NGO Forum 2013 Questions and Answers

Contract Management

Several questions were received around the Ministry of Health's (the Ministry) contracting processes including:

- ensuring competitive bidding through the tender process
- clustering contracts, or having a single contract with NGOs
- the Ministry's work with other agencies on contracts eg MBIE and Treasury

Tender process - all procurement by the Ministry is subject to its internal procurement and contracting policy. The Ministry also abides by the Government Rules for Sourcing and seeks to engage providers via a competitive process where an effective market is in place.

Single contracts - the Ministry is developing a plan to address contracting, including training, with DHBs. Any agreed changes are likely to be incremental given the scale of contracts, and will initially be at combining at entity level with streamlined reporting and audit procedures.

Working with other agencies - the Ministry has begun implementing the MBIE framework across contracts between the Ministry and NGOs. We are also beginning to merge MOH contracts where we have multiple contracts with the same entity. We are open to approaches from NGOs and to working with NGOs to streamline our contracts. The Ministry is working closely with MSD and MBIE and has also recently engaged with the Ministry of Education. This will ensure a consistent approach is undertaken across Ministries. We are increasingly moving to multi-year contracts. This provides a level of funding certainty as well as reducing compliance cost.

Future funding models and sustainability

Questions raised around future funding models and sustainability of service delivery largely focused on the areas of:

- Prescription charges
- Future service delivery options for mental health service providers
- Funding for new initiatives
- Funding medical research

NGOs have a pivotal role in delivering Health Outcomes. The Ministry is committed to helping NGOs to be more sustainable through the Better Public Service programme. We are looking at reducing costs to NGOs by reducing multiple audits, and reducing other compliance costs.

Prescription charges for all medications increased on 1 January 2013 from $3 to $5 per prescription item. This was the first increase to the prescription charge in 20 years.

Individuals and families can reduce their prescription costs by using the Pharmaceutical Subsidy Card. All New Zealanders are eligible for this programme. Once a total of 20 new prescription items is reached, there are no more prescription charges until 1 February the following year. Family members, living in the same household, can pool their prescription items to reach this total. By using a Pharmaceutical Subsidy Card, no person or family need pay more than an extra $40 per year for their prescription items as a result of this change. If people cannot pay the prescription charge, they are encouraged to talk to their GP or pharmacist.

Mental Health - Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017 includes clear directions for future funding and service delivery options. For example there is an action for the Ministry of Health to develop and oversee the implementation of a planning and funding framework. This includes providing guidance about service configuration, planning methods and results-based funding. The work on results-based funding will describe ways in which funding mechanisms can be used to enhance the achievement of results. There is also a strong focus on developing a stepped-care model that enables people to rapidly receive the level of care that is appropriate to their need.

New Initiatives - The Ministry funds contracts on a contract by contract basis and is charged with getting the best value possible for the taxpayer and the best services possible for clients and the wider community. We are supportive of new initiatives that improve services delivered to communities, provided they are appropriate to the needs of the community and complement other services. We would expect local DHBs to be involved as well as other local health providers.
The Ministry of Health regularly works closely with other government departments, to consider better ways to provide quality services to the public. This includes work on welfare reform, and development of services provided by both the Ministry of Health and ACC. Another example of close cross-Government work programmes is the establishment of a number of 'Social Sector Trials' to improve social, health and educational outcomes for communities around New Zealand. Such initiatives help to make better use of existing pots of government funding, and ultimately to improve the services delivered.

A range of initiatives in the health and the wider social sector are testing the effectiveness of innovations (from system-level to service design) to improve social outcomes. Most of these innovations depend on effective collaboration between agencies and organizations to build will around joint projects, develop ideas and implement initiatives successfully.

Medical research – The Ministry takes a collaborative approach to prioritising and funding research. Bringing together front line knowledge and settings with relevant scientific and government expertise and resources produces a result that is greater than the sum of the parts. The Ministry and the Health Research Council (HRC) have worked together on many projects. HRC continues to support this approach and has established several funding streams for partnership projects. As a result, research collaboration is already occurring between NGOs, the Ministry, HRC and other government agencies. A good example of this is the partnership between Cure Kids, the National Health Foundation, Te Puni Kokiri, the HRC and the Ministry to address research questions for rheumatic fever that were agreed as priorities for all participating agencies.

The Ministry recognises that there is a need for increased leadership and coordination of research investment across the health sector. While the HRC is responsible for establishing priorities for health research, the large number of stakeholders and the complexity of most health topics means that this is a challenging task that is not achievable in isolation. The Ministry and HRC consider that a credible approach to planning and prioritising targeted research to address the health priorities for New Zealand is one that involves the right people, is firmly grounded in an understanding of what is already known, has a clear vision of what is needed, and a commitment to using the results of the research conducted. Further, to guarantee good return on NZ's research investment it is also essential to ensure that there is high public and sector awareness of research that is underway and has been completed, as well as prompt access to the results. Although considerable effort does occur to ensure that research funding goes into areas where NZ has the greatest chance of making a difference, the Ministry of Health, HRC and the Ministry of Business, Employment and Innovation have been working together to discuss approaches to supporting a more transparent and joined up health and disability research sector. This also aligns with some of the work being led by the newly established Social Policy Evaluation and Research Unit in the Families Commission.

Sector collaboration

Questions arose around how the Ministry is working with the sector to ensure a more collaborative approach to areas such as:

- Maximising the collective impact of long term cost reduction
- Managing the cost associated with lifestyle diseases
- Mental health and addiction sector leadership
- NGOs' involvement in clinical trials

The National Health Board, as part of the Ministry of Health, is being asked to work across Government to ensure better overall outcomes for New Zealanders in health, education, housing and other social service areas. This cross-agency work helps ensure more integrated and people centred services are delivered.

Maximising collective impact - the Ministry and DHBs are focused on achieving the best health outcomes for their communities and this requires the ongoing review and prioritisation of health

resources. The Ministry and DHBs are increasingly looking to the NGO sector to deliver support and services to people in their homes, in the community, and in primary care as services are delivered closer to where people live.

Alliancing agreements and contracts between DHBs, PHOs and NGOs have been used in the health sector by the Better, Sooner, More Convenient Business Cases since 2010 to assist in increasing collaboration in communities and nationally.

Alliance Agreements create a high trust, low bureaucracy environment with high quality and accountability. They provide a mechanism for clinical leadership in the development of health services. Alliances should involve clinical leaders who can express the views of professional groups and key health delivery organisations. In signing up to an alliance participants are agreeing to take a role in setting direction across the whole of the health system and agree to lead their professional colleagues in a way which supports the consensus decisions of the alliance.

Service Level Alliances (SLAs) are a decision making forum for organizing groups of related health services, to the level of deciding upon contractual mechanisms and budgets. They involve the DHB and the relevant professionals, key managers and organisations which are needed to make robust decisions about service expectations, service development and redesign. This will usually cover both the professionals and organisations who deliver a given service, and those other professional groups which refer to our use the service.

Currently there are 9 alliances operating across New Zealand. The size of these alliances vary from only the DHB and PHO as signatories to up to 8 signatories including home based rehabilitation providers, pharmacy, community nursing, laboratories and radiology in addition to the DHB and PHO. The size of the alliance likely reflects the scope of activity the alliance is engaged in.

All DHBs are expected to establish alliances with their PHOs in 2013/14. Given the Government's priorities of maternal and child health, health of older people, acute and unplanned care and mental health alliances are likely to have SLAs for each of these priority areas. NGOs, particularly in the priority areas, are encouraged to approach their DHB looking at membership on the appropriate SLAs.

Lifestyle diseases - The Ministry is leading the sector on a range of interventions to address the cost associated with lifestyle diseases. Examples of these interventions include ensuring that regular checks (such as CVD/Diabetes) are carried out for the target population. Providing services closer to home also has a big impact on reducing costs for people accessing services, more day surgery by GPs, Diabetes management undertaken by pharmacists and flu injections by pharmacists. Our focus is on ensuring early detection, prevention and treatment to manage and meet the challenge of costs of lifestyle diseases.

Mental Health and Addiction sector leadership - Dr Kevin Woods, the Director-General of Health, is supported and advised by Dr John Crawshaw, who provides leadership across the Ministry and the sector on Dr Woods' behalf.

The Director-General of Health issues guidance to the sector, including guidance on the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Act). This guidance outlines the rights of compulsory mental health consumers and the obligations of mental health clinicians, with the intent to promote the protection of compulsory mental health consumers' rights by clarifying the responsibilities of mental health services and clinicians. The Director-General also publishes guidance describing the roles and functions of duly authorised officers (DAOs) and Directors of Area Mental Health Services (DAMHS) who are appointed under the Act.

Dr Crawshaw's statutory and advisory roles involve close collaboration with statutory officers and other mental health and addictions sector leaders. He hosts quarterly meetings with the Directors of Area Mental Health Services, Mental Health Managers and Clinical Directors as well as twice-yearly plenary meetings for District Inspectors and Mental Health Review Tribunal members. Both Dr Crawshaw and Dr Arran Culver, the Deputy Director of Mental Health, make numerous sector visits to DHBs and NGOs each year. The purpose of such visits is to communicate and explain government policy, assist with problem solving, increase their own awareness of innovation and

achievements in the sector, assist with service planning and to make presentations to groups in the mental health and addictions sector. Dr Crawshaw also presents at mental health and addiction conferences that include NGO representatives. In addition, Dr Crawshaw has visited NGO services, met with several NGO leaders, and has met a number of times with Platform (a national mental health and addiction network of community organisations). Since 2005 the Director of Mental Health has published an annual report of the activities of his office. The annual report demonstrates the Ministry's ongoing emphasis on transparency, accountability and trust in government and its agencies.

Clinical trials - the Cranleigh report was commissioned by the Health Select Committee to inform its deliberations on the 'Inquiry into improving New Zealand's environment to support innovation through clinical trials'.

The Government considers that the role for NGO's in clinical trials is very case and location specific. The Government's response to the Select Committee notes that the Health Innovation Hub (the Hub) is intended, amongst other things, to improve NZ's environment to support clinical trials and overcome some of the barriers facing for clinical trials in NZ. The Hub has recently launched the NZ Clinical Trial Portal that lists all clinical trials being planned and run in NZ and provides advice for people and organisations looking to get involved in a trial.

Access to information

A number of comments were submitted around the importance of providers having easy access to information from the Ministry. Some concerns were raised about the timeliness and accuracy of advice and support to providers, clients and their families.

The Ministry recognises it is vitally important to get the right information in a timely manner and expects all staff to be competent in providing advice, or referring people to the appropriate service provider when necessary. However, 2006 census data is currently the most up to date information available regarding population changes.

The Ministry has recently appointed an independent external panel to conduct a review of the Ministry's processes, including communication with providers, to ensure that the disability sector is supported. The review will also assess the processes for identifying and actioning issues or complaints from clients, and that performance concerns are managed quickly and effectively. The review was submitted to the Minister of Health in September 2013. Recommendations from the review will be actioned by the Disability Support Services team in the Ministry. The priority will be to address any areas that require improvement, as quickly as possible.

Policy development

Several questions were raised on a range of policy related areas, including:

- Enabling Good Lives project
- Carer support
- Reporting on privately funded health events
- Pay equity
- Eligibility

Enabling Good Lives - Disability Support Services are fully supportive of the Enabling Good Lives project and the work identified under the Disability Action Plan. DSS are part of the Senior Officials group monitoring the work under the umbrella of the Disability Action Plan. We expect significant progress to be achieved on the Enabling Good Lives-Canterbury project over the coming months. The Enabling Good Lives project is being trialled in Christchurch and in the Waikato region. Progress is being made to join up separate funding initiatives from the Ministry of Health, Education and MSD to ensure that resources from each Ministry are integrated to support disabled people to lead a life of their choice.

Carer support - Disability Support Services provide Carer Support in the form of a contribution towards the costs of carers providing care to disabled people. This has been in place for some time and there are currently no plans to make changes to this payment.

Reporting on privately funded health events – While the Ministry of Health considers that reporting for privately funded health events would be useful for understanding the full burden of disease and state of health of New Zealanders, it is also mindful that the privately funded health care is a small percentage of New Zealand's overall health service delivery (less than 7% based on current reporting) and of increasing the reporting burden on health sector organisations. In the 2010/11 year, over 70,000 privately funded hospital events were reported to the Ministry of Health. While the Ministry is not able to specifically quantify the number of events that were not reported, it considers that the current levels of reporting are suitable for most population level analysis relevant to service planning and monitoring. The Government is considering options for making the reporting of privately funded health events mandatory through the Public Health Bill. This Bill is currently awaiting its second reading in parliament.

Pay equity - the Ministry would usually only become involved in sector employment matters in exceptional circumstances (such as occurred with sleepovers in the health and disability sector). Providers are responsible in the first instance for ensuring compliance with their employment law obligations. Where there are questions about employment practices, providers should take responsibility (either individually or collectively) to establish the correct legal position and any appropriate remedial action. The Ministry has forums available through which consideration of the various issues currently being raised may be discussed with a view to developing sustainable solutions.

The Ministry engages with the Sector proactively on industrial relations in the sector, and meetings are held with providers and employee representatives.

Eligibility – currently there are no plans to review eligibility criteria. Some work is being undertaken to look at where there may be service gaps between various services such as mental health, disability and older persons. The NASC focus is on determining a person's need arising from their disability and offering whatever appropriate supports may be available.

Service Delivery Models

Questions were received on the current status of a range of service delivery models, and strategies, including:

- Better, Sooner, More Convenient care model
- Mental Health services
- Youth Health services
- Whanau Ora
- Primary Health Care Strategy
- Equitable access to rural health services

Better, Sooner, More Convenient - in terms of moving services out of secondary and into Primary Care, the level of shifting service activity varies amongst DHBs, depending on local needs, capacity and capability. Mandatory changes to service configuration for the 2013/14 year involve increased access for primary care to diagnostics and some treatments, specialist advice and elective surgical lists.

Mental Health services - The Mental Health and Addiction Service Development Plan 2012-2017 has a strong focus on integration of support and services for service users, acknowledging that in many areas, services continue to operate in a fragmented manner and that greater co-ordination and integration are required to provide seamless, effective services for people experiencing mental health and addiction issues. Rising to the Challenge outlines a number of key actions that will be implemented over the next five years to improve integration.
The Plan focuses on four key areas:

- making better use of resources
- improving integration between primary and secondary services
- cementing and building on gains for people with high needs

- delivering increased access for all age groups (with a focus on infants, children and youth, older people and adults with common mental health and addiction disorders such as anxiety and depression.

Youth health services - Youth health policies and service delivery are informed by evidence on effective services and the needs of New Zealand youth, and by the perspectives of youth.
This includes:

- the Youth 2000(+) survey (co-funded by the Ministry)
- youth representatives on working groups, such as a continuous quality improvement framework for School Based Health Services
- specific research on youth attitudes and access to care, such as a review of Young Mothers in Counties Manukau, and a review of youth immunisation
- developed a youth focused campaign for immunisation with the Health Promotion Agency
- a series of youth workshops involving the Ministries of Health and Youth Development, as part of the Prime Minister's Youth Mental Health Project.

One of the initiatives of the Prime Minister's Youth Mental Health Project is to improve the responsiveness of primary care to youth, and to consider ways to enable the long-term sustainability of existing Youth One Stop Shops. DHBs have a key role in working with their communities to ensure services are responsive to youth and linked up, both within the primary and community settings, and between primary/community services and secondary services.
The Ministry has asked DHBs to undertake a stocktake and gaps analysis during 2013 of youth services in their areas. This stocktake will inform DHB actions to address the gaps in services and sustainability identified.

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Whanau Ora - the Ministry is involved in every aspect of Whānau Ora implementation, including at a governance level. The Ministry has a core role in supporting the 34 Whānau Ora Collectives, alongside Te Puni Kôkiri and the Ministry of Social Development. Whānau Ora is identified as a government priority the Ministry is contributing to in its Statement of Intent 2013-2016. The Ministry of Health also works with DHBs to ensure they are well placed to support Whānau Ora. For the past two years DHBs have been asked to outline in their annual plans how they will support Whānau Ora locally. The Ministry is looking to DHBs to participate in local leadership around Whānau Ora (e.g. through Regional Leadership Groups).

Primary Health Care Strategy - since the 2001 launch of the Primary Health Care Strategy access to primary care services has improved including:

- 96% of the NZ population is enrolled with a PHO
- Number of GP and nurse visits has increased from 14.0 million in 2009/10 to 14.6 million in 2011/12
- Percentage of people covered by the VLCA scheme has increased from 29% in January 2012 to 30% in January 2013, and
- Percentage of children aged less than six years old receiving free visits has increased from 81% in January 2010 to 96% in January 2013.

Rural health services - Hospital, primary care and a number of community services have rural funding adjusters to cover additional costs of providing rural services. Health targets and other performance measures do not discount service performance based on rurality requiring DHBs to meet the needs of their communities. Services like the National Travel Assistance Scheme are available for people who have to travel long distances to reveive publicly funded specialist services. Regional collaboration and service delivery is allowing DHBs and PHOs to continue to deliver services in rural areas by sharing scarce resources. The Ministry and wider Health sector is also looking to enhance phone and internet advice and support services like Healthline and to use available health providers like ambulance paramedics to provide better 24/7 services for rural New Zealanders.

Questions to the Minister

Question/Comment
The Minister was asked about an independent consumer voice in health services and received feedback that the Health Quality & Safety Commission wasn't 'independent' enough as it was still viewed by consumers as part of government.

Answer:
The Health Quality and Safety Commission was not set up to provide an independent consumer voice.

- The Commission has however recognised that consumer participation and decision making at every level results in better quality and safer services. This includes participation and decision making in governance, planning, policy, setting priorities and highlighting quality issues. The Commission has therefore made this one of their key priorities and works to facilitate and support partnerships and promote health literacy.
- Whilst the Commission does not see itself as an 'independent consumer voice', it does have a diverse group of consumers in its consumer network. A link to the Commission's work can be found at http://www.hqsc.govt.nz/our-programmes/consumer-engagement/
- There are a number of organisations in New Zealand that provide an effective voice for their own areas of interest or a combination of areas, but in general the consumer voice is diverse. This reflects the reality that most people in providing a consumer voice are linked to a particular area of interest.

Question/Comment
When people using mental health services reach 65 years they have to transfer to services for over 65s, which are not always appropriate and also disrupts the established relationships that consumers have with their existing services and the professionals they are already working with.

Answer
The Mental Health of Older People Tier Two Service Specification is very clear that 'service users of Adult Mental Health Services upon turning sixty five years of age will not automatically be transitioned to Mental Health of Older People services but be reassessed and transitioned to the Service should their needs indicate'. The link to this tier two service specification is:
http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/348 .

Question/Comment
The Minister was asked about appropriate places for people under 65 with long term degenerative conditions such as motor neurone, as existing contracts prevent hospices from providing medium to long term services and there are not really other places for them
Answer

Answer
People under 65 with long term degenerative conditions are able to access appropriate residential services for people with a physical disability. DSS also contracts with some residential services who provide specific care for those with motor neurone and degenerative conditions, however this is not available in all regions.