**Minutes** 

**Operative Alliance Meeting**

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| **Date:** | 20 August 2019 |
| **Time:** | 9am – 2pm |
| **Location:** | Room 3S.5, 133 Molesworth St, WellingtonOr via teleconference: Dial 0800 633 866, enter Conference Code PIN: 230659# |
| **Chair:** | Principal Advisor, HealthCERT, Ministry of Health |
| **Attendees:** | Care Association New Zealand, New Zealand Aged Care Association, New Zealand Disability Support Network, Platform Trusts, National Committee for Addiction Treatment, Disabled Persons Assembly New Zealand, Designated Auditing Agencies representative, New Zealand Nurses Organisation, Ministry of Health – HealthCERT and Ministry of Health – Data Strategy and Investment, Fertility Providers representative, District Health Board – Quality & Risk Managers, District Health Board – Health of Older People Portfolio Manager representative |
| **Apologies:** | District Health Board Directors of Allied Health rep, Health Navigator Consumer Advisor, Standards New Zealand and Home & Community Health Association |

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|  | **Notes** |
| 1 | The Chair of the Operative Alliance welcomed members to the third meeting. The minutes of the Operative Alliance meeting on 9 July 2019 have been published on the Ministry of Health (the Ministry) website. All actions were completed. |
| 2 | The Ministry presented on work done to compare the three standards – the Health and Disability Services Standards NZS 8134:2008 (HDSS), Fertility Services Standard NZS 8181:2007 (FSS) and Home and Community Services Standard NZS 8158:2012 (HCSS). The differences and alignments were discussed. Where standards are aligned, overarching standards applicable to all service types could be considered, with the development of service specific guidance where required. Clarity would be required around what standards are overarching (and apply to all services) versus those standards which are service specific, this will be determined by the Working Groups. There was also discussion whether guidance is the right terminology for service-specific aspects and this will be further considered in due course.Operative Alliance (OA) members noted changes in models of care within residential settings - mental health (MH), alcohol and other drugs (AOD), and disability services, with particular discussion around individualised funding. There was general discussion around current safeguards and monitoring of these evolving models of care (noting homes with less than five beds are not regulated under the Health and Disability Services (Safety) Act 2001 (the Act)). HeathCERT noted this will be raised with the Standards Review Governance Group (GG). Aged residential care services have a national contract, which has supported the development of an integrated audit framework. This is not the case with residential disability, MH, AOD services in light of the system transformation work. OA members noted the occurrence of multiple audits where providers hold contracts with multiple government agencies. The Ministry acknowledged this and agreed to highlight to the GG. |
| 3 | The Scoping Workshops – Scoping Workshop Reports.The following scoping workshops reports were received and noted by the group:1. Fertility Services (16 April)
2. District Health Board inpatient hospitals, Private surgical hospitals, Birthing Units, Hospice (20 May)
3. Residential mental health & alcohol and addiction (31 May)
4. Aged residential care (31 July)
5. Residential disability (6 August)
6. Aged residential care (9 August) – DRAFT
7. Home and Community Support sector (12 August) – DRAFT

The reports will be made publicly available on the Ministry’s website at the end of August.  |
| 4 | The Standards Review – Scoping workshops: SummaryThe Ministry presented a summary on the outcomes of all of the seven scoping workshops that were held. Attendees at each of the scoping workshops supported:* The concept of a modular approach.
* Service-specific guidance underpinning overarching standards.
* Outcome-focussed standards.
* Better incorporation of Tino Rangatiratanga throughout the standards at guidance level.
* Aspirational standards which recognise the successes of an organisation in terms of quality improvement activities (perhaps an expectation that people will run a QI project every two years)
* Further consideration of standards such as informed consent (and decision-making), medication management and restraint minimisation and safe practice.

OA members discussed appropriate engagement with people and whānau using health and disability services. The consumer’s ability to influence is different depending on the sector. For example, in the MH sector there can be questions around who is qualified as a consumer, the intrusive nature of defining that, and the legal limitations which require a person to be mentally fit to sit on a governing board. Noting the sector differences, the OA agreed this specificity should sit underneath in service-specific guidance. Clinical governance and safeguarding terminology were also discussed. |
| 5 | The Ministry tabled the draft principles which will underpin the work of the working groups. Broad feedback was received on the principals from multiple organisations: District Health Boards, Health Quality & Safety Commission, GG members, OA members and the Ministry’s Māori Health Directorate. They will be signed off by the GG. *NZDSN left the meeting.* |
| 6 | The Ministry’s *Think Piece on Co-Design (December 2019)* was tabled for discussion. The working groups will be structured to support a co-design approach as outlined in this document and include: * participants who will be impacted by the review,
* include people and whānau using health and disability services
* those working in health and disability services.

It was noted that the document does not consider co-design in the context of Te Tiriti. OA members discussed the distinction between co-design and inclusive consultation. The OA agreed that the standards review project is being inclusive, and cautioned the use of ‘co-design’ in recognition that the Ministry is the ultimate decision maker. The Ministry will seek advice from OA members on the presentation going to the working groups which will outline the Ministry’s co-design / inclusive consultation approach.  |
| 7 | The Ministry presented on the work done to underpin the amendment of the Standard 1.4: Recognition of Māori Values and Beliefs. The Hauora Report (WAI 2575) has been reviewed to consider what it looks like when government agencies are meeting their Tiriti obligations. It was acknowledged the Ministry has actively sought Māori provider views as well as ensured Māori representation on the project’s governance. Consideration is being given as to how to ensure there is good Māori participation in the Standards New Zealand (SNZ) part of the project (March – December 2020). OA members were asked to consider who in their networks they could put forward for the SNZ balanced committee who could represent Māori experience and interests.OA members noted that some organisations might not fit the Ministry’s definition of a Māori provider, which could be addressed by seeking opportunities to self-identify. It is likely a recommendation will be put forward to establish a Māori reference group to review the work of the working groups.OA members acknowledged that any amendments made would be limited by the Act and these standards that regulate health and disability services. This will be noted to the GG.Discussion highlighted the cost to attend the working groups might have prevented clinical stakeholders to take part. The New Zealand Nurses Organisation (NZNO) has not been encouraging people to take part in the working groups because of this. NZNO raised this issue with the Associate Minister of Health and supported the Ministry to consider technology options. It was agreed this would be further discussed within the Ministry. |
| 8 | Structure and Process for Working GroupsThe Ministry presented a proposed process for the working groups (WG). The process was informed by feedback received from scoping workshop attendees. The proposed structure divided the WG phase of the review into two stages. The first stage the Overarching Standards WG would work on the standards which apply to all service types (September – November 2019). The second stage the Service-Specific Guidance WG would work on the service-specific guidance (November 2019 – January / February 2020). The OA **agreed** to this process. The Ministry presented a proposed structure for the amended standards as informed by feedback scoping workshop feedback. Other options were discussed, including having standards framed over Ages/Stages. OA members noted that often scale is the factor which changes the required guidance on how to meet the standard. OA members **agreed** to the below structure for the Stage 1: Overarching Standards WG was agreed to: 1. Our rights (Consumer rights)
2. Staff & structure [want Quality] (Organisational management, quality & risk, event management, health & safety)
3. Our pathways to wellbeing (Continuum & enablers & safeguarding)
4. Location of our services (IPC & Safe Environment)
5. Restraint

OA members acknowledged it is unlikely a solution will be found that will capture everyone. It is essential that the Standards can be used to assess service delivery, but are also something providers are able to frame their services around to align with set expectations.  |
| 9 | Expressions of interest for Working GroupsExpressions of interest were received over the period of 15 July – 15 August. The 134 submissions received captured a diverse range of specialist experience across the health & disability sector. A high-level analysis of submissions was presented to the OA. The following considerations and criteria were considered in determining WG make-up: * Rural / Urban / National
* Small / Large organisation
* Māori / Non-Māori Organisation
* Māori health expertise
* Health equity expertise
* Providers / Lived experience / Clinical
* Service type
* Familiarity with HDSS, FSS or HCSS.
* Knowledge and/or understanding of health & disability services regulation
* Understanding and knowledge of Māori health
* Experience working in healthy & disability services
* Lived experience using health & disability services
* Familiarity, experience or working knowledge of writing standards and/or general writing experience.

OA members considered the organisations included on the WG. OA members **agreed** it is not possible for ‘everyone’ to be on each group, and that ensuring the groups are sufficiently representative will suffice. The feasibility of having cross-fertilisation of the Overarching Standards WG will be considered by the Ministry. The Ministry will share the anonymised make-up of the Overarching Standards WG for comment by OA members to highlight gaps in expertise. OA members confirmed they would like to see the anonymised make-up of the Service-Specific Guidance WG. |
| 10 | Next stepsThe next meeting of the Operative Alliance is on 20 November 2019.  |

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| **Item** | **Action** | **Lead** |
| 2 & 7 | Raise the following with the Governance Group (meeting 29 August):1. Auditing by multiple government agencies, call for an interagency approach
2. Monitoring of unregulated health and disability services
3. Funding for travel, time and attendance for working group participation.
 | Project Manager |
| 4 | Provide Safeguarding definition  | DPA representative |
| 6 | Operative Alliance members on the presentation going to the working group which will outline the Ministry’s co-design / inclusive consultation approach. | Project Manager |
| 7 | Consider who to put forward for the SNZ balanced committee who could represent Māori experience and interests. | OA Members |
| 9 | Distribute anonymised make-up of Overarching Standards Working Groups. | Project Manager |
| 9 | Distribute anonymised make-up of Service-Specific Guidance Working Groups. | Project Manager |