

DSS/HOP: Devolution and Development

Ministry Goals

- an orderly transition process
- support DHBs to implement Health of Older People Strategy
- integrate planning processes

Orderly Transition

- **two stage process**
 - » Decision in principle
 - » Decision on the basis on capability
- **make it work**
- DHBF&P role is, once decision is made (December), to help make it work
 - » Supporting HOP
 - » Supporting DSD
 - » Substantial role in capability assessment

Supporting the DHBs

- **DSD (Disability Services Directorate)**
 - DSD is supporting DHBs in two areas
 - - Ongoing networking and information transfer
 - Carol's work with CEO Boards
 - Operational Work, publications, workshop etc..
 - resources of localities supporting DHBs
 - Focus on Understanding DSS, the environment, the risks and risk management
- HOP support for DHBs:
 - In development toward implementation of HOP strategies
 - Lead DHBs
 - Capability criteria

DHB Capability

- operate effectively as a funder
- planning for integrated continuum of care
- understanding of disability support services
- capacity to manage funding

DHB Capability (continued)

Integrated Continuum of Care

- Implementation of HOP strategy sepected to be finalised by 2010: not an overnight task
- Accordingly the key role of DHBs to to be able to operate as a funder, plan for introduction of Integrated Continuing Care
- **stakeholder engagement** – involvement in planning, engagement of stakeholders with those in needs of older Maori, older pacific peoples
- **needs assessment** -they have HOA, to examine from an OP perspective
- **Funding** - identify funding within DHB funding stream , provider arm and others
- **joint service planning** – within DHBs, across DHB and other providers, with MoH (DSD)

DHB Planning Process

- **health of older people component in DAP**
 - demonstrate planning for integrated continuum of care
- If transfer doesn't get the green light, DAPs can be modified accordingly – though still expect movement towards implementation of the HOP Strategy
- May also review HOP component of the DAP on a different time-line to the ablance of the DAP to fit the timeframe for decision-making on contract/resource transfers to DHBs (Order in Council will need to go through Cabinet/Executive Council in late May)
- **workshop on 3 and 4 December**

Capability Assessment

- A key Ministry role - advice to Minister(s) who are expected to have delegated authority from Cabinet (will be ratified in OIC process)
- **documentation** (DAPs) – draft DAPS
- **“intelligence”** - Ministry observations of DHB performance
- In engaging with Ministry on transfer process
- In commitment to /progress towards integrated continuum of care
- **views on generic capability**
- Intelligence on DHBs’ performance as funders – are they actually doing the job we expect
- Separate from financial performance (where perceived problems are principally on the funder arm, rather than funder side)

Risks

- **contracting information** – major project under-way in DSD
- **risk management on “demand driven” services** - we think its under control but if need be we could look at a risk pool like primary demand driven
- **resource allocation** - will be an issue (not of DSD’s making); be transparent, minimise perceptions of “sleight of hand” around anything
- **Boundaries** - DHB to DHB (rest homes) or DHB to Ministry (OP v YP) – management mechanisms such as IDFs for medical and surgical services between DHBs