DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Hon Andrew Little, Minister of Health:

Health and Disability System Reform Briefings

The following documents have been included in this release:

Title of paper: Health Reform Strategy and Approach to Legislation

Title of paper: Health Reforms: Implementation and Transition Cabinet Paper

Title of paper: Health Reforms: Planning and Accountability Framework

Title of paper: Health Reforms: Implementation of a Consumer Voice Framework

Title of paper: Health Reforms: Legislation Cabinet Paper Summary and Talking Points

Title of paper: Health Reform: Legislation and Transition Update

Title of paper: Health Reforms: Legislating for Public Health Structures

Title of paper: Health Reforms: Legislating Intervention Powers and Obligations Relating to Health New Zealand

Title of paper: Health Reforms: Final Decisions for Legislation

Title of paper: Health Reforms: Implementation Cabinet Paper Summary and Talking Points

Title of paper: Confirming Hauora Māori System Settings

Title of paper: Health Reforms: Employment Relations Settings

Title of paper: Further Policy Decisions for the Health Reform Bill: Cabinet Paper Summary and Talking Points

Title of paper: Health Reforms: Development of the NZ Health Charter and Associated Legislative Provisions

Title of paper: Health Reforms: Independent Alcohol Advice and Research Function and Levy

Title of paper: Health Reforms: Remaining Transitional and Consequential Provisions for Decision

Title of paper: Joint Te Kawa Mataaho/ Health Transition Unit Report: Māori Health Authority – Proposed Application of Crown Entities Act 2004 and Public Service Act 2020

Title of paper: Health Reforms: Draft Cabinet Paper to Approve Bill for Introduction and Health System Principles

Title of paper: Pae Ora (Healthy Futures) Bill: Approval for Introduction at Cabinet

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes:

- section 9(2)(a), to protect the privacy of individuals;
- section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials;
- section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion; and
- section 9(2)(h), to maintain legal professional privilege.

BRIEFING

HEALTH REFORMS: IMPLEMENTATION OF A CONSUMER VOICE FRAMEWORK

To: Hon Andrew Little, Minister of Health; Hon Peeni Henare, Associate Minister of Health			
Date	4/06/2021	**Priority**	Medium
Deadline	8/06/2021	**Briefing Number**	DPMC-2020/21-1063

Purpose

This briefing provides you with further advice on how the consumer voice will be embedded into the design, delivery, governance, and evaluation of health services as part of the new system operating model. It provides additional detail on how the consumer voice framework outlined previously [DPMC-2020/21-781 refers] would work in practice and proposals for how it could be enabled through legislation. It also outlines a high-level implementation plan and resourcing requirements.

Recommendations

a.	**Agree** to accelerate the development of an interim system-wide code of expectations for consumer engagement and an initial national consumer forum, so that both are able to inform the early work of interim agencies and are in place well in advance of July 2022	**Yes / No**
b.	**Note** that the Health Reform Bill provides an opportunity to legislate to underpin the key requirements, expectations and processes for health entities to embed consumer voice in priority-setting and service design	
c.	**Agree** to include a duty in the legislation for all health entities to consult and engage with consumers in line with their roles and responsibilities	**Yes / No**
d.	**Agree** to an explicit provision in the legislation that health entities must give effect to this duty to consult by following the instructions in a code of expectations	**Yes / No**
e.	**Agree** that legislation provide that HQSC must establish and support a national consumer forum, to act as an umbrella body to support health organisations' consumer engagement	**Yes / No**

f. **Agree** that HQSC must work with the interim Māori Health Authority ensure the existence of a parallel mechanism to gather the voices of whānau and hapū Māori **Yes / No**

Stephen McKernan **Director** **Health Transition Unit**	Hon Andrew Little **Minister of Health**
4/12/2020	…../…../….

Hon Peeni Henare **Associate Minister of Health**
…../…../….

Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Stephen McKernan	Director, Transition Unit	s9(2)(a)	
Simon Medcalf	Health Team Lead, Transition Unit	s9(2)(a)	✓

HEALTH REFORMS: IMPLEMENTATION OF A CONSUMER VOICE FRAMEWORK

Introduction

1. Seeking and responding to the voice of consumers and communities in the way that the health system plans and prioritises services and outcomes is critical to achieving person and whanāu-centred care. Although there are many positive examples of engagement and involvement of consumers in the current system, this can be highly variable and too often results in services designed by and for clinicians and not the people they serve.

2. Embedding consumer voice more deliberately and consistently is an important element of the future system operating model. It is particularly important in a context where directly-elected DHB board members are to be abolished, which may be perceived to reduce New Zealanders' voice in the health system.

3. In April 2021, you agreed to a national framework and structure to consolidate and promote diverse consumer voices across the health system. Specifically, you agreed to four recommendations relating to consumer voice:

    a. that the Health Quality and Safety Commission will be the lead system agency and centre of excellence for consumer engagement;

    b. that there will be national set of expectations for how consumer voice is gathered and used and statutory requirements for health system organisations to give effect to these expectations;

    c. that there will be an umbrella body that elevates the consumer voice by managing access to the right consumer groups and advocating for consumer engagement; and

    d. that Health NZ will review existing complaints and feedback avenues and establish a streamlined, consistent and transparent national feedback and complaints pathway.

4. You also received advice that Māori perspectives need to be a central pillar of the new system operating model, with Māori given the reins in how their voices are heard in the system.

5. This briefing paper provides more detail on 3a. – c. and provides advice on how to embed these recommendations into the legislation. It also provides further advice on how to ensure Māori consumer voices can be made a central pillar of our health system. It then offers a high-level implementation and resourcing plan to ensure that consumer voice is an integral part of the early planning and development of the new system operating model. We expect recommendation d. above to be fleshed out as part of Health NZ's work plan.

Options to embed the framework in the future system

6. There is a need to ensure that a consumer voice framework is firmly embedded in our future system. Experience shows that despite the best of intentions, the consumer voice is not always consistently and routinely prioritised by the system unless there are strong levers and incentives to encourage it.

7. Embedding consumer voice will require the use and alignment of a range of tools. For each of the areas, there are a range of structural levers available to ensure they are embedded including:

    a. explicit provisions in legislation – e.g. statutory duties and enabling provisions to set requirements for health entities

    b. the Government Policy Statement – e.g. to set further detailed requirements, both at a strategic level and in relation to specific actions or priorities to be carried through to the NZ Health Plan

    c. Ministerial Letters of Expectations – e.g. to supplement the above with expectations which are specific to individual entities]

    d. outcome and monitoring frameworks – e.g. to capture relevant data and information relevant to consumer voice and integrate into regular oversight arrangements.

8. The sections below outline our thinking on how to implement the different elements of the consumer voice framework.

Developing a centre of excellence

9. As previously articulated, there is a need to improve the support available to Health NZ, the Māori Health Authority, the Ministry of Health and wider health entities to involve consumers in a meaningful way, particularly marginalised populations whose voices are seldom heard. There is a substantial body of international evidence and best practice on ways of engaging different consumer groups, but relatively limited resources for supporting those working in the system to access and benefit.

10. The Health Quality and Safety Commission (HQSC) already makes a range of tools available to those who wish to improve consumer engagement. However, they are insufficiently resourced to do this effectively at scale. They are also not consistently recognised by health entities as having a leading role for consumer engagement, meaning that many organisations do not seek their support and develop their approaches to engagement independently.

11. Our framework proposes to formalise the role of HQSC as a centre of excellence for consumer engagement. HQSC would offer this expertise as a shared resource to the health system, which is accessible and available to support the various types of engagement and involvement necessary for decisions at all levels of the system. This will include gathering and disseminating evidence and information about best practice for consumer engagement in different settings and for different groups, and offering more direct support and training as required. It should also include reviewing and expanding the patient experience survey programme which HQSC operates for the

system, to increase the use of patient-reported measures in routine performance monitoring and system oversight.

12. This represents a significant expansion to HQSC's existing Partners in Care programme and to their existing statutory responsibilities. As such, it will need to be supported with appropriate resourcing and changes to statutory responsibilities. HQSC already has the statutory responsibility to, amongst other things, share knowledge about safety and quality in healthcare. Consumer engagement is one component of high-quality health care, but this is not explicit. **We recommend adding an objective into HQSC's statutory responsibilities through the Health Reform Bill to support the system to deliver person and whānau-centred care.**

13. It is also important that HQSC are given clear direction and a mandate to expand their existing centre of excellence and that health entities are given a clear mandate to utilise this service. **We recommend that the Minister outlines expectations for HQSC to develop this function and for health entities to make use of this it in the first planned Government Policy Statement**. **We also recommend that the Minister outlines the role for HQSC in the Letter of Expectations ahead of the next year.** Both these documents will be developed in due course early next year.

14. Excellence will look different for different groups of people – and HQSC will not always start out as the expert in how best to engage various groups, particularly historically marginalised communities. We expect that HQSC will:

    a. work with the interim Māori Health Authority and Māori consumer voice experts to build expertise in the incorporation of whānau and hapū Māori voice, both within HQSC and across the rest of the health system

    b. engage with Iwi-Māori Partnership Boards on opportunities to strengthen the voice of whānau and hapū Māori within the health system

    c. engage with other diverse communities, including Pacific peoples, Asian peoples, disabled people, migrant communities, rural communities and LGBTQI+ people to ensure their conceptions of excellent engagement are woven into HQSC's approaches.

Establishing a national set of expectations

15. A core part of our approach is to clarify expectations and strengthen accountability for prioritising the consumer voice across the health system. There are existing statutory requirements for DHBs to consult with patients when, amongst other things, there are significant changes to services or policies are proposed. Additionally, most DHBs have some form of consumer council and all have elected board members in an organisational governance role. However, the use and effectiveness of these tools is hugely variable. DHBs and PHOs also conduct targeted engagement with consumers outside of statutory requirements e.g. via Community Health Forums, but this too is done inconsistently.

16. We propose to introduce a national set of expectations for how health agencies should engage consumers of all types, in all settings and circumstances. In the new system, health agencies will continue to be responsible for engaging consumers in line with their roles and responsibilities, but this should be carried out in line with a clear and consistent set of requirements. This will reduce the variability and improve

the quality of consumer engagement by ensuring that it aligns with best practice. The materials and resources which HQSC offers as a centre of excellence would then provide the support that entities require to meet the obligations set out.

17. We envisage a clear "code of expectations" that sets obligations and is visible and accessible to the system and the public. The development of these expectations should be undertaken in close consultation with the health sector and consumers, including in particular Māori and those from marginalised groups. It will need to draw on existing guidelines (including the Ministry of Health consultation guidelines) and local and international literature on best practice for consumer engagement. It will also need to engage with a diverse range of consumers on their expectations and test the code with both new and existing sector entities to ensure it is fit for purpose.

18. To help ensure that that both the principle of consumer engagement and the specific obligations of the code are embedded throughout the health system, we recommend legislating in the Health Reform Bill to:

    a. **provide for a general duty for all health entities to consult, engage and involve consumers of health services in line with their roles and responsibilities**; and

    b. **create an explicit provision that health entities must give effect to this general duty by following a national set of expectations.**

19. We expect that the responsibility for developing the code of expectations will sit with HQSC, in line with their wider role. This would ensure alignment between the rules set out in the code, and the supporting resources developed to deliver the obligations. It would also reinforce the position of HQSC as having a leading role in consumer voice (which would be further amplified by the responsibility for establishing a consumer forum, as below).

20. We do not believe it is necessary, however, to fix the responsibility for producing the code of expectations to HQSC in legislation. This would preserve the ability of Ministers to determine precisely how the code is developed and updated; and would not affect the legal status of the code. Expectations on HQSC could then be set out in the Government Policy Statement and through Letters of Expectation. The code should require clear Ministerial agreement to confer its mandatory status.

Establishing a national consumer forum

21. It is often difficult for the health sector to identify and access the voices of all relevant consumers, or to know which are most relevant to a particular process or decision. As such, there is a need to improve the accessibility and visibility of consumer groups and facilitate their engagement by the sector; the right groups, at the right level, at the right time. We propose to deliver this through establishing a national consumer forum.

22. The national consumer forum is intended to be an umbrella body for consumer groups across all levels of the health system. The forum would advocate for the recognition, identification and use of consumer voice throughout the system to inform priorities, plans and strategies, and to hold the system to account. It will broker and facilitate links between health system actors (e.g. policy and decision-makers) and appropriate consumer groups to ensure that the right voices can be heard, and challenge those actors where necessary on the breadth of their engagement.

23. Specifically, we expect the forum to:

    a. Aggregate consumer voices and act as a directory to make it easier for health agencies and health service providers to access consumer voices;

    b. Support consumer groups with targeted training and access to information about the outcomes of their engagement and relevant changes in the health system; and,

    c. Amplify the voices of consumers and be an advocate for them in the system.

24. The forum would not advocate directly for any group or individual; nor would it be expected to seek a consolidated view from across the many existing groups who become members. Given the wide breadth of consumer groups and diversity of voices, this would be impractical and often impossible; and it may undermine the core purpose of emphasising consumer voices in their own right. However, we expect that the forum would naturally develop its own views and become an important partner for national bodies, and would become a significant advocate for consumer voices in the health system. Its leadership will have a key role in ensuring that the forum is able to effectively manage these responsibilities and retain the trust of its membership.

25. Given HQSC's existing role, we recommended in our last advice that HQSC hold responsibility for establishing the national consumer forum. However, as noted above there is also a need to ensure that Māori voice is not subsumed into a wider group, and remains the purview of Māori. As such, **we recommend that whānau and hapū Māori input into the forum be through an avenue agreed with the interim Māori Health Authority**, which might include a parallel forum, rūnanga, or other mechanism as might be agreed to be appropriate by Māori.

26. The forums will be a key enabler of consumer engagement by new system entities. As such, **we recommend that the consumer forums are provided for in legislation.** The requirements should be to the effect of:

    a. HQSC will establish and support a national consumer forum;

    b. HQSC will ensure the existence of a parallel mechanism to gather the voices of whānau and hapū Māori, led and shaped by Māori.

27. We do not recommend broader provisions to require specific forms, structures, processes or appointments to these forums. In our view, it is not necessary or desirable to formalise the forums or give them the appearance of a statutory entity. This may suggest that forums are an agent of the Crown rather than a body developed by and for consumers, and could reduce the acceptability of the approach to the consumer groups who are intended to become its members. Moreover, it would restrict flexibility in their design and operation.

28. These provisions would allow for further requirements to be developed in the legislation, to specifically add the forums to wider general duties on health entities to consult and involve consumers and whānau. Together, these steps would create enabling provisions that reinforce the position of the forums, but would not restrict flexibility in ensuring that their development is consumer-led and responsive to the views and aims of existing groups.

Promoting and embedding Māori consumer voice

29. The HQSC, with its existing statutory responsibilities, has been identified as a natural champion for consumer voice in the system. However, as a Crown entity, it is not a natural lead for Māori voice, which should rightly be championed by Māori. It is important that Māori voice is a central pillar of the new system operating model, rather than an add-on. It is also important that the voice of whānau and hapū Māori has a measure of independence from the day-to-day operations of the Māori Health Authority, in the same way that HQSC provides operational distance from the Ministry of Health and Health NZ.

30. With the advent of Iwi-Māori Partnership Boards in the new system, Māori will have a local entity advocating for Māori perspectives in each locality, and contributing to priority-setting and monitoring. IMPBs will be Māori-led and independent of the health system, and will provide a useful vehicle for Māori voices and perspectives at the locality level. However, IMPBs will already be taxed and may not always be the best vehicle to reach all Māori voices – as that is not their primary role – so further mechanisms (equivalent to the consumer forum) will be needed.

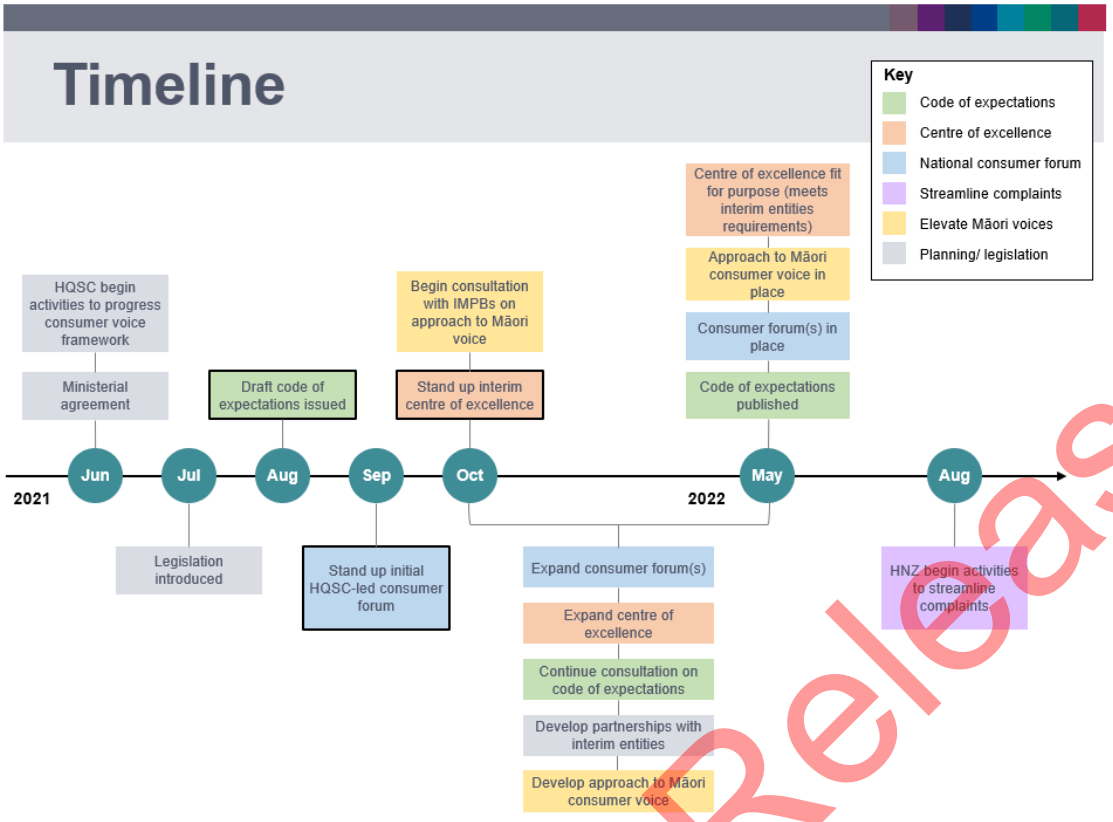
31. Given the wider engagement with iwi and the Māori health sector on the health reforms, there is an opportunity to use these discussions to consider the most appropriate means of embedding Māori consumer voice at all levels of the system. We recommend that further work be taken forward through this engagement process to determine options for the precise approach; and we will advise further in due course.

Implementation timeframes

32. There is a significant opportunity in delivering the health reforms to demonstrate the importance of consumer voice by prioritising actions in establish the approach. As well as providing a vehicle for engagement with existing groups, this will also support Government to respond to any concerns regarding the abolition of DHB Board elections and a perceived lessening of local voice in the system.

33. To enable the early design and implementation of our new system to be informed by consumer voice, there is a need to stand up the foundations of the new consumer voice framework quickly. It is also important that consumer voice is embedded as a key component of the new system as early as possible, so that interim agencies are able to engage and interact with the expectations and forums early and establish relationships. As such, **we recommend that activities to stand up the interim framework for consumer voice commence immediately.**

34. A timeline for the implementation of the interim framework is set out below. We envisage rapid work and engagement over the coming months to develop a first draft code of expectations in August, prior to interim agencies being established, and an initial version of centre of excellence in HQSC to support early engagement work by those agencies. The development of the national consumer forum would also be aimed at an initial state by September, although the work to expand the forum, include members and build its position and processes will take further time into next year.



35. To deliver these activities will require additional resource for HQSC. s9(2)(f)(iv) [redacted] However, this will require some additional investment for HQSC from 2022/23 onwards, which will need to be included in the wider Budget requirements for the future system.

Next steps

36. Once we have Ministerial agreement of these recommendations we will formally engage HQSC in a joint work stream with the Transition Unit to deliver the consumer voice framework in line with the timeline above.