

3.4	<p>Health & Disability System Review</p> <p>The Board spent some time discussing the Health & Disability System Review and the scoping paper provided with regards the Federation's common ground and themes for input to the review.</p> <p>The Board noted the potential strength of collaboration across the multi-professional membership of the Federation. It was felt this is a good opportunity to work together to develop policy and contracting solutions which could support breaking down unhelpful barriers to better 'patient-centred' integration.</p>	
4.0	<p>HEALTH & DISABILITY SYSTEM REVIEW</p>	
4.1	<p>Workshop with Heather Simpson & Sarah Prentice</p> <p>Hon. Steve Chadwick welcomed Heather Simpson and Sarah Prentice to the meeting and introduced the members of the Board.</p> <p>Heather Simpson gave an update on the Review and the progress being made. During the update, her presentation included advising that:</p> <ul style="list-style-type: none"> • The Terms of Reference of the review are broad and include "Tier 1" services (which are not just General Practice services) • The previously announced primary care review cannot happen in isolation from the review of the whole system • A review panel has been put in place based on expertise (not representation) • The secretariat team has only recently been appointed • The review is expected to file its interim report in August 2019 and a final report, with an implementation plan, by March 2020 • Any major changes would be for implementation post the next general election • The report will be evidenced based and both fiscally sustainable and politically sustainable • The Chair and the panel are undertaking visits around the country (including to DHBs) • Their current view is that the New Zealand health system is not broken (especially when compared to the rest of the world) – but it has developed "a few cracks / some rust" • The review will not re-litigate the Health Strategy or the Primary Health Strategy • The 'roadmap' supporting the Health Strategy however, is not considered fit for purpose • The health system does not currently work to deliver the same benefits for all – particularly for Maori • The focus of the system and the review must be on outcomes, not provider interests • The system has been seen to be able to respond well to targets but the targets selected have generally not achieved the outcomes required • The review will be looking at the incentives and disincentives of the current funding streams (there are believed to be well over 200 funding streams!) • The panel will be running a series of workshops with regards to 'tier 1' services – attendance will be as individuals rather than representative organisations • The panel is open to maintaining a dialogue with the Federation <p>An open discussion followed which included the following observations and comments:</p> <ul style="list-style-type: none"> • Experience of DHBs as both funders and providers has been variable • Some DHBs have structured themselves differently to minimise that difficulty • The review will be considering this 'governance' issue • There has been a lack of long-term planning in the system – a year-by-year process is not conducive to an effective health system • There is a view that PHOs have not worked as originally intended. Was the legislation wrong? Does it matter? • The legislation and system is considered quite permissive so what is the barrier? • We should not assume that the GP is the centre of the 'universe' • Why is there a lack of primary health data and why doesn't it reach the Ministry? 	

	<ul style="list-style-type: none"> • The panel believes that the need for a more equitable system and better health status will not be driven by relying on secondary care • The review will be considering the need for better inter-agency work (e.g. re wider determinants of health) but need to be realistic that the health review will not solve, for example, poverty • There is an opportunity for closer working at national level to help assist better integrated working locally (e.g. MSD, ACC, Education) • Workforce requirements of the future health system will be different • Consider the extent to which Artificial Intelligence (AI) changes the role of clinicians • The human part of health in the future will be more about caring and interpersonal skills than knowledge • What will our plan for the future workforce and training need to be? • An expert Maori health panel is being established to support the review • Kaupapa Maori services must be part of the future • Mainstream services need to learn from kaupapa Maori services (there needs to be a health and wellness focus – not just a sickness service) • The panel will be meeting with Maori providers around the country • Why does the system not share good practice and learning? A small country should not be duplicating or reinventing the wheel as much (e.g. ward design) • The ‘form’ of the system (e.g. 20 DHBs) will not be considered until the end of the review <p>In concluding the session, Hon Steve Chadwick thanked Heather Simpson and Sarah Prentice for their attendance and open discussion. Heather Simpson welcomed the Board’s invitation to re-attend a future meeting to discuss emerging thinking re future strategy.</p>	Re-invite Heather Simpson
5.0	HEALTH & DISABILITY SYSTEM REVIEW	
5.1	Communication Messages The Board: <ul style="list-style-type: none"> • Agreed the draft media statement 	Media statement to be issued
5.2	Date of Next Meeting(s) The Board discussed potentially meeting up to 6 times per year with meetings hosted in Wellington and arranged to seek to make best use of the Chair’s limited diary availability. It was noted that once the Board has established some consistency in its meetings, it may be possible to accommodate the use of ZOOM through a small number of centres around the country.	Arrange future meetings
Meeting closed 1:15pm		