Health New Zealand
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Meeting Minutes

Contracting and Funding Working Group

Location:	**Microsoft TEAMS**		
Date:	21 July 2025	**Time:**	2pm – 3.30pm
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, Angie Holmes, Bryce Sheedy, Christina Ross, Devon Diggle, Emma Maddren, Francie Dibley-Mason, Iain Diamond, Jane Wilson, Miriam Lindsay, Richard Lowe, Tony Gray, Stephanie Read, Tim Wood, Caitlin Leslie, Mike Loten, Jo Hathaway, Tom Love		
Apologies:	Georgina Johnson, Emma Hedgecock, Wendy Rowe, Tony Paine		

Item no:	Details	Attachments
1. Karakia & Welcome	Tony opened the meeting with a **karakia.**	
2. Administration	**Apologies** were noted and accepted as above. **Minutes** from the last meeting 25/06/2025 were accepted as a true and accurate record. It was noted that the comment regarding core components being delivered by all palliative care providers was an accurate reflection of what was said at the meeting. **Actions** from the previous meeting were noted as on the agenda or completed.	
3. Funding Principles and Guidelines	The **Funding Model Principles document** has been refined. It was noted that: • Addition of predictable annual uplift needs to be reconsidered – as uplifts are determined by cabinet and Health NZ cannot determine timelines or amounts. • Need to be clear that principles are provider agnostic. **Action:** Send feedback into the funding principles document via email (specific comments) to Stephanie. Stephanie and co-chairs to finalise and circulate before next meeting 27/08/2025. The **MoC to HSVC translation** spreadsheet and **Summary of Hospice DHB Contracts** were discussed. It was noted that the template translates components from the model of care and HSBC into real services.	Small Group One - 16 July notes.docx Small Group 2 discussion notes up

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	Key elements of the small group discussions on **funding principles and guidelines** were tabled by each group.: **Purchase Funding and Data group** (notes attached): • Future service volumes must be considered, with Auckland Metro Census 2023 projections indicating a 175% increase in demand. • There is a significant opportunity to transform services through a revised funding model. This group is well-positioned to lead that transformation. • A clear distinction must be made between core specialist palliative care services and adjunct services. • We need to define the interface and differentials between specialist and primary palliative care offering. • All communities should have equitable access to health outcomes . The configuration of service delivery should be guided by a collaborative service network model, involving Hospices and other providers working together effectively. **Access and Experience group:** • There is a need to strengthen collaboration with Aged Residential Care (ARC), which currently receives less support than other sectors. • Previous regional contracting models have developed competition between providers (e.g. Hospice, ARC, general practice, hospitals, SMOs). • Hospice contracts require clear accountability for resource use and a commitment to promoting equity. • Incentivisation for collaboration has not had success in previous contracting models. • A clear delineation between specialist and primary palliative care roles is needed, especially when parts of the system are unable to respond or when service gaps exist. • Referrals from primary to specialist palliative care are often based on capacity rather than clinical need. As primary care capacity declines, specialist referrals increase. • Research indicates that early referral to specialist palliative care improves outcomes. Recent studies highlight the benefits of precision palliative care tailored to specific needs. • Contracting frameworks must clearly define accountabilities. Rather than expecting providers to fill gaps, core providers must be held accountable for their service delivery. • Funding mechanisms should support, not hinder cooperation. • Specific specialist referral criteria are currently in use (see attached). • A whole-of-system approach is needed, integrating palliative care from the outset. Despite much of palliative care occurring in primary care, representation from GPs and PHOs remains limited. **Action:** Send feedback on the two small group papers to Stephanie via email by next meeting. Stephanie and co-chairs to finalise and circulate before next meeting 27/08/2025.	
4. Alignment with Adult MoC	An overview of the changes to the **Proposed National Integrated Model for Adult Palliative Care** document was given. It was noted that the structure has changed but the content has remained largely the same.	

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	• The model can be divided into fixed and variable components to align with HSVC elements. Fixed components represent the Kaupapa – the foundational principles guiding service delivery across all providers. Variable components differ between services and help identify distinctions among providers within the service network. • The document clearly states that specialist services should focus on specialist work, while primary services are expected to deliver primary care, to avoid duplication and ensure clarity of roles. • Service delivery must be responsive to regional and local contexts, acknowledging the unique needs and circumstances of each locality. • Specialist palliative care functions as an "in-and-out" service, which adds complexity to care coordination and continuity. *Post meeting note*: It is hoped this document will be releasedfor feedback in August.	
5. Alignment with Equity in Palliative Care Framework	The **Equity in Palliative Care Framework** was discussed. It was noted that: • It is important to ensure that the direction of the funding model aligns with and supports the framework's principles. • It was highlighted that the wording of Principle #5 reflects the current inflexibility of some services in responding to the diverse needs of individuals. This inflexibility can lead to re-traumatisation for people who are dying and trying to access healthcare. • There was agreement that it would be valuable to consolidate the funding principles and equity principles into a single reference document to guide future planning and decision-making. **Action:** Combine funding principles and equity principles into a singular document.	
6. Stakeholder engagement	**Wider stakeholder engagement** for this WG was discussed, noting: • Previous groups hosted webinars to connect with stakeholders and share updates. • The WG may consider releasing a progress report. • There is an opportunity for the WG to engage stakeholders on key questions and seek feedback prior to finalising recommendations. • A comprehensive stakeholder list is in place, and previous webinars have seen high levels of engagement. • Targeted engagement with primary care may be beneficial to ensure their needs are being met. The WG also has established connections with hospital palliative care teams. • Hospital and specialist services are seeking clarity on their roles within the evolving model. Existing relationships often lack formal arrangements and would benefit from definition. • Hospital palliative care teams have expressed interest in contributing to the process. They frequently care for similar patient groups as Hospices but often lack formal collaboration, which is critical for care transitions. • Consumers are included in the stakeholder list, and webinars have been open to the public to ensure broad engagement. • The goal is to seek stakeholder input by October.	

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	• There is potential to invite stakeholder representatives to WG meetings to strengthen engagement and ensure diverse perspectives are considered.	
7. AOB and meeting close	It was noted that the *There is a Better Way* document contains many valuable concepts; however, the intention is not for this work to be predetermined by it. While it serves as a useful contributor to the discussion, it is not intended to prescribe a single approach or be viewed as the definitive solution. The co-chairs will work with Stephanie on the next agenda. Tony closed the meeting with a **karakia.**	

Actions

Details	Who
Send feedback on the funding principles document via email (specific comments) to Stephanie by 1 August 2025. Stephanie and co-chairs to finalise and circulate before next meeting.	Stephanie / Co-chairs / All
Send feedback on the two small group papers to Stephanie via email by next meeting. Stephanie and co-chairs to finalise and circulate before next meeting 27/08/2025.	All/Stephanie/Co-chairs
Combine funding principles and equity principles into a singular document to use as reference going forward.	Stephanie