

Osteopathy

Dr Martin Chadwick

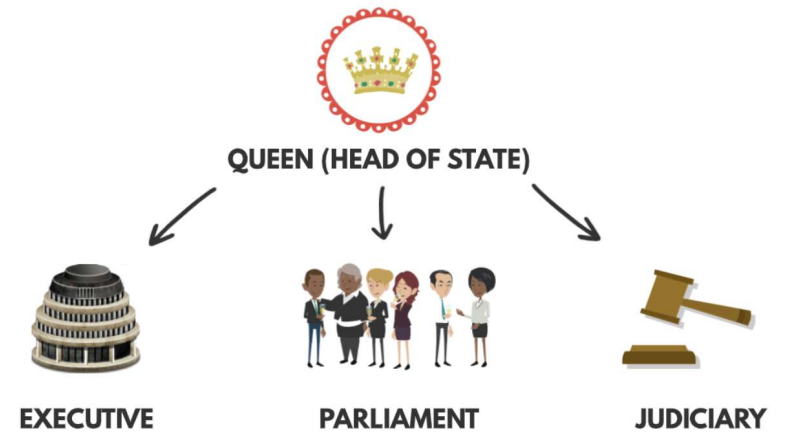
**Te Āpiha Hauora Haumi, Manatū Hauora | Chief Allied Health Professions
Officer, Ministry of Health**

Overview of the New Zealand Government

The separation of powers

- As the Sovereign and the Governor-General exercise their powers based on the advice of others, the 'real power' sits with the three branches of government – the executive, Parliament, and the judiciary.
- The separation of powers refers to the three distinct branches and their limited amount of power, alongside each branch's existence and a check and balance over the others.

SEPARATION OF POWERS (NZ)



Parliament / the legislative branch

- Parliament's job is to scrutinize the policies and performance of ministers and agencies.
- Labour is currently the only government party, although they have a cooperation agreement with the Green Party.
- Other parties in parliament hold the government to account for the decisions they make
- There are three main ways they do this – through debate on the budget, through scrutinising government bills, and by asking questions

The judiciary

- The judiciary is responsible for decide the meaning of words in law and how to apply it to cases before them – either criminal or civil cases
- They are responsible for interpreting the law made by parliament
- The judiciary operates independently of the other branches, although the public service carry out the operations that support the judiciary

The executive branch

- The executive branch has two parts – Ministers and government agencies
- Cabinet is the main mechanism for ministers to make policy and funding decisions
- Decisions are made based on advice from government agencies
- After Cabinet has agreed on the policies it wants, agencies will put the chosen policies into place - known as 'operationalising' a policy

Who are the agencies?

- For our purposes, agencies are split into departments and crown entities
- Departments are the main source of policy advice for ministers – e.g. the Ministry of Health or the Ministry of Justice
- Crown entities are typically focused on operationalizing policies (including Te Whatu Ora), but some crown entities act as an advocate for particular groups (e.g. the Health and Disability Commissioner) or regulate industries (e.g. the Electricity Authority)

Structure of the Health System Current State

The Public Health Agency is a unit of the Ministry of Health that leads public health policy, intelligence and surveillance.

The Ministry of Health is chief steward of the system and lead advisor to Government. The Ministry sets direction, policy and investment for health, and monitors outcomes and system performance.

Te Aho o Te Kahu is an agency hosted by the Ministry, which provides advice and undertakes national initiatives on cancer services.

Other health Crown entities retain their specific roles in the system under the Pae Ora (Healthy Futures) Act.

Te Whatu Ora plans, commissions and delivers most publicly-funded health services, in partnership with Te Aka Whai Ora, and leads the National Public Health Service.

Te Aka Whai Ora drives a focus on hauora Māori across the health system, through advising Government on policy and strategy, monitoring outcomes for Māori and commissioning some Māori health services.

Te Whatu Ora regions oversee commissioning of primary and community services, and manage delivery of hospital and specialist services networks.

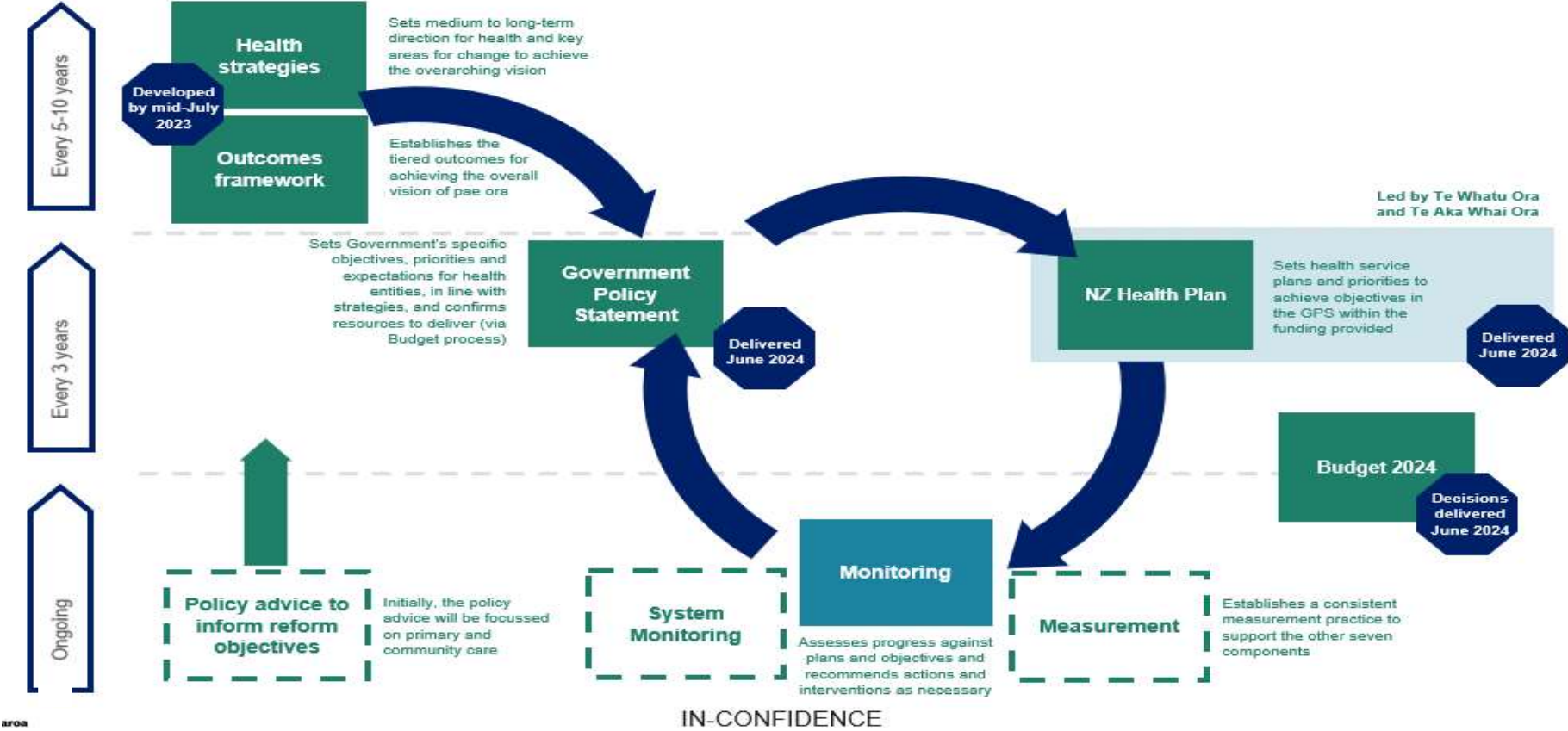
Te Aka Whai Ora works in partnership with Te Whatu Ora to plan and commission all health services jointly at national, regional and local level.

Localities are places that are agreed as the basis for delivering primary and community health services and engaging with communities

The Hauora Māori Advisory Committee advises the Minister of Health on the use of powers related to Te Aka Whai Ora. **Iwi-Māori Partnership Boards** represent all Māori in an area and ensure their voice is reflected in service priorities and plans.

How the system functions current state

The new system architecture integrates direction-setting, planning, funding and monitoring



IN-CONFIDENCE

Manatū Hauora Workforce Focus

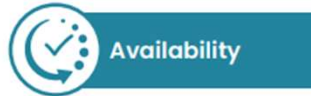
Health Workforce Strategic Framework

Pae Ora (Healthy Futures) – Protect, promote and improve the health of New Zealanders

The way we develop and support our health workforce must honour our commitment to activate Te Tiriti o Waitangi and recognise the workforce as the key enabler to achieving pae ora (healthy futures).

Our aspirations for the health workforce reflect the vision, objectives and direction for pae ora (healthy futures). The aspirations reflect the voices of our communities, whānau, and their needs for wai ora, healthy environments; whānau ora, healthy families; and mauri ora, healthy people.

Aspirations for the health workforce



Availability

Our workforce has sufficient availability to meet Māori and other population groups' service needs.



Accessibility

Our workforce is equitably accessible to provide choice and timely support for Māori and other population groups.



Responsiveness

Our workforce is culturally safe, representative of the community it serves, and flexible to meet the needs of individuals and their whānau.



Productivity

Our workforce is motivated and empowered to achieve equitable health outcomes, in an environment of continuous improvement.



Quality

Our workforce delivers safe, effective and efficient care, and are partners with Māori in providing the competencies needed to achieve outcomes.

Challenges for the health workforce

To achieve these aspirations, there are five key challenges for the health workforce that we need to address.

Significant workforce shortages across a broad range of health professions and vacancies

The wellbeing of health workers is at risk resulting in increasing attrition rates, workforce burnout, fatigue, emotional distress and job dissatisfaction

Inconsistent cultural and disability competency, limiting the ability to meet the needs of disabled, Māori, Pacific, ethnic and gender diverse populations

A health workforce which is not representative of the New Zealand population, with notable under-representation of Māori, disabled and Pacific people

A health workforce which is not distributed in a way that supports access to health services for all New Zealanders, particularly in rural settings

Addressing these challenges will involve valuing and supporting the wellbeing of our health workers, who are our greatest asset and play a significant role in improving the health of New Zealanders. It will require a change in our approach: a work programme that makes change across all levers in the system to improve workforce outcomes.

Areas of change

Education and training recognises and builds skills and capabilities which are aligned to meet the needs of people

Employment settings value skills and capabilities with an enabling environment that is collaborative, with a culture of learning free from discrimination

Commissioning which responds to system need and priorities, by recognising the skills and capabilities needed to deliver whole pathways of care

Investment across the system is transparent and values the broad range skills and capabilities required

Legislation assures safety and consistency of care, without restricting how skills and capabilities are developed or utilised