

I, Deborah Jane Woodley, of Wellington, public servant, swear:

1. I am the Group Manager, Personal Health Service Improvement, within the Sector Capability and Implementation Business Unit of the Ministry of Health ("Ministry"). In various Ministry roles over the last 19 years, I have been responsible for leading the development and implementation of a range of Government palliative care initiatives. These include the development and implementation of the 2001 *New Zealand Palliative Care Strategy*; the implementation of the 2009 Boost Hospice Funding Initiative and more recently the development and finalisation of the *Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand* and the *Specialist Palliative Care Services Service Specifications*.
2. The purpose of this affidavit is to explain the Government's definition of palliative care, and describe at a high level how palliative care is planned, funded and delivered. I am authorised to give this evidence on behalf of the Ministry.

Defining palliative care

3. Palliative care in New Zealand is defined as care for people of all ages with a life-limiting illness which aims to:
 - 3.1 Optimise an individual's quality of life until death by addressing their physical, psychosocial, spiritual and cultural needs; and
 - 3.2 Support the individual's family, whānau and other caregivers where needed, through the illness and after death.
4. This definition builds on the World Health Organisation's definition of palliative care, but also reflects a holistic Māori model of health and wellbeing integrating taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health) and taha hinengaro (mental health).
5. The principles of palliative care service provision are that it should be provided:
 - 5.1 According to an individual's need, and may be suitable whether death is days, weeks, months or occasionally even years away;

- 5.2 Wherever the person may be;
- 5.3 By all health care professionals, supported (where necessary) by specialist palliative care services; and
- 5.4 In such a way as to meet the unique needs of individuals from particular communities or groups, including Māori, children and young people, immigrants, refugees, and those in isolated communities.

Delivery of palliative care

- 6. Palliative care is delivered in New Zealand in two ways.
 - 6.1 **Primary palliative care** is care provided as part of a person's standard clinical practice, where palliative care is not a specialist part of their practice. In the community, general practice teams, district nurses, Māori health teams and aged residential care facilities all provide palliative care. In hospital, palliative care is provided by general ward staff as well as by staff in units caring for someone with a specific disease.
 - 6.2 **Specialist palliative care** is care provided by health professionals who have undergone specific training and/or accreditation in palliative care/medicine, working in the context of an expert interdisciplinary team of palliative health care professionals. Specialist palliative care may be provided by hospice- or hospital-based palliative care services.
- 7. Many people with life-limiting conditions can have their palliative care needs met appropriately by their existing primary palliative care provider and do not need to access specialist palliative care. Some people require episodic access to specialist services, although these patients continue to have their care managed by their primary palliative care provider. A small group of people have complex needs and are likely require ongoing palliative care by specialist services.
- 8. In New Zealand, essential specialist palliative care services are funded by the Government. Services are planned and delivered by district health boards

("DHBs"), either directly or through contacted organisations, primarily hospices.

9. Hospices are the main provider of specialist palliative care services in New Zealand, and most DHBs fund a hospice to provide all or much of the specialist palliative care in their area. In 2013 (the latest available information) more than 15,000 people received care and support from 29 hospice providers throughout New Zealand, and hospice staff made over 145,000 visits to people in their homes. While essential specialist services are funded by the Government, the balance of a hospice's activities is normally funded through a combination of sponsorships, fundraising and donations.

Advice and policies on palliative care

10. In addition to advice provided by the Ministry, independent advice on palliative care is provided by the Palliative Care Council ("Council"), which is a subcommittee of Cancer Control New Zealand ("CCNZ"), a ministerial committee appointed under s 11 of the New Zealand Public Health and Disability Act 2000. The Council includes representatives from the Australian and New Zealand Society of Palliative Medicine, Hospice New Zealand and Palliative Care Nurses New Zealand, as well as Māori and consumer representatives. The Council reports to the Minister of Health through CCNZ. The Ministry acts as the Council's secretariat, although in giving advice the Council is independent of the Ministry.
11. The Council gives high-level advice covering strategic approaches to palliative and end-of-life care, initiatives to reduce inequalities in access, assessments of service effectiveness, and international developments and initiatives in the sector. It is currently undertaking projects to:
- 11.1 Identify where current and future need for palliative care exists;
 - 11.2 Develop and propagate principles, guidance and tools for use by palliative care providers in the last days of life; and
 - 11.3 Examine palliative care in the context of aged residential care services and publish the resulting research.

12. The Ministry supports DHBs to plan palliative care services, and funding those services. These activities include the development of key resources for planning palliative care services, which are described below.

Resource and Capability Framework

13. In January 2013 the Ministry published the *Resource and Capability Framework for Adult Palliative Care Services* ("Framework"). The purpose of the Framework is to define how palliative care is provided in New Zealand and describe the resources and capability required to provide palliative care according to that model. This includes the resource and capability requirements to support integrated service delivery across the range of community, hospice and hospital settings described earlier. DHBs are encouraged to use the Framework to inform the planning and strategic development of palliative care services, including the purchasing of accessible and equitable services for their populations.

Specialist palliative care service specifications

14. The Ministry has used the Framework as the basis of its service requirements for specialist palliative care, which are contained in the *Specialist Palliative Care Services Service Specification* published in November 2014. From 1 July 2015, DHBs can use the specification for new agreements. By 1 July 2016, DHBs are expected to transition all their specialist palliative care contracts to use the new service specification.

Specialist palliative care funding

15. Palliative care services are usually provided at no cost to patients, other than possible co-payments for primary services (for example, a co-payment to a general practitioner).
16. District Health Boards (DHBs) fund hospices to provide palliative care services including inpatient beds, community nursing and specialist advice. In 2013/14 DHBs provided a total of \$59 million in funding for hospices. As I indicated above, hospices also receive funding through a combination of sponsorships, fundraising and donations.

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- 17. Since 2009 the Government has provided an additional \$15.2 million per annum through the Boost Hospice Care Funding initiative. It should be noted that palliative care is also provided in the course of other subsidised government services, such as general practice visits, aged care services, and hospital services.

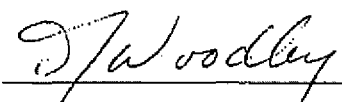
- 18. New Zealand has an aging population and the need for palliative care is increasing. As part of its election manifesto in 2014, the Government committed to increasing funding of specialist palliative care to:
 - 18.1 Help hospices expand their community palliative care services to better support terminally ill people at home and in aged care facilities; and

 - 18.2 Create new palliative care nurse specialist and educator roles within specialist services, to provide training and support to primary providers of palliative care.

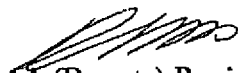
- 19. Decisions on implementation and timeframes for this proposal are still being considered.

SWORN
 at Wellington this 7th day of
 May 2015
 before me:

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 Deborah Jane Woodley


 A (Deputy) Registrar of the High Court of New Zealand