

Appendix 1: The New Zealand health and disability support sector: stocktake of the transition process

The New Zealand Public Health and Disability Act 2000 made a number of fundamental changes to the health and disability support sector, including:

- dissolving the purchaser/provider split which existed under the Health Funding Authority and combining these functions in DHBs (except for those services that remain funded by the Ministry of Health)
- giving DHBs a mandate for a 'population health focus'
- recognising the central role of the Treaty of Waitangi in legislation
- bringing elected members of DHBs into the governance arrangements of the sector
- introducing greater community involvement and transparency in decision-making
- further encouraging collaborative working within the sector
- requiring a number of advisory committees, some to advise DHB boards and others to advise the Minister of Health.

Table A.1 provides a summary of progress in the areas of governance, services, overall capability and Māori partnerships.

Table A.1: Progress made in establishing DHBs

Progress	Next steps
<p>Good governance</p> <p>Appointed boards were replaced with the intended mix of elected and appointed members following the first DHB elections in October 2001. The elections were successful, and all 147 positions were filled. A disappointingly low number of Māori were elected, and no Pacific people were elected.</p>	<p>In October 2004 the next DHB elections will be held using the single transferable vote (STV) voting method. STV is required for DHBs but is optional for local authorities.⁷⁶ The Ministry of Health is working with the relevant parties on the resulting cost and interface issues. STV, combined with a mix of candidates standing, should result in elected members who are more representative of local communities than the first-past-the-post system currently used in DHB districts and wards.</p>

⁷⁶ The NZPHD Act 2000 was amended in 2001 to make STV compulsory for DHB elections.

Progress	Next steps
<p>Quality, accessible services</p> <p>When the Act was passed, the Ministry of Health became responsible for all the section 88 notices⁷⁷ and services agreements previously held by the Health Funding Authority. These have been devolved to DHBs as follows:</p> <ul style="list-style-type: none"> • personal and family health, mental health, and Māori health: all service agreements are devolved, with the exception of some agreements with nationwide providers and Treaty-based relationships, Māori co-purchasing organisations (MAPO), rongoā Māori⁷⁸ service agreements, and some pilot programmes • disability support services, public health services and some nationwide services: responsibility currently remains with the Ministry of Health. 	<p>Disability support services funding is being split into two streams based on the age of the person receiving care, but there will be some exceptions to this general rule:</p> <ul style="list-style-type: none"> • 65 and over: it is proposed that responsibility will transfer to DHBs when they have demonstrated sufficient capability. This is planned from 1 July 2003, but is subject to further consideration by Cabinet • under 65s: the Ministry of Health will fund services until at least July 2004, when work on the future of services (including intersectoral options) will be complete, in order to inform decisions on the best long-term structural and funding arrangements. <p>Public health services are currently funded by the Ministry of Health via a shared decision-making model with DHBs. The model allows for the transfer of some functions to DHBs in order to improve outcomes, and the development of nationwide and regional shared planning and funding arrangements.</p>
<p>DHB capability</p> <p>DHBs were established from Hospital and Health Services and needed to make a big shift from being contracted service providers to organisations engaged with communities to plan and ensure the provision of appropriate services across the spectrum of primary health care to tertiary services. Since their establishment, DHBs have undertaken needs assessments and completed district annual and strategic plans with community consultation.</p>	<p>These next steps are crucial for the sector as a whole and require that DHB capacity and infrastructure, such as information systems, are developed, including:</p> <ul style="list-style-type: none"> • implementing the New Zealand Health Strategy priorities, the New Zealand Disability Strategy, and the Primary Health Care Strategy • reducing inequalities • ensuring value for money, managing demands, and undertaking prioritisation within the three-year capped budget • continuing to develop nationwide and regional networks and plans for services.
<p>Māori partnerships</p> <p>All DHBs, in preparing their annual and strategic plans, have worked with a wide range of Māori providers and communities. In July 2002 all DHBs were working towards formalising their relationships with iwi, and approximately half of the DHBs had signed formal agreements.</p>	<p>DHB relationships with non-iwi based Māori, particularly in urban areas, are a key issue for the future, as is the need to support iwi and Māori communities with funding and information to enable them to participate in decision-making.</p>

Source: Ministry of Health 2002.

⁷⁷ Section 88 of the NZPHD Act 2000 provides a mechanism for service agreements, with standard terms and conditions, to be easily established with a number of providers. This means that funders do not need separate service agreement negotiations with individual general practitioners or midwives, for example.

⁷⁸ Rongoā Māori = Māori traditional healing practices.

Appendix 2: The New Zealand health and disability support sector workforce

Table A.2: Overall estimated workforce numbers and data gaps¹

Workforce group	Estimated number	% Māori	% Pacific	Per 100,000 population ²	Source ³ /date
Alcohol and drug workers	785			21	Survey 96
Audiologists	70			2	Member count 01
Chiropractors	218	0.7	0.0	6	APC 00
Community health workers					
Counsellors					
Dental assistants	116			3	FTE 00
Dental hygienists	120			3	Survey 98
Dental technicians	315	1.0	0.3	8	Registration 00
Dental therapists	569	5.7		15	Survey 98
Dentists	1,591	1.5	0.7	42	APC 00
Dieticians	343	1.6	0.0	9	APC 00
Disability support needs assessors and service co-ordinators					
Health promoters					
Health managers					
Health protection officers and environmental health officers	332			9	PHD (MOH) 01
Medical laboratory technologists	1,292	0.2	1.3	34	APC 00
Medical physicists	65			2	College Est FTE 01
Medical practitioners	8,615	2.3	1.1	227	APC 00
Medical radiation technologists	1,459	0.7	0.5	38	APC 00
Mental health consumer and family workers	177			5	FTE(contract) 01
Mental health support workers	875			23	Completed training 01
Midwives	2,081	3.4	1.7	55	APC 00
Nurses	34,895	6.3	2.4	918	APC 00
Occupational therapists	1,372	0.6	0.1	36	APC 00
Optometrists and dispensing opticians	604	0.3		16	APC 00
Orthotists and prosthetists	135			4	Census 96
Osteopaths	318			8	Census 96
Other health technicians	597			16	Census 96
Pharmacists	2,831	0.7	0.2	75	Reg 00 & Survey 95
Physiotherapists	2,500	0.7	0.1	66	APC 00
Podiatrists	240	1.6	0.0	6	APC 00
Psychotherapists	269			7	NZPA Membership 01
Registered psychologists	1,124	1.3	0.0	30	APC 00
Social workers	2,697	18.0		71	Census 96
Speech language therapists	480			13	Registration no 01
Subtotal	66,989	5.4⁴	1.8⁵	1,763	
Informal support workers ⁶	30,000			789	DID (MOH) 01
Alternative and complementary health practitioners	10,000			263	NZ Charter of Health Practitioners
Total	106,989			2,815	

Source: Table appears in Health Workforce Advisory Committee, 2001.

Notes:

1 Shaded cells indicate data gaps.

2 The New Zealand population was rounded to 3.8 million in this table.

3 FTE = full-time equivalent; DID (MoH) = Disability Issues Directorate of the Ministry of Health; APC = annual practising certificate; PHD (MoH) = Public Health Directorate of the Ministry of Health; NZPA = New Zealand Psychotherapists' Association.

4 Total percentage Māori of whole workforce (only including groups with data).

5 Total percentage Pacific of whole workforce (only including groups with data).

6 This is an estimated number of people rather than estimated FTEs.