

## CSO Phase 1 September 2020 – March 2021

### A1. Purpose and any background information

The Simpson Review makes a strong case for generational reform of the health & disability system to improve equity of access and outcomes through reduction in fragmentation, strengthening of leadership and accountability, increasing the focus on population health, and better tailoring of services to the needs of people and whānau. The Review's recommendations together point to a broad and far-reaching reform agenda, and a complex multi-year implementation process. The work will encompass changes in policy, legislation, system priorities, values and behaviours, and organisational structures and accountabilities - within the health & disability system, and across sectors. It will comprise a mix of strategic and operational initiatives, foundational enablers, significant interdependencies across work streams, and the need for extensive stakeholder engagement and communications within an effective change management approach.

In order to progress the findings of the report, Cabinet has agreed to the establishment of a Transition Unit to lead the response to the Health and Disability Review. The Transition Unit will be located in Department of Prime Minister and Cabinet (DPMC). This is a highly complex and challenging project and DPMC has identified the need for direct procurement of an individual with the high level of experience and expertise required to lead the Transition Unit.

Based on initial planning and work with similar projects, DPMC has estimated that a team of around 15 to 20 will be required for this phase of the project. Use of a consultancy for some of these roles is required and bundling some of this into the Directors role is desirable for a number of reasons.

This procurement is for the Director role, a small core team to support the review, and additional capped amount to cover any flexible use of EY resource for expert input to the review.

The Director is responsible for delivering on the outputs for the Transition Unit. These are covered initially in the two Cabinet papers. In addition, the Director will work with the TU to provide an outline project plan of work for Ministers which will outline the work of the unit in more detail. This will cover:

- Advancement of early work to build sector engagement (eg NZ Health Plan)
- Discussion documents on areas where alternatives to the Health and Disability System Review recommendations are required by Ministers
- Functional design of key system changes including costs, benefits feasibility and implementation options analysis
- Preparation of all advice to Ministers and Cabinet (including RIS)
- Development of an implementation plan
- Secretariat support for the Ministerial Advisory Group.

### A5. Timeframes

Work to start as soon as possible by mutual agreement. The initial phase of work is expected to be six months in duration. The timeframes will be reviewed throughout the engagement, and any extensions to the timeframes will be progressed as a variation to this agreement.

It is anticipated that this phase of work will be followed by subsequent phases of work, as per the anticipated lifespan of the Transition Unit. It is anticipated that a Director for the Transition Unit will be required for approximately 18 months. The ongoing arrangement for this agreement will be reviewed before completion of Phase 1, or 26 February 2021.

#### A7. Outputs of the Services

The Director is responsible for the work programme and associated outputs of the Transition Unit. The outputs will be delivered by a combination of the EY team and other staff either on secondment, on contract or via arrangements with other agencies.

The outputs will be detailed in the work plan. These will include:

- Discussion documents
- Design documents
- Materials for stakeholder engagement
- Advice for Ministers
- Cabinet papers
- Regulatory impact assessment
- Implementation plan

Services will also include engagement with stakeholder groups, including representatives within the health sector, government agencies, and other groups.

#### B1. Specific Services to be provided

EY will provide a Director for the Transition Unit, a small senior core team and additional expertise (as required) to support the development of the Health and Disability System Review implementation work programme.

The senior nominated personnel from EY have experience in the machinery of government, working within the public sector, and working closely with Ministers and senior decision-makers. They bring different areas of technical focus across policy and analytics, organisational design, strategic and service planning, commissioning, and funding model development. The Director and the EY team will work with and complement individuals seconded from the Ministry of Health, other government agencies and contractors within the Transition Unit to design the work programme, complete outputs and provide advice on next steps beyond Phase 1.

The services provided by the Director and the EY core team are as outlined in A7. The focus of the work programme and outputs will be adapted as necessary following Cabinet decisions, feedback from Ministers and other advisory committees. Some initial focus areas for the 6-month work programme (Phase 1) will include:

- Early action to establish and resource the Transition Unit (TU), including definition of its role, deliverables and accountabilities, and ways of working with the Ministry of Health ('the Ministry'), the health sector (including DHBs, providers, and professional bodies), other social service sectors, and the wider community
- Establishment of, and support for, a Ministerial Advisory Committee that will contribute to key elements of the Transition Unit's work programme
- Development and implementation of a communications and engagement plan
- Cabinet papers to provide policy advice on the specific Review recommendations and support decision-making on detailed system design, including structures, funding and system policy settings, requirements for legislative change and Budget implications
- A detailed plan to guide reform implementation, including quick wins and links to significant initiatives being led by the Ministry of Health.

In order to gain momentum and confidence from Ministers, the following four focus areas are proposed in addition to the list above:

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## Phase 2 April – July 2021

Part A7 is amended, in full, to read:

"The Director is responsible for leadership of the Transition Unit, its work programme and associated outputs. The outputs will be delivered by a combination of the EY team and other staff either on secondment, on contract or via arrangements with other agencies.

The outputs will be detailed in the work plan. These will include:

- Discussion documents
- Design documents
- Materials for stakeholder engagement
- Advice for Ministers
- Cabinet papers
- Regulatory impact assessment
- Implementation plan

Services will also include engagement with stakeholder groups, including representatives within the health sector, government agencies, and other groups.

In terms of Unit leadership, the outputs are:

- A cohesive and high-performing team that uses DPMC's systems and processes, complies with its policies, and sees itself as part of the department, living DPMC's values as part of the One DPMC culture.
- A business plan and budget for the Transition Unit for 2020/21 and 2021/22.
- An appropriate mix of public servants, fixed-term employees, and contractors to an evolution away from a contracted model over time."

Part B1 is amended, in part, to read:

"...

The senior nominated personnel from EY have experience in the machinery of government, working within the public sector, and working closely with Ministers and senior decision-makers.

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#### **A5. Timeframes**

Work to start as soon as possible by mutual agreement. The initial phase of work is expected to be six months in duration. The second phase of work is expected to be undertaken over the period of 1 April 2021 to 20 June 2021. The timeframes will continue to be reviewed throughout the engagement, and any further extensions to the timeframes will be progressed as a variation to this agreement.

It is anticipated that the work within the scope of this Contract (Phases 1 and 2) will be followed by subsequent phases of work, as per the anticipated lifespan of the Transition Unit. It is anticipated that a Director of the Transition Unit will be required for approximately 18 months. The ongoing arrangement for this agreement will be reviewed before completion of Phase 2, or 16 June 2021.

#### **A7. Outputs of the Services**

The Director is responsible for the leadership of the Transition Unit, its work programme and associated outputs. The outputs will be delivered by a combination of the EY Team and other staff either on secondment, or contract or via arrangements with other agencies. The outputs will be detailed in the work plan. These will include:

- Discussion documents
- Design documents
- Materials for stakeholder engagement
- Advice for Ministers
- Cabinet papers
- Regulatory impact assessment
- Implementation plan

Services will also include engagement with stakeholder groups, including representatives within the health sector, government agencies and other groups.

In terms of Unit leadership, the outputs are:

- A cohesive and high-performing team that uses DPMC's systems and processes, within its policies, and sees itself as part of the department, living DPMC's values as part of the One DPMC culture.
- A business plan and budget for the Transition Unit for 2020/21 and 2021/22.
- An appropriate mix of public servants, fixed-term employees and contractors to an evolution away from a contracted model over time.

Focus areas for the period 1 April – 30 June 2021 (Phase 2) will include:

- Continued Policy Work:
  - Following initial decisions by Cabinet, providing further advice on a range of matters required for detailed design and implement the reformed system,
  - developing subsequent Cabinet papers to focus on transitional arrangements and risk management, proposals, for early progress such as the development of the NZ Health Plan, funding for the reformed system and further detail of how the new operating model will work in practice, including service guarantees for New Zealanders
- Legislative Reform:

- -working closely with DPMC legal and the Parliamentary Counsel Office in order to develop drafting instructions and prepare to introduce legislation required to reflect new structures within the system operating model
- Implementation and Early Establishment:
  - Supporting implementation activities including:
    - Enhanced programme management;
    - Strong focus on communications and stakeholder engagement;
    - Change management
    - Interim entity establishment
    - Early areas of reform and joint working with stakeholder groups, including the NZ Health Plan, NZ Health Charter and locality prototypes; and
    - Financial arrangements e.g. the establishment of new appropriations
- Programme Management;
  - -coordinating implementation across the sector
  - establishing a project management office (PMO) within the Transition Unit by the end of April 2021 that will;

<b>1</b>	<p><b>Develop the intended operating model for the future health &amp; disability system and describe how the various parts will work together as a coherent whole. This will include key areas such as quality and safety, public health and Māori health. This will allow early transfer of functions to the new entities and mitigate significant risks to the Government.</b></p> <ul style="list-style-type: none"> <li>▶ Identify and appoint strong and respected leaders who can credibly speak to those areas of the sector that will be subjected to the greatest change</li> <li>▶ Identify key areas of institutional resistance, and involve those actors in the planning of the new system by supporting better stakeholder understanding of the future reform environment</li> <li>▶ Leading the establishment of new and reconfigured entities, including the Ministry, Health New Zealand, the Māori Health Authority and the DHBs and provide clear operating model parameters to support their organisational mandate.</li> </ul>
<b>2.</b>	<p><b>Begin work on the first long-term 'national health and disability services plan' with an early focus on needs assessment, definition of the current state and service and capacity modelling for the future.</b></p> <ul style="list-style-type: none"> <li>▶ Develop the framework and initiate the first stages of the first national plan which will be a prerequisite for effective service redesign, and workforce, facility, equipment and ICT planning</li> <li>▶ Review and benchmark care provision across tiers/locations</li> </ul>
<b>3</b>	<p><b>Work alongside the Ministry and DHBs to get early traction on the 'quick wins' (described above) that will build momentum for performance improvement within the existing system structures, this can include:</b></p> <ul style="list-style-type: none"> <li>▶ Bedding in COVID-19 innovations in telehealth and e-prescribing</li> <li>▶ Measles catch-up campaign</li> <li>▶ Strengthening of the public health units improving monitoring and support for DHB performance and mental health service development</li> </ul>
<b>4</b>	<p><b>Begin development of the national commissioning and funding frameworks and models for Tiers 1 and 2 services</b></p>

- ▶ **Focus on approaches that foster** early intervention, equity of outcome, integration of care, and right sizing of capacity care to remove the current disincentives to early intervention
- ▶ Focus on creating a seamless financial and operational integration of primary, secondary, and tertiary care to remove the current disincentives to early intervention

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## CSO Phases 3-5 August - December 2021

GMC For SERVICES VARIATION (3<sup>rd</sup> Edition)

Not relevant to your request

**Outputs of Services:** The outputs will be detailed in the work plan. These will also include the following:

- Lead the Transition Unit and the Health and Disability Reform programme
- Support for informed and timely policy and legislative decision-making
- Work to establish new interim departmental agencies
- Work with the sector and the system on the new entities operating models and work programmes
- Work with the sector and the system to manage transition risk
- Work with the sector and the system to design and implement flagship projects to drive the change
- Change management to ensure successful delivery of the outcomes sought by the reforms

#### 4. Part B (Provider to Complete): Change to the Services being provided

- a) The Services being provided in Parts B1 and B3 are amended to include the following for phase 3:

Focus areas for the period 1 August – 29 October 2021 (Phase 3) will include:

1. **Lead the Transition Unit and the Health and Disability Reform programme**
  1. Establish an Office of the Director to support machinery of government requirements and to ensure effective people and operational management within the Transition Unit.
  2. Complete establishment of a Programme Management Office to ensure there is a co-ordinated approach to the reforms across the system, provide assurance on progress, and manage risks in the transition to the new system operating model.
  3. Develop a 'wind out' plan by 17 September 2021 for agreement by the Chief Executive of DPMC to ensure continued delivery of reform programme to June 22.
2. **Support informed and timely policy and legislative decision-making**
  1. Deliver a policy and legislation programme that supports key decisions and milestones that will lead to implementation of the new system, including:
    - detailed system design
    - the development of the Health Reform Bill
    - setting of expectations for the newly established interim agencies
    - Identification of priorities and options for future investment

- the design of frameworks for system-wide roles and functions that will be required on Day 1 (e.g. the monitoring framework)
- designing the future commissioning frameworks (continuing work)
- Integrating the voice of consumers in the future system (continuing work)
- developing the performance management frameworks (continuing work)
- working on the detailed operating models for public health and mental health. (continuing work)

**3. Lead work to establish new interim departmental agencies**

1. Lead work to establish the interim Health New Zealand and the Interim Māori health Authority as departmental agencies. This includes:
  - leading the recruitment processes for board members and Chief Executives for the interim entities
  - setting the expectations and work programmes for the interim entities and developing the future levers for Ministers to direct these entities
  - supporting the safe transfer of functions from the Ministry of Health and district health boards to these new entities
  - driving the logistics of establishing new entities, including developing Departmental Agency Agreements, finding office space and establishing the corporate enablers.
2. Design the Health New Zealand operating model and organisational design so that there is a robust foundation from which it can build and grow its capability and maturity to deliver its future functions in line with the vision for the reforms.

**4. Work with the sector and the system on the new entities operating models and work programmes**

1. Ensure that the new entities establish themselves in line with the vision and features of the Cabinet-agreed system operating model through close and collaborative engagement with the sector and support to the entities in their establishment phase.
2. Provide assurance to Ministers that their vision and blueprint for the system will be upheld

**5. Work with the sector and the system to manage transition risk**

3. Lead joint governance and working arrangements between the Transition Unit, the Ministry of Health, and sector leadership to provide oversight during the transition period, ensuring that transition risks are identified and managed.

**6. Work with the sector and the system to design and implement flagship projects to drive the change**

1. Lead work and engage the sector in key change initiatives including:
  - Development of the New Zealand Health Plan and associated population needs assessment
  - Design and implementation of the locality network prototypes
  - Development of the New Zealand Health Charter.



## Extracts from AoG Consultancy Services Orders (CSOs) CSO for EY Reforms January – September 2022

### A1. Purpose and any background information

The recommendations of the Simpson Review of the health and disability system point to a broad and far-reaching reform agenda, and a complex multi-year implementation process. The work encompasses changes in policy, legislation, system priorities, values and behaviours, and organisational structures and accountabilities - within the health and disability system, and across sectors. It comprises a mix of strategic and operational initiatives, foundational enablers, significant interdependencies across work streams, and the need for extensive stakeholder engagement and communications within an effective change management approach.

In August 2020, Department of the Prime Minister and Cabinet (DPMC) established the Health Transition Unit (HTU) to progress the report's findings. DPMC contracted EY (Stephen McKernan and a team) to provide leadership to this highly complex and challenging project. The initial contract was a direct procurement due to the level of experience and expertise required. The original contract with EY anticipated that this phase of work would be followed by subsequent phases of work. It was anticipated that a Director for the Transition Unit would be required for approximately 18 months i.e. to December 2021. Since the original contract was signed there have been 5 variations (excluding this one).

DPMC's role leading the reforms continues but is reducing as the work transfers to the interim departmental agencies, and ultimately the new Crown entities. In this next phase, DPMC (through the HTU) will retain core advisory and reform leadership functions through to June 2022. These are: policy programme and core advisory functions; and co-ordination and leadership of the overall reform programme. We also need to maintain existing leadership of the HTU as work is transitioned to the new entities and work in DPMC is wound down

There will be an ongoing monitoring and assurance role for DPMC in the second half of 2022. The size and nature of this role will in part depend on the progress of the reforms, in particular the reconfiguration of the Ministry of Health. The planned checkpoint in May 2022 will provide more certainty about what the period July to December 2022 will look like for DPMC.

### A4. Client specific requirements

DPMC requires:

#### 1. Policy programme and core advisory functions

- Support the progress of the new legislation through the House.
- Further detailed system design, including working with the Ministry of Health on its future functions and designed
- Design of funding settings and system funding model
- Leadership of reform investment through two-year budget (Budget 22)
- Continued advice on transitional arrangements and implementation activity, including transfer of functions from the Ministry to interim entities.

#### 2. Co-ordination and leadership of the overall reform programme

- Overall stewardship of the reforms
- Reform programme management
- Monitoring and advice to Ministers on establishment and change activity
- Support for interim entities
- Continued work with Health Quality and Safety Commission to stand up future frameworks, forums, and settings for consumer voice

#### A4. Client specific requirements (continued)

##### 3. Leadership of the Health Transition Unit

- Work closely with Strategy, Governance and Engagement and Central Agency Shared Service staff to ensure that the HTU follows DPMC's processes and that the wind down of the unit considers DPMC's interest appropriately.
- Ensure the CE is proactively briefed and kept fully informed of any issues or risks that may have a significant impact on the Department or its reputation
- Build a constructive workplace culture with high staff engagement
- Ensure that staff in the unit use DPMC's systems and processes and comply with its policies
- We also need to maintain existing leadership of the HTU as work is transitioned to the new entities and work in DPMC is wound down
- Work closely with relevant portfolio Ministers, senior officials and stakeholders
- Represent DPMC at a senior level on issues with the portfolio, promoting the interests of DPMC
- Manage health and safety

##### 4. Retrospective funding of work on the Entities' Operating Models, New Zealand Health Plan, System Intelligence and Change Management from July to December 2021

- Health NZ operating model – complete blueprint of the Health NZ operating model including outline of its functions and potential structures to deliver on its new role in the future system; analysis and descriptions of how Health NZ will interface with other entities in the health system and how functions within Health NZ would operate with each other; options for organisational structure, including critical national Tier 2 roles and options for regional leadership arrangements; and foundational documentation to support the functions transfer and change processes for the entity.
- Māori Health Authority (MHA) - early design work for the MHA including an initial view of the MHA, how its functions can be structured, capability and capacity considerations that is critical to informing its size, establishment and leadership appointments, analysis of functions to support the functions transfer from the Ministry and advice to inform the future operating model and budget for the MHA.
- System intelligence and actuarial analysis – health needs assessment to provide robust data and intelligence in developing the interim NZ Health Plan; design of system intelligence operating model across the future system; actuarial analysis to provide compelling and robust evidence in supporting budget bids and decisions; analysis to support the Select Committee process for the Pae Ora Bill in articulating the case for change and benefits from proposed investments and changes with the reforms.
- Change management – updated change impact assessment for the health sector and staff of different entities; sector wide change management framework and strategy for the health reforms; support to the new entities for their change management programme, including providing leadership across the change component of the District Health Board transition programme.

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## A7. Outputs of the Services

The Director is responsible for the leadership of the Transition Unit, its work programme and associated outputs. The outputs will be delivered by a combination of the EY team and other staff in the Unit, either on secondment, on contract or via arrangements with other agencies. The key outputs of services in the first quarter of 2022 include the following areas.

### Leadership, alignment and coordination of the overall reform programme

- Leading the programme management office for the reforms and supporting the establishment of the PMOs of the interim entities
- Establishing the Joint Leadership Group to govern and steward the reforms, which will include members from the Ministry and the Chief Execs of the interim entities
- Establishing an operational cross agency management group to oversee the implementation delivery across the programme
- Continuing and strengthening the assurance and monitoring of the reform progress and providing advice to Ministers on transition and implementation activities
- Leading the operations of the Transition Unit and providing operational support for interim entities as required
- Continuing to lead the communications and engagement function for the health reforms, working together with the Ministry and interim entities

### Policy and legislation programme and core Ministerial advisory functions

- Providing Cabinet with reporting on reform progress and transition
- Continuing to lead the Pae Ora bill through the legislation and Select Committee processes including producing a Departmental Report in February 2022, and seeking final Cabinet decisions for Bill provisions in early February 2022
- Leadership of the system operating model and continued policy and detailed system design which include the design of future funding models of the health system, accountability and monitoring settings and workforce regulatory reforms
- Vote Health budget advice and leading reform investment through the 2-year budget (Budget 2022)
- Leading machinery of government requirements for the reform agenda and continuing to support the offices of the Prime Minister, the Minister of Health and others

### Overseeing continued entity establishment for 1 July 2022

- Appointment and commencement of the permanent Chief Executives of Health New Zealand and the Māori Health Authority
- Supporting appointment of key interim and permanent leadership roles of the new entities
- Supporting transfer of functions from the Ministry of Health to interim entities including the transfer plan provided to the Ministers

Given the evolving and fluid nature of the reform programme, the demands and outputs required for the second quarter of 2022 could change as we progress. We expect to review these requirements as we progress through the first quarter of 2022 and to firm up in March 2022 the deliverables for the second quarter of 2022. There is a planned checkpoint in May 2022 in regard to the legislation and status of the reforms and there will be an ongoing monitoring and assurance role for DPMC in the second half of 2022. The planned checkpoint will provide clarity on what the requirements for the Transition Unit are beyond June 2022.

DPMC and EY have an agreement in principle to continue supporting the health and disability system reform programme to September 2022. This is a variation to extend the contract to September 2022, as requested by DPMC, to the original CSO signed 17/12/2021 that covered the period from January to June 2022. This variation provides an overview of the key milestones to be achieved in the period from July to September 2022, and the associated role of the Health Transition Unit (HTU) in supporting these. It also outlines the proposed EY team and fees to undertake this work.

#### **Key milestones for the reformed health system**

The period from July to September 2022 marks the first quarter of the reformed health system. This will be a critical time for the health system the people and entities will work together to embed the new system arrangements and ways of working in continuing to work towards the reform vision. There will need to be arrangements and processes in place to ensure good health of the overall reform programme, providing support where needed to the system entities to undertake their new roles and providing confidence and assurance to Ministers on reform progress.

There will be a number of milestones in this period, including:

- Establishment of Health New Zealand (HNZ) and the Māori Health Authority (MHA) on 1 July
- Redefined future role and focus of the Ministry of Health (MoH) as a strengthened system steward
- Finalisation of functions transfers from MoH to the new entities, and between new entities
- Ministerial approval of the interim New Zealand Health Plan and the Health Charter
- Establishment of a Ministerial Committee to oversight on reform implementation and progress
- A Cabinet update on reform progress in September
- Continued support of Ministers on public announcements relating to the reforms
- Continued delivery of the Public Information Campaign to targeted population groups
- Delivery of a new system monitoring framework, including agency performance and reform monitoring and the roles of the entities
- Establishment of a reform business unit within MoH
- Successful implementation of changes to HNZ and MHA Board appointments if required
- Documentation of the major activities, outputs and lessons learnt from the HTU, including a view of the critical future activities for successful implementation of the health reforms

#### **Health Transition Unit role and functions**

The HTU, through DPMC, has a lead or supporting role in achieving a number of the milestones in the first quarter of the reformed health system. The Director will be responsible for the leadership of the Transition Unit, its work programme and associated outputs. The outputs will be delivered by a combination of the EY team and other staff in the Unit, either on secondment, on contract or via arrangements with other agencies.

The core functions of the HTU from July to September 2022 include:

##### **1) Reform monitoring, assurance and programme management**

- Complete reform implementation progress monitoring and reporting, including the scheduled quarterly report-back to Cabinet in September 2022
- Establish and provide initial secretariat support of the Ministerial Committee for the health reform implementation, and successfully hand over this responsibility to MoH when appropriate
- Development and supporting the implementation of the ongoing reform assurance framework
- Implement transfer of TU functions to MoH, including any established reporting and assurance frameworks and processes
- Support the implementation of changes to HNZ and MHA Board appointments if required

##### **2) Policy and advice**

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- Provide advice on refinement of the system monitoring framework and support entities in implementation of the framework and their roles
- Provide advice on the timing of the HTU functions transfer to MoH which includes reform monitoring, assurance and programme management
- Support the Minister in approvals of key system accountability documents, including the interim NZ Health Plan and the Health Charter
- Handover of any continuing policy and system design work programme to MoH and supporting MoH on delivering these

**3) Communications and engagement**

- Provide oversight and guidance for the Communications and Engagement teams in the new entities to ensure the overarching Communications and Engagement plan is adhered to and continues to be a focus
- Continued support of Ministers on any public announcements relating to the reforms
- Support the delivery of the Communications and Engagement plan while the new entities build their capability and capacity
- Complete and promote the health reform 'animation' series
- Support the new entities to ensure the reform story underpins their overall communication plans and approach
- Complete Phase 1 of the Public Information Campaign, and provide advice and support to HNZ for Phase 2, as required

**4) Leadership of the HTU**

- Leading the operations of the Transition Unit and compliance with DPMC's policies and processes
- Develop a report describing the major activities and outputs of the HTU over its existence which includes the policy process, critical success factors, lessons learnt and a view of the critical activities in the short, medium and long term to ensure successful implementation of the health reforms
- Wind-down the HTU as a business unit in DPMC, with key functions, responsibilities and reporting accountabilities transferred to relevant entities
- Meet all internal DPMC wind-down requirements e.g. documentation filing, IT returns

Not relevant to your request

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