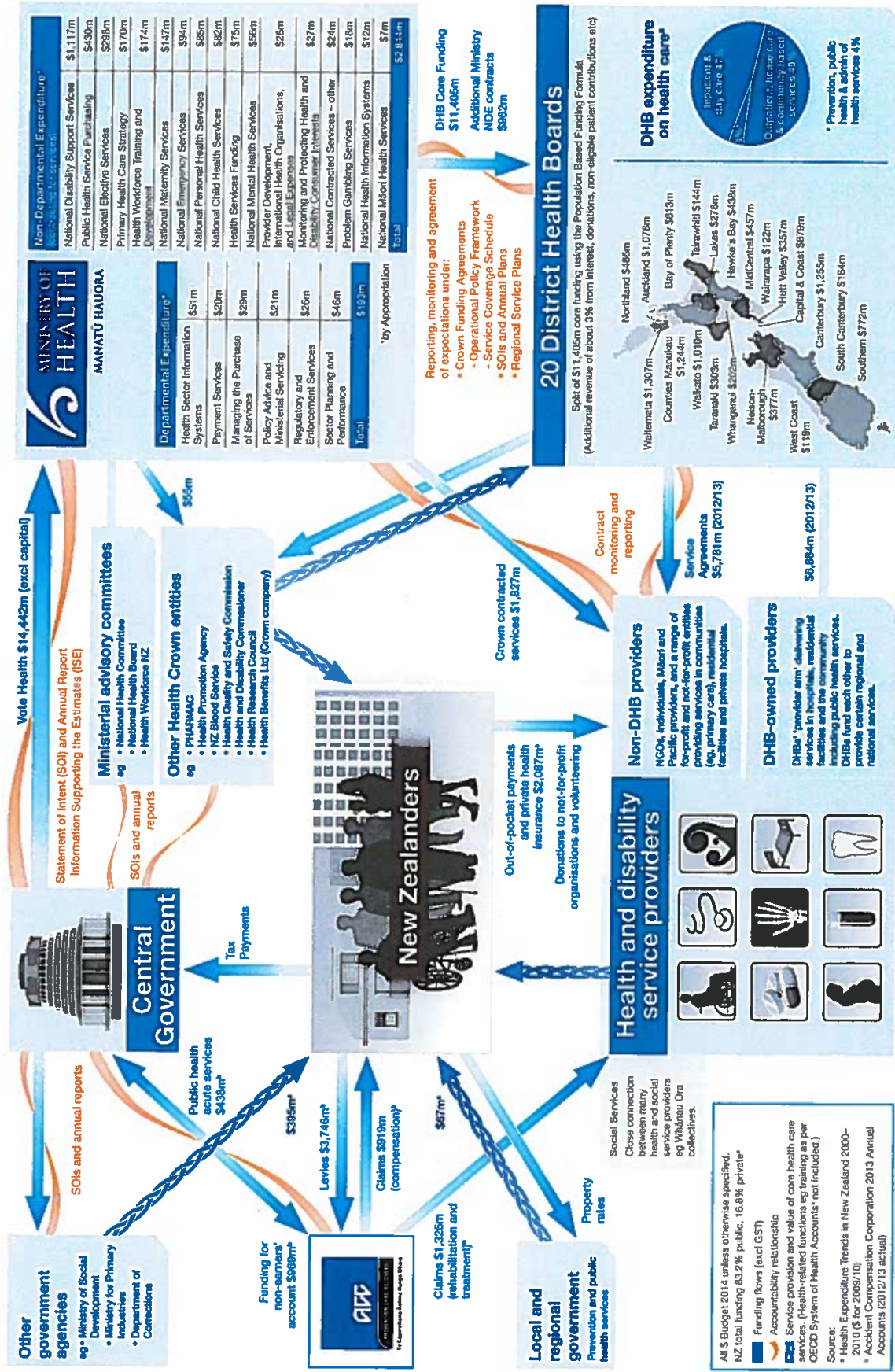


Bilag 2

# New Zealand health services funding and accountability





# Equity of Health Care for Māori: A framework

## Leadership

Championing the provision of high-quality health care that delivers equity of health outcomes for Māori

**Health system leadership is about setting an expectation that all New Zealanders will have equity of health outcomes.**

In order to achieve equity of health outcomes, disparities in health care must be eliminated. Government legislative and strategic approaches are important in setting the scene for committing to the elimination of health disparities and achieving health equity.

Health system leadership is expressed in: health policies and strategies; setting the expectation that equity is an integral component of quality; setting health targets; developing funding formulas for service procurement; and building and maintaining a health workforce that is responsive to the health care needs and aspirations of Māori.

Services must be organised around the needs of individuals and whānau. To achieve this, Government must focus on removing infrastructural, financial, physical and other barriers to delivering high-quality health care for Māori that exist between health and other sectors.

**Health organisation leadership is about making an explicit organisational commitment to delivering high-quality health care that ensures health equity for Māori.**

Organisational leadership is expressed in well aligned policies, strategies and plans that are responsive to the health care needs and aspirations of Māori.

The organisation sets and monitors equity and other quality improvement targets; ensures that structural arrangements do not prevent individuals and their whānau accessing health services and actively invests in building and maintaining Māori health workforce capacity and capability.

The organisation actively partners with providers beyond the health sector to allow for better service integration, planning and support for Māori.

**Health practitioner leadership is pivotal in ensuring that health care is focused on achieving health equity for Māori.**

Leadership requires health practitioners to: review their own clinical practice and those of their peers, through a health equity and quality lens; ensure that their organisation collects high-quality ethnicity data; audit, monitor and evaluate health impact and outcome data to improve the delivery of high-quality health care for Māori; and provide critical analysis of those organisational practices that maintain disparities in health care.

Leadership involves active partnership with providers beyond the health sector to allow for better service integration, planning and support for Māori individuals and whānau.

## Knowledge

Developing knowledge about ways to effectively deliver and monitor high-quality health care for Māori

**The health system requires knowledge to monitor progress in achieving health equity for Māori.**

Knowledge encompasses high-quality health information that includes: research – quantitative and qualitative and/or informed by Māori methodologies; high-quality population health data with complete and consistent ethnicity data; cultural competency and health literacy; Māori models of health and wellbeing; clinical care pathways, guidelines and tools; and health innovation.

Knowledge of what improves health equity for Māori should be developed and built upon to inform health policy and strategy. The use of high-quality health information, and the use of equity parameters to measure and monitor progress toward achieving health equity, is integral to this process.

Further to this, the health system performance improvement and monitoring frameworks should include specific health equity measures.

**Health organisations must establish environments that encourage learning and the sharing of high-quality health information.**

To inform decision-making, health organisations should focus on developing and building their knowledge of evidence-based initiatives that have:

1. undergone equity analyses before they are implemented
  2. been monitored for their effectiveness in achieving health equity for Māori.
- Health organisations should also endorse the use of health equity and quality improvement tools that support the delivery of high-quality health care that is responsive to the needs and aspirations of Māori.

**Health practitioners strengthen their capacity and capability to deliver high-quality health care for Māori by learning and sharing high-quality health information.**

Routine use of clinical guidelines and tools is important in high-quality health care decision-making, as is building knowledge in the use of quality health equity improvement tools.

Health practitioners should develop their skills in routinely examining data collected by their organisations to monitor the impact of their own work and the work of their colleagues on achieving health equity for Māori.

Health practitioners must build their own knowledge of how they can provide health information effectively to ensure Māori individuals and whānau understand them.

## Commitment

Being committed to providing high-quality health care that meets the health care needs and aspirations of Māori

**The health system is committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.**

Health system commitment is expressed in: incentivising and rewarding the delivery of equitable health outcomes for Māori; requiring performance data to be analysed by ethnicity, deprivation, age, gender, disability and location; measuring and monitoring progress toward achieving health equity for Māori; developing frameworks that focus on protecting the health rights of Māori; and investing in the development of organisational health equity expertise.

Health system commitment requires regulatory authorities to ensure that all vocational training and continuing professional development activities have a robust health equity, cultural competency and health literacy focus.

**Health organisations are committed to reconfiguring services to deliver high-quality health care that meets the health care needs and aspirations of Māori.**

Health organisations are committed to building relationships with Māori to collaboratively design, implement and evaluate initiatives that ensure delivery of high-quality health care that meets their needs and aspirations.

Investment in initiatives that are successful in achieving health equity for Māori should be matched by divesting from initiatives that are unable to progress this goal. To make good decisions on which initiatives to support, health organisations must use high-quality health information, for example, complete and consistent ethnicity datasets, to monitor services against agreed indicators.

Health organisations are also committed to supporting community initiatives that meet the health needs and aspirations of Māori.

**Health practitioners must be committed to continuous quality improvement processes that focus on achieving health equity.**

Health practitioners express their commitment by: routinely using and analysing administrative data to inform their practice; using evidence-based innovations that achieve health equity for Māori; and tailoring continuing professional development to build their capacity/capability in delivering equitable health care.

Health practitioners should also understand their role in supporting Māori individuals and whānau to develop their health literacy.

Health practitioners are committed to supporting community initiatives that meet the health needs and aspirations of Māori individuals and whānau.



## Leadership

### The following actions can support the health system in its leadership role:

- Set the expectation that all New Zealanders will have equitable health outcomes.
- Establish the legislative, regulatory and policy frameworks to implement that expectation.
- Engage Māori appropriately in developing the relevant legislative, regulatory and policy frameworks.
- Put in place monitoring, research and evaluation mechanisms to track the progress of health sector organisations against that expectation.
- Establish arrangements for health sector organisations – both providers and funders, holding them accountable for delivering equitable health outcomes.
- Set the expectation that equity is an integral component of quality.
- Set the expectation that health leaders have expertise in health equity as a core competency.
- Require national collection systems to have high-quality, complete and consistent ethnicity data.
- Set the expectation that regulatory authorities will have appropriate representation of Māori at all levels of governance to ensure genuine partnership and participation.
- Build and maintain a health workforce responsive to the health care needs and aspirations of Māori.
- Establish robust cultural competency, health literacy and quality improvement frameworks.
- Acknowledge the importance of te reo Māori as an official language of New Zealand.
- Remove infrastructural, financial, physical and other barriers between health and other sectors that act as obstacles to delivering high-quality health care for Māori.

### The following actions can support health organisations in their leadership role:

- Ensure that all the operating policies of the organisation align with the health equity intent of the legislative, regulatory and system policy frameworks.
- Ensure Māori and iwi leaders have meaningful representation on all organisational boards and have input into organisational operational policies.
- Strengthen performance improvement, monitoring and accountability mechanisms to ensure that the organisation is on track to achieve equity of health outcomes for Māori.
- Ensure that equity is an integral component of quality.
- Require leaders in quality improvement to have expertise in health equity as a core competency.
- Ensure that organisational information systems have high-quality, complete and consistent ethnicity data.
- Actively recruit a Māori health workforce and invest in building and maintaining the capacity/capability of the organisational workforce to deliver health care that is responsive to the needs of Māori.
- Work with other Māori health organisations to benefit Māori.
- Acknowledge the importance of te reo Māori as an official language of New Zealand.
- Ensure that tikanga is always followed and respected.
- Actively seek out partners beyond the health sector to allow for better service integration, planning and support for Māori.

### The following actions give the opportunity for health practitioners to exert leadership within their sphere of influence:

- Provide high-quality health care that delivers equitable health outcomes for Māori.
- Champion equity as an integral component of quality.
- Develop meaningful partnerships with Māori individuals, whānau and communities to meet their health care needs and aspirations.
- Lead and participate in clinical audits and other quality improvement activities with an equity focus.
- Take professional ownership for organisational impacts on health equity.
- Ensure that patient records include complete and correctly recorded ethnicity details.
- Strengthen the role of health practitioners in developing health literacy.
- Set the expectation for culturally responsive health care within health teams.
- Model respect and appreciation for te reo and tikanga Māori and demonstrate its relevance and importance.
- Work with Māori health practitioners and organisations to benefit Māori individuals and whānau.
- Actively seek out partners beyond the health sector to allow for better service integration, planning and support for Māori individuals and whānau.

## Knowledge

### The following actions can support the health system in improving its knowledge:

- Ensure that population data is routinely analysed by ethnicity, deprivation, age, gender, disability and location.
- In addition, develop specific health equity measures that can support performance improvement and monitoring frameworks.
- Build a health equity and quality learning system that consistently reviews and critiques the literature, uses evidence and learns with its peers.
- Support a system that focuses on clinical pathways of care that ensure equitable health outcomes for Māori.
- Ensure robust health equity analysis in economic and funding decisions.
- Evaluate the effectiveness of initiatives in achieving health equity for Māori.
- Ensure all health publications that describe the health status/outcomes for the total population include data for Māori.
- Require the development of clinical guidelines and decision-making tools that focus on achieving health equity for Māori.
- Support a system that fosters the development of expertise in te reo Māori.

### The following actions can support health organisations in improving their knowledge:

- Routinely analyse organisational performance data by ethnicity, deprivation, age, gender, disability and location.
- In addition, contribute to the development of specific health equity measures that can support performance improvement and monitoring frameworks.
- Set an expectation that all staff will participate in learning opportunities that provide them with the most recent literature on Māori health outcomes and disparities, health equity and quality, and enable them to use this evidence and learn with their peers.
- Assign professional development support for clinical guidelines and decision-making tools that are focused on achieving health equity for Māori.
- Prioritise innovation funding and support for initiatives that focus on achieving health equity for Māori.
- Establish opportunities to share knowledge within the organisation about initiatives that work toward achieving health equity for Māori.
- Undertake community health needs assessments to identify unmet health care needs for Māori.
- Monitor clinical pathways for factors that facilitate or act as barriers toward achieving health equity for Māori.
- Support the development of expertise in te reo Māori for all staff.

### The following actions can support health practitioners in improving their knowledge:

- Participate in quality improvement forums with colleagues that examine whether clinical performance is achieving health equity for Māori.
- Build knowledge about Māori health outcomes and disparities, health equity and quality; keep up to date with the evidence and the literature; work with peers and develop and maintain critical analysis skills.
- Understand the health sector's legal obligations in reducing health disparities and improving outcomes for Māori, including relevant sections of the New Zealand Public Health and Disability Act 2000.
- Use recommended clinical guidelines and decision-making tools that focus on achieving health equity for Māori.
- Strengthen understandings of Māori models of health and wellbeing.
- Build knowledge about health literacy and understand the role of health practitioners in developing health literacy.
- Develop expertise in te reo Māori.

## Commitment

### The following actions can support the health system in its commitment:

- Publicly report on the health system's progress toward achieving health equity for Māori.
- Require all performance data to be stratified and analysed by ethnicity, deprivation, age, gender, disability and location, and made publicly available.
- Monitor, audit and evaluate health sector organisational performance data to track progress in achieving health equity for Māori.
- Establish frameworks that protect the rights of individuals and whānau using health services.
- Invest in the development of organisational health equity expertise.
- Commit time, resources and energy in implementing policy settings that ensure health equity is achieved for Māori.
- Recognise the relevance and importance of te reo and tikanga Māori to high-quality health care.
- Ensure that regulatory authorities require all vocational training and continuing professional development activities to have a robust health equity, cultural competency and health literacy focus.

### The following actions can support health organisations in their commitment:

- Always engage the use of high-quality health information, for example, population health data and complete and consistent ethnicity data, to inform organisational decision-making.
- Designate appropriate time, resources and information to enable Māori to have input into the design and implementation of health equity initiatives.
- Publicly report on organisational progress toward achieving health equity for Māori.
- Allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving health equity for Māori.
- Ensure that the Code of Rights is visible and that Māori individuals and whānau understand their rights.
- Invest in the development of organisational and practitioner health equity expertise.
- Recognise the relevance and importance of te reo and tikanga Māori to high-quality health care.
- Ensure that all continuing professional development activities undertaken by health practitioners have a robust health equity and cultural competency focus.
- Minimise the organisational demands on the health literacy of individuals and whānau.
- Support community initiatives that meet the health needs and aspirations of Māori.

### The following actions can support health practitioners in their commitment:

- Routinely use and analyse administrative data to inform practice.
- Use evidence-based innovations that achieve health equity for Māori.
- Ensure that clinical practice aligns with the Code of Rights.
- Strengthen critical analysis skills and recognise stereotyping and discrimination that create barriers for Māori individuals and whānau to high-quality health care.
- Share the individual contributions of fellow colleagues to the organisation's performance in achieving health equity for Māori.
- Tailor continuing professional development to building capacity and capability in delivering equitable health care.
- Support Māori individuals and whānau to develop their own health literacy.
- Support community initiatives that meet the health needs and aspirations of Māori individuals and whānau.



# How is My DHB performing?

2015/16 QUARTER TWO (OCTOBER-DECEMBER 2015) RESULTS

[www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)



**Shorter stays in Emergency Departments**

Quarter two performance (%)	Quarter two performance (%)	Change from last quarter (%)
100	100	-0.2
97	1040	1.8
96	1554	2.1
96	230	1.2
96	279	0.7
95	346	0.1
95	362	0.7
95	439	2.3
95	168	2.2
95	232	4.7
95	103	4.7
95	103	0.6
94	267	1.3
94	19	0.5
94	61	0.3
94	22	0.3
93	42	2.4
92	69	-0.8
91	15	5.0
90	142	3.7
90	24	-0.5
90	4890	1.6
All DHBs	100	0.3

**Improved access to Elective Surgery**

Quarter two performance (%)	Quarter two performance (%)	Change from last quarter (%)
125	84	14.6
120	83	0.6
118	81	4.2
115	78	-1.0
113	77	5.5
107	77	10.6
107	76	1.6
105	76	10.7
104	75	9.2
103	74	5.6
103	74	11.0
102	74	4.0
102	72	2.0
101	71	21.4
101	70	4.0
101	68	-6.3
100	68	10.7
98	64	17.5
98	60	15.5
98	56	-21.5
All DHBs	77	5.4

**Faster Cancer Treatment**

Quarter two performance (%)	Quarter two performance (%)	Change from last quarter (%)
84	96	0.1
83	96	0.2
81	95	-0.5
78	95	0.4
77	95	1.7
77	95	-0.5
76	94	0.4
75	94	0.9
74	94	-1.2
74	91	-0.9
74	91	-1.2
72	91	2.3
71	92	1.7
70	91	-0.9
68	91	0.1
68	90	-1.1
64	89	1.5
60	89	-1.2
56	81	-7.5
All DHBs	77	0.3

**Increased Immunisation**

Quarter two performance (%)	Quarter two performance (%)	Change from last quarter (%)
96	91	0.2
95	89	-0.9
95	89	1.8
95	88	2.8
95	88	2.2
95	88	0.8
95	88	3.7
94	87	2.9
94	86	0.6
94	85	2.1
94	85	0.4
94	84	-2.4
92	82	2.2
89	79	0.2
89	75	-6.2
81	71	3.1
All DHBs	85	1.8

**Better help for Smokers to Quit**

Quarter two performance (%)	Quarter two performance (%)	Change from last quarter (%)
92	92	0.1
92	92	0.0
91	91	-0.1
91	91	0.1
92	92	0.6
91	91	-0.1
91	91	1.3
91	91	0.7
91	91	-0.2
91	91	0.3
90	90	0.7
90	90	0.0
90	90	-0.3
90	90	1.2
89	89	0.8
89	89	0.4
87	87	2.8
87	87	1.6
85	85	-1.1
All DHBs	91	0.3

**More Heart and Diabetes Checks**

Quarter two performance (%)	Quarter two performance (%)	Change from last quarter (%)
92	92	0.1
92	92	0.0
91	91	-0.1
91	91	0.1
92	92	0.6
91	91	-0.1
91	91	1.3
91	91	0.7
91	91	-0.2
91	91	0.3
90	90	0.7
90	90	0.0
90	90	-0.3
90	90	1.2
89	89	0.8
89	89	0.4
87	87	2.8
87	87	1.6
85	85	-1.1
All DHBs	91	0.3

**Shorter stays in Emergency Departments**  
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

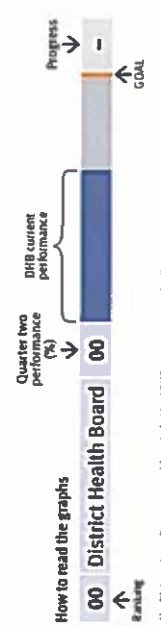
**Improved access to elective surgery**  
The target is an increase in the volume of elective surgery by an average of 4000 discharges per year. DHBs planned to deliver 9,980 discharges for the year to date, and have delivered 8,990 more. The new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical speciality (excluding maternity).

**Faster cancer treatment**  
The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between July and December 2015.

**Increased immunisation**  
The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight months between October and December 2015 and who were fully immunised at that stage.

**Better help for smokers to quit**  
The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. From quarter one the hospital target is now only reported on the Ministry's website, along with the maternity target results. [www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)

**More heart and diabetes checks**  
This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.



*This information should be read in conjunction with the details on the website [www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)*



# New Zealand Ministry of Health meeting with the Danish Parliamentary Committee for Health

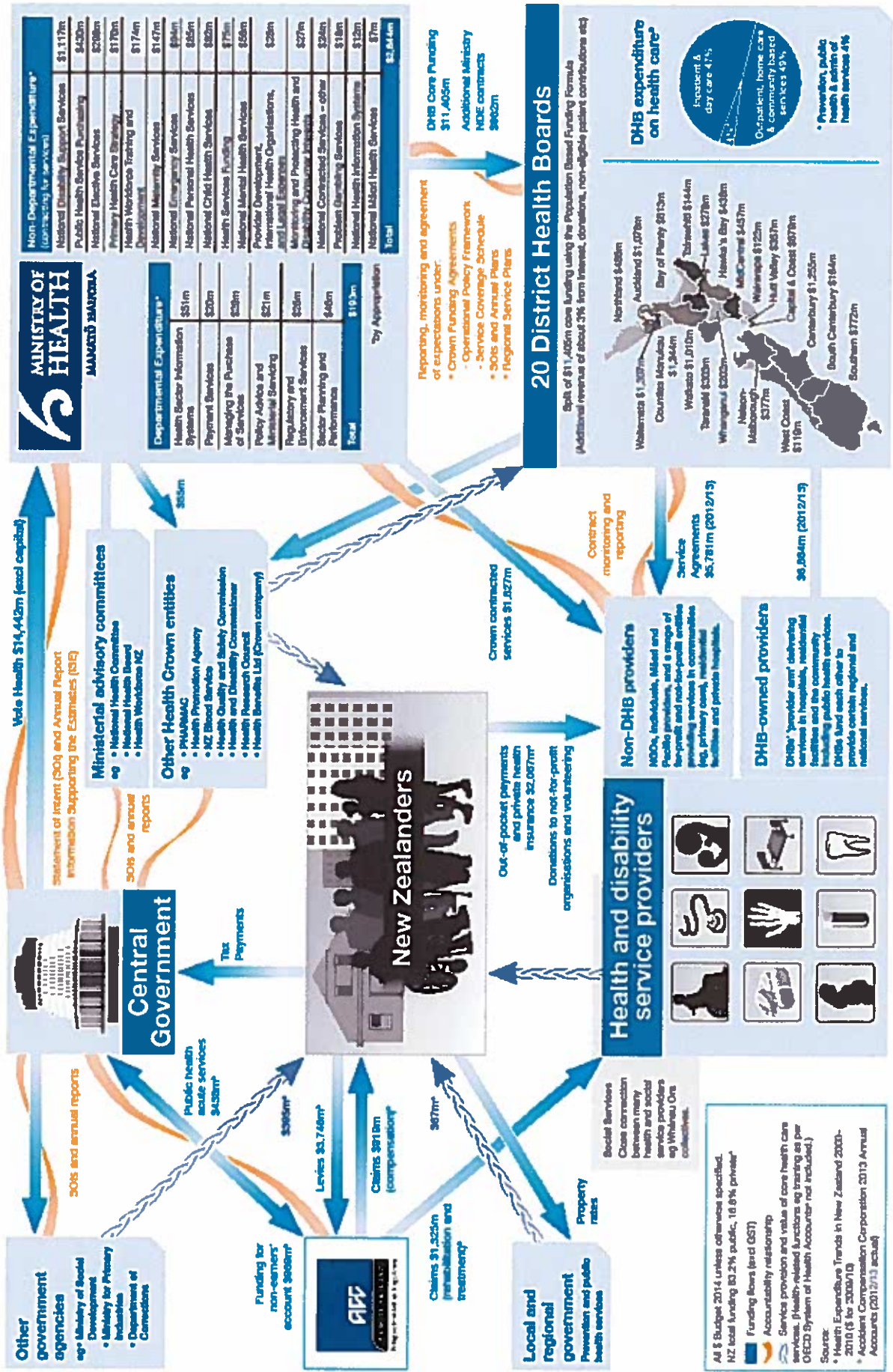
**Monday 7 March,**

**10:00 - 12:00, 13:00 - 14:00**





# New Zealand health services funding and accountability



## Community Health Service Improvement Work Programme

### Service Configuration

Continuous quality improvement

Managing performance

Investment assessment

Planning

Commissioning

Funding

#### Integrated Performance and Incentive Framework

- System level measures
- Extended provider responsibility (beyond PHOs)
- Clinical Quality Improvement focus

#### Quality assurance

- PHO minimum standards, peer review completed
- General practice foundation standards achievement by June 2017
- Maternity and BSC Quality Programmes

#### IT Infrastructure

- NZ e Prescription Service
- National Enrolment Service
- Patient Portals
- National Immunisation Register
- PMS to community care (Midlands Health Network)
- Maternity Clinical Information Service

#### Cross government alignment

- Children's action plan
- 0-5 Cross Government work
- Youth Cross Government work
- Corrections partnership (including enrolment in community health)
- Social Sector trials

#### Children and Youth Health focus

- Prime Ministers Youth Mental Health Programme
- School based Health Services
- Free u13s scheme
- Maternity Quality Programme
- Before School Checks Quality Programme
- Youth DHB Collaborative

#### Models of Care Changes

- Better Sooner More Convenient Business Cases
- Integrated Family Health Centres
- Health Care Home
- Rural Advisory Network

#### Shifting Services Annual Planning requirements

- Development an investment plan to support "substantive shift over time of services closer to home"
- Development of clinical pathways for high demand services

#### Pharmacy Action Plan

- Better utilise capability and capacity of pharmacy and pharmacists
- Improved IT integration
- Increased partnership with health care team
- **More clinical services**

#### Primary Care funding

- Target funding to those who need it most by reconfiguring VLCA and/or Capitation Base Formula
- Implementation of free u13s (99% coverage)
- Stocktake of Flexible Funding Pool

#### PHOSA-CPSA:ARCC

- Identification of opportunities for integration across contracts
- Streamlined services
- Lower integration barriers



## Health targets

Health targets are a set of national performance measures specifically designed to improve the performance of health services that reflect significant public and government priorities. They provide a focus for action.

The impact they make can be measured to see how they are improving health for all New Zealanders. Three of the six health targets focus on patient access, and three focus on prevention.



This section provides information on the health targets, the reasons for them, who is responsible and how they are measured and reported on.

## The 2015/16 health targets

Health targets are reviewed annually to ensure they align with health priorities. The current targets are listed below.

### Shorter stays in emergency departments

([/new-zealand-health-system/health-targets/about-health-targets/health-targets-shorter-stays-emergency-departments](http://new-zealand-health-system/health-targets/about-health-targets/health-targets-shorter-stays-emergency-departments))

Shorter Stays  
in Emergency  
Departments



95% of patients will be admitted, discharged, or transferred from an emergency department within six hours.

Improved Access to  
Elective Surgery





## Improved access to elective surgery ([/new-zealand-health-system/health-targets/about-health-targets/health-targets-improved-access-elective-surgery](#))

The volume of elective surgery will be increased by an average of 4000 discharges per year.

## Faster cancer treatment ([/new-zealand-health-system/health-targets/about-health-targets/health-targets-faster-cancer-treatment](#))



85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within 2 weeks by July 2016, increasing to 90% by June 2017.

## Increased immunisation ([/new-zealand-health-system/health-targets/about-health-targets/health-targets-increased-immunisation](#))



95% of 8-months-olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time.

## Better help for smokers to quit ([/new-zealand-health-system/health-targets/about-health-targets/health-targets-better-help-smokers-quit](#))



90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.

90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.



## More heart and diabetes checks

(</new-zealand-health-system/health-targets/about-health-targets/health-targets-more-heart-and-diabetes-checks>)

More Heart and  
Diabetes Checks



90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.

## Latest health target results

Health target results are published 4 times a year. The [2015/16 October - December results](#) (</new-zealand-health-system/health-targets/how-my-dhb-performing/how-my-dhb-performing-2015-16>) are now available.

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# Alzheimers New Zealand

Celebrating 30 Years 1986-2016

## Dementia – “one of the greatest challenges of our lifetime”

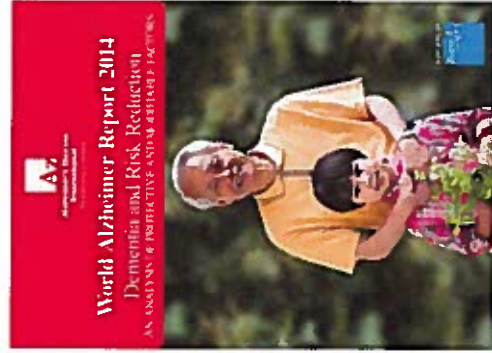
Towards a world without dementia | *Kia mate wareware kore te ao*



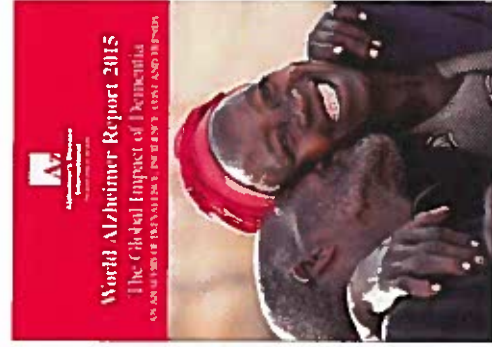
# Influential international reports



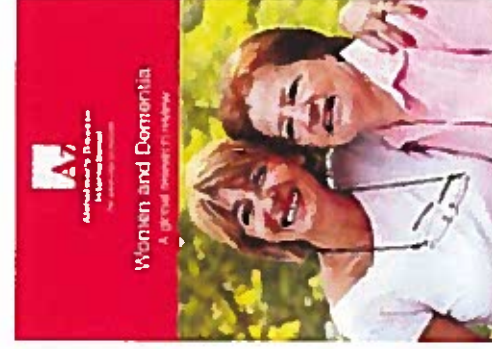
2013



2014



2015



2015



2015

Towards a world without dementia | *Kia mate wareware kore te ao*



# We are failing to meet the needs of people with dementia and their carers



More than half of all people with dementia **undiagnosed**



A third of those in care homes on **antipsychotics**



One in three only **leave the house once a week**



**Hospital costs** three times higher than for other people



Carers 20% more likely to have **mental health** problems



A third come out of hospital with **reduced functional ability**. Half of these people never recover.

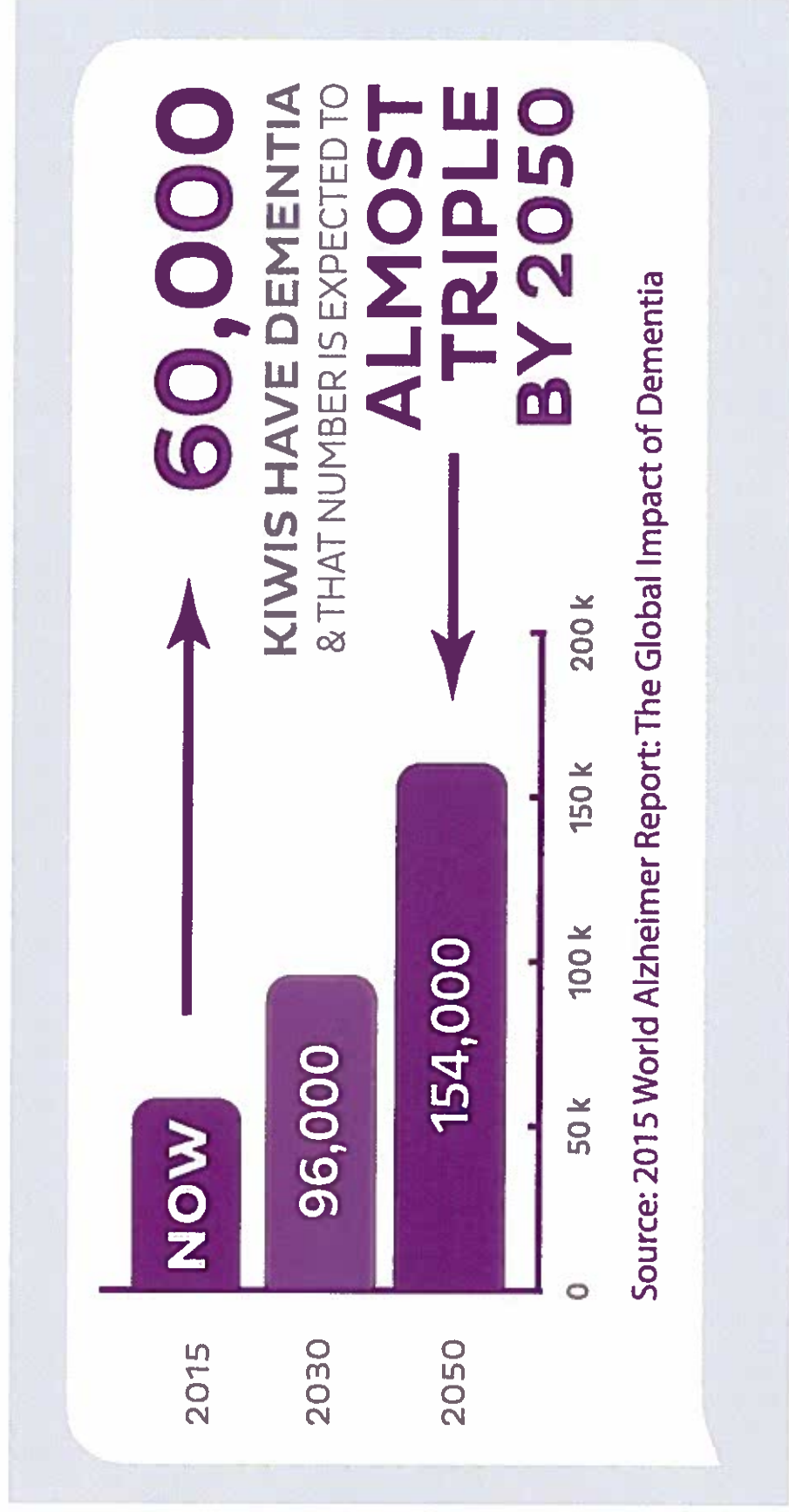


## Longterm care is mainly about our people

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- dementia has a more profound impact on the need for care and support than any other chronic condition
- nearly half of all older people with a need for care are likely to have dementia
- dementia (and cognitive impairment) are the leading contributors to people moving into care

# The numbers are increasing





# Women are disproportionately affected



Towards a world without dementia | *Kia mate wareware kore te ao*



## VISION:

# Towards a world without dementia

*Kia mate wareware kore te ao*

## GOALS

A dementia friendly New Zealand

Good brain health

Early recognition and assessment

Living well with dementia

High quality services

## STRATEGIES

Creating a national culture of awareness, understanding and acceptance of people affected by dementia

Strengthening the health system to anticipate the challenge of dementia

Providing opportunities for meaningful input by, participation of, and engagement with people with dementia

Promoting te whare tapa wha - whānau (family), tinana (physical), hinengaro (mental) and wairua (spiritual) health

Growing research-based knowledge of dementia and brain health, from prevention to cure

Sharing new findings within the dementia community

Increasing dementia risk awareness

Strengthening access to accurate, timely diagnosis

Promoting full and appropriate assessment

Promoting clear pathways and access to support, intervention and treatment

Strengthening the voice of people with dementia

Supporting people with dementia to fulfil their individual needs safely and well

Encouraging personal planning for the future course of dementia, including dying

Enabling family/whānau support people to promote their ongoing wellbeing

Working together across the entire dementia community

Building resources, readiness and capability to respond to changing demand

Promoting person-centred care across the dementia pathway

Lifting the quality of and consistency of dementia related services - from diagnosis to end of life



# Towards a world without dementia

## A dementia-friendly NZ



Strengthening the voice of people affected by dementia



Supporting people affected by dementia to live well



Lifting the quality of care and of support



Building resources, readiness and capability



### Influencing

### Strengthening

### Enabling

- General public
- Health community
- Dementia community
- Alzheimers NZ

# Raising Awareness of Dementia

- The *About Dementia* campaign
- Champions for Dementia
- Memory Walks





# Dementia-friendly programmes

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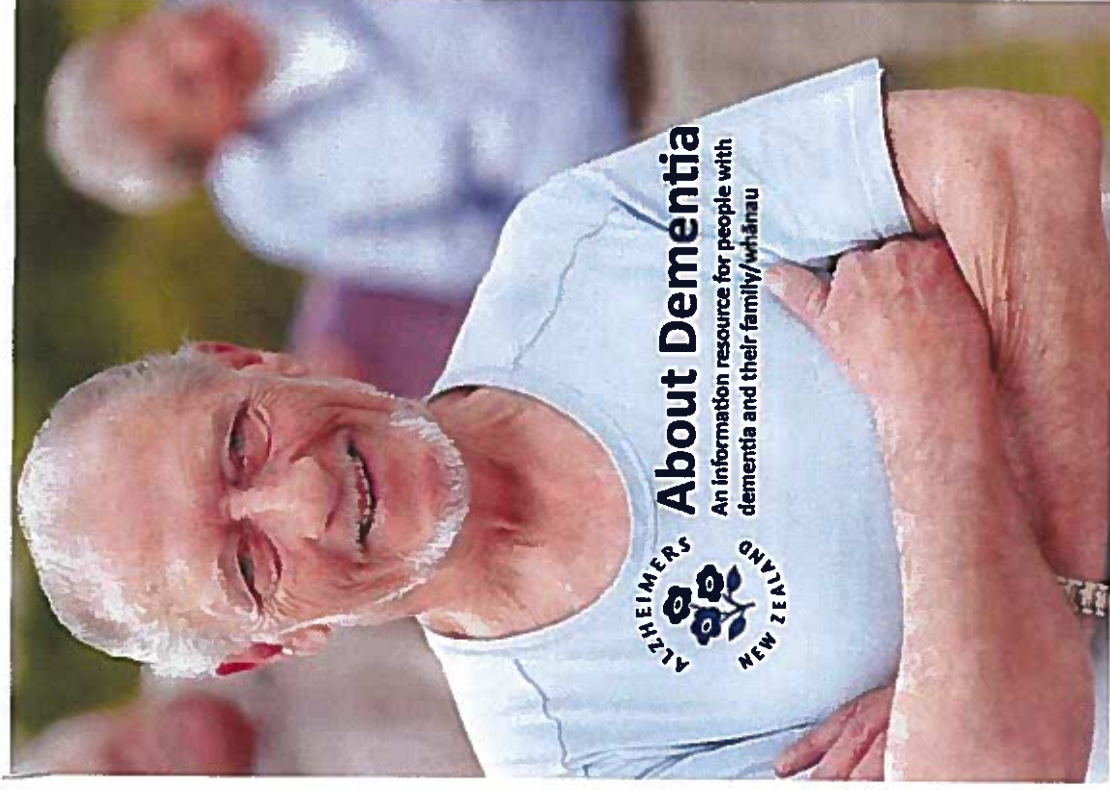
Formal recognition  
Programme



Dementia Friends  
Programme

# Information resources

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## Our context and issues

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Well established sector, but:

- We do not have a national dementia plan - NZ Framework for Dementia provides a vision, but to date work has focused on one part only, has no teeth and does not provide a plan for change
- Investment to date has largely been in residential care, whereas most people with dementia live in the community and need more help and support

## Our context and issues [2]

---

- Secondary and tertiary services need to lift their game
- We do not have information about so the people living with dementia, what we're doing to support them or how well we're doing
- Our investment in research is woefully inadequate – we have the lowest level of investment in the OECD



Thank you!



Towards a world without dementia | *Kia mate wareware kore te ao*



NEW ZEALAND PRIVATE SURGICAL  
HOSPITALS ASSOCIATION INC

## **BACKGROUND ON NZPSHA**

The New Zealand Private Surgical Hospitals Association (NZPSHA) is a member organisation that promotes excellence in healthcare.

**Our mission** is to promote, position and connect the private surgical hospital sector in New Zealand.

### **Our primary roles are:**

- To strengthen the sector through facilitating capability development opportunities with an educational focus, that support members in their delivery of quality healthcare that enhances patient outcomes
- To represent and advance the position of private surgical hospital providers in New Zealand by highlighting and promoting the added value the sector brings to the health of New Zealanders

### **Key Statistics (as at 30 June 2015):**

- 25 Member Organisations
- 37 Surgical Facilities
- 162 Operating Theatres and 32 Procedure rooms
- 1860 Surgical beds (including ICU, recovery, day-stay chairs and resourced beds)
- 3325 FTE in Staff (combined payroll exceeding \$120 million)
- Undertook 12,058 DHB-contracted procedures
- Performed 164,087 total procedures

### **Key Messages:**

- NZPSHA represents an important part of the country's health sector, our membership coverage extends the entire country and includes the full range of elective surgery from complex neurosurgery and cardiothoracic surgery through to minor procedures
- Private hospitals in NZ provide an episodic period of care rather than continuing care
- Currently, private hospitals don't provide rehabilitation, mental health care services and currently only one NZPSHA member hospital provides maternity care
- Public private partnerships with private hospitals are a cost effective way of delivering health outcomes and NZPSHA believes they should be encouraged
- Contracting with DHBs is carried out on a regional basis and the nature of contracts varies considerably
- NZPSHA member hospitals have spare theatre capacity available to be utilised by DHB contracting
- Private hospitals are key to success of the Government's health policy and need to be considered more tactically
- A significant number of New Zealanders don't make the official public hospital waiting list; there have been changes to the waiting list criteria and monitoring recently by the Ministry of Health
- The "unmet" demand for elective surgery remains at over 170,000 New Zealanders and this demand has a negative impact on the quality of life for many New Zealanders
- Those who are able to fund their surgery privately spend less time on waiting lists and typically have their surgery faster
- New Zealand's public health spending is amongst the highest in the developed world and is unsustainable, particularly with our ageing population
- Healthcare costs are projected to increase by almost 60% from 6.8% of GDP in 2010 to 11.1% of GDP in 2060
- Increased collaboration between the private hospital sector and funders such as the Government, ACC and insurers is the most sustainable way of providing for NZ's future good health
- NZPSHA believes the Government should look at options that increase the desirability of health insurance and encouraging New Zealanders to take responsibility for their healthcare needs
- Under the private health insurance model presently used in New Zealand, health insurance becomes increasingly unaffordable as people age and this causes older people to cancel their health insurance.
- Due to rising premiums, the proportion of lives covered by private health insurance begins to decline precisely when the likelihood of requiring elective surgical care begins to accelerate
- There is currently a lack of a minimum mandatory certification standard for day-stay and office/rooms based facility providers. The NZPSHA believes that a minimum certification standard should exist
- NZPSHA has a strong focus on quality; holds 2-yearly "Leaders in Quality" Awards, runs a robust internal clinical indicator programme and has close links with the Health, Quality and Safety Commission



**PHARMAC**

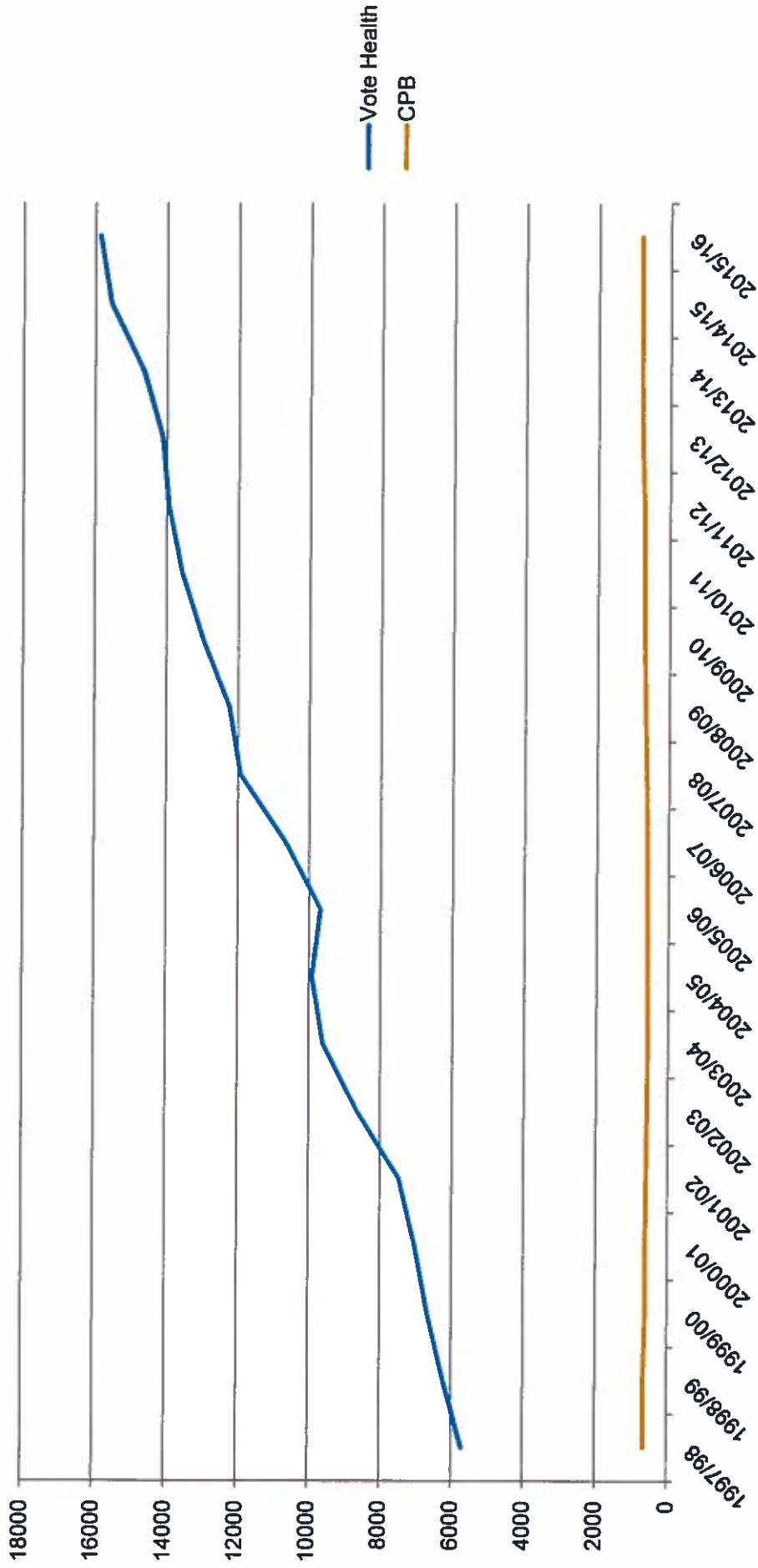
Steffan Crausaz – Chief Executive



[newzealand.govt.nz](http://newzealand.govt.nz)

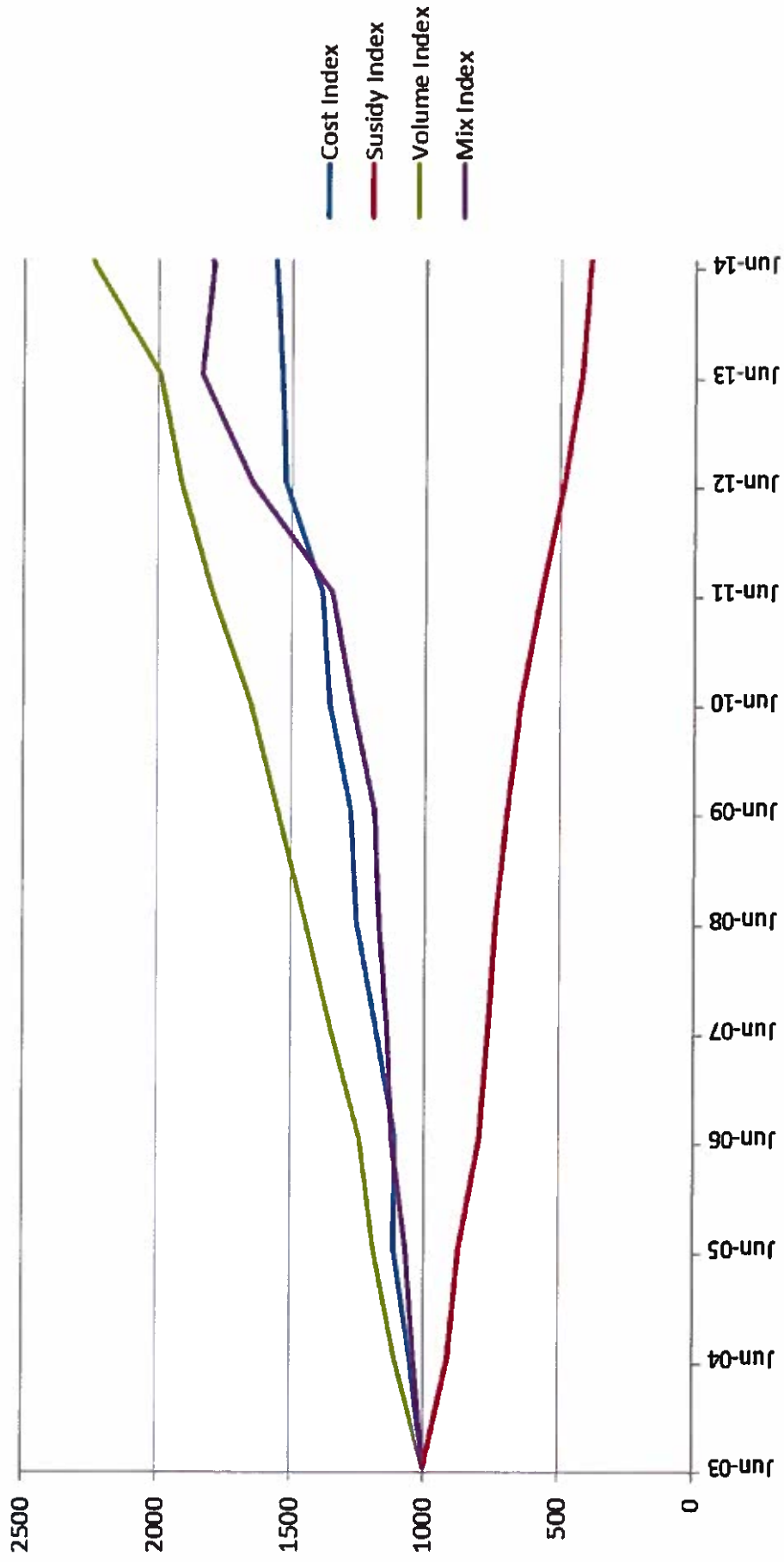
**PHARMAC**  
Pharmaceutical Management Agency

# Growth in Vote Health vs CPB (Nominal)

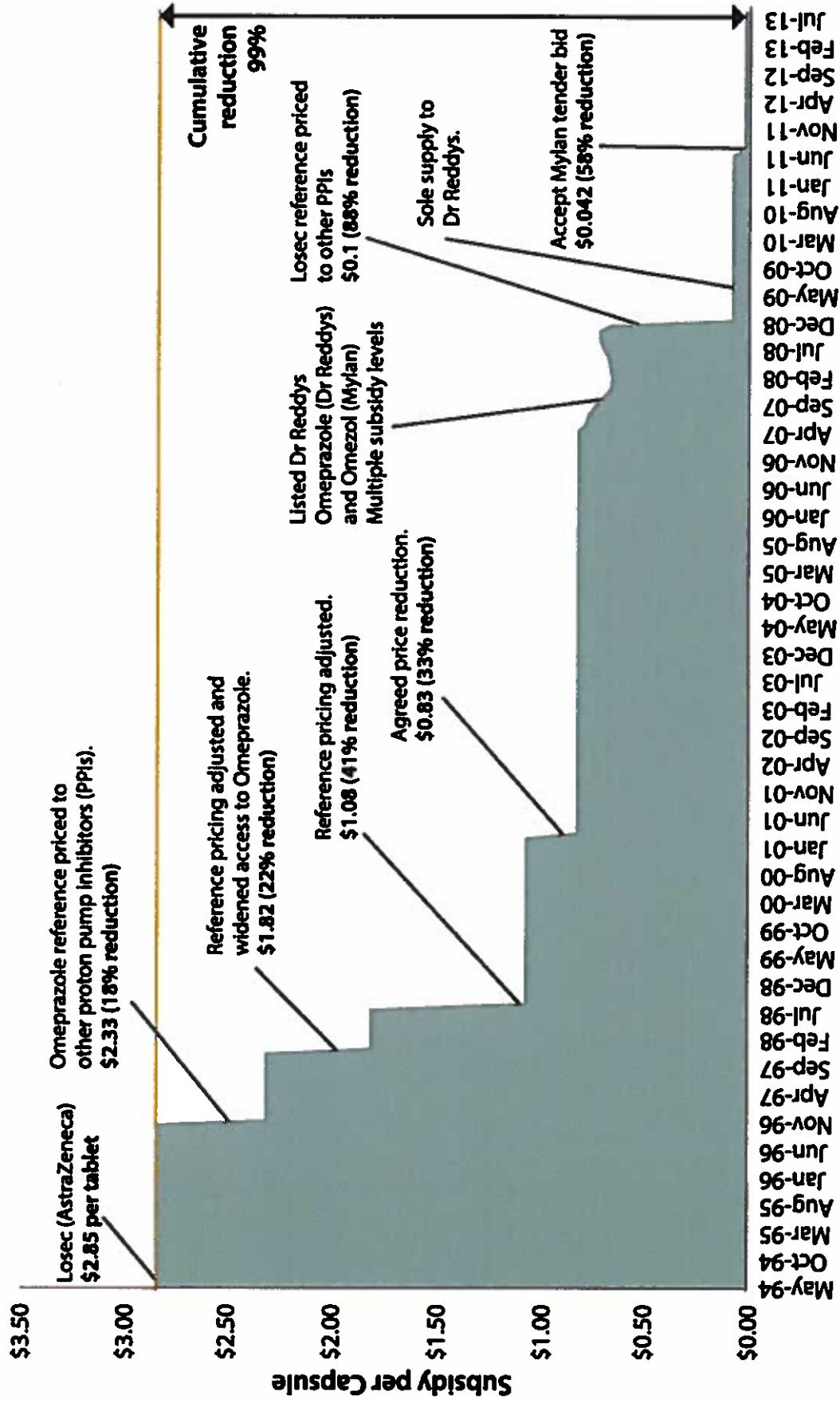




# Pharmaceutical expenditure drivers



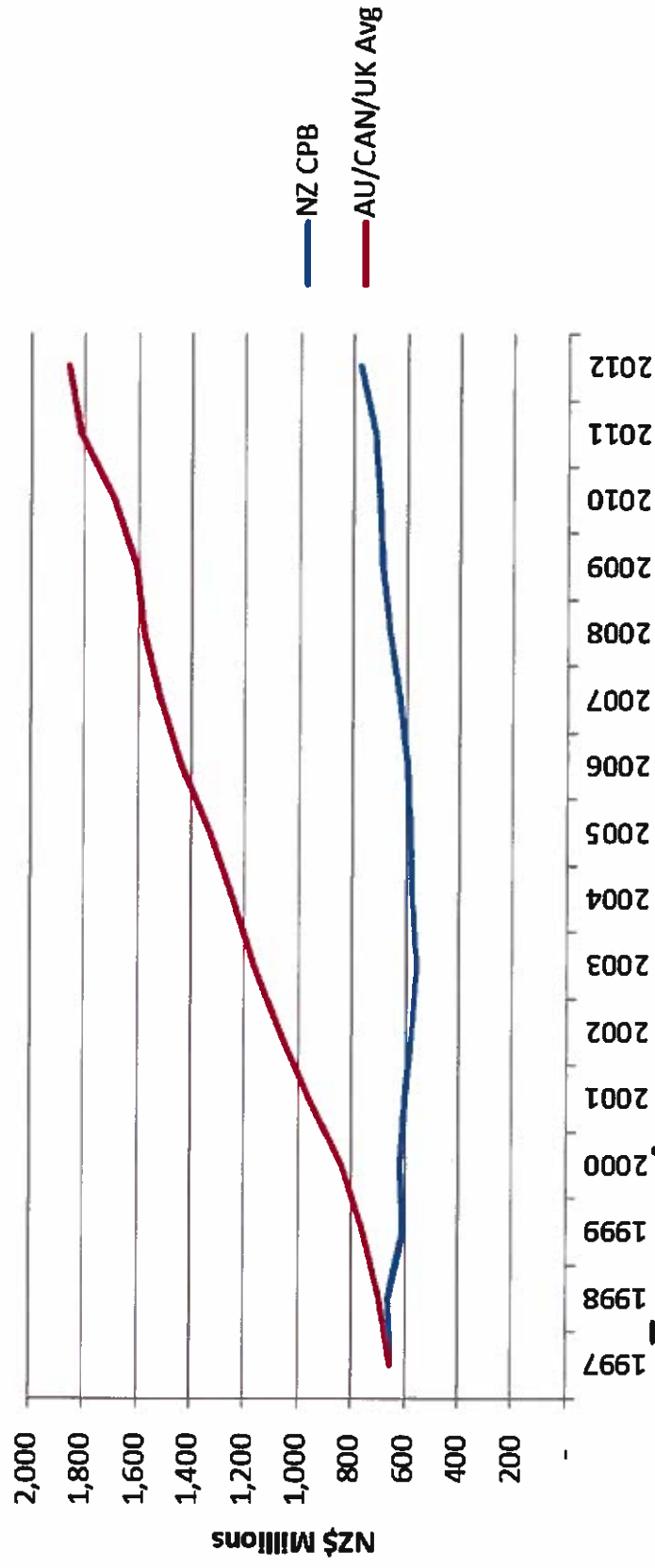
# Pharmaceutical pricing over time



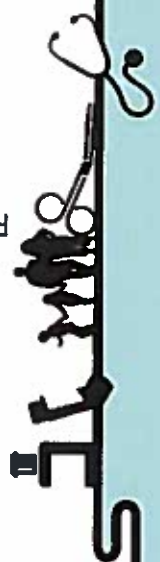
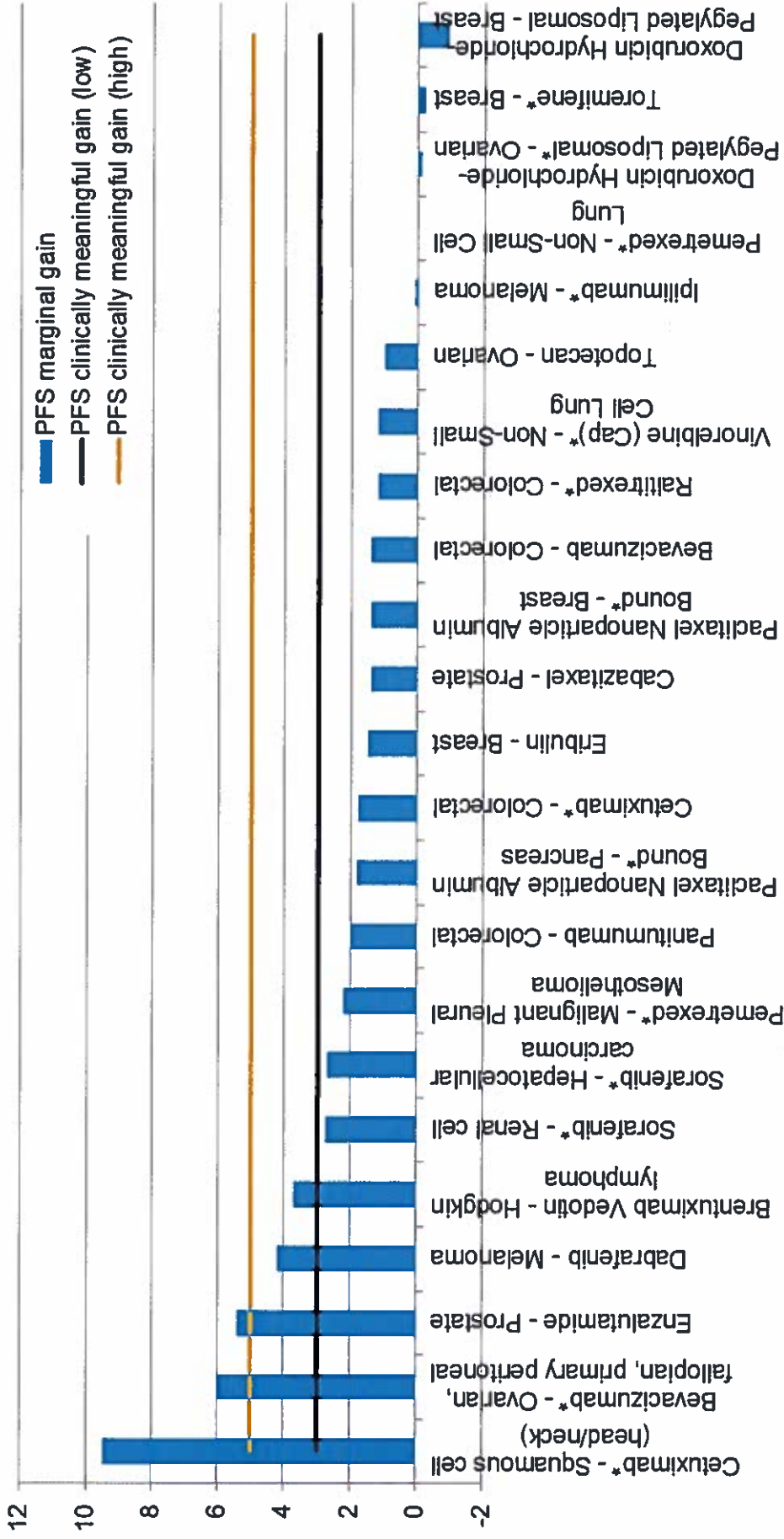


# Pharmaceutical costs - International comparison

## NZ CPB per capita Growth Compared to International Trends in Drug Costs (rebased to comparable 1998 costs)

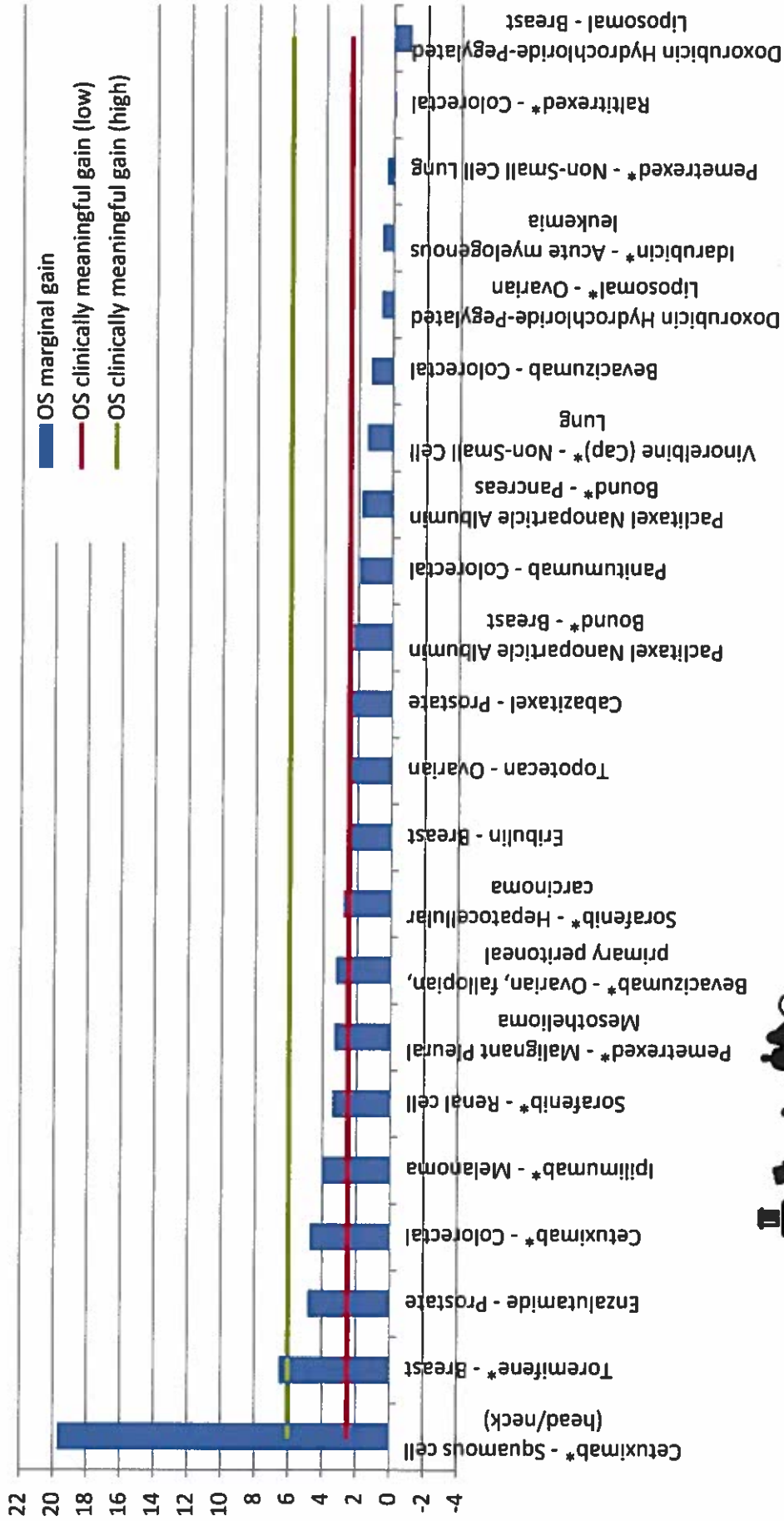


# Progression Free Survival Marginal Gain (months)

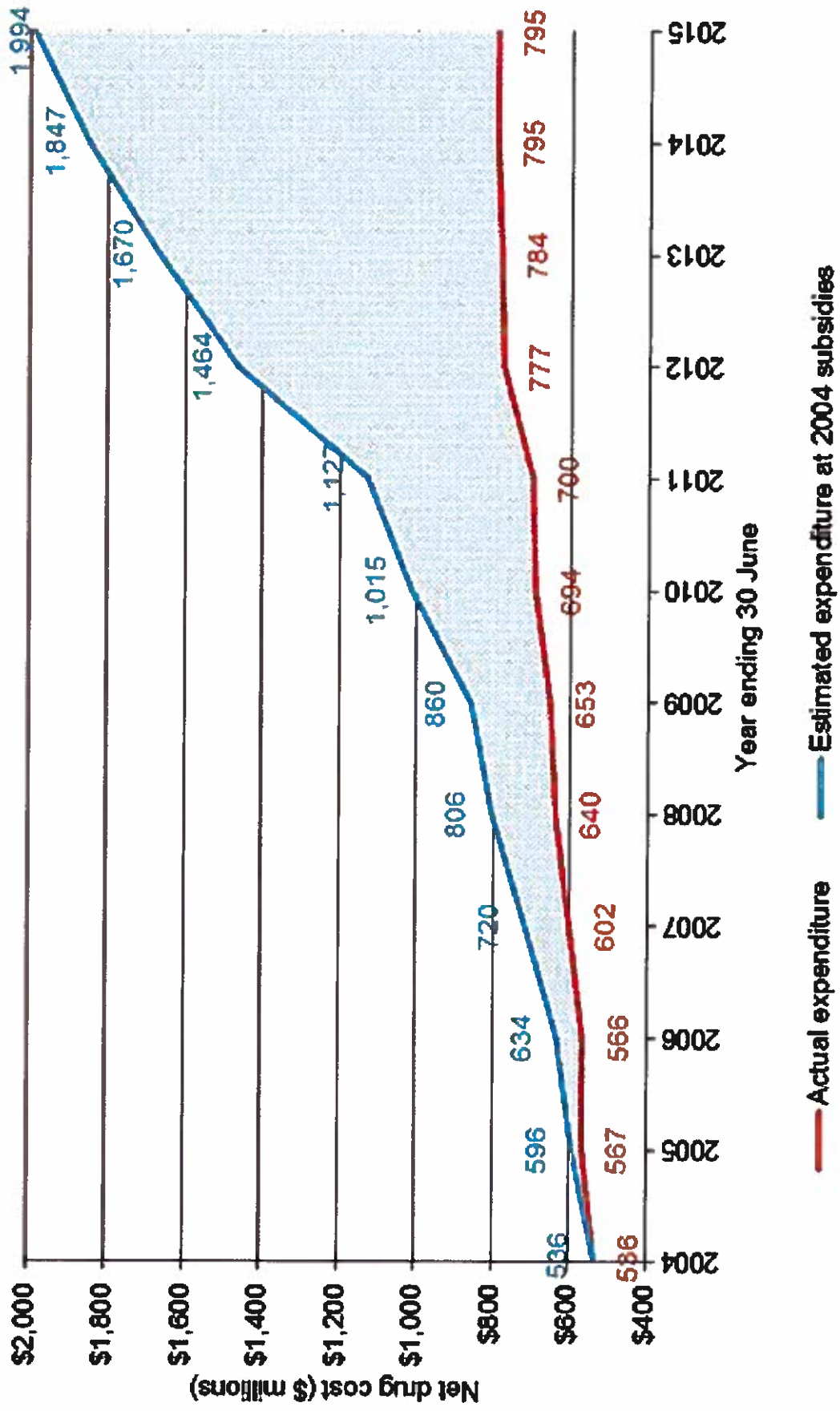




# Median Overall Survival Marginal Gain (months)



# Counterfactual for NZ pharmaceutical expenditure





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## Alcohol

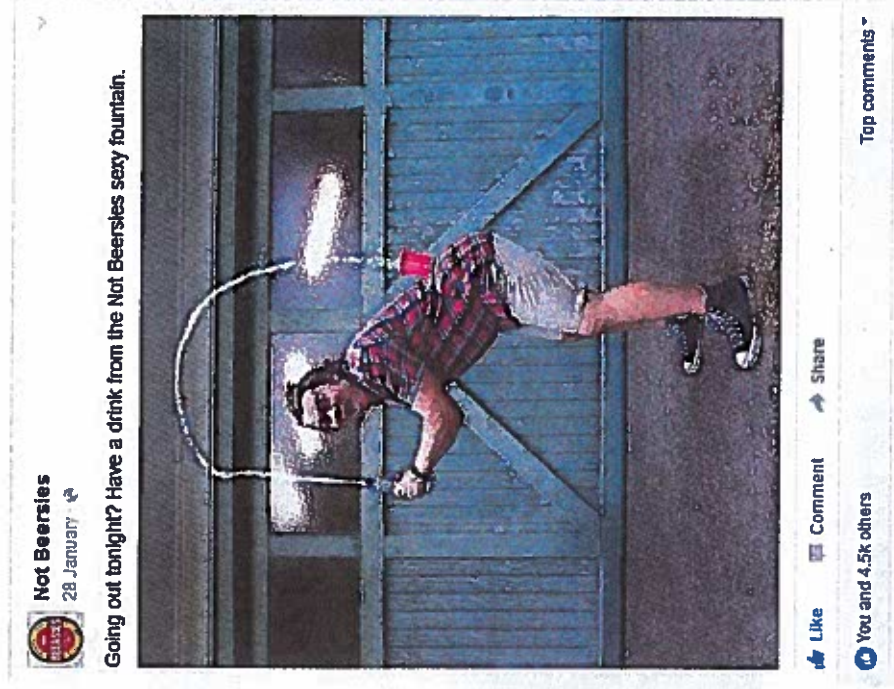


# Priorities and Strategies

Priority 1: There is a shift in alcohol drinking culture towards more people drinking at low risk levels or not drinking, and less tolerance of high-risk drinking	Priority 2: People with alcohol-related problems and others affected by them, get the help they need	Priority 3: The sale, supply, consumption and promotion of alcohol is managed in a responsible manner	Priority 4: Stakeholders, including the New Zealand public, are provided with evidence based knowledge and expert advice and supported to take action on alcohol issues	Priority 5: The unique needs of specific population groupings are addressed throughout the work programme
<b>Strategy 1</b> <b>Marketing and promotion to support drinking culture change</b> Shift the drinking culture towards more people drinking at low-risk levels or not drinking and less tolerance of high-risk drinking through effective social marketing and promotion.				
<b>Strategy 2</b> <b>Help for people with alcohol-related problems</b> Ensure that people with alcohol related problems, and others affected by them, get the help they need.				
<b>Strategy 3</b> <b>Management of alcohol</b> Ensure that the sale, supply, consumption, and promotion of alcohol are managed in a responsible manner.				
<b>Strategy 4</b> <b>Advice, information, tools and resources</b> Ensure that stakeholders are provided with evidence-based knowledge and expert advice and are supported to take action on alcohol issues.				
<b>Strategy 5</b> <b>Young people under 18</b> Delay initiation and escalation of drinking among young people under 18 years or older. Key objectives to achieving this are to discourage and reduce the social supply of alcohol to minors and improve young people's overall wellbeing.				
<b>Strategy 6</b> <b>Alcohol and Pregnancy</b> Increase awareness of the risks of alcohol use during pregnancy and the importance of not drinking during pregnancy; strengthen advice and support for women at risk of alcohol-exposed pregnancies; and improve support and treatment for women at greatest risk of having an alcohol-exposed pregnancy				

# Drinking culture change

**SAY YEAH, NAH**  
AND EASE UP ON THE DRINK



<https://www.youtube.com/watch?v=fileJuMszmk>



# Management of alcohol

[www.collaboraction.org.nz](http://www.collaboraction.org.nz)

**Intoxication Assessment Tool**  
**Indicators may include but are not limited to:**

	SOBER	INFILTRATED	DISORIENTED
S	High level of clarity, alertness and awareness, good balance, steady breathing and temperature, regular pulse, normal	High level of clarity, alertness and awareness, good balance, steady breathing and temperature, regular pulse, normal	High level of clarity, alertness and awareness, good balance, steady breathing and temperature, regular pulse, normal
C	Clear vision, balanced, steady breathing and temperature, regular pulse, normal	Clear vision, balanced, steady breathing and temperature, regular pulse, normal	Clear vision, balanced, steady breathing and temperature, regular pulse, normal
A	Clear vision, balanced, steady breathing and temperature, regular pulse, normal	Clear vision, balanced, steady breathing and temperature, regular pulse, normal	Clear vision, balanced, steady breathing and temperature, regular pulse, normal
B	Clear vision, balanced, steady breathing and temperature, regular pulse, normal	Clear vision, balanced, steady breathing and temperature, regular pulse, normal	Clear vision, balanced, steady breathing and temperature, regular pulse, normal

Intoxicated
Severe Intoxication
Danger & require assistance



**CollaborAction**

**Our core steps-keep for ensuring you meet the mandatory introduction, environment and training of the Sale and Supply of Alcohol Act 2012**

**STEP 1: IDENTIFY**

**STEP 2: ASSESS**

**STEP 3: PLAN**

**STEP 4: IMPLEMENT**

**STEP 5: MONITOR & REVIEW**

**The Bar Code**

**Creating a Responsible Drinking Environment**

**The Manager's Guide 2014**





# SELLING *and* SERVING ALCOHOL

Consequat dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum. Sed ut perspiciatis unde omnis iste natus error sit voluptatem accusantium doloremque

## Returning to this web site?

Login here using your username and password (Cookies must be enabled in your browser)

Username

Password

Login

Yes, help me log in

Forgotten your username or password?

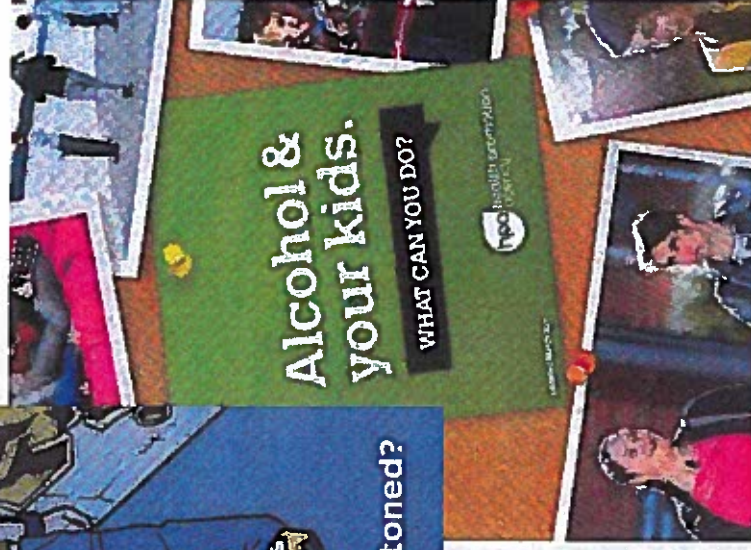
Create new account

## Is this your first time here?

Hi! For full access to courses you'll need to take a minute to create a new account for yourself on this web site. Each of the individual courses may also have a one-time "enrolment key", which you won't need until later. Here are the steps:

1. Fill out the New Account form with your details.
2. An email will be immediately sent to your email address.
3. Read your email, and click on the web link it contains.
4. Your account will be confirmed and you will be logged in.
5. Now, select the course you want to participate in.
6. If you are prompted for an "enrolment key" - use the one that your teacher has given you. This will "enrol" you in the course.
7. You can now access the full course. From now on you will only need to enter your personal username and password (in the form on this page) to log in and access any course you have enrolled in.

# Young people under 18





# Alcohol and Pregnancy

*There is no known safe level of alcohol consumption during pregnancy.*

*Stop drinking alcohol if you could be pregnant, are pregnant or are trying to get pregnant*

<https://www.youtube.com/watch?v=W93GgAE1e0I>



**DON'T KNOW? DON'T DRINK**  
ALCOHOL HARMS BABIES





# [www.alcohol.org.nz](http://www.alcohol.org.nz)

**Alcohol**  
of NZ

Help & advice

Alcohol & its effects

In your community

Alcohol management & laws

Resources & research



## Welcome to the Health Promotion Agency's alcohol.org.nz

Information, advice, research and resources to help prevent and reduce alcohol-related harm and inspire New Zealanders to make better decisions about drinking alcohol.

## ! Need help with your drinking?

Call the Alcohol Drug Helpline on 0800 787 797, [visit their website](#), or free txt adh to 234.



### Don't know? Don't drink.

'Don't know? Don't drink' is a new campaign encouraging women to stop drinking alcohol if there is any chance they could be pregnant.



### Is your drinking OK?

This section helps answer questions like 'Is my drinking okay? Is the amount that I am drinking affecting my health? Where can I get help if I'm worried about my drinking?'



### New Zealand alcohol laws

This section looks at the Sale and Supply of Alcohol Act 2012 and laws concerning the supply of alcohol to under-18s, drink driving rules, and restrictions on advertising alcohol.



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## Mental Health



# Mental health

The 2011/2012 New Zealand Health Survey reported:

14.3%

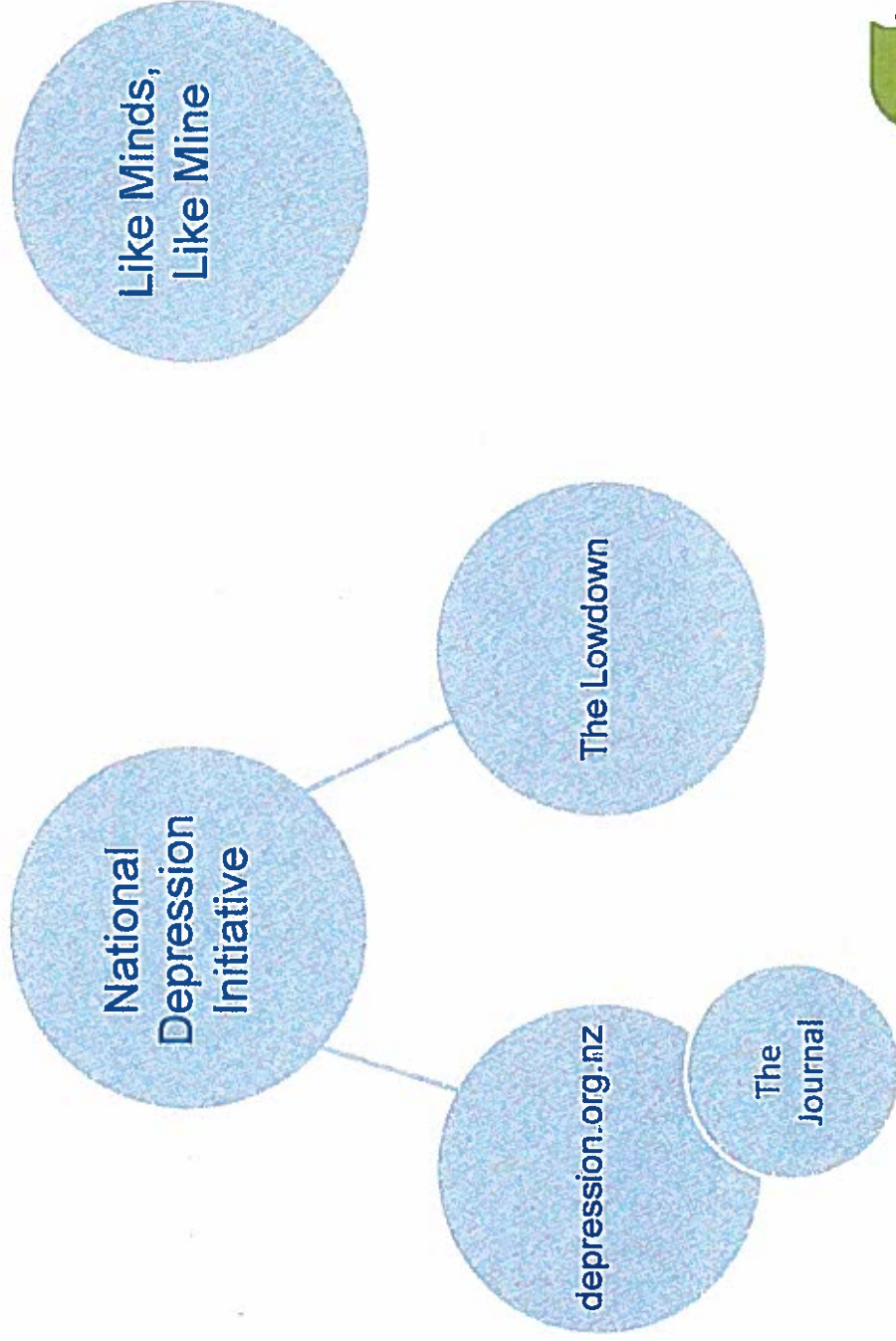
of New Zealand adults (more than half a million people) had been diagnosed with depression at some time in their lives; and

6.1%

(more than 200,000 people) with anxiety disorders



# Mental Health Programmes

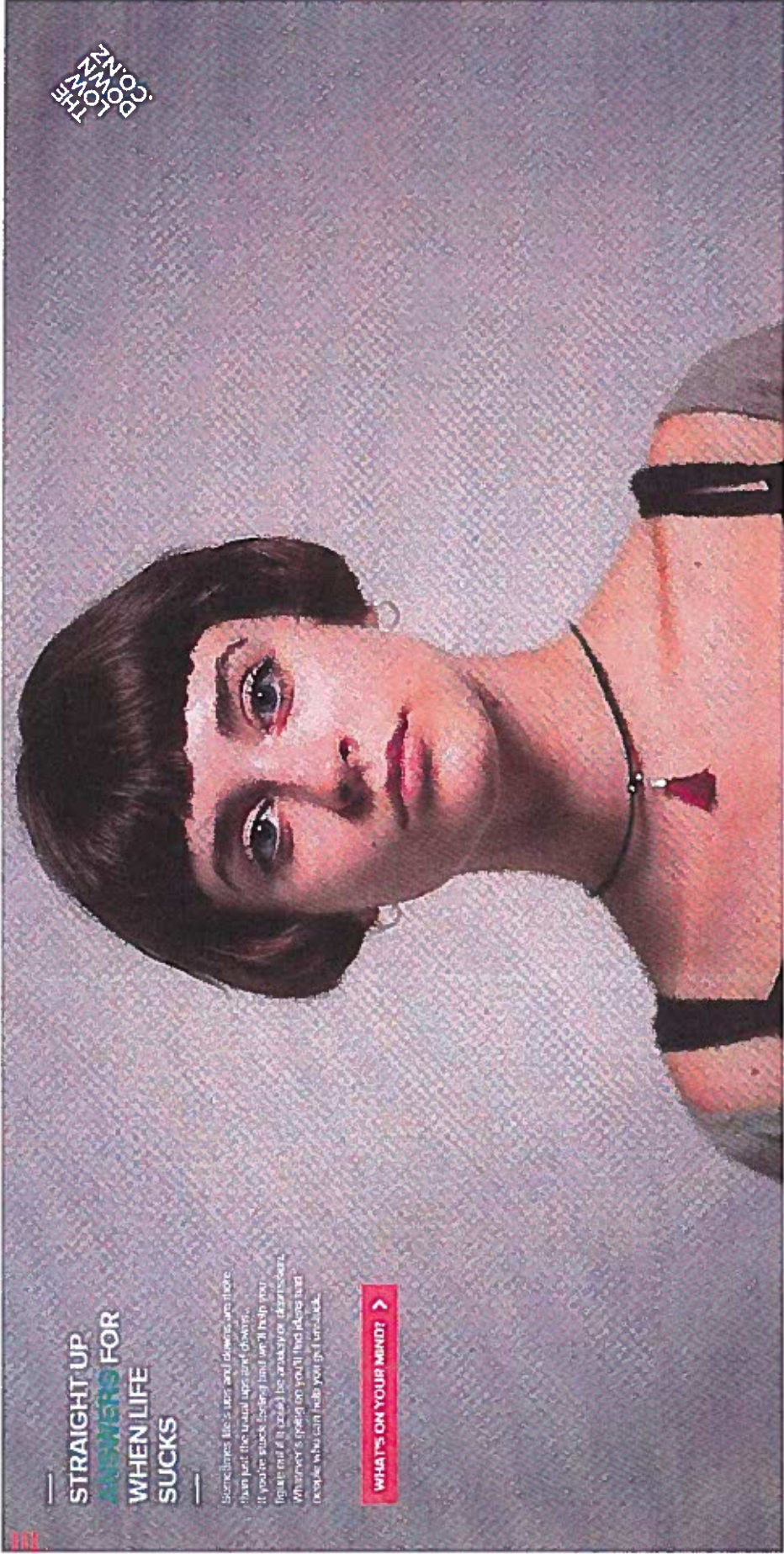


# The Lowdown

## STRAIGHT UP ANSWERS FOR WHEN LIFE SUCKS

Sometimes life's ups and downs are more than just the usual up-and-downs. If you're stuck feeling that way, help you figure out if it could be anxiety or depression. Whatever's going on, you'll find advice from people who can help you get unstuck.

WHAT'S ON YOUR MIND? [➔](#)



THE  
LOWDOWN  
COMES  
KNOW

THE  
LOWDOWN  
COMES  
KNOW



# The Lowdown

## Support services:

- Text
- Email
- Forum
- Lowdown Facebook page

THE  
LOWDOWN  
TEAM

**NEED TO TALK?**

CONTACT THE LOWDOWN TEAM  
FREE TXT 5626 OR EMAIL US

FIND OUT HOW THEY CAN HELP YOU

THE  
LOWDOWN  
TEAM



# Website report

[thelowdown.co.nz](http://thelowdown.co.nz)

Period: 1 May to 31 October 2015

**43,976** unique visits

Average time on site  
**3:21** mins

**XX** views of sharer videos

**184** posts to the Lowdown forum  
(excluding moderator posts)

**2907** people have completed the anxiety self-test

- 1 Paid search
- 2 Organic search
- 3 Direct
- 4 Social

**4** main ways people get to the site

**7001** people have completed the depression self-test

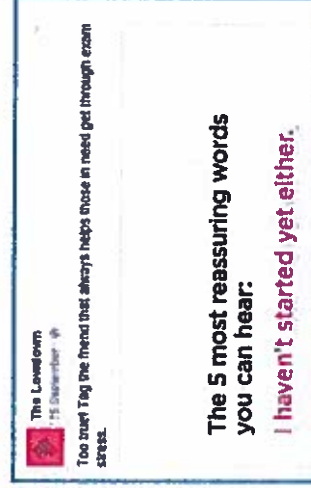
## 3 most popular pages

1. Depression (excluding home page)
2. Anxiety
3. Depression test

**16,130** Facebook likes  
(over all time)

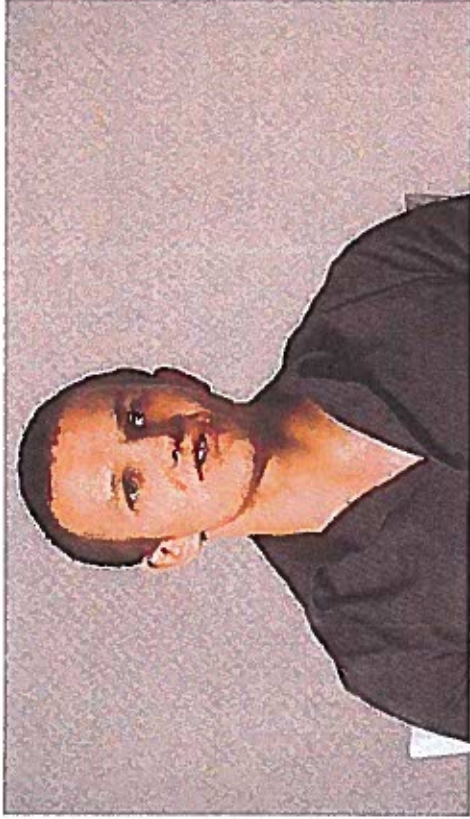
Visits from:  
Desktop **52%** Mobile **48%**

## Most popular Facebook post:



# Sharer videos

THE  
DOWN  
KNOW  
COMING



Scotty  
Caitlin





depression helpline 0800 111 757

[Login to The Journal](#)

is this depression?

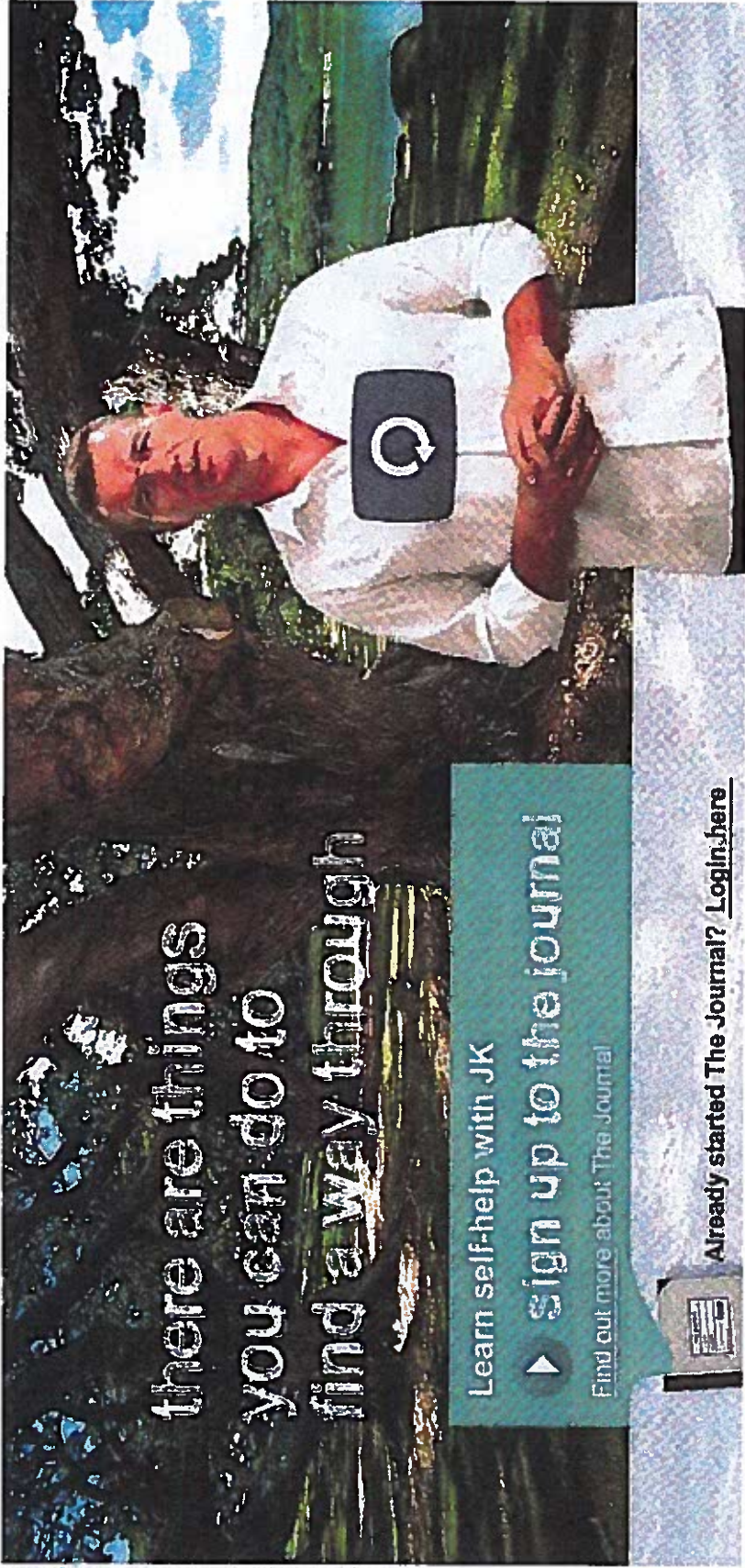
what can cause it?

find a way through

stay well

helping others

 [search site](#)



there are things  
you can do to  
find a way through

Learn self-help with JK  
▶ [sign up to the journal](#)  
Find out more about The Journal

Already started The Journal? [Login here](#)



See how Kiwi farmers are  
finding a way through ▶



Take the test to understand  
the way you're feeling ▶



+ Health Promotion Agency  
[Contact us](#)

+ site information  
[Accessibility](#)  
[Privacy](#)  
[Disclaimer](#)  
[About us](#)

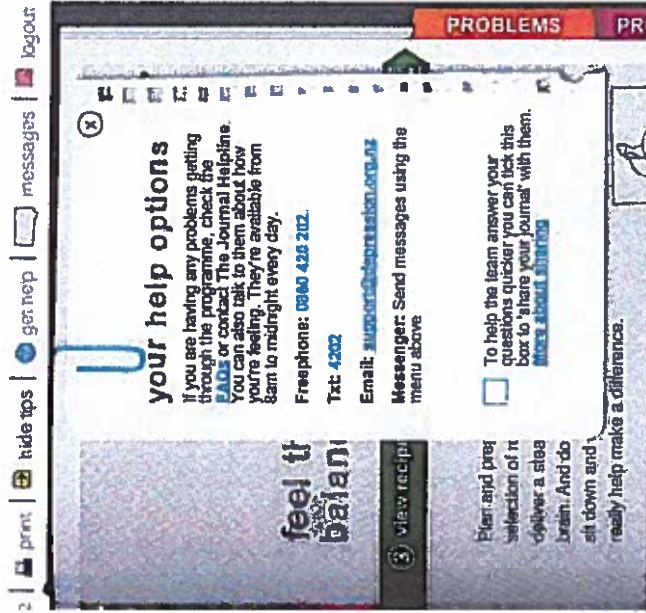


# depression.org.nz



## Support services:

- The Journal
- Depression Helpline
- Txt
- [support@depression.org.nz](mailto:support@depression.org.nz)



# Website report

[depression.org.nz](http://depression.org.nz)

Period: 12 months - 1 Nov 2014 to 31 Oct 2015

**763,401** unique visits

Average time on site  
**2:33** mins



**3071** people have registered for the Journal

**384,373** people have completed the depression self-test



## 3 most popular pages



**9803** visits to the rural page

Visits from:

Desktop **50%**

Mobile **50%**

# Like Minds, Like Mine

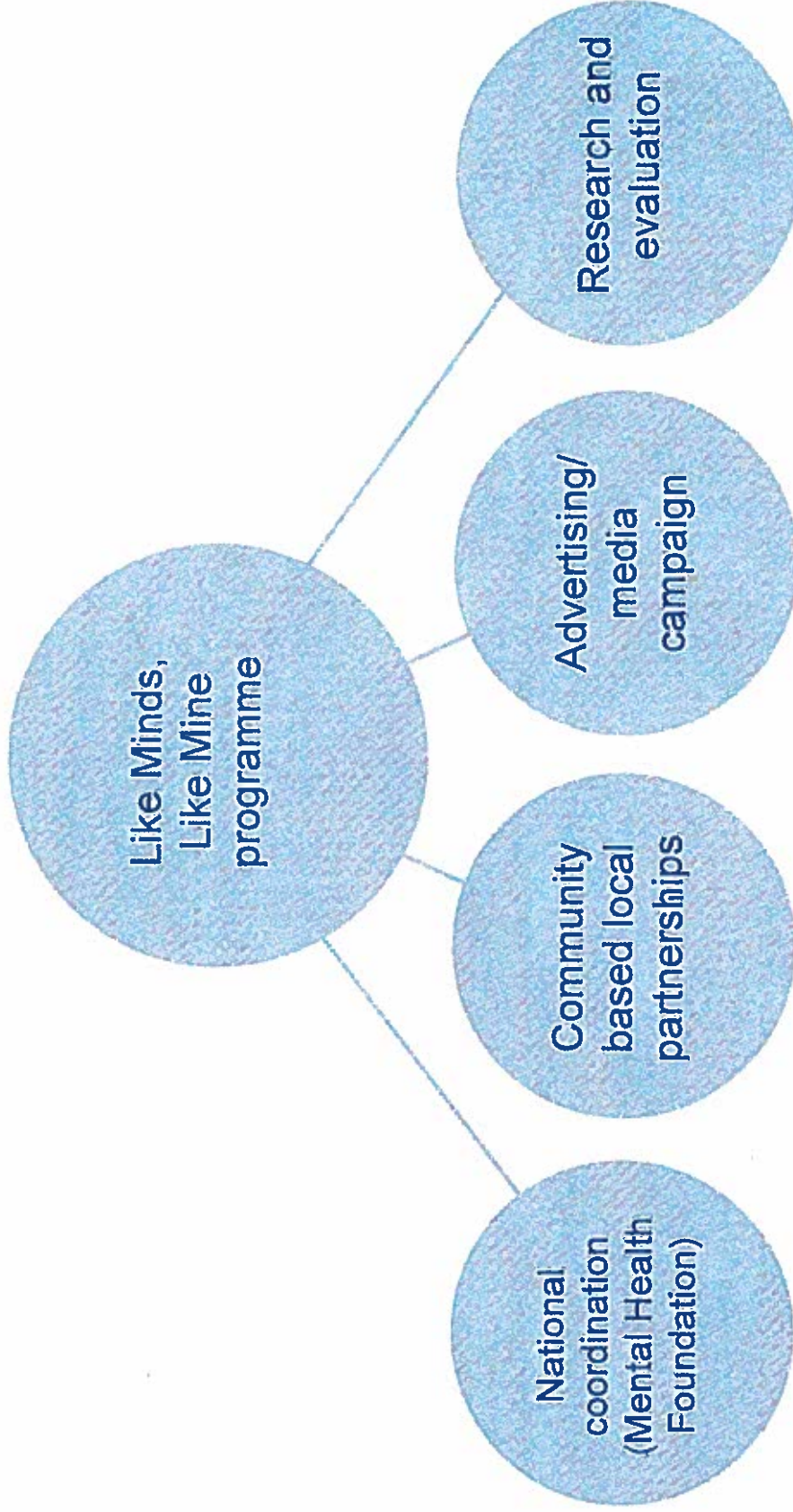


**LIKE MINDS, LIKE MINE®**

Whakaitia te Whakawhiu i te Tangata



# Like Minds, Like Mine





# STEP FORWARD

## End mental illness discrimination

1 in 5 New Zealanders will experience mental illness this year. That's a lot of Kiwis - it could be you, your family, workmates or friends.

Step Forward!

Share to Facebook

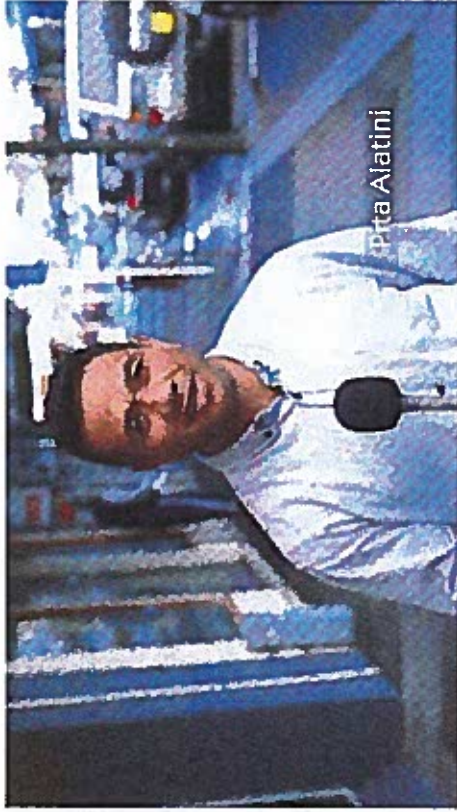


LIKE MINDS  
LIKE MINE

Whakahaere Whakapūwhiri Tangata



# Social media



Pita  
Katie





# Campaign results highlights

Period: 30 Jun - 4 Oct 2015



**Multi-layered campaign** in three phases across TV, online, social media, radio and print media



More than **4 million views** of campaign videos

Duplicated reach: **7.1+ million**

Total impressions **26,850,066**

Almost **65,000** likes, shares, comments and votes across multiple platforms. (Facebook, Twitter, LinkedIn, Neighbourly and Google+)

**70,227** campaign webpage visits

New fans

Nearly **60,000** views of sponsored news media articles

**3,529** new Like Minds, Like Mine Facebook followers

**139,194** clicks (webpage and news articles)

More than 6,000 sign ups to campaign webpage  
1,475 Facebook shares



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## Nutrition and Physical Activity

## **HPA Nutrition and Physical Activity Programme**

- Audience:** Low-income, Māori, and Pacific families with young children
- Focus:**
- Reducing sugary drinks
  - Reducing sedentary behaviour
  - Introducing healthy first foods
  - Improving quality and reducing quantity of family meals

## **Big Change Starts Small**

- Audience:** Parents of children aged under 14 years
- Focus:** Childhood obesity

## **Health Star Ratings Consumer Campaign**

- Audience:** Household shoppers with children aged under 14
- Focus:** Increase consumer awareness, recognition, understanding and correct use of Health Star Ratings





# Influencing Consumers

## Online channels

- MyFamily.kiwi/food website – nutrition tips, information, simple affordable recipes and meal ideas for low income families
- MyFamily.kiwi/activity website – low cost ideas for families to be active together
- MyFamily facebook – engages weekly with over 25,000 NZ'ers
- Eatmove.live.govt.nz – supports obesity campaign



## Print resources

- Infant feeding guide, Sit Less Move More posters, sugary drinks infographics

## Health Star Rating consumer campaign –

- focus on retail environment

# Supporting the sector

- Working with the NPA sector to provide tools and resources with nationally-consistent messages
- Key stakeholder partnerships eg. Pacific Heartbeat, Toi Tangata
- Community partnerships
- Website with linkages to others working in related areas
- Tools and resources:



[www.nutritionandactivity.govt.nz](http://www.nutritionandactivity.govt.nz)





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## Tobacco Control



# Smoking rates

The 2014/2015 New Zealand Health Survey reported:

17%

of New Zealand adults smoke  
(a reduction from 20% in  
2006/07)

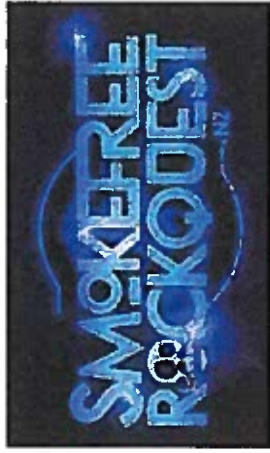
24%

of young adults smoke – the  
highest rate by age group

38%

of Māori smoke

# Our public facing work



**Audience:**  
All 13-17 years olds

**STOP**  
BEFORE YOU  
*Start*

**Audience:**  
17-24 year old, at risk of becoming daily smokers, Maori and Pacific focus

**Quitline**  
ME MUTU

**Audience:**  
24-54 smokers with an openness to quit, Maori and Pacific focus



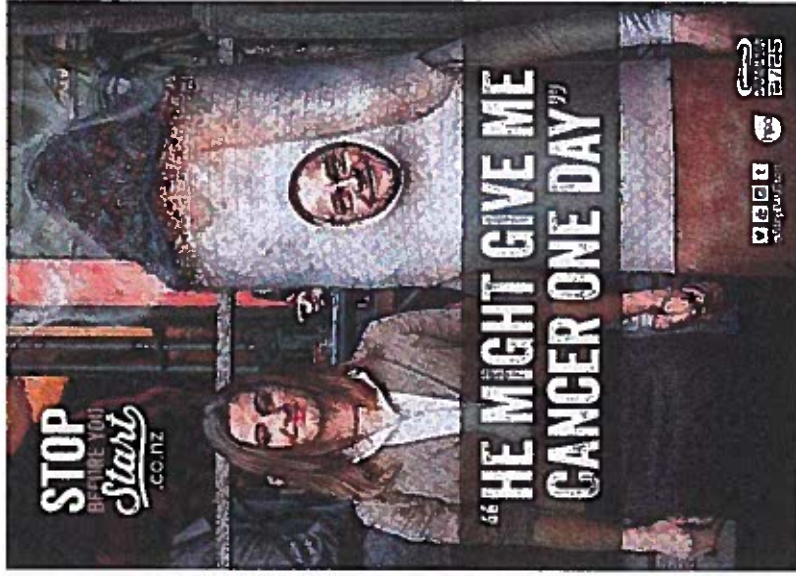
**Audience:** All New Zealanders.  
Smokefree 2025 sits across all tobacco control work







# Stop Before You Start



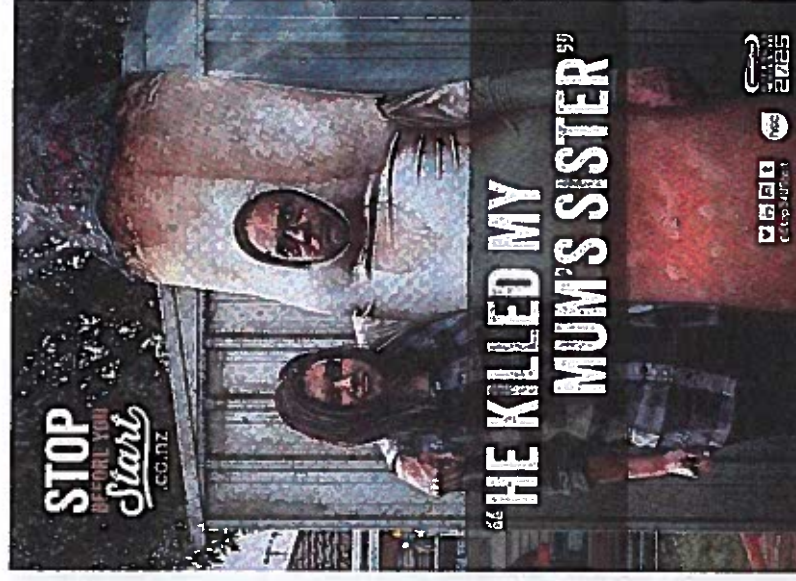
Toa:

<https://www.youtube.com/watch?v=C8lx86V3VFU>



Laura:

<https://www.youtube.com/watch?v=mawjDYWi4k>



# Quitline – Me mutu



**Sonya:**

<https://www.youtube.com/watch?v=dYHTriG9AkU&list=PLiFqINJJKKYsPf0MJxramnpFR-FF6JKqcg&index=1>



**Jordan (te reo):**

<https://www.youtube.com/watch?v=ZDo3e09XutU&index=8&list=PLiFqINJJKKYsPf0MJxramnpFR-FF6JKqcg>



**Dave:**

<https://www.youtube.com/watch?v=gsiq5FBzQyk&index=9&list=PLiFqINJJKKYsPf0MJxramnpFR-FF6JKqcg>



### VISION

New Zealanders realise their potential for good health and improved quality of life.

New Zealand's economic and social development is enhanced by people leading healthier lives.

### MISSION

The Health Promotion Agency inspires all New Zealanders to lead healthier lives.

