

8. UPDATE ON HEALTH REFORMS

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Corporate Plan Output: Policy Advice	

The purpose of this report is to advise the Community Services Committee of recent changes in the health system, including the passing of the New Zealand Public Health and Disability Act, the adoption of the National Health Strategy and the establishment of DHBS and various health advisory committees. The Council made a series of submission to government regarding these during 2000.

NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

This Act passed on 5 December 2000. It has disestablished the HFA and HHS, and established the District Health Boards. *The Council (through the Legislation Subcommittee) made a submission on the draft Bill in September 2000.*¹

The Act establishes 21 district health boards and a number of committees are to be established under the Act. These are summarised below.

District Health Boards

The Act establishes 21 District Health Boards (DHBs), each of which covers a geographical area. The DHBs take over the roles of the current hospital and health services and some of the functions of the Health Funding Authority. They are currently developing the capability to undertake health service funding and will start funding some services from 1 July 2001. They will then follow a planned, staged and managed process in taking over additional funding responsibilities from the Ministry. Board meetings will be held in public. Elected members join the Boards in November 2001.

The geographical areas for the DHBs are constructed from District Council and City Council areas. A few boundary changes are still being considered. Canterbury DHB covers Kaikoura District, Hurunui District, Waimakariri District, Banks Peninsula District, Selwyn District, Christchurch City and Ashburton District.

With the exception of Otago Healthcare, the five DHBS in the Southern Region have aligned to have one **Shared Support Agency**.

DHBNZ: District Health Board New Zealand

The DHBNZ is the new national association of DHBs, approved by all HHS/DHBs in November and the Minister in December 2000. DHBNZ will have an executive team in Wellington and will facilitate a process to plan regional and national networks and support DHBs to meet criteria for devolution.

Monthly regional forums initially based on old RHA boundaries will be held for the CEO and Chairs of DHB boards.

The New Zealand Public Health and Disability Act 2000 requires the Board of each DHB to establish three committees within three months of the commencement of the Act (ie, by 31 March 2001). The Boards must provide for Maori representation on each of the committees. The three committees are:

Community and Public Health Advisory Committees: Previously known as the Health Improvement Advisory Committees, their functions are to give the DHB boards advice on:

- the needs, and any factors that the committee believes may adversely affect the health status, of the resident population of the DHBs
- priorities for use of the health funding provided

¹ The Council supported the intent of this Bill to reform the health process of the health system and to establish District Health Boards (DHB) with elected members being in the majority on the Boards. However the Council expressed concern at the proposal in the Bill that the 7 elected members be elected at large across the territorial authority districts making up the DHB district. The Council believes that constituencies should be put in place for the DHB elections and such elections not be at large. My understanding is that the Act has retained the at large system for DHB elections.

The aim of a Community and Public Health Advisory Committee's advice must be to ensure that the following maximise the overall health gain for the population the committee serves:

- all service interventions the DHB has provided or funded or could provide or fund for that population
- all policies the DHB has adopted or could adopt for that population. A community and public health advisory committee's advice may not be inconsistent with the New Zealand Health Strategy

Disability Support Advisory Committees: The functions of the Disability Support Advisory Committees are to give the DHB advice on:

- the disability support needs of the resident population of the DHB
- priorities for use of the disability support funding provided

The aim of a Disability Support Advisory Committee's advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the DHB's resident population:

- the kinds of disability support services the DHB has provided or funded or could provide or fund for those people
- all policies the DHB has adopted or could adopt for those people. A Disability Support Advisory Committee's advice may not be inconsistent with the New Zealand Disability Strategy

Hospital Governance Committees: These will be responsible for governance of the hospital and related services and its function will be to advise the Board on the efficient and effective operation of its hospitals and related service. The Chief Executive of the hospital will remain, as currently, responsible for all aspects of its management.

NATIONAL COMMITTEES ESTABLISHED UNDER THE NEW ZEALAND PUBLIC HEALTH AND DISABILITY ACT 2000

Public Health Advisory Committee of the National Health Committee

This Committee will provide independent advice on:

- public health issues, including factors underlying the health of people and communities
- the promotion of public health
- the monitoring of public health
- any other matters specified by the National Health Committee

National Advisory Committee on Health and Disability Support Service Ethics

A national advisory committee on health and disability support services ethics will be appointed by the Minister to advise on ethical issues of national significance. The Minister may also appoint committees to advise on specific ethical issues of national, regional or public significance.

Health Workforce Advisory Committee

This committee will advise the Minister on health workforce issues specified by the Minister.

National Health Epidemiology and Quality Assurance Advisory Committee

This committee will advise the Minister on any health epidemiology and quality assurance matters.

Mortality Review Committees

These may be established to review and report to the Minister of Health on specified classes of deaths of persons, or deaths of persons of specified classes, with a view to reducing the numbers of deaths of those classes or persons, and to continuous quality improvement through the production of on-going quality assurance programmes, and to advise on any other matters related to mortality that the Minister specifies. Each mortality review committee that is established will establish strategic plans and methodology to prevent morbidity and mortality.

New Ministry of Health

From 1 December 2000, the Ministry of Health and the Health Funding Authority integrated their functions. The new Ministry of Health will be responsible for:

- Funding District Health Boards
- Providing policy advice
- Providing advice on performance of the sector
- Monitoring standards and performance
- Ministerial servicing
- Information services
- Regulatory matters
- National frameworks

NEW ZEALAND HEALTH STRATEGY

The Minister of Health released the New Zealand Health Strategy on 11 December 2000. *The Council (via the Community Service Committee) made a submission on the draft Strategy in July 2000.*

Below is a brief summary of the Health Strategy. A copy of the Strategy will be tabled at the meeting. Copies are also available from the website <http://www.moh.govt.nz/moh.nsf>.

Principles

The principles are:

- acknowledging the special relationship between Maori and the Crown under the Treaty of Waitangi
- good health and well-being for all New Zealanders throughout their lives
- an improvement in health status of those currently disadvantaged collaborative health promotion and disease and injury prevention by all sectors
- timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay
- a high-performing system in which people have confidence active involvement of consumers and communities at all levels

The Goals and Objectives of the Strategy

Out of a total of 10 goals and 61 objectives, the Government has highlighted 13 population health objectives for the Ministry of Health and District Health Boards to focus on for action in the short to medium term. The 13 population health objectives are to:

- reduce smoking
- improve nutrition
- reduce obesity
- increase the level of physical activity
- reduce the rate of suicides and suicide attempts
- minimise harm caused by alcohol and illicit and other drug use to both individuals and the community
- reduce the incidence and impact of cancer
- reduce the incidence and impact of cardiovascular disease
- reduce the incidence and impact of diabetes
- improve oral health
- reduce violence in interpersonal relationships, families, schools and communities
- improve the health status of people with severe mental illness
- ensure access to appropriate child health care services including well child and family health care and immunisation

To reduce inequalities in health status the Strategy will work to:

- ensure accessible and appropriate services for people from lower socioeconomic groups
- ensure accessible and appropriate services for Maori
- ensure accessible and appropriate services for Pacific peoples

Service Delivery Priority Areas

In addition to the above priority objectives, the New Zealand Health Strategy highlights five service delivery areas on which the Government wishes the health sector to concentrate in the short to medium term. They are:

- public health
- primary health care
- reducing waiting times for public hospital elective services
- improving the responsiveness of mental health services
- accessible and appropriate services for people living in rural areas

Implementation of the Strategy

The New Zealand Health Strategy will be implemented:

- by developing toolkits to identify the action that different types of organisations or providers can take to address priority objectives
- by developing more detailed action-oriented strategies for specific health issues, services or population groups
- by performance and/or funding agreements with the Ministry of Health, District Health Boards and providers

NEW ZEALAND DISABILITY STRATEGY

Ministers for Disability Issues and Health will receive a draft of the strategy before Christmas. The strategy and its implementation proposal will go to Cabinet for final approval in March. The Government plans to launch the strategy in April and begin implementing its goals immediately. *The Council (through the Community Services Committee) made a submission on the draft Strategy in November 2000.*

IMPLICATIONS FOR THE COUNCIL

The new health sector environment will potentially facilitate greater co-operation and collaboration between the Council and health sector agencies such as the District Health Board. For example, late in 1999 a meeting was held between representatives of the Christchurch City Council and Crown public Health, the Christchurch School of Medicine, District Health Board (Chair and CEO), He Oranga Pounamu, and the Ministry of Health to determine the possibility of undertaking the preparation of a Public Health Strategy for Christchurch. This would enable bodies with responsibilities for public health delivery to collaborate and co-ordinate activities to improve both effectiveness and efficiency. The changes that were occurring in the delivery of clinical, hospital and other health services with the creation of District Health Boards and the introduction of the New Zealand Health Strategy were seen as providing an opportunity for this to occur.

Chairman's

Recommendation: That the Committee receive this information.