BRAEMAR
CHARITABLE TRUST

Overview of the New Zealand Health Sector

1.0 Introduction

New Zealand's (NZ) health sector is unique when it comes to systems for regulating health professionals and health services. There four things about the way it works in NZ.

Providing health services
Most of NZ's health system is publicly funded, with the Ministry of Health (MoH) allocating more than three-quarters of Government health funding via district health boards (DHBs). DHBs are responsible for providing, or funding, the provision of health services in their district, including public hospital services. DHBs are established by the NZ Public Health and Disability Act (2000). DHBs' objectives include improving, promoting and protecting the health of people and communities and reducing health disparities.

DHBs fund primary health organisations (PHOs) to support the provision of essential primary health services. Many general practices are funded through a PHO. DHBs also fund aged care services contracts plus services provided by non-governmental organisation (NGO) providers including Māori and Pacific health providers, some community mental health, specialist palliative care and disability service providers.

NZ also has a well-established network of private health providers. Health services provided by private providers are paid for in a number of ways, including by health insurers, the patients themselves and in some cases, by public funders of health services (they are contracted by DHB's to take the pressure of public hospital waiting lists). In summary there are approx:

- 1,013 General Practices
- 20 DHB's
- 31 PHO's
- 2,661 General Dental Practices
- 39 Public Hospitals
- 46 Accident and Medical Centres
- 225 Māori Health Providers
- 35 Pacific Health Providers
- 991 Pharmacies
- 664 Certified Rest Home/Age Residential Care Providers
- 76 Private Hospitals
- 950 Disability Support/Service Providers.

Recent changes in health policy have resulted in some "rationalisation" of providers particularly in the Non-Governmental Organisations space, as the MOH have sought to hold larger contracts with fewer providers. In some instances, this has been positive, with small "like" NGO's merging (still retaining their identity) but reducing administration/overhead costs enabling them to apply more funding directly to service provision. The downside has been large (and sometimes offshore organisations) successfully tendering for larger contracts and centralising services. Some well-established, small and highly connected local providers have folded, as they have been unable to remain viable due to an absence of a reliable income stream and reliance on annual donations and grants.

Patients' rights and health professionals' responsibilities
The Code of Health and Disability Services Consumers' Rights (Code of Rights) sets out the legal rights that health consumers have, and the corresponding duties and responsibilities on individual health professionals and health provider organisations.

The Code of Rights applies to health services provided in both the public and private sectors. If a patient makes a complaint, it may end up before the Health and Disability Commissioner (HDC). It's the HDC's job to receive complaints and, where appropriate, investigate the complaint and form an opinion as to whether any health professional or provider organisation has breached any right in the Code of Rights. In the most serious cases, the HDC can refer the matter on to the Director of Proceedings, who has the power to bring legal proceedings against the health professional or provider organisation.

Treatment injuries and compensation
This is one of the biggest differences to other countries. In short, patients can't sue anyone when a treatment goes wrong. There are some exceptions, but the basic rule is that you can't sue for personal injury in NZ. Instead, where there has been a treatment injury, the patient has the right to seek cover from the Accident Compensation Corporation (ACC). If ACC grants cover, ACC will then determine what entitlements the affected patient receives. Entitlements might include, for example, rehabilitation costs or compensation for lost income.

Regulation of health professions
Many but not all, health professionals in NZ are regulated by a single piece of legislation-the Health Practitioners Competence Assurance Act (2003). These health professionals are called health practitioners. Each regulated health profession has a Responsible Authority appointed to regulate the profession. For example, the Nursing Council regulates nurses; the Medical Council regulates medical practitioners; the Physiotherapy Board regulates physiotherapists, and so on.

Responsible authorities set scopes of practice for the particular profession and for each individual practitioner. The authorities can require a practitioner to undertake certain activities to assure the authority of the practitioner's competence and safety to practise. The authorities can take action to protect the public if there are concerns about a practitioner. These Regulatory Authorities also accredit the Universities who deliver the training programmes for each profession.

Formal professional discipline is the responsibility of the Health Practitioners Disciplinary Tribunal (HPDT). This is an independent tribunal that hears charges of professional misconduct and other disciplinary matters. It has the ultimate power to cancel a practitioner's registration.

2.0 The role of Non-Governmental Organisations (Not-for-Profits or the Third Sector)

Non-governmental organisations (NGOs) receive significant funding ($2-$4 billion pa) from both MOH and DHB's i.e. they hold service delivery contracts and receive annual funding (in some cases a 2 or 3-year contract) for the delivery of these services. For example, a Hospice may be contracted by the DHB to provide specialist palliative care to the people within the DHB's region or a National based organisation like the Royal NZ Plunket Society will hold a contract with the MOH to delivery well child health services for all children under the age of 5 across all of NZ.

These NGO's are non-profit Charitable Trusts, Foundations or Incorporated Societies (and therefore have a tax free status) and in addition to providing services, they are a valuable contact at a community level. NGO's provide a range of services to the people who engage with them including advocacy, education, individualised/group supports delivered in both clinical and non-clinical settings. The DHB or MOH

contract funding these NGO's receive is insufficient to deliver the range and/or depth of services required to meet the needs of the community or clients they support. Therefore, NGO income is supplemented by corporate sponsorships, public donations, fundraising, bequests, Foundation/Trust grants and more recently, through social enterprise models (e.g. retail). These "commercial arms" enable NGO's to develop a sustainable and independent revenue stream and therefore less of a reliance on government funding, the parameters of which can change when government policy and priorities change. Having a commercial arm does pose certain challenges, as the NGO needs to develop an entire new organisational skill set which some have argued can divert attention away from its core business.

NGO's have a long, well established record of contribution to NZ's health and disability service delivery (some have existed for over 100 years which is a long time for a young country like NZ!). Health and Disability NGOs include a wide range of organisations that provide flexible, responsive and innovative frontline service delivery. Diverse services are offered in primary care, mental health, health and disability support services, specialist palliative care and includes Māori and Pacific health service providers who work across the spectrum from "cradle to grave"- a fundamental foundation of NZ's social welfare philosophy.

The MOH and NGOs from the health and disability sector, have a formalised relationship outlined in the "Framework for Relations between the Ministry of Health and Health and Disability Non-Governmental Organisations". The NZ health system is however under pressure, is facing significant contextual change and will need to operate very differently in the future if it is to continue to deliver for NZ people.

3.0 What are the Challenges Facing the NZ Health Sector

Factors including changes to population demographics and ways of living are putting pressure on health and disability support systems globally and NZ is no exception. Recent MOH consultation, confirms the immediacy of these factors and identified the following three main challenges:

- NZ's population is growing and diversifying and life expectancy is increasing faster than health expectancy, so more people are spending longer in poor health;
- Some NZ people, especially Māori, Pacific peoples, people with disabilities and people living in low socioeconomic areas, have disproportionately poorer health; and
- Maintaining funding (both government and NGO) for services in light of increasing cost and demand.

I imagine, these are similar challenges to those faced in Scotland. As someone involved in a range of organisations within the NZ Health Sector- as a Manager, Funder, Board Member, Volunteer and Consumer! I would add three further challenges:

- Access
    - Physical/geographic. NZ has a large and geographically spread out rural population many of whom are aging. Some services are either not available or are harder/more expensive to provide to these communities; and
    - "Relevance" our demographic profile is changing. NZ is becoming increasingly ethnically diverse, so we need to look differently at "how" we deliver services not just where, when and to whom
- "Complexity of need". A person/family may have a relationship with multiple providers (and these providers may not always link seamlessly). A well child health nurse may visit a family to perform a routine check on a baby and find basic needs are not being met, or there is poor housing/over-crowding, evidence of substance abuse, domestic violence, unemployment, poverty and/or complex family dynamics. Providers (and often these are NGO's) need to be

able to have well developed networks and relationships that enable them to link across sectors, work collaboratively, share information (within the confines of patient confidentiality), have robust referral/linking processes and be agile enough to step "outside of scope" and take a holistic view when needed

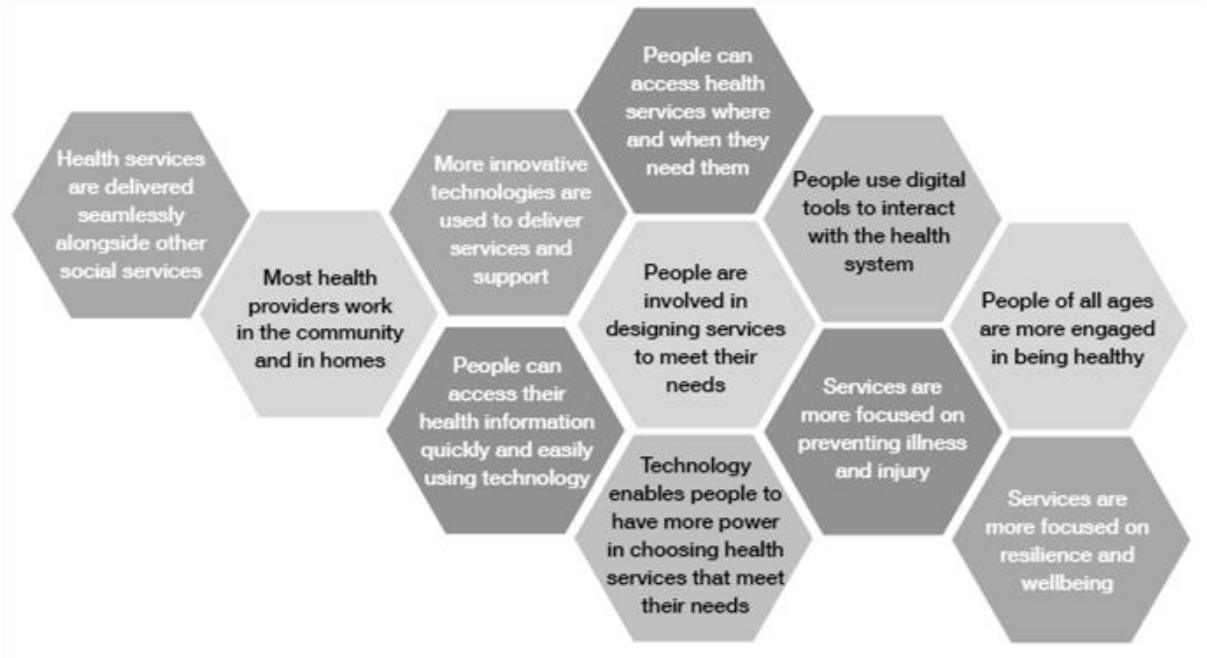
- Workforce capability and capacity. Ensuring the workforce is able to meet current and future needs is always a challenge. NGO's often struggle to recruit and retain suitably qualified and experienced staff (and volunteers) when pay rates are less than the public sector. Recently pay equity has been introduced in NZ in the residential care and disabilities sectors, which has gone a significant way to addressing prolonged significant sector underfunding and historical inequities. However, DHB/MOH contract funding has not accommodated other roles which has now created a "pay parity problem" when supervisory roles are benchmarked against frontline workers whose hourly rates have been increased as part of the pay equity adjustments.

Within the he NZ Health Sector, determinants outside the health system including education, housing, employment, and environment play a big part in the size and complexity of these challenges. The tight housing market in NZ particularly in the main centres, is a significant challenge for NZ at present with the stock of affordable, quality housing not meeting current demand. Overcrowding and cold, damp homes have led to poorer health (and consequently education) outcomes in some of NZ's most vulnerable communities.

House prices (to both buy and rent) in the main centres has become beyond the reach of many, as prices have been fuelled by the high returns available in the property investment market. The provision of affordable (social) housing is currently a significant focus for the government and many regional based Foundation/Trust funders who have a vision to increase the availability of affordable quality housing stock to re-create strong communities and enable families to live in a healthy and warm home.

4.0 Future Focus and Trends

The MOH is exploring new, more cost-effective ways of delivering care that will meet demand and provide consistent experiences for people using health services. There is a growing gap between health expectancy and life expectancy. In NZ we have been more successful in "adding years to life", than in "adding life to years", so a significant challenge is to find ways to maximise the time people spend in good health. A vision has been developed for how the health system will operate 10 years from now and this vision entails the following aspirations:



This future vision focusses on five key themes:

Person-centred
Services will be provided in different ways, to reflect the varying needs of NZ's increasingly diverse communities and to provide information that helps people take control of their own health and wellbeing.

Services and supports when, where and how people need them
Making it easier for people to access health services and to work with local communities to provide tailored support e.g. Pharmacists can now give flu vaccinations.

Best value
Making better use of data to understand all the factors that affect health outcomes and put resources in the places they will make the most difference e.g. bowel screening home testing kits.

Working together
Ensuring government agencies, health care providers, NGO's, experts, analysts and communities work together to design and deliver services and support e.g. Rotorua Library and Child Health Hub.

Innovation ready
Using technology to improve services and make it easier to share information across the system, and to ensure the system is ready to take advantage of new technology that improves health outcomes e.g. "Need to talk" telehealth mental health advice and support.

Braemar Charitable Trust- Who are we?

1.0 Introduction

The Braemar Charitable Trust is the 100% shareholder of the Braemar Hospital, a hospital founded in 1926 and a significant provider of health services in the Waikato region for over 90 years.

In 1926, when Braemar Hospital first opened its doors as a private hospital on a site overlooking Hamilton's lake, nurses sterilised equipment in the kitchen across the hall from the sole operating theatre; doctors cranked up the operating table by crawling beneath it to turn a wheel; and the anaesthetist used the 'rag and bottle' method to send patients to sleep-an open mask with chloroform. The hospital had nine beds. Nurses worked an average 10-hour day and had one day off a fortnight. They were paid around one-pound sterling a week, considered princely compared with the public hospital's rate of around 12 shillings and sixpence. Braemar nurses pitched in to hand-wash laundry and one sister contributed preserves and home-baking for patients and staff.

Today, Braemar Hospital is the second largest private hospital in NZ on a single site and is well known for its commitment to providing the most up-to-date equipment for its specialists. Over 100 surgeons, physicians and anaesthetists are credentialed to work at Braemar Hospital which has 10 Operating Theatres, a five-bed ICU/HDU, offers both and inpatient services, has 85 beds and employs more than 200 staff. Braemar is one of the most modern and well equipped hospitals in NZ.

The Braemar Hospital Charitable Trust was formed in 1970, when Braemar Hospital Ltd resolved to transfer to the Braemar Hospital Charitable Trust all of the assets of the company on the condition that the hospital operate as a charitable trust. Under the guidance of the Braemar Hospital Charitable Trust, the hospital continued to grow adding new theatres, wards and services and in 2001 the Trust became known as the Braemar Charitable Trust (BCT). It had always been the intention of the founders that as Braemar Hospital became more financially secure, the number of charitable distributions would increase.

BCT's vision is to build a healthier community by funding initiatives that will achieve impactful health outcomes for people living in our region. BCT's "Strategic Funding Objectives" are as follows:

1. Improve health outcomes in the community through initiatives that will have a concrete positive impact on people's lives;
2. Enhance the Braemar brand and/or positively impact on the performance of Braemar Hospital as a "Centre of Excellence";
3. Support meaningful projects that "make a difference" to community health and wellbeing; and
4. Collaborate/build relationships with organisations who already successfully providing services, achieving positive health outcomes and with whom we share a similar vision.

BCT's goal is to become the primary champion, promoter and delivery vehicle for charitable surgical cases performed at Braemar Hospital- the "Braemar Gift" to the community. BCT want to be truly connected to and in tune with the Waikato regions health needs, to enable it to more effectively achieve the BCT's vision of improving health outcomes. It seeks to achieve this through a "hand up" rather than "hand out" philosophy.

BCT's vision is aligned with and supports NZ's Health Strategy that "All New Zealanders live well, stay well, get well" and the United Nations Sustainable Development Goal, Good Health and Wellbeing "Goal 3: Ensure healthy lives and promote well-being for all at all ages".

The day to day running and operation of the BCT is performed by a Trust Manager and is governed by a Trust Board comprising of Lay and Medical Trustees, who collectively contribute a wealth of commercial, governance, community and medical/health sector experience.

2.0 What we do

BCT applied all its funds to the construction of the new Braemar Hospital. Over the last 7 years, BCT's reserves have grown and it has been able to grant approx. $500,000 to a range of charitable activities within the region as outlined below. It is now in a position to increase its charitable activity further.

Medical Research
BCT has funded the Waikato Medical Research Foundation to support, teach and encourage medical and other health research, with the ultimate aim of improving medical care in the Waikato region and beyond.

Charitable Cases
The main focus for BCT is charitable cases and we intend to significantly grow the number of charitable cases undertaken each year. These are cases were Braemar affiliated Surgeons and Anaesthetists have very generously donated their time and expertise to perform a surgical procedure and BCT has funded the in-hospital costs and care. This funding has enabled patients who were unable to access care through the public hospital system and could not afford private care, to receive free specialist medical services, including day surgery through Braemar Hospital.

Training, Education and Scholarships
BCT believes in building capacity and capability within the wider health sector and support ongoing medical practitioner professional development. BCT has provided full scholarships for two Anaesthetic Technician Trainees, with a third to be taken on in 2019. There is a shortage of Anaesthetic Technicians in our region and BCT see they have a role in increasing the pool of these practitioners for the benefit of the wider health sector. Scholarships, training and development is a core focus for BCT and we are looking to expand our scholarship programme in the future.

Partnerships and Collaboration
Braemar has always played a big part in the community and is a well-known and respected "iconic" Waikato organisation. BCT continues this legacy, through providing sponsorship and donations to health related initiatives and organisations with whom we share a similar vision. By working collaboratively and in partnership with these organizations, we believe collectively we can make a more meaningful difference. Examples of these relationships are as follows:

The Annual Waikato Breast Cancer Research Trust "Pink Walk"
Over the last four years the BCT has supported the annual Waikato Breast Cancer Research Trust "Pink Walk" with all funds raised enabling the Trust to continue its valuable work looking for new treatments to beat breast cancer.

Whare Ora
Whare Ora is a healthy homes initiative that supports families to create safe, healthy, warm homes for Waikato children. Their objective is to reduce Waikato's avoidable child hospital admissions by focusing on those children who are most at risk. The initiative offers practical solutions to address both structural and functional overcrowding, cold and damp homes, allergens, pests and safety-all

issues that compromise an already vulnerable group of children. The Whare Ora Programme targets children under the age of 14 who have presented rheumatic fever and/ or severe respiratory illnesses multiple times in Waikato Hospital. BCT provided funding for blankets and mould cleaning kits for families and will support Whare Ora's work in additional practical ways in the future. BCT also sees this relationship as a "doorway" to identify potential charitable cases.

Arts for Health Community Trust
BCT partners with Arts for Health Community Trust, a small community based organisation providing an avenue for people experiencing unwellness or wanting to maintain their wellness through the creative arts. BCT has sponsored an art studio which provides a space for members of the community to gather, socialise and develop their creative skills. This opportunity has enabled participants to develop a sense of purpose, increase self-esteem, celebrate success which all contribute to building a healthy and vibrant community.

BCT is also supporting Arts for Health with a pilot project providing a group based arts service and activities for patients at Waikato Hospital. The focus of the service is to provide disadvantaged and vulnerable patients with an arts based service that will help their recovery through creativity, provide a positive experience and increase social engagement, build well-being and sense of purpose and achievement.

Health infrastructure, innovation and technology
BCT continues to invest in innovation and technology through its ownership of Braemar Hospital. It seeks to ensure Braemar Hospital continues to provide excellent patient care and has available the latest and most innovative technology, to enable Braemar Hospital *"to provide excellent independent private surgical and medical facilities and services consistent with best practice".*

Information and insights to share and learn from with Colleagues from Scotland

In the context of NGO's/the Third Sector working in the NZ and UK health environment, it would be interesting to discuss approaches, insights and experiences in the following areas:

- *Impact Measurement*-how/what to measure in terms of the successful achievement of outcomes and interventions. How do you know you are adding value, affecting positive change and making a difference to improving health outcomes through the application of funds and resources
- *UN's Sustainable Development Goals*-are these measured and if so how are these measured/integrated in the context of your work
- *Collaboration/Cross Sectoral challenges and barriers*-strategies for forging collaboration and overcoming challenges and barriers between NGO's/Third Sector organisations to enable seamless service delivery, avoid duplication, reduce administrative overheads and enable the achievement of more impactful outcomes through working together rather than in competition for the same limited funding pool
- *Government/NGO/Third Sector relationships*- strategies for working together to enable better collective outcomes
- *Enabling access and tackling inequalities*- how to even the playing field and ensure relevance and access for all in an increasingly complex and culturally diverse society
- *Avoiding perpetuating dependency*- how to ensure initiatives and interventions are sustainable and create transformational systems change that empower individuals to improve their own health and wellbeing and breaks the cycle of poverty and inequality.

Trust Manager- Paula Baker

Paula joined the Braemar Charitable Trust as a Trustee in 2014 and then as Trust Manager in 2016 and is a Chartered Member of the Institute of Directors, has a B.AgrEconomics (Massey) and an MBA (Distinction) from the University of Waikato. With a background in resource management/environmental policy, Paula then held senior roles as a human resources practitioner in the electricity and not for profit sectors. Previous roles include National Advisor-Governance and National Volunteer Strategy Advisor for the Royal New Zealand Plunket Society. Currently Paula is Deputy Chair of both Hospice Waikato and the Dietitians Board of New Zealand and Chair's the Risk and Audit Committees of both organisations. Paula is also on the Board of Hamilton Cricket Association and Community Living Trust (a Disability Services provider) and is a member of the Community Waikato Lotteries Committee which allocates up to $4million a year to Waikato based community groups and organisations. Paula can also be found in the Waikato Hospital Emergency Department once a fortnight where she volunteers for the Order of St Johns. Paula has a passion for community development and working with organizations to enable the building of sustainable and resilient communities and supporting the health and wellbeing of families/whānau.