Andrea Fromm:

Great. I think we'll make a start. I will open our webinar today with a whakatauaki. [foreign language 00:00:39]. Cease the winds from the west, cease the winds from the south, let the breeze blow over the land, let the breeze blow over the ocean, let the red tipped dawn come with a sharpened air, a touch of frost, a promise of a glorious day. Kia ora, everyone. Welcome to our webinar today, my name is Andrea. Some of you might remember me from previous webinars that we did in 2020, about the future of public and community services. They are all on our website. If you're keen to check them out, please stop by and have a look and a listen. This time round, we are going to talk about the health reforms and we are planning to do three webinars until Christmas, to give you an opportunity to stay and be informed about the health reforms, about the progress that is being made and continues to develop, but also of course, for you to ask a lot of questions and hopefully receive a lot of answers as well.

Andrea Fromm:

Before I am going to start to introduce our guest today, I will just quickly go through how we are running the webinar. I will introduce Martin, our guest today, and then Martin will do a presentation round about 15, 20 minutes long. And then we'll enter into a conversation about the health reforms. Many of you have shared questions already in advance. Thank you so much for doing that. I will bring them into the conversation with Martin and I would also like to encourage you all to use the question and answer function here in Zoom to post further the questions and I will be trying to bring them all into the conversation. As always in our webinars, if we don't get through all the questions that you're going to ask, we will be answering them afterwards. Please do ask your questions, you will get answers afterwards. One thing before we launch into the introductions, I would just like to make you aware of the new future health website that was just launched a few weeks ago, and you will find a lot of interesting and complimentary information on that website.

Andrea Fromm:

There's also a newsletter that you can subscribe to, and also the people Panui, which is particularly focused on the workforce but also of course, watch the PSA space. We will be recording this webinar and it will be available on the website but also, we are live streaming at the moment. Welcome to everyone who is joining us on Facebook. The video will available there as well of course, and much more information as always. Martin, a very warm welcome to you. Great to have you here, thank you so much for making time to be with us. You have more than 20 years in the health sector and you're currently the deputy director of the health and disability review transition unit, which is located with the department of the prime minister and cabinet. A very warm welcome. I would like to ask you to tell us a little bit more about yourself. Why have you had such an interest and commitment to the health sector as such but also now, why are you interested in changing the health system and take on an important role in supporting that reform? Tell us a little bit about yourself.

Martin Hefford:

Sure. Thanks Andrea, for the opportunity to be here today and kia ora to everybody out across New Zealand, hope you're enjoying your sandwiches and having a bit of a break. A little bit about me, I'm a Naki boy, North Taranaki [Ahoe 00:05:22]. I'm from the metropolis of Opunake, where my dad was the local GP. He was the country GP and he was the only GP. He looked after the local town and he was ... It was the heroic age of general practice, where he was on call every day and every night for days and weeks and months at a time. And the only time he had a break really, was when he had a locum to cover things. And it was a rural town, so it wasn't that attractive for locums but I remember one time he and

my mom went away on a long holiday and actually went overseas, and he arranged for a young doctor to come and his wife to come to locum for the practice.

Martin Hefford:

And the deal was that they looked after the practice, they lived in the family home and they had to look after us four kids as well. Can you imagine nowadays, trying to find a locum who would come and not just look after your patients but also your children for a couple of months? Yeah, it was [inaudible 00:06:31] but I got interested in health myself, more living in Palmerston North when I had a flatmate who had bipolar disorder and he unfortunately killed himself, as so many young people do with serious mental illness. And that got me interested in mental health. And sometime later, I ended up working in an NGO, working with people with serious mental illness and their families, and became pretty unhappy with the system pretty quickly, as I think anybody who worked in the 80s in mental health would've been.

Martin Hefford:

We used to spend most of our money in mental health on institutions and on places like [inaudible 00:07:18] Hospital and Lake Alice, and [inaudible 00:07:22] and so on. And I ended up moving from the NGO into the regional house authority when it was established and had an opportunity, which not many people get, to try and change things from a commissioning point of view. And we did close down some of those institutions and moved that resource into community mental health. And I think that improved the life of a lot of people but I reflected ... There's another revolution needed to actually integrate mental health and personal care and to integrate primary care and secondary care in mental health services. We've only done part of the job, I think. Yeah, like most people, a mixture of personal stuff and professional experience got me interested in health. Now, I live in Wellington, I've got three grown up boys and two dogs who keep us very busy.

Andrea Fromm:

That's awesome. Thank you so much for sharing that with us. I think you have a presentation now, Martin. Maybe we'll go into that in order to get a little bit of an overview, what the health reforms are about, why we need them now and what some of the pillars of the health reforms are as well. You want to share your screen, does it ...

Martin Hefford:

I definitely do, here we go. Let me try this.

Andrea Fromm:

Fantastic.

Martin Hefford:

[inaudible 00:09:01].

Andrea Fromm:

The floor is yours for about 15, 20 minutes. And then we'll launch into some of the many questions that I have here on my sheet of paper. Thank you so much, you go.

Martin Hefford:

Okay, good. And if I start dragging on, then just hurry me up Andrea, because ...

Andrea Fromm:

Absolutely.

Martin Hefford:

I really want to get to the questions and keep it lively. Just really, really good to give the opportunity to give an update, where I've been working with the transition unit since December last year and we put cabinet papers up and cabinet agreed to some major changes back in March and Minister Little announced them in April. Since then, we've been busy working on implementation of those policy changes. And I'll give you a quick run through of some of the key features. The vision the minister's announced is pae ora healthy futures. And that's the name given to the bill, to the legislation, that has been introduced into the house to bring about these changes. Not a new vision I don't think, pae ora healthy futures, we've been after that, all of us I think, in health for a long time but there are some nice features associated with the model that I'll go through, which I think will help us to achieve it in future.

Martin Hefford:

Some of the why change? And I guess, I would say, I don't think our health system is broken. I just think that it's not as good as it could be and for some people, it works better than other people. And we know that in terms of health outcomes, Maori, the life expectancy is something like seven years less than non Maori. We know that they're twice as likely to die from an avoidable condition, 60% to more likely to be admitted to hospital for an avoidable reason. Pacific, similar statistics and Pacific people and Maori people, you can see with other statistics that part of it is about they're not engaging with the health system and people talk about hard to reach populations. I think another way of looking at it is that some services are hard to access if you're working in a job that is not easy to get leave from, it's not that easy to get to for instance, a general practice appointment that's only during the day or that you have to pay more than you can afford for.

Martin Hefford:

And then we know that people with disabilities don't fare particularly well in the system. We don't know what the life expectancy gap is because we don't record disability properly in any of our national information systems. We do know that people with serious mental illness tend to die 25 years younger than people who don't have a serious mental illness. And most of that gap is avoidable, is things that are related to us having a system where we might provide really good care for your schizophrenia but we're not looking after your diabetes or your heart disease or those things, we split off mental health in our health system. And some of the system changes we've been working through that we think are needed, one of them is around a health system that reinforces Te Tiriti obligations and that complies with them.

Martin Hefford:

And there's a recent ruling by the Waitangi Tribunal, the Wai 2575 case, in which they said that health policy and particularly the primary healthcare policy over the last 20 years, has not complied with Te Tiriti, has not looked after the interests of Maori and has not recognized the higher needs of Maori in things like capitation formulas. And you can see that if you look at a medical center in a really high need area in say, far north, they're getting the same rate per person for core capitation, as a medical clinic in

Remuera or Kelburn or somewhere. That's clearly not fair. And that Wai 2575 also pointed out that funding in primary care has only been based around GP and practice nurse resources, not the wider team that you need to deal with to help people who have got more complex social needs or clinical needs. Yeah, the whole ... We'll come to it in a bit but we need specific changes to meet our Te Tiriti obligations. And then the comprehensive range of support in local communities, we still have mostly GP and nurse services.

Martin Hefford:

We don't have comprehensive primary care teams. We don't have common access across services in New Zealand, and we are starting to lag behind there. We can do so much better than we do now. The next one there about equal access to high quality emergency and specialist care, of course, we live in a long, skinny island and geography is an issue for us and we have a spread out set of populations but even within that, there are very strange metrics and stats that come out when you look closely. You can see that things like knee replacements differ by about 300% in terms of access rates between DHBs and the specialty services, it's much easier to access them if you live in a big city with a tertiary hospital, than if you live in a provincial or rural area, and that's not just about distance but about our divided up system, 20 district health boards, each with autonomy and budgets and making its own rules, creating its own health system, its created a bit of a postcode lottery that we need to reverse so that we get fair access to services across New Zealand.

Martin Hefford:

The fourth one there, is about digital services and recognizing ... We used to be world leaders. We were one of the first countries to really adopt electronic health records in primary care and were early movers in digital services, but our investments have been fragmented and each DHB has made their own choices in digital services. And we have really lagged behind, we're not providing the care options for virtual specialist visits and virtual GP visits and booking online and changing services online and helping people to manage their own health in their own home and community, in a way that we should. And then the fifth one, is really about valuing and really training our healthcare workforce. And some DHBs have done this well and some have not done it well but it's too important to be left up to the vagaries of whether an individual DHB considers it important or not. We need to work on it consistently.

Martin Hefford:

You can see Andrea, why I said you'll need to watch the time for me. I can talk to this stuff for a long time. Anyway, the big structural changes I think people know about now, they know that we're intending to merge 20 DHBs and their seven shared service agencies into one Health New Zealand. Health New Zealand will be the employer for all of those staff and would be organized in regional and sub-regional local arrangements. Health New Zealand will also run key divisions, one of them being hospital and specialist services and focusing on getting that equity of access and efficient delivery across New Zealand, another being the primary and community and the national public health service and having a balanced view, not letting hospital and specialist services eat into the time and resources we should be devoting to prevention and promotion and early intervention and screening and so on, and really not separating them but keeping a separate focus on them. They're all in one organization but we've got to not let important hospital services override the equally important primary, community and public health stuff. And it's so easy for that to happen.

Martin Hefford:

The other new entity is the Maori Health Authority, and this is one of the recommendations from the Waitangi Tribunal. It's now been set up as an interim health authority and it will have a number of functions. One is, it's an alternative policy advisor for the government on Maori health policy and will give independent advice to government. Secondly, it will commission and have its own budget to commission services from particularly kaupapa providers and be able to recognize the Maori worldview, to [inaudible 00:19:26] Maori and support that view through Maori providers. And that'll be important and nurture them. Then the third bit, is around co-commissioning with health New Zealand. The Maori Health Authority and Health NZ are going to be joined at the hip and will need to jointly sign off on any major service strategies, service plans, the New Zealand Health Plan, which we'll talk to in a minute, health charter, et cetera. All of these things will be jointly commissioned by Health NZ and the Maori Health Authority. And the fourth role, is as an overall system monitor to transparently report how we're going on Maori health.

Martin Hefford:

The localities bit, this slide is starting to talk about a focus on population health and starting with obviously, our Whanau and Iwian communities and recognizing going to [inaudible 00:20:32] and giving people the opportunity to have as much control and power of their own lives and health as possible. And as part of that, first of all, getting our own act together and joining up primary and community care and integrating it with hospital and specialist services. And I give an example of where I see disintegration now. Currently, if you're a pregnant woman, you'll find yourself hopefully a midwife, a community midwife, and that person will take you through labor and birth and help you deliver your baby, but they don't have any connection and usually won't talk to your GP or practice nurse or primary care team who are providing the other bits of your care over that period. And then they'll hand over a [inaudible 00:21:27] child to Tamariki Ora nurse, who will help you look after your baby and make sure they grow well but they don't normally see each other or talk to each other.

Martin Hefford:

The Well Child nurse and the midwife don't connect up as a team. And then the Well Child Tamariki Ora nurse also generally doesn't have any contact with GP or practice nurse that you're taking a baby in to get immunizations or looking after when they're sick. And I think we couldn't have created a more fragmented system if we tried. And if you are really well and things are all tickety-boo, it probably doesn't matter. You can get yourself to the GP and you can organize a Well Child nurse and all that, but people have complex needs and we need a more connected response. It's very hard to do the way we've organized things.

Martin Hefford:

Then just calling out and recognizing health probably only accounts for ... Sorry, health service probably only account for about 20 to 30% of health outcomes. And so we need to get our head above the health parapet and look at some of the other big influences on health, which our public health services have known about for a long time. Things like access to clean water and good air, which in New Zealand, usually is not a problem but every now and then ... I think about Havelock North, we had the example there of water that was bad. And we know that in some of our cities, the air quality is not always what it should be, and drives up rates of respiratory illness. Those are key things. Access to green space. We know if you don't have that, your mental health is likely to suffer and we are working to increase density of housing in our cities. The strategies around the built environment and the natural environment and

transport, we've got to work more closely with local authorities to influence and be part of those decisions because they affect health.

Martin Hefford:

Then on the right hand side, mauri ora, health related behaviors and lifestyle factors probably have a bigger determinant on health outcomes than actual health services. And that includes things like whether we drink and how much we drink, and drug use and physical activity and how much we eat and what we eat and the smoking, whether we smoke or not and sexual behaviors and gambling. Also, the resilience we have, whether we have learned to manage anxieties and day to day stresses of life in a way that's productive. Affecting health related behaviors has got to be a goal and that's where organizations like the Health Promotion Agency have been strategizing for some time now. The other part of that is the socioeconomic determinants, and we know that if you live in a deprived area, then there're more likely to be liquor outlets and more likely to be gambling machines and more of them in that area. And you're likely to have less ... Public transport is not as good and some of the amenities are not as good.

Martin Hefford:

And so housing, education, income, sense of belonging and whether your culture is valued or whether you face racism daily, these are all the things that make a huge difference to health that we need to start to engage with in a local way and in a way that isn't about coming in and saying, "We know best, we are health."We need to work with other agencies and institutions and communities in [inaudible 00:25:35]. The intention is that we identify communities of interest and localities and develop place based longer term plans for services and for integration in each of those areas in New Zealand over a period of about three years. And we do that hand in hand with [inaudible 00:25:57].

Martin Hefford:

We recognize in getting rid of DHBs, we are getting rid of the people who are elected from local communities. We do believe there are better ways of getting our consumer voice than the vagaries of elections and that if we have a ... We're developing a purposeful framework supported by the health quality safety commission, that will work to make sure we have engagement from consumers at a local level and also at a national level. The health quality safety commission will put together a national forum for consumer voices. And the intention of that, is to make sure that we don't lose the diversity of particular groups within the mainstream voice that can sometimes overshadow individual voices. Another part of this, and this is moving from structures to now, hearts and minds. Ideally, whether you work as a practice nurse in a GP clinic or a paramedic in the ambulance, or an ED administrator or a ward nurse, or a specialist, currently you think, "I work for a DHB. I work for the ambulance. I work for my GP, employer ... "

Martin Hefford:

Whoever it is, that's fine. You're employed by those people but actually, we all work for the health of our New Zealand population. And so health charter is intended to be a bit of a bridge across all of the different parts of the health system, to draw out some common values, expectations, behaviors, the things that join us up and that are shared as part of working in health and wellbeing. We don't know exactly what form it'll take but the intention is to develop it over the next, what? Six, eight months for next year. And we want a lot of engagement and involvement in that process.

Martin Hefford:

Another thing over the next six to eight months, is developing the New Zealand Health Plan. And this is a new feature, we haven't really had clinical services planned for New Zealand, covering all of our services over an extended period. The New Zealand Health Plan will start to say, "Well okay, this is where we'll provide tertiary services and how we'll organize tertiary services, so that while we might have to get people to travel for surgery or for radiation therapy or something like that, how do we make sure they can get as much as possible locally and have it integrated with their local hospital and services?"

Martin Hefford:

And so this will also set the scene, in terms of changes in the way we want services to work over the next few years. And we will be ... Sorry, Health New Zealand and the Maori Health Authority will be required to develop this New Zealand Health Plan and it'll then be approved by the minister. And it will go down to quite a lot of detail. We'll be able to say, "Well look, we know for instance, how many babies are likely to be born across New Zealand and in each area over the next 5, 10, 20 years. We know how many midwives we have now, how many we need based on those births."

Martin Hefford:

And we can start to do proper workforce planning and say, "Well okay, given what we know, we're going to be short. Or maybe we'll have a surplus of a certain health profession."

Martin Hefford:

It's never happened before but you never know. We'll be able to do long term planning around, "What is the workforce we need and what are the models of care we need to change, either because we don't have the workforce to do it in a certain way or because it's going to be better for people?"

Martin Hefford:

And then in some areas you say, "Well okay, we're not going to have enough GPs for instance, into the future. Can we develop more nurse practitioners and pharmacists, clinical pharmacist practitioners, prescribers and other professional allied health roles, that can take on some of what GPs do now, and probably do it better?"

Martin Hefford:

The New Zealand Health Plan is a really important thing and that will come out in draft for everybody to have a say on, probably around March next year.

Martin Hefford:

Data and digital, I've talked a little bit about the opportunities are huge in data and digital, and you may well want a further webinar one day with the people who are driving some of the agenda around data and digital, I think might be a good idea. And then, what does this all mean for the workforce? Planning I've already mentioned, we can plan our workforce in a way that doesn't happen at the moment and we can liaise with our tertiary institutions to say, "Well actually, we need you to train more clinical psychologists."

Martin Hefford:

The number of places at the moment is woefully inadequate currently. And maybe we also need some more courses that might be about CBT practice, not being full clinical psychologist but being able to provide evidence based therapies for people. And maybe we want to change some of our ... Things like our training, some of our training programs to be more apprenticeship and micro skills based. And things like leadership as well, leadership management, we've all had ... Well, maybe we've all ... Most people that I know have had a terrible boss, a terrible manager and someone that they found really hard to work for. And if you talk to people, it's one of the things that makes life miserable, is if you have a manager that you don't feel does a good job or doesn't respect you or look after the team.

Martin Hefford:

And I think about that and I think about how well we prepare people to be team leaders or managers and what we could do to make sure we've got really good training for these people and then what we can do to make sure that across New Zealand, we know whether teams are feeling like they're not supported by their manager, and have a way of recognizing that and doing something about it consistently. And then Maori and Pacific people tend not to be in the regulated workforce as much. There's work to do to encourage them to get into nursing and medical and physio and allied health schools and so on but many also are not necessarily in the position to take up tertiary study in the same way. And so, "What can we do by way of getting some of these people come in as [inaudible 00:33:25] or unregulated roles, and can we staircase them into regulated roles over time, with micro credentialing, rather than having to take three years out to a degree?"

Martin Hefford:

Opportunities to rethink some of the health workforce and to modernize the way we work. The 80,000 odd people currently working in DHBs will be employed all through Health New Zealand and a small number through the Maori Health Authority. Also, in terms of workforce, to recognize if we want to have a common charter and a common set of goals across DHB employed and privately or third sector employed people, then we're going to need to have common remuneration and paying conditions over time as well, so pay parity becomes a question. And I think that's probably enough of an introduction, Andrea. And I'll quickly note that we are on track. This is a timeframe that was developed back in February and we are on track, the interim Health NZ and the interim Mari Health Authority boards have been appointed.

Martin Hefford:

The legislation's been introduced to the house and we expect the legislation to come out round about May next year, and it come into force one July next year. We're on target at the moment, which is not bad for a major and ambitious reform. See if we can keep it up. Kia ora, thank you. I'll stop sharing.

Andrea Fromm:

Kia ora Martin, thank you so much. Lots of information there to digest and to reflect upon. And as I said, we have so many questions, so we might as well get straight into that. First up though, before I get into the questions, I would like to highlight the key system changes that you mentioned in your presentation at the beginning. And I'm sure all of our members are very pleased to see a strong focus on valuing and training the workforce for the future health system. And also, that the health system can and should really reinforce Te Tiriti principles. The big question I guess, is why? Not why, how of course, not why, how we do that. And I'm sure we'll get to that when we touch on some of the questions that people have posted in advance and now are posting in the chat.

Andrea Fromm:

Maybe a first question about the leadership and culture that we see in the current health system. I think there are a number of questions that touch on that, and you briefly touched on it in your presentation but I was wondering if you could elaborate how we actually shift to a more people and worker centered leadership approach but also culture within the health system, how are we going to do that?

Martin Hefford:

I'll be interested in the people out there's thoughts as well, in the chat. Going around talking to people, and I was in ... I think it was South [inaudible 00:37:17] in Timaru. And so someone in the audience said, "Look, we used to have not a very good culture and we didn't feel valued and things weren't great. And now, we feel like we are listened to and ... "

Martin Hefford:

There's still only the same amount of money but there's a culture of respect and ideas are taken and implemented when they can be, and it's quite a different feeling. And that came down to leadership, when I asked them about, "Well, what was the change?"

Martin Hefford:

It was a change in leadership and the values and ethos of the people in leadership roles, makes a huge difference to what people experience and how they experience their work. And that's got to be where it starts, is making sure we have leaders who do live the values that we end up putting into the health charter, whatever they are, and can be held to account for that. And I think I mentioned, I almost imagine us having a heat map across New Zealand in terms of understanding every team and how they're going in terms of the team climate and knowing where there are problems and being able to do something about it, either by providing further training for leaders or if people are not able to lead in the way that we want in future, then think about other options.

Andrea Fromm:

Yeah, I think that's a really important point, a leader that believes in learning rather than controlling if you like, or directing, makes a huge difference but I guess, it is also important to recognize workers as leaders in the positions that they are in and the knowledge and experience that they bring to the role. And I imagine that a lot of our members would suggest that participation of those workers and frontline workers would help to improve the culture but also and more importantly, maybe even help to deliver those high quality services that the public needs and deserves. I wonder how that participation could be built into the future health system. You already touched upon the charter I guess, as one mechanism. Would that be something that could enshrine that?

Martin Hefford:

Yeah, the charter ... I think the health plan and the way those documents get created is important. Your point about participation, I think is a good one and it's got to be day to day, doesn't it? It's like everyone has two jobs. One has to do whatever their job is, the other is to keep making it better. We've got to keep thinking about, "How can we do all this better? How can we do it better next time?"

Martin Hefford:

And the ethos you want I think, in this big system like this, is the idea of serving leadership. The point of management and leadership is to support the teams that do the work and not the other way around. Yeah. I think the charter could be a good way of anchoring that into what our expectations are of each other.

Andrea Fromm:

Yeah, thank you so much. We also had a number of questions that related to prevention and promotion of health, rather than intervention. I think the intention of the new health system is to focus more on prevention and promotion. How are we going to achieve that? I think particularly when thinking about primary care, you elaborated on that and how it might not yet be fit for the future, also in terms of free access. How are we actually ensuring that prevention and promotion becomes a reality for everyone?

Martin Hefford:

One of the things that's happened over the past 20 years, is that the proportion of the health resource that we spend on hospital and specialist services has increased, relative to what we spend on promotion and prevention and primary care and public health. And public health services in particular have not really had an increase to keep up with inflation over the past decade or so. One of the proposals is that we differentiate the budgets for these two sets of services, so that we have an appropriation for public health, primary care and community care, and a separate appropriation for hospital services.

Martin Hefford:

And that means that we can estimate both but it protects the promotion and prevention side of it. And it means that when governments want to, as they often do actually, want to emphasize prevention and promotion, they can increase that appropriation and not worry about it being sidetracked into hospital specialists, not that there's anything wrong with hospital specialists. I don't want to get the idea that I'm anti hospital but we need to make sure we keep the balance. The point about free access is a budget question that governments decide from time to time, what they want to make free or not.

Andrea Fromm:

Yeah, thank you. We also got a number of questions around the NGO sector, including NGO services or community services and respite services. Will they be affected to start with by the health reforms? Are the health reforms relevant to the community sector? And what will it mean for providers in the community sectors and the contracts that they are holding at the moment, will they operate or will they have to operate differently?

Martin Hefford:

In the very short term, the aim is to avoid disrupting frontline services and frontline teams. And the frontline really includes not just people laying hands on patients but also, the people who support those teams, administrators and corporate services. What we're going to do, is everybody's employment who works in a DHB or a shared service agency, will automatically transfer into Health New Zealand with the same terms, conditions, leave balances, all that sort of thing. And that'll happen automatically without any disruption. We aim to do the same in most of the community and NGO and primary care kaupapa contracts. We'll automatically continue those service contracts and use legislation to wrap them into Health New Zealand, without anybody having to resign anything or renegotiate anything or lose any money, et cetera.

Martin Hefford:

And we are trying to make sure we do that as seamlessly as possible. We've got people who are trying to keep track of ... It's about 16,000 individual contracts with community providers, to make sure we don't lose any in the way over. And they'll also be trying to work through what goes to Health New Zealand and what is going to come through into the Maori Health Authority. We really want to avoid any disruption in the short term but part of the ... We do want to have changes, we want to improve things. And the big shifts that we're expecting in terms of the way things work in models of care will be flagged in that New Zealand Health Plan. And people will all have an opportunity to look at that in draft and say, "Well look, that makes sense."

Martin Hefford:

Or, "That doesn't make sense."

Martin Hefford:

Et cetera.

Andrea Fromm:

Thank you. Linked to the providers at NGO sector but also DHBs, we had a number of questions about services that fail Maori and Pacifica but also disabled people's needs. How do we make sure that that doesn't happen in the future system? Is there a way or will there be a way to hold the respective organizations more accountable to what they are actually providing and if they are meeting the needs of the population?

Martin Hefford:

Yeah. It's a really good question. And I saw a couple of comments online as well, where the aim is to improve equity, improve health outcomes for everybody but also particular groups that are not doing as well at the moment. And we're putting in place some structures and processes like the Maori Health Authority, like locality plans that should make a difference. And we will be putting out quite clear information available to people to see whether that's working or not. I guess, if it isn't working, it can be quite hard to hold any one provider to an account, like, "Is it the fault of an individual provider or is it because of the deprivation and the issues in a particular area that are making the difference?"

Martin Hefford:

And we're seeing that playing out now in COVID, aren't we? We're seeing COVID vaccination rates differing by community, and we understand that for some individuals, there's a lot going on in their life. Things are in a difficult state and actually, getting a COVID vaccination's not the most important thing in their life right now. And that's understandable if you understand what's going on in their life. And so we have to make it as easy as possible for people to do it and as attractive as possible. And that applies to so many other services as well, doesn't it?

Martin Hefford:

There's perhaps not individual providers being held to account but the way we're delivering services overall. There's a question here Andrea, I saw from someone called Alistair about, "How will the problems of centralized control and management be mitigated?"

Martin Hefford:

And I thought that was a really good question. And it is a risk, isn't it? When you create a really big organization, won't we end up with a bloated bureaucracy in Wellington which holds the control and manages everything and nobody can get anything done out in the real world? That's the last thing obviously we want, what we want is not a centralized system but much more of a distributed system. There's no reason why someone couldn't be in the national team for whatever it is but be working in Nelson or in [inaudible 00:49:36] or wherever. And the design has got to be about local decision making.

Andrea Fromm:

This is again about the system being people centered, isn't it? And how we make sure that the centralization of services doesn't move us more away from people than we are right now. How do we connect the central system to the communities? And that I think, is one of the main questions. And how do we ensure that the voices of those in those different places, regions, towns, are actually heard?

Martin Hefford:

That's part of that local, is really ... The people of Wairau will know the best way to organize things in Wairau. And the national arrangements we have for things like funding maternity services probably don't work well in Wairau but if we make the resources available, they can figure out different ways to do it. And maybe that would involve training maternity assistants locally who can understand local culture and have good connection. And we can use some of the money that ... Because you're not going to get enough midwives working there probably, so "Can we do an alternative ways that achieve the same outcome?"

Andrea Fromm:

Yeah, thank you. There was one question about the number of health reforms that happened in the past. Obviously, this is not number one. We had several of those in the past. And if a person comes to you and says, "Look, I've been through so many of these and unfortunately, they never really achieved what they were set out to achieve."

Andrea Fromm:

What would you tell this person? Why is it different this time and how do we ... Yeah, how do we get there? How do we really make sure it's happening this time? How would you give people the confidence that this change will be substantial and sustainable?

Martin Hefford:

That's such a good question, and I've been involved in health reforms as well. I was in the Central Regional Health Authority and Health Funding Authority in [Brickton 00:52:05] DHB and so on. And I think you recognize that every structure has pros and cons. DHBs have been able to do some wonderful things in very small areas but we've been really bad at scaling those initiatives up across New Zealand. We've been really bad at saying, "Well okay, this great thing happened at Tairawhiti or somewhere. Why don't we make it available elsewhere?"

Martin Hefford:

And implementation in reforms is everything. Policy is really important but it's the implementation that really, really matters. And so I think we need you all to hold us to account through this implementation

and to hold government to account, that the actual resource allocation and structures that get developed, do respect the aspirations that have been articulated by people. And so I and the team here will do our best to make sure this happens in the way that it's intended, but keep holding us to account. These conversations are really good for that because it just reminds us all what's working, what's not, keeps it real.

Andrea Fromm:

Thank you, thank you. Yeah, we will certainly continue to hold you to account, no doubts about that. And I would suggest that making worker participation an integral part of the health reforms will bring us closer to achieving the goals that we are set out to achieve. I know you are planning to do that, you are already engaging a lot in terms of the structure, in terms of the different plans that are underway, of course the charter. It's a very exciting time for us to be involved in this. Thank you so much for making the time. I know that we have so many more questions, so thank you to everyone who posted their questions. We will absolutely get to them and not obviously in this webinar, but we will get them to Martin and you will receive answers to those questions. Thank you so much. As I mentioned, if you enjoyed the conversation, please share it with your family and finau with friends and of course, also with your colleagues, the recording will be available.

Andrea Fromm:

But before I close today, we have a new feature for our webinar. We will have a little mini poll that you will see now on screen. And we thought we'll give you the opportunity to actually vote for the next topic. I indicated that we'll have a webinar in November and one in December. You can actually choose the topic by just clicking on your choice. You have the option of, using localities to tailor care. This is about bringing the health reforms to the people, to the regions, to the towns, to the places that Martin talked about, and how we bring those voices in. The second option is about the health charter for the workforce and the health plan, which is about the delivery and design of services that Martin touched briefly about in his presentation as well.

Andrea Fromm:

Please vote now, and we will see what the next topic will be. Unfortunately, I'm unable to vote, so I can't see the poll as such but do we have the results somewhere please? Ah, wonderful. That was actually quite close. 45% of our participants have chosen localities and 55 the health charter and the health plan. The health charter and the health plan will be our next topic, and localities will be our topic for December. Thank you so much, everyone. It was a pleasure to talk with you Martin, but also thank you to everyone that came along, for all your questions and your interests. I hope you enjoyed it. I will close with a whakatauaki, and then I hope to see you all next. [foreign language 00:57:35]. With your basket and my basket, the people will live. Thank you all and stay well.

Martin Hefford:

Kia ora, thank you.