DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Hon Andrew Little, Minister of Health:

Health and Disability System Reform Briefings February – June 2022

The following documents have been included in this release:

Title of paper: Policy Decisions for Pae Ora Bill Departmental Report: Talking Points

Title of paper: Health Reforms: Quality Functions in the Future System

Title of paper: Progress on Health System Functions Transfer

Title of paper: Health Reforms: Policy Critical Path to Day 1

Title of paper: Health Reforms: Key Policy Decisions and Delegation

Title of paper: Implementing the Intervention Framework for the Reformed Health System

Title of paper: Health Research in the Future System

Title of paper: Progress Update on Public Health Transformation Programme

Title of paper: Pae Ora Legislation Committee Report

Title of paper: Supplementary Order Paper for Pae Ora (Healthy Futures) Bill

Title of paper: Update on the Transfer of Functions from Ministry of Health to New Entities

Title of paper: Appendices to the Interim Government Policy Statement

Title of paper: Health Reforms: Role of Localities in the Reformed System

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~~[IN CONFIDENCE]~~

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MINISTRY OF HEALTH
MANATŪ HAUORA

Briefing

HEALTH RESEARCH IN THE FUTURE SYSTEM

To: Hon Andrew Little, Minister of Health			
Date	7/04/2022	**Priority**	Routine
Deadline	14/04/2022	**Briefing Number**	DPMC-2021/22-1907

Purpose

This briefing provides you with advice on the opportunities and implications of the reformed health system in relation to health research. It seeks your feedback on a proposed direction of travel, the enabling system settings required, roles and responsibilities of the new system entities, and how research fits with the 'one-system' ethos in contributing to Pae Ora. This advice also signals the work that will need to be done by individual entities to plan for the new ways of working and embed research into all elements of our future health system.

Recommendations

1. **Note** that the new health system operating model will impact our current research system and there is both a need and an opportunity to consider how the health research ecosystem will work going forward

2. **Note** that the statutory functions of the Health Research Council (HRC) and Ministry for Business Innovation and Employment (MBIE) will remain unchanged but may need to be reviewed in time, given the new system operating model

3. **Agree** that the Ministry of Health (Ministry) should, in partnership with the Māori Health Authority (MHA), provide system-level leadership for health research, and be the lead for health research strategy, monitoring, and standards in consultation with MBIE who have overall responsibility for the research, science, and innovation system **YES / NO**

4. **Agree** that expectations for the prioritisation and delivery of research should be included in system accountability documents including the iGPS and future Letters of Expectation to Health New Zealand (HNZ), the MHA, and the HRC **YES / NO**

5. **Agree** that HNZ, in partnership with the MHA, should lead planning for health research activities from within their delivered or commissioned clinical services **YES / NO**

6. **Agree** that HNZ and the MHA support research from within clinical services, use research and evaluation findings to continuously improve care, and disseminate research findings into usual health practice **YES / NO**

7. **Agree** that the Ministry and HNZ work with the MHA to ensure that national and local ethics and approval processes promote partnership with Māori and the prioritisation of Māori data sovereignty **YES / NO**

8. **Agree** that HNZ and the MHA should take a lead role in planning and building clinician-researcher capacity and capability within the system, with a focus on Māori, Pacific and disabled researchers **YES / NO**

9. **Agree** that the Ministry, MHA, and HNZ should provide HRC and MBIE with intelligence on health, social, and clinical need to inform prioritisation of health research **YES / NO**

10. **Note** that HNZ will need to make and communicate transitional arrangements for continuity of current research partnerships, contracts and delegations

11. **Agree** to forward this briefing to the Minister of Research, Science and Innovation and the Associate Minister, for their information **YES / NO**

pp. Stephen McKernan Director **Health Transition Unit**	Dr Ashley Bloomfield Te Tumu Whakarae mō te Hauora Director-General and Chief Executive **Ministry of Health**
7/04/2022	7/04/2022

Hon Andrew Little **Minister of Health**
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Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Stephen McKernan	Director, Health Transition Unit	s9(2)(a)	
Simon Medcalf	Health Team Lead	s9(2)(a)	X

Minister's office comments:

- ☐ Noted
- ☐ Seen
- ☐ Approved
- ☐ Needs change
- ☐ Withdrawn
- ☐ Not seen by Minister
- ☐ Overtaken by events
- ☐ Referred to

HEALTH RESEARCH IN THE FUTURE SYSTEM

Executive summary

1. Research is a core component of a modern, high performing, and equitable health system. NZ has a highly regarded research capability, but its effectiveness is limited by the fact that the ecosystem operates in a siloed, fragmented and poorly funded system that does not prioritise Te Tiriti o Waitangi or equity. The shift to our new health system has both implications for research and presents opportunities to strengthen how we prioritise, deliver, evaluate, and embed health research across the health system.

2. Innovation and quality improvement are also fundamental. While there is some overlap between innovation, quality improvement, and research, they each serve different purposes and should be considered separately. The scope of this advice focuses on the impact and opportunities for health research within the new system operating model with a focus on how the new entities will work alongside existing players.

3. To move to a high performing and cohesive research function, we propose the following system settings and functions for health research:

    a) **Strategy and planning** – MBIE will retain overall responsibility for research, but we recommend that the Ministry of Health (Ministry), in partnership with the Māori Health Authority (MHA), take on *health* research leadership as part of their health system stewardship role. This includes providing system-level direction, embedding te Tiriti into health research strategy, and monitoring research delivery from within health services. In line with their lead operational role, we recommend that Health New Zealand (HNZ), in partnership with the MHA, take the lead for planning of health research activities from within their delivered or commissioned services.

    b) **Operational delivery** – to enable research to be delivered closer to health services, we recommend that HNZ and the MHA deliver, and support research from within clinical services, use research and evaluation to continuously improve care, and implement research findings into health practice. This would require the development of new capabilities and partnerships, including with communities. This new way of working should be supported with stronger expectations around the delivery of health research in accountability documents.

    c) **Ethics, safety and risk** – we recommend that the Ministry continue to manage the national Health and Disability Ethics Committees but work with the MHA to ensure they are fulfilling their te Tiriti obligations. We also recommend that HNZ continue to manage local ethics and approval processes but work with MHA to remove unnecessary variation and ensure approval processes promote inclusion of Māori and Māori data sovereignty.

    d) **Quality and standards** – we recommend that the Ministry work alongside MHA and HNZ to develop national quality standards for the design, delivery and evaluation of research that prioritise te Tiriti and mātauranga Māori.

    e) **People and capability** – we recommend that the Ministry include the health research workforce in their overall health workforce strategies, and that HNZ and the MHA (alongside HRC and MBIE) take a lead role in clinician-researcher workforce planning and development with a focus on Māori, Pacific and disabled researchers.

    f) **Funding** – health research funding is not transparent or well-coordinated. HRC and MBIE will remain the primary funders of health research, but we recommend that the

Ministry work alongside them to provide increased transparency over the various funding streams. Additionally, health research funding is not well aligned with health need. We recommend that the Ministry, HNZ and the MHA formally provide the HRC and MBIE with intelligence on health, social and clinical need to inform prioritisation and funding decisions.

g) **Infrastructure** – HNZ, the MHA, and the Ministry will need to build stronger data infrastructure to support the collection and sharing of intelligence on health need and the development of shared research infrastructure including research-specific databases and infrastructure to support open access publications.

4. Implementation of this proposal requires immediate joint work across the Ministry, HNZ, and the MHA to resolve transitional challenges and begin planning for how research will be built into new operating models and accountability frameworks. It also requires ongoing work to embed new ways of working, stand up infrastructure, build capability and capacity, and develop relationships with the research community. In the medium term, a review of funding settings and statutory functions of the HRC and MBIE would be prudent, in line with MBIE's Te Ara Paerangi Future Pathways work.

Context

5. Health research covers a broad spectrum of activities including measurement of an issue, understanding the cause(s), developing solutions, translating and implementing solutions into policy and practice, and evaluation of effectiveness. It also covers translation and implementation of research conducted in other jurisdictions. The goal of health research is ultimately to deliver better and more equitable health outcomes for all New Zealanders.

6. A vibrant, relevant, and connected health research environment is a crucial function of a high-quality, equitable, and modern health system. There is international evidence to show a strong return on investment from research spend[1]. Research supports innovation and quality improvement which are also critical functions in a well-functioning health system. While there is some overlap between the three functions, they each serve different purposes and should be considered separately. This advice focuses on health research. Further work is required to understand the system settings and processes that will promote innovation and quality improvement in our future system.

7. There are a wide range of actors involved in the current research ecosystem (Appendix A) and, in general, New Zealand has a highly regarded health research ecosystem. As a country, we have made a significant contribution to health research internationally and contribute more peer reviewed publications than the OECD average[2]. We are developing a strong Māori health research sector that is continuing to be supported with specific programmes led out of HRC and MBIE. We have a robust Health Research Strategy and associated prioritisation framework that focus on promoting equity and partnership with Māori in all research. We also have one of the most efficient national ethics approval processes in the OECD.

8. However, the effectiveness of our research ecosystem is limited by the fact that it operates within a fragmented, inefficient, and poorly funded system that does not consistently prioritise Te Tiriti o Waitangi or equity. Consultation with the health research community uncovered some consistent challenges with the current state, including:

[1] Pollitt, A. (2019). Health research offers a big return on investment. *King's College London The Policy Institute: Policy Review.* Access ble at https://www.kcl.ac.uk/news/health-research-offers-a-big-return-on-investment

[2] NZ Health Research Strategy; Accessible at https://www.health.govt.nz/system/files/documents/publications/nz-health-research-strategy-jun17.pdf

a) **A lack of strategic system leadership** – research is funded and delivered in silos of activity with little strategic oversight or direction.

b) **Research does not consistently embed Te Tiriti o Waitangi** – Te Tiriti and Māori data sovereignty are not routinely embedded within research prioritisation, delivery, or evaluation

c) **Research prioritisation does not reflect need** – there is not enough Māori, Pacific, or disabled-led or focused research with most research being delivered by large academic institutions. Research questions are also often investigator (rather than health need or equity) led.

d) **A disconnect between research delivery and clinical service delivery** – despite the inclusion of health research in letters of expectation and operating plans, most DHBs do not actively invest in research delivery or capacity. Where clinicians do participate in research, this is usually done in addition to their clinical workloads.

e) **Research outputs not being translated into improvements in health services** – research findings are not adopted by the system or used to reduce unnecessary variation in clinical practice. This is particularly true for digital products or services.

f) **Workforce shortages** – especially Māori, Pacific and disabled researchers, clinician-researchers, biostatisticians, research support staff, and data analysts.

9. MBIE has begun a programme (Te Ara Paerangi Future Pathways) to set the framework for a modern, future focused research system in New Zealand, of which health research is a part. Although at the beginning stages, the key themes and goals align well with the objectives of the health reforms and with the direction of travel signalled in this paper. This work will not be completed in time to reflect findings in the design of the new system. As such, the Ministry, the MHA and HNZ will need to continue to work alongside MBIE as the programme progresses to ensure ongoing alignment.

The opportunity

10. A high-performing and well-integrated research function will inform and improve health outcomes and equity, drive evidence-based policy, practice, and service delivery, and support the attraction, development, and retention of an excellent health workforce. Research can drive system improvements from strategy and policy right through to commissioning and delivery. It is also a key enabler of scaling and adopting innovation.

11. While the statutory roles of entities such as HRC and MBIE will remain unchanged for now, there is an opportunity for existing and new entities to work together more closely. To achieve this, there is a need to confirm the policy settings for health research and clarify the roles and responsibilities of the new system entities. This will set a clear direction for the research community and support research to be included in planning and the development of system operating models as we move towards Day 1 and beyond. Specifically, the new system operating model presents opportunities to:

a) Embed te Tiriti and equity into the heart of how health research is prioritised, planned, delivered and evaluated.

b) Prioritise more research based on need, with a focus on equity of outcomes.

c) Adopt an evidence-led approach to scaling innovation and driving system and service improvements from strategy and policy through to commissioning and delivery.

d) Embed clinical research into the health system so that it is part of usual clinical practice and professional development for health professionals who choose to be involved, and so that findings are more easily adopted across the system.

e) Build research workforce capability and capacity with a focus on Māori, Pacific and disabled clinician- researchers.

f) Involve local communities and whānau in the prioritisation, design, and delivery of health research

12. There are also transitional issues that HNZ and the MHA will need to turn their mind to before 1 July 2022, including making arrangements to ensure there is continuity of current research partnerships, contracts and delegations. It will also be important to provide the research community with clarity on how research will fit into the new system operating model before Day 1 to ensure they are aligned and working towards common goals.

The future health research landscape

13. This section proposes the roles, responsibilities, and high-level settings required to deliver a high performing research function in the future health system, with examples of how this could be achieved. The section is broken up into seven key domains. For each domain, further work will be needed to plan and then operationalise the recommendations. Appendix B includes a table which summarises the roles and responsibilities by entity.

14. We also undertook a case study of the health research landscape in England, which is largely regarded as a well-coordinated and -funded ecosystem. This has offered useful insights on what the appropriate settings might be for a high-performing research system. This case study is provided in Appendix C.

Strategy and planning

15. MBIE has overall responsibility for the research, science, and innovation system, but there is a need for system-level leadership of health research that is more connected to the health system. This leadership should provide clear direction that is steered by te Tiriti and aligned with health system priorities. It should also support health research delivery with standards and frameworks. As the steward for the new health system, **we recommend that this function is taken on by the Ministry in partnership with the MHA.**

16. Together, the Ministry and the MHA would set the overall direction for health research through the NZ Health Research Strategy and articulate how research could be used to deliver better health outcomes for all New Zealanders. They would also provide research policy advice to the Minister of Health (alongside HRC), monitor the delivery of research by the health sector, support the translation and adoption of international research, and provide transparency over health research being funded across the broader ecosystem (in partnership with MBIE and HRC). The MHA would provide oversight and guidance of hauora Māori research and ensure Māori perspectives and te Tiriti are embedded in research strategy and policy.

17. As part of the move to a health system that is informed by evidence at all levels, the Ministry and MHA should have the flexibility to commission small amounts of research themselves to inform their leadership roles. We anticipate that this will primarily relate to rapid, reactive policy questions and will mostly be resourced through existing budgets.

18. The direction for health research needs to be supported by a clear mandate from government. **We propose that clear expectations on prioritising research in the health**

system be set through the interim Government Policy Statement (iGPS), with more specific expectations for entities included in Letters of Expectation where necessary. The Ministry are already involved in drafting letters of expectation, including HRC's, and as such, are well placed to include these priorities in future versions.

19. System leadership should also include monitoring of research delivery. MBIE and the HRC will continue to monitor research that they have funded but the Ministry and MHA should also play a role in monitoring the delivery of research from within the health system as part of their broader monitoring roles.

20. There is also a need for a strong planning function that sets out how the health system will deliver against these expectations including the approach to delivery, support, and evaluation. In line with their lead operational role, **we recommend that HNZ, in partnership with the MHA, take the lead for planning of health research delivery from within their delivered or commissioned clinical services**. This should be included in the NZ Health Plan.

Operational delivery

21. The shift to a more cohesive, national system provides the opportunity to build an ecosystem of research delivery that embeds research into clinical practice. As the lead operational entities for the new health system, **we recommend that HNZ and MHA support research from within clinical services, use research and evaluation findings to continuously improve care, and disseminate research findings into usual health practice.** This includes both locally delivered research and the translation and adoption of research from other international jurisdictions.

22. This is a significant change from how DHBs operate today and would require detailed planning to resolve operational challenges including workforce capacity. Integrating research and clinical practice will require strong leadership and the development of new capabilities, infrastructure, and partnerships with communities and researchers at national and regional levels. It will also require investment over time. The detail of how this intent could be operationalised, and any trade-offs necessary, needs to be developed by HNZ with investment options considered as part of future budget and planning cycles. To support this change, new accountability documents should include stronger expectations for HNZ and MHA to support and adopt research from within their delivered or commissioned services.

23. In addition to building capacity into clinical contracts (where relevant), HNZ and MHA will need to develop additional support for clinician-researchers. In line with the move to regional delivery and commissioning divisions, this support could be offered through health research alliances from within regional hubs. In some regions (e.g. Southern DHB – see vignette below) this support already exists and is delivered in partnership with the regional/local research community. This type of model could be adopted across HNZ to enable research to be delivered from within clinical services anywhere in the country and encourage sharing of capability and learnings between regions.

Health Research South

An example of a health research alliance that is bring research closer to clinical services.

Health Research South is a joint function of the University of Otago and Southern DHB that supports the design, delivery, and evaluation of health research in the region. The two organisations work in partnership under a single joint board to bring health services and research closer together and facilitate clinically led research that is based on local need.

Health Research South articulate the priorities for the region based on local needs and preferences, facilitate local approvals and sign off including ethics (where appropriate), support researchers to get funding, and provide people and infrastructure to support research delivery. Staff are employed and funded by the DHB and/or the University but the operating costs are funded through the overhead funding associated with local delivery of clinical trials.

They also have a strong focus on te Tiriti and equity for Māori; they have a strong working relationship with the local iwi, have mana whenua representation on their joint board, and require evidence of consultation with Māori for all research approvals.

24. To be effective at driving improvements in outcomes, research questions must align with the needs and priorities of communities, especially Māori, Pacific, and disabled communities. Today, there are few opportunities for communities to be involved co-design of research questions. Going forward, HNZ and the MHA should support researchers to involve communities in the design, delivery, and evaluation of research. The locality approach will provide opportunities to identify local needs, priorities and aspirations to inform research questions. Researchers could also leverage the new Consumer Health Forum to identify and engage with the most appropriate consumers and groups. Iwi-Māori partnership boards will have an important role to play in driving local Māori perspectives and priorities for health research.

Ethics, safety and risk

25. Currently, the Ministry manages the national Health and Disability Ethics Committees (HDECs) and there are also local ethics and research approval processes across the country. These processes vary by DHB and region which makes the delivery of multi-centre research unnecessarily complex. Additionally, neither national nor local approval processes consistently promote the inclusion of Māori in research or embed Māori data sovereignty. While it is important that approvals remain as close as possible to delivery, there is an opportunity to streamline the processes and embed te Tiriti more consistently.

26. At a national level, the Ministry should continue to manage the national HDECs but work with the MHA to ensure these committees are fulfilling their te Tiriti obligations and promoting partnership with Māori. At a local level, HNZ should manage existing local ethics and research approval processes but work with the MHA to ensure processes promote the inclusion of Māori in all research and Māori data sovereignty in how research is delivered. HNZ may also want to review and resolve any unnecessary variation in local processes to facilitate cross regional research including the delivery of multi-centre clinical trials.

27. **We recommend that the Ministry and HNZ work with the MHA to ensure that national and local ethics and approval processes promote partnership with Māori and the prioritisation of Māori data sovereignty.**

Quality and standards

28. Alongside strategic leadership, the system should have national quality standards for design, delivery and evaluation of research that prioritise te Tiriti and mātauranga Māori. **As system stewards, we recommend the Ministry work alongside MHA and HNZ to develop these standards.** While the Ministry and MHA, as system stewards, would take the lead for the development of these standards, they would need to work alongside HNZ

and the research community to gather operational perspectives and ensure the standards are reflective of different types of research. When setting these standards, it is especially important to consider how they will encourage high quality research to be conducted by diverse actors, including researchers not affiliated to academic institutions. This is to ensure that standards do not inadvertently limit researchers' ability to deliver different kinds of research, including observational studies.

29. To encourage research as part of usual service delivery and evaluation, these expectations need to be accompanied by appropriate and related monitoring and evaluation frameworks for HNZ and MHA. The Ministry should work in partnership with the MHA to monitor entities against these frameworks.

People and capability

30. If research is to be closer to health service delivery, it needs to be valued and part of what it means to be a clinician in our health system. We also need to address inequities in research delivery by creating a larger and more diverse research workforce with a focus on Māori, Pacific, and disabled researchers. This change needs to be driven at both the strategic and operational levels. As system stewards, the Ministry and the MHA should include the research workforce as part of its wider health workforce strategy, in consultation with MBIE who have responsibility for the wider research workforce strategy. This can then flow through to workforce planning that is done by other relevant entities including HNZ, MHA, HRC and academic institutions. The NZ Health Charter could be used to support a culture shift where delivery of research and translating outcomes are a core part of being a health professional.

31. **We recommend that HNZ and MHA take a lead role in planning and building clinician-researcher capacity and capability within the system, with a focus on Māori, Pacific and disabled researchers.** This includes offering development opportunities, pathways, and support to clinicians to deliver research as part of their clinical practice if they want to, especially for those researchers that are not connected to academic institutions.

32. To improve opportunities for Māori researchers and Māori-led research projects, the MHA will need to develop capability and partnerships with the Māori research community to commission, deliver, and disseminate Māori-led research. This includes working alongside HNZ, MBIE, and the HRC's Māori Health Committee to support existing efforts in hauora Māori and equity in health research. To improve opportunities for Pacific and disabled researchers, HNZ will need to deliberately build this capability and capacity.

Funding

33. NZ's investment in health research is low compared to other OECD countries but has grown over the past few years[3,4]. However, there is little transparency over funding sources, and prioritisation of funds is not well aligned with need or health sector priorities. For now, the HRC and MBIE will remain the primary funders of health research with small amounts of research continuing to be funded out of Vote Health budgets. The Ministry and MHA should work alongside HRC and MBIE to provide more transparency over the various funding streams, including funding that does not come through HRC.

34. Additionally, to improve the alignment between health research funding and health need, the HRC and MBIE should have access to more intelligence on need and incorporate this into its existing prioritisation processes. **We recommend that the Ministry, MHA, and HNZ are**

[3] https://www.nz4healthresearch.org.nz/wp-content/uploads/2020/11/NZHR-briefing-paper-for-incoming-Ministers-241120.pdf
[4] Research and development in New Zealand: 2018 | Stats NZ

responsible for providing intelligence on need and priorities to the HRC and MBIE to inform prioritisation of funding. In the longer term, a review of funding settings and statutory functions of the HRC and MBIE would be prudent, in line with MBIE's Future Pathways work.

35. The Ministry could also do more to prioritise the (small) amount of Vote Health that is spent directly on research, so it is based on need and system priorities. While most research will continue to be funded through HRC, HNZ and MHA should have the flexibility to invest in research to support their operational delivery and commissioning functions. This could include research into new models of care as part of commissioning frameworks. The MHA may also choose to invest in non-clinical health research as part of their holistic focus on well-being of Māori.

Infrastructure

36. High-quality research relies on high-quality supporting infrastructure including access to data and data analytics, as well as additional support for the delivery of clinical trials. HNZ, the MHA, and the Ministry will need to build stronger and more integrated data infrastructure to support the collection and sharing of intelligence on health need to inform prioritisation.

37. High quality infrastructure also includes the availability of research-specific databases and infrastructure to support open access publications. Transitioning to a nationally planned, locally delivered health system that is connected and coordinated presents opportunities to develop and implement national infrastructure that can be accessed from anywhere in the country. While projects like HIRA will help by joining up data sources, specific attention needs to be given to the development of research specific infrastructure including national datasets and open-source data and information repositories. This infrastructure could be supported with regional and/or local capability including data analytics. HNZ will need to build the development of this infrastructure into their broader data and digital roadmap.

Implementation and transition

38. Achieving the vision for health research will require both immediate considerations to resolve transitional challenges and signal the direction of travel, and continued commitment to embedding the new roles, responsibilities, ways of working and culture.

Immediate work before Day 1

39. To ensure a smooth transition, interim HNZ (iHNZ) will need to put in place arrangements to support the continuation of existing DHB research infrastructure, research support staff, partnerships, and approval mechanisms. This includes making provisions for local delegations and approvals to be transferred over to the right people and for the continuity of existing contracts. This should be incorporated into iHNZ's broader transitional work programme.

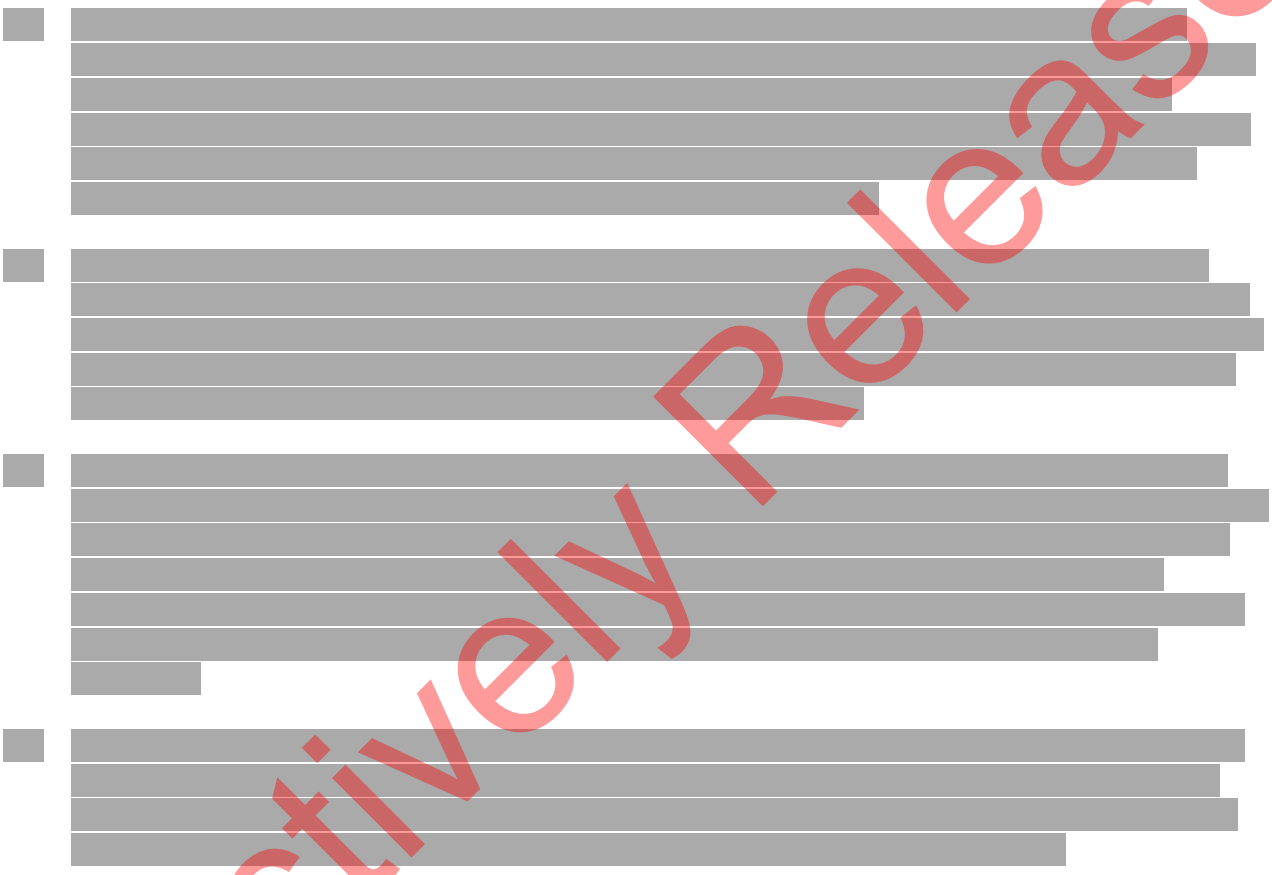
40. To signal expectations and provide clarity on the direction of travel, health research should be part of key accountability documents such as the iGPS and interim NZ Health Plan. The iGPS should include expectations for how research is prioritised, delivered, and embedded and the interim NZ Health Plan should include detail on how these expectations will be operationalised.

41. To ensure that research is part of our new health system from Day 1, iHNZ and interim MHA will need to specifically consider their national and regional research capability requirements as part of the development of their detailed operating models. This includes appointing key leads and building on existing support models such as regional partnerships. Entities should

also start planning for how they will build clinician-research capability and capacity and for the development of the data infrastructure required to support more strategic and needs based prioritisation of research. It will be important that HNZ, MHA and the Ministry research leads develop strong relationships to ensure entities are aligned and working cohesively towards common goals.

42. Delivering on our ambitions to embed Te Tiriti and Māori data sovereignty across all research domains will require further work to develop the operational detail behind the recommendations. This work should be led by MHA in partnership with Māori and the Māori research community, alongside HNZ and the Ministry.

s9(2)(f)(iv)



Consultation

47. This advice has been developed in consultation with a broad range of stakeholders including MBIE, HRC, interim Health New Zealand, interim Māori Health Authority, Health Research South, Research Office Managers group (ROMA) and the Enhancing NZ Clinical Trials research project.

Next steps

48. Subject to your agreement, the final version of this advice will be shared with interim entities, HRC, and MBIE so that expectations and priorities can be included in key accountability, planning and operational frameworks.

49. We are available to discuss this with you at our regular meeting.

Appendixes	
Appendix A	Current state roles and responsibilities
Appendix B	Proposed entity roles and responsibilities
Appendix C	Case study: Health research landscape in England

APPENDIX A: Current state roles and responsibilities

Several entities are currently involved in the planning, prioritisation, delivery and evaluation of health research:

a) The **Ministry of Health** (Ministry) currently plays a relatively small role in health research. It leads some research policy, manages the national ethics committees, and funds a small amount of research through Vote Health. During the COVID-19 pandemic the Ministry commissioned urgent research directly and also in partnership with the HRC.

b) **Health Research Council** (HRC) is the Government's principal funder of health research in NZ with a broad statutory responsibility. Its functions include: prioritising how funding is spent (in line with the NZ Health Research Strategy and Prioritisation Framework); advising Ministers on priorities for health research and health research policy; fostering health research workforce development (including Māori researchers); and promoting and disseminating health research findings.

c) The **Ministry for Business, Innovation and Employment** (MBIE) funds the HRC through Vote Research, Science and Innovation, is responsible for advancing innovative ideas and commercial opportunities, and invests in long term mission led and strategic initiatives including national science challenges.

d) **DHB (and other) clinicians** deliver and support research – usually through their academic affiliations rather than DHB contracts. DHBs manage local approval processes for researchers to conduct research in DHB facilities.

e) **Academic and non-academic research institutes** fund, deliver, and support research with a large proportion of funding spent by Auckland and Otago Universities. Academic institutes also train researchers.

f) **ACC** undertakes research to inform their policies and approach to funding treatment. They have internal research capability including their own ethics process, but also invest in external partnerships through grants.

g) **PHARMAC** engages in and supports health research across a range of topic areas and funds research through the HRC which administers its funding grants.

APPENDIX B: Proposed roles and responsibilities

Entity	Roles and capability required
Ministry of Health ***System steward (alongside MHA)***	• **System level leadership of research** by providing clear strategic direction that is steered by Te Tiriti, • **Lead policy advisor** to Minister of Health on research (in addition to HRC's policy role) • **Develop strategic and national frameworks and standards** in collaboration with MHA, HNZ, and the research community • **Develop health researcher workforce strategy** as part of overall workforce strategy • **Monitor the delivery of research** delivered by HNZ/MHA • **Provide intelligence** to HRC that demonstrates health / clinical service / population need for priority setting • **Commission and evaluate non-clinical research** relating to key policy issues • **Provide transparency** of health research and funding in partnership with relevant entities such as MBIE, HRC, MHA, and HNZ • **Manage** national Health and Disability Ethics Committees and work with the MHA to ensure they are delivering against their Te Tiriti obligations
Māori Health Authority ***Stewards and leads hauora Māori, lead commissioner of kaupapa Māori services***	• **Partner with the Ministry** on health research policy, embedding te Tiriti and hauora Māori • **Engage with Māori** to understand aspirations and **advise on priorities** for hauora Māori research • **Co-leadership role with HNZ** to drive research agenda, ensure kaupapa, tikanga and mātauranga Māori are core to how research is prioritised and delivered in the system • **Commission and evaluate research** to support its leadership role • **Provide oversight and guidance** of hauora Māori research including kaupapa and mātauranga Māori research methodologies, best practices and knowledge translation • **Work with HRC and the Māori Health Committee** to support HRC's efforts in hauora Māori and equity • **Partner with the Māori research community** including universities and other research entities to support research activities • **Support dissemination** of research outputs and findings with HNZ and for kaupapa Māori service providers • **Support workforce development** of Māori researchers; kaupapa, tikanga and mātauranga Māori
Health New Zealand ***Leads system operations, in partnership with the MHA***	• **Lead operational entity** for planning and delivering research in the health sector and integrating research and disseminating findings into health service delivery (co-leadership role with the MHA). • **Drive research agenda and priorities** across organisation with research capability and support at national, regional and local levels • **Partner with universities and other research entities** to undertake research and offer national and regional support for research (e.g. in the form of regional support hubs) • **Engage and involve communities,** consumers, and whānau for input into research priorities, delivery, and evaluation • **Disseminate and integrate** translated research outputs and findings and be accountable for the delivery and implementation of research • **Plan for and invest in building health research workforce capability** and capacity for including dedicating workforce time to undertake research as part of clinical practice (where appropriate) • **Manage ethics approval** processes at a regional and local level and work with MHA to ensure they promote partnership with Māori and Māori data sovereignty

HRC *Primary funder for health research in NZ*	• **Primary funder of health research in NZ** with no change to statutory functions in short-medium term • **Strategic alignment** through having regard to priorities signalled in the GPS • **Determine priorities** for funding research based on health, social, policy needs (working closely with the Ministry,MHA, and HNZ) • **Develop capability and capacity of research workforce** including by working alongside HNZ and the MHA to develop the Māori and Pacific research workforces and clinician-researchers (no change), • **Provide transparent information** on HRC funded research
MBIE	• **Build strategic partnerships** between health and commercial entities • **Use good information** from other entities **to have a more consolidated view of research** happening in the health sector to support evaluation, translation and dissemination • **Fund health research** via HRC, using information on health, social and clinical needs to inform prioritisation

APPENDIX C:

Case study - Health research in England

The health research ecosystem in England is regarded as a model that is well funded and coordinated. The case study below outlines the main players, how they work together, and relevant learnings for the NZ context.

The key players:

- **National Institute for Health Research (NIHR)[5] -** The NIHR is the largest clinical funder in the UK and a research partner of NHS England. It was established to provide NHS England with the research infrastructure and support it needs to conduct research alongside delivering care.
- **Medical Research Council (MRC)[6] -** The MRC is a long-established funder of biomedical research in the UK. It has a broad funding remit across medical, basic science, global health, population medicine and translational research.
- **Office for Strategic Coordination of Health Research (OSCHR)[7] -** The OSCHR was established to provide strategic oversight and coordination across the sector and to facilitate more efficient translation of health research into health and economic benefits. It plays a key role in addressing barriers to research collaboration. The OSCHR is charged with setting strategy, monitoring results, and with allocating funding to MRC and NIHR.

How the entities work together

- **NIHR and NHS England** - NHS England have a commitment to the promotion, conduct and use of research to improve the current and future health and care of the population and NHIR supports NHS England to deliver this. NIHR plays a critical role in funding health research and also supports its delivery within NHS England through providing researchers, facilities, data and digital platforms, and a skilled workforce to translate discoveries into practice. NHS England and NIHR also work together to agree on priority research questions based on intelligence about the challenges the NHS and broader health, public health and social care system will face over the coming years.
- **NIHR and MRC -** NIHR and MRC both have broad funding remits, but they work in partnership with each other. This is enabled by the OSCHR, who coordinate health research funding. The OSCHR has oversight over the total research budget and is responsible for the allocating the budget to the NIHR and MRC based on their responsibilities and focus. While they have different primary focuses, the two entities do work together to jointly fund programmes that cut across both areas.

[5] Department of Health. (2006). Best Research for Best Health. Accessible at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/568772/dh_4127152_v2.pdf
National Institute for Health Research. (2022). Our place in the UK research landscape. Accessible at https://www.nihr.ac.uk/about-us/what-we-do/our-place-in-the-uk-research-landscape/

[6] UK Research and Innovation. (2022). Medical Research Council. Access ble at https://www.ukri.org/councils/mrc/

[7] UK Research and Innovation. (2022). Office for strategic coordination of health research. Access ble at https://www.ukri.org/about-us/mrc/how-we-are-governed/oschr/
Parliament UK. (2010). Memorandum by the Office for Strategic Coordination of Health Research (OSCHR). Accessible at https://publications.parliament.uk/pa/ld200910/ldselect/ldsctech/104/10011203.htm
Atkison, P., Sheard, S., & Walley, T. (2019). 'All the stars were aligned'? The origins of England's National Institute for Health Research. Accessible at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6894247/

Insights for the NZ's health research ecosystem

Important insights to consider for NZ's future health research ecosystem are summarised below

- NHS, through its Constitution, has a statutory function for the promotion, conduct and use of research to improve the health and care of populations. This is important to ensure that research is a priority of health entities. The Pae Ora bill will have provisions for HNZ and MHA to conduct and support research as a core entity function.
- The NIHR was established to provide research infrastructure and support for the NHS. This raises important considerations for HNZ and MHA who will require support and infrastructure to ensure research is prioritised and delivered from within clinical services. In the short term, this will need to be achieved through internal capacity and partnerships but in the medium term, consideration could be given to establishing a separate entity like the NIHR.
- The OSCHR provides strategic leadership, coordination and oversight across the health research ecosystem. This supports collaboration of activity and funding and ensures research funding is aligned to health system priorities. In our future system, the Ministry and MHA will play a similar role as stewards of health research. However, as MBIE progresses the Future Pathways programme, the OSCHR model should be closely considered and learnings applied to the NZ context.