

Meeting Minutes

Contracting and Funding Working Group

Location:	Microsoft TEAMS		
Date:	28 May 2025	Time:	11am – 12.30pm
Co-Chairs:	Audrey Williams, Tony Gray	Minutes by:	Caitlin Leslie
Tuakana:	Emma Hedgecock, Georgina Johnson, Mike Loten	Ex-Officio:	Jo Hathaway, Stephanie Read, Tim Wood
Attendees:	Audrey Williams, Bryce Sheedy, Christina Ross, Devon Diggle, Emma Maddren, Francie Dibley-Mason, Iain Diamond, Jane Wilson, Miriam Lindsay, Richard Lowe, Tony Gray, Tony Paine, Wendy Rowe, Jo Hathaway, Stephanie Read, Tim Wood, Caitlin Leslie, Emma Hedgecock, Georgina Johnson, Mike Loten		
Apologies:	Angie Holmes, Audrey Williams, Georgina Johnson, Jo Hathaway.		

Item no:	Details	Attachments
1. Karakia & Welcome	<p>Tony opened the meeting with a karakia.</p> <p>Tony outlined the meeting expectations, noting members are expected to:</p> <ul style="list-style-type: none"> Keep cameras on Use hands up function Participate in the discussions. 	
2. Administration	<p>Apologies were noted and accepted as above.</p> <p>Minutes from the last meeting 30/04/2025 were accepted as a true and accurate record.</p> <p>Actions from the previous meeting were noted as on the agenda or completed.</p>	
3. Adult MOC & Equity Documents (in draft)	<p>It was noted that both the Adult MOC and Equity documents are in draft and are not for wider sharing.</p> <p>The Adult MOC document has been tabled with the Steering Group (SG). The next step is to seek public and sector feedback on the draft Adult MOC.</p> <p>The Equity document is being finalised, and the intent is to publish this on the website once it has been approved.</p> <p>The group discussed the documents and raised key questions, noting.</p> <ul style="list-style-type: none"> Aged residential care (ARC) is often under pressure and has a limited budget. It is important to distinguish between 	

specialist palliative care that requires specialist input and generalist palliative care that ARC can handle.

- ARC members are represented on both working groups.
- Who is missing out on palliative care, how do we know who they are, what is preventing them from accessing care?
- Funding following the patient brings complexity and coordination without a shared patient record. What are the alternatives to what has already been done in Aotearoa, without increasing bureaucracy and complexity for patients and whānau?
- Palliative care alongside treatment includes quality of life – the limited timeframe in contracts can cause people to miss out on care.
- Consistent language is important, particularly for funding following the patient.
- Conversations are being had in primary care for funding following the patient to reflect ethnicity, complexity and rurality.
- How is funding for equity calculated, particularly for rural high deprivation areas? The need to retain partnerships with the community is important.
- Giving national palliative care teams access to the Regional Clinical Platform (RCP) would improve patient care, enabling teams to access the information required to support patients to pass at home.
- Not all people with a palliative diagnosis need palliative care – it is important to identify where unmet need is and direct funding there using a weighted approach.
- Need to define the principles of the service specifications without being prescriptive – not only “what” but “how much?”.
- How the model of care is operationalised and translated to commissioning agreements needs to be considered. This includes how the components are translated into resources.
- Many of the concepts in the MOC are already being delivered without the funding attached, however this is inconsistent across the sector.
- Some supports required are specialised and not available in all areas. How do we move from the current funding models to a national and regional level when/if required?
- Transformative potential is in how we fund/commission services. “We can’t outrun” the ageing, diversifying, increasing complexity by continuing with the current system.
- Currently, some hospices are able to provide specialist services and some are not, depending on funding and resources. Giving people equal access across the country is crucial.
- How do we maintain the work largely done by volunteers?
- The WG could look at standardising funding available to each region for primary care to reduce the postcode lottery.
- We currently don’t have information to quantify service delivery across the country and who is missing out. The ability to paint this picture will be a challenge. Joining up information sources and painting a picture across the patient journey through a range of settings is crucial.
- ICD-10 codes for palliative care patients could be one piece to gathering this information.

	<ul style="list-style-type: none"> The 'There is a better way' and Martin Jenkins documents are to be discussed at next meeting. <p>Action: Stephanie to capture important questions/talking points from discussion for next meeting on 25/06/2025.</p>	
4. What is the problem?	<p>The WG discussed the core issues facing the sector, noting.</p> <ul style="list-style-type: none"> Variation in care and services from Hospice to Hospice. We need to be able to describe, count, cost and compare services to translate the model of care into resources. Where do people go that cannot access an aged care bed? How do we address the current equity issues. Partnering with ARC is an option. The growing unmet need affects the frail elderly, the comorbid and people with dementia. Majority of these people will be in ARC for the last months and years of their life and will have complexity beyond what is normal and will need access to specialist palliative care. Specialist palliative care and 30% of deaths happens in hospitals we need to consider hospitals' role in the funding model. There will not be enough ARC beds or inpatient beds for the ageing population. There is currently no access to technology for nationally consistent access to patient management systems and shared patient records. Palliative care demand is rising, as is complexity. Palliative system capacity is insufficient now and will not keep pace with future growth in demand. Existing models and system design will not be sufficient to meet demand and address need equitably across Aotearoa. Service configurations may need to be more community based than what we are currently familiar with as the older Māori population come into palliative care. How we comfortably cope with demand and move away from bed / institution-based care that may not be as available in the future needs to be addressed. Death has been medicalised over time, community and whānau could play bigger role in the future. 	
5. Brainstorming	<p>The WG discussed the non-negotiables and foundations of a funding framework, including.</p> <ul style="list-style-type: none"> One size does not fit all. Equitable access. After-hours (24/7) access to specialist advice, looking different according to need. Education and training. Partnership and building community capability. Networks of providers. Non-competitive models with collaboration to produce good outcomes. Whānau as partners / leading care – stepping away from traditional medical models. Growing the consulting and capability building function – mixed model with direct interventions. Accountability. 	

	<ul style="list-style-type: none"> • The system and service should follow the patient, not only the funding. • Meeting the patient's unmet needs. • Service network partnerships and importance of crown and community provider co-funding relationship. • Tailoring services to individual and whānau needs. • The need to have good data to understand variation, services, costs and outcomes. • Everyone with specialist palliative care need should be able to access specialist palliative care. • Build community capability. • Information flows in best interests of the patient. • Palliative system networks between providers. <p>It was noted that the current distribution of services doesn't necessarily need to be the distribution going forward.</p> <p>A rational argument from the outcomes of this WG needs to go to the minister, treasury and cabinet. We need to be very particular about the value proposition that we're offering and what we think the government should be funding versus what we expect to be serviced elsewhere.</p> <p>The need to look at international models and evidence is important – The 'Is there a better way?' document will be shared.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Stephanie to pull together today's discussion for comments by the WG. • Devon to send Stephanie the 'Is there a better way' document for international evidence. 	
6. Meeting Close	Tony closed the meeting with a karakia.	

Actions

Details	Who
Capture important questions/talking points from discussion for next meeting on 25/06/2025.	Stephanie
Pull together today's discussion in a document for comment by the WG.	Stephanie
Send Stephanie the 'Is there a better way' document plus any additional international information.	Devon et al
Distribute relevant readings to the WG (There is a Better Way and Martin Jenkins documents + any international evidence)	Stephanie