

# New Zealand Public Health and Disability Amendment Act 2010

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# Background

- Overall reforms seek better performance – quality and productivity
- Requires better decision-making including more collaboration
- Need to:
  - rebalance decision rights so Government can resolve unhelpful impasses
  - redesign planning framework to encourage collaborative endeavour and provide other supports
  - create a body with the expertise, focus, and standing required to lift quality

# Purpose of amendments

- *Objective and function to collaborate*
  - Signals government's intention clearly
- *Planning provisions*
  - More flexible requirements in regulations
- *Direction powers*
  - Whole of DHB directions and directions on shared services
- *Compulsory dispute resolution regulations*
  - To allow government to resolve impasses
- *Appointing elected members to other DHB boards*
  - Not previously possible, enhances collaboration
- *Approving DHB Board subcommittees*
  - Restrains waste
- *Establishing the Health Safety and Quality Commission*
  - For a dedicated focus on improving quality of services

# DHB objectives and functions

- **Section 7 makes it an objective of DHBs**  
‘to seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local, regional, and national needs’
- **Section 8 makes it a function of DHBs**  
‘to collaborate with relevant organisations to plan and co-ordinate at local, regional, and national levels for the most effective and efficient delivery of health services.’

# Planning

New section 38 lays out a new planning framework:

- Requires an annual plan
- Minister can require other plans
- Plan must comply with any regulatory requirements. These will:
  - require regional service plans and specify their form and content
  - set out consultation requirements

Regulations can more easily respond to changing circumstances

No District Strategic Plan – strategic planning will be done within the Regional Services Plan

# Directions

To allow government to resolve impasses

- Section 33A – shared services
  - how administrative, support and procurement services must be obtained
  - or who must provide them
- Section 33B – all-DHB direction
  - ‘.. To comply with stated requirements for the purpose of supporting government policy on improving the .....sector’*

# Dispute resolution

Mechanism to resolve disputes over plans within planning sections  
(section 39)

Section 92, which allows regulations to resolve other disputes to be made, amended to make those compulsory

To allow government to resolve impasses

Dispute => provisions triggered  
=> panel considers  
=> recommendations  
=> Director-General decides

# Appointments and committees

## Section 17:

- allows a member elected to one DHB board to be appointed to another
  - Not currently allowed, though can be appointed to more than one
  - Help with a collaborative perspective
- requires the approval of the Minister of Health to establishment of any board sub-committees
  - To restrain waste

# Health Quality and Safety Commission

## Section 11:

- Creates the Commission as a Crown Entity
- Lays out its objectives and functions
- Allows it to appoint mortality review committees (plan is they will take that on in April 2011)
- Signals a desire that it work collaboratively

# Timing and implementation

- 9 November 2010
  - Objectives and functions, HQSC, Appointments
- December 2010 – February 2011
  - Planning, Dispute resolution, and direction powers
- 23 April 2011
  - Remaining provisions (Mortality Review Committees and consequential)

# Questions

