

## **Terms of Reference**

### **Health Workforce and System Efficiencies Committee**

#### **Establishment**

The Health Workforce Advisory Committee was originally established under section 11 of the New Zealand Public Health and Disability Act 2000 (the Act). The Act has been repealed and replaced with the Pae Ora (Healthy Futures) Act 2022. The Health Workforce Advisory Committee continued as a ministerial committee under section 87 Subpart 5.

The Health Workforce Advisory Committee was informally paused during the health system reform transition, as responsibilities for workforce strategic oversight, development and planning were divided across agencies.

In 2024, the Minister of Health re-established the ministerial committee as the Health Workforce and System Efficiencies Committee (the Committee).

Under section 87, the Minister may appoint, terminate, determine a function, and provide a written direction as to the procedure of the Committee.

#### **Purpose**

The Committee's purpose is to take a system-level, strategic approach to Aotearoa New Zealand's health workforce, to ensure we have a health workforce that is able to meet the needs of individuals, whānau, and communities both now and in the future, and to explore system efficiency and patient flow.

#### **Role**

The Committee will provide advice to the Minister of Health, applying a longer-term lens to advice and recommendations on health workforce matters, including strategic direction, and emerging issues and risks.

The longer-term lens and broader strategic direction will support and help drive work to achieve workforce outcomes. This includes providing insights to grow a quality health workforce that is available and accessible to communities, and responsive to the wide range of health needs.

As a part of the Committee's advisory role, it will:

1. Support the Ministry of Health (the Ministry) with their stewardship of the workforce, specifically the Ministry's workforce monitoring capability and capacity, and identifying opportunities to manage workforce challenges.
2. Work with the Ministry in alignment with the longer-term, system-level direction needed for the health workforce.
3. Advise on system efficiencies and the interface with workforce development and patient flow.
4. Provide insights to the Minister on progress against deliverables related to the health workforce, system efficiencies and patient flow, in the Government Policy Statement and workforce plans, including the Health New Zealand | Te Whatu Ora Health Workforce Plan.
5. Ensure participation of ethnic groups across the health workforce towards homegrown, culturally competent health professionals that is proportionate to population demographics.
6. Be the Minister's primary external advisor on health workforce. This includes providing horizon scanning and system-level leadership to align workforce priorities and focus across the health system, taking a medium- to long-term investment focus.
7. Support the role of Health New Zealand | Te Whatu Ora in workforce planning and development in the short- to medium-term.
8. Advise on education, training, innovation, and improvements to programme governance - with particular attention to the provision of services associated with the roles and responsibilities of Health New Zealand, the Ministry, and the Minister's office, through a no-surprises, timely, and multi-agency collaborative manner.

### **Accountability and reporting**

The Committee is accountable to and will provide reporting directly to the Minister of Health for the quality and timeliness of its advice.

The Committee can report directly to the Minister and the Ministry on all matters within its remit at any time as it may deem necessary.

The Committee may request advice and information from all departments of the agencies, the Ministry and the Minister's office, including other Government entities.

Before providing advice to the Minister, the Committee must consult with the entities involved in the provision of services, and any other persons it considers appropriate. All advice to the Minister must be provided to the Ministry for their information.

All official and unofficial queries about the Committee, its role, advice, etc. from the agencies, Ministry, and other Government entities, including the media and New Zealand public will need to be directed to the Chair of the Committee.

The Chair of the Committee, will ensure they discuss their proposed response with the Ministry and the Minister before it is provided to the requestor or made public.

Where relevant, a copy of the embargoed response will also be provided to the agencies by the Chair, post approval from the Minister to keep them in the loop.

The Ministry will work with the Committee to assist it in the production of its annual report to the Minister. The Ministry, under section 88(5)(b), Subpart 5 of the Pae Ora Act, is responsible for notifying the Minister when any ministerial committee has not reported to them in the year to which the report relates.

## **Membership**

Each member of a Ministerial Committee is appointed on any terms and conditions (including terms and conditions as to remuneration and travelling allowances and expenses) that the Minister determines by written notice to the member.

Collectively, the Committee will have the following expertise and attributes:

1. Knowledge and understanding of the obligations of the Crown under various statutes
2. Knowledge and understanding of the role of the Ministry of Health, and health and disability sector, in achieving equity and improving health outcomes
3. Knowledge and understanding of undergraduate, postgraduate, clinical, and vocational educational and training programmes for the health and disability sector in New Zealand and overseas
4. Knowledge of New Zealand's current health and disability services and service delivery needs to meet future demands
5. An ability to provide solutions that are not constrained by traditional health and disability sector professional boundaries or current service delivery models

The Committee will be reflective, but not necessarily representative, of the health workforce; members will apply varying health workforce lenses (eg, regulated and unregulated) to workforce matters.

Members are generally appointed for a term of three years, or any shorter term of appointment determined by the Minister.

A member continues in office despite the expiry of their term of office until:

- a) the member is reappointed; or

- b) the member's successor is appointed; or
- c) the Minister informs the member by written notice that the member is not to be reappointed and no successor is to be appointed at that time."

Members may be reappointed to the Committee but only after consideration of factors, such as the Committee's programme of work, and the mix of skills and experiences required on the Committee.

The Committee will comprise up to nine members including the Chair, the Deputy Chair (if a Deputy Chair is required and appointed).

Under section 87(1) Subpart 5 of the Pae Ora Act, the Minister, may by written notice, appoint any person to be a member or chairperson of the committee and terminate the committee or the appointment of a member or chairperson of the committee.

Any member of the Committee may resign at any time by advising the Minister and the Chair in writing. The Chair may resign at any time by written notice to the Minister.

The Committee may draw on external expertise as required and may appoint expert advisors to assist in making deliberations after first discussing financial implications with the Director-General of Health. These expert advisors are not Board members and have no voting rights.

The Director-General of Health or a nominated person from the Ministry shall have a standing invitation to attend all Committee meetings and be an active participant by contributing to discussions and suggestions.

A point to note – the representative from the Ministry is an active participant, and NOT an official member of the Committee, and as such, will have no voting rights.

## **Duties**

Through letters of appointment, members of the Committee will be advised of the term of their appointment and will be given a copy of the Terms of Reference.

Members of the Committee are expected to act in good faith and integrity when performing their duties on behalf of the Committee.

Members are not to disclose any confidential information gained from being a member of the Committee, nor to use the information for other purposes outside of the Committee.

The Committee will be expected to meet at least quarterly, but may meet more frequently as required for the work programme. All members are expected to attend meetings and undertake Committee activities as independent persons responsible to the Committee. Members are

appointed for their knowledge and expertise, not as representatives of professional organisations or groups.

Committee members would be expected to meet outside of formally scheduled Committee meetings, upon the Minister's request for any advice with a level of urgency.

Members are appointed to advance the health and disability sector, and not the interests of other groups with which they may be affiliated.

The Committee should not assume that a particular group's interests have been considered because a member is associated with a particular group.

### **Conduct and Behaviour**

During Committee meetings and in official and non-official communications pertaining to the Committee, members must conduct themselves in a respectful manner with consideration of each other's perspectives and ethical values.

Committee members are expected to perform their duties in an objective and lawful manner. They must remain impartial, providing robust and unbiased advice for the improvement of the health and disability sector.

Members are responsible for declaring any real or potential conflict of interest to the Chair, as and when conflicts arise. Simply declaring a conflict of interest in itself does not amount to the effective and appropriate management of that conflict. Members and the Chair should discuss management plans for any conflict and these should be held on a register maintained by the Secretariat.

### **Secretariat Services**

The Ministry will provide secretariat services and administrative support to the Committee. This will include helping with the preparation of written materials on behalf of the Committee.

### **Liability**

Members of the Committee are not liable to the Ministry or agencies for any act (or failure to act) in their capacity as a member of the Committee, if they have acted in good faith, and with reasonable care, in pursuance of the role specified for the Committee in accordance with this Terms of Reference.

## Remuneration

The fee payable to members, Chair and Deputy Chair of the Committee is set out in individual letters of appointment, and are set in line with Cabinet Office Circular CO (22) 2: *Revised Fees framework for members appointed to bodies in which the Crown has an interest* (Fees Framework).

The Committee is classified as a Group 4, Level 2 body under the Fees Framework, and the membership fees will be set at the mid-point of the fee range as per the below:

- a) Chair: \$701.50 per day
- b) Members: \$467.50 per day

Members' fees will be calculated according to time spent on Committee work at a pro-rated hourly rate and payment of fees will be arranged through the secretariat. Taxation matters depend on personal circumstances, but in general fees are classed as schedular payments for the purposes of income tax regulation and are not subject to GST.

Members will also be entitled to be reimbursed for actual and reasonable travel and other expenses incurred while carrying out their duties. Such reimbursement is to be in accordance with the Fees Framework.

All public sector employees appointed to statutory and other public bodies must be able to do their primary job unhindered and without detriment to the public interest. They must not be double paid for their job and their membership of a body covered by the Fees Framework.