



New Zealand

HEALTH AND DISABILITY System Review

HAUORA MANAAKI ki Aotearoa Whānui

Interim Report

Pūrongo Mō Tēnei Wā

September 2019

Acknowledgements

- All those who have had input into and contributed to the Panel's work
- Panel members, Māori Expert Advisory Group, secretariat team

Terms of reference

"identify opportunities to improve the performance, structure and sustainability of the system, **with a goal of achieving equity of outcomes and contributing to wellness for all, particularly Māori and Pacific peoples**".

Recommend how the system could be designed to:

- achieve better health and wellbeing outcomes for all
- ensure improvements in health outcomes of Māori
- ensure improvements in health outcomes of other population groups
- reduce barriers to access to health and disability services to achieve equitable outcomes for all parts of the population
- improve the quality, effectiveness, and efficiency of the health and disability system, including
 - institutional, funding, and governance arrangements

Framework for implementing the recommendations



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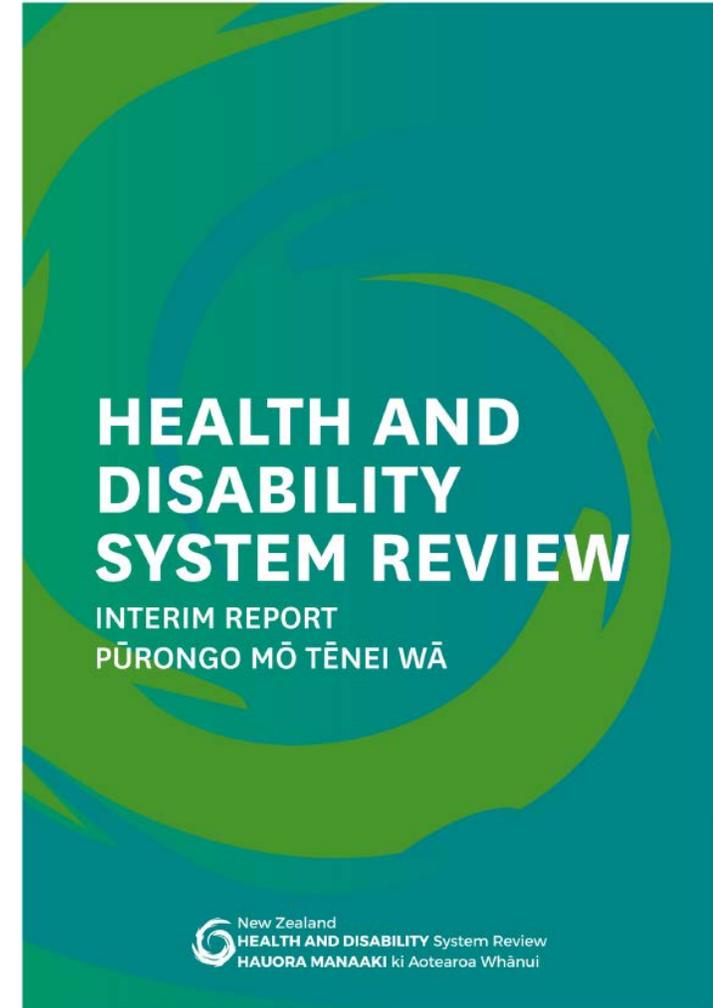
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Introduction

- Overall our system performs very well in many respects
- Expenditure in line with other countries
- Looking forward 10 years
- Focus on equity
- Structures vs culture and values
- Complex adaptive system

The interim report does 3 things

1. Reflects back the issues that people and organisations have told us are hampering the achievement of better outcomes
2. Checks whether available evidence supports what we have heard
3. Signals our initial thoughts on where the Panel believes the biggest gains can be made to improve the performance of the system.



Key themes (1/2)

- The current system is overly complicated and very fragmented from a consumer's perspective
- Leadership is lacking at all levels with a lack of clear decision making frameworks, confused accountabilities & little effective enforcement
- Reasonable consensus around strategies in many parts of the system but little evidence of consistent implementation
- Concern about the inequity of outcomes is widespread
- Māori, as Tiriti/Treaty partners, have not been well served by the system and in the future mātauranga Māori and rights under the Treaty must be fully implemented
- The health and disability system alone cannot eliminate all differences in health and wellbeing outcomes, because most differences arise from social determinants

Key themes (2/2)

- Consumers want the system to work better for them and respond to what they value and need, not provider interests
- Disabled people want more control over their own lives, and more flexibility and inclusion from the system
- The way people work in the system is not leading to the most productive results. We're seeing resistance to change, a lack of cooperation and collaboration and inflexible employment arrangements
- Consumer barriers to access are not just monetary. Time, transport, or lack of culturally appropriate services are often as, if not more, significant barriers
- Rural communities face particular challenges and need solutions designed specifically for them.

Directions for change - key themes

- Leadership focus and culture change
- Placing consumers, whānau and communities at the heart of the system
- Developing an effective Tiriti/Treaty based partnership within health that delivers a health and disability system that works for Māori
- Integration, planning and longer term thinking

Leadership focus and culture change

- The system needs to work in a much more cohesive, collective and collaborative style within a set of agreed values and principles guiding behaviours of all parts of the system
- Culture and attitudinal changes are needed, for example to lead to decisions that support the best use of available resources across the whole system, rather than being driven by the interests of a region, discipline or organisation
- The system needs stronger leadership at all levels and clearer, enforceable mandates and accountabilities.

Placing consumers, whānau and communities at the heart of the system

- The system will need to be driven more by what consumers value and need most, with more choice about how needs are met
- The long talked about move to give more emphasis to preventative care and the promotion of wellness needs to become a reality
- A more deliberate population health approach will be needed at all levels to manage future demand, achieve equitable health outcomes and for the system to be financially sustainable
- More emphasis on community health hubs offering a broader range of services in locations that suit consumers
- Funding systems reflect more emphasis on prevention and wellbeing and less on throughput.

Developing an effective Tiriti/Treaty based partnership within health that delivers a health and disability system that works for Māori

- Te Tiriti o Waitangi must be fully incorporated to provide a framework for meaningful and substantive relationships between iwi, Māori and the Crown
- Māori need to be able to apply their Tiriti/Treaty rights and to have authority within the system to design and provide services that best suit their needs and allow them to embrace mātauranga Māori and fully express their cultural identity
- This will provide a positive flow on effect linked to leadership, governance and decision making; and assist in strengthening Māori provider, workforce and service development.

Integration, planning and longer term thinking

- More deliberate and longer term, national, regional and local level planning which engages communities effectively in planning and decision making is needed at the governance level
- At the operational level the system needs less duplication and more collaboration and integration, with hospital and specialist services operating as a comprehensive network
- Workforce strategies need to effectively address projected shortages, so the workforce of the future better reflects the community it is serving, is trained appropriately and is able to achieve better work/life balance
- Data systems which are of better quality and more integrated both within and between Tier 1 and Tier 2 are a prerequisite for implementing models of care which effectively use technology and best practice to provide better care and access for customers
- Major facilities and equipment in the system need to be managed within a national asset management plan, with transparent decision making, within a longer term capital funding path which encourages system-wide over local prioritisation.

Next steps

Phase two

- Progressing the directions for change and looking into the questions outlined in the interim report
- Developing and assessing options
- Developing recommendations for the key changes that can best move the system towards more sustainable and fairer performance
- Final report delivered to the Minister of Health by 31 March 2020

Discussion

Ends

Additional info – directions for change in each area

Hauora Māori – directions for change

Recognising the Tiriti / treaty relationship

- Māori as Tiriti / Treaty partners have not been well served by the health and disability system. The Tiriti/Treaty partnership needs to be fully incorporated throughout the system and kaupapa Māori services encouraged
- The health system must better meet its obligations regarding the health of Māori communities and embed rangatiratanga (ownership) and mana motuhake (autonomy)

Embracing mātauranga Māori

- Despite many good examples of kaupapa Māori services proving their effectiveness, the system overall has not delivered Māori health and wellbeing outcomes that are fair. The system must embrace Māori world views of health and deliberately grow kaupapa Māori services.

Governance and funding - directions for change (1/2)

- **A more cohesive system with consistent and effective leadership** – the structures are not the key reason for a lack of performance. A cohesive, integrated system that works cooperatively with different behaviours and attitudes is needed, guided by a set of values. The future of elected board reps and the number of boards is still a live question
- **A clearer decision-making framework** that allows timely decisions to be made at the appropriate level with more clarity about where accountability lies and that accountability needs to be enforced. Decisions should support the system-wide best use of resources
- **Collaborative long-term planning** - there needs to be a mandatory long term nationwide service plan and strategic planning at all levels with communities, iwi and Māori fully involved
- **A system that is less complicated**, with fewer agencies that is designed for those most in need of help
- **Consumer representation** – more effective avenues for communities to guide the direction of health service planning and delivery.

Governance and funding - directions for change (2/2)

- **Access to enhanced analytical and back-office functions** particularly for smaller DHBs
- **More funding alone is not the answer** – although demographic and disease profiles mean demand for health services will continue to grow and staffing costs will require increased funding. Funding streams also need to be simplified and more predictable. And the system could operate differently to make better use of whatever resources are available. Accountability for staying within future funding paths is also needed.

Population health – directions for change

- **Population health is fundamental to the system**

- Population health will need to be more central and leadership strengthened if we want to achieve a real shift towards health and wellbeing outcomes for all
- Evidence for investment is strong – there are high rates of return for prevention and population health but can easily be discounted in an environment with little long term planning. Payment systems also focus on treatment over prevention
- The system needs to focus more on the population, not just the individual who presents for treatment
- Greater emphasis on intersectoral work to address the wider determinants of health, with most differences in health outcomes driven by social and economic factors
- A continued focus on the basics, such as clean water, immunisations, and emergency preparedness capacity, will become more, not less, important as issues such as climate change and antimicrobial resistance, have an increasing impact.
- There are ongoing debates about the desirability of recreating a standalone Public Health Agency and which functions are best nationally, regionally and locally.

Tier 1 – directions for change

- **System designed for the consumer and their whānau not the provider** with better integration and longer hours – major changes needed according to submissions
- **Promoting wellness** rather than principally treating illness. Opportunity for tier 1 delivery to improve equity and support health and wellbeing for Māori and others.
- **Multidisciplinary collaborative teamwork the norm** with more integrated and culturally appropriate services to address equity issues and move away from largely throughput funding
- **Enabling Māori to provide better services for Māori** with more Māori providers and Māori involvement in governance, planning and development of the system
- **Learning from rural communities** who use technology and more flexible working
- **Clarity of mandate and accountability** – currently mixed for DHBs and PHOs
- **Changing funding mechanisms** to improve services for those not well served
- **Better data management** for shared decision making and more coordinated delivery.

Disability – directions for change

- **Living well and prevention** to prevent different abilities and health conditions from becoming disabling or preventing the exacerbation of disability – promoting living well for everyone
- **More visibility** of the health outcomes of disabled people, supported by better data, greater inclusion and participation and better service and workforce development
- **System leading by example** in employing people with disabilities to improve wellbeing and make the service more responsive and inclusive
- **Whānau and carer support** and addressing their needs
- **More joined-up information, advice, and services** with focused leadership using Enabling Good Lives principles and greater flexibility.

Tier 2 – directions for change

- **Better planning** – nationwide long-term health service plan outlining what should be provided nationally, regionally and locally and guide investment and disinvestment in workforce, digital, facilities and infrastructure
- **Quality improvement** – continuous quality improvement driving service design and delivery. With more transparency, evidence-based decision-making and sharing of information about variation in performance, quality and outcomes. With clinical leadership, cultural values incorporated and consumer input.
- **A networked system** of hospitals and specialist services with clear responsibilities that is responsive to consumer expectations. Extended hours. Remote access to specialist services for rural tier 2 services.

Workforce – directions for change

- **Changing skill mix** required to deliver services in the future will mean the sector needs to be more open minded about how services are provided, training and the range of qualifications needed. Improved communication between tertiary education providers, professional bodies, the Ministry and DHBs is needed to undertake more effective centrally driven workforce planning and supply management. We should also attract school students to health, grow the kaiāwhina workforce and build digital capability
- **Being a good employer** and ensuring the workforce reflects the population it is serving could have a significant impact. The system can also create opportunities to employ people with mental health conditions and disabled people
- **Changing culture** to act in more multidisciplinary and collaborative ways, and for unions and employers to buy into different ways of working.

Digital and data – directions for change

- **Robust and accessible data** is essential for everyone who works in the system. Digital solutions can also free up clinician time to focus on more caring and support people to take greater control of managing their own health and wellbeing
- **Strong leadership to drive data standards and other mandates** is needed. Including data standards, data stewardship, identity management and interoperability
- **Digital literacy and new ways of working** at every level of the system are needed, supported by training, a workforce strategy and development plan. New roles, such as for data scientists, will be required and we will need to make them attractive.

Facilities and equipment – directions for change

- **Managing to a system plan.** Future major capital investments should demonstrate consistency with a long-term health service plan and follow a consistent decision-making process for facilities, major equipment and digital technology. Capital planning should not be on a one year basis. Health infrastructure should be considered more routinely alongside local government, education and transport planning
- **Asset management** planning must be strengthened to ensure that sufficient investment is made to maintain current infrastructure, replace major equipment and future proof for new models of care and capacity growth
- **Delivery of major capital projects** should be supported by streamlined processes to minimise expenses for proposals that are unlikely to be accepted. The distributed model of design and delivery of capital projects is expensive. Options for centralised functions should be explored.