

Health New Zealand
Te Whatu Ora

Lifting Performance by Empowering Regions

Consultation Document

24 July 2024

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SECTION 1: Foreword



Kia ora koutou,

Thank you, leaders and teams, for your work to date on ensuring continuity of service and delivery to New Zealanders this past year.

Health NZ is on a 3-year journey to lift our performance and delivery on the National Health Targets that are core for the NZ Health Plan. To ensure we are well positioned to meet our objectives, we need to review our leadership structures.

For this next phase of change I propose to align more specific accountabilities for delivering on National Health Targets for New Zealanders to regions, with delegations to enable decision making on how we deliver care closer to patients, whānau and their communities within the resources available.

We also need to be well positioned to support improvement actions and reliably report on our performance. We completed a review of the process underlying publication of clinical data last year, and have been implementing its recommendations, and now need to make further changes to accelerate this improvement.

The Lifting Performance by Empowering Regions proposal will focus on the following key objectives:

- Lifting Health NZ's performance by empowering regions and enabling devolution of more authority – with clear accountabilities – to regional integrated leadership;
- Consolidating further by shifting national teams responsible for performance improvement, commissioning and data reporting under the accountability of one executive leader; and
- Accelerating implementation of last year's "Review of the process underlying the publication of clinical data" by consolidating the functions responsible for the collection, aggregating and reporting of data under one span of control.

I am mindful of where many teams are at in their change journeys, and this could be seen to further complicate change not yet fully implemented.

I aim to achieve this change by proposing to disestablish positions and shifting reporting lines of existing teams. We will pause recruitment to vacancies as there is likely to be more efficiency gains when we merge teams together under different executive leadership roles.

Decisions made prior to this proposal

Create Establishment Deputy Chief Executives (DCEs), Regions positions

With the Board's endorsement, I have consulted and made the decision to create four Establishment Deputy Chief Executives. These roles will be interim for a period of 12 months. I have recently considered candidates and will make appointments shortly so we can build up resources to support regions while also taking time to recruit permanent leadership to be in place from 1 June 2025. In this proposal we are consulting on the proposed changes of reporting lines and proposed disestablishment of regional positions as a consequence of the Establishment DCE positions.

Disestablishment of National Directors, Hospital & Specialist Services and Commissioning

Given the scope and accountabilities of the Establishment Deputy Chief Executive roles, and the level of oversight and senior leadership they will provide regionally, the national positions of National Director, Hospital & Specialist Services and the National Director Commissioning have been disestablished.

SECTION 1: Foreword

Decisions made continued

Interim Director Data and Digital and Commissioner for Hospitals

I am also creating two other 12-month interim leadership roles. An appointment to the Director Data and Information reporting to National Director System Planning, Performance and Improvement (previously National Director SI&I), will soon be made. I am also establishing an interim Commissioner for Hospitals reporting to the National Director System Planning, Performance and Improvement. The process to appoint to this role will commence in the coming days.

Summary of proposed changes

I am consulting on the following proposed changes:

- Regional Wayfinders in Commissioning and their teams and budgets would shift to report to Establishment Deputy Chief Executives, with a change in their titles to Regional Commissioners;
- Proposed disestablishment of the Regional Directors (HSS) and changes in reporting lines for Executive Assistants;
- National teams in HSS and Commissioning would shift their reporting lines to the National Director System Planning, Performance and Improvement (previously National Director SI&I). This is to achieve consolidation of planning, performance reporting and analytics, commissioning and improvement including HS&S Delivery unit functions into one team;
- Structures responsible for Data Services, National Collections as well as leads managing coders in HSS would shift to report to the new interim Director Data and Information team. This brings the end-to-end journey of data collection, its extraction, aggregation, validation and reporting under a single senior leader;

I acknowledge that these shifts and proposals have been enabled by the existing capacity and capability built by the current leaders and mihi to them and all their teams for the work undertaken to date to support the system's delivery.

Feedback

I am seeking feedback on this consultation proposal, primarily from those in roles that are significantly affected and those where the reporting lines are proposed to change.

Please take time to consider the proposed change and the potential implications for your role. I would appreciate you providing written formal feedback through "What Say You" by 5pm Wednesday 7 August 2024.

I will consider your feedback fully and anticipate coming to a decision the following week.

Given that we are still transitioning from the Simplify to Unify change programme and that we do not yet have a joined-up payroll and information management system across the organisation, I am aware that we may not have totally accurate information in terms of position titles, people in positions etc. We apologise for any inaccuracies in the data and ask that you draw this to our attention as soon as possible, so we can correct it and assess how that may impact on you and your colleagues. If you are on a fixed term or a secondment, we will talk with you about the impact on your role.

I appreciate that this is an unsettling time for you, and we have our EAP support and career support services available.

Ngā mihi,
Fepulea'i Margie Apa
Chief Executive

SECTION 2: Rationale for Change

Why now?

We can do this proposed change now because we have advanced initiatives to enable devolution and maintain transparency in activity at local and regional levels.

This is to ensure we are achieving consistency where it matters and that we can target improvement initiatives to support variations in deliver.

These national initiatives include:

- National Clinical Networks who will set standards, prioritise pathway development and implementation of key clinical service initiatives to ensure we progressively reduce 'post code' lottery access;
- We now have 100% of our financial transactions on Finance and Procurement Information Management (FPIM) system compared to when we started on 1 July 2022 at less than 50%. This means that we have greater transparency on cost of provision across the country, enabling benchmarking against output delivery and financial controls against budget;
- We have national levers to grow and target workforce growth quickly and when required. The time to recruit for many professional groups have reduced to the point where we have recruited ahead of budget for a number of groups; and
- The establishment of the National Data Platform that consolidates data from National Collections enables access to datasets on activity and impact across the system that supports local and regional visibility. This is not just of our own but increasingly being able to see and compare across other services across the country in hospitals. There is more work to do to increase visibility of funded sector activity, but this will improve over time.

Operating Model and Decision Making

Currently we have regions and local teams that are disconnected from decision making and this has resulted in less ownership of budgets and internal controls to manage resources they have.

In addition, national spans of management control (ie the breadth of service coverage that some of our executive leadership team manage) are being aligned to core functional accountabilities to be effective and agile at intervening in performance improvement and providing the resources to support local providers and services that need help.

We need an operating model that reduces the layers between governance and delivery of care and ensures that the right decisions are made at the right parts of our organisation, by:

- Setting clear targets, performance expectations, and clinical and planning standards at a national level; while
- building accountability at a regional and local level, lifting regional leadership to the executive team, and right-sizing enabling functions to service regions accordingly; and
- having integrated performance monitoring available operationally but also to ensure that performance expectations are being managed appropriately and to intervene quickly, if not.

SECTION 2: Decision on Establishment Deputy Chief Executives (DCEs)

Four Establishment Deputy Chief Executives (DCEs), Regions

We have created four Establishment Deputy Chief Executive (DCE) roles who report directly to the CEO. The Establishment Deputy Chief Executives will have accountability for regional delivery of healthcare.

With the Board's endorsement, I have consulted and made the decision to create four Establishment Deputy Chief Executives. These establishment roles will be in place for a 12-month period to build the capability and capacity for regions. In December we will commence a recruitment process to appoint permanently to the Deputy Chief Executive roles, to be in place by 1 June 2025.

The benefits of Establishment DCEs:

- regions have a manageable span of control to achieve focus on performance and living within our means
- joining up care across prevention, primary and hospital care to help people with preventable conditions and stay well and independent.
- within national guidelines, tailoring services to meet regional needs for people, particularly those who have multiple needs as populations age.
- using collective resources as effectively as possible, so people receive care as quickly as possible across regions.
- enabling innovation that is tailored to meeting local needs
- supporting people with long-term conditions or mental health issues.
- improving the health of children and young people.

The Establishment Deputy Chief Executive will:

- be accountable for the delivery of National Health Target performance for their region, working collaboratively with their regional and national counterparts to ensure consistency of access including improving access and health outcomes for high need patient groups and their whānau;
- be accountable for delegated budgets and staff for the delivery of the Government's priorities in the NZ Health Plan and meet minimum service coverage requirements for their region;
- regionally lead out national priorities, ensure integration of planning, prioritisation and performance delivery meet the needs and impact on health outcomes within regions.
- lead work for whole of system to ensure all stakeholders are involved in how health services are delivered in regions.
- work with current enabling leads to ensure the regions are serviced by enabling functions eg Data & Digital, Infrastructure & Investment, Finance, P&C
- be accountable for improvement in regional and local performance against national performance targets

Over the next 12 months we may shift more functions and/or resources as required. During this time, the level of servicing (quantity and quality) will be negotiated with enabling functions – Finance, People & Communications, Data & Digital, Infrastructure and Investment to ensure prioritisation within available resources and responsiveness to service needs.

SECTION 2: Expectations of Regions

Expectation of the regions is that they each:

- *Join up services*: primary and secondary care collaboration on pathways to ensure patients experience of care is seamless and have authority to allocate resources across the continuum.
- *Partnerships* across services and regions supported by their jointly developed integrated care strategies.
- *A single approach to workforce*: so, people can take on new roles, enhance their skills and work more flexibly across different organisations including across hospitals.
- *A focus on prevention*: using data and population health management approaches to pro-actively identify local people most at risk and the services they might need and have the delegation to shift those resources where it makes more sense for patients
- *Devolving to 'place level' within a system*: bringing local people and partner organisations together to decide what services are needed and setting up integrated neighbourhood teams to deliver them. This includes working with IMPBs and community provider networks to better match community needs with services.
- *Joint working in provider collaboratives*: local providers working together across multiple places to reduce unwarranted variation of services, share resources so they can be more resilient, and providing specialist or consolidated services where this brings better outcomes and value for money.
- *Supporting social investment* through regional partnerships work in partnership with regional and local social sector agencies to enable early intervention, target resources at high need patients and their whanau.

Section 3: Proposal – National HSS and Commissioning Support Roles

Disestablishment of National Directors, Hospital & Specialist Services and Commissioning

Given the scope and accountabilities of the Establishment Deputy Chief Executive roles, and the level of oversight and senior leadership they will provide regionally, the national positions of National Director, Hospital & Specialist Services and the National Director Commissioning roles have been disestablished.

Proposed Changes to current roles

With the disestablishment of the National Director Commissioning function and National Director Hospital and Specialist Services function there are potential flow on effects for the roles that support these functions.

Creating the proposed regional structure and consolidating national functions into the proposed System Planning, Performance and Improvement business unit, there would be duplication of support services. This duplication is across Executive Assistants, the functions in the Office of the National Directors and positions currently supporting the disestablished National Directors .

We are proposing the Office of the Wayfinder (proposed change in title to Office of Regional Commissioner) will provide government support services such as OIA, PQ preparation and other support services across the Establishment Deputy Chief Executives team. We are proposing to change the title to Regional Commissioners and the office would have a change in title to the Office of the Regional Commissioner.

In System Planning, Performance and Improvement (current SI&I), the existing Director of Operations team, will continue to provide these services for the proposed new business unit.

We are proposing to disestablish the following positions:

Commissioning

- Executive Assistant to the National Director
- Director Office of the National Director Commissioning and all positions in the teams reporting to the position
- Chief of Staff
- EA to Chief of Staff and Director Māori Services
- Programme Manager Capability
- Strategic Advisor Capability Development

Hospital and Specialist Services

- Executive Assistant reporting to the National Director Hospital & Specialist Services
- Director Office of the National Director HSS and all positions in the teams reporting to the position

We are also proposing to disestablish two vacant leadership roles currently reporting the then National Director Hospital and Specialist Services:

- Group Manager – Risk & Quality Assurance (vacant)
- Director Māori Services (HSS) (vacant)

We are proposing to change the title of Regional Wayfinders to Regional Commissioners.

Section 3: Proposal – Functions and Roles Reporting to Establishment Deputy Chief Executives, Regions

Functions and roles reporting to Establishment Deputy Chief Executives, Regions

To strengthen integration of regional functions we are proposing to bring together the HSS Group Director Operations (GDO) and regional Commissioning to report to Establishment Deputy Chief Executive positions in each region.

By merging these regional functions, regions can be accountable for:

- Implementing national programmes of change to improve timely access to quality care on agreed initiatives
- Integration of care at a regional and local level to enable whole of system supports in the implementation of National Health Targets
- Leverage regional commissioning for devolved funding to influence demand growth from communities and support hospital and specialist service pressures.

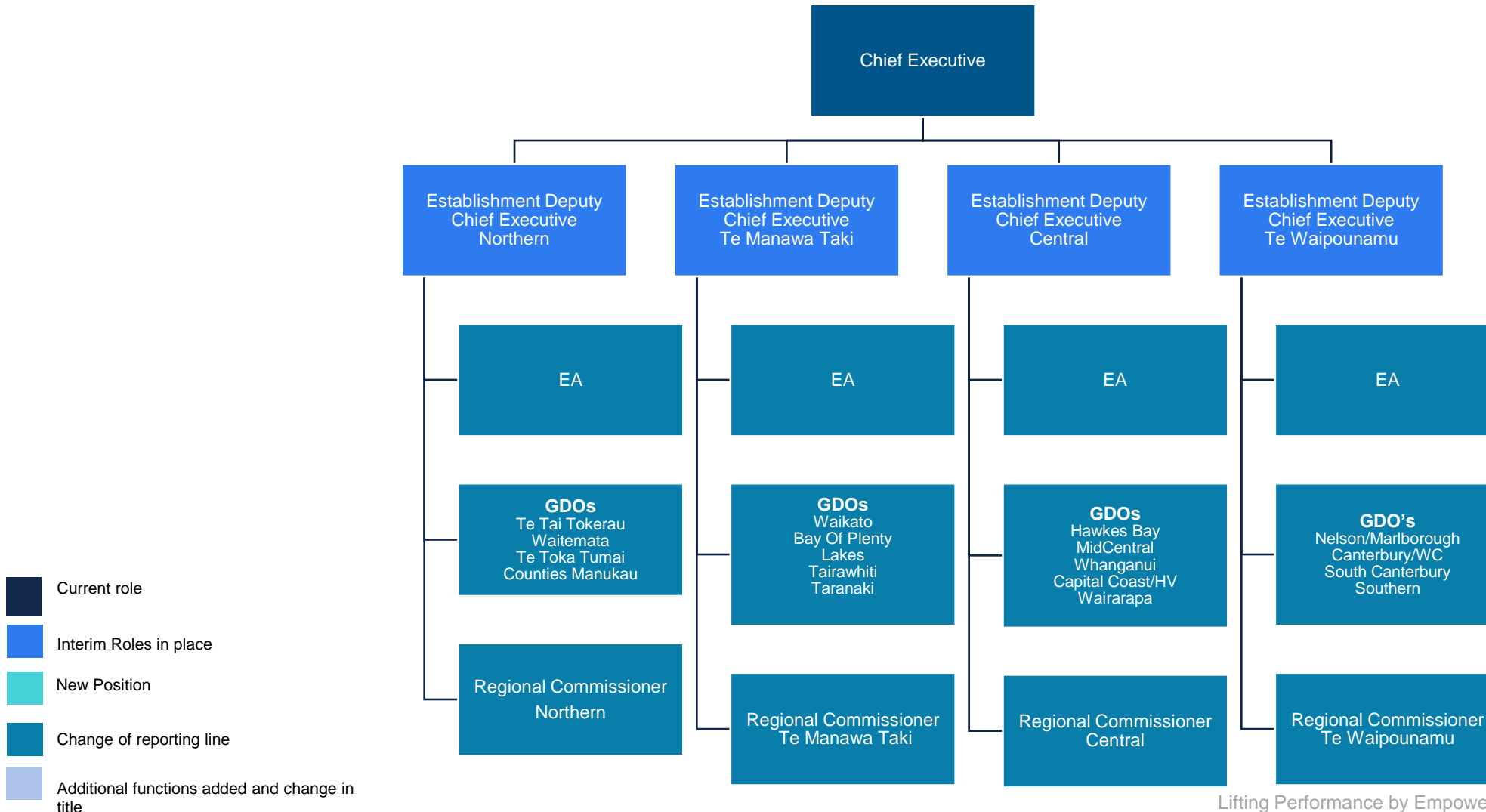
Proposed Changes to current roles

To shift responsibilities for HSS and Commissioning functions to the Establishment Deputy Chief Executives the following changes are proposed to current positions:

- Propose to disestablish the Regional Director (HSS) positions.
- Executive Assistant positions currently reporting to the Regional Directors would change reporting line to the Establishment Deputy Chief Executive in each region.
- Group Directors Operations (GDOs) would report directly to the Establishment Deputy Chief Executive in each region. This has the added benefit of removing an operational layer from our structures improving both management spans and improving communication lines.

- Regional Wayfinder (Commissioning) position in each region changes reporting line to the Establishment Deputy Chief Executive, with a change in title to Regional Commissioner.
- The Office of the Regional Wayfinder (title change to Office of Regional Commissioner) would provide support across all functions within the Establishment Deputy Chief Executive structure and would continue to report to the Regional Commissioner. This would ensure that the Regional Commissioners continue to have the necessary infrastructure around them to support their roles.
- During consultation we will work with procurement and supply chain to work through several options for future reporting arrangements.

Section 3: Proposal – Establishment Deputy Chief Executive Structure



SECTION 3: Proposal – System Planning, Performance and Improvement Business Unit Functions (current SI&I)

System Planning, Performance and Improvement Business Unit functions

The current S&I business unit will be renamed the System Planning, Performance and Improvement business unit and we propose to incorporate the current functions of Service Improvement and Innovation (SI&I) and additional functions with the inclusion of all commissioning (including HSS), HS&S performance programmes, strategy, performance, planning and HSS systems delivery functions.

We are proposing two key changes:

- Merger of commissioning teams for the funded sector **and** hospital & specialist services. This enables a whole of system and pathway approach to how we fund care from a patients' perspective;
- Integration of functions that seek to work with regional and local delivery to improve performance. This includes intervening in failing services, providers and/or services (both hospital & specialist and in funded sector) that may present with clinical and service risks.

Consolidate national teams responsible for performance improvement, reporting and commissioning

We are proposing to shift national teams responsible for performance improvement, commissioning and data reporting under the accountability of one executive leader, the National Director System Planning, Performance and Improvement and to consolidate the functions responsible for the collection, aggregating and reporting of data under one senior leader within System Planning, Performance and Improvement.

Within the System Planning, Performance and Improvement business unit we are proposing to consolidate national teams that are responsible for:

- Performance improvement of hospital and specialist services and provider networks;
- Enabling commissioning as a lever to improve population health and access to services across the whole pathway of care from prevention and primary to secondary care;
- Data driven and evidence-based decision making by joining up our analytic resources to ensure one source of truth on key indicators, enabling benchmarking of delivery and comparative costing.

From 24/25 we will continue to embed a casemix model more comprehensively across the system and return to price volume schedules for the allocation of funding to regions.

This is to align delivery of outputs to funding and will support efficiencies across the country. The first two years of consolidation we did not devolve revenue and will undertake to do this from 24/25.

SECTION 3: Proposal – System Planning, Performance and Improvement Business Unit Functions (current SI&I)

End to end accountability for data collection, aggregation and reporting

Assuring New Zealanders that we are delivering timely access to quality care means we need to tell our performance story with data that is reliable, consistent and available not just to our own teams but to the public.

We also need to rapidly support an eco-system of access to clinical and managers to enable them to make data driven decision making at all levels. This is a key capability to support devolution of responsibility and decision making – that we equip our teams with information not just on their own services but on others so they can compare and contrast transparently. This is a fundamental tenet to performance improvement that is driven from within our team of teams.

In 2023 we completed a **“Review of the process underlying publication of clinical data on the website of Te Whatu Ora.”** Its key findings highlighted the many challenges and made recommendations to address the timeliness, accuracy and validation of data for operational management and public reporting.

Although we have made progress on many of those recommendations, I don't believe we have made enough progress to give me confidence we will support important initiatives such as National Health Target reporting sufficiently. The pathway to reporting connects across multiple functions from HSS, NPBS, D&D, SI&I, Māori Health. The spread of accountability for timeliness and quality of data across multiple leadership roles risks ongoing working in silos.

We propose to consolidate the span of control for this end-to-end pathway into System Planning, Performance and Improvement by shifting reporting lines for:

- Coders currently reporting to HSS
- National Collections currently reporting to Data & Digital
- Data Services currently reporting to Data & Digital.

There are analytic functions that have established themselves in other groups that are not joined up or working together to make best use of resources. We would like to review those when we have completed this change.

Working with Regions

It is important that the National Director, System Planning, Performance and Improvement and Establishment Deputy Chief Executives establish a way of working that:

- Enables regions access to data and analytic support that is responsive to their operational needs; and
- Has agreement on priority areas of performance improvement and the targeting of resources to support that work. National Health Target improvement is a key priority.

SECTION 3: Proposal – System Planning, Performance and Improvement Leadership Structure

System Planning, Performance and Improvement Leadership Structure

To bring together system planning, performance improvement and commissioning functions under the accountability of one executive leader we are proposing the following positions report to the National Director System Planning, Performance and Improvement :

The current Director positions, their direct reports and teams from Service Improvement and Innovation (SI&I):

- Director Population Gain, with a change in title to Clinical Director Planning and Population Gain
- Head of Strategy Planning & Performance with a change in title to Director Planning and Outcomes
- Director Health Equity
- Director Consumer Engagement & Whanau Voice
- Director Evidence, Research and Clinical Trials
- Director Te Whatu Ora Improvement
- Director Operations

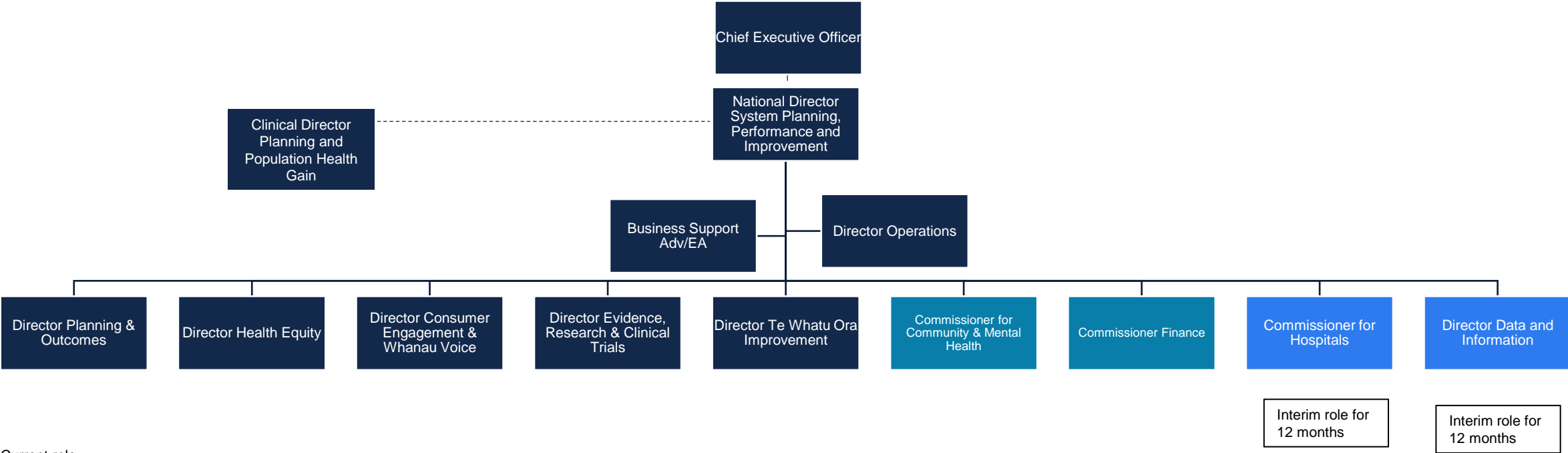
The following Commissioning positions, their direct reports and teams:

- Director Funding & Investment, with a change in title to Commissioner Finance. During the consultation period we wish to explore with this role how we strengthen the relationship with finance.
- Deputy National Director, Commissioning & System Design with a change in title to Commissioner Community & Mental Health

The addition of two interim positions:

- Commissioner for Hospitals
- Director Data and Information

SECTION 3: Proposal – System Planning, Performance and Improvement Leadership Structure



- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

SECTION 3: Proposal – Shift and Consolidate National Commissioning Functions

With the proposal to shift and consolidate national commissioning functions within System Planning, Performance and Improvement we are proposing a Commissioner for Community & Mental Health and a Commissioner Finance team. There are also some current national commissioning positions that are proposed to be disestablished.

Commissioner for Community & Mental Health

We are proposing the commissioning functions and positions currently reporting to the Deputy National Director, Commissioning and System Design shift to the System Planning, Performance and Improvement business unit reporting to the Commissioner for Community & Mental Health.

The following positions and their teams will report to the Commissioner for Community & Mental Health:

- Director Starting Well
- Director Living Well
- Director Aging Well
- Director Mentally Well
- Chief Advisor – Disabled People Commissioning

We will continue to take a life course view to the population health outcomes we want to achieve for these consumer groups informed by the work of the Population Health team already in SI&I. The alignment of how we commission and fund the health system to impact on those outcomes is a key opportunity this shift will achieve.

We are proposing to change reporting line of the Clinical Director, Primary and Community Care Commissioning from the National Director Commissioning to the Commissioner for Community & Mental Health.

Commissioner Finance

The Commissioner Finance business group is the Funding and Investment team currently in Commissioning. We are proposing to bring this function into System Planning, Performance and Improvement as part of the consolidation and we are proposing to change the title of the current Director Funding & Investment to Commissioner Finance. There is no change proposed for the direct reports to the current Director Funding & Investment. During consultation we want to work closely with the team to understand and identify ways we can strengthen the relationship with finance.

Localities Design

The national localities team was set up to manage the Localities programme and pilots, support the setting up and managing of localities and provide an advisory function to regions. We have now devolved this work to regional and local levels and there is no longer need for national support for local programmes.

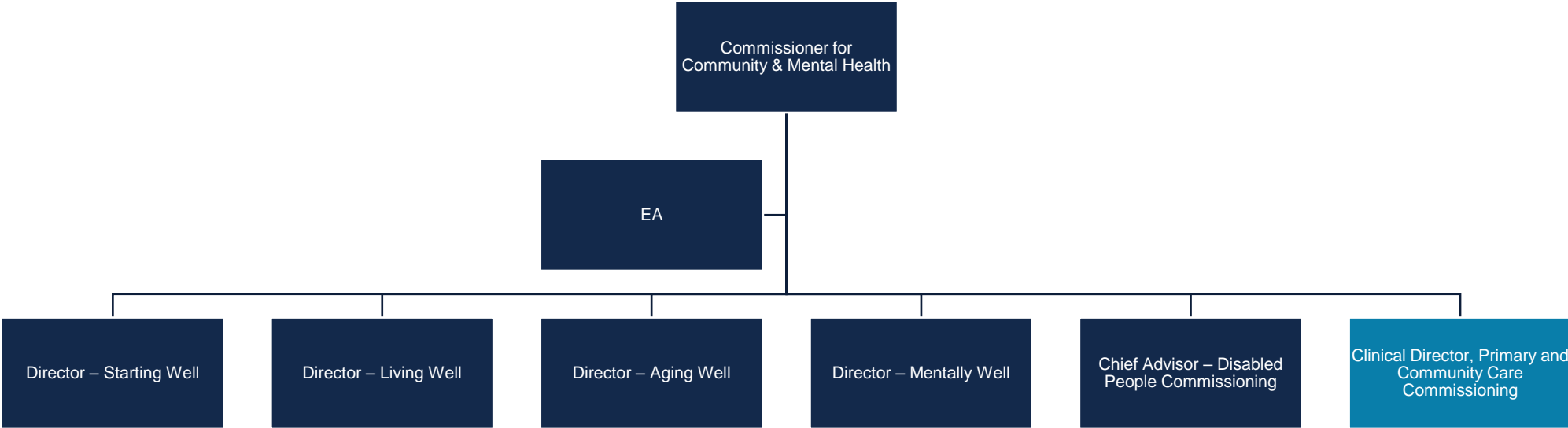
With this shift of functions to regional and local levels, we are proposing there is no longer a need for a national design team, and we are proposing to disestablish:

- the Director Localities Design (vacant) position and all positions reporting to this position.

Director Māori Health

We are proposing to disestablish the Director Māori Health and the Chief Advisor Māori Health, as the Hauora Māori Services business unit would provide support and services across Health NZ and therefore there will no longer be a need for this stand-alone role within System Planning, Performance and Improvement.

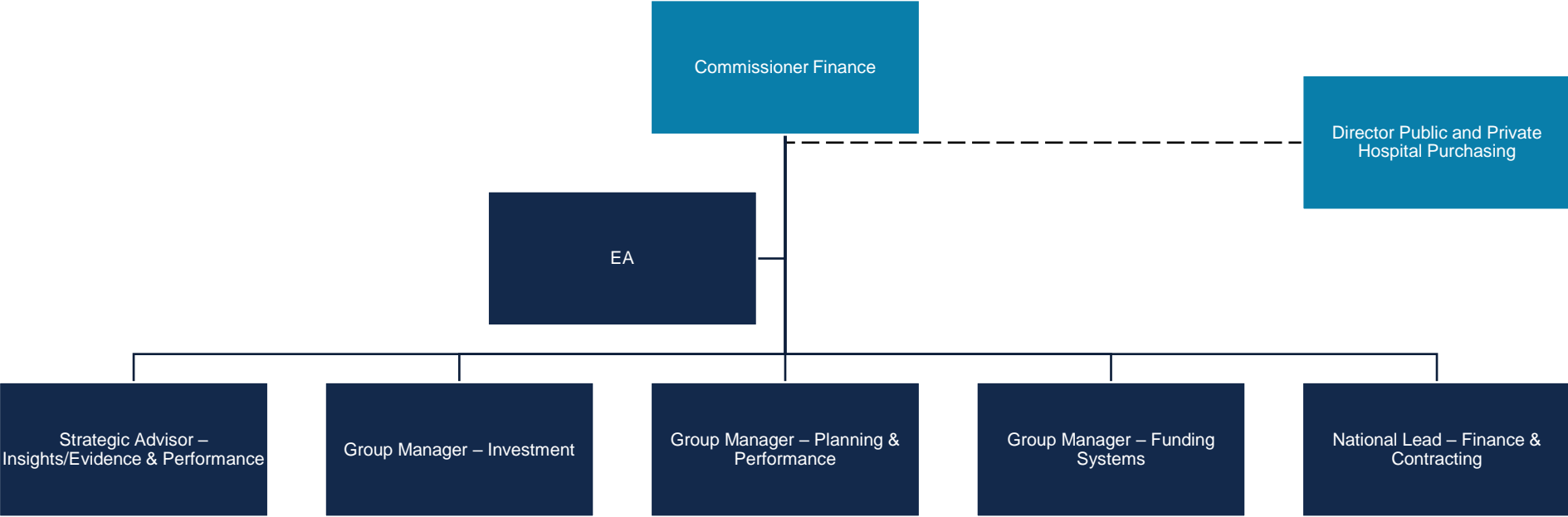
SECTION 3: Proposal – Commissioner for Community & Mental Health Structure



Current direct reports continue to report to Directors – no change

- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

SECTION 3: Proposal – Commissioner Finance Structure



- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

Current direct reports continue to report to GMs and National Lead – no change

SECTION 3: Proposal – Shift HSS National Hospital Purchasing, Systems Delivery and Performance Functions

We are proposing to bring together the functions from HSS of public and private hospital purchasing, systems delivery and performance measures into a Commissioner for Hospitals team.

Commissioner for Hospitals

The core functions of this group will be to:

- Establish accountability, price volume and funding flow arrangements for hospital purchasing
- Flow of funding from funding provided to hospitals
- Health purchasing for private and public services
- Develop SLAs between hospital services and commissioning services
- Develop health purchasing arrangements – public and private
- Plan national services and delivery
- Monitor hospitals performance and assist hospitals in difficulty
- Monitoring National Health Targets performance and priority areas for performance.

We are proposing the following positions from HS&S have a change in reporting line to the Commissioner for Hospitals:

- Director Strategy Planning & Purchasing with a change in title Director HSS Service Design, Delivery & Purchasing
- Director Delivery Unit with a change in title to Director Improvement
- The Director of Programmes, Delivery Unit with a proposed title change to Director Targets and Performance.
- Group Manager HSS Business System Intelligence

HSS Service Design, Delivery & Purchasing

The proposed Director HSS Service Design, Delivery & Purchasing is proposed to have a dotted line to the Commissioner Finance. These two roles will have a strong working relationship due to the connection of commissioning and purchasing decisions, and delegated authorities that are currently with the Commissioner Finance.

With the consolidation of functions and with the change in focus we are proposing to disestablish the following role:

- Manager – Disabled Peoples Health

SECTION 3: Proposal – Shift HS&S National Hospital Purchasing, Systems Delivery and Performance Functions

Improvement

We are proposing the current Director Delivery Unit will have a change in title to Director Improvement.

The following positions would report to Director Improvement:

- Programme Director Acute Care
- Programme Director Planned Care & Cancer
- PMO Team Programme Manager

- Clinical Reference groups - will be convened as required by ongoing HSS programmes

Targets and Performance Team

We are proposing a team to focus on our key priority of National Health Targets and our performance against these, led by a Director Targets and Performance.

Over the past 6 months a significant amount of work has been done on performance reporting on health targets in HSS. We are proposing the Director of Programmes, Delivery Unit role has a change in reporting line to the Commissioner for Hospitals and change in title to Director Targets and Performance.

We are proposing to change the reporting lines of the current Manager HSS Performance Measures and Lead Operational Performance and Surveillance position to report to the Director Targets and Performance.

This team will focus on:

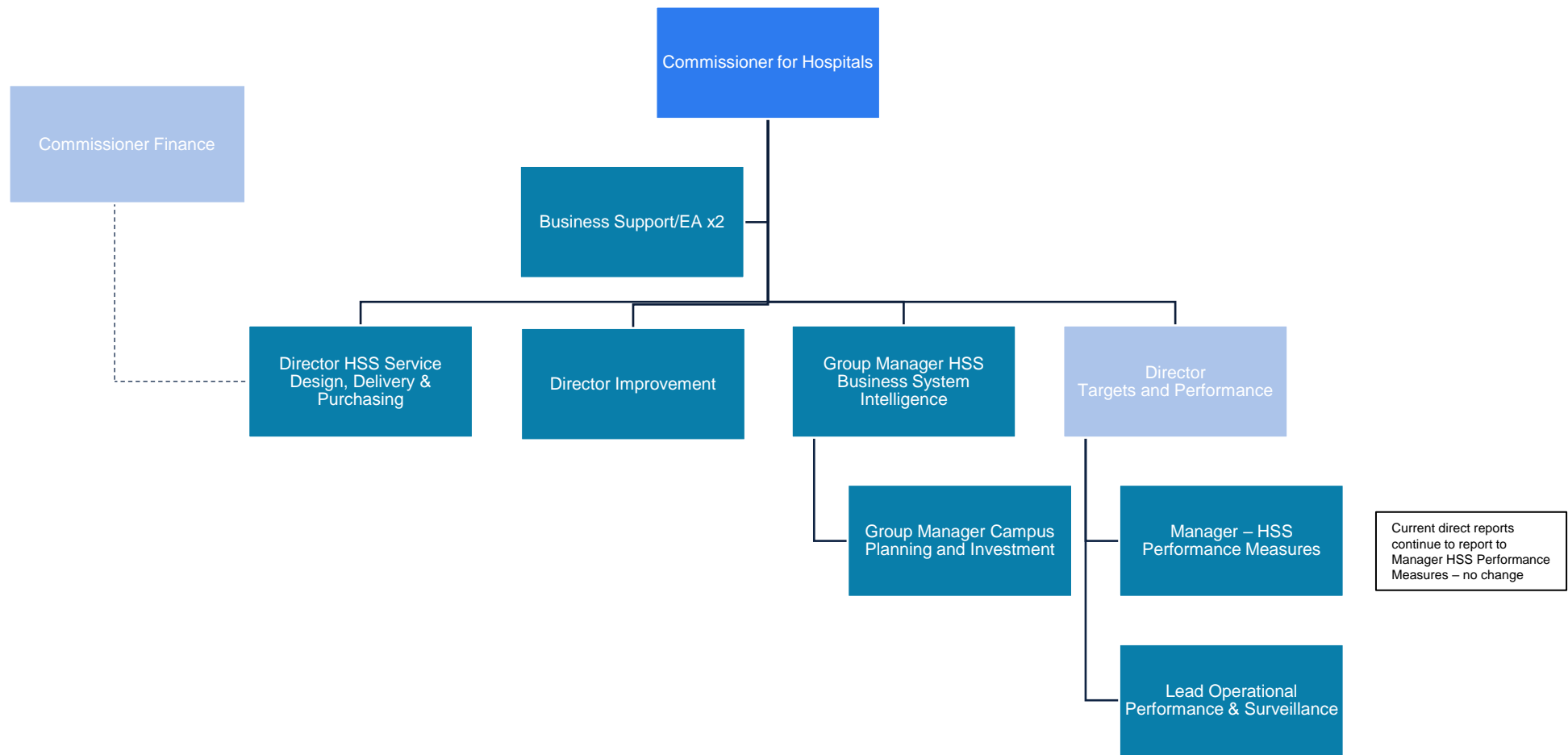
- Providing national monitoring and reporting on health targets
- Overseeing the development and implementation plans that focus on lifting health target performance

The Director would oversee and chair the national sub-committee for health targets

Business Support/EAs

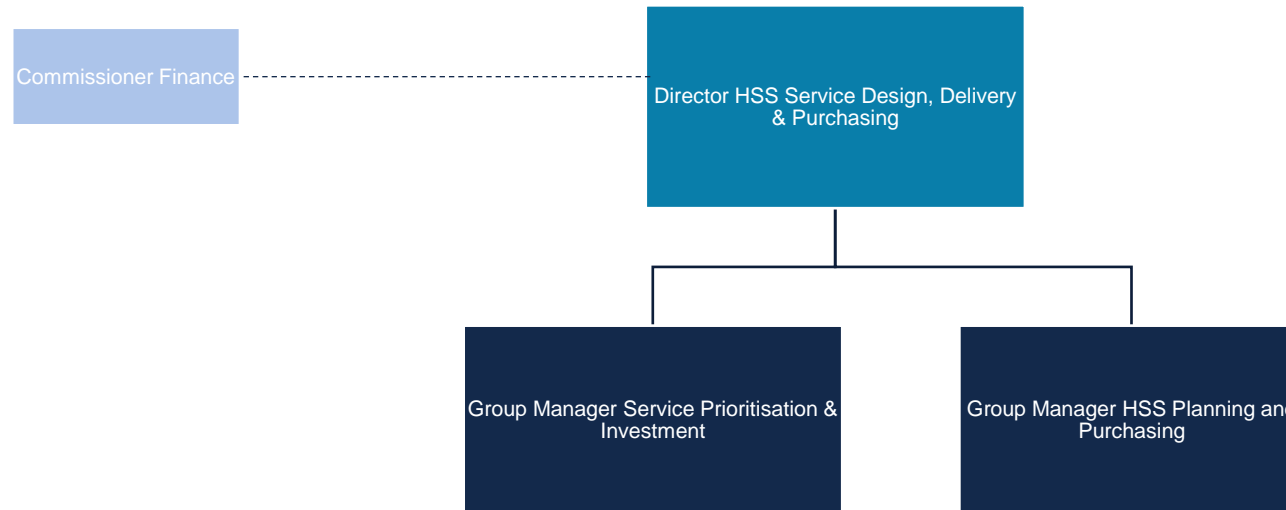
We are proposing the existing Executive Assistants for the Director Strategy Planning & Purchasing and Director Delivery Unit have a change in reporting line to the Commissioner for Hospitals and would provide services across the group for the Commissioner and the Group Managers.

SECTION 3: Proposal – Commissioner for Hospitals Structure



- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

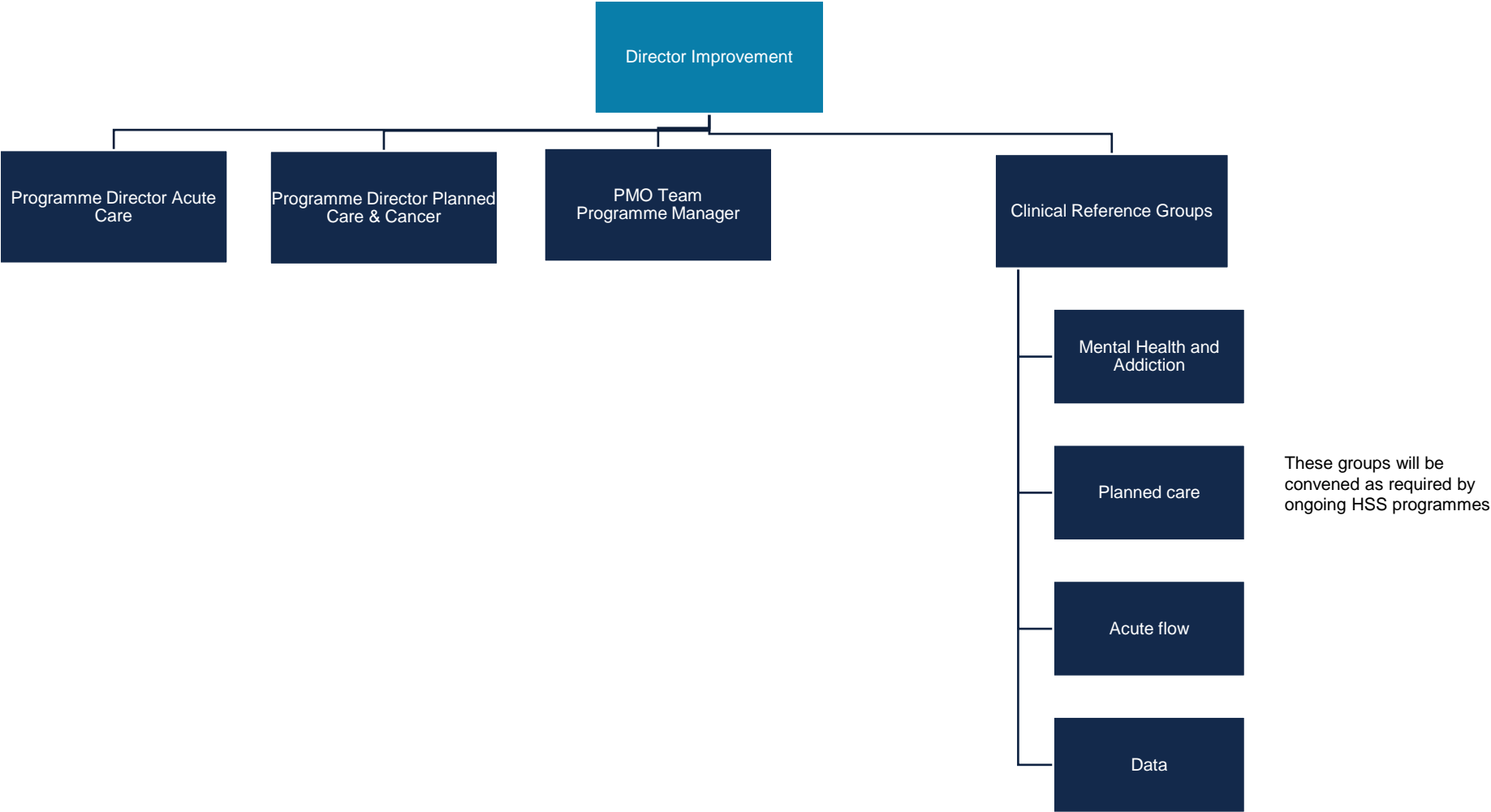
SECTION 3: Proposal – Director HSS Service Design, Delivery & Purchasing Structure



Current direct reports continue to report to GMs – no change

- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

SECTION 3: Proposal – Director Improvement Structure



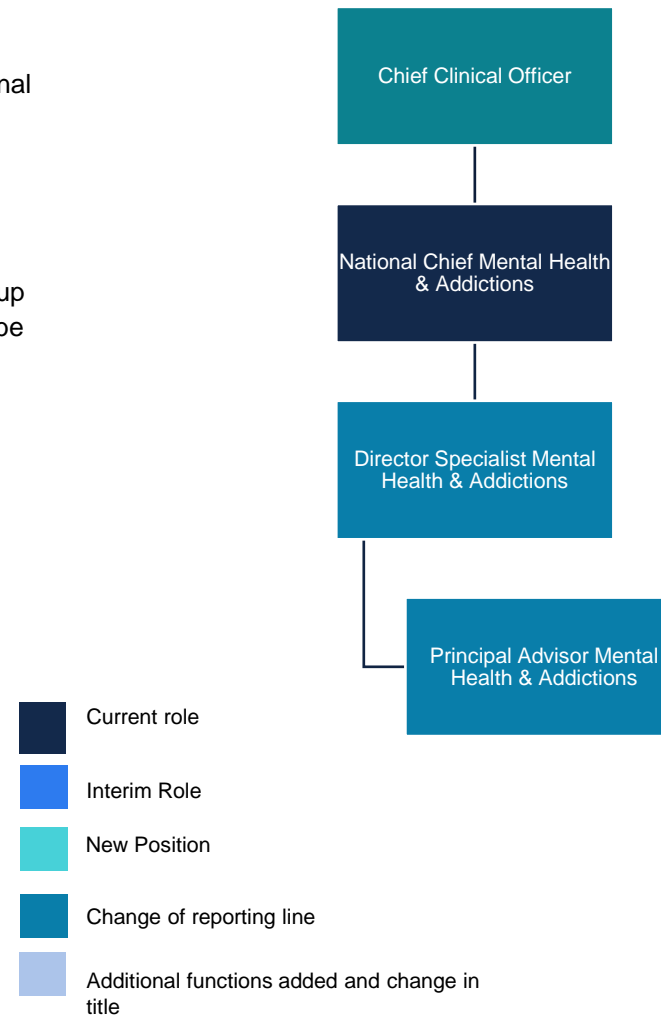
- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

SECTION 3: Proposal – Shift Specialist Mental Health and Addictions (HSS)

Additional reports to the National Chief Mental Health & Addictions

We are proposing to move Director Specialist Mental Health & Addictions to report to the National Chief Mental Health & Addictions as the role and functions align with the clinical leadership national function. The Principal Advisor Mental Health & Addictions from the Office of National Director HSS is proposed to change reporting to Director Specialist Mental Health & Addictions.

To further strengthen cross organisation delivery in mental health and addictions services a group will be formed from across the organisation and chaired by the CEO. It is envisaged this would be like the group currently in place for midwifery.



SECTION 3: Proposal – Shift Data Collection, Aggregation and Reporting Functions

Data and Information functions

To ensure end to end accountability for data collection, aggregation and reporting, We are proposing to bring together functions from HSS, Data & Digital and SI&I. This function will be led by an interim Director Data and Information.

Bringing these functions together will ensure we will support important initiatives such as National Health Target reporting sufficiently. The pathway to reporting connects across multiple functions from HSS, NPHS, D&D, SI&I, Māori Health. The current spread of accountability for timeliness and quality of data across multiple leadership roles risks ongoing working in silos.

We propose to consolidate the span of control for this end-to-end pathway into System Planning, Performance and Improvement by shifting reporting lines for the following roles to the interim Director Data and Information and the teams reporting to them, would move with them:

From Data and Digital:

- Group Manager – National Collections
- Group Manager Data Platforms
- Group Manager Data and Digital Standards
- Group Manager Data Transformation, Strategy & Value Delivery
- Product Owner Centric

From SI&I

- Director Health Analytics

We are proposing that the Chief Data Officer (Data and Digital) position has an interim change of reporting line to the Director Data and Information and propose this position is disestablished in December 2024. This proposal is to allow for completion of key programmes of work that are already underway and for transition for longer running programmes of work.

Coding

We are proposing a new position of Group Manager Coding to lead the coding functions that currently sit within HSS.

We have approximately 200 FTE working in hospitals responsible for the clinical and health information coding.

We are proposing that current district clinical coding managers and their teams in HS&S will shift into the Data and Information team to ensure the function for data collection sits alongside the functions for aggregation and reporting.

The clinical coding managers would change reporting lines from their existing district to report to Regional Manager, Clinical Coding. The coding teams will continue to report to their current manager.

We are proposing to identify from within the existing clinical coding managers, through an EOI process, individuals who would want to have a dual role of regional manager and a continue with their team manager position.

SECTION 3: Proposal – Change of Reporting Lines for Population Health Gains

Planning and Population Health Gain

Before this proposal we had completed consultation to shift Strategy, Performance and Planning from Office of Chief Executive to SI&I.

We are proposing to change the title of the Head of Strategy Planning & Performance to Director Planning and Outcomes. There is no change proposed for the positions currently reporting to the Head of Strategy Planning & Performance.

We are proposing to change the reporting lines for the following positions to report to Director Planning and Outcomes:

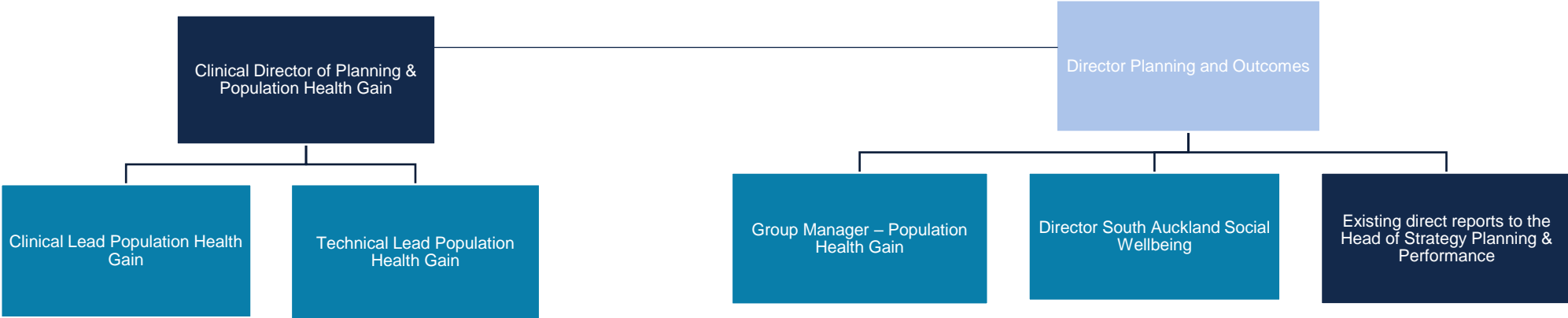
- Group Manager – Population Health Gain
- Director South Auckland Social Wellbeing

The current Director Population Health Gain is proposed to have a change in title to Clinical Director Planning and Population Health Gain. The current Clinical Lead Population Health Gain and Technical Lead Population Health Gain will continue to report to this position.

The proposed Director Planning and Outcomes and the Clinical Director Planning & Population Health Gain would operate with a joint leadership model between the roles. This would provide a clinical leader and a management leadership role.

Both Director positions would report to the National Director System Planning, Performance and Improvement. Although the Clinical Director Planning & Population Health Gain reports for operational purposes to the National Director System Planning, Performance and Improvement, for people management purposes the role will report to the Director Planning and Outcomes.

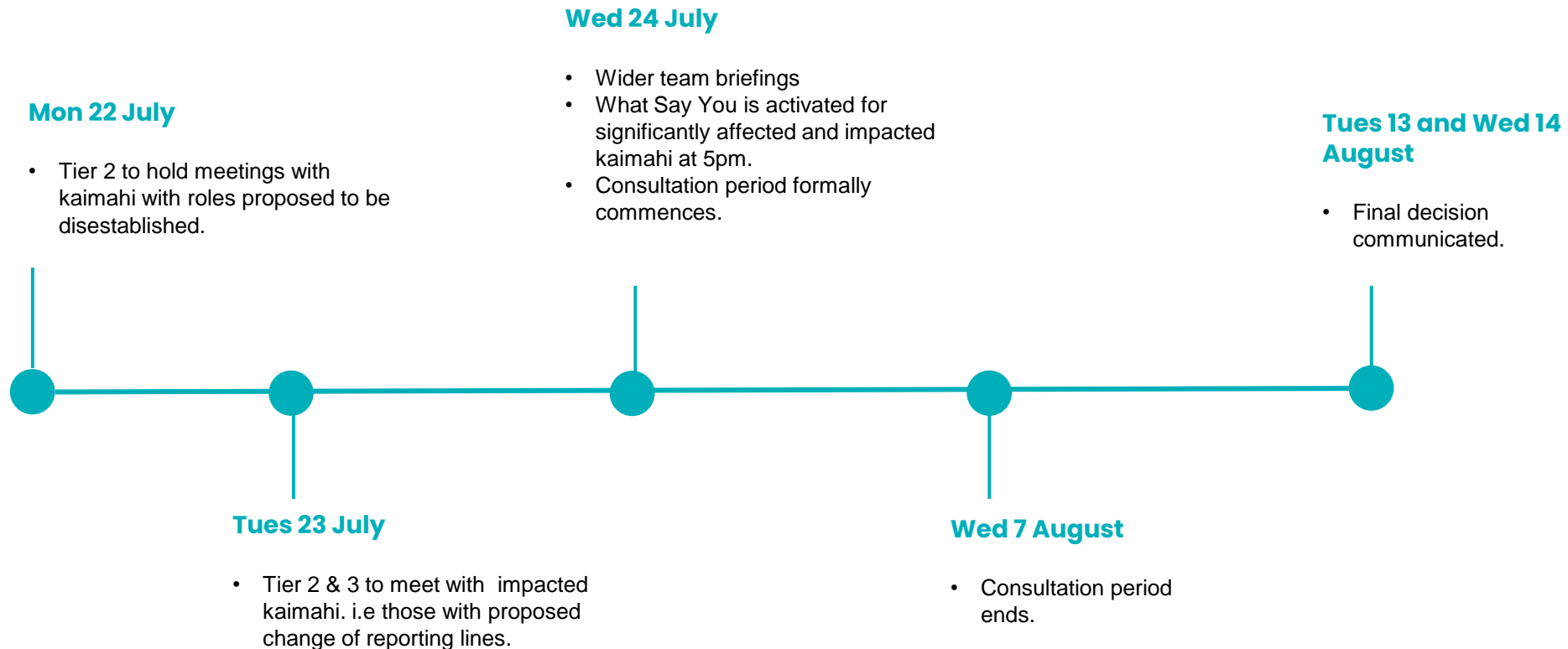
SECTION 3: Proposal –Planning and Outcomes and Planning and Population Health Gain Structure



- Current role
- Interim Role
- New Position
- Change of reporting line
- Additional functions added and change in title

Current direct reports continue to report to GMs, Directors, Leads– no change

SECTION 4: Indicative Timeline



SECTION 5: Support and Well-being

Support

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 Partnering team.

EAP service which is independent of Health New Zealand. It offers offer counselling, three free sessions initially. Please refer to [Te Haerenga intranet](#), ask your manager for details, or [askHR](#) how to access your local EAP provider.

Career Coaching and Transition Support

If your role is proposed to be or is confirmed as disestablished, we provide a Career Support Service through our Career Coaches. Each Coach can provide confidential, individual Career Coaching.

Coaching should be a psychologically safe thinking space to explore your options and plan your next steps. It can empower you to face challenges and navigate transitions.

Coaches can also provide Career Education, Information and Guidance (CEIG) e.g. job searching, CVs, cover letters, statements, application forms and interview skills. Support can be tailored to the needs of an individual, team, business unit or region.

Please email careertransition@tewhatauora.govt.nz to discuss how we can support you.

Position title	FTE	Core Purpose
Group Manager Coding	1	<ul style="list-style-type: none">• Lead the professional clinical coding service across health NZ to provide accurate and timely coding of diseases and procedures for all patients discharged in Health NZ healthcare services.• Ensure the clinical coding service works alongside the other data and information teams to improve information for reporting of health targets and to lift our performance• Working with our internal teams, external educators and stakeholders, you will support ongoing sustainable training and development for clinical coding staff including viable attraction and recruitment pipelines and pathways to advanced expertise.