow health initiatives together.

**Recommendation: That the structure of Commissioning reflect Te Tiriti obligations and ensure that there is sufficient expertise to continue to deliver Pae Ora.**

**Recommendation: That a revised proposal for Commissioning include explicit explanation for where the responsibility for rainbow health will sit.**

### Ensuring teams have the right balance

Members pointed out that the proposed structures in Commissioning were unbalanced. They thought in terms of workers they were top heavy, with a high ratio of senior positions and fewer entry and mid-level positions. This acts as both a barrier to entry and limits career progression.

In addition, there was concern at the number of positions that were reporting to each Group Manager and whether they would have the capacity to be people managers.

### *In our members' voices*

The proposed new roles have limited opportunities for advisor level staff (not senior advisors etc, just advisors). This is disappointing, and I wonder how will people new to Health get a foot in the door? I did a Health degree 2 years before securing my advisor role, and if the changes at Te Whatu Ora had been in place then, I don't see a place for myself.

Where are all of the Advisor roles in the new structure? There are plenty of Senior Advisor roles, but I'm concerned for my colleagues who are still new to the organisation. They are no doubt feeling like they don't have a place, and have no value. They do very important and necessary work!

It is completely unrealistic and frustrating that all staff (tier 5) are now reporting directly through to Group Managers. Our Group Managers are already over worked (60+ hours per week) that they do not have the time to be available to staff. If the intention is that GMs are to be strategic leaders, then Associate or Deputy Group Managers need to be introduced into the structure. Service Development Managers will not cut the mustard when it comes to managing staff as they should be managing relationships with the sector and they should sit alongside Programme Managers who manage the work programmes of each group.

**Recommendation: That the make of Commissioning teams be revised so that they include entry level positions, allow room for career progression, and follow best practice guidance when it comes to the number of direct reports per people manager.**

### Gaps in new structure

Our members identified a number of gaps in the new structure. There are roles that have been disestablished and it's not clear who is going to complete the work in the future state. There are also functions where it's not clear where they will sit. Our members were concerned that there was not sufficient FTE to deliver on the Pae Ora Health Futures Act or Te Pae Tata. The work Commissioning teams currently do is key to delivering on Te Pae Tata, and therefore the current gaps are very concerning.

### *In Our Members' words*

The new team that I would fit within is too small to undertake the work. The new team structure has half the number of people in it than people who currently do the work now. It seems as if the focus will be on service development, not service sustainability and 'keeping the lights on' so that there's the visibility to develop services.

The reduction in FTE, particularly in the Primary and Community team is hugely concerning - especially knowing they are also adding Community Pharmacy, Radiology, and Labs in there too. The Primary Care team alone does a huge amount of machinery of government work. While some of the basics could be done in a centralised team in the Director's office, I don't see how you can get around the necessity of SME input. We're the SMEs because we hold relationships, we understand the relationships between various organisations, and a lot of our knowledge is highly specialised and nuanced. A generic team can't do this work up to the Minister's standards, and I fear that the requests for that SME knowledge will still have to be provided by the new team, but there will be far fewer people around to do it. I've also worked in the existing Ministerial Correspondence team and I think I understand how the powers that be *\*think\** this should work in the new structure. It won't. -

Unless they are going to set up a 'commissioning core business' team to do everything else apart from 'service development' then the new structure will fail to meet its obligations to the government and to the public.

There is insufficient capacity within most of the national teams and the functions of the national teams are ill defined.

Gosh where do I start. There is a lack of detail how and where decisions and functions sit. There is some talk about portfolio approaches and other things but I believe they have misunderstood the functions and benefits of provided by national teams and programmes.

The change document should give stronger consideration to the 'national lens' for the health system as a whole. For example, I do not feel that the change document has allocated sufficient FTEs for the 'machinery of government' tasks that Crown Entities are expected to perform given that it is a core accountability activity for spend of public money. Diving more specifically into the proposed 'primary and community care team', I also do not feel that it has allocated sufficiently the amount of FTEs that will be required to carry out design at a system level. Given that Te Pae Tata has placed a strong emphasis on primary and community care, it is my opinion that the change document needs to reflect this by allocating MORE FTEs for the primary and community care team so there is sufficient resourcing to conduct system design to enable local / regionally led plans to be robustly implemented.



My team specifically has reduced about 4 roles however other vocations have been added. It used to just be primary care and is now primary care, labs, pharmacy among other things, I have no issue with the additions but the team is already busy as it is I don't know how the team will handle more work with less FTE. I feel like there will be a huge amount of roles being recruited for next year when they realise this but they would have lost a lot of staff before that.

There is no clear roles within the structure to support the pharmacy sector clearly. The regional portfolio FTEs also look after a whole range of community providers (e.g. pharmacies and general practice) and understand their local population. By wholesale removal of these key posts, there will be no one to support our partners in the health system. Established effective relationships with the wider health system will be disrupted and key personnel/ talents will no longer be in the health system. More health professionals, like pharmacist will seek opportunities offshore for more pay and job satisfaction.

They need to retain all clinical roles/ personnels with dual functions (for example, clinical and operational policy). It is unclear how accessible clinical governance/ advice will be across work programmes and teams in Commissioning. There needs to be quality and safety lens across all health programmes.

My concern is that I have been moved to a role that potentially could double in size.

**Recommendation: That a revised commissioning proposal identify the functions and work programmes currently, identify where functions and work programmes are going to be moved to and which functions and work programmes are going to be disestablished.**

## PSA as stakeholder

The PSA represents about 10,000 members who work in community services, most in the health sector. As well as representing workers in Commissioning, we have a strong interest in ensuring that stakeholders like the PSA can work with Commissioning to improve the quality of community services. The PSA believes clarity about where functions and work programmes are going to be allocated, and where they are going to be disestablished is vital for stakeholders and the wider sector, as well as those working within Commissioning.

## Recommendations

### Process

- Te Whatu Ora develops an exemplar approach to change, including codesign and a union steering group to oversee change.
- Te Whatu Ora restore trust with workers by genuinely listening to feedback from staff about the damage the process has done.
- Te Whatu Ora apologise to affected workers for the impact of this process.
- Te Whatu Ora reconsult on the current wave on 8 change proposals, the next round of proposals are developed through active engagement from unions and members, provide sufficient information about the current state, and include the structure as a whole, not just the leadership team.

## Commissioning

- That Te Whatu Ora completes a subsequent round of consultation on a revised proposal for Commissioning based on feedback received. This proposal must be based on high quality information about the current state and include the entire structure of the organisation, not just the top tiers.
- That the structure of Commissioning reflect Te Tiriti obligations and ensure that there is sufficient expertise to continue to deliver Pae Ora.
- That a revised proposal for Commissioning include explicit explanation for where the responsibility for rainbow health will sit.
- That the make up of Commissioning teams be revised so that they include entry level positions, allow room for career progression, and follow best practice guidance when it comes to the number of direct reports per people manager.
- That a revised commissioning proposal identify the functions and work programmes currently, identify where functions and work programmes are going to be moved to and which functions and work programmes are going to be disestablished.