

## The Transition Unit's answers to your webinar questions

Your Questions	Our Answers
Regarding the National Health Reform, does this also include Respite and NGO services that have pre-arranged agreements with the individual DHB's?	answered during the webinar
Will the public health nurses be organised and deployed from the National Public Health Service as they were historically from the Department of Health?	The Transition Unit and Ministry of Health are currently working on how our future public health system will work, including how Public Health Units will join together into a national Public Health Service. No decisions have yet been made about how specific public health workforces will be organised or deployed.
Regarding electronic records, does this plan, take into account, difficulties in collating the differing types of files generated by the myriad of different systems used? The UK spent millions on this with poor results.	We are very conscious of the challenges of shifting from a system with different records, filing and digital management systems to one. The intention is to develop a more nationally cohesive system with much better data sharing and compatibility. This will take time, and will require careful consideration of how best to ensure a seamless experience for patients and those in our health workforce.
What will health providers in the new health reform look like in providing home community services in personal cares and home management?	No changes to specific health services have been made at this stage. These decisions will be made by Health NZ and the Māori Health Authority as our system's lead commissioners. In some cases, the interim NZ Health Plan (to be released next year) will provide an early indication of how services might change over the first two years of the reformed system from 2022.
Why do you not use the Articles of Te Tiriti rather than the "Principles"?	The principles identified by the Waitangi Tribunal in response to the Hauora claim are intended to reflect what it means to give effect to te Tiriti – both articles and principles – in the context of our public health system. We have used those principles to ensure all facets of the Crown's obligations under te Tiriti o Waitangi are reflected in our future health system, and to ensure that these reflect the Waitangi Tribunal's statements as to how our system should aspire to deliver on those obligations.
What input into the planning has there been from Asian and other ethnic migrant and refugee communities who are not tangata whenua or Pacific peoples?	We have had involvement from Asian and other ethnic migrant and refugee communities through our roadshows, localities work and our consumer voice work.

<p>Kia ora Martin. Thinking about health improvement, we have heard Te Huringa Hauora (HPA) flagged as a key contributor in the health promotion space. What role do we expect existing health promotion teams located within current PHUs to play in that 'influencing' and system-level progress for key health improvement goals? In Auckland we have heard HAT (Healthy Auckland Together) named as a useful partnership approach.</p>	<p>There is work currently underway looking at the public health operating model including across the PHA, PHS and Te Huringa Hauora which should provide more clarity on this.</p>
<p>Just on positions or regulated roles: with the health reforms, do you think there is an appetite for roles such as practitioners of rongoa māori, romiromi, mirimiri, takutaku etc to be recognised as endorsed positions throughout the Health System?</p>	<p>The Transition Unit and Ministry of Health are working on options to strengthen our workforce regulatory settings, including the extent to which we regulate different professions. Decisions on regulatory settings won't be made until next year, and will include exploring whether our approach to regulating rongoa Māori practitioners continues to be the right one.</p>
<p>Regarding wider determinants of health, the New Zealand Index of Multiple Deprivation (IMD18) shows that income and education are the major determinants in New Zealand. Why are these not prioritising, e.g., call for eliminating income disparity as path to health equity?</p>	<p>Addressing the social and economic determinants of health is important – and across government, there is work going on to ensure people have access to housing, education and employment to help keep them well in the community for longer. At the same time, our health system will always play an important role in making sure people stay well, so it's also vital to ensure that it's working as well as it can.</p>
<p>How will deaf, disabled, and chronically ill (including mentally ill) members of the health workforce be supported and developed, to ensure the sector has meaningful leadership from the disabled community? Has the covid response impacted this workforce disproportionately?</p>	<p>There is a stream of work to ensure the workforce and leadership within the Health sector are responsive and understanding of the needs of disabled people. Unfortunately, we couldn't comment on the impact of the COVID response on the disabled workforce without further investigation.</p>
<p>To what extent will the Health Charter mirror public-private charter school model? - Clarity would help a more transparent debate.</p>	<p>The Health Charter will be an agreement between our health workforce – both public and private – and system leadership as to how we will all work together, across professions and across New Zealand, to deliver quality care to people and make working in health a rewarding and positive experience. The Health Charter is not connected to 'charter' schooling models or the Partnership Schools   Kura Hourua initiative.</p>
<p>How can the Health Reforms address health inequity when private sector and ACC are out of scope?</p>	<p>Most New Zealanders get most of their care from our public health system – ranging from support in the community to GP visits to hospital-level care. This means that our public health system has a great impact on how we keep people healthy and well, and reforming it offers</p>

	us opportunities to significantly improve New Zealanders' lives
Why focus on leadership when good processes can enable all in a workplace to flourish?	Processes are only as good as the organisations that use them – and for our future system to flourish and perform, we need exceptional leadership to keep organisations focused on the things that matter, build an inclusive and empowering culture, and deliver the change we expect for communities who have been long underserved by our health system.
In terms of prevention, what is being done in relation to COPMIA programmes to reduce the risk of children developing MH & addictions later in life?	Supporting the mental health and wellbeing of children and young people in Aotearoa New Zealand is a priority. A large programme of work is underway to ensure people can receive the support they need, when and where they need it. This includes through the Access and Choice programme that is currently being led out by the Ministry of Health. This programme aims to expand access to, and choice, of primary mental health and addiction services all across the country. New services are currently rolling out across a range of settings, including targeted services for young people, as well as through general practices, kaupapa Māori and Pacific services.
Can we change HR management to HR development pls?	Thanks for your feedback! Both management and development are important parts of how we make sure our workforce is better supported to excel – we'll consider how we can make both elements clear.
Are there any plans to increase the number of AOD residential facilities and resources in the disadvantaged groups/communities?	The Ministry of Health is leading significant investment into increasing access to, and choice of, mental health and addiction services. While this programme may have planned investment in residential AOD facilities, this is outside of the current scope of the Transition Unit. In addition, there are no plans to change specific health services at this stage. These decisions will be made by Health NZ and the Māori Health Authority as our system's lead commissioners. In some cases, the interim NZ Health Plan (to be released next year) will provide an early indication of how services might change over the first two years of the reformed system from 2022.
What is the cost of these reforms expected to June 2022? And how will the costs be met?	The total cost of making the changes to DHBs and establishing Health NZ is currently estimated at \$180 million over four years: about 0.25 percent of Vote Health over that period.
Given that poor or damaging leadership shows up after the fact and exposure is dependent on	Strengthening leadership – including ensuring a diversity of leadership which is deliberately grown

actions taken by persevering others, will there be improved monitoring of leadership performance? Poor leaders are often protected by their upline managers who together rally around the service rather than the victims i.e., health workers and service clients.	from our workforce and communities – is vital to these reforms succeeding. This will include a culture of greater accountability for organisational performance, and improving the wellbeing and lived experience of our workforce.
Where does medical research fit in the new model? Hospitals currently undertake both pharmaceutical and non-pharmaceutical research.	Medical research will continue to be an important part of our future health system, and will continue to occur in a range of places and be done by a range of different people. As Health NZ and the Māori Health Authority build capability, we will build a clearer picture of how we can drive research which empowers our communities and health professionals.
Taumata Arowai is the new drinking water regulatory body from 15th Nov 2021. This effectively removes any drinking water responsibility from the Public Health Units. What will Health NZ relationship with Taumata Arowai look like?	The Public Health Agency and national Public Health Service will work closely with Taumata Arowai on drinking water and public health, to ensure a joined up government approach to keep people well.
There is a huge lack of residential rehab facilities in NZ. How does this new organizational structure plan to fix this gap, going forward?	In the future health system, the NZ Health Plan will set out what our health system needs to do differently to deliver on the care New Zealanders expect, and to address inequities in access and outcomes for Māori, Pacific peoples, disabled people and other communities. This will make it much easier to identify and respond to gaps in our infrastructure or service provision.
<b>Questions sent in from prior to webinar</b>	
Is there any update yet on where disability services, for example Child Development services, will sit?	Disability Support Services will be led and coordinated by a new Ministry for Disabled People from 1 July 2022. You can learn more about these changes at <a href="https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/disability-system-transformation/new-ministry-for-disabled-people.html">https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/disability-system-transformation/new-ministry-for-disabled-people.html</a>
Please ask Martin if they expect to see a stronger health economics approach of early investment in good health prevention and early intervention? The current system is far too weighted to wait until you get sick with something like diabetes and then you get 'free secondary care' rather than free primary care when it is needed?	answered during the webinar
Will DHBs, PHOs or their replacements lose contracts if they continue to fail to meet the needs of Maori?"	answered during the webinar

<p>With the changing of the health system does this mean all staff contracts will change and what will be the main changes to the contracts</p>	<p>On 1 July 2022, employees of DHBs and shared service agencies will move to work for Health NZ. Employees will retain the same terms and conditions as they have currently.</p>
<p>When minister Little first announced the reforms, he spoke about only a few goals including changing the culture of DHBs, increasing workforce and union engagement. Can you please speak to these? There is some trepidation that by decreasing the number of DHBs to local ""monopoly"" employers the workplace culture of bullying and widespread distrust of current DHB leadership may worsen. Local managers are often inaccurately reporting the current state of areas of health, downplaying staffing and resource shortages, offering positive "spin"" that the workforce would often wish to flatly contradict. The relationship with the unions clearly spelt out in our MECAs is very poor as was very clear during recent nurses' bargaining."</p>	<p>Since Andrew Little's announcement of the reforms unions have been fully engaged in the dialogue and change process.</p> <p>The Health Charter is a great example of that and the design is being undertaken in co-design with unions and there will be opportunities for the workforce across the health sector to be fully involved next year.</p> <p>The interim Boards of Health NZ and MHA have already been in dialogue with the unions making it clear that an ongoing and constructive dialogue is their preference.</p>
<p>What is the role of the entity Te Whariki o te Ara Oranga in the transition reform; and is one of its roles to gather info from its member orgs in order inform MOH's &amp;/or the Maori Health Authority's progression of Kia Manawanui Aotearoa?</p>	<p>Te Whariki o te Oranga is a valuable platform to support leaders in mental health and addiction learn and share from each other.</p> <p>It's important to note that there are no plans to change how these sorts of initiatives will operate. While Health New Zealand will take the lead on commissioning health services throughout the system, we are focused on retaining the valuable networks and relationships that have, and will continue to, help drive transformation such as the Kia Manawanui strategy.</p>
<p>How will this impact the Health Source NZ LTD and Health Alliance company?</p>	<p>When DHBs are disestablished on 1 July 2022, DHB shared service agencies will also be disestablished. If you're employed by a shared service agency there will be no immediate change to your employment – the only change is that your agency will be owned by Health New Zealand, rather than by a DHB.</p>
<p>It was confirmed that Te Hiringa Hauora staff would be transferred over to Health New Zealand. What is the one thing staff should be asking about with regards to their existing contracts? What should we be asking now? And keeping an eye on?</p>	<p>[Definitely one for Helene or Lucy] Employees of Te Hiringa Hauora staff who have contracts that go beyond 1 July 2022 (either if they are permanent employees or fixed terms employees with a contract end date post 1 July 2022) will transfer to being employees of HNZ under the same terms and conditions as they have as an employee of Te Hiringa Hauora. There isn't one particular question that needs to be asked and as we approach 1 July 2022, there will</p>

	<p>be communications with individual employees regarding transferring their contracts under the Health Transfers Act.</p>
<p>Regarding the National Health Reform, does this also include Respite and NGO services that have pre-arranged agreements with the individual DHB's?</p>	<p>On 1 July 2022, all DHB contracts will become contracts with Health NZ. Health NZ will continue to work to the terms of those contracts, and will discuss with providers how they intend to approach commissioning of services as contracts expire or end.</p>
<p>An integrated and nationwide IT system will be the first requirement for health service reform. The current system of 20 different DHBs with many different computer systems is very unwieldy and doesn't allow universal access to patient data. Will a new integrated computer system be introduced across New Zealand, that will enable patient records to be seen across the whole sector? How will this be achieved and at what cost? I envisage the ring-fenced funding will be eaten up totally. Any reassurances or explanation?</p>	<p>Integrating DHBs' IT systems is a significant and complex task that won't be done overnight. Health NZ will be responsible for developing and delivering on a plan for digital integration over time, which will be reflected in the NZ Health Plan.</p>
<p>If we're in a smaller rural hospital and do many aspects of the hospital such as ordering, checking in and admissions, payroll, hiring, banking, X-ray referrals and checking in, GP referring, reception for wards and ED, filing etc how does this affect us?</p>	<p>On 1 July 2022, all DHB contracts will become contracts with Health NZ. Health NZ will continue to work to the terms of those contracts, and will discuss with providers how they intend to approach commissioning of services as contracts expire or end.</p> <p>On 1 July 2022, employees of DHBs will move to work for Health NZ when those organisations are disestablished – but will retain the same terms and conditions as they have currently. If you're employed by a shared service agency there will be no immediate change to your employment – the only change is that your agency will be owned by Health New Zealand, rather than by a DHB.</p>
<p>What effect will these changes have on the provision of forensic mental health services regionally and nationally?</p>	<p>In the future health system, the NZ Health Plan will set out what our health system needs to do differently to deliver on the care New Zealanders expect, and to address inequities in access and outcomes. As a highly specialised service this national planning will make it much easier to identify and respond to gaps in the infrastructure or service provision.</p>