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**Calling for Expressions of Interest**

**National palliative care steering group**

Do you know what it’s like for tūroro/patients and whānau using health services in palliative and end-of-life illness?

Te Whatu Ora - Health New Zealand are developing a work programme co-sponsored by Te Aka Whai Ora – Māori Health Authority, that supports a nationally consistent approach to palliative care across Aotearoa New Zealand.

We’re seeking to establish a steering group of health service experts to provide oversight and guidance for this national work programme over the coming 2 years. The steering group will also establish and oversee the various short-term working groups required (recruitment for the initial working groups will begin in Aug/Sept 2023). See the draft Terms of Reference for further information.

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**WHO SHOULD APPLY?**

We have positions on the national steering group for those with experience of:

* Hospice
* Hospital palliative care
* Aged residential care
* General practice
* Māori and Pacific communities
* Research and academic communities
* Regional Commissioning, Te Whatu Ora
* Receiving palliative services (patients and whānau)
* Hospital and Specialist Services, Te Whatu Ora
* Health policy, Manatū Hauora – Ministry of Health

Consideration will be given to ensuring diversity of cultural perspectives, experience, and geographic spread.

**ROLE REQUIREMENTS**

You’ll be:

* passionate about ensuring palliative and end-of-life care meets the needs of all New Zealanders and their whānau
* a leader in your community or professional field
* able to work collaboratively, promote trust, share information and be innovative
* available to attend meetings and progress work between meetings
* able to commit to a minimum 2 year term.

Skills/experience required:

* experience of supporting a family member in the last year of their life (eg, as a family carer or whānau member), or
* expertise and/or experience in palliative care services (eg, researching, planning, funding or delivering services, and monitoring outcomes)
* proven history of working collaboratively to lead change in community or professional groups
* a flexible and effective communicator (eg, email, videoconference, face-to-face, in groups).

Payment for meeting attendance and travel expenses is covered as per the Health Quality and Safety Commission Partners in Care consumer engagement operational policy.

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|  |  |
| --- | --- |
| Expression of Interest published | **Tuesday 4 July 2023** |
| Closing date for applications | **Monday 17 July 2023 (close of business)** |
| Outcome notification | **Friday 28 July 2023 (no later than)** |
| First steering group videoconference meeting | **Thursday 3 August, 1.00pm – 3.00pm** |

**HOW TO APPLY**

Please complete the application form below and email it to:

[palliativecare@health.govt.nz](mailto:palliativecare@health.govt.nz)

For further information please see the draft Terms of Reference or email Stephanie Read (Programme Manager – Palliative Care, Te Whatu Ora): [Stephanie.Read@health.govt.nz](mailto:Stephanie.Read@health.govt.nz)

To join our stakeholder list and receive updates on our palliative care work programme (including future Expressions of Interest for the working groups), email your contact details to [palliativecare@health.govt.nz](mailto:palliativecare@health.govt.nz)

***Ehara tāku toa i te toa takitahi, he toa takitini***

***My strength is not as an individual, but as a collective***

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Application form for the national palliative care steering group

|  |  |  |
| --- | --- | --- |
| Your details: | | |
| Name |  | |
| Town/City/Place of Residence ​ | | Closest Airport   ​ |
| Work Telephone | | Mobile |
| Job title/Role (if applicable) | | Organisation or community group |
| Mobility/accessibility requirements | | |
| Email |  | |
| Postal Address | ​  ​ | |
| Brief history of your experience and/or expertise in palliative care or health services in Aotearoa New Zealand | | |
|  | | |
| Brief history of your experience advocating for Māori and/or Pacific Peoples | | |
|  | | |
| Brief history of your involvement in community or professional groups | | |
|  | | |
| Anything else you would like to add to support your application | | |
|  | | |
| If applicable, manager approval (to endorse your application and/or support your participation) | | |
| Name:  Title and Organisation:  Signature: Date: | | |