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*Public Health Pre-consultation
Engagement Workshop*

Changes to the

Tier 1 Service Schedule

Agenda

- Outline what Tier 1 Service Specifications are:
 - National Service Framework Library
 - <http://www.nsfl.health.govt.nz/>
- Overview of the National Service Framework Library
- Outline what has happened so far
- Outline what we are wanting to do
- Seek your input/feedback

Overview

- Public Health Services Handbook
 - Developed in March 2000 (Health Funding Authority)
 - The purpose
 - to inform providers about the practice and processes used in purchasing/funding public health services
 - The *Handbook* included:
 - Policies and principles of purchasing/funding
 - Practice used to carry out purchasing functions
 - Goals, Objectives, Key Health Issues
 - Components of Service,
 - Descriptions of the services and activities
 - Guidelines
 - Between 2008 and 2010 the Ministry of Health aligned with the **Nationwide Services Framework**

Overview

- What is the Nationwide Service Framework?
 - The Nationwide Service Framework is a collection of definitions, processes and guidelines that provides a nationwide consistent approach to the funding, monitoring and analysis of services
 - The Nationwide Service Framework enables participation in planning, delivery and assessment of services.
 - The Nationwide Service Framework allows communication and coordination in an open environment.
 - Certain components of the Nationwide Service Framework, are mandatory.

Overview

- What is the Nationwide Service Framework?
 - Two of the mandatory components within the Nationwide Service Framework are;
 - Service Coverage – relevant to DHB services
 - **Service Specifications**
 - mechanism for describing health service delivery and activity
- About Services Specifications
 - A service specification describes the service to be funded and delivered in a measurable manner,
 - Incorporate the relevant purchase units
 - Outline reporting requirements

Overview

- Public Health Services, Tier 1, Service Specifications
- Services Specifications are Hierarchal
 - Tier one service specification for Public Health Services provides generic requirements for Public Health Services,
 - It includes detailed reporting requirements and the development of comprehensive compliance and enforcement programmes.
 - This service specification must be used in conjunction with;
 - tier two Public Health specifications and
 - tier three specifications as appropriate

Overview

- Services Specifications
 - Physical Environment Services
 - Communicable Disease Services
 - Social Environment Services
 - Well Child Promotion Services
 - Screening Services
 - Prevention of Alcohol and other Drug Related Harm Services
 - Tobacco Control Services
 - Healthy Physical Activity and Nutrition Services
 - Sexual Health Promotion Services
 - Mental Health Promotion Services
 - Injury Prevention Services
 - Public Health Infrastructure Services
 - Preventing and Minimising Gambling Harm

Overview

- Public Health Services, Tier 1, Service Specifications
- Structure of the Tier 1
 - **Background**
 - Outlines public health, evidence that supports major health gain from services that address not only individual behaviour but also environments that people live in
 - Requires coordinated action across different areas of government and address a broad range of social, economic and lifestyle issues
 - **Service Definition**
 - Protect and promote health in the whole population or identifiable sub-populations

Overview

- Public Health Services, Tier 1, Service Specifications
- Structure of the Tier 1
 - **Service Objectives**
 - Public health service objectives are to improve and protect the health of New Zealanders by supporting communities, whānau, and individuals to:
 - live, work and learn in a healthy and safe environment
 - make healthy choices in respect of physical activity, nutrition, tobacco, alcohol and other drugs
 - access screening services for prevention and early detection of some cancers as well as other conditions that can affect babies
 - be free of communicable diseases
 - understand their mental health and know where to get early help
 - prepare for and respond to emergencies and disasters with confidence



Overview

- Public Health Services, Tier 1, Service Specifications
- Structure of the Tier 1
 - Maori Health
 - Service Users
 - Access
 - Eligibility
 - **Service Components**
 - **Service Linkages**

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Components of Service	Service Description
Physical environment	Including air quality, vector control and border health protection, burial and cremation, hazardous substances, contaminated land, drinking water etc
Communicable disease	Including surveillance and control, immunisation promotion, needle and syringe exchange
Social environments	Including healthy cities and communities, health promoting schools
Well Child Promotion	Including parenting support and skills promotion, Prevention of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Death of an Infant (SUDI), melanoma prevention
Screening	including breast screening, cervical cancer, new-born hearing

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Components of Service	Service Description
Prevention of alcohol and drug-related harm	Including prevention of alcohol related harm, liquor licensing and substance misuse
Tobacco control	Including smoking reduction programmes and smokefree environments
Healthy physical activity and nutrition	Including healthy physical activity and nutrition
Sexual health promotion	Including sexually transmitted diseases and HIV/AIDS.
Mental health promotion	Including mental health promotion, suicide prevention, destigmatisation and anti-discrimination

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Components of Service	Service Description
Injury prevention	Including unintentional and intentional injuries
Preventing and minimising gambling harm	Including problem gambling intervention services and problem gambling Public Health Services
Public health infrastructure services	Including workforce development and health education resources.

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- Structure of the Tier 1
 - **Service Linkages**

Sector	Nature of linkage(s)	Public Health Provider Accountabilities
Local government (including regional government)	Parallel responsibilities for: <ul style="list-style-type: none"> • environmental health, including air and water quality • built environment • resource management • emergency management • community safety • transport. 	<ul style="list-style-type: none"> • Situational preparedness for emergencies and untoward events, including surveillance and surge capacity • Oversight role of the Medical Officer of Health in relation to a number of the environmental health functions of territorial authorities under the Health Act 1956, including drinking water (refer 8.2) • Planning for public health emergencies is coordinated with local government roles under the Civil Defence Emergency Management Act 2002 and Emergency Preparedness Act 2006. • Promoting use of Health Impact Assessment for policy and programme development • Promotion of sustainable, socially inclusive communities through good urban design • Collaborative action with Police and Liquor Licensing authorities to reduce harm associated with alcohol

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- Structure of the Tier 1
 - Service Linkages

Sector	Nature of linkage(s)	Public Health Provider Accountabilities
Iwi, hapu and other Māori agencies	<ul style="list-style-type: none"> • Coordination and collaboration in achieving public health outcomes • Formal agreements (e.g. contract, MoU) between health service providers to achieve shared outcomes • Informal coordination and collaboration on an ad hoc basis. 	<ul style="list-style-type: none"> • Improve the planning, coordination and delivery of public health programmes (especially health promotion) to ensure services improve Māori health and reduce inequalities in health outcomes. • Promote understanding of Māori models of health and Ministry strategies to address Māori health needs. • Promote application of the Whānau Ora planning tool to address Māori health needs.
Non-Government Organisations (NGOs), including bodies representing ethnic minorities	<ul style="list-style-type: none"> • Coordination and collaboration in achieving public health outcomes and contributing to social cohesion. 	<ul style="list-style-type: none"> • Improve the planning, coordination and delivery of public health programmes (especially health promotion) to ensure consistent messages, reduction of service gaps and duplication and reduction of inequalities in health. • Ensure community engagement in programme design and implementation.



Overview

- Public Health Services, Tier 1, Service Specifications
- Structure of the Tier 1
 - Exclusions
 - Quality Requirements
 - Public Health Legislation
 - International Obligations
 - International Health Regulations
 - Framework Convention Tobacco control
 - Guidance Material
 - Political Neutrality
 - **Purchase Units and Reporting Requirements**

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- Structure of the Tier 1
 - **Purchase Units and Reporting Requirements**

Outputs	Criteria	How will the criteria be measured
Screening services are provided safely and effectively in accordance with Policy and Quality Standards	Monitoring against Programme indicators and targets	Regular programme monitoring will be undertaken
Public Health Services are informed by the best available evidence of effectiveness.	Services demonstrate clear programme logic and indicators informed by best available evidence against which to track progress towards achievement of outcomes.	The percentage of service schedules which demonstrate clear programme logic



What has happened so far?

- The Public health services Handbook was last revised in 2004
 - More than six years ago
- Between 2008 and 2010 the Ministry of Health aligned the Public Health Service Handbook with the Nationwide Services Framework
- Only minimal changes/updates were made to align with changes to legislation etc.
- The Ministry of Health has;
 - Need to respond to **multiple drivers**
 - changing health sector
 - fiscal pressures
 - capacity to respond to demand-driven components
 - infrastructure demands – including workforce
 - balance – responding to local communities ↔ national consistency/ certainty/ accountability



What has happened so far?

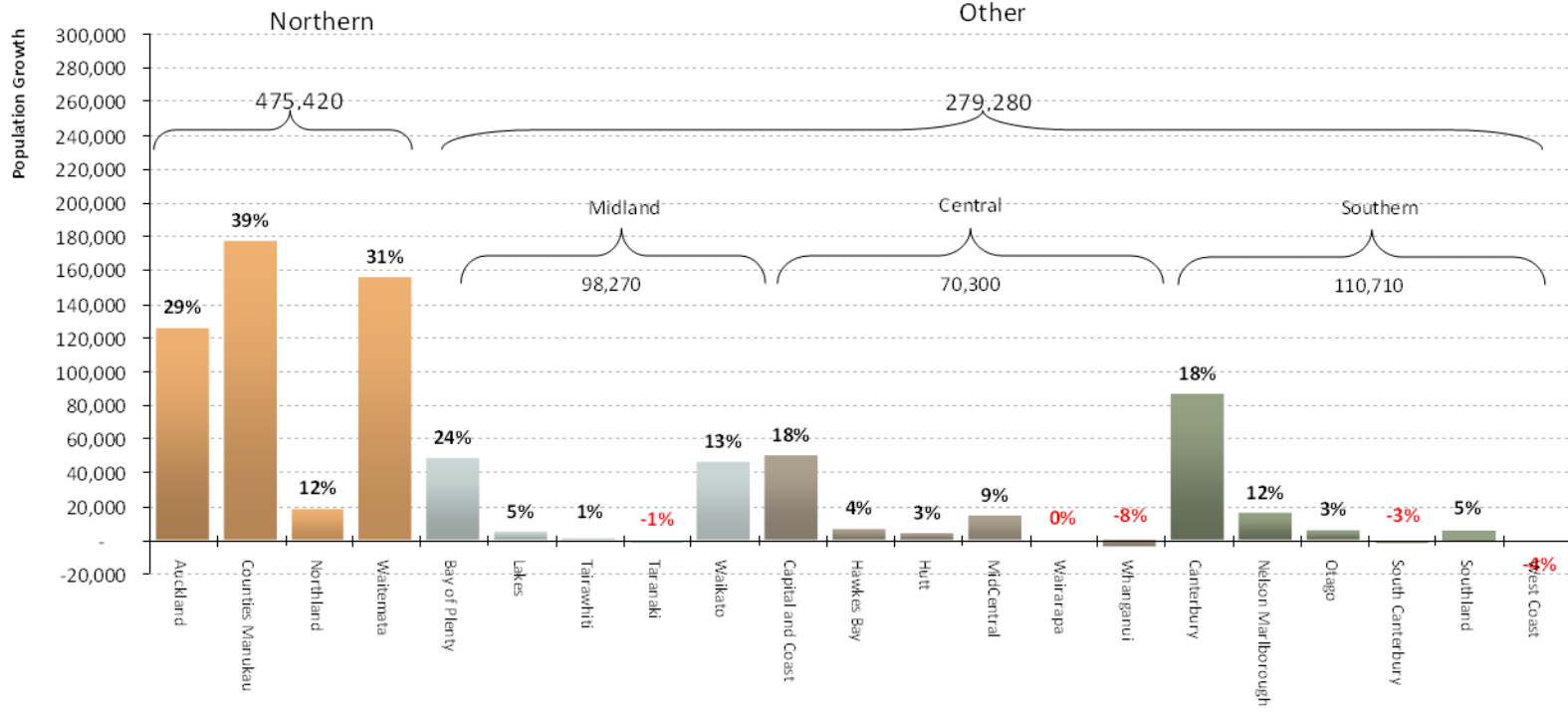
- The Ministry of Health has;
 - Reviewed the changing demands on public health including **demographics**
 - Reviewed what is happening in other **Jurisdictions**
 - Asked whether we should continue to have 13 service components?
 - Asked or is there another way of planning and implementing public health service?
 - If yes what should that look like?
 - If no is there anything we should change?
 - Should we consider moving toward a **Core Functions Approach**

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Changing population

- size, density, diversity
(eg deprivation, ethnicity, age, health status)

Forecast Population Change 2006 - 2026





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Public Health Unit	Population served
Auckland Regional Public Health Service	1, 131, 800
Community and Public Health	574, 700
Regional Public Health	464, 600
Waikato	349,900
Toi Te Ora #	310,600
Public Health South	293,300
MidCentral (Whanganui#)	227,200
Hawkes Bay	151,100
Northland #	148,500
Nelson	140,700
Taranaki	104,800
Tairawhiti #	44,500



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Public Health

Core Functions - International Frameworks



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Australian CPHFs (National Public Health Partnership, 2000)	PAHO/WHO 11 Essential Public Health Functions (2001)
<ol style="list-style-type: none"> 1. Assess, analyse and communicate population health needs and community expectations 2. Prevent and control communicable and non-communicable diseases and injuries through risk factor reduction, education, screening, immunisation and other interventions 3. Promote and support healthy lifestyles and behaviours through action with individuals, families, communities and wider society 4. Promote, develop and support healthy public policy, including legislation, regulation and fiscal measures 5. Plan, fund, manage and evaluate health gain and capacity-building programs designed to achieve measurable improvements in health status, and to strengthen skills, competencies, systems and infrastructure 6. Strengthen communities and build social capital through consultation, participation and empowerment 7. Promote, develop, support and initiate actions which ensure safe and healthy environments 8. Promote, develop and support healthy growth and development throughout all life stages 9. Promote, develop and support actions to improve the health status of Aboriginal and Torres Strait Islander people and other vulnerable groups. 	<ol style="list-style-type: none"> 1. Monitoring, evaluation and analysis of health status 2. Surveillance, research and control of the risks and threats to public health 3. Health promotion 4. Social participation in health 5. Development of policies and institutional capacity for the public health planning and management 6. Strengthening of public health regulation and enforcement capacity 7. Evaluation and promotion of equitable access to necessary health services 8. Human resources development and training in public health 9. Quality assurance in personal and population-based health services 10. Research in public health 11. Reduction of the impact of emergencies and disasters on health



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WHO-WPRO (2003)	Canada (2005)	WHO EURO (2006)
<ol style="list-style-type: none"> 1. Health situation monitoring and analysis 2. Epidemiological surveillance/disease prevention and control 3. Development of policies and planning in public health 4. Strategic management of health systems and services for population health gain 5. Regulation and enforcement to protect public health 6. Human resources development and planning in public health 7. Health promotion, social participation and empowerment 8. Ensuring the quality of personal and population-based health services 9. Research, development and implementation of innovative public health solutions 	<ol style="list-style-type: none"> 1. Public Health Strategies: <ul style="list-style-type: none"> •Health Promotion •Health Protection •Preventive Interventions •Health Assessment and Disease Surveillance' 2. Core Programmes: <ul style="list-style-type: none"> •Health Improvement •Disease, Injury & Disability Prevention •Environmental Health •Health Emergency Management 3. System Capacity: <ul style="list-style-type: none"> •Health information systems and quality management 	<ol style="list-style-type: none"> 1. Surveillance and assessment of the population's health and wellbeing. 2. Identification, prediction, investigation and mitigation of health problems and hazards in the community. 3. Health protection – technical assessment of needs and actions required to ensure health protection; development and enforcement of laws and regulations. 4. Disease prevention – applying interventions for primary and secondary prevention 5. Health promotion and education. 6. Evaluation of the quality and effectiveness of personal health services. 7. Initiation, support and carrying out of public health research. 8. Initiation, development and planning of public health policy. 9. Preparedness and management of public health emergencies 10. Assuring a competent public health and personal health care workforce



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NZ Core Public Health Functions	Current Public Health Services/components
<p>Health Situation Monitoring & Analysis</p> <p>Assess, analyse and communicate population health status, health priorities and expectations of the communities of Aotearoa/NZ</p>	
<p>Health Improvement and Disease & Injury Prevention</p> <p>Develop, apply and evaluate interventions for prevention, from the environmental and societal drivers of health, through primary, secondary services, public information, education and engagement</p>	
<p>Preparedness and Management of public health emergencies</p>	
<p>Quality assurance</p> <p>Assess the quality of personal and population-based health services, including workforce capability and capacity</p>	
<p>Research</p> <p>Initiate and support public health research and implementation of innovative solutions.</p>	

Source: Internal MOH document
January 2010



What has happened so far?

- The Ministry of Health has;
 - Supported the formation of the Public Health Clinical Network (2011)
 - Medical Officers of Health and Managers from the Public Health Units
 - Supported a comprehensive review of Core Functions
 - Supported the development of and presentation of a **Report on Core Functions** to the Director General of Health.

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Source: Page 5: Core Functions for NZ

Table 1. Core functions, descriptions and strategies

Core function	Strategies
1. Health assessment and surveillance: understanding health status, health determinants and disease distribution	<ul style="list-style-type: none"> • Monitoring, analysing and reporting on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori. • Detecting and investigating disease clusters and outbreaks (both communicable and non-communicable).
2. Public health capacity development: ensuring services are effective and efficient	<ul style="list-style-type: none"> • Developing and maintaining public health information systems. • Developing partnerships with iwi, hapū, whānau and Māori to improve Māori health. • Developing partnerships with Pacific leaders and communities to improve Pacific health • Developing human resources to ensure public health staff with the necessary competencies are available to carry out core public health functions. • Conducting research, evaluation and economic analysis to support public health innovation and to evaluate the effectiveness of public health policies and programmes. • Planning, managing, and providing expert advice on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs. • Quality management for public health, including monitoring and performance assessment.
3. Health promotion: enabling people to increase control over and improve their health	<ul style="list-style-type: none"> • Developing public and private sector policies beyond the health sector that will improve health, improve Māori health and reduce disparities. • Creating physical, social and cultural environments supportive of health. • Strengthening communities' capacities to address health issues of importance to them, and to mutually support their members in improving their health. • Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families. • Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, injury, and rational use of health resources.
4. Health protection: protecting communities against public health hazards	<ul style="list-style-type: none"> • Developing and reviewing public health laws and regulations². • Supporting, monitoring and enforcing compliance with legislation. • Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts. • Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances. • Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.
5. Preventive interventions: population programmes delivered to individuals	<ul style="list-style-type: none"> • Developing, implementing and managing primary prevention programmes (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes). • Developing, implementing and managing population-based secondary prevention programmes (screening and early detection of disease: eg. cancer screening).



What we are wanting to do?

- Review the Public Health Service Specifications on the Nationwide Services Framework
- How?
 - Review tier 1 Service Specifications during 2012 using a core functions approach
 - Review tier 2, 3 and other subordinate tiers
 - Consider how this will look and how services will we purchased

Seek your input/feedback

- What are the good and not-so-good aspects of the current service specifications?



Workshop Questions

- what do you think about the current approach to Tier 1?
- what do you currently like about the Tier 1 service specifications?
- what would you like to change and/or improve ?



Reference that you may be interested in

1. McCracken, H., *Essential Public Health Functions; Carpe Diem Time for New Zealand? 2004*, Ministry of health: Wellington. p. Draft paper [internal document]

<http://www.publichealthworkforce.org.nz/categories/53/Helen-McCracken>

2. WHO Regional Office for the Western Pacific, *Essential Public Health Functions: A Three-Country Study in the Western Pacific Region. 2003*: Manila