

# **New Zealand Health and Disability System Review**

**Presentation by Margaret Southwick**

**Nursing & Midwifery Symposium 2019  
“Celebrating International Nursing & Midwifery Days”  
Tuesday 14th May 2019**

## Terms of Reference

The Health and Disability System Review was established by the Minister of Health to "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**".

It will provide a report to the Government, including recommendations, on:

- A sustainable and forward-looking Health and Disability System that is well placed to respond to future needs of all New Zealanders and which:
  - Is designed to achieve better health and wellness outcomes for all New Zealanders
  - Ensures improvements in health outcomes of Māori and other population groups
  - Has reduced barriers to access to both health and disability services to achieve equitable outcomes for all parts of the population
  - Improves the quality, effectiveness and efficiency of the Health and Disability System, including institutional, funding and governance arrangements.
- How the recommendations could be implemented.

## **Panel members**

<https://systemreview.health.govt.nz/about/expert-review-panel/>

**Heather Simpson – Chair**

**Shelley Campbell**

**Professor Peter Crampton**

**Dr Margaret Southwick**

**Dr Lloyd McCann**

**Dr Winfield Bennett**

**Sir Brian Roche**



# **The Māori Expert Advisory Group**

<https://systemreview.health.govt.nz/about/maori-expert-advisory-group-profiles/>

**Sharon Shea (Chair)**

**Dr Terryann Clark**

**Takutai Moana Natasha Kemp**

**Dr Dale Bramley**

**Linda Ngata**

**Assoc. Professor Sue Crengle**

# Timeline

Phase		Starts	Ends
<b>Phase I: Delivery of interim report</b>			
1A	Mobilisation and preliminary assessment	October 2018	January 2019
1B	Formative analysis and direction setting	December 2018	March 2019
1C	Shape and assess key directions	April 2019	July 2019
<b><i>Interim report completed</i></b>			<i>31 August 2019</i>
<b>Phase II: Delivery of final report</b>			
2A	Sustainable health & disability system proposals	August 2019	December 2019
2B	Recommendations and reporting	December 2019	March 2020
<b><i>Final report completed</i></b>			<i>31 March 2020</i>

# **New Zealand Health and Disability System Review**

# Equity

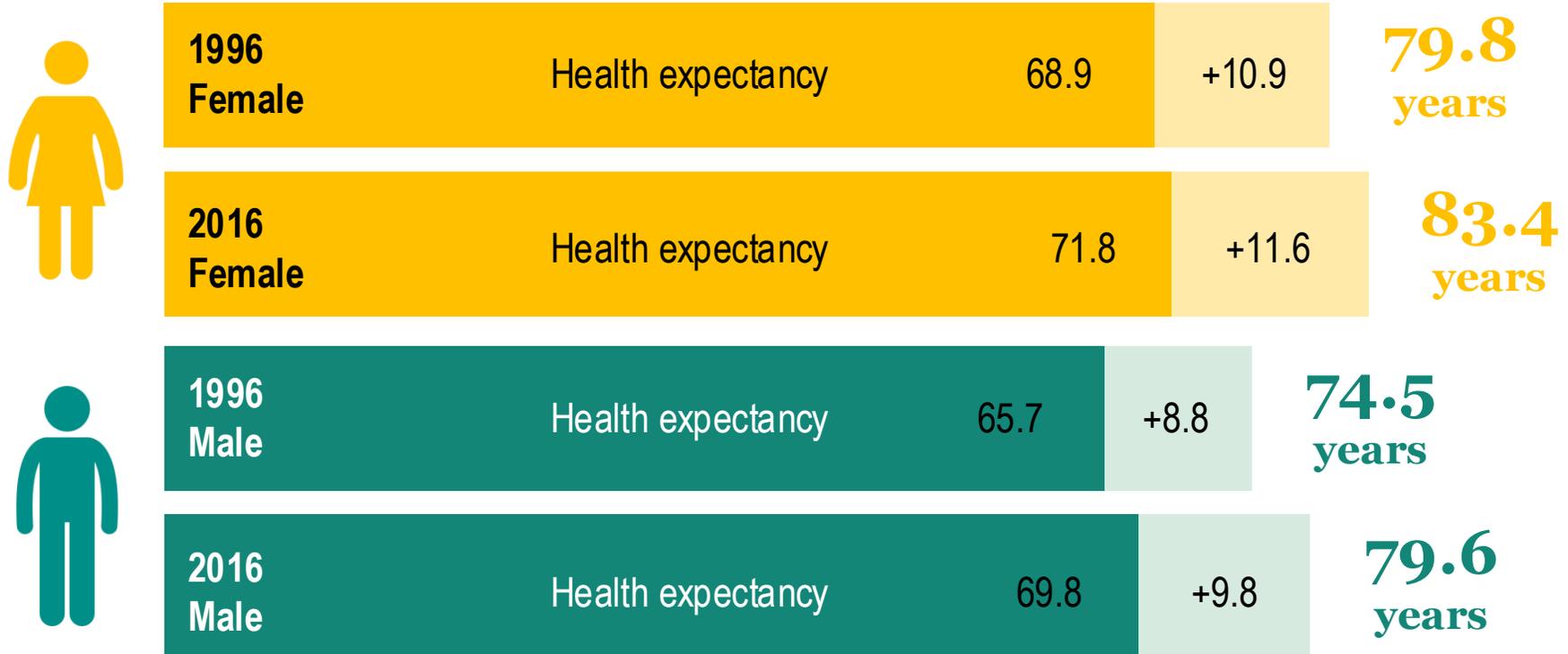
The World Health Organization defines equity as,

*... the absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically, or geographically.*

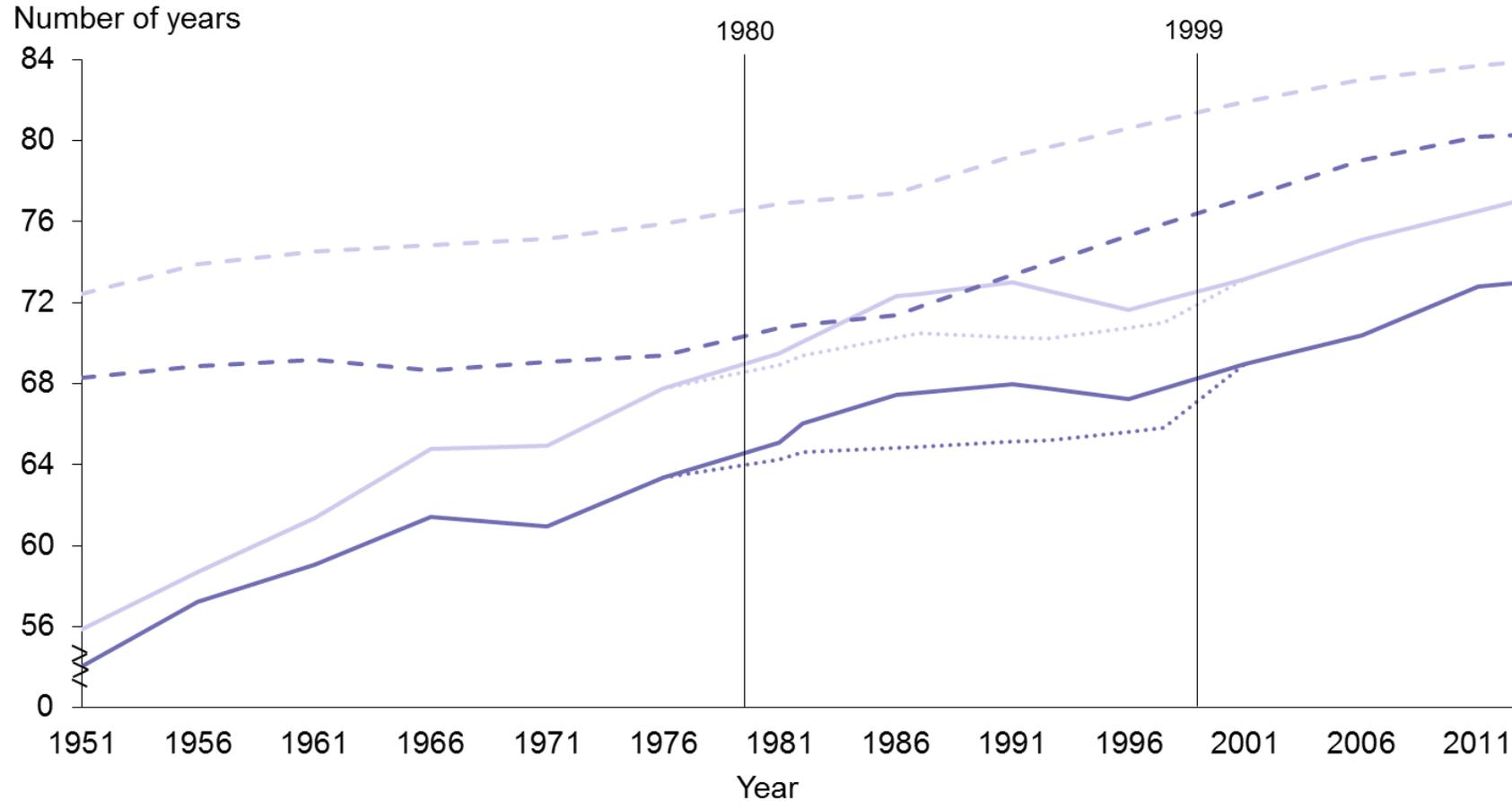
In New Zealand, there are inequities in access and outcomes across many areas, including:

- Gender
- Age
- Ethnicity – particularly Māori and Pacific peoples
- Disability
- Socioeconomic status
- Geographic location

# Life expectancy and health expectancy at birth

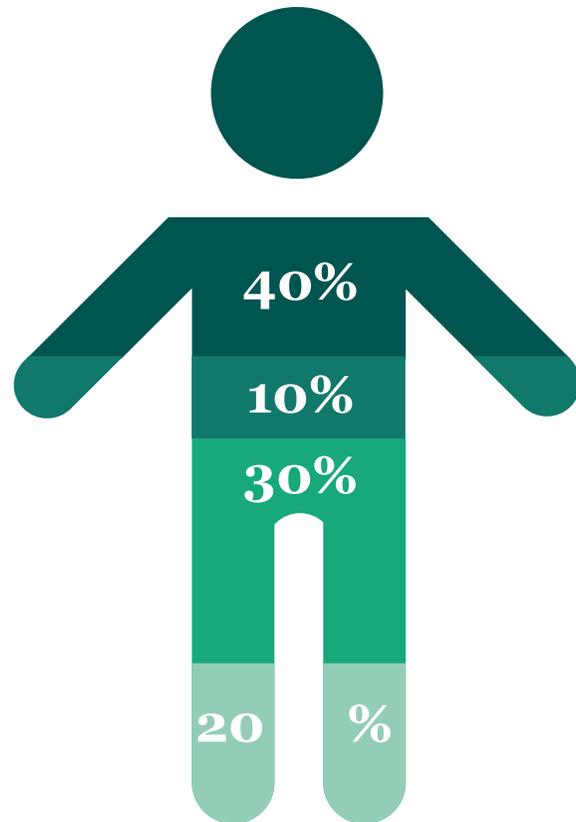


# Life expectancy gap



- Māori females
- Māori males
- ..... Māori females adjusted
- ..... Māori males adjusted
- - - Non-Māori females
- - - Non-Māori males

# Health care is just one of the factors that influences health and wellbeing



**Socioeconomic factors**

- Education (graduation cap icon)
- Job status (briefcase icon)
- Family/social support (family silhouette icon)
- Income (dollar bill icon)
- Community safety (group of people icon)

**Physical environment**

- (Building icon)

**Health behaviours**

- Tobacco use (cigarette icon)
- Diet & exercise (person with apple icon)
- Alcohol use (wine glass and bottle icon)
- Sexual activity (male and female symbols icon)

**Health care**

- Access to care
- Quality of care



# New Zealand Health Strategy 2016

- The New Zealand Health Strategy was refreshed in 2016 following extensive consultation about what a better, more 'fit for the future' system could look like
- The Health Strategy outlined a vision that **'All New Zealanders live well, stay well, get well'** This statement:
  - reflects New Zealand's distinctive health context and population needs
  - reflects the need for a fair and responsible system that improves health outcomes for groups including Māori, Pacific peoples and disabled people
  - highlights wellness as a goal.

# New Zealand Health Strategy: Our Vision for Health by 2026

People-powered  
*Mā te iwi  
hei kawē*

- People are able to take greater control of their own health by making informed choices and accessing relevant information when they need it; for example, through electronic patient portals.
- Everyone who delivers and supports services in the health and disability system understands the needs and goals of the individual they are supporting as well as their family, whānau and community, and focuses on the person receiving care in everything that they do.
- People access practical, evidence-based health advice from a range of service providers that makes it easier for them to make healthy choices and stay well.
- Technology tools such as mobile devices, smartphones and wearable devices are options for everyone to use.
- New Zealand has a reputation for having innovative and effective health and disability services that are designed with the input of the people who use them.
- People receive high-quality, timely and appropriate services in the most convenient way, from the most appropriate service provider.
- The Ministry of Health is working seamlessly with other government agencies to address other factors that influence people's health.

Closer to  
home  
*Ka aro mai ki  
te kāinga*

- People are safe, well and healthy in their own homes, schools, workplaces and communities.
- Our health system contributes to lifelong health and wellness through its support for parents, children, families, whānau and older people.
- We have well-designed and integrated pathways for the common journeys people take through our health and disability system (eg, cancer, maternity, diabetes), starting and finishing in homes.
- Our workforce in primary and community-based services has the capability and capacity to provide high-quality care as close to people's homes as possible.
- We have adapted the way our services are configured (at all levels) so that we can get efficiencies of scale where appropriate and take advantage of cross-government partnerships, as well as public and private partnerships.
- Māori and Pacific health models, such as Whānau Ora and 'by Pacific, for Pacific' approaches, are used to provide effective and accessible care that is responsive to the needs of their communities.
- We are good at identifying key health problems, preventing them or slowing their deterioration, and keeping people well. We provide early and well-coordinated care and rehabilitation for people with complex conditions, injuries or disabilities, as well as for frail older people, and for children and families with unmet needs.
- The health system works effectively with other agencies to improve outcomes in areas such as housing, social development and corrections for all children and young people, and particularly those at risk. It works through strong community links with early childhood centres, schools, marae, churches, local authorities and other social service agencies.

Value  
and high  
performance  
*Te whāinga hua  
me te tika o  
ngā mahi*

- The health system provides high-quality, accessible health services that help people live well, stay well, get well, at the lowest cost it can and within the resources available.
- The system uses its resources skillfully so that services reach people who need them. As a result, people trust the system and it is more sustainable both financially and clinically.
- All New Zealanders enjoy good health, and population groups that were previously disadvantaged, such as Māori, Pacific peoples and people with disabilities, experience a clear lift in health outcomes.
- All involved in delivering and supporting services strive for excellence and improvement, supported by evidence, research and analysis.
- The health system minimises harm to people, by openly tracking harm when it occurs, and learning from mistakes, so that the system as a whole can improve.
- The health system has an operating model that clarifies relevant policies, legislation, regulations, guidelines, standards, roles and responsibilities, funding arrangements, systems and processes, and strategic direction. The model allows all parts of the system to play their roles effectively and efficiently.
- Funding approaches consider a range of 'bottom lines' as part of the system's commitment to a social investment approach.
- The health system constantly monitors its performance and scans the environment to check that it is functioning well, maintaining its strategic direction and responding to changes.
- Health and injury services are more consistent in the experience they provide to people.

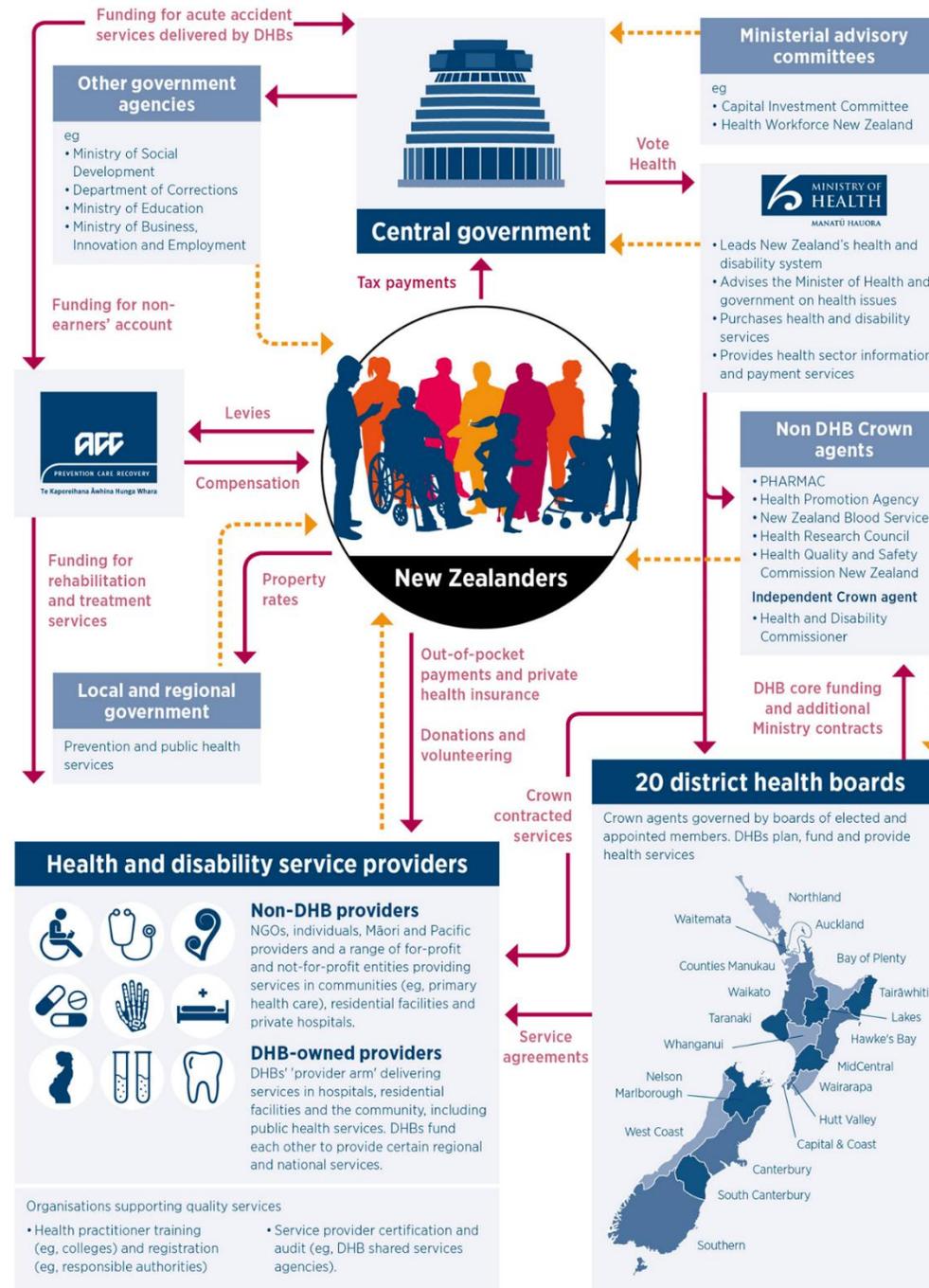
One team  
*Kotahi te tīma*

- The health system is more than the sum of its parts, with each part clear on its role and working to achieve the aims of the system as a whole.
- New Zealanders experience joined-up care that clearly shows different organisations and professionals working as one team.
- The system has competent leaders who have an unwavering focus on the system's goals, and a culture of listening carefully and working together in the interests of people's ongoing wellbeing.
- New Zealand offers coherent pathways for developing leadership and talent that inspire and motivate people already working in the health system, and those considering health work as a career.
- We invest in the capability and capacity of our workforce, including in NGOs and the volunteer sector, and make sure that investment fosters leadership, flexibility and sustainability.
- The Ministry of Health is an excellent steward and system leader, playing its role effectively as part of the wider health and disability system, and partnering with other sectors.
- New Zealand and international research, best practice and local innovations are shared freely and used to make improvements nationally.

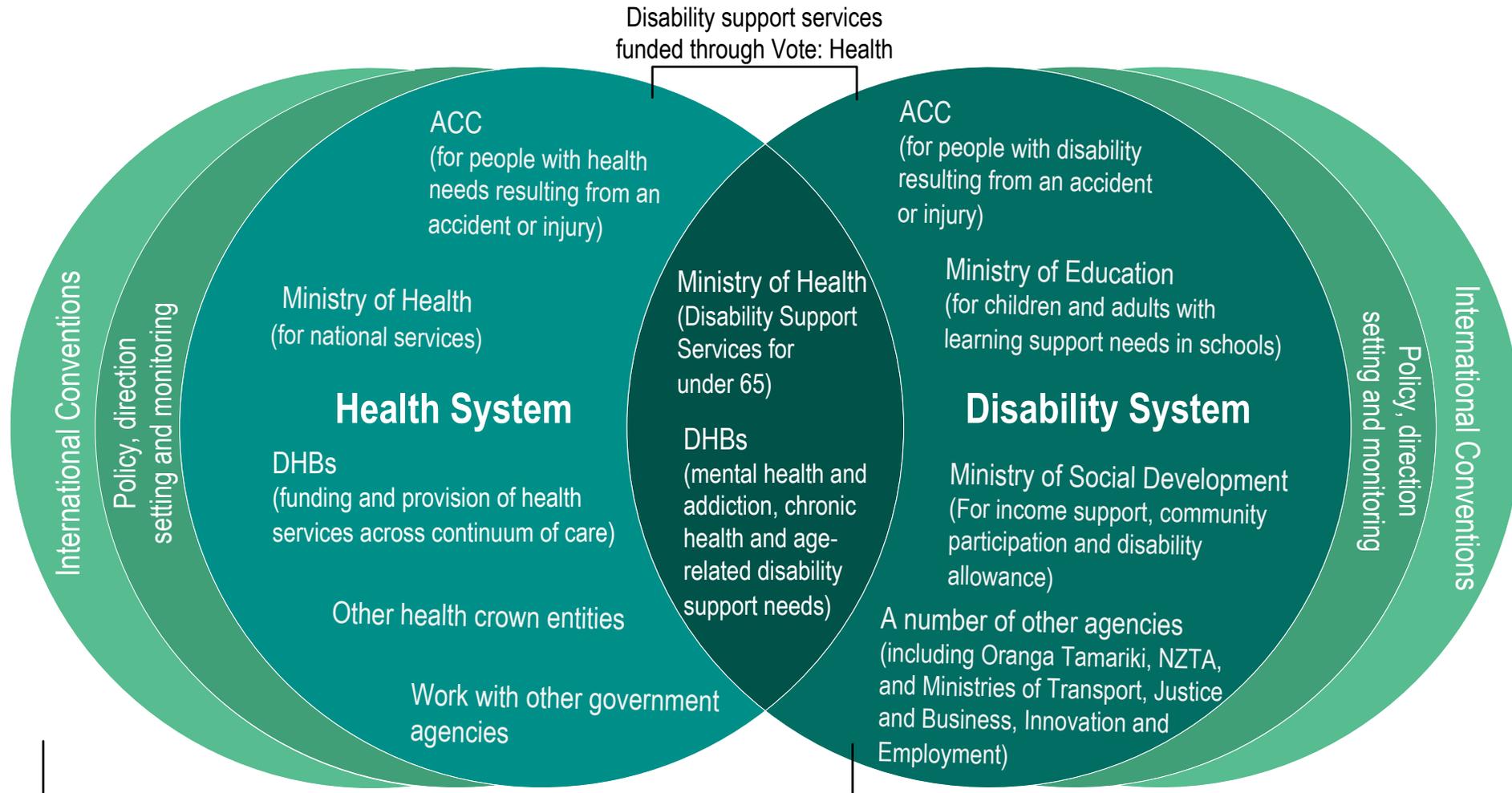
Smart system  
*He atamai te  
whakaraupapa*

- A culture of enquiry and improvement exists throughout the health system, which has seamless links to research communities. The system learns and shares knowledge and innovation rapidly and widely.
- New Zealand is systematically evaluating and making appropriate use of emerging technologies in fields such as robotics, genomics and nanotechnology.
- Data is used consistently and reliably, with appropriate safeguards, to continuously improve services.
- New Zealanders use patient portals regularly and effectively to access their health information and improve their interactions with their doctor and other health care providers.
- When people attend a health service for the first time, the provider already knows their details. Their journey and scheduling are integrated.
- People at risk of particular conditions have easier access to follow-up tests and services and benefit from more individually tailored treatment and management plans.
- The quality of health care is high as health workers spend quality time with people, make fewer errors and make better decisions.

# Current system

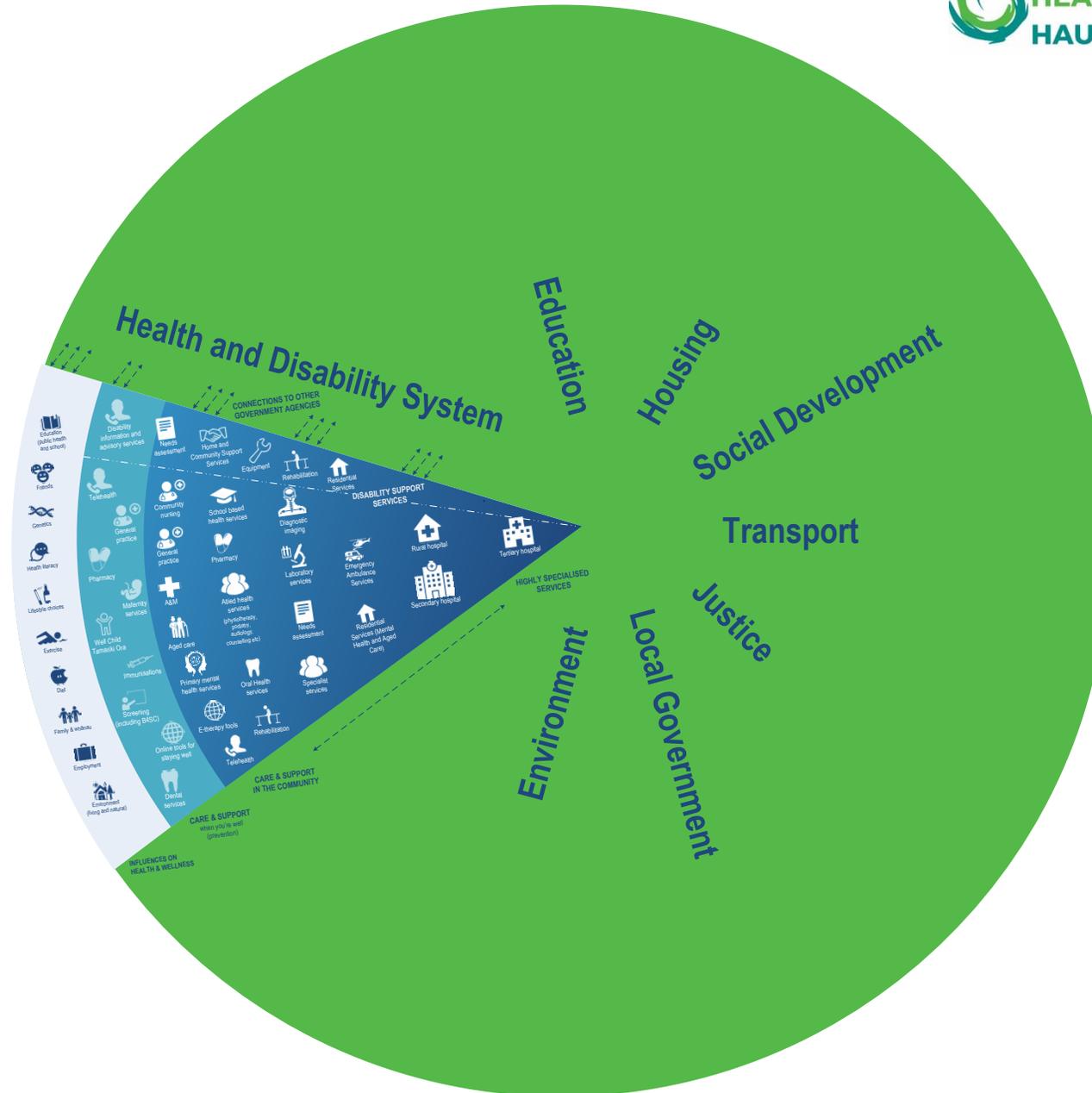


→ Funding flows   ← Service provision

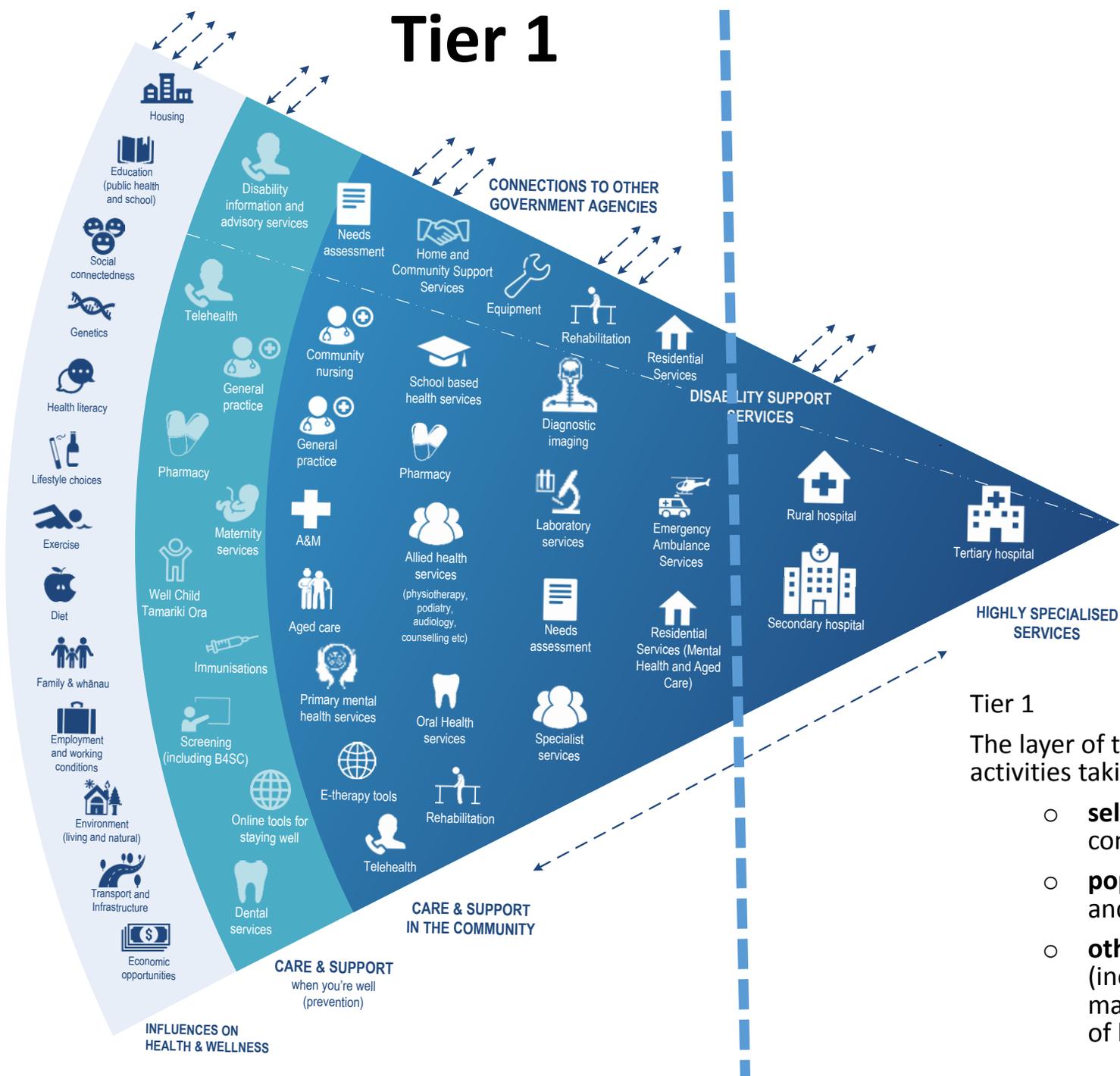


New Zealand's Health and Disability System predominantly funded through Vote: Health

Wellness and wellbeing go beyond the health and disability system...



# Tier 1

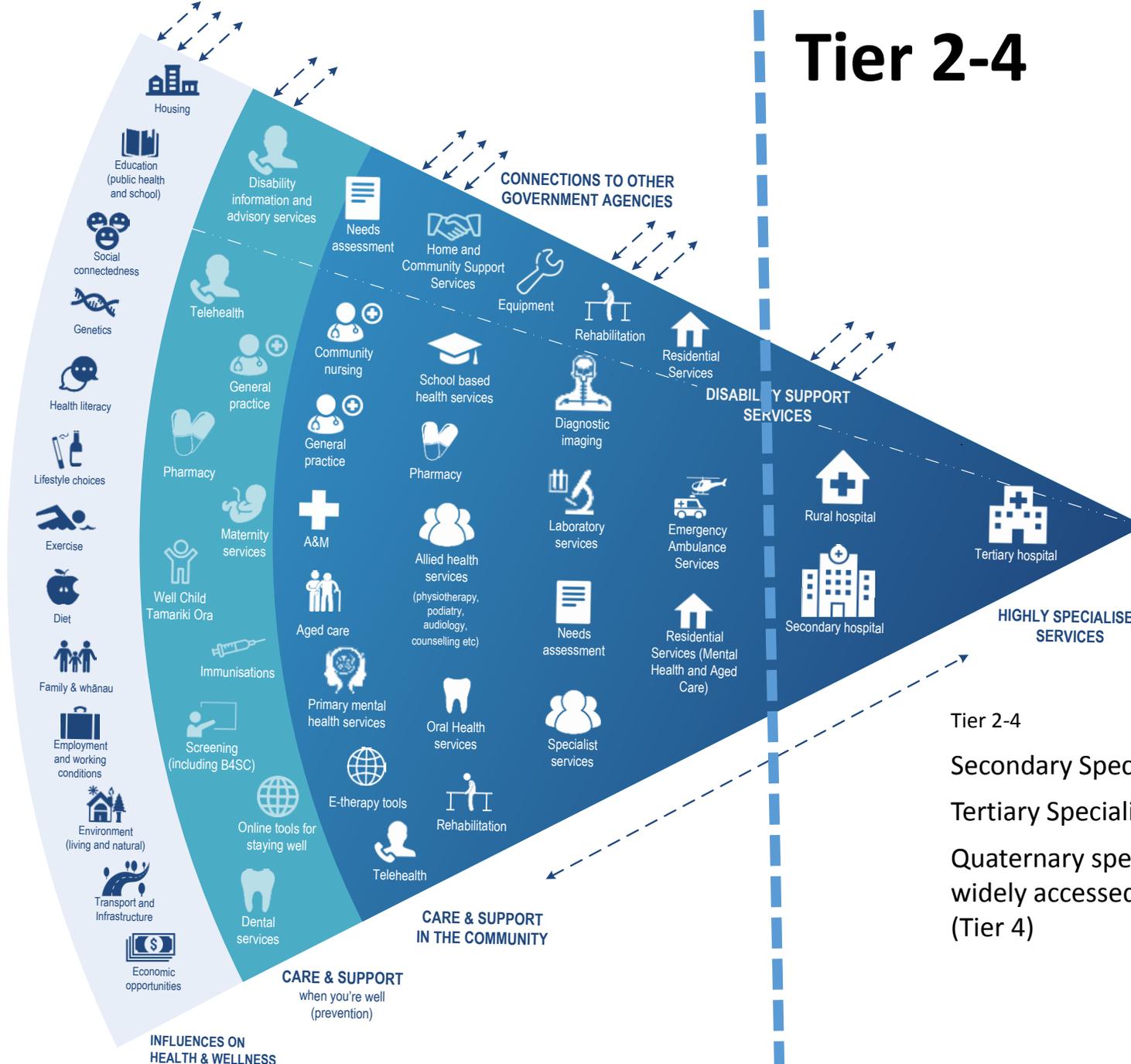


## Tier 1

The layer of the system embracing a broad range of services and other activities taking place in homes and local communities. This includes:

- **self-care** (maintaining well-being and self-management of chronic conditions within whanau);
- **population and public health services** (including health promotion and preventative initiatives such as screening programmes);
- **other health and disability services delivered in the community** (including but not limited to general practice, disability supports, maternity care, oral health and allied health that take place outside of hospital settings)

# Tier 2-4



Although Tier 1 has the greater breadth of service delivery from in-home care right through to public health, Tier 2-4 represents specialisation with high demand, concentrated services and constrained capacity.

Tier 2-4

Secondary Specialist Care (tier 2)

Tertiary Specialist Care (Tier 3)

Quaternary specialist care: advanced, highly specialised levels care that is not widely accessed, including costly diagnostic or surgical/medical procedures (Tier 4)

## What do we mean by Tier 2 - 4

- Tier 2 – 4 covers secondary, tertiary and quaternary services
- Tertiary care is broadly defined as specialised consultative health care, referred on from a primary or secondary health professional to a facility that has personnel and facilities for advanced medical and surgical interventions (e.g. neurosurgery).
- Quaternary care has been defined as an extension of tertiary care in reference to advanced levels of medicine and surgery typically only provided in a limited number of regional or national health care centres.

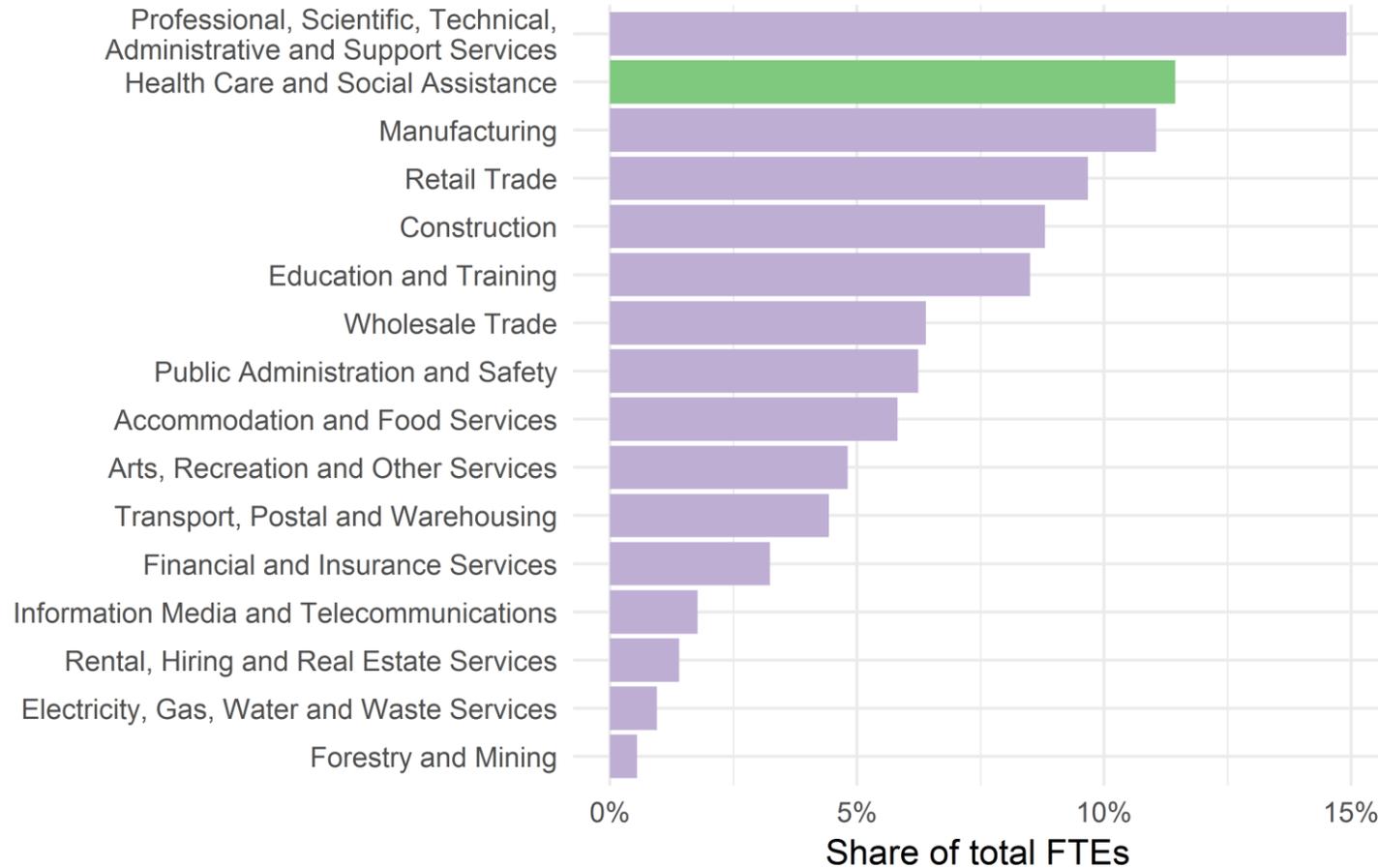
# **Workforce : Issues and Challenges**

## Workforce is a critical enabler

The Terms of Reference for the Health and Disability System Review (the Review) directs the Panel to consider:

- *“future needs of the population and how they may differ from the issues seen today (such as the impact of population change and growth, upon service demand, workforce availability and risks that may need to be managed)”*
- *“Optimising workforce (development, scopes of practice, inter-professional collaboration, retention, cultural competency, and distribution)”*

# Current State



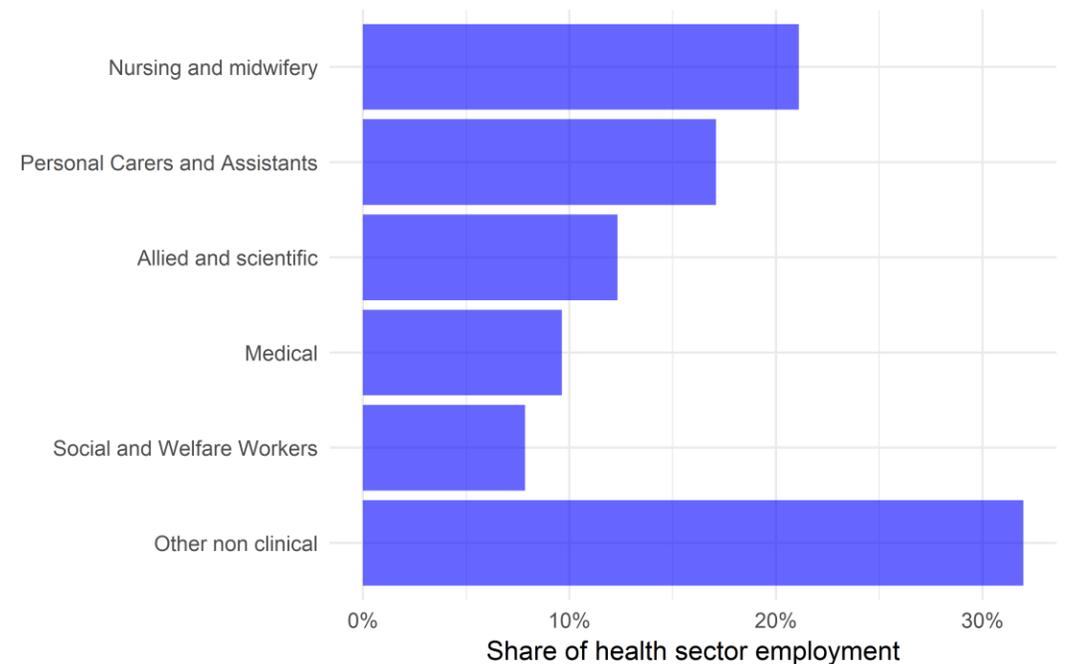
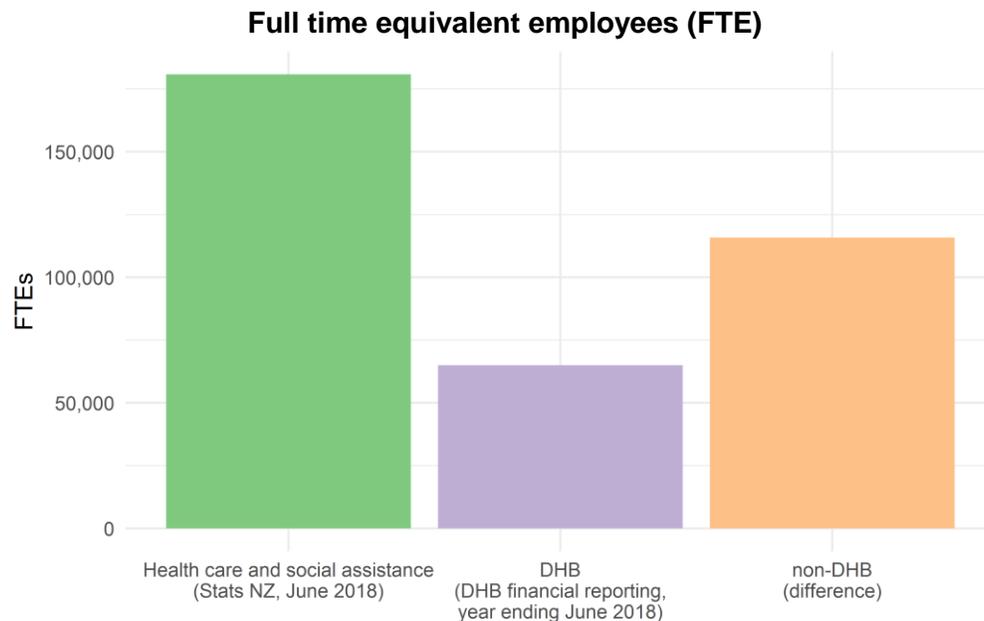
Source: Stats NZ, Quarterly Employment Survey, June 2018

The health sector is the second largest industry in New Zealand by employment. The only industry larger than health is a composite industry covering many different types of services

# Current State

DHBs directly employ around 35% of the workforce, with around 115,000 estimated to be delivering services funded either publically or privately. These figures include all staff, including those not directly related to providing care (for example accountants)

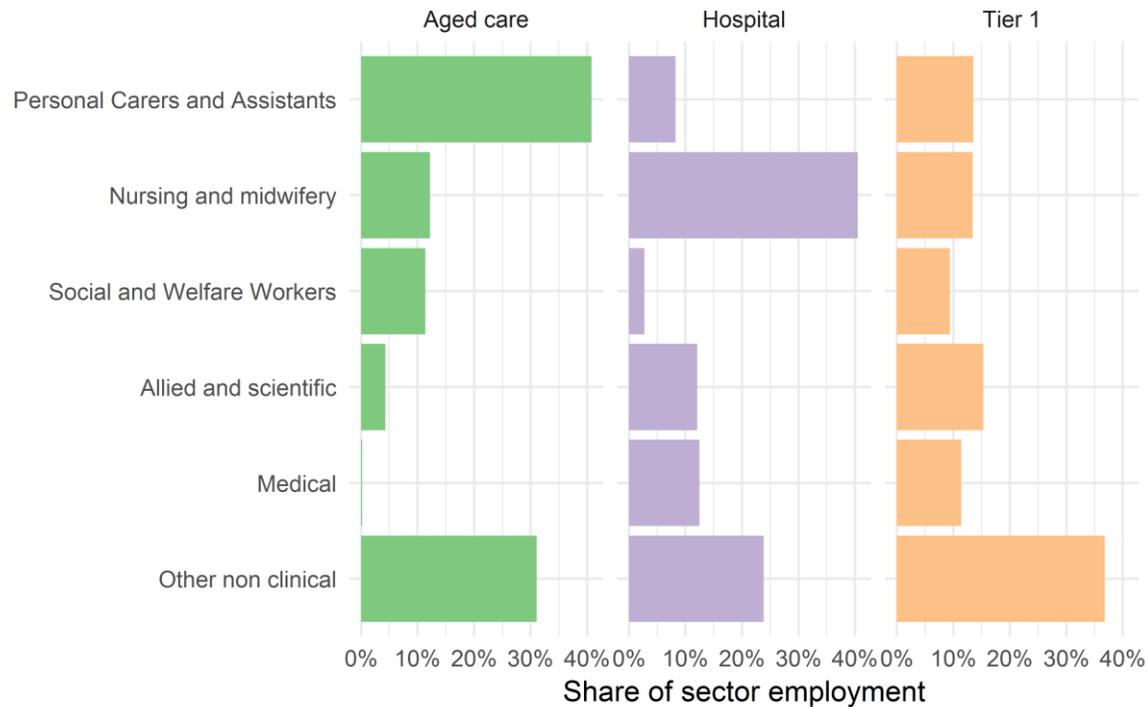
Nurses and midwives; personal carers, assistants, and non-clinical staff are the largest employee groups.



Source: Stats NZ, Census 2013

# Current State

The mix of workforces employed differ greatly across segments of the health sector



Māori and Pacific peoples are under represented in some occupations, and over represented in others



Source: Stats NZ, Census 2013

Source: Stats NZ, Census 2013

# Workforce topics we will explore

- How well do we understand our future workforce?
- How do employment system settings need to change to ensure a flexible workforce, including the need for extended working hours?
- How should the health and disability system regulate and manage different occupations to balance flexibility and quality, given future changes in technology and models of care?
- What system changes to the education and training system can better align the pipeline to workforce requirements, produce work ready employees and increase the flexibility of the health workforce?
- How can the health and disability system use its influence as an employer to create employment opportunities and improve the wellness of employees?

# Our approach and next steps

- Discussions with key stakeholders (e.g. PHARMAC, ACC, HQSC, DHBs, private hospitals)
- Workshops (Tier 1, Wananga, MOH - Rural Workforce Workshop)
- Attend existing forums (e.g. NZNO, National Chief Medical Officers Forum)
- A review of readily available literature and reports
- Quantitative analysis (e.g. national service demand forecasts and workforce modelling)
- Health and Disability System Review submission process
  - <https://systemreview.health.govt.nz/overview/contribute-to-the-review>

# Questions and discussion